BEFORE THE MEDICAL LICENSING BOARD OF INDIANA
2014 MLB 0035

FILED
AUG 04 2014
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE OF	)
	)
MOHAMAD GHIAS ARAR, M.D.	)
	)
LICENSE NO. 01044190A (Valid to Practice)	)

PETITION FOR SUMMARY SUSPENSION

The State of Indiana ("Petitioner"), by counsel, Office of the Indiana Attorney General, by Deputy Attorney General Darren R. Covington, moves the Medical Licensing Board of Indiana ("Board") to summarily suspend the medical license of Mohamad Ghias Arar, M.D. ("Respondent") for ninety (90) days and in support of its petition states the following:

1. This Board has jurisdiction to suspend Respondent's license in accordance with the provisions of Ind. Code ch. 4-21.5-4 and Ind. Code § 25-1-9-10.

2. Respondent's address on file with the Indiana Professional Licensing Agency is P.O. Box 23568, Louisville, Kentucky 40223.

3. Respondent is a licensed physician in the State of Indiana having been issued license number 01044190A on August 31, 1995.

4. Respondent is also a licensed physician in Kentucky having been issued license number 32411 on September 19, 1996.

5. Respondent's area of practice is neurology.

6. On or around March 21, 2013, Respondent was indicted in Jefferson County, Kentucky Circuit Court with six counts of Sexual Abuse in the Third Degree and two counts of Sexual Abuse in the First Degree under Cause Number 13CR0866.

7. A trial is currently scheduled for September 2014.

8. Sexual Abuse in the First Degree is defined as "subject[ing] another person to sexual contact by forcible compulsion." KRS 510.110(1)(a). The charge is a felony, punishable by up to five years in incarceration and a $10,000 fine.

9. Sexual Abuse in the Third Degree is defined as "subject[ing] another person to sexual contact without the latter's consent." KRS 510.130. The charge is a misdemeanor, punishable by up to ninety days in incarceration and a $250 fine.

10. These charges were based upon the following Louisville Metropolitan Police Department ("LMPD") investigations into reports by patients T. B., H.M., S. M., J. C. and L. W.

11. Patient T. B. reported to the LMPD that at a scheduled appointment with Respondent, Respondent "forcibly removed her bra, began kissing on [her] breasts, and rubbing on her vagina."

12. Patient T. B. reported that Respondent grabbed her by the neck, exposed his penis and ejaculated on her.

13. Patient T. B. further reported that Respondent cleaned himself with a tissue, which Patient T. B. retrieved from the trash and provided to LMPD.

14. The semen contents of the tissue were analyzed and matched to Respondent.

15. As a result of Patient T. B.'s report, Respondent was arrested.

16. Patient H. M. reported to the LMPD that on two occasions in January 2013, Respondent rubbed her buttocks and breasts during an appointment.

17. Patient S. M. reported to the LMPD that during two appointments with Respondent in January 2013, Respondent exposed her breasts while using a stethoscope and attempted to kiss her.

18. Patient J. C. reported to the LMPD that during a July 2012 appointment, Respondent rubbed her thighs, attempted to kiss her, and massaged her breasts.

19. Patient L. W. reported to the LMPD that during appointments in December 2012 and February 2013 with Respondent, Respondent exposed her breasts while using a stethoscope, attempted to hug her, and touch her pubic area.

20. As a result of Respondent's arrest, on February 26, 2013, the Kentucky Board of Medical Licensure issued an Emergency Order of Restriction prohibiting Respondent from entering into a physician-patient relationship with any female patient until further order.

21. On March 8, 2013, an Amended Emergency Order of Restriction was issued prohibiting Respondent from entering into a physician-patient relationship with any female patient, or personally interacting with any female patient or female accompanying a patient until further order.

22. On March 22, 2013, a Second Amended Emergency Order of Restriction was issued which included additional facts to support the order.

23. On June 26, 2014, the Kentucky Board of Medical Licensure filed a Complaint against Respondent alleging sexual misconduct by Respondent against seven female patients.

24. A hearing on the Complaint is scheduled for November 2014.

25. On this same date, a Third Amended Emergency Order of Restriction was issued.

26. Due to the above facts, Respondent represents a clear and immediate danger to the public health and safety if allowed to continue to practice as a physician in Indiana.

WHEREFORE, the State of Indiana requests that this Board set a hearing on this Petition for Summary Suspension and suspend Respondent's license for a period of ninety (90) days and for all other proper relief.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana
Atty. No. 1958-98

By: D R S

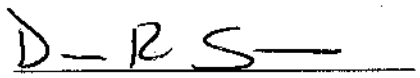
Darren R. Covington
Deputy Attorney General
Atty. No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Petition for Summary Suspension" has been sent to the Respondent and Respondent's counsel by first-class mail, on this 4th day of August, 2014.

Mohamad Arar, M.D.
P.O. Box 23568
Louisville, KY 40223

John Ittenbach, *Esq.*
Ittenbach Johnson Koeller & Abrams
6350 N Shadeland Ave., Ste. 4
Indianapolis, IN 46220



Darren R. Covington
Deputy Attorney General
Atty. No. 28511-16

Office of the Attorney General
Indiana Government Center South
302 W Washington Street, 5th Floor
Indianapolis, IN 46204
Telephone (317) 233-6506
Facsimile (317) 233-4393
darren.covington@atg.in.gov

BEFORE THE MEDICAL LICENSING BOARD OF INDIANA
2014 MLB 0035

IN THE MATTER OF THE LICENSE OF	)	
	)	
MOHAMAD GHIAS ARAR, M.D.	)	
	)	
LICENSE NO. 01044190A (Valid to Practice)	)	

FILED
SEP 02 2014
Indiana Professional Licensing Agency

ORDER ACCEPTING AGREEMENT FOR SUMMARY SUSPENSION

The State of Indiana ("Petitioner"), by Deputy Attorney General Darren R. Covington, and Mohamad Ghias Arar, M.D. ("Respondent"), by counsel, John F. Ittenbach, signed an Agreement for Voluntary Indefinite Summary Suspension ("Agreement"), which was filed on August 28, 2014, whereby the Respondent's Indiana medical license is summarily suspended indefinitely.

The Board, after reviewing the Agreement at the August 28, 2014 meeting, now finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Board by a vote of 4-0 approves and adopts in full the Agreement for Summary Suspension, and issues the following Order:

1. This Board has jurisdiction to suspend Respondent's license in accordance with the provisions of Ind. Code ch. 4-21.5-4 and Ind. Code § 25-1-9-10.

2. Respondent's address on file with the Indiana Professional Licensing Agency is P.O. Box 23568, Louisville, Kentucky 40223.

3. Respondent is a licensed physician in the State of Indiana having been issued license number 01044190A on August 31, 1995.

4. Respondent is also a licensed physician in Kentucky having been issued license number 32411 on September 19, 1996.

5. Respondent's area of practice is neurology.

6. On or around March 21, 2013, Respondent was indicted in Jefferson County, Kentucky Circuit Court with six counts of Sexual Abuse in the Third Degree and two counts of Sexual Abuse in the First Degree under Cause Number 13CR0866.

7. A trial is currently scheduled for September 2014.

8. As a result of Respondent's arrest, on February 26, 2013, the Kentucky Board of Medical Licensure issued an Emergency Order of Restriction prohibiting Respondent from entering into a physician-patient relationship with any female patient until further order.

9. On March 8, 2013, an Amended Emergency Order of Restriction was issued prohibiting Respondent from entering into a physician-patient relationship with any female patient, or personally interacting with any female patient or female accompanying a patient until further order.

10. On March 22, 2013, a Second Amended Emergency Order of Restriction was issued which included additional facts to support the order.

11. On June 26, 2014, the Kentucky Board of Medical Licensure filed a Complaint against Respondent alleging sexual misconduct by Respondent against seven female patients.

12. A hearing on the Complaint is scheduled for November 2014.

13. Respondent neither admits nor denies that he has engaged in the conduct alleged in either the criminal indictment or the Kentucky Board of Medical Licensure's Complaint, but in the interest of preserving his rights against self-incrimination and for the purpose of judicial economy, Respondent agrees to enter into this Agreement.

WHEREFORE, RESPONDENT IS ORDERED to immediately cease and desist all acts constituting the practice of medicine.

SO ORDERED, this 2nd day of Sept., 2014; **this Order is effective as of August 28, 2014.**

MEDICAL LICENSING BOARD OF INDIANA

By: Kirk Masten D.O., Pres

Kirk Masten, D.O., President

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CERTIFICATE OF SERVICE

I certify that a copy of the "Order Accepting Agreement for Summary Suspension" has been duly served upon:

Mohamad Arar, M.D.
P.O. Box 23568
Louisville, KY 40223
Service by Mail

John Ittenbach, *Esq.*
Ittenbach Johnson Koeller & Abrams
6350 N Shadeland Ave., Ste. 4
Indianapolis, IN 46220
Service by Mail

Deputy Attorney General Darren R. Covington
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204
Service by Email

9-8-2014
Date

Donna Moran
[Signature of person serving papers]
Donna Moran, Litigation Specialist

Medical Licensing Board of Indiana
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2060
Fax: 317-233-4236
Email: pla 3 @pla.in.gov

Explanation of Service Methods
Personal Service: by delivering a true copy of the aforesaid document(s) personally.
Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.
Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

BEFORE THE MEDICAL LICENSING BOARD OF INDIANA
2014 MLB 0035

FILED
AUG 28 2014
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE OF	)
	)
MOHAMAD GHIAS ARAR, M.D.	)
	)
LICENSE NO. 01044190A (Valid to Practice)	)

AGREEMENT FOR VOLUNTARY INDEFINITE SUMMARY SUSPENSION

The State of Indiana, by counsel, Office of the Attorney General, by Deputy Attorney General Darren R. Covington, and Mohamad Ghias Arar, M.D. (Respondent), by counsel, John F. Ittenbach, agree to an **INDEFINITE SUMMARY SUSPENSION** of the medical license held by the Respondent based upon the following facts:

1. This Board has jurisdiction to suspend Respondent's license in accordance with the provisions of Ind. Code ch. 4-21.5-4 and Ind. Code § 25-1-9-10.

2. Respondent's address on file with the Indiana Professional Licensing Agency is P.O. Box 23568, Louisville, Kentucky 40223.

3. Respondent is a licensed physician in the State of Indiana having been issued license number 01044190A on August 31, 1995.

4. Respondent is also a licensed physician in Kentucky having been issued license number 32411 on September 19, 1996.

5. Respondent's area of practice is neurology.

6. On or around March 21, 2013, Respondent was indicted in Jefferson County, Kentucky Circuit Court with six counts of Sexual Abuse in the Third Degree and two counts of Sexual Abuse in the First Degree under Cause Number 13CR0866.

7. A trial is currently scheduled for September 2014.

AUG-25-2014 12:22 From:5022544015 Page:2/4

8. As a result of Respondent's arrest, on February 26, 2013, the Kentucky Board of Medical Licensure issued an Emergency Order of Restriction prohibiting Respondent from entering into a physician-patient relationship with any female patient until further order.

