

IN THE MATTER OF	*	BEFORE THE
SOLANGE MASON	*	MARYLAND STATE
Respondent,	*	BOARD OF PHYSICIANS
Unlicensed.	*	Case Number: 2218-0016B

CEASE AND DESIST ORDER

Pursuant to the authority granted to Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) under Md. Code Ann., Health Occ. (“Health Occ.”) § 14-206(e)(1) (2014 Repl. Vol. & 2017 Supp.), Panel B hereby orders Solange Mason (the “Respondent”), unlicensed, to immediately **CEASE AND DESIST** from the practice of medicine as defined in Health Occ. § 14-101(o).

The pertinent provisions of the Medical Practice Act under which Panel B issues this Order provide the following:

Health Occ. § 14-206. Judicial Powers.

...
 (e) *Cease and desist orders; injunctions.* – A disciplinary panel may issue and cease and desist order or obtain injunctive relief against an individual for:

(1) Practicing medicine without a license[.]

Health Occ. § 14-601. Practicing without license.

Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice medicine in this State unless licensed by the Board.

Health Occ. § 14-101. Definitions.

- (o) *Practice medicine* - (1) “Practice medicine” means to engage, with or without compensation, in medical:
 - (i) Diagnosis;
 - (ii) Healing;
 - (iii) Treatment[.]
- (2) “Practice medicine” includes doing, undertaking, professing to do, and attempting any of the following:
 - (i) Diagnosing, healing, treating, preventing, prescribing for, or removing any physical, mental, or emotional ailment or supposed ailment of an individual:
 - 1. By physical, mental, emotional, or other process that is exercised or invoked by the practitioner, the patient, or both; or
 - 2. By appliance, test, drug, operation, or treatment[.]

INVESTIGATIVE FINDINGS¹

Based on the investigatory information received by, made known to, and available to Panel B, there is reason to believe that the following facts are true:

I. Background and Complaints

- 1. At all times relevant, the Respondent has not been trained as a physician.
- 2. At all times relevant, the Respondent has not been licensed by the Board as a physician or any other health care professional; or by any health occupations licensing board in Maryland.
- 3. In August 2015, the Respondent began working with a chiropractor (“Dr. A”) at a Health Center in Virginia (“Center A”),² initially as a receptionist. In or around October

¹ The statements regarding the Respondent’s conduct are intended to provide the Respondent with notice of the basis of the Cease and Desist Order. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

2015, Dr. A hired the Respondent at Center A as an independent contractor, to provide “Yoga Therapy, Herbal Medicine, and Ayurveda.”³ The Respondent was employed at Center A through sometime in May or June 2017.

4. On or about July 24, 2017, the Board received an anonymous complaint from an individual (“Complainant 1”) stating that they “have reason to believe [the Respondent was] practicing without a license.” Complainant 1 provided to the Board printouts of a website that referred to the Respondent as “Doctor” and a “Doctor of Osteopathy.”

5. On or about August 15, 2017, the Board received a second complaint from an individual (“Complainant 2”) who was a former yoga student and casual acquaintance of the Respondent. Complainant 2 alleged that the Respondent was portraying herself as a medical doctor on her Facebook page and on a personal website. Complainant 2 further alleged that the Respondent was advertising that she was board certified in neurology, psychology, and integrative medicine. The Facebook page and personal website allegedly stated that the Respondent was completing a residency at a District of Columbia University hospital (“University A”) and had graduated from a different University’s School of Medicine (“University B”).

6. On or about March 1, 2018, the Board received a third complaint from a former patient of the Respondent (“Patient A”). Patient A alleged that over the course of four months, she saw the Respondent in the Respondent’s “home office” during which time

² In order to maintain confidentiality, identifying names will not be used in this document.

³ An alternative medicine practice.

the Respondent drew blood from Patient A, reported lab results to her, and dispensed supplements to Patient A.

7. Based on its receipt of the three complaints, Panel B initiated an investigation which included, but was not limited to: conducting interviews of the Respondent, her former employer, Dr. A, and two of the complainants; issuing subpoenas for relevant records; and requesting that a physician consultant (the “Expert”) opine on whether there was evidence to support that the Respondent had misrepresented herself as a physician, and whether there was evidence to support that she had engaged in the unauthorized practice of medicine. The Board’s investigation is set forth in pertinent part below.

II. Board Investigation

BOARD STAFF INQUIRY ABOUT MEDICAL TREATMENT

8. On or about September 26, 2017, Board staff emailed the Respondent (using the email address the Respondent had advertised on her website), posing as an individual seeking treatment (“Patient B”). Patient B stated in the email that he had been diagnosed with bipolar disorder and was seeking information about the services the Respondent provides.

