BOARD OF MEDICAL PRACTICE

In re: Amalia F. Lee, M.D.	)))	Docket Nos. MPC 165-1210 and MPC 088-0712

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.
5. Both matters were assigned to the Central Investigation Committee ("the Committee").
6. The Committee's investigation for both matters included, in part, the review of Respondent's records regarding her treatment of six psychiatric patients at her solo

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psychiatric practice in Brattleboro, Vermont. Respondent's treatment of these patients included office visits and the prescribing of various medications.

7. 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.

8. With respect to MPC 088-0712, the Committee's investigation found that Respondent, at times, insufficiently documented prescription rationales.

CONCLUSIONS OF LAW

9. 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).

10. 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.

11. Respondent agrees that the Board may enter as its facts and/or conclusions paragraphs 3 through 8 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.

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12. 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.

13. 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.

14. 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.

15. 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.

16. This Stipulation and Consent Order is conditioned upon its acceptance by the Vermont Board of Medical Practice. If the Board rejects any part of this document, the entire agreement 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

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subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, it shall be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.

17. 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, the National Practitioner Data Bank, and the Healthcare Integrity and Protection 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.

18. 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.
2. No later than one (1) year from the date of approval of this Stipulation and Consent Order, Respondent shall attend and successfully complete one

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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 within sixty (60) days after the date that this Stipulation and Consent Order is approved by the Board.

    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."

    b. Respondent shall comply with the terms and obligations of the Practice Monitoring Agreement.

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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 two (2) years from the date that this Stipulation is approved by the Board. 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 from the date that this Stipulation is approved by the Board.

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:

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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.

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

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SIGNATURES

DATED at Montpelier, Vermont, this 21st day of October, 2015.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

By: _____
William B. Reynolds
Kassandra P. Diederich
Assistant Attorneys General
Office of the Attorney General
109 State Street
Montpelier, VT 05609-1001

DATED at Holyoke, MA ~~Vermont~~, this 28 day of October, 2015.

_____
Amalia F. Lee, M.D.
Respondent

DATED at Burlington, Vermont, this 5th day of November, 2015.

_____
Ian P. Carleton
SHEEHEY FURLONG & BEHM P.C.
30 Main Street, 6th Floor
PO Box 66
Burlington, VT 05402-006

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AS TO AMALIA F. LEE, M.D.

APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

Dated: December 2, 2015

ENTERED AND EFFECTIVE: December 2, 2015

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EXHIBIT A

PRACTICE MONITORING AGREEMENT

Vermont Board of Medical Practice

Dr. Amalia Lee – MPC 165-1210 & MPC 088-0712

1. Pursuant to a Stipulation and Consent Order entered into by Dr. Amalia Lee and the Vermont Board of Medical Practice ("the Board"), Dr. Lee has retained a practice monitor to monitor her psychiatric medical practice. The purpose of this Practice Monitoring Agreement is to set forth the terms of the practice monitoring component of Dr. Lee's Stipulation and Consent Order. This Agreement will be signed by the practice monitor approved by the Central Investigative Committee ("the Committee") and Dr. Lee.
2. The practice monitor monitoring shall continue for no less than two (2) years. Dr. Lee may submit a request to the Board to end the requirement for monitoring. Such a request will not be considered by the Board until Dr. Lee has provided the Committee with monitoring reports covering two (2) full years of practice.
3. In the event that the practice monitor can no longer monitor Dr. Lee's practice, or is unable to comply with the terms of this Agreement, Dr. Lee shall immediately notify the Committee in writing. Dr. Lee shall retain the services of a new practice monitor, subject to preapproval by the Committee. Within thirty (30) days of providing written notice to the Committee that the practice monitor can no longer monitor her practice, Dr. Lee shall provide the Committee with the name and curriculum vitae of the proposed new practice monitor. The Committee will provide written notification to Dr. Lee indicating whether it approves of the proposed new practice monitor.

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4. Respondent shall provide the practice monitor with a copy of the fully executed Stipulation and Consent Order.
5. Respondent shall be responsible for ensuring that the practice monitor does the following:
    a. 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 sixty (60) days after the Committee provides written approval of the proposed practice monitor.
    b. On a quarterly basis, the practice monitor shall review the treatment records and prescription records of ten (10) randomly selected patients to determine whether Dr. Lee's treatment meets the applicable standard of care. The practice monitor shall select the ten (10) psychiatric patients' records to be reviewed from a list prepared by Dr. Lee that identifies all patients for whom she is providing care. Of the ten (10) monitored cases, the practice monitor will review at least five (5) records of patients for whom Dr. Lee is prescribing benzodiazepines and/or sleeping medications. The practice monitor is expected to review any other documents, records, files, logs, etc. that will provide the requisite information needed to prepare written monitoring reports.
    c. As part of the practice monitor's review of Dr. Lee's patient records, the practice monitor shall review, as well as discuss in his/her report, whether the documentation in the patient charts meet the applicable standard of care. Specifically, whether each patient chart includes documentation of

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any of the following that apply for each office visit: current medication list; history; symptoms; mental status findings; ongoing diagnoses; diagnostic assessment/evaluation; treatment plan/objectives; and documentation to support the clinical decision making for the prescribing of medications.

d. After each quarterly review, Dr. Lee shall meet with the practice monitor to discuss the quality of her treatment and medical records.

e. The quarterly monitoring reports that will be provided to the Committee shall include: (1) Specific findings identifying the documents that were reviewed, as well as the practices observed. (2) Whether Dr. Lee's treatment, medical records and prescribing practices meet the applicable standards of care, and a comprehensive explanation for such opinion. (3) Copies of each patient chart reviewed by the practice monitor. (4) If applicable, recommended improvements to be made to Dr. Lee's practice. (5) Confirmation of the date and the length of time that he/she met with Dr. Lee to discuss the quality of her treatment and medical records that were reviewed for each quarterly review.

6. Respondent shall ensure that the practice monitor has access to any and all documents, patient records, files, logs, etc. that he/she needs to monitor Respondent's practice in accordance with this Agreement.

7. Respondent and the practice monitor agree that they have both read this Agreement in its entirety, and agree to all of the terms and obligations set forth herein.

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8. Respondent and the practice monitor agree that the terms of this Agreement cannot be amended or modified in any way without written approval of the Committee.

DATED at _____, Vermont, this _____ day of _____, 2015.

_____
Amalia F. Lee, M.D.
Respondent

DATED at _____, Vermont, this _____ day of _____, 2015.

_____
Practice Monitor

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