9. On March 8, 2013, an Amended Emergency Order of Restriction was issued prohibiting Respondent from entering into a physician-patient relationship with any female patient, or personally interacting with any female patient or female accompanying a patient until further order.

10. On March 22, 2013, a Second Amended Emergency Order of Restriction was issued which included additional facts to support the order.

11. On June 26, 2014, the Kentucky Board of Medical Licensure filed a Complaint against Respondent alleging sexual misconduct by Respondent against seven female patients.

12. A hearing on the Complaint is scheduled for November 2014.

13. Respondent denies that he has engaged in the conduct alleged in either the criminal indictment or the Kentucky Board of Medical Licensure's Complaint, but in the interest of preserving his rights against self-incrimination and for the purpose of judicial economy, Respondent agrees to enter into this Agreement.

WHEREFORE, the parties agree that the Respondent's license will be Summarily Suspended Indefinitely.

It is further ORDERED Respondent may file a Request to Lift the Indefinite Suspension upon resolution of the Complaint filed by the Kentucky Board of Medical Licensure on June 26, 2014.

AUG-25-2014 12:22 From:5022544015 Page:3/4

8/28/14
Date

Darren R. Covington
Deputy Attorney General

8-25-2014
Date

Mohamad Arar, M.D.

8-25-14
Date

John F. Ittenbach
Attorney for Respondent

AUG-25-2014 12:22 From:5022544015 Page:4/4

FILED OF RECORD

SEP 21 2015

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE, KENTUCKY 40223

ORDER OF REVOCATION

On September 17, 2015, the Kentucky Board of Medical Licensure (hereinafter "the Board"), acting by and through its Hearing Panel B, took up this case for final action. The members of Panel B reviewed the Amended Complaint, filed June 10, 2015; the hearing officer's Recommended Order Finding Ghias M. Arar, M.D., in Default, dated August 7, 2015; and an August 25, 2015 memorandum from the Board's counsel. The licensee, Ghias M. Arar, M.D., did not file exceptions to the hearing officer's recommended order and did not appear before the Panel.

Having considered all the information available and being sufficiently advised, Hearing Panel B ACCEPTS the hearing officer's recommended findings and ADOPTS those findings and INCORPORATES them BY REFERENCE into this Order; Hearing Panel B FURTHER ACCEPTS AND ADOPTS the hearing officer's Recommended Order. (Attachment) Having considered all of the sanctions available under KRS 311.595 and the nature of the violations in this case, Hearing Panel B has determined that revocation is the appropriate sanction. Accordingly, Hearing Panel B **ORDERS**:

1. The license to practice medicine held by Ghias M. Arar, M.D., is hereby REVOKED and he may not perform any act which constitutes the "practice of medicine," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – in the Commonwealth of Kentucky;

2. The provisions of KRS 311.607 SHALL apply to any petition for reinstatement filed by the licensee; and

3. Pursuant to KRS 311.565(1)(v), the licensee SHALL REIMBURSE the costs of these proceedings in the amount of $656.25, prior to filing any petition for reinstatement of his license to practice medicine in the Commonwealth of Kentucky.

SO ORDERED on this 21st day of September, 2015.

RANDEL C. GIBSON, D.O.
CHAIR, HEARING PANEL B

CERTIFICATE OF SERVICE

I certify that the original of the foregoing Order of Revocation was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Thomas J. Hellmann, Esq., Hearing Officer, 810 Hickman Hill Road, Frankfort, Kentucky 40601 and a copy was sent via certified mail return-receipt requested to the licensee, Ghias M. Arar, M.D., c/o Kenton County Detention Center, 3000 Decker Crane Lane, Covington, Kentucky 41017 on this 21st day of September, 2015.

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

EFFECTIVE DATE AND APPEAL RIGHTS

Pursuant to KRS 311.593(1) and 13B.120, the effective date of this Order will be thirty (30) days after this Order of Revocation is received by the licensee.

The licensee may appeal from this Order, pursuant to KRS 311.593 and 13B.140-.150, by filing a Petition for Judicial Review in Jefferson Circuit Court within thirty (30) days after this Order is mailed or delivered by personal service. Copies of the petition shall be served by the licensee upon the Board and its General Counsel or Assistant General Counsel. The Petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested, along with a copy of this Order.

FILED OF RECORD

AUG 10 2015

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE KENTUCKY 40223

RECOMMENDED ORDER FINDING
GHIAS M. ARAR, M.D., IN DEFAULT

This action is before the hearing officer on the *Motion for Default Ruling* filed by the Kentucky Board of Medical Licensure (hereinafter "the Board"). Finding substantial merit to the motion, the hearing officer grants the motion and recommends the Board issue a Final Order finding Dr. Ghias M. Arar in default and taking any appropriate action against his license for the violations set forth in the *Amended Complaint*. In support of that recommendation, the hearing officer states the following:

On June 10, 2015, the Board issued the *Amended Complaint* against Dr. Arar. He was charged with sexual misconduct against several females who were his patients or had accompanied patients on office visits. He was also charged with having been convicted of two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse. *Complaint*, pages 1-9. The Board alleged that Dr. Arar's conduct violated KRS 311.595(4), (5), and (9), as illustrated by KRS 311.597(4). *Complaint*, page 9, numbered paragraph 16. Dr. In the *Amended Complaint* Dr. Arar was directed to file a response within thirty days of receipt of that pleading.

Attachment 1 to the Board's motion indicates that John W. Lewis, a Medical Investigator for the Board, personally served Dr. Arar with a copy of the *Amended Complaint* on June 10,

2015. When Dr. Arar did not file a response to the *Amended Complaint* as required by KRS 311.591(4), the Board filed its motion to dismiss, and Dr. Arar was served with a copy of the motion by certified mail on July 20, 2015, at the Logan County Jail where he was incarcerated. See Exhibit 1 to this recommendation.

Upon receipt of his copy of the motion, the hearing officer issued an order directing Dr. Arar to respond to the *Amended Complaint* and to the *Motion for a Default Ruling* within ten days of receipt of the Board's motion. *Order Requiring Filing of Response*, dated July 22, 2015. Consequently, Dr. Arar was required to file his response to the hearing officer's order by July 30, 2015, and as of the date of this recommendation, which is over a week past the due date for his response, Dr. Arar has not filed anything.

Under KRS 311.591(4), "the physician shall submit a response within thirty (30) days after service," and the "failure to submit a timely response or willfully avoidance of service may be taken by the board as an admission of the charges." Therefore, Dr. Arar is in default due to his failure to file a response to the *Amended Complaint*, and pursuant to KRS 311.591(4), the Board may assume the allegations in the *Amended Complaint* are true and that Dr. Arar intends to admit the charges. Based upon his admission of the allegations in the *Amended Complaint*, Dr. Arar is in violation of KRS 311.595(4), (5), and (9), as illustrated by KRS 311.597(4).

Because Dr. Arar is in default, the administrative hearing scheduled for September 14-15, 2015, is canceled.

RECOMMENDED ORDER

Based upon Dr. Ghias M. Arar's failure to respond to the charges in the *Amended Complaint*, the hearing officer recommends the Board find Dr. Arar in default, find that he has

admitted to the charges in the *Amended Complaint*, and find that he has violated the provisions of KRS 311.595(4), (5), and (9), as illustrated by KRS 311.597(4). The hearing officer further recommends the Board take any appropriate action against the license of Dr. Arar to practice medicine for his violations of the Board's statutes.

NOTICE OF EXCEPTION AND APPEAL RIGHTS

Pursuant to KRS 13B.110(4) a party has the right to file exceptions to this recommended decision:

> A copy of the hearing officer's recommended order shall also be sent to each party in the hearing and each party shall have fifteen (15) days from the date the recommended order is mailed within which to file exceptions to the recommendations with the agency head.

A party also has a right to appeal the Final Order of the agency pursuant to KRS 13B.140(1) which states:

> All final orders of an agency shall be subject to judicial review in accordance with the provisions of this chapter. A party shall institute an appeal by filing a petition in the Circuit Court of venue, as provided in the agency's enabling statutes, within thirty (30) days after the final order of the agency is mailed or delivered by personal service. If venue for appeal is not stated in the enabling statutes, a party may appeal to Franklin Circuit Court or the Circuit Court of the county in which the appealing party resides or operates a place of business. Copies of the petition shall be served by the petitioner upon the agency and all parties of record. The petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested. The petition shall be accompanied by a copy of the final order.

Pursuant to KRS 23A.010(4), "Such review [by the circuit court] shall not constitute an appeal but an original action." Some courts have interpreted this language to mean that summons must be served upon filing an appeal in circuit court.

SO RECOMMENDED this 7th day of August, 2015.

THOMAS J. HELLMANN
HEARING OFFICER
810 HICKMAN HILL RD
FRANKFORT KY 40601
(502) 330-7338
thellmann@mac.com

CERTIFICATE OF SERVICE

I hereby certify that the original of this RECOMMENDATION was mailed this 7th day of August, 2015, by first-class mail, postage prepaid, to:

JILL LUN
KY BOARD OF MEDICAL LICENSURE
HURSTBOURNE OFFICE PARK STE 1B
310 WHITTINGTON PKWY
LOUISVILLE KY 40222

for filing; and a true copy was sent by first-class mail, postage prepaid, to:

LEANNE K DIAKOV
GENERAL COUNSEL
KY BOARD OF MEDICAL LICENSURE
HURSTBOURNE OFFICE PARK STE 1B
310 WHITTINGTON PKWY
LOUISVILLE KY 40222

GHIAS M ARAR MD
C/O LOGAN COUNTY JAIL
304 WEST THIRD ST
RUSSELLVILLE KY 42276

THOMAS J. HELLMANN

1464FC

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7/19/15 FMT for Default Ruling

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Sent To: Ghias Arar, M.D.
Street, A or PO Bo: c/o Logan County Jail
304 West Third Street
City, Sta: Russellville, KY 42276

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ghias Arar, M.D.
c/o Logan County Jail
304 West Third Street
Russellville, KY 42276

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dep Hunter ☐ Agent ☐ Addressee

B. Received by (Printed Name) Dep Grinter
C. Date of Delivery 7-20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7012 3460 0001 7368 5908

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

VSURE 3

EXHIBIT
4

FILED OF RECORD

JUN 10 2015

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE, KENTUCKY 40223

AMENDED COMPLAINT

Comes now the Complainant C. William Briscoe, M.D., Chair of the Kentucky Board of Medical Licensure's Inquiry Panel A, and on behalf of the Panel, states for its Amended Complaint against the licensee, Ghias M. Arar, M.D., as follows:

1. At all relevant times, Ghias M. Arar, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. The Louisville Police Department report indicates that the licensee was arrested on February 22, 2013 at 8:26 p.m. and charged with Sexual Abuse in the First Degree, a Class D Felony. The report detailed the factual basis for the arrest,

   > [Patient A] stated that on 2-22-13 at approximately 1100 hours, she went to above subject doctor's office for an appointment. While in room, being seen by listed suspect victim states suspect ripped her bra off, began kissing on her breasts, and masturbating. Victim continuously told the suspect to stop and attempted to push him away. Suspect grabbed victim by back of neck, began rubbing her vaginal area, and ejaculated on her clothes. Victim seen at U of L Hospital for sexual assault exam.

4. WHAS-11 reported that DNA evidence was found on the victim's clothes.
5. Patient B initially saw the licensee for treatment of a headache approximately four years ago, and nothing inappropriate occurred during that visit. She noted that she weighed considerably more at that visit.

On January 16, 2013, Patient B saw the licensee at his office, on referral from another provider for evaluation of her headaches. She was initially seen by one of the staff, who determined her heart rate was elevated and then immediately seen by the licensee. The licensee entered the examination room by himself and turned off the light. Initially, he told her she needed a hug and proceeded to do so. He then gave her a shot in her stomach and rubbed the injection sight hard. After telling her that the shot might affect her heart-rate, he gave her 2 tablets to take. He then reached into her shirt and bra, exposing her breast. He moved the stethoscope around the outer edge of her nipple, stopping at 5-6 different spots, feeling her breast in the process and moving the cord across her nipple with each change in location. He kept asking her, "Is that okay?" He moved behind her, for the purpose of checking her heart, but kind of caressed her neck. He tried to give her another tablet, but she objected because she had to drive home. He suggested a number of times that she could lie down in his office. During the examination, he asked her personal questions, such as whether she was married or divorced and whether her husband spent much time out of town. He told her he needed to check her heart again. Again, he reached into her clothing and pulled her breast out, completely exposing it. This time, he was rubbing his hand lightly back and forth across her breast, like he was trying to stimulate her. After she pulled her clothing back into place, he told her she needed another hug. This time, when he moved toward her, she got the clear impression he was trying to kiss her. When she turned her head, he began nuzzling her neck with his whole body pressed against hers. She put her hand up to his face from hers. At the end of the visit, he offered to help her pay for a medical procedure she had discussed. He commented that her "boobs" were "perfect."

When she chose not to go to her next appointment, the licensee phoned her to see why she hadn't come to the office. He then told her he'd write off the "no-show" fee because she was his "favorite patient."

On January 29, 2013, she returned to the office for an EEG. She believed that she could have the procedure done without interacting with the licensee. The staff took her into an examination room and hooked her up for the EEG, while she was sitting in a recliner. After staff left the room, the licensee came in by himself. He gave her a shot for a headache. Then, he did the same things he had done the previous visit – hugging her, reaching his hand down inside her sweatshirt and bra and feeling her breast with his hand. He offered repeatedly to help her pay the costs of a medical procedure and commented again upon her breasts.

6. Patient C was not one of the licensee's patients. Rather, she simply drove Patient D to the licensee's office and accompanied Patient D during her January 7, 2013 office visit with the licensee. After they were in the exam room, while helping Patient D describe her medical complaints to the licensee, Patient C mentioned that she experienced back problems. The licensee asked her about those. Then, he sat in a chair and had Patient C stand in front of him, facing away and bending over. He then pulled her pants down below her buttocks and her underwear halfway down her buttocks. He then pressed his fingertips against her back and buttocks, and ran his hands up and down her legs. Patient C felt awkward during this process because she wasn't a patient. The licensee then had her lay face down on the exam table, pulled the back of her pants up and felt around her back and buttocks. He then had her sit up and told her he was going to examine her heart, even though she had not given him any reason to do so. He reached into her shirt and bra, placing his hand on her sternum, but

turning it each way so his palms touched her breasts. He was not using a stethoscope. During this encounter, she mentioned that she didn't have insurance and couldn't afford to see a doctor. He wrote a prescription for her for her back, but told her not to tell anyone he had done so because he could get in trouble for it. He hugged her before she left the office.

When Patient C brought Patient D back for a second visit on January 28, 2013, the licensee asked her how the prescription was working. After some discussion, the licensee wrote her a prescription for a back brace. Although it was Patient D's office visit, the licensee again had Patient C stand in front of him and bend over, pulling her pants and underwear down and feeling her back and buttocks and legs.

7. On March 21, 2013, the licensee's counsel provided the Board with a copy of Jefferson Circuit Court Indictment No. 13-CR-0866-3, which charges the licensee with two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse, all involving female patients or females who accompanied patients to the licensee's office for treatment.

8. On or about March 15, 2013, Patient E reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. She took her three-year-old daughter with her to his office on or about December 10, 2012. The licensee went over her medical history and asked her to sit on the exam table. The licensee did not offer any explanation of what or why he did things. He used a stethoscope on her back but acted like her shirt was causing a problem. He tried to lift up her shirt in the back acting like he could not hear, and then while muttering he unsnapped her bra without warning. After checking her back, he then came around to the front. The patient's breasts were exposed and she held her arms at her side to keep her bra from completely falling off. The licensee used the stethoscope on

both breasts mainly her left breast. He did not ask her to inhale or exhale. Patient E stated that his exam was like no other she had ever experienced. The licensee moved back around and refastened her bra; pulled her shirt down and asked if she was alright, if she was dizzy.

The licensee then focused for a long time on Patient E's thighs and legs, touching them and wanting to see where she felt pain. She explained that she had pain everywhere, and he asked her to unfasten her jeans and he pulled her pants to her hips, to allow him to examine her tail bone and hips. She was attempting to keep her pants from going lower and he was intent on touching and trying to lower her pants. He then began a sensory exam using a patch which caused pin pricks. He continuously asked if she was okay, often commenting that she looked "white" while he pricked around her back and went very low around her tail bone. He continued placing the prickly patch on her front and went below her Cesarean scar and all the way down to her vagina, reaching into her unfastened jeans, his finger touched her vagina but did not probe into it. The pain was sharp and made her jerk and cry out when he placed the patch on her vaginal area. Her daughter immediately got up and walked over to her. Patient E reassured her daughter that she was fine and said she was "ready to go." Dr. Arar said she looked extremely white and wondered if she was okay and suggested she should stay in the exam room for awhile. He questioned if she was well enough to go, and then put his arms around her waist and lifted her down from the table and gave her a hug, very tight and face to face. She denied that she was dizzy. As she left the office on this first visit, she found herself crying and became increasingly upset, her mind telling her that the way he acted was not right. Patient E tried to rationalize that it was "just different testing, which he did." Patient E, who has a medical history of endometriosis and fibromyalgia, has been to many doctors throughout her life, including the Mayo Clinic.

Patient E returned to the licensee's office to obtain the results of the licensee's testing and evaluation. She asked the office to fax the results to her but the licensee's staff said that the licensee wanted to see her again. When she arrived at the office she was taken back almost immediately to the same exam room. The licensee went over the results of the blood work and MRI of the brain and told her the only thing found was inflammation of her sinuses. He asked her to sit on the exam table again. Patient E chose to wear sweat pants that were loose on her legs so that she could pull them up if the licensee needed to examine her legs, and she would not need to untie her pants. She also wore a t-shirt with hoodie. The licensee began using the stethoscope over her clothing on her back, and then he began acting like he just could not hear. A tug of war began with him trying to get under her clothing. He murmured something about checking her nerves and muscles and making sure everything was okay. He tried to get up her shirt from the waist and then he managed to unsnap her bra. Again, he did this without warning or explanation and she held her arms against her abdomen in an attempt to keep her bra from completely falling off. At this time, he began to use the stethoscope on both breasts and around her nipples. He then began to fondle her breasts and nipples without using a stethoscope. The licensee re-snapped her bra 1/2 way and pulled her shirt down and then told her to stand up he wanted to check her tail bone and hips. They began a tug of war with him trying to push her pants down and her resisting. He even questioned the drawstring in her sweat pants, asking her, "doesn't this come undone?" to which she responded "No." The licensee moved his hands up her thighs and asked if it hurt. He said he needed to see the area, so she pulled her pants up from the hem until they were about at the length of shorts. He pressed her thighs about two more times and appeared unhappy that he couldn't get her pants down. As she sat back on the table he pulled her forward to hug her and grabbed her

waist. Patient E could feel that the licensee had an erection. She froze and he smiled at her looking for her reaction. The licensee pushed closer and Patient E jerked away.

The licensee told Patient E that she looked white and should stay seated. He lifted her off the table and hugged her at the same time. After she was off the table, the licensee continued to hug her and the patient could feel that he still had an erection.

9. On or about May 8, 2013, Patient F reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. During her one visit with the licensee, he asked her to remove her sweat shirt and he tried to take off her camie but she wouldn't allow him because she had no bra on. Using a stethoscope and having his hand spread wide the licensee reached under the camie and groped Patient F's left breast. With his other hand he began rubbing her back. He never asked her to take deep breaths or breath in or out on response. He never put the stethoscope on her back. Patient F told the Board that she has visited many physicians and is being treated for Lupus, but has never had a physician examine her in the way the licensee examined her. The licensee did not explain why or what he was doing, but he did talk about her family and he asked if her husband took good care of her.

The licensee conducted a nerve conduction study on Patient F's arm, but while doing it he had placed his hand on her upper leg as she sat on the exam table. At the end of the study he came around to face her; positioning his body between her legs as she sat at the end of the table. With his hands on her thighs and an intense look he leaned in to kiss her but she jerked her body back and turned her head away to avoid contact. This happened twice as she turned to the right and then the left to avoid having him kiss her on the mouth. She said firmly, "This ain't happening," and she slipped off the table and left the exam room. She heard him

say okay, but she left the office immediately and told the staff who asked her to stop at the appointment window, "I won't be back" as she continued out the door.

10. On or about May 8, 2013, Patient G reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. At her first appointment, she met with the licensee only briefly and underwent an EEG. A few days later, she returned to the licensee's office to discuss the results. On that visit, after she entered the exam room, the licensee handed her a paper drape and told her that she needed to undress from the waist up and that he needed to do a breast exam. He did not explain why this was necessary. During the exam, the licensee groped Patient G's breast; he did not use a stethoscope; and Patient G felt alarmed and very uncomfortable.

11. On or about May 9, 2013, Patient H reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. The licensee helped Patient H get disability and she saw him approximately every six to eight weeks for paperwork on her short term disability extensions, up until the Board issued an Emergency Order restricting him from treating female patients and he was indicted in Jefferson Circuit Court. Patient H kept a journal in which she recorded that on October 17, 2012, the licensee "tried to kiss me… yuk." She recalled that after a nerve test, the licensee came toward her as she sat at the end of an exam table and was so close that she felt that he had erection; the licensee kissed her neck and then tried to kiss her mouth.

    She recorded that on January 22, 2013, "even with Mom there, [the licensee] insisted on taking off pants" and she reported that the licensee rubbed across her vagina.

    Patient H reported that the licensee routinely called her every Saturday morning and asked how she was doing. The licensee told Patient H that there was no charge on Saturdays

if she wanted to come into the office and that the office girls did not need to know. One Saturday, the licensee insisted on coming to her house to give her a prescription for Cymbalta (which she did not take or want).

12. On or about February 7, 2014, Jefferson Laboratory Branch reported that a forensic examination of evidence collected during Patient A's sexual assault examination at University of Louisville Hospital was positive for semen. The evidence was then forwarded to the Central Laboratory Branch for a DNA analysis.

13. On or about February 27, 2014, Central Laboratory Branch reported that the DNA extracted from the evidence collected during Patient A's sexual assault examination at University of Louisville Hospital and the semen identified by Jefferson Laboratory Branch matched the licensee.

14. In April 2015, the licensee was convicted of two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse in Jefferson County, Kentucky.

15. Current Opinion 8.14 of the American Medical Association Code of Ethics provides, in part, "Sexual conduct that occurs concurrent with the patient-physician relationship constitutes sexual misconduct."

16. By his conduct, the licensee has violated KRS 311.595(4), (5) and (9), as illustrated by KRS 311.597(4). Accordingly, legal grounds exist for disciplinary action against his Kentucky medical license.

17. The licensee is directed to respond to the allegations delineated in the Amended Complaint within thirty (30) days of service thereof and is further given notice that:

    (a) His failure to respond may be taken as an admission of the charges;

    (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.

18. NOTICE IS HEREBY GIVEN that a hearing on this Amended Complaint is scheduled for September 14 and 15, 2015 at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice medicine held by GHIAS M. ARAR, M.D.

This 10th day of June, 2015.

C. William Briscoe MD.

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Amended Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Thomas J. Hellmann, Esq., Hearing Officer, 415 West Main Street, P.O. Box 676, Frankfort, Kentucky 40602-0676 and a copy was hand-delivered to the licensee, Ghias M. Arar, M.D., License No. 32411, Louisville Metro Department of Corrections, 400 South Sixth Street, Louisville, Kentucky 40202 on this 10th day of June, 2015.

Leanne K. Diakov

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

FILED OF RECORD

JUN 10 2015

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE, KENTUCKY 40223

EMERGENCY ORDER OF SUSPENSION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through the Chair of its Inquiry Panel A, considered minutes of the Inquiry Panel meeting of June 9, 2014 and new information that the licensee had become convicted of two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse in Jefferson County, Kentucky. Previously, Inquiry Panel A considered a memorandum from John Lewis, Medical Investigator, dated May 23, 2014; a Louisville Metro Police Department Uniform Citation, dated February 22, 2013; Louisville Metro Police Department Interview Summary Sheet; a March 2013 Jefferson Circuit Court Grand Jury Indictment; Jefferson Laboratory Branch Report of Forensic Laboratory Examination, issued February 7, 2014; Central Laboratory Branch Report of Forensic Laboratory Examination, issued February 27, 2014; the Second Amended Emergency Order of Restriction, filed of record March 22, 2013; and the licensee appeared before the Panel.

Having considered this information and being sufficiently advised, the Chair of Inquiry Panel A ENTERS the following EMERGENCY ORDER OF SUSPENSION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available, there is probable cause to make the following Findings of Fact, which support this Emergency Order of Suspension:

1. At all relevant times, Ghias M. Arar, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. The Louisville Police Department report indicates that the licensee was arrested on February 22, 2013 at 8:26 p.m. and charged with Sexual Abuse in the First Degree, a Class D Felony. The report detailed the factual basis for the arrest,

   > [Patient A] stated that on 2-22-13 at approximately 1100 hours, she went to above subject doctor's office for an appointment. While in room, being seen by listed suspect victim states suspect ripped her bra off, began kissing on her breasts, and masturbating. Victim continuously told the suspect to stop and attempted to push him away. Suspect grabbed victim by back of neck, began rubbing her vaginal area, and ejaculated on her clothes. Victim seen at U of L Hospital for sexual assault exam.

4. WHAS-11 reported that DNA evidence was found on the victim's clothes.
5. Patient B initially saw the licensee for treatment of a headache approximately four years ago, and nothing inappropriate occurred during that visit. She noted that she weighed considerably more at that visit.

   On January 16, 2013, Patient B saw the licensee at his office, on referral from another provider for evaluation of her headaches. She was initially seen by one of the staff, who determined her heart rate was elevated and then immediately seen by the licensee. The licensee entered the examination room by himself and turned off the light. Initially, he told her she needed a hug and proceeded to do so. He then gave her a shot in her stomach and

rubbed the injection sight hard. After telling her that the shot might affect her heart-rate, he gave her 2 tablets to take. He then reached into her shirt and bra, exposing her breast. He moved the stethoscope around the outer edge of her nipple, stopping at 5-6 different spots, feeling her breast in the process and moving the cord across her nipple with each change in location. He kept asking her, "Is that okay?" He moved behind her, for the purpose of checking her heart, but kind of caressed her neck. He tried to give her another tablet, but she objected because she had to drive home. He suggested a number of times that she could lie down in his office. During the examination, he asked her personal questions, such as whether she was married or divorced and whether her husband spent much time out of town. He told her he needed to check her heart again. Again, he reached into her clothing and pulled her breast out, completely exposing it. This time, he was rubbing his hand lightly back and forth across her breast, like he was trying to stimulate her. After she pulled her clothing back into place, he told her she needed another hug. This time, when he moved toward her, she got the clear impression he was trying to kiss her. When she turned her head, he began nuzzling her neck with his whole body pressed against hers. She put her hand up to his face from hers. At the end of the visit, he offered to help her pay for a medical procedure she had discussed. He commented that her "boobs" were "perfect."

When she chose not to go to her next appointment, the licensee phoned her to see why she hadn't come to the office. He then told her he'd write off the "no-show" fee because she was his "favorite patient."

On January 29, 2013, she returned to the office for an EEG. She believed that she could have the procedure done without interacting with the licensee. The staff took her into an examination room and hooked her up for the EEG, while she was sitting in a recliner. After

staff left the room, the licensee came in by himself. He gave her a shot for a headache. Then, he did the same things he had done the previous visit – hugging her, reaching his hand down inside her sweatshirt and bra and feeling her breast with his hand. He offered repeatedly to help her pay the costs of a medical procedure and commented again upon her breasts.

6. Patient C was not one of the licensee's patients. Rather, she simply drove Patient D to the licensee's office and accompanied Patient D during her January 7, 2013 office visit with the licensee. After they were in the exam room, while helping Patient D describe her medical complaints to the licensee, Patient C mentioned that she experienced back problems. The licensee asked her about those. Then, he sat in a chair and had Patient C stand in front of him, facing away and bending over. He then pulled her pants down below her buttocks and her underwear halfway down her buttocks. He then pressed his fingertips against her back and buttocks, and ran his hands up and down her legs. Patient C felt awkward during this process because she wasn't a patient. The licensee then had her lay face down on the exam table, pulled the back of her pants up and felt around her back and buttocks. He then had her sit up and told her he was going to examine her heart, even though she had not given him any reason to do so. He reached into her shirt and bra, placing his hand on her sternum, but turning it each way so his palms touched her breasts. He was not using a stethoscope. During this encounter, she mentioned that she didn't have insurance and couldn't afford to see a doctor. He wrote a prescription for her for her back, but told her not to tell anyone he had done so because he could get in trouble for it. He hugged her before she left the office.

When Patient C brought Patient D back for a second visit on January 28, 2013, the licensee asked her how the prescription was working. After some discussion, the licensee

wrote her a prescription for a back brace. Although it was Patient D's office visit, the licensee again had Patient C stand in front of him and bend over, pulling her pants and underwear down and feeling her back and buttocks and legs.

7. On March 21, 2013, the licensee's counsel provided the Board with a copy of Jefferson Circuit Court Indictment No. 13-CR-0866-3, which charges the licensee with two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse, all involving female patients or females who accompanied patients to the licensee's office for treatment.

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   The licensee then focused for a long time on Patient E's thighs and legs, touching them and wanting to see where she felt pain. She explained that she had pain everywhere, and he asked her to unfasten her jeans and he pulled her pants to her hips, to allow him to examine

her tail bone and hips. She was attempting to keep her pants from going lower and he was intent on touching and trying to lower her pants. He then began a sensory exam using a patch which caused pin pricks. He continuously asked if she was okay, often commenting that she looked "white" while he pricked around her back and went very low around her tail bone. He continued placing the prickly patch on her front and went below her Cesarean scar and all the way down to her vagina, reaching into her unfastened jeans, his finger touched her vagina but did not probe into it. The pain was sharp and made her jerk and cry out when he placed the patch on her vaginal area. Her daughter immediately got up and walked over to her. Patient E reassured her daughter that she was fine and said she was "ready to go." Dr. Arar said she looked extremely white and wondered if she was okay and suggested she should stay in the exam room for awhile. He questioned if she was well enough to go, and then put his arms around her waist and lifted her down from the table and gave her a hug, very tight and face to face. She denied that she was dizzy. As she left the office on this first visit, she found herself crying and became increasingly upset, her mind telling her that the way he acted was not right. Patient E tried to rationalize that it was "just different testing, which he did." Patient E, who has a medical history of endometriosis and fibromyalgia, has been to many doctors throughout her life, including the Mayo Clinic.

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The licensee told Patient E that she looked white and should stay seated. He lifted her off the table and hugged her at the same time. After she was off the table, the licensee continued to hug her and the patient could feel that he still had an erection.

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University of Louisville Hospital was positive for semen. The evidence was then forwarded to the Central Laboratory Branch for a DNA analysis.

13. On or about February 27, 2014, Central Laboratory Branch reported that the DNA extracted from the evidence collected during Patient A's sexual assault examination at University of Louisville Hospital and the semen identified by Jefferson Laboratory Branch matched the licensee.

14. In April 2015, the licensee was convicted of two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse in Jefferson County, Kentucky.

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available, there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Suspension:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; <u>or</u> b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(4), (5) and (9), as illustrated by KRS 311.597(4).
4. Current Opinion 8.14 of the American Medical Association Code of Ethics provides, in part, "Sexual conduct that occurs concurrent with the patient-physician relationship constitutes sexual misconduct."

5. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
6. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.
7. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

EMERGENCY ORDER OF SUSPENSION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel A hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Ghias M. Arar, M.D., is SUSPENDED and Dr. Arar is prohibited from performing any act which constitutes the "practice of medicine or osteopathy," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities - until the resolution of the Amended Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

It is further declared that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 10th day of June, 2015.

C. William Briscoe MD.

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Emergency Order of Suspension was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and a copy was hand-delivered to the licensee, Ghias M. Arar, M.D., License No. 32411, Louisville Metro Department of Corrections, 400 South Sixth Street, Louisville, Kentucky 40202 on this 10th day of June, 2015.

Leanne K. Diakov

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

FILED OF RECORD

JUN 26 2014

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE, KENTUCKY 40223

COMPLAINT

Comes now the Complainant C. William Briscoe, M.D., Chair of the Kentucky Board of Medical Licensure's Inquiry Panel A, and on behalf of the Panel which met on June 19, 2014, states for its Complaint against the licensee, Ghias M. Arar, M.D., as follows:

1. At all relevant times, Ghias M. Arar, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. The Louisville Police Department report indicates that the licensee was arrested on February 22, 2013 at 8:26 p.m. and charged with Sexual Abuse in the First Degree, a Class D Felony. The report detailed the factual basis for the arrest,

   > [Patient A] stated that on 2-22-13 at approximately 1100 hours, she went to above subject doctor's office for an appointment. While in room, being seen by listed suspect victim states suspect ripped her bra off, began kissing on her breasts, and masturbating. Victim continuously told the suspect to stop and attempted to push him away. Suspect grabbed victim by back of neck, began rubbing her vaginal area, and ejaculated on her clothes. Victim seen at U of L Hospital for sexual assault exam.

