# **BOARD OF MEDICAL PRACTICE**

n re: Amalia F. Lee, M.D.	Docket Nos. MPC 165-1210, MPC 088-0712 and MPC96-0515
---------------------------	--

# STIPULATION AND CONSENT ORDER

NOW COME Amalia F. Lee, M.D., and the State of Vermont, by and through Vermont Attorney General William H. Sorrell, and hereby stipulate and agree to the following in the above-captioned matters:

- 1. Amalia F. Lee, M.D. ("Respondent") holds Vermont medical license number
  042.0009972 originally issued by the Vermont Board of Medical Practice on January 4,
  2000.
- 2. Jurisdiction in these matters rests with the Vermont Board of Medical Practice ("the Board"), pursuant to 26 V.S.A. §§ 1353-1357, 3 V.S.A. §§ 809-814, and other authority.

### FINDINGS OF FACT

- 3. The Board opened Docket No. MPC 165-1210 in November of 2010 upon receipt of a complaint from one of Respondent's patients.
- 4. The Board opened Docket No. MPC 088-0712 in June of 2012 upon receipt of a complaint concerning Respondent's care of a patient evaluated with a suicide gesture.
- The Board opened Docket No. MPC 096-0515 in May of 2015 after being notified of Dr.
   Lee's termination from employment at Grace Cottage Hospital.
- All three matters were assigned to the Central Investigation Committee ("the Committee").
- 7. The Committee's investigation of these matters included, in part, the review of Respondent's records regarding her treatment of six psychiatric patients at her solo

- psychiatric practice in Brattleboro, Vermont. Respondent's treatment of these patients included office visits and the prescribing of various medications.
- 8. With respect to MPC 165-1210, the Committee's investigation found that Respondent, at times, insufficiently documented office visits, prescription rationales, justification for prescribing medication to a patient after the doctor/patient relationship was terminated, and justification for providing a patient with portions of her original medical records.
- With respect to MPC 088-0712, the Committee's investigation found that Respondent, at times, insufficiently documented prescription rationales.
- 10. With respect to MPC 096-0515, the Committee's investigation found that Respondent failed to timely complete patient charts during her employment at Grace Cottage Hospital.

## CONCLUSIONS OF LAW

- 11. It is unacceptable medical practice for a licensee to maintain medical records which inadequately document patient encounters, treatment, and the basis for prescribing medications. Such conduct may constitute a failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. § 1354(b)(2).
- 12. Respondent acknowledges that no evidence has been presented and no hearing held on any matters which are the subject of this Stipulation, and that no issues have been decided by the Board.
- 13. Respondent agrees that the Board may enter as its facts and/or conclusions paragraphs 3 through 10 above, and further agrees that based upon this stipulation the Board shall take

- the actions set forth herein. Any representation by Respondent herein is made solely for the purposes set forth in this agreement and shall not be used for any other purpose.
- 14. The Board and Respondent desire to fully and finally resolve the matters presently before the Board. The Board and Respondent enter into this agreement to resolve these matters without further time, expense and uncertainty and that this agreement is acceptable and in the best interest of the parties.
- 15. Respondent acknowledges that she is knowingly and voluntarily entering into this agreement with the Board. She acknowledges she has had the advice of counsel regarding these matters and in the review of this Stipulation and Consent Order. Respondent is fully satisfied with the legal representation she has received in these matters.
- 16. Respondent agrees and understands that by executing this document she is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in these matters, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of her own to contest any allegations by the State.
- 17. The parties agree that upon their execution of this Stipulation and Consent Order, and pursuant to the terms herein, the above-captioned matters shall be administratively closed by the Board. Thereafter, the Board will take no further action as to these matters absent non-compliance with the terms and conditions of this document by Respondent.
- 18. This Stipulation and Consent Order includes amendments that are conditioned upon acceptance by the Vermont Board of Medical Practice. If the Board rejects this amended document, the approved Stipulation and Consent Order shall remain in force and this agreement to amend shall be considered void. Respondent agrees that if the Board does

not accept this agreement in its current form, she shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects the amendments presented in this agreement, the agreement to amendments shall not bind Respondent or constitute an admission of any of the facts of the alleged misconduct reflected in the amendments.

- 19. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in her permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to: the Federation of State Medical Boards Board Action Databank, and the National Practitioner Data Bank In exchange for the actions by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.
- 20. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions herein

#### **ORDER**

WHEREFORE, based on the foregoing, and the consent of Respondent, it is hereby ORDERED that:

- 1. Respondent shall be reprimanded for the conduct set forth above.
- No later than December 2, 2016, Respondent shall attend and successfully complete
  one continuing medical education ("CME") course on medical record keeping.
   Respondent shall seek the Committee's approval of the proposed CME course no

later than sixty (60) days prior to the start date of the course. Upon Respondent's successful completion of the CME course, she shall provide the Committee with written proof of attendance. Respondent shall also provide a brief written narrative of the CME course to the Committee which will document what she learned from the course, and how she will apply that knowledge to her future practice. Respondent shall provide the proof of attendance and written narrative to the Committee within thirty (30) days of completion of the CME course. Respondent shall be solely responsible for the costs associated with the CME course.

- 3. Respondent shall retain the services of a "practice monitor" of her choosing, subject to preapproval by the Central Investigative Committee. Respondent shall provide the Committee with the name and curriculum vitae of the proposed practice monitor no later than February 1, 2016.
  - a. Respondent shall be responsible for ensuring that the practice monitor complies with the terms and obligations of the Practice Monitoring Agreement that shall be signed by both Respondent and the Committee approved practice monitor. The Practice Monitoring Agreement is attached hereto as "Exhibit A."
  - Respondent shall comply with the terms and obligations of the Practice
     Monitoring Agreement.
  - c. The practice monitor shall report his/her findings in writing to the Committee on a quarterly basis. The practice monitor's first report shall be submitted to the Committee no later than ninety (90) days after the Committee provides written approval of Respondent's proposed practice monitor.

- d. The practice monitoring and quarterly reports shall continue for at least a two (2) year period beginning on or after December 2, 2015. Respondent may submit a request to the Board to end the requirement for monitoring. Such a request will not be considered by the Board until Respondent has provided favorable and timely monitoring reports covering two (2) years of practice starting on or after December 2, 2015.
- e. Respondent shall provide a copy of this Stipulation and Consent Order to the practice monitor.
- f. Respondent shall be solely responsible for all costs associated with the practice monitor. Respondent shall be responsible for ensuring that the practice monitor's reports are timely submitted to the Committee.
- 4. If Respondent is not practicing medicine at the time that this Stipulation and Consent Order is approved by the Board, Respondent's obligations concerning the practice monitor as set forth hereinabove in Paragraph 3 of the Order will not commence until Respondent begins practicing medicine again. Once Respondent's practice of medicine recommences, Respondent's obligations regarding the practice monitoring are as follows:
  - a. No later than thirty (30) days prior to recommencing the practice of medicine,
    Respondent shall provide written notice to the Committee that shall include:
    (1) the date that she will begin practicing medicine; (2) the name and location of her new practice; (3) the type and scope of her new practice; and (4) the
    name and curriculum vitae of the proposed practice monitor.

- b. The practice monitor's first report shall be submitted to the Committee no later than ninety (90) days after the Committee provides written approval of Respondent's proposed practice monitor.
- c. The practice monitoring and quarterly reports shall continue for two (2) years from the date that Respondent recommences the practice of medicine.
- d. Respondent shall be responsible for ensuring that the practice monitor complies with the terms and obligations of the Practice Monitoring Agreement that shall be signed by both Respondent and the Committee approved practice monitor. The Practice Monitoring Agreement is attached hereto as "Exhibit A."
- e. Respondent shall comply with the terms and obligations of the Practice

  Monitoring Agreement.
- f. Respondent shall provide a copy of this Stipulation and Consent Order to the practice monitor.
- g. Respondent shall be solely responsible for all costs associated with the practice monitor. Respondent shall be responsible for ensuring that the practice monitor's reports are timely submitted to the Committee.
- 5. Respondent shall provide the Committee with quarterly reports from her employer certifying that she is timely charting patient care, or reporting that she is not. This requirement shall remain in place until the Committee has been provided reports covering at least two (2) years of practice beginning after this provision has been approved by the Board.

6. Respondent shall permit the Board's investigator to make visits to inspect Respondent's office and records upon reasonable notice to Respondent.

# **SIGNATURES**

DATED at Montpelier, Vermont, this 2NA day of 7000, 2016.

STATE OF VERMONT

WILLIAM H. SORRELL ATTORNEY GENERAL

By:

William B. Reynolds Assistant Attorney General Office of the Attorney General

109 State Street

Montpelier, VT 05609-1001

DATED at Kilington, Vermont, this 12 day of April, 2016

Amalia F. Lee, M.D.

Respondent DATED at

Vermont, this

2016.

Ian P. Carleton

SHEEHEY FURLONG & BEHM P.C.

30 Main Street, 6th Floor

PO Box 66

Burlington, VT 05402-006

Counsel for Respondent