

**THE COMMONWEALTH OF MASSACHUSETTS**

Suffolk, ss.

**Division of Administrative Law Appeals**Board of Registration in Medicine,  
Petitioner

v.

Docket No. RM-13-546

Dated: October 24, 2014

Luis Santiago-Cruz, M.D.,  
Respondent**Appearance for Petitioner:**James Paikos, Esquire  
Complaint Counsel  
Board of Registration in Medicine  
200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880**Appearance for Respondent:***Pro Se***Administrative Magistrate:**

Judithann Burke

**CASE SUMMARY**

The Respondent, who treated Patient A in December 2011 and became her primary care physician in early March 2012, committed sexual misconduct, misconduct, or malpractice in the practice of medicine. He failed to adhere to ethical guidelines and prudence when he failed to ascertain whether Patient A had chosen another primary care physician before he engaged in a sexual relationship with her. Ergo, his actions vis-a-vis Patient A were tantamount to conduct that undermines the public confidence in the medical profession. The Respondent is thereby subject to appropriate discipline by the Board of Registration in Medicine.

**RECOMMENDED DECISION**

Pursuant to G. L. c. 112 s. 5 and 61-62 and 243 CMR 1.03(5)(a)(3), the Petitioner, Board of Registration in Medicine (Board) issued on November 6, 2013 an order to show cause why the Respondent, Dr. Luis Santiago-Cruz, should not be disciplined.

Specifically, the Board charged in its Statement of Allegations:

1. The Respondent was born in June 1972. He graduated from the University of Puerto Rico, School of Medicine in 1997. He is certified by the American Board of Family Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 223024 since 2004.
2. In December 2011, Patient A, a female, was twenty-four (24) years old.
3. In December 2011, the Respondent first treated Patient A at Doctors' Express, an urgent care center in Springfield, Massachusetts.
4. From on or about March 2, 2012 to March 6, 2012, the Respondent and Patient A exchanged text messages of a personal nature.
5. On or about March 6, 2012, the Respondent became Patient A's Primary Care Physician (PCP).
6. Concurrent with his treatment of Patient A, the Respondent and Patient A had a dating relationship.
7. From March 6, 2012 to April 24, 2013, the Respondent and Patient A continued to exchange text messages of a personal nature.
8. On or about March 6, 2012, while the Respondent was still Patient A's PCP, the Respondent and Patient A met for lunch.
9. After March 6, 2012, while the Respondent was still Patient A's PCP, the Respondent and Patient A met for dinner.
10. After March 6, 2012, while the Respondent was still Patient A's PCP, the Respondent went to Patient A's home.

11. After March 6, 2012, while the Respondent was still Patient A's PCP, the Respondent and Patient A engaged in sexual intercourse.
12. After March 6, 2012, while the Respondent was still Patient A's PCP, the Respondent bought at least one or more presents for Patient A.
13. The Respondent prescribed medications to Patient A's son without seeing him or keeping patient records.
14. The Respondent accessed the medical records of individuals who were not his patients including Patient B, Patient C, Patient D and Patient E for no legitimate purpose.
15. The Respondent wrote prescriptions to Patient A without meeting the basic requirements of acceptable prescriptive practice.

The Respondent admitted the allegations contained in paragraphs 1-5 and 7-9. The Respondent denied the allegations set forth in paragraphs 6 and 10-15.

A hearing on the merits was conducted on January 31, February 3, 4, 28 and March 10, 2014 in Room 305 at 436 Dwight Street, Springfield, MA. At the hearing, the Petitioner produced the testimony of the following witnesses: the Respondent, Luis Santiago-Cruz, M.D.; Paulo L. Roxo, an employee of CVS in Ludlow, MA; Robert M. Bouton, Investigator in the Board of Registration of Medicine Enforcement Unit; Norma Jaynes, also an Investigator for the Board of Registration in Medicine; Janice Kucewicz, Executive Vice President and Hospital Operating Officer at Wing Memorial Hospital in Palmer, MA; and, Patient A. The Respondent cross-examined all of the witnesses. Thirty-six (36) exhibits were marked.

The record was left open for the filing by the parties of Proposed Findings of Fact and Conclusions of Law. The last of the submissions was received on May 16, 2014, thereby closing the record. The proceedings were stenographically recorded.

### FINDINGS OF FACT

Based upon the testimony, the Admissions of the Respondent, exhibits and submissions of the parties, I hereby render the following findings of fact:

1. The Respondent, Luis Santiago Cruz, is 42 years of age. He was born in 1972. He graduated from the University of Puerto Rico, School of Medicine in 1997. He is certified by the American Board of Family Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 223024 since 2004. (Statement of Allegations and Respondent's Answer.)
2. In December 2011, Patient A, a female, was 24 years old. (*Id.*)
3. On December 18, 2011, the Respondent first treated Patient A at Doctors Express, an urgent care center in Springfield, MA. On that occasion, the Respondent documented the history of Patient A's current illness, noting that she had "moderate pain", diagnosing her with "worsening synovial cyst popliteal" and prescribing oxycodone-acetaminophen. (Respondent Testimony and Exhibits 1 and 2.)
4. Some time prior to March 2012, Patient A accompanied her mother to Doctor's Express. Her mother was treated by the Respondent. After the two brief encounters with the Respondent, Patient A began to trust the Respondent. She communicated this to the Respondent in early March 2012. (Patient A Testimony and Exhibit 27.)
5. On March 2, 2012, Patient A was treated again at Doctors Express by another physician. She inquired about the Respondent. This information was communicated to

the Respondent by the doctor who treated Patient A. (Patient A and Respondent Testimony and Exhibit 1.)

6. The Respondent gained access to Patient A's telephone number from the Doctors Express database and began sending her text messages on March 2, 2012. He did so knowing that such communication was improper and that he could be disciplined. (Respondent Testimony and Exhibit 27.)

7. Prior to his befriending Patient A in early March 2012, the Respondent's wife had cheated on him with another man. (Respondent Testimony.)

8. From March 2, 2012 to April 24, 2012, the Respondent and Patient A exchanged several text messages of an extremely personal and suggestive nature. Some were sexually explicit. All of these text messages are included in Exhibits 27 and 28 of this case record. They will not be specifically delineated in these Findings of Fact. The copies proffered into the record are barely legible. The text messages are laid out in four larger square blocks of four lettered messages in each smaller square. The top left square contains A-D. The top right square contains E-H. The lower left square contains I-L and the lower right square contains M-P, for a total of sixteen (16) messages per page in the smaller squares. (Exhibits 27, pages 1-81 and 28, pages 1-12.)

9. Between March 2, 2012 and March 6, 2012, the Respondent encouraged Patient A to establish him as her Primary Care Physician (PCP). (*Id.*)

10. From and after March 2, 2012, the Respondent revealed personal information about himself, his marriage and his children. He and Patient A began exchanging photographs of each other. The exchange of photographs continued until late April 2012. From March 2, 2012 through April 23, 2012, the Respondent sent Patient A

approximately 15 photographs of himself. He also sent her photographs of his wife and two small children. (Respondent Testimony, Patient A Testimony, Exhibits 16 and 23-25.)

11. On March 5, 2012, Patient A asked the Respondent to prescribe medication for her 6 year old son in order to treat an ear infection. He agreed to do so and she cancelled a previously scheduled doctor's appointment with her son's pediatrician. After the Respondent called the prescription into the pharmacy, he texted Patient A that he had saved her a co-payment. The Respondent had never met Patient A's son. (Respondent Testimony, Patient A Testimony and Exhibit 27.)

12. Patient A had a medical appointment with the Respondent on March 6, 2012. At that time, he noted that he was her PCP. At the end of the appointment, the Respondent noted, "Will see her in 2 months for follow-up." The Respondent also noted that Patient A had a history of "severe anxiety" and that she was "being treated by a psychiatrist at the Griswold Center." (Respondent Testimony and Exhibit 3.)

13. At the appointment on March 6, 2012, Patient A asked the Respondent for anti-anxiety medication. The Respondent indicated that he was going to prescribe anti-anxiety medication in the benzodiazepine class. He wrote a prescription for six 5 milligram tablets, six times more than the common medical treatment for Patient A's anxiety. The Respondent also prescribed Valium for Patient A's anxiety during that appointment. (Patient A Testimony, Respondent Testimony, Exhibits 1-4.)

14. After the medical appointment on March 6, 2012, the Respondent and Patient A met for lunch at Horizons, a restaurant near his office. (Patient A Testimony, Respondent Testimony.)

15. The Respondent and Patient A met for a dinner date in Northampton on March 7, 2012. Following the meal, The Respondent and Patient A exchanged a kiss in his car in the restaurant parking lot. Before the dinner date ended, the Respondent received a call from his wife related to their ill toddler daughter. The Respondent left dinner abruptly and went home where he had a fight with his wife. (Respondent and Patient A Testimony.)

16. The Respondent left home on March 7, 2012 and chose to spend the night in his office. He texted Patient A at approximately 9:45 PM and asked her to join him there. (*Id.* and Exhibit 27.)

17. The Respondent and Patient A met in the parking lot near the Respondent's office and talked in his car for a while. They then went to his office. While in the office, the Respondent took two (2) photographs of Patient A. She wore jeans, shoes and a bra with no shirt. In one of the photographs, Patient A is sitting at the Respondent's desk with a stethoscope around her neck. In the other photograph, she has one knee on the desk with her buttocks pointing toward the camera while she appears to be writing on a pad of paper. (Exhibits 6A and 6B.)

18. During the evening of March 7, 2012, the Respondent and Patient A had sexual contact in his office. (*Id.*, Exhibits 27, 28 and 34, Respondent and Patient A Testimony.)

19. While in the Respondent's office on the evening of March 7, 2012, the Respondent logged onto his employer's medical record system. He logged into his and Patient A's medical records and the records of three (3) individuals who were not his patients. (Exhibits 13A and 13B.)

20. When he was first employed by Wing Memorial Hospital, the Respondent had signed a Confidentiality Agreement wherein he agreed to access patient information only on a "need to know" basis. He further agreed to protect patient information from friends and acquaintances and not to disclose protected health information unless it was necessary to complete work-related tasks. The Respondent had also signed an employment agreement wherein he agreed to "uphold and maintain the confidentiality of patients and other information for which (he) had an ethical obligation not to disclose." (Exhibits 8 and 9.)

21. On March 11, 2012, the Respondent went to Patient A's home. They had sexual intercourse. (Exhibit 27 and Respondent Testimony.)

22. In the ensuing weeks, the Respondent continued to act as Patient A's PCP as well as exchange personal and sexually explicit text messages with her. (Exhibit 27, page 69E and Respondent Testimony.)

23. On March 12, 2012, Patient A asked the Respondent for a prescription for pain. He inquired as to what had worked for her in the past and she indicated Soma and oxycodone. The Respondent did not request a toxicology screen. Without seeing Patient A, he wrote her a prescription for 21 tablets of oxycodone, a narcotic pain reliever, and 21 tablets of Soma, a muscle relaxant. The Respondent failed to document these prescriptions or Patient A's complaint in her medical record. (Exhibits 3, 15 and 27, page 36 and Respondent and Patient A Testimony.)

24. On March 14, 2012, the Respondent texted Patient A a photo of his patient list. Patient A commented on the number of patients with the same first name and that one of them had a bloody stool. (Exhibit 27, page 46B.)



25. On or about March 17, 2012, the Respondent bought two bikini style bathing suits and a pair of high heeled shoes for Patient A. (Exhibits 18, 31 and 32 and Respondent and Patient A Testimony.)

26. The Respondent saw Patient A for a sick office visit on March 23, 2012. Patient A was initially seen on that day by a medical assistant who documented that the former denied she was in pain. The Respondent's note lists him as Patient A's PCP. He indicated that Patient A was treated for abdominal pain. He wrote a note for her employer. (Exhibit 3.)

27. Following the appointment, Patient A requested that the Respondent prescribe more pain medication. The Respondent wrote prescriptions for both Soma and oxycodone on that date and left them at the front desk for her to pick up. He did not document these prescriptions or her request for them in her record. (*Id.*)

28. The Prescribing Guideline of the Board of Registration in Medicine provides that "prescriptions should be documented and changes in medication or dosage should be explained." (Exhibit 20.)

29. On April 6, 2012, the Respondent wrote Patient A a prescription for 45 tablets of oxycodone without documenting it in the medical record and without actually seeing Patient A in his office. (Exhibit 21.)

30. On April 15, 2012, the Respondent wrote two (2) more prescriptions for Patient A's son without seeing him or ensuring that he be seen by another physician for follow-up. One of the prescriptions was for an antibiotic and the other was for ear drops. (Exhibit 19.)

31. On or about April 16, 2012, the Respondent treated Patient A. They exchanged acts of oral sex during the office visit. He also wrote Patient A a prescription for Marinol to stimulate her appetite, as she was somewhat underweight, and because she wanted to avoid detection of her marijuana use during an upcoming court blood test. He noted in a text message exchange that he would like to help her but this involved a court case and a controlled substance and that "they will ask to see your chart." The office note from this visit reflects that the Respondent was still Patient A's PCP. He indicated that Patient A had been experiencing high levels of stress over the last six months and that she definitely had underlying depression due to all of the problems in her life. When he wrote the prescription for Marinol, he noted that he should "start getting referral for psychiatric care." (Respondent Testimony, Exhibits 1, 3, Exhibit 28, page 4 M-P and page 5A, H-L and O and Exhibit 34.)

32. A few days after the April 16, 2012 appointment, the Respondent gave Patient A \$800.00 for her car. He told her that she did not need to pay him back. Soon thereafter, they began to argue more frequently. (Patient A Testimony and Exhibit 28, page 7I.)

33. On April 20, 2012, the Respondent sent Patient A a text message therein indicating he was mad at her. He also continued to comment on his attraction to her. (Exhibit 28, page 7H.)

34. On April 21, 2012, the Respondent texted Patient A, "You are very sexy and attractive and turn me on like you have no idea, but I need to clear my mind." (Exhibit 28, page 9O.)

35. On April 22, 2012, the Respondent texted Patient A that he would massage her arms. The two of them met at midnight on April 22-23 at Wing Memorial Hospital

where the Respondent was on call. Patient A remained in the on call room for several hours while the Respondent answered intermittent calls in the hospital. Patient A left the hospital at approximately 5 AM on April 23, 2012. (Exhibit 28, page 12E, Exhibits 34 and 35, Ashford Testimony and Patient A Testimony.)

36. During the day on April 23, 2012, Patient A texted the Respondent pictures of her modeling. The Respondent indicated that he liked all of the photographs. Then, they began to argue back and forth about a report the Respondent said he was making to the police. The Respondent believed that Patient A was texting his wife and leaving pictures on her car.

The Respondent texted, "Anybody with an ounce if iq knows who is behind this...Well, now I know the truth and I swear, swear by my kidz (*sic*) that I am making the report official, I don't care if the responsible person gets in trouble. U (*sic*) should have stayed quiet."

Patient A responded that her only fear was that one of the photographs she had sent to him would be seen by the police or her family.

She then texted, "And I told u I was worried about them seeing the picture so you clearly know. Am I not behind this if wanted to say something to Ada I would have the day she called me Luis. Figure it out. And your (*sic*) saying an ounce of iq so u (*sic*) are accusing me of this? But you fucked me last night...thanks for USING ME. (Exhibit 28, page 80 G, H, K and O.)

37. At 4:30 PM on April 23, 2012, Patient A called Ron Krystofik at Wing Memorial and told him that she had been at the hospital the previous evening in the on call room from 11 PM to 5 AM after the doctor asked her to come in and talk. She indicated that

things had escalated into “a thing that should not have happened.” In his written notes from April 24, 2012, Krystofik set forth the following:

Krystofik inquired, “are you telling me this was a sexual assault?”

Patient A responded, “yes.”

Krystofik indicated that he would get back to Patient A after he had spoken to his superior, Janice Kucewicz. He did so and advised Patient A to call the police. She indicated that she was speaking to them contemporaneously. Kristofik also advised Patient A to go to the Emergency Room. (Exhibit 29 and Kristofik Testimony.)