4. WHAS-11 reported that DNA evidence was found on the victim's clothes.
5. Patient B initially saw the licensee for treatment of a headache approximately four years ago, and nothing inappropriate occurred during that visit. She noted that she weighed considerably more at that visit.

On January 16, 2013, Patient B saw the licensee at his office, on referral from another provider for evaluation of her headaches. She was initially seen by one of the staff, who determined her heart rate was elevated and then immediately seen by the licensee. The licensee entered the examination room by himself and turned off the light. Initially, he told her she needed a hug and proceeded to do so. He then gave her a shot in her stomach and rubbed the injection sight hard. After telling her that the shot might affect her heart-rate, he gave her 2 tablets to take. He then reached into her shirt and bra, exposing her breast. He moved the stethoscope around the outer edge of her nipple, stopping at 5-6 different spots, feeling her breast in the process and moving the cord across her nipple with each change in location. He kept asking her, "Is that okay?" He moved behind her, for the purpose of checking her heart, but kind of caressed her neck. He tried to give her another tablet, but she objected because she had to drive home. He suggested a number of times that she could lie down in his office. During the examination, he asked her personal questions, such as whether she was married or divorced and whether her husband spent much time out of town. He told her he needed to check her heart again. Again, he reached into her clothing and pulled her breast out, completely exposing it. This time, he was rubbing his hand lightly back and forth across her breast, like he was trying to stimulate her. After she pulled her clothing back into place, he told her she needed another hug. This time, when he moved toward her, she got the clear impression he was trying to kiss her. When she turned her head, he began nuzzling her neck with his whole body pressed against hers. She put her hand up to his face from hers. At the end of the visit, he offered to help her pay for a medical procedure she had discussed. He commented that her "boobs" were "perfect."

When she chose not to go to her next appointment, the licensee phoned her to see why she hadn't come to the office. He then told her he'd write off the "no-show" fee because she was his "favorite patient."

On January 29, 2013, she returned to the office for an EEG. She believed that she could have the procedure done without interacting with the licensee. The staff took her into an examination room and hooked her up for the EEG, while she was sitting in a recliner. After staff left the room, the licensee came in by himself. He gave her a shot for a headache. Then, he did the same things he had done the previous visit – hugging her, reaching his hand down inside her sweatshirt and bra and feeling her breast with his hand. He offered repeatedly to help her pay the costs of a medical procedure and commented again upon her breasts.

6. Patient C was not one of the licensee's patients. Rather, she simply drove Patient D to the licensee's office and accompanied Patient D during her January 7, 2013 office visit with the licensee. After they were in the exam room, while helping Patient D describe her medical complaints to the licensee, Patient C mentioned that she experienced back problems. The licensee asked her about those. Then, he sat in a chair and had Patient C stand in front of him, facing away and bending over. He then pulled her pants down below her buttocks and her underwear halfway down her buttocks. He then pressed his fingertips against her back and buttocks, and ran his hands up and down her legs. Patient C felt awkward during this process because she wasn't a patient. The licensee then had her lay face down on the exam table, pulled the back of her pants up and felt around her back and buttocks. He then had her sit up and told her he was going to examine her heart, even though she had not given him any reason to do so. He reached into her shirt and bra, placing his hand on her sternum, but

turning it each way so his palms touched her breasts. He was not using a stethoscope. During this encounter, she mentioned that she didn't have insurance and couldn't afford to see a doctor. He wrote a prescription for her for her back, but told her not to tell anyone he had done so because he could get in trouble for it. He hugged her before she left the office.

When Patient C brought Patient D back for a second visit on January 28, 2013, the licensee asked her how the prescription was working. After some discussion, the licensee wrote her a prescription for a back brace. Although it was Patient D's office visit, the licensee again had Patient C stand in front of him and bend over, pulling her pants and underwear down and feeling her back and buttocks and legs.

7. On March 21, 2013, the licensee's counsel provided the Board with a copy of Jefferson Circuit Court Indictment No. 13-CR-0866-3, which charges the licensee with two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse, all involving female patients or females who accompanied patients to the licensee's office for treatment.

8. On or about March 15, 2013, Patient E reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. She took her three-year-old daughter with her to his office on or about December 10, 2012. The licensee went over her medical history and asked her to sit on the exam table. The licensee did not offer any explanation of what or why he did things. He used a stethoscope on her back but acted like her shirt was causing a problem. He tried to lift up her shirt in the back acting like he could not hear, and then while muttering he unsnapped her bra without warning. After checking her back, he then came around to the front. The patient's breasts were exposed and she held her arms at her side to keep her bra from completely falling off. The licensee used the stethoscope on

both breasts mainly her left breast. He did not ask her to inhale or exhale. Patient E stated that his exam was like no other she had ever experienced. The licensee moved back around and refastened her bra; pulled her shirt down and asked if she was alright, if she was dizzy.

The licensee then focused for a long time on Patient E's thighs and legs, touching them and wanting to see where she felt pain. She explained that she had pain everywhere, and he asked her to unfasten her jeans and he pulled her pants to her hips, to allow him to examine her tail bone and hips. She was attempting to keep her pants from going lower and he was intent on touching and trying to lower her pants. He then began a sensory exam using a patch which caused pin pricks. He continuously asked if she was okay, often commenting that she looked "white" while he pricked around her back and went very low around her tail bone. He continued placing the prickly patch on her front and went below her Cesarean scar and all the way down to her vagina, reaching into her unfastened jeans, his finger touched her vagina but did not probe into it. The pain was sharp and made her jerk and cry out when he placed the patch on her vaginal area. Her daughter immediately got up and walked over to her. Patient E reassured her daughter that she was fine and said she was "ready to go." Dr. Arar said she looked extremely white and wondered if she was okay and suggested she should stay in the exam room for awhile. He questioned if she was well enough to go, and then put his arms around her waist and lifted her down from the table and gave her a hug, very tight and face to face. She denied that she was dizzy. As she left the office on this first visit, she found herself crying and became increasingly upset, her mind telling her that the way he acted was not right. Patient E tried to rationalize that it was "just different testing, which he did." Patient E, who has a medical history of endometriosis and fibromyalgia, has been to many doctors throughout her life, including the Mayo Clinic.

Patient E returned to the licensee's office to obtain the results of the licensee's testing and evaluation. She asked the office to fax the results to her but the licensee's staff said that the licensee wanted to see her again. When she arrived at the office she was taken back almost immediately to the same exam room. The licensee went over the results of the blood work and MRI of the brain and told her the only thing found was inflammation of her sinuses. He asked her to sit on the exam table again. Patient E chose to wear sweat pants that were loose on her legs so that she could pull them up if the licensee needed to examine her legs, and she would not need to untie her pants. She also wore a t-shirt with hoodie. The licensee began using the stethoscope over her clothing on her back, and then he began acting like he just could not hear. A tug of war began with him trying to get under her clothing. He murmured something about checking her nerves and muscles and making sure everything was okay. He tried to get up her shirt from the waist and then he managed to unsnap her bra. Again, he did this without warning or explanation and she held her arms against her abdomen in an attempt to keep her bra from completely falling off. At this time, he began to use the stethoscope on both breasts and around her nipples. He then began to fondle her breasts and nipples without using a stethoscope. The licensee re-snapped her bra 1/2 way and pulled her shirt down and then told her to stand up he wanted to check her tail bone and hips. They began a tug of war with him trying to push her pants down and her resisting. He even questioned the drawstring in her sweat pants, asking her, "doesn't this come undone?" to which she responded "No." The licensee moved his hands up her thighs and asked if it hurt. He said he needed to see the area, so she pulled her pants up from the hem until they were about at the length of shorts. He pressed her thighs about two more times and appeared unhappy that he couldn't get her pants down. As she sat back on the table he pulled her forward to hug her and grabbed her

waist. Patient E could feel that the licensee had an erection. She froze and he smiled at her looking for her reaction. The licensee pushed closer and Patient E jerked away.

The licensee told Patient E that she looked white and should stay seated. He lifted her off the table and hugged her at the same time. After she was off the table, the licensee continued to hug her and the patient could feel that he still had an erection.

9. On or about May 8, 2013, Patient F reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. During her one visit with the licensee, he asked her to remove her sweat shirt and he tried to take off her camie but she wouldn't allow him because she had no bra on. Using a stethoscope and having his hand spread wide the licensee reached under the camie and groped Patient F's left breast. With his other hand he began rubbing her back. He never asked her to take deep breaths or breath in or out on response. He never put the stethoscope on her back. Patient F told the Board that she has visited many physicians and is being treated for Lupus, but has never had a physician examine her in the way the licensee examined her. The licensee did not explain why or what he was doing, but he did talk about her family and he asked if her husband took good care of her.

The licensee conducted a nerve conduction study on Patient F's arm, but while doing it he had placed his hand on her upper leg as she sat on the exam table. At the end of the study he came around to face her; positioning his body between her legs as she sat at the end of the table. With his hands on her thighs and an intense look he leaned in to kiss her but she jerked her body back and turned her head away to avoid contact. This happened twice as she turned to the right and then the left to avoid having him kiss her on the mouth. She said firmly, "This ain't happening," and she slipped off the table and left the exam room. She heard him

say okay, but she left the office immediately and told the staff who asked her to stop at the appointment window, "I won't be back" as she continued out the door.

10. On or about May 8, 2013, Patient G reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. At her first appointment, she met with the licensee only briefly and underwent an EEG. A few days later, she returned to the licensee's office to discuss the results. On that visit, after she entered the exam room, the licensee handed her a paper drape and told her that she needed to undress from the waist up and that he needed to do a breast exam. He did not explain why this was necessary. During the exam, the licensee groped Patient G's breast; he did not use a stethoscope; and Patient G felt alarmed and very uncomfortable.

11. On or about May 9, 2013, Patient H reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. The licensee helped Patient H get disability and she saw him approximately every six to eight weeks for paperwork on her short term disability extensions, up until the Board issued an Emergency Order restricting him from treating female patients and he was indicted in Jefferson Circuit Court. Patient H kept a journal in which she recorded that on October 17, 2012, the licensee "tried to kiss me… yuk." She recalled that after a nerve test, the licensee came toward her as she sat at the end of an exam table and was so close that she felt that he had erection; the licensee kissed her neck and then tried to kiss her mouth.

    She recorded that on January 22, 2013, "even with Mom there, [the licensee] insisted on taking off pants" and she reported that the licensee rubbed across her vagina.