9. On or about October 2, 2017, the Respondent responded to Patient B by stating, in part, that she was trained in “conventional medicine” and requesting that Patient B

schedule a 90-minute evaluation. The Respondent signed the email “Dr. Mason D.O., Ph.D.”⁴

RESPONDENT’S PERSONNEL FILE FROM CENTER A

6. During the course of the investigation, Board staff subpoenaed the Respondent’s personnel file from Center A. The Respondent’s personnel file included:

- multiple emails from Doctor A to the Respondent requesting copies of her Ph.D. and D.O. diplomas;
- emails from Doctor A to the Respondent requesting a copy of her malpractice insurance;
- a memorandum by Doctor A confirming receipt of the Respondent’s malpractice declaration page by email;
- a letter, dated June 6, 2017, suspending the Respondent from Center A because University A had no record of the Respondent being a resident at University A;
- documentation that Doctor A had contacted University B, which also had no record of the Respondent having matriculated or graduated from University B; and
- degrees, residency and board certification information that had allegedly been provided by the Respondent to Doctor A that falsely represented her professional credentials including but not limited to a document purportedly issued by the American Medical Association representing the Respondent was board certified in behavioral medicine and internal medicine, had completed a PhD in Integrative Medicine and her residency as a “D.O.” was “pending.”

INTERVIEW OF DR. A

7. On October 11, 2017 and on April 24, 2018, the Board interviewed Dr. A, who was the owner of Center A. During the interviews, Dr. A stated in pertinent part:

- the Respondent had represented to Dr. A that she had obtained her Ph.D.;
- the Respondent had represented to Dr. A that she was pursuing her Doctorate of Osteopathic Medicine degree;

⁴ There were several more email exchanges through January 2018; however, ultimately the Respondent did not see Patient B for an evaluation.

- the Respondent had represented to Dr. A that she attended the School of Medicine at University B;
- the Respondent had represented to Dr. A that she was a medical resident at University A;
- while the Respondent was on maternity leave, she had represented to Dr. A that she passed her board certification;
- when the Respondent returned from maternity leave, the Respondent failed to timely provide copies of her credentials or malpractice insurance to Dr. A as requested; and
- Dr. A spoke with residency personnel at University A and discovered they had no record of the Respondent in the residency program at University A.

NO RECORD OF RESPONDENT AT UNIVERSITY A OR UNIVERSITY B

8. Based on the information provided by Doctor A during the interviews, Board staff attempted to subpoena the Respondent's records from University A and University B. Neither university had any records of the Respondent having been a medical student, resident or fellow.

9. Board staff also subpoenaed the Respondent for any and all education, credentials, training and experience, medical degrees, licenses, and certifications. The Respondent did not provide any of the requested information to the Board.

INTERVIEW OF COMPLAINANT 2

10. On October 13, 2017, the Board interviewed Complainant 2. Complainant 2 stated during her interview:

- the Respondent posted on her Facebook page that she was a resident at University A;
- the Respondent posted on her personal website that she was a doctor;
- the Respondent advertised on her website that she provided alternative and functional medicine;
- the Respondent's Facebook page contained a photograph of a dissertation that she represented she had authored; and

- Complainant 2 researched the dissertation title of the photographed dissertation and discovered that it was the exact title of a dissertation written by another individual (“Dr. C”). Complainant 2 contacted Dr. C who notified University B of allegations that the Respondent had plagiarized her dissertation.

INTERVIEW OF PATIENT A

11. On February 22, 2018, and May 16, 2018, the Board interviewed Patient A.

Patient A stated in pertinent part during the interview:

- Sometime around August or September 2017, Patient A met the Respondent at a yoga studio and the Respondent introduced herself to Patient A as a doctor, stating that she had a D.O., a Ph.D., and did integrative medicine;
- the Respondent told Patient A that she worked at a shock trauma center (“Center B”) previously and now worked through another medical institute (“Facility A”);
- The Respondent stated that her focus was patients with “anxiety, depression and PTSD”;
- Patient A’s first appointment with the Respondent was in September 2017 at the Respondent’s home office in Gaithersburg, Maryland;
- Patient A saw the Respondent because she had a “host of medical issues” and wanted a physician who practiced “Eastern and Western medicine”;
- Patient A saw the Respondent for approximately 7 or 8 visits through January 2018;
- The Respondent charged \$200-300 for the initial visit, and \$100 for subsequent visits;
- The Respondent elicited a medical history from Patient A;
- The Respondent conducted “psychological therapy” for Patient A;
- During Patient A’s visits with the Respondent she would “prick” her finger for blood, and was attempting to wean Patient A off of her SSRI medication. The Respondent represented to Patient A that she ran her blood testing through a laboratory at Facility A;
- The Respondent mistakenly sent Patient A another patient’s laboratory results; and
- The Respondent dispensed “supplements” to Patient A without labels during her visits based on Patient A’s laboratory results.

INTERVIEWS OF RESPONDENT

12. On February 22, 2018 and May 16, 2018, the Board interviewed the Respondent.

The Respondent stated in pertinent part during the interviews:

- She was initially hired as a receptionist at Center A, and later obtained “certificates and degrees” through Dr. A’s “program” which included a “doctorate;”
- She acknowledged that when she saw [patients] she would assess the status of a patient including but not limited to the condition of the skin and fingernails, fat placement in the midsection, the color of the [sclera], the condition of the surface of the tongue;
- She stated that her LinkedIn page advertised her as a medical doctor, board [certified] physician in neurology, psychiatry and internal medicine because “those were the programs that I completed”;⁵
- In response to questioning about Patient B, the Respondent stated that she “believed” she had a PhD in Integrative Medicine;
- She stated that she saw approximately 5-7 individuals weekly at her home office; She required HIPAA⁶ forms to be filled out by individuals who came to see her at her home office;
- She obtained malpractice insurance without having to give the insurance company any of her credentials;
- She attempted to assist Patient A to wean off of trazadone⁷ in order to treat Patient A’s mental health condition(s) with herbs and/or supplements;
- She sent patient’s blood samples to “biologists in the area” and on receipt of the results of the “live blood analysis” would contact patients to discuss the results; and
- She saw Patient C, a male, approximately twice in her home office. She sent Patient C’s blood for analysis.

EXPERT REPORT

13. Based on the Expert’s review of documents from the Board’s file, she concluded in part:

⁵ Later during the interview, the Respondent stated, “It was all fake but I believed it.”

⁶ The Health Insurance Portability and Accountability Act is federal legislation that provides data privacy and security provisions for safeguarding medical information.

⁷ A drug used to treat depression.

I am asked to opine as to whether Ms. Mason is misrepresenting herself as a practitioner of osteopathic medicine (DO) and whether she is practicing medicine without a license. It is my opinion that she is doing both.

Ms. Mason represented herself as being a doctor of osteopathy on multiple websites referencing her practice as well as LinkedIn and Facebook. ...she fabricated multiple documents to support this claim to include her [*curriculum vitae*], posting somebody else's thesis page on her Facebook website, creating a medical malpractice insurance page and forging diplomas both provided to her previous employer as well as evident in her home office to one complainant [Patient A]. The patients who did see her called her Dr. Mason and she did not correct them. The paper work that she had them complete had her name on the top referenced as Dr. Solange Mason, D.O. Her email address refers to her as drsolangemason. The credit card receipts provided by complainant [Patient A], do as well. In text messages, Ms. Mason references seeing patients in the hospital.

...

Based on my thorough review as outlined above, it is my opinion within a reasonable degree of medical probability, that Ms. Solange Mason engaged in conduct constituting the practice of medicine as outlined in HO § 14-401. She actively offered her services online professing to be a physician as noted above. She attempted to diagnose and treat patient [A's] mental health disorders by obtaining blood from the patient, purporting to have an outside lab analyze [Patient A's] blood, prescribing supplements based on these results, and then telling [Patient A] that she would then adjust her medications "starting with trazadone" but also to include adjusting her serotonin reuptake inhibitor ("SSRI") dosage. This constitutes the practice of medicine as defined in HO § 14-401 in that Ms. Mason was attempting to diagnose through blood work, treat through the use of supplements and heal such that [Patient A] would be able to discontinue or taper her medication that she took for depression / mental health disorders[.]

CONCLUSION OF LAW

Based on the foregoing investigative findings, Panel A concludes as a matter of law that the Respondent practiced medicine without a license.

ORDER

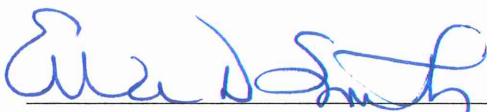
Based on the investigative findings and Panel A's conclusion of law that the Respondent practiced medicine without a license, it is hereby:

ORDERED that, pursuant to the authority vested by the Maryland Medical Practice Act, Health Occ. § 14-206(e)(1), the Respondent shall **IMMEDIATELY CEASE AND DESIST** from the practice of medicine; and it is further

ORDERED that this order is **EFFECTIVE IMMEDIATELY** pursuant to Md. Code Regs. 10.32.02.11E (1)(b); and it is further

ORDERED that this is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101-4-601 (2014) and Md. Code Regs. 10.32.02.11E (1)(a).

8/24/18
Date


Ellen Douglas Smith
Deputy Director
Maryland State Board of Physicians

NOTICE OF OPPORTUNITY FOR A HEARING

The Respondent may challenge the factual or legal basis of this Order by filing a written opposition within 30 days of its issuance. The Respondent has a right to a hearing, but must request a hearing within 30 days of the issuance of this Order. The written opposition and/or request for a hearing should be made to: Christine A. Farrelly, Executive Director, Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215, with a copy mailed to Dawn L. Rubin, Assistant Attorney General, Health Occupations Prosecution and Litigation Division, Office of the Attorney

General, 300 West Preston Street, Suite 201, Baltimore, Maryland 21201. If the Respondent files a written opposition, the Board will consider that opposition and will provide a hearing, if requested. If the Respondent does not file a written opposition, the Respondent will lose the right to challenge this Initial Order to Cease and Desist.