

IN THE MATTER OF	*	BEFORE THE
KAMBIZ KAZEMI, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D34098	*	Case Number: 2220-0109B

* * * * *

**ORDER FOR SUMMARY SUSPENSION OF LICENSE
TO PRACTICE MEDICINE**

Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of **KAMBIZ KAZEMI, M.D.** (the "Respondent"), License Number D34098, to practice medicine in the State of Maryland.

Panel B takes such action pursuant to its authority under Md. Code Ann., State Gov't ("State Gov't") § 10-226(c)(2) (2014 Repl. Vol. & 2019 Supp.) and Md. Code Regs. ("COMAR") 10.32.02.08B(7), concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to Panel B, Panel B has reason to believe that the following facts are true:¹

¹ The statements regarding the Respondent's conduct are intended to provide the Respondent with reasonable notice of the asserted facts. 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.

I. BACKGROUND/LICENSING INFORMATION

1. The Respondent was originally licensed to practice medicine in August 18, 1986, under License Number D34098. The Respondent has retained continuous licensure in Maryland since that time. The Respondent's latest license was given the expiration date of September 30, 2020.

2. The Respondent is not board-certified in any medical specialty. The Respondent's self-designated specialty is obstetrics and gynecology.

3. At all times relevant, the Respondent owned and operated a medical office located in Montgomery County, Maryland.

4. At all times relevant, the Respondent had admitting privileges at a health care facility (the "Facility")² located in Maryland.

II. SUMMARY OF INVESTIGATION

5. The Board initiated an investigation of the Respondent after reviewing a complaint (the "Complaint") from the Facility that alleged that the Respondent had entered into a sexual relationship with a patient (the "Patient"). The Complaint also alleged that the Respondent engaged in other inappropriate behaviors, which included his misrepresenting the nature of his relationship with the Patient to Facility officials; providing one or more prescriptions to the Patient in her name that were meant for his personal use; and inducing the Patient to file an unsupported complaint about a Facility nurse. The Board's investigation also determined that the Respondent had an extensive

² For confidentiality reasons, the names of health care facilities or patients will not be identified in this document. The Respondent may obtain the identity of any health care facility or patient referenced herein by contacting the assigned administrative prosecutor.

history of engaging in disruptive behavior, which caused the Facility to require him to execute several "Last Chance Agreements" to address his anger management issues. Because of the above allegations, the Respondent was referred for an evaluation, which determined that he is unfit to return to clinical practice.

III. THE COMPLAINT

6. On October 10, 2019, the President of the Medical Staff (the "Complainant") of the Facility filed the above-referenced Complaint against the Respondent. The Complainant stated that the Patient reported to the Facility that the Respondent entered into a sexual relationship with her while concurrently providing gynecologic care to her, which included performing surgery on her. The Patient reported that during the time the Respondent was professionally and sexually involved with her, he gave her prescriptions for medications in her name to fill that were for his personal use. The Patient stated that when she presented these prescriptions to her pharmacy, the pharmacist told her it "was insurance fraud and that they would not fill them."³ The Complainant stated that the Patient reported that the Respondent informed her that he "had problems with the [Facility] nurses" and wrote a letter that he had her sign and mail to the Facility that criticized the actions of a specific Facility nurse when in fact the care she felt she received had been "excellent." The Patient stated that when the Facility contacted her about the letter, she "felt that she had to lie to them because she signed the letter." The Patient also reported that the Respondent sent her a series of emails and

³ The Patient produced two prescriptions the Respondent wrote, dated December 17, 2018. Both prescriptions were written to permit 10 refills.

texts that she found were “threatening.”⁴ The Complainant stated that she confronted the Respondent about the Patient’s allegations, and that the Respondent categorically denied them. The Complainant also noted that the Respondent entered into a series of “Last Chance Agreements” with the Facility to address his anger management issues there.

7. The Complainant stated that she had concerns about the Respondent’s misrepresentations to Facility leadership about an “inappropriate and ongoing sexual relationship with a patient”; his writing prescriptions in the Patient’s name for his personal use; his continuation of the relationship with the Patient that in the Patient’s mind was threatening; concerns about the surgery he performed on the Patient; and his inducing the Patient to file a complaint against a nurse that was designed to “get a particular nurse in trouble.”

8. The Complainant submitted documentary evidence with the Complaint, including two prescriptions the Respondent wrote in the Patient’s name that were meant for his personal use and a series of electronic communications between the Respondent and the Patient that substantiated the Respondent’s sexual/intimate involvement with the Patient.

