IN THE MATTER OF	*	**BEFORE THE**
ABNER PASATIEMPO, M.D.	*	**MARYLAND BOARD**
Respondent	*	**OF PHYSICIANS**
License Number: D45431	*	**Case Number: 2004-0811**

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CONSENT ORDER

PROCEDURAL BACKGROUND

On December 19, 2005, the Maryland Board of Physicians (the "Board") charged Abner Pasatiempo, M.D. (the "Respondent") (D.O.B. 05/03/57), License Number D45431, with violating certain provisions of the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") § 14-101 et seq. (2000).

Specifically, the Board charged the Respondent with violating the following provisions of the Act under H.O. § 14-404(a):

> (a) Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of its full authorized membership, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
>
> (3) Is guilty of immoral or unprofessional conduct in the practice of medicine;
>
> (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; [and/or]
>
> (40) Fails to keep adequate medical records as determined by appropriate peer review.

On Wednesday, March 1, 2006, a Case Resolution Conference was convened in this matter. Based on negotiations occurring as a result of this Case Resolution Conference, the Respondent agreed to enter into this Consent Order, consisting of Procedural Background, Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board finds the following:

1. At all times relevant, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on December 15, 1993, under License Number D45431.

2. The Respondent is Board-certified in psychiatry.

3. The Respondent maintains a professional office at 528 South Main Street, Bel Air, Maryland 21014.

4. On June 30, 2004, an adult woman patient (identified *infra* as "Patient A") of the Respondent submitted a written complaint to the Board alleging that the Respondent became involved in a sexual and personal relationship with her while providing psychiatric treatment to her. Patient A alleged that their sexual relationship began in the Respondent's office in November 2003, and that in April/May 2004, they began cohabitating. Patient A stated that their sexual relationship ended in June 2004.

5. By letter to the Board dated July 1, 2004, the Respondent admitted to having become "romantically involved" with an unnamed adult female patient.

6. Based on the above information, the Board initiated an investigation of this matter. Pursuant to this investigation, the Board referred this matter for a peer review to the Maryland Psychiatric Society Peer Review Committee (the "PRC"). The PRC

conducted a peer review of the matter, and concluded that the Respondent failed to meet appropriate standards for the delivery of quality medical care with respect to Patient A and her minor child, to whom the Respondent also provided psychiatric services.

7. The Board's investigative findings are set forth *infra*.

8. Patient A, then age 19, was referred to the Respondent in late 1997 for a psychiatric evaluation for difficulties with unstable mood and anxiety. Patient A had undergone two past psychiatric hospitalizations, one of which followed a suicide attempt. Patient A had also previously resided in a residential treatment program for two years.

9. The Respondent then began providing ongoing psychotherapy and medication management for Patient A. The Respondent's progress notes for Patient A end in November 2003.

10. Patient A, while continuing to receive psychotherapy from the Respondent, brought in her then seven-year old child to him for a psychiatric evaluation in November 2002. Patient A's child had a several year history of hyperactivity, impulsivity, aggressiveness, and other behavioral issues.

11. The Respondent's psychiatric records indicate that he then provided ongoing psychotherapy and medication management for Patient A's child through December 2003. The Respondent did not maintain further treatment records for Patient A's child after that time.

12. During treatment sessions occurring in the second half of 2003, the Respondent began making openly sexually suggestive remarks to Patient A. After

speaking to Patient A in this manner, the Respondent altered the office environment during Patient A's psychotherapy sessions, for example, dimming the lights and using the fireplace. The Respondent permitted Patient A to place her head on his lap during psychotherapy sessions, and engaged in other forms of professionally impermissible physical contact with Patient A. During these sessions, the Respondent began discussing his own personal and psychiatric issues, including marital problems he was experiencing.

13. The Respondent began scheduling Patient A as his last appointment of the day, and on Friday evenings, he and Patient A would go out after therapy sessions.

14. The Respondent started engaging in sexual activity with Patient A in his office in or around November 2003. Because of her discomfort, Patient A requested that they not have sexual relations in the Respondent's office. The Respondent then sent Patient A to a nearby hotel, after which he joined her there, where he had sexual relations with her.

15. The Respondent, while continuing to provide psychiatric services to Patient A, engaged in further sexual relations with her. This involvement occurred in the Respondent's professional offices as well as other locations.

