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HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

December 10, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ryan Peterson, M.D.
REDACTED

Karen A. Butler, Esq.
Thuillez, Ford, Gold, Butler & Monroe, LLP
20 Corporate Woods Boulevard
Albany, New York 12211

Jude B. Mulvey, Esq.
NYS Department of Health
ESP-Corning Tower-Room 2512
Albany, New York 12237

RE: In the Matter of Ryan Peterson, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. 13-405) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2013) and §230-c subdivisions 1 through 5, (McKinney Supp. 2013), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the Respondent or the Department may seek a review of a committee determination.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Chief Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Riverview Center
150 Broadway – Suite 510
Albany, New York 12204

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,

REDACTED
James F. Horan
Chief Administrative Law Judge
Bureau of Adjudication

JFH:cah

Enclosure

**STATE OF NEW YORK: DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT**

**IN THE MATTER
OF
RYAN PETERSON, M.D.**

**DETERMINATION
AND
ORDER**
BPMC #13-405

COPY

A hearing was held on October 16, 2013, at the offices of the New York State Department of Health ("the Petitioner"). A Notice of Referral Proceeding and a Statement of Charges, both dated June 27, 2013, were served upon the Respondent, **Ryan Peterson, M.D.**

Pursuant to Section 230(10)(e) of the Public Health Law, **Thomas W. King, Jr., M.P.A., P.E. Chair, Elisa E. Burns, M.D., and Kendrick A. Sears, M.D.**, duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter. **David A. Lenihan, Esq.**, Administrative Law Judge, served as the Administrative Officer. The Petitioner appeared by **James E. Dering, Esq.**, General Counsel, by **Jude B. Mulvey, Esq.**, of Counsel. The Respondent, **Ryan Peterson, M.D.**, did appear, with counsel, **Karen A. Butler, Esq.**, of the Albany firm of **Thuillez, Ford, Gold, Butler & Monroe, LLP**. Evidence was received and transcripts of these proceedings were made. After consideration of the entire record, the Hearing Committee issues this Determination and Order.

STATEMENT OF CASE

This case was brought pursuant to Public Health Law Section 230(10) (p). The statute provides for an expedited hearing when a licensee is charged solely with a violation of Education Law Section 6530(9). In such cases, a licensee is charged with misconduct based upon a prior criminal conviction in New York State or another jurisdiction, or upon a prior administrative adjudication regarding conduct that would amount to professional misconduct, if committed in New York. The scope of an expedited hearing is limited to a determination of the nature and severity of the penalty to be imposed upon the licensee.

In the instant case, the Respondent is charged with professional misconduct pursuant to Education Law §6530(9)(b) and (d) due to the fact that the Medical Board of the State of California revoked the Respondent's medical license due to his habitual use of controlled substances in a dangerous manner and his commission of acts of dishonesty related to the practice of medicine.

Based on this California action, the New York Commissioner of Health issued an Order of Summary Suspension, pending the present hearing. (Department's Exhibit # 1)

The conduct resulting in the California Board's disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to New York State Education Law §6530(8) -- being an habitual abuser of alcohol or being dependent on or a habitual user of narcotics or other drugs.

Copies of the Notice of Referral Proceeding and the Statement of Charges are attached to this Determination and Order as Appendix 1.

WITNESSES

For the Petitioner:

None

For the Respondent:

James Peck, M.D.(by telephone)

James Conway (by telephone)

Matthew A. Torrington, M.D. (by
telephone)

Ryan Peterson, M.D.

FINDINGS OF FACT

The following Findings of Fact were made after a review of the entire record in this matter. Numbers below in parentheses refer to exhibits, denoted by the prefix "Ex." These citations refer to evidence found persuasive by the Hearing Committee in arriving at a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. All Hearing Committee findings were unanimous.

1. Ryan Peterson, M.D., the Respondent, did appear at the hearing and was personally served with process. (Petitioner's Ex. 3,).
2. The Respondent, was authorized to practice medicine in New York state on March 16, 2006 by the issuance of license number 239387 by the New York State Education Department. (Petitioner's Ex. 4)
3. On or about June 21, 2013, the Medical Board of California, (hereinafter "California Board"), by Decision after Non-Adoption (hereinafter "California Order") revoked Respondent's license to practice medicine, stayed the revocation and placed Respondent on probation for seven (7) years during which, among others, he is prohibited from prescribing controlled substances for 36 months from August 30, 2011, is prohibited from

issuing medical marijuana recommendations, prohibited from the private practice of medicine and from supervision of any Physician Assistants, must abstain from alcohol and/or controlled substance use, consent to biological testing requirements, complete a psychiatric evaluation and continue with psychotherapy, and comply with practice monitor requirements. The California Order was based on Respondent's habitual use of controlled substances, use of controlled substances in a dangerous manner and/or his commission of acts of dishonesty related to the practice of medicine.

4. The conduct resulting in the California Board's disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following section of New York State law:

- a. New York Education Law §6530(8) (habitual abuser of alcohol or being dependent on or a habitual user of narcotics or other drugs).
- b. New York Education Law §6530 (7) (practicing while impaired);
- c. New York Education §6530 (20) (moral unfitness)

VOTE OF THE HEARING COMMITTEE

FIRST SPECIFICATION

"Respondent violated New York Education Law §6530(9) (b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state, where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state..."

VOTE: Sustained (3-0)

SECOND PECIFICATION

"Respondent violated New York Education Law Section 6530(9) (d) by having disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the disciplinary action would, if committed in New York state, constitute professional misconduct under the laws of New York state... "

VOTE: Sustained (3-0)

HEARING COMMITTEE DETERMINATION

The Respondent did appear at the hearing with counsel. There was no dispute about jurisdiction and the Administrative Officer noted that there was personal service of the Notice of Referral Proceeding and the Statement of Charges. (Petitioner's Exhibit 3).

The record herein shows that the Medical Board of California revoked Respondent's medical license because of his habitual use of controlled substances, use of controlled substances in a dangerous manner and/or his commission of acts of dishonesty related to the practice of medicine. California stayed this revocation and placed the Respondent on probation for seven years with strict monitoring and restrictions on his practice.

The Respondent did not dispute the basic facts in this case and candidly acknowledged that his abuse of controlled substances began when he was in medical school. (T. 128) The Respondent testified that his illegal drug use began around the year 2000 with the amphetamines, Ritalin and Adderall, and then moved on to the street version of methamphetamine which was the most readily available drug. (T. 130). Due to his drug use, the Respondent, according to his testimony, went into pain management and did a residency in anesthesiology. (T. 135)

Respondent admitted that his disease of drug abuse progressed over the years and that in 2010 he stole Fentanyl from the operating room (T.137) and then in May of 2011 he stole Propofol. (T. 137)

The California Board found that the Respondent crossed a line in May of 2011 when he took Propofol at work. It appears that the Respondent administered anesthesia to a patient after having injected himself with Propofol. (Petitioner's Ex. 5, p. 3) After the 2011 incident the Respondent consulted an addiction specialist, Dr. Torrington, who testified at the present hearing. Dr. Torrington had the Respondent go into intensive inpatient rehabilitation at Hazelton in Minnesota and then at the Betty Ford Center in California. After this intensive inpatient therapy, the Respondent began psychotherapy with Dr. Peck who also testified, by phone, at the present hearing. The Respondent went back to work in August of 2011 and, notwithstanding all the therapy and treatment, went back to using Fentanyl and Propofol at home on August 25, 2011. (Petitioner's Ex. 5, p. 4). Then, on August 29, 2011, the Respondent stole two 50 milliliter bottles of Propofol from the surgery center where he worked and injected the entire quantity. This episode, according to the Respondent's testimony in his California hearing, was his "rock bottom" and the Respondent thereafter re-entered the Betty Ford Center for 30 days of additional inpatient rehabilitation.

In his defense, the Respondent's attorney presented an extensive array of testimonial letters of support to show that the Respondent is held in high esteem by his colleagues and is recognized for being on the road to recovery. (See Exhibit B) Also submitted were medical records and copies of drug test results showing that the Respondent's documented recovery was well under way. (See Exhibits C and D).

The testimony of the Respondent's physicians and therapists was offered to show that the Respondent was on the path to recovery. However, the cross-examination by the

Department's attorney pointed out a significant defect in the record-keeping of treating physician Dr. Torrington. Apparently, the medical records for April 12 and May 24, 2012, were identical. (T. 119). The panel found that such a glaring mistake in record-keeping cast some doubt on the reliability of Dr. Torrington's opinion on the prospects for the Respondent's continued sobriety.

The Respondent's attorney also submitted for the panel's review the full transcript text of the California proceeding. (Exhibit G) The California transcript shows that Dr. Peck's medical record found the Respondent to be in full early remission on April 25, 2011. The record herein shows that at the time of this "full early remission" the Respondent had already relapsed and this important fact was not observed by Doctor Peck in his notes.

On review of the record and testimony herein, the panel was concerned about the Respondent's sobriety and the potential for harm to patients should the Respondent be in a position to work again with controlled substances. The panel was concerned that the Respondent was only in the early stages of his recovery and saw a relapse as a very real danger from which the patients of New York should be protected. To protect the patients in New York, the panel decided that the seven year suspension imposed in California should be extended for an additional three years of strict probation.

Accordingly, the panel considered the full range of penalties available in the case and determined that the Respondent's license be suspended for ten years from the date hereof and that the suspension should be stayed. In the event the Respondent decides to return to New York, he must give the Director of OPMC ninety (90) days notice of his plan to return. The terms of the Probation are attached hereto as Appendix II.

ORDER

IT IS HEREBY ORDERED THAT:

1. The specifications of professional misconduct, as set forth in the Statement of Charges, are **SUSTAINED**.
2. The license of the Respondent to practice medicine in New York State is hereby **SUSPENDED FOR A PERIOD OF TEN YEARS; HOWEVER, THE SUSPENSION IS STAYED IN WHOLE.**
3. Respondent is placed on a term of probation for ten years. The terms of the probation are attached hereto as Appendix II and are incorporated in this Order.
4. This Order shall be effective upon service on the Respondent in accordance with the requirements of Public Health Law Section 230(10) (h).

**DATED: Albany, New York
December 6, 2013**

REDACTED

Thomas W. King, Jr., M.P.A., P.E. Chair

**Elsa E. Burns, M.D.
Kendrick A. Sears, M.D.**

To:

Ryan Peterson, M.D., Respondent
REDACTED

Karen A. Butler, Esq., Attorney for Respondent
Thuillez, Ford, Gold, Butler & Monroe, LLP.
20 Corporate Woods Blvd.
Albany, New York 12211

Jude B. Mulvey, Esq.
Attorney for Petitioner
Associate Counsel
NYS Department of Health
Bureau of Professional Medical Conduct
Corning Tower, Room 2512
Albany, New York 12237

APPENDIX 1

STATE OF NEW YORK DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
RYAN PETERSON, M.D.
CO-12-01-0282-A

NOTICE OF
REFERRAL
PROCEEDING

TO: Ryan Peterson, M.D.
REDACTED

PLEASE TAKE NOTICE THAT:

An adjudicatory proceeding will be held pursuant to the provisions of New York Public Health Law §§230(10)(p) and New York State Administrative Procedures Act §§301-307 and 401. The proceeding will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct (Committee) on the 19th day of September, 2013, at 10:30 a.m., at the offices of the New York State Department of Health, Riverview Center, 150 Broadway, Suite 510, Albany, NY 12204-2719.

At the proceeding, evidence will be received concerning the allegations set forth in the Statement of Charges, that is attached. A stenographic record of the proceeding will be made and the witnesses at the proceeding will be sworn and examined.

You may appear in person at the proceeding and may be represented by counsel who shall be an attorney admitted to practice in New York state. You may produce evidence and/or sworn testimony on your behalf. Such evidence and/or sworn testimony shall be strictly limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. Where the charges are based on the conviction of state law crimes in other jurisdictions, evidence may be offered that would show that the conviction would not be a crime in New York State. The Committee also may limit the number of witnesses whose testimony will be received, as well as the length of time any witness will be permitted to testify.

EXHIBIT

2

JN EV 10-16-13

If you intend to present sworn testimony, the number of witnesses and an estimate of the time necessary for their direct examination must be submitted to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Riverview Center, 150 Broadway, Suite 510, Albany, NY 12204-2719, ATTENTION: HON. JAMES F. HORAN, ACTING DIRECTOR, BUREAU OF ADJUDICATION (Telephone: (518-402-0748), (henceforth "Bureau of Adjudication") as well as the Department of Health attorney indicated below, no later than ten (10) days prior to the scheduled date of the Referral Proceeding, as indicated above.

Pursuant to the provisions of New York Public Health Law §230(10)(p), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten (10) days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health, whose name appears below. You may file a written brief and affidavits with the Committee. Six (6) copies of all papers you submit must be filed with the Bureau of Adjudication at the address indicated above, no later than fourteen (14) days prior to the scheduled date of the Referral Proceeding, and a copy of all papers must be served on the same date on the Department of Health attorney, indicated below. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide, at no charge, a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of New York State Administrative Procedure Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner demands, hereby, disclosure of the evidence that Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence, and a description of physical and/or other evidence that cannot be photocopied.

YOU ARE ADVISED, HEREBY, THAT THE ATTACHED CHARGES WILL BE MADE PUBLIC FIVE (5) BUSINESS DAYS AFTER THEY ARE SERVED.

Department attorney: Initial here _____

The proceeding may be held whether or not you appear. Please note that requests for adjournments must be made in writing to the Bureau of Adjudication, at the address indicated above, with a copy of the request to the attorney for the Department of Health, whose name appears below, at least five (5) days prior to the scheduled date of the proceeding. Adjournment requests are not routinely granted. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation. Failure to obtain an attorney within a reasonable period of time prior to the proceeding will not be grounds for an adjournment.

The Committee will make a written report of its findings, conclusions as to guilt, and a determination. Such determination may be reviewed by the administrative review board for professional medical conduct.

SINCE THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT SUSPENDS OR REVOKES YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE AND/OR IMPOSES A FINE FOR EACH OFFENSE CHARGED, YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York

June 27, 2013

REDACTED

MICHAEL A. HISER
Acting Deputy Counsel
Bureau of Professional Medical Conduct

Inquiries should be addressed to:

Jude B. Mulvey
Associate Counsel
Bureau of Professional Medical Conduct
Coming Tower – Room 2512
Empire State Plaza
Albany, NY 12237
(518) 473-4282

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
RYAN PETERSON, M.D.
CO-12-01-0282-A

STATEMENT
OF
CHARGES

RYAN PETERSON, M.D., Respondent, was authorized to practice medicine in New York state on March 16, 2006, by the issuance of license number 239387 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Effective June 21, 2013, the Medical Board of California, (hereinafter "California Board"), by Decision after Non-Adoption (hereinafter "California Order") revoked Respondent's license to practice medicine, stayed the revocation and placed Respondent on probation for seven (7) years during which, among others, he is prohibited from prescribing controlled substances for 36 months from August 30, 2011, is prohibited from issuing medical marijuana recommendations, prohibited from the private practice of medicine and from supervision of any Physician Assistants, must abstain from alcohol and/or controlled substance use, consent to biological testing requirements, complete a psychiatric evaluation and continue with psychotherapy, and comply with practice monitor requirements. The California Order was based on Respondent's habitual use of controlled substances, use of controlled substances in a dangerous manner and/or his commission of acts of dishonesty related to the practice of medicine.