IV. SUBSEQUENT BOARD INVESTIGATION

Letter from the Respondent, dated October 28, 2019, admitting to entering into a sexual relationship with the Patient

9. By letter dated October 28, 2019, the Respondent notified the Board that he had entered into an “inappropriate relationship with a patient.” The Respondent reported

⁴ The Patient produced a series of emails and texts of communications between the Respondent and her.

that the Patient first saw him in 2016 for an “OB/GYN” consultation and resumed seeing him for gynecologic care in 2018. The Respondent stated that he performed gynecologic surgery on the Patient in July 2018 and saw him in his office for post-operative care on August 1, 2018. The Respondent acknowledged that in August 2018, he commenced what he characterized as a “consensual romantic and sexual relationship” with the Patient. The Respondent stated that he ended his sexual relationship with the Patient “sometime before he discharged her as a patient.” The Respondent further acknowledged that he prescribed a prescription-only medication in the Patient’s name on one occasion and that when the Patient attempted to fill it, the pharmacist declined to do so. The Respondent concluded by stating that he was “very remorseful about this relationship.”

The Patient’s medical record

10. Board staff obtained the Patient’s medical chart from the Respondent. The chart confirms that the Respondent first evaluated the Patient in 2016 and that she resumed seeing the Respondent in or around July 2018, prior to surgery he performed on her on July 17, 2018. The Respondent’s last recorded visit with the Patient was on December 12, 2018. The Respondent’s medical record for the Patient does not document the prescriptions he wrote in her name that he meant for his personal use. The Respondent’s medical record contains a letter dated February 13, 2019, in which he terminated his physician/patient relationship with the Patient.

The Respondent’s electronic communications with the Patient

11. Board staff reviewed electronic communications that the Patient provided to the Complainant. These communications indicate that the Respondent, while acting as

the Patient's gynecologist, made medical decisions for her based on his own self-gratification or for other personal considerations. For example, in one exchange in these communications, the Respondent discussed providing contraception for the Patient, stating, "I am going to put that IUD in you and not worry any more." When the Patient answered by expressing reservations about using an IUD, the Respondent responded by stating, "I don't like it. We have to do Plan B each time then." In other communications, the Respondent directed the Patient to become involved in his professional status at the Facility. For example, he directed the Patient to contact Facility administration representatives and notify them of her satisfaction with his professional services.

Respondent's quality assurance/risk management file from the Facility

12. The Respondent's quality assurance/risk management file from the Facility states that since at least 2007, Facility staff have made repeated complaints against him, alleging that he engaged in unwarranted disruptive or abusive behavior toward them. Facility administration regularly counseled the Respondent and required him to enter into a series of "Last Chance Agreements" and counseling to address such behaviors, dating back to at least 2009. In 2018, the Facility referred the Respondent for evaluation and counseling for anger management issues.⁵

13. This file also states that in 2019, when Facility officials confronted the Respondent with the Patient's allegations, the Respondent "denies that there was any relationship between them and that all those related allegations were untrue." The file

⁵ In order to maintain confidentiality, the name of the program and details of the counseling will not be disclosed in this document, but the information will be made to the Respondent upon request.

also states that in early 2020, the Respondent agreed to a voluntary leave of absence from practicing.

Comprehensive Assessment, December 2019

14. The Respondent was directed to undergo a comprehensive assessment, which occurred on December 3-5, 2019. The assessment determined that the Respondent was unfit to practice medicine until such time as he completed an evaluation.⁶

Evaluation, dated January 13, 2020

15. The Respondent was referred for a subsequent evaluation. On or about January 20, 2020, the Board received the evaluation report, dated January 13, 2020, involving the Respondent.⁷ The evaluator concluded that the Respondent was not fit to return to clinical practice.

CONCLUSIONS OF LAW

Based upon the foregoing Investigative Findings, Panel B of the Board concludes that the public health, safety, or welfare imperatively requires emergency action, pursuant to State Gov't § 10-226(c)(2) (2014 Repl. Vol. & 2019 Supp.) and COMAR 10.32.02.08B(7).

ORDER

IT IS thus, by Panel B of the Board, hereby:

ORDERED that pursuant to the authority vested in Panel B by State Govt. § 10-

⁶ In order to maintain confidentiality, the details of the comprehensive assessment will not be disclosed in this Order, but the report will be made available to the Respondent upon request.

⁷ In order to maintain confidentiality, the details of the report will not be disclosed in this Order, but the evaluation report will be made available to the Respondent upon request.

226(c)(2) and COMAR 10.32.02.08B(7), the Respondent's license to practice medicine in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and it is further

ORDERED that in accordance with COMAR 10.32.02.08B(7) and E, a post-deprivation hearing on the summary suspension will be held on **Wednesday, February 26, 2020, at 11:45 a.m.** at the Board's offices, located at 4201 Patterson Avenue, Baltimore, Maryland, 21215-0095; and it is further

ORDERED that after the **SUMMARY SUSPENSION** hearing before Panel B, the Respondent, if dissatisfied with the result of the hearing, may request, within ten (10) days, an evidentiary hearing, such hearing to be set within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and it is further

ORDERED that a copy of the Order for Summary Suspension shall be filed by Panel B immediately in accordance with Health Occ. § 14-407 (2014 Repl. Vol.); and it is further

ORDERED that this is an Order of Panel B, and as such, is a public document. See Health Occ. §§ 1-607, 14-411.1(b)(2) and Md. Code Ann., Gen. Prov. § 4-333(b)(6).

02/11/2020
Date

Signature on File

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians