

Karen Johansen, M.D.

Date: 5/1/18

Dr. Damean W. E. Freas, Chair
Disciplinary Panel B
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Surrender of License to Practice Medicine
Karen Johansen, M.D. License Number: D41221
Case Number: 2218-0095

Dear Dr. Freas and Members of the Disciplinary Panel B,

Please be advised that, pursuant to Md. Code Ann., Health Occ. II ("Health Occ. II") § 14-403 (2014 Repl. Vol. & 2017 Supp.), I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D41221, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Health Occ. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and upon Disciplinary Panel B's ("Panel B") acceptance, becomes a **FINAL ORDER** of Panel B of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board received information that I withdrew my Oregon Medical Board application for licensure while under investigation regarding my suspension and subsequent loss of privileges from the Portland Veterans Administration due to quality of care issues. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation of these allegations and due to my current health condition. I recognize that for all purposes relevant to medical licensure that these allegations shall be treated as proven and that these allegations support a conclusion that, I violated Health Occ. II § 14-404(a)(22) (fails to meet the appropriate standards for the delivery of quality medical care).

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender of the aforementioned allegations. I do not wish to contest these allegations. I understand that by executing this Letter of Surrender I am waiving my right to contest any charges that would issue from Panel B's investigative findings in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call

witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal to circuit court.

I understand that the Board will advise the Federation of State Medical Boards, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank of this Letter of Surrender. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction that this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.), and that this Letter of Surrender constitutes a disciplinary action by Panel B.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered ~~unless~~ and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel B or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that if I ever file a petition for reinstatement, I will approach Panel B or its successor in the same position as an individual whose license has been revoked.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout proceedings before Panel B, including the right to consult with an attorney prior to signing this Letter of Surrender. I have knowingly and willfully waived my right to be represented by an attorney before signing this letter surrendering my license to practice medicine in Maryland. I understand both the nature of Panel B's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Very truly yours,
Signature on File

Karen Johansen, M.D.

NOTARY

STATE OF Oregon
CITY/COUNTY OF Multnomah Co

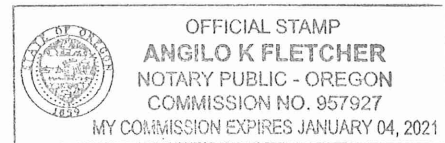
I HEREBY CERTIFY that on this 1st day of May, 2018 before me, a Notary Public of the City/County aforesaid, personally appeared Karen Johansen, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.



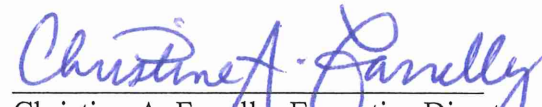
Notary Public

My commission expires: *Jan. 4th 2021*



ACCEPTANCE

On behalf of Disciplinary Panel *B*, on this *8th* day of *May*, 2018, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Karen Johansen, M.D.'s license to practice medicine in the State of Maryland.



Christine A. Farrelly, Executive Director
Maryland Board of Physicians