B. The conduct resulting in the California Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. New York Education Law §6530 (7) (practicing while impaired);
2. New York Education Law §6530 (8) (habitual abuse of alcohol and/or drugs)
3. New York Education Law §6530 (20) (moral unfitness)

SPECIFICATIONS
FIRST SPECIFICATION

Respondent violated New York State Education Law §6530(9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state, in that Petitioner charges:

1. The facts in paragraphs A and/or B.

SECOND SPECIFICATION

Respondent violated New York Education Law §6530(9)(d) by having his license to practice medicine revoked or having other disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation or other disciplinary action would, if committed in New York State, constitute professional misconduct under the laws of New York state, in that Petitioner charges:

2. The facts in Paragraphs A and/or B.

DATED: June 27, 2013
Albany, New York

REDACTED

MICHAEL A. HISER
Acting Deputy Counsel
Bureau of Professional Medical Conduct

APPENDIX II

Terms of Probation

1. Respondent shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719 of any intention to return to New York to practice; said notice shall be given ninety (90) days prior to any such move; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State, Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more, Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
5. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated as impairment monitor by the Director of OPMC as requested by the Director.
6. Throughout the period of probation, the Respondent's sobriety shall be observed by the impairment monitor at times and places as requested by the Director of OPMC. The impairment monitor shall be proposed by the Respondent and this appointment shall be subject to the written approval of the Director of OPMC. The impairment monitor shall not be a family member or personal friend, or be in a professional relationship, which could pose a conflict with supervision responsibilities. The costs and expenses of this monitor are solely the responsibility of the Respondent.
7. Respondent shall ensure that the impairment monitor is familiar with the Order and terms of probation, and be aware of the alcohol and substance abuse issues in this case, and be willing to report to OPMC. Respondent shall ensure that the impairment monitor is in a position to regularly observe and assess Respondent's sobriety. Respondent shall cause this monitor to report within 24 hours any suspected impairment, inappropriate behavior, or possible misconduct to OPMC.

8. Respondent shall submit, at the request of a monitor, to random, unannounced observed blood, breath and/or urine screens for the presence of drugs/alcohol. The Respondent shall also submit to hair testing for Fentanyl and other substances on a random basis. This monitoring will be on a random, seven-days a week, twenty-four hours a day basis. Respondent shall report for a drug screen within four (4) hours of being contacted by the monitor. Respondent shall cause the monitor to report to OPMC within 24 hours if a test is refused or delayed by Respondent or a test is positive for any unauthorized substance.
9. Respondent shall meet with the impairment monitor on a regular basis who will submit quarterly reports to OPMC certifying Respondent's sobriety. These reports are to include
 - a) forensically valid results of all drug/alcohol monitoring tests to be performed at a frequency of no less than weekly for the first 12 months of the period of probation, then at a frequency to be proposed by the sobriety monitor and approved by OPMC and b) an assessment of self-help group attendance (e.g., AA/NA/Caduceus, etc.), 12 step progress, etc.
10. Respondent shall authorize the impairment monitor to submit quarterly written reports to the Director of OPMC, regarding Respondent's sobriety, general demeanor, and other such on-duty conduct as the impairment monitor deems appropriate to report.
11. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State, Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more, Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
12. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his/her staff at practice locations or OPMC offices.
13. Respondent shall continue to participate in the program for sobriety of the Committee for Physician Health, or similar program approved by OPMC, throughout the period of this probation and shall agree to full disclosure of his records at CPH to OPMC.
14. Respondent shall remain active in self-help groups such as, but not limited to, Narcotics Anonymous, Alcoholics Anonymous and Caduceus.
15. Respondent shall notify all treating physicians of his/her history of alcohol/chemical dependency. Respondent shall advise OPMC of any controlled or mood-altering substance given or prescribed by treating physicians.
16. Respondent shall continue in counseling or other therapy with a therapist as long as the therapist determines is necessary, or for the period of time dictated in the Order. Respondent shall cause the therapist to submit a proposed treatment plan and quarterly reports to OPMC certifying whether Respondent is in compliance with the treatment plan. Respondent shall cause the therapist to report to OPMC within 24 hours if Respondent leaves treatment against medical advice, or displays any symptoms of a suspected or actual relapse.

17. Respondent shall comply with any request from OPMC to obtain an independent psychiatric/chemical dependency evaluation by a health care professional proposed by the Respondent and approved, in writing, by the Director of OPMC.