    Patient H reported that the licensee routinely called her every Saturday morning and asked how she was doing. The licensee told Patient H that there was no charge on Saturdays

if she wanted to come into the office and that the office girls did not need to know. One Saturday, the licensee insisted on coming to her house to give her a prescription for Cymbalta (which she did not take or want).

12. On or about February 7, 2014, Jefferson Laboratory Branch reported that a forensic examination of evidence collected during Patient A's sexual assault examination at University of Louisville Hospital was positive for semen. The evidence was then forwarded to the Central Laboratory Branch for a DNA analysis.

13. On or about February 27, 2014, Central Laboratory Branch reported that the DNA extracted from the evidence collected during Patient A's sexual assault examination at University of Louisville Hospital and the semen identified by Jefferson Laboratory Branch matched the licensee.

14. Current Opinion 8.14 of the American Medical Association Code of Ethics provides, in part, "Sexual conduct that occurs concurrent with the patient-physician relationship constitutes sexual misconduct."

15. By his conduct, the licensee has violated KRS 311.595(4), (5) and (9), as illustrated by KRS 311.597(4). Accordingly, legal grounds exist for disciplinary action against his Kentucky medical license.

16. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:

    (a) His failure to respond may be taken as an admission of the charges;

    (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.

17. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for November 4, 5 & 6, 2014 at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical

Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice medicine held by GHIAS M. ARAR, M.D.

This 26th day of June, 2014.

C. William Briscoe MD.

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Thomas J. Hellmann, Esq., Hearing Officer, 415 West Main Street, P.O. Box 676, Frankfort, Kentucky 40602-0676 and copies were sent via facsimile and via certified mail return-receipt requested to the licensee, Ghias M. Arar, M.D., License No. 32411, 13806 Lake Point Circle, #100, Louisville, Kentucky 40223 on this 26th day of June, 2014.

Leanne K. Diakov

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

FILED OF RECORD

JUN 26 2014

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE, KENTUCKY 40223

THIRD AMENDED EMERGENCY ORDER OF RESTRICTION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, considered this matter at its June 19, 2014 meeting. At that meeting, Inquiry Panel A considered a memorandum from John Lewis, Medical Investigator, dated May 23, 2014; a Louisville Metro Police Department Uniform Citation, dated February 22, 2013; Louisville Metro Police Department Interview Summary Sheet; a March 2013 Jefferson Circuit Court Grand Jury Indictment; Jefferson Laboratory Branch Report of Forensic Laboratory Examination, issued February 7, 2014; Central Laboratory Branch Report of Forensic Laboratory Examination, issued February 27, 2014; and the Second Amended Emergency Order of Restriction, filed of record March 22, 2013. The licensee was given notice of the June 19 meeting and was heard by the Panel before it chose to take action in this matter.

Having considered this information and being sufficiently advised, Inquiry Panel A ENTERS the following THIRD AMENDED EMERGENCY ORDER OF RESTRICTION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel A concludes there is probable cause to make the following Findings of Fact, which support this Third Amended Emergency Order of Restriction:

1. At all relevant times, Ghias M. Arar, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. The Louisville Police Department report indicates that the licensee was arrested on February 22, 2013 at 8:26 p.m. and charged with Sexual Abuse in the First Degree, a Class D Felony. The report detailed the factual basis for the arrest,

> [Patient A] stated that on 2-22-13 at approximately 1100 hours, she went to above subject doctor's office for an appointment. While in room, being seen by listed suspect victim states suspect ripped her bra off, began kissing on her breasts, and masturbating. Victim continuously told the suspect to stop and attempted to push him away. Suspect grabbed victim by back of neck, began rubbing her vaginal area, and ejaculated on her clothes. Victim seen at U of L Hospital for sexual assault exam.

4. WHAS-11 reported that DNA evidence was found on the victim's clothes.
5. Patient B initially saw the licensee for treatment of a headache approximately four years ago, and nothing inappropriate occurred during that visit. She noted that she weighed considerably more at that visit.

On January 16, 2013, Patient B saw the licensee at his office, on referral from another provider for evaluation of her headaches. She was initially seen by one of the staff, who determined her heart rate was elevated and then immediately seen by the licensee. The licensee entered the examination room by himself and turned off the light. Initially, he told her she needed a hug and proceeded to do so. He then gave her a shot in her stomach and rubbed the injection sight hard. After telling her that the shot might affect her heart-rate, he gave her 2 tablets to take. He then reached into her shirt and bra, exposing her breast. He moved the stethoscope around the outer edge of her nipple, stopping at 5-6 different spots, feeling her breast in the process and moving the cord across her nipple with each change in

location. He kept asking her, "Is that okay?" He moved behind her, for the purpose of checking her heart, but kind of caressed her neck. He tried to give her another tablet, but she objected because she had to drive home. He suggested a number of times that she could lie down in his office. During the examination, he asked her personal questions, such as whether she was married or divorced and whether her husband spent much time out of town. He told her he needed to check her heart again. Again, he reached into her clothing and pulled her breast out, completely exposing it. This time, he was rubbing his hand lightly back and forth across her breast, like he was trying to stimulate her. After she pulled her clothing back into place, he told her she needed another hug. This time, when he moved toward her, she got the clear impression he was trying to kiss her. When she turned her head, he began nuzzling her neck with his whole body pressed against hers. She put her hand up to his face from hers. At the end of the visit, he offered to help her pay for a medical procedure she had discussed. He commented that her "boobs" were "perfect."

When she chose not to go to her next appointment, the licensee phoned her to see why she hadn't come to the office. He then told her he'd write off the "no-show" fee because she was his "favorite patient."

On January 29, 2013, she returned to the office for an EEG. She believed that she could have the procedure done without interacting with the licensee. The staff took her into an examination room and hooked her up for the EEG, while she was sitting in a recliner. After staff left the room, the licensee came in by himself. He gave her a shot for a headache. Then, he did the same things he had done the previous visit – hugging her, reaching his hand down inside her sweatshirt and bra and feeling her breast with his hand. He offered

repeatedly to help her pay the costs of a medical procedure and commented again upon her breasts.

6. Patient C was not one of the licensee's patients. Rather, she simply drove Patient D to the licensee's office and accompanied Patient D during her January 7, 2013 office visit with the licensee. After they were in the exam room, while helping Patient D describe her medical complaints to the licensee, Patient C mentioned that she experienced back problems. The licensee asked her about those. Then, he sat in a chair and had Patient C stand in front of him, facing away and bending over. He then pulled her pants down below her buttocks and her underwear halfway down her buttocks. He then pressed his fingertips against her back and buttocks, and ran his hands up and down her legs. Patient C felt awkward during this process because she wasn't a patient. The licensee then had her lay face down on the exam table, pulled the back of her pants up and felt around her back and buttocks. He then had her sit up and told her he was going to examine her heart, even though she had not given him any reason to do so. He reached into her shirt and bra, placing his hand on her sternum, but turning it each way so his palms touched her breasts. He was not using a stethoscope. During this encounter, she mentioned that she didn't have insurance and couldn't afford to see a doctor. He wrote a prescription for her for her back, but told her not to tell anyone he had done so because he could get in trouble for it. He hugged her before she left the office.

   When Patient C brought Patient D back for a second visit on January 28, 2013, the licensee asked her how the prescription was working. After some discussion, the licensee wrote her a prescription for a back brace. Although it was Patient D's office visit, the licensee again had Patient C stand in front of him and bend over, pulling her pants and underwear down and feeling her back and buttocks and legs.

7. On March 21, 2013, the licensee's counsel provided the Board with a copy of Jefferson Circuit Court Indictment No. 13-CR-0866-3, which charges the licensee with two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse, all involving female patients or females who accompanied patients to the licensee's office for treatment.

8. On or about March 15, 2013, Patient E reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. She took her three-year-old daughter with her to his office on or about December 10, 2012. The licensee went over her medical history and asked her to sit on the exam table. The licensee did not offer any explanation of what or why he did things. He used a stethoscope on her back but acted like her shirt was causing a problem. He tried to lift up her shirt in the back acting like he could not hear, and then while muttering he unsnapped her bra without warning. After checking her back, he then came around to the front. The patient's breasts were exposed and she held her arms at her side to keep her bra from completely falling off. The licensee used the stethoscope on both breasts mainly her left breast. He did not ask her to inhale or exhale. Patient E stated that his exam was like no other she had ever experienced. The licensee moved back around and refastened her bra; pulled her shirt down and asked if she was alright, if she was dizzy.

   The licensee then focused for a long time on Patient E's thighs and legs, touching them and wanting to see where she felt pain. She explained that she had pain everywhere, and he asked her to unfasten her jeans and he pulled her pants to her hips, to allow him to examine her tail bone and hips. She was attempting to keep her pants from going lower and he was intent on touching and trying to lower her pants. He then began a sensory exam using a patch which caused pin pricks. He continuously asked if she was okay, often commenting

that she looked "white" while he pricked around her back and went very low around her tail bone. He continued placing the prickly patch on her front and went below her Cesarean scar and all the way down to her vagina, reaching into her unfastened jeans, his finger touched her vagina but did not probe into it. The pain was sharp and made her jerk and cry out when he placed the patch on her vaginal area. Her daughter immediately got up and walked over to her. Patient E reassured her daughter that she was fine and said she was "ready to go." Dr. Arar said she looked extremely white and wondered if she was okay and suggested she should stay in the exam room for awhile. He questioned if she was well enough to go, and then put his arms around her waist and lifted her down from the table and gave her a hug, very tight and face to face. She denied that she was dizzy. As she left the office on this first visit, she found herself crying and became increasingly upset, her mind telling her that the way he acted was not right. Patient E tried to rationalize that it was "just different testing, which he did." Patient E, who has a medical history of endometriosis and fibromyalgia, has been to many doctors throughout her life, including the Mayo Clinic.

Patient E returned to the licensee's office to obtain the results of the licensee's testing and evaluation. She asked the office to fax the results to her but the licensee's staff said that the licensee wanted to see her again. When she arrived at the office she was taken back almost immediately to the same exam room. The licensee went over the results of the blood work and MRI of the brain and told her the only thing found was inflammation of her sinuses. He asked her to sit on the exam table again. Patient E chose to wear sweat pants that were loose on her legs so that she could pull them up if the licensee needed to examine her legs, and she would not need to untie her pants. She also wore a t-shirt with hoodie. The licensee began using the stethoscope over her clothing on her back, and then he began acting like he just

could not hear. A tug of war began with him trying to get under her clothing. He murmured something about checking her nerves and muscles and making sure everything was okay. He tried to get up her shirt from the waist and then he managed to unsnap her bra. Again, he did this without warning or explanation and she held her arms against her abdomen in an attempt to keep her bra from completely falling off. At this time, he began to use the stethoscope on both breasts and around her nipples. He then began to fondle her breasts and nipples without using a stethoscope. The licensee re-snapped her bra 1/2 way and pulled her shirt down and then told her to stand up he wanted to check her tail bone and hips. They began a tug of war with him trying to push her pants down and her resisting. He even questioned the drawstring in her sweat pants, asking her, "doesn't this come undone?" to which she responded "No." The licensee moved his hands up her thighs and asked if it hurt. He said he needed to see the area, so she pulled her pants up from the hem until they were about at the length of shorts. He pressed her thighs about two more times and appeared unhappy that he couldn't get her pants down. As she sat back on the table he pulled her forward to hug her and grabbed her waist. Patient E could feel that the licensee had an erection. She froze and he smiled at her looking for her reaction. The licensee pushed closer and Patient E jerked away.