16. The Respondent also increasingly involved himself in Patient A's personal life. The Respondent took Patient A on trips with him, the first of which was to Arizona, where he took his Board-certification examination. The Respondent also took Patient A and Patient A's child to Disney World in Florida. Patient A reported that the Respondent directed her to give her child repeated dosages of Lorazepam, a benzodiazepine he had prescribed for Patient A, during the trip to Disney World.

17. The Respondent began providing financial support for Patient A, which included depositing money in her bank account, and providing gifts to her. The Respondent signed over to Patient A checks written to him by other patients. The Respondent openly socialized with Patient A, introducing her to others as his girlfriend.

18. In or around March 2004, the Respondent arranged to rent an apartment with Patient A in Bel Air, Maryland. Both the Respondent and Patient A signed the lease agreement. In mid-April 2004, the Respondent moved in with Patient A and her child, after which he became more involved in Patient A's personal life and affairs.

19. The Respondent made attempts to conceive a child with Patient A while cohabitating with her. The Respondent also reportedly shared information about other patients with Patient A.

20. During their cohabitation, Patient A learned that the Respondent was continuing to interact with his estranged spouse, which caused Patient A emotional distress. The Respondent involved Patient A in the emotional conflicts that were occurring because of the Respondent's marital circumstances. For example, during this time, the Respondent arranged a meeting with Patient A and his estranged wife in a shopping center parking lot. Shortly after the meeting, the Respondent's estranged wife telephoned Patient A and requested that she allow the Respondent to come home because her parents were visiting.

21. Patient A's relationship with the Respondent began to deteriorate due to a variety of factors, including the Respondent's continued involvement with his estranged spouse. The Respondent engaged in sexual relations with Patient A that she

considered to be abusive and painful. The Respondent reportedly used information Patient A shared with him in psychotherapy to abuse her verbally.

22. On or about June 19, 2004, the Respondent left the apartment he shared with Patient A and moved back in with his wife. When the Respondent terminated his personal relationship with Patient A, he informed her that he could no longer provide treatment for her. At around this time, the Respondent provided Patient A with very large amounts of psychotropic medications for her to use, while reportedly telling her that he was worried about her committing suicide.

23. After the Respondent instigated his sexual/personal relationship with Patient A in November 2003, he continued to see Patient A for visits in his office, where he discussed with Patient A her inner thoughts and feelings, and psychiatric issues with which she was contending. From this time, and continuing onward until the time he terminated his sexual/personal involvement with her, the Respondent prescribed psychotropic medications, and conducted periodic assessments and psychiatric/psychopharmacologic evaluations of her. The Respondent did not maintain treatment records for Patient A during this time period, however.

24. In addition, from December 2003 until June 2004, the Respondent prescribed various psychotropic medications for Patient A's child, and otherwise provided psychiatric services for her. The Respondent failed to maintain treatment records for Patient A's child during this period, however.

25. The Respondent's actions, as set forth above, constitute, in whole or in part, the following violations of the Act: unprofessional conduct in the practice of medicine, a violation of H.O. § 14-404(a)(3); failing to meet appropriate standards for

the delivery of quality medical and surgical care, a violation of H.O. § 14-404(22); and/or failing to keep adequate medical records, a violation of H.O. § 14-404(a)(40).

26. When a psychiatrist provides psychiatric services to a patient, the psychiatrist has the sole responsibility to safeguard the boundaries of the psychotherapeutic relationship, given the psychiatrist's fiduciary obligation to the patient, and the patient's emotional vulnerability, diminished capacity, and the transference emotions mobilized during psychotherapy. Sexual involvement with a patient or former patient is unethical, according to standards established by all major professional organizations, including the American Psychiatric Association. The psychiatrist must diligently guard against exploiting a patient, and should not use the unique position of power afforded to him/her by virtue of the psychiatrist-patient relationship to influence a patient in a way not directly relevant to legitimate treatment goals. A psychiatrist has a duty and obligation not to act in a manner that exploits his/her patients, or in a manner that promotes the psychiatrist's needs.

27. When the Respondent engaged in the above-described conduct, he violated ethical standards and standards of care that are widely held in psychiatry. The Respondent's actions constitute a breach of his fiduciary obligation to Patient A and to her child. The Respondent engaged in additional violations of the Act when he: entered into and maintained a personal relationship with Patient A's daughter, while also providing psychiatric services to her; provided psychiatric services to Patient A's daughter while concurrently providing psychiatric services to Patient A, with whom he was having a sexual/personal relationship; provided psychiatric services to Patient A's daughter, while cohabitating with her and her mother, Patient A; failed to maintain

appropriate medical record documentation for Patient A when providing psychiatric services for her, while also cohabitating and being involved in a sexual/personal relationship with her; failed to maintain treatment records for Patient A's daughter when providing psychiatric services for her, while involved in a sexual/personal relationship with Patient A, her mother; violated patient confidentiality in a variety of ways, including, but not limited to, disclosing information about other patients to Patient A; provided potentially lethal quantities of psychotropic medications to Patient A, who had a history of suicidality; and utilized information derived during psychotherapy in a manner inconsistent with treatment goals and professional standards.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent: is guilty of immoral or unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3); failed to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; in violation of H.O. § 14-404(a)(22); and failed to keep adequate medical records as determined by appropriate peer review, in violation of H.O. § 14-404(a)(40).

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, it is this 26th day of April, 2006, by a quorum of the Board considering this case:

ORDERED that the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUSPENDED** for a period of **FIVE (5) YEARS**, with all but

EIGHTEEN (18) MONTHS OF SAID SUSPENSION STAYED, to commence on the date the Board executes this Consent Order, and continuing until such time as he has completed the following terms and conditions:

1. The Respondent shall take a medical ethics tutorial, subject to the following terms:

   a. Within **one (1) year** of the date of this Consent Order, the Respondent shall successfully complete, at his own expense, a Board-approved one-on-one tutorial in medical ethics, with particular attention to psychiatrist-patient boundary issues. The Respondent shall enroll in this required course within **three (3) months** of the date this Consent Order is signed by the Board. The Respondent shall submit to the Board written documentation regarding the particular course he proposes to fulfill this condition. The Board reserves the right to require the Respondent to provide further information regarding the course he proposes, and further reserves the right to reject his proposed course and require submission of an alternative proposal. The Board will approve a course only if it deems the curriculum and the duration of the course adequate to fulfill the need.

   b. The Respondent shall be responsible for all costs incurred in fulfilling this course requirement and for submitting written documentation to the Board of his successful completion of this course.

2. The Respondent shall undergo a psychiatric evaluation, subject to the following terms:

   a. Within **two (2) months** of the date the Board executes this Consent Order, the Respondent shall undergo, at his own expense, a psychiatric evaluation by a Board-approved evaluating psychiatrist.

   b. The Respondent shall be responsible for ensuring that the evaluating psychiatrist submits a written report to the Board with **fifteen (15) business days** after completion of the Respondent's evaluation.

3. The Respondent shall undergo psychiatric treatment, subject to the following terms:

a. If recommended by the evaluating psychiatrist, the Respondent shall begin, at his own expense, psychiatric treatment and psychotherapy with a different Board-approved treating psychiatrist. The frequency and duration of psychiatric therapy shall be decided by the evaluating psychiatrist. The therapy shall address the specific recommendations made by the evaluating psychiatrist;

b. If psychotherapy is recommended by the evaluating psychiatrist, the treating psychiatrist shall submit quarterly reports to the Board detailing the Respondent's therapeutic progress. The Respondent has the responsibility for ensuring that the treating psychiatrist submits the required quarterly reports to the Board in a timely manner

4. The Respondent shall undergo a psychiatric re-evaluation, subject to the following terms:

a. On completion of any required psychiatric therapy, the evaluating psychiatrist shall again perform a psychiatric evaluation of the Respondent, and re-submit a written report to the Board within **sixty (60) business days** of this evaluation.

b. The Respondent has the responsibility to assure that this re-evaluation is submitted to the Board.