The licensee told Patient E that she looked white and should stay seated. He lifted her off the table and hugged her at the same time. After she was off the table, the licensee continued to hug her and the patient could feel that he still had an erection.

9. On or about May 8, 2013, Patient F reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. During her one visit with the licensee, he asked her to remove her sweat shirt and he tried to take off her camie but she wouldn't allow him because she had no bra on. Using a stethoscope and having his hand spread wide

the licensee reached under the camie and groped Patient F's left breast. With his other hand he began rubbing her back. He never asked her to take deep breaths or breath in or out on response. He never put the stethoscope on her back. Patient F told the Board that she has visited many physicians and is being treated for Lupus, but has never had a physician examine her in the way the licensee examined her. The licensee did not explain why or what he was doing, but he did talk about her family and he asked if her husband took good care of her.

The licensee conducted a nerve conduction study on Patient F's arm, but while doing it he had placed his hand on her upper leg as she sat on the exam table. At the end of the study he came around to face her; positioning his body between her legs as she sat at the end of the table. With his hands on her thighs and an intense look he leaned in to kiss her but she jerked her body back and turned her head away to avoid contact. This happened twice as she turned to the right and then the left to avoid having him kiss her on the mouth. She said firmly, "This ain't happening," and she slipped off the table and left the exam room. She heard him say okay, but she left the office immediately and told the staff who asked her to stop at the appointment window, "I won't be back" as she continued out the door.

10. On or about May 8, 2013, Patient G reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. At her first appointment, she met with the licensee only briefly and underwent an EEG. A few days later, she returned to the licensee's office to discuss the results. On that visit, after she entered the exam room, the licensee handed her a paper drape and told her that she needed to undress from the waist up and that he needed to do a breast exam. He did not explain why this was necessary. During

the exam, the licensee groped Patient G's breast; he did not use a stethoscope; and Patient G felt alarmed and very uncomfortable.

11. On or about May 9, 2013, Patient H reported to the Board that she was referred to the licensee, a neurologist, by another treating physician. The licensee helped Patient H get disability and she saw him approximately every six to eight weeks for paperwork on her short term disability extensions, up until the Board issued an Emergency Order restricting him from treating female patients and he was indicted in Jefferson Circuit Court. Patient H kept a journal in which she recorded that on October 17, 2012, the licensee "tried to kiss me… yuk." She recalled that after a nerve test, the licensee came toward her as she sat at the end of an exam table and was so close that she felt that he had erection; the licensee kissed her neck and then tried to kiss her mouth.

    She recorded that on January 22, 2013, "even with Mom there, [the licensee] insisted on taking off pants" and she reported that the licensee rubbed across her vagina.

    Patient H reported that the licensee routinely called her every Saturday morning and asked how she was doing. The licensee told Patient H that there was no charge on Saturdays if she wanted to come into the office and that the office girls did not need to know. One Saturday, the licensee insisted on coming to her house to give her a prescription for Cymbalta (which she did not take or want).

12. On or about February 7, 2014, Jefferson Laboratory Branch reported that a forensic examination of evidence collected during Patient A's sexual assault examination at University of Louisville Hospital was positive for semen. The evidence was then forwarded to the Central Laboratory Branch for a DNA analysis.

13. On or about February 27, 2014, Central Laboratory Branch reported that the DNA extracted from the evidence collected during Patient A's sexual assault examination at University of Louisville Hospital and the semen identified by Jefferson Laboratory Branch matched the licensee.

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel A finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Third Amended Emergency Order Restriction:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(4), (5) and (9), as illustrated by KRS 311.597(4).
4. Current Opinion 8.14 of the American Medical Association Code of Ethics provides, in part, "Sexual conduct that occurs concurrent with the patient-physician relationship constitutes sexual misconduct."
5. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
6. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has

violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.

7. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

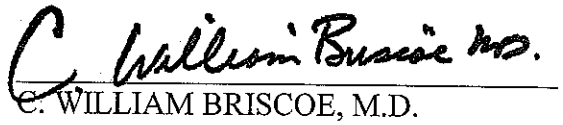
THIRD AMENDED EMERGENCY ORDER OF RESTRICTION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel A hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Ghias M. Arar, M.D., is RESTRICTED and Dr. Arar is prohibited from entering into a physician-patient relationship, examining, treating or personally interacting with any female

patient or female accompanying a patient to the licensee's office, until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

Inquiry Panel A further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 26th day of June, 2014.



C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Third Amended Emergency Order of Restriction was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were sent via facsimile and via certified mail return-receipt requested to the licensee, Ghias M. Arar, M.D., License No. 32411, 13806 Lake Point Circle, #100, Louisville, Kentucky 40223 on this 26th day of June, 2014.

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

FILED OF RECORD
MAR 22 2013
K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE, KENTUCKY 40223

SECOND AMENDED EMERGENCY ORDER OF RESTRICTION

The Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through the Chair of its Inquiry Panel A considered February 24, 2013 news reports by WHAS-11 news and the Louisville Courier-Journal, the Louisville Police Department report regarding the criminal charges, along with information received from certain individuals, and the criminal indictment.

Having considered all of this information and being sufficiently advised, the Chair of Inquiry Panel A ENTERS the following SECOND AMENDED EMERGENCY ORDER OF RESTRICTION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, the Chair of Inquiry Panel A concludes there is probable cause to make the following Findings of Fact, which support this Second Amended Emergency Order of Restriction:

1. At all relevant times, Ghias M. Arar, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. The Louisville Police Department report indicates that the licensee was arrested on February 22, 2013 at 8:26 p.m. and charged with Sexual Abuse in the First Degree, a Class D Felony. The report detailed the factual basis for the arrest,

[Patient A] stated that on 2-22-13 at approximately 1100 hours, she went to above subject doctor's office for an appointment. While in room, being seen by listed suspect victim states suspect ripped her bra off, began kissing on her breasts, and masturbating. Victim continuously told the suspect to stop and attempted to push him away. Suspect grabbed victim by back of neck, began rubbing her vaginal area, and ejaculated on her clothes. Victim seen at U of L Hospital for sexual assault exam.

4. The WHAS-11 report reports that DNA evidence was found on the victim's clothes.

5. Patient B initially saw the licensee for treatment of a headache approximately four years ago, and nothing inappropriate occurred during that visit. She noted that she weighed considerably more at that visit.

   On January 16, 2013, she saw the licensee at his office, on referral from another provider for evaluation of her headaches. She was initially seen by one of the staff, who determined her heart rate was elevated and then immediately seen by the licensee. The licensee entered the examination room by himself and turned off the light. Initially, he told her she needed a hug and proceeded to do so. He then gave her a shot in her stomach and rubbed the injection sight hard. After telling her that the shot might affect her heart-rate, he gave her 2 tablets to take. He then reached into her shirt and bra, exposing her breast. He moved the stethoscope around the outer edge of her nipple, stopping at 5-6 different spots, feeling her breast in the process and moving the cord across her nipple with each change in location. He kept asking her, "Is that okay?" He moved behind her, for the purpose of checking her heart, but kind of caressed her neck. He tried to give her another tablet, but she objected because she had to drive home. He suggested a number of times that she could lie down in his office. During the examination, he asked her personal questions, such as whether she was married or divorced and whether her husband spent much time out of town. He told her he needed to check her heart again. Again, he reached into her clothing and pulled her breast out, completely exposing it. This time, he was rubbing his hand lightly back and forth across her

breast, like he was trying to stimulate her. After she pulled her clothing back into place, he told her she needed another hug. This time, when he moved toward her, she got the clear impression he was trying to kiss her. When she turned her head, he began nuzzling her neck with his whole body pressed against hers. She put her hand up to his face from hers. At the end of the visit, he offered to help her pay for a medical procedure she had discussed. He commented that her "boobs" were "perfect."

When she chose not to go to her next appointment, the licensee phoned her to see why she hadn't come to the office. He then told her he'd write off the "no-show" fee because she was his "favorite patient."

On January 29, 2013, she returned to the office for an EEG. She believed that she could have the procedure done without interacting with the licensee. The staff took her into an examination room and hooked her up for the EEG, while she was sitting in a recliner. After staff left the room, the licensee came in by himself. He gave her a shot for headache. Then, he did the same things he had done the previous visit – hugging her, reaching his hand down inside her sweatshirt and bra and feeling her breast with his hand. He offered repeatedly to help her pay the costs of a medical procedure and commented again upon her breasts.

6. Patient C was not one of the licensee's patients. Rather, she simply drove Patient D to the licensee's office and accompanied Patient D during her January 7, 2013 office visit with the licensee. After they were in the exam room, while helping Patient D describe her medical complaints to the licensee, Patient C mentioned that she experienced back problems. The licensee asked her about those. Then, he sat in a chair and had Patient C stand in front of him, facing away and bending over. He then pulled her pants down below her buttocks and her underwear halfway down her buttocks. He then pressed his fingertips against her back

and buttocks, and ran his hands up and down her legs. Patient C felt awkward during this process because she wasn't a patient. The licensee then had her lay face down on the exam table, pulled the back of her pants up and felt around her back and buttocks. He then had her sit up and told her he was going to examine her heart, even though she had not given him any reason to do so. He reached into her shirt and bra, placing his hand on her sternum, but turning it each way so his palms touched her breasts. He was not using a stethoscope. During this encounter, she mentioned that she didn't have insurance and couldn't afford to see a doctor. He wrote a prescription for her for her back, but told her not to tell anyone he had done so because he could get in trouble for it. He hugged her before she left the office. When Patient C brought Patient D back for a second visit on January 28, 2013, the licensee asked her how the prescription was working. After some discussion, the licensee wrote her a prescription for a back brace. Although it was Patient D's office visit, the licensee again had Patient C stand in front of him and bend over, pulling her pants and underwear down and feeling her back and buttocks and legs.

7. On March 21, 2013, the licensee's counsel provided the Board with a copy of Jefferson Circuit Court Indictment No. 13-CR-0866-3, which charges the licensee with two felony counts of First Degree Sexual Abuse and six misdemeanor counts of Second Degree Sexual Abuse, all involving female patients or females who accompanied patients to the licensee's office for treatment.

8. A fourth female patient has advised the Board that the licensee touched her sexually and inappropriately during two separate office visits, and has provided the Board with details of those violations.

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to him, the Chair of Inquiry Panel A finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Second Amended Emergency Order of Restriction:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(4), (5) and (9), as illustrated by KRS 311.597(4).
4. Current Opinion 8.14 of the American Medical Association Code of Ethics provides, in part, "Sexual conduct that occurs concurrent with the patient-physician relationship constitutes sexual misconduct."
5. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
6. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that

physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.

7. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

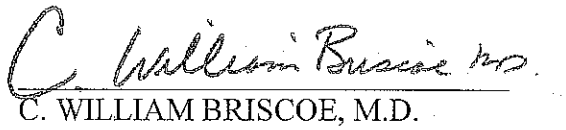
   KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

SECOND AMENDED EMERGENCY ORDER OF RESTRICTION

Based upon the foregoing Findings of Fact and Conclusions of Law, the Chair of Inquiry Panel A hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Ghias M. Arar, M.D., is RESTRICTED and Dr. Arar is prohibited from entering into a physician-patient relationship, examining, treating or personally interacting with any female patient or female accompanying a patient to the licensee's office, until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

The Chair of Inquiry Panel A further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 22nd day of March, 2013.



C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Second Amended Emergency Order of Restriction was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were sent via facsimile and via certified mail return-receipt requested to L. Chad Elder, Esq., Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1, Louisville, Kentucky 40207 – fax (502)365-2801 and Khalid Kahloon, Esq., Kahloon Pasic, PLLC, 600 West Main Street, Suite 500, Louisville, Kentucky 40202 – fax (502)584-1212 and a copy was mailed via certified mail return-receipt requested to Ghias M. Arar, M.D., License No. 32411, 13806 Lake Point Circle, #100, Louisville, Kentucky 40223 on this 22nd day of March, 2013.

C. Lloyd Vest II
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

FILED OF RECORD

MAR - 8 2013

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE, KENTUCKY 40223

AMENDED EMERGENCY ORDER OF RESTRICTION

The Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through the Chair of its Inquiry Panel A considered February 24, 2013 news reports by WHAS-11 news and the Louisville Courier-Journal, and the Louisville Police Department report regarding the criminal charges, along with information received from certain individuals.

Having considered all of this information and being sufficiently advised, the Chair of Inquiry Panel A ENTERS the following AMENDED EMERGENCY ORDER OF RESTRICTION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, the Chair of Inquiry Panel A concludes there is probable cause to make the following Findings of Fact, which support this Amended Emergency Order of Restriction:

1. At all relevant times, Ghias M. Arar, M.D. ("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. The Louisville Police Department report indicates that the licensee was arrested on February 22, 2013 at 8:26 p.m. and charged with Sexual Abuse in the First Degree, a Class D Felony. The report detailed the factual basis for the arrest,

[Patient A] stated that on 2-22-13 at approximately 1100 hours, she went to above subject doctor's office for an appointment. While in room, being seen by listed suspect victim states suspect ripped her bra off, began kissing on her breasts, and masturbating. Victim continuously told the suspect to stop and attempted to push him away. Suspect grabbed victim by back of neck, began rubbing her vaginal area, and ejaculated on her clothes. Victim seen at U of L Hospital for sexual assault exam.

4. The WHAS-11 report reports that DNA evidence was found on the victim's clothes.

5. Patient B initially saw the licensee for treatment of a headache approximately four years ago, and nothing inappropriate occurred during that visit. She noted that she weighed considerably more at that visit.

   On January 16, 2013, she saw the licensee at his office, on referral from another provider for evaluation of her headaches. She was initially seen by one of the staff, who determined her heart rate was elevated and then immediately seen by the licensee. The licensee entered the examination room by himself and turned off the light. Initially, he told her she needed a hug and proceeded to do so. He then gave her a shot in her stomach and rubbed the injection sight hard. After telling her that the shot might affect her heart-rate, he gave her 2 tablets to take. He then reached into her shirt and bra, exposing her breast. He moved the stethoscope around the outer edge of her nipple, stopping at 5-6 different spots, feeling her breast in the process and moving the cord across her nipple with each change in location. He kept asking her, "Is that okay?" He moved behind her, for the purpose of checking her heart, but kind of caressed her neck. He tried to give her another tablet, but she objected because she had to drive home. He suggested a number of times that she could lie down in his office. During the examination, he asked her personal questions, such as whether she was married or divorced and whether her husband spent much time out of town. He told her he needed to check her heart again. Again, he reached into her clothing and pulled her breast out, completely exposing it. This time, he was rubbing his hand lightly back and forth across her

breast, like he was trying to stimulate her. After she pulled her clothing back into place, he told her she needed another hug. This time, when he moved toward her, she got the clear impression he was trying to kiss her. When she turned her head, he began nuzzling her neck with his whole body pressed against hers. She put her hand up to his face from hers. At the end of the visit, he offered to help her pay for a medical procedure she had discussed. He commented that her "boobs" were "perfect."

When she chose not to go to her next appointment, the licensee phoned her to see why she hadn't come to the office. He then told her he'd write off the "no-show" fee because she was his "favorite patient."

On January 29, 2013, she returned to the office for an EEG. She believed that she could have the procedure done without interacting with the licensee. The staff took her into an examination room and hooked her up for the EEG, while she was sitting in a recliner. After staff left the room, the licensee came in by himself. He gave her a shot for headache. Then, he did the same things he had done the previous visit – hugging her, reaching his hand down inside her sweatshirt and bra and feeling her breast with his hand. He offered repeatedly to help her pay the costs of a medical procedure and commented again upon her breasts.

6. Patient C was not one of the licensee's patients. Rather, she simply drove Patient D to the licensee's office and accompanied Patient D during her January 7, 2013 office visit with the licensee. After they were in the exam room, while helping Patient D describe her medical complaints to the licensee, Patient C mentioned that she experienced back problems. The licensee asked her about those. Then, he sat in a chair and had Patient C stand in front of him, facing away and bending over. He then pulled her pants down below her buttocks and her underwear halfway down her buttocks. He then pressed his fingertips against her back

and buttocks, and ran his hands up and down her legs. Patient C felt awkward during this process because she wasn't a patient. The licensee then had her lay face down on the exam table, pulled the back of her pants up and felt around her back and buttocks. He then had her sit up and told her he was going to examine her heart, even though she had not given him any reason to do so. He reached into her shirt and bra, placing his hand on her sternum, but turning it each way so his palms touched her breasts. He was not using a stethoscope. During this encounter, she mentioned that she didn't have insurance and couldn't afford to see a doctor. He wrote a prescription for her for her back, but told her not to tell anyone he had done so because he could get in trouble for it. He hugged her before she left the office. When Patient C brought Patient D back for a second visit on January 28, 2013, the licensee asked her how the prescription was working. After some discussion, the licensee wrote her a prescription for a back brace. Although it was Patient D's office visit, the licensee again had Patient C stand in front of him and bend over, pulling her pants and underwear down and feeling her back and buttocks and legs.

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to him, the Chair of Inquiry Panel A finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Amended Emergency Order of Restriction:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a

physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.

3. There is probable cause to believe that the licensee has violated KRS 311.595(4), (5) and (9), as illustrated by KRS 311.597(4).
4. Current Opinion 8.14 of the American Medical Association Code of Ethics provides, in part, "Sexual conduct that occurs concurrent with the patient-physician relationship constitutes sexual misconduct."
5. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
6. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.
7. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-

deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

AMENDED EMERGENCY ORDER OF RESTRICTION

Based upon the foregoing Findings of Fact and Conclusions of Law, the Chair of Inquiry Panel A hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Ghias M. Arar, M.D., is RESTRICTED and Dr. Arar is prohibited from entering into a physician-patient relationship, examining, treating or personally interacting with any female patient or female accompanying a patient to the licensee's office, until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

The Chair of Inquiry Panel A further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 8th day of March, 2013.

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Amended Emergency Order of Restriction was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were sent via facsimile and via certified mail return-receipt requested to L. Chad Elder, Esq., Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1, Louisville, Kentucky 40207 – fax (502)365-2801 and Khalid Kahloon, Esq., Kahloon Pasic, PLLC, 600 West Main Street, Suite 500, Louisville, Kentucky 40202 – fax (502)584-1212 and a copy was mailed via certified mail return-receipt requested to Ghias M. Arar, M.D., License No. 32411, 13806 Lake Point Circle, #100, Louisville, Kentucky 40223 on this 8th day of March, 2013.

C. Lloyd Vest

C. Lloyd Vest II
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1464

FILED OF RECORD
FEB 26 2013
K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALH OF KENTUCKY HELD BY GHIAS M. ARAR, M.D., LICENSE NO. 32411, 13806 LAKE POINT CIRCLE, #101, LOUISVILLE, KENTUCKY 40223

EMERGENCY ORDER OF RESTRICTION

The Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through the Chair of its Inquiry Panel A considered February 24, 2013 news reports by WHAS-11 news and the Louisville Courier-Journal, and the Louisville Police Department report regarding the criminal charges.

Having considered all of this information and being sufficiently advised, the Chair of Inquiry Panel A ENTERS the following EMERGENCY ORDER OF RESTRICTION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, the Chair of Inquiry Panel A concludes there is probable cause to make the following Findings of Fact, which support its Emergency Order of Restriction:

1. At all relevant times, Ghias M. Arar, M.D.("the licensee"), was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. The Louisville Police Department report indicates that the licensee was arrested on February 22, 2013 at 8:26 p.m. and charged with Sexual Abuse in the First Degree, a Class D Felony. The report detailed the factual basis for the arrest,

[Patient A] stated that on 2-22-13 at approximately 1100 hours, she went to above subject doctor's office for an appointment. While in room, being seen by listed suspect victim states suspect ripped her bra off, began kissing on her breasts, and masturbating. Victim continuously told the suspect to stop and attempted to push him away. Suspect grabbed victim by back of neck, began rubbing her vaginal area, and ejaculated on her clothes. Victim seen at U of L Hospital for sexual assault exam

4. The WHAS-11 report reports that DNA evidence was found on the victim's clothes.

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to him, the Chair of Inquiry Panel A finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Restriction:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated KRS 311.595(4), (5) and (9), as illustrated by KRS 311.597(4)
4. Current Opinion 8.14 of the American Medical Association Code of Ethics provides, in part, "Sexual conduct that occurs concurrent with the patient-physician relationship constitutes sexual misconduct."
5. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.

6. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.

7. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

   KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

EMERGENCY ORDER OF RESTRICTION

Based upon the foregoing Findings of Fact and Conclusions of Law, the Chair of Inquiry Panel A hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Ghias M. Arar, M.D., is RESTRICTED and Dr. Arar is prohibited from entering into a physician-patient relationship, examining, treating or personally interacting with any female patient until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

The Chair of Inquiry Panel A further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 26th day of February, 2013.

C. William Briscoe MD.

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Emergency Order of Restriction was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were sent via facsimile and via certified mail return-receipt requested to L. Chad Elder, Esq., Brian R. Good, Esq., Elder & Good, PLLC, 159 St. Matthews Avenue, Suite 1, Louisville, Kentucky 40207 – fax (502)365-2801 and Khalid Kahloon, Esq., Kahloon Pasic, PLLC, 600 West Main Street, Suite 500, Louisville, Kentucky 40202 – fax (502)584-1212 and a copy was mailed via certified mail return-receipt requested to Ghias M. Arar, M.D., License No. 32411, 13806 Lake Point Circle, #100, Louisville, Kentucky 40223 on this 26th day of February, 2013.

C Vest II

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