AND BE IT FURTHER ORDERED THAT if the Respondent has fully and successfully complied with the above terms and conditions, and after the conclusion of the entire **EIGHTEEN (18) MONTH** period of **SUSPENSION,** the Respondent may apply for reinstatement of his medical licensure. The Respondent shall be solely responsible for ensuring that he provides the Board with adequate written verification

that he has fully and successfully complied with the above terms and conditions; and be it further

ORDERED that if the Board reinstates the Respondent's medical license, the Respondent's medical licensure shall be placed on **PROBATION** for a minimum **PERIOD OF FIVE (5) YEARS,** which shall commence on the date the Board reinstates the Respondent's medical license, and shall continue until all of the following terms and conditions are met:

1. The Respondent's practice shall be supervised, subject to the following terms:

   a. Within **forty-five (45) days** of the date the Board reinstates the Respondent's medical license, the Respondent shall submit to the Board for its approval, the name and professional credentials of a psychiatrist to supervise the Respondent's practice. The supervising psychiatrist shall not be associated with the Respondent through any current or past personal, collegial, professional or academic affiliation. The Respondent shall provide the supervising psychiatrist with a copy of the charging document, Consent Order, and any other documents that the Board deems relevant to his case. Following Board approval, supervision of the Respondent's practice shall continue for the entire five-year probationary period. The Board may terminate any supervisor at its discretion and require that another supervisor be designated;

   b. The Respondent shall assure that the supervising psychiatrist notifies the Board, in writing, within **ten (10) days** of the Board's approval of his or her acceptance of the supervisory role of the Respondent;

   c. At a minimum, supervision shall consist of monthly meetings at which a random sample of at least **ten (10) cases** are discussed and psychiatric ethical issues are addressed. The purpose of supervision shall be to monitor the Respondent's practice; to

focus on appropriate diagnosis and treatment modalities; and to discuss the maintenance of professional boundaries and the development of appropriate psychiatrist-patient relationships;

d. The supervising psychiatrist shall submit quarterly reports to the Board indicating the number and types of cases reviewed and the ethical issues discussed;

e. The Respondent has sole responsibility for ensuring that the supervising psychiatrist submits the required quarterly reports;

f. The Board has sole responsibility for any changes in the supervision and must approve any changes in the supervision.

g. In the event that the Respondent's psychiatric supervisor discontinues supervising the Respondent's practice for any reason, the Respondent shall immediately notify the Board. The Respondent shall be solely responsible for submitting a replacement candidate to serve as his psychiatric supervisor under the terms specified above.

2. The Respondent shall practice according to the Maryland Medical Practice Act and in accordance with all applicable laws, statutes, and regulations pertaining to the practice of medicine. Failure to do so shall constitute a violation of this Consent Order.

3. The Respondent's practice shall be subject to peer review by an appropriate peer review entity, or a chart review by a Board designee, to be determined at the discretion of the Board. After a random chart review, the Board may recommend a peer review.

AND BE IT FURTHER ORDERED THAT after the conclusion of the entire **FIVE (5) YEAR PERIOD OF PROBATION,** the Respondent may file a written petition for termination of his probationary status without further conditions or restrictions, but only if

the Respondent has satisfactorily complied with all conditions of this Consent Order, including all terms and conditions of probation, and including the expiration of the **FIVE (5) YEAR** period of probation, and if there are no pending complaints regarding the Respondent before the Board; and be it further

ORDERED that if the Respondent violates any of the terms or conditions of this Consent Order, the Board, after notice, opportunity for a hearing and determination of violation, may impose any other disciplinary sanctions it deems appropriate, including but not limited to, revocation or suspension, said violation being proven by a preponderance of the evidence; and be it further

ORDERED that the Respondent shall not petition the Board for early termination of his probationary period or the terms of this Consent Order; and be it further

ORDERED that the Respondent shall be responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and be it further

ORDERED that this Consent Order is considered a **PUBLIC DOCUMENT** pursuant to Md. State Govt Code Ann. § 10-611 et seq. (2004 Repl. Vol.).

4/26/06
Date

Harry C. Knipp, M.D.
Chair
Maryland Board of Physicians

CONSENT

I, Abner Pasatiempo, M.D., acknowledge that I have had the opportunity to consult with counsel before signing this document. By this Consent, I admit to the Findings of Facts and Conclusions of Law, and I agree and accept to be bound by this Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order after having had an opportunity to consult with counsel, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Order, and understand its meaning and effect.

03/30/06
Date

Abner Pasatiempo, M.D.
Respondent

STATE OF MARYLAND
~~CITY~~/COUNTY OF: Baltimore

I HEREBY CERTIFY that on this 30th day of March, 2006, before me, a Notary Public of the State and County aforesaid, personally appeared Abner Pasatiempo, M.D., and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Dawn M. Snyder
Notary Public

My commission expires: 10/1/09

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