38. On April 24, 2012, the Respondent took out an Abuse Prevention Order against Patient A pursuant to G. L. c. 209A. (Exhibit 7.)

39. Patient A met with the staff at Wing Memorial Hospital on April 24, 2012. She described her interactions with the Respondent and showed them the text messages. (Exhibit 1, Kristofik and Patient A Testimony.)

40. The Respondent met with the staff at Wing Memorial Hospital on April 25, 2012. He indicated that he did not have sexual relations with Patient A, but rather that they had talked through the night of April 22-23. He added that he was contemplating taking out a restraining order against her. (Krystofik and Kucewicz Testimony.)

41. Sometime after April 23, 2012, Patient A received an anonymous text message informing her that she was going to pay for what she had done and for all of the lives she had ruined. (Patient A Testimony.)

42. Patient A had a panic attack at work on April 26, 2012. She was transported from work via ambulance to Cooley Dickinson Hospital. She had a rape kit done there. While

she was in the hospital, Patient A made a report to the Palmer Police. (Exhibit 1 and Patient A Testimony.)

43. On April 27, 2012, Patient A filed a report with the Wilbraham Police Department. In her statement, she described several instances of sexual contact between her and the Respondent. (Exhibit 34.)

44. Also on April 29, 2012, Patient A filed a complaint with and was interviewed by the Board of Registration in Medicine. (Exhibit 1.)

45. On April 27, 2012, the Respondent entered into a Voluntary Agreement Not to Practice Medicine with the Board.

### CONCLUSION AND RECOMMENDED DECISION

After a careful review of all of the evidence in this case, I have concluded that the Board has met its burden of proof with respect to the allegations that the Respondent committed sexual misconduct, gross misconduct or misconduct in the practice of medicine, that he engaged in conduct that calls into question his competence to practice medicine, and that he acted with gross negligence or negligence in the practice of medicine in the treatment of Patient A. As such, the provisions of G.L. c. 112, § 5(c)<sup>1</sup> and (d)<sup>2</sup> as well as those set forth in 243 CMR 1.03(5)(a)(3)<sup>3</sup> and 243 CMR

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<sup>1</sup> G.L. c. 112, § 5(c): the board shall make referrals of physicians to remediation and assessment providers, shall have the authority to approve individual remediation programs recommended by such providers and shall monitor the progress of each physician undertaking a remediation program;

<sup>2</sup> G.L. c. 112, § 5(d): the board shall have the authority to determine successful completion of physician remediation programs and may make any further orders for probationary monitoring disciplinary proceedings or other action as it seems appropriate.

<sup>3</sup> 243 CMR 1.03(5)(a)(3): Grounds for Complaint.

(a) Specific Grounds for Complaints Against Physicians. A complaint against a physician must allege that a licensee is practicing medicine in violation of law, regulations, or good and accepted medical practice and may be founded on any of the following:

3. Conduct which places into question the physician's competence to practice medicine, including, but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or

1.03(5)(a)(18)<sup>4</sup> are applicable in this case. Further, the Respondent violated the provisions of G.L. c. 94C, § 19(a).<sup>5</sup>

A clear preponderance of the evidence supports the Board's contentions that the Respondent became Patient A's primary care physician on March 6, 2014 on or about the same time as he began a personal/sexual relationship with her. With access to her medical information, he had knowledge that she suffered from anxiety and that she had been experiencing personal difficulties. There is no evidence in the record, short of the Respondent's self-serving, uncredited testimony, that he planned to terminate the

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beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

<sup>4</sup> 243 CMR 1.03(5)(a)(18): Misconduct in the practice of medicine.

<sup>5</sup> G.L. c. 94C, § 19(a): A prescription for a controlled substance to be valid shall be issued for a legitimate medical purpose by a practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances shall be upon the prescribing practitioner, but a corresponding responsibility shall rest with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section one and the person knowingly filling it, as well as the person issuing it, shall be subject to the penalties provided...

doctor/patient relationship while he continued the personal relationship. He prescribed Valium and benzodiazepine category drug for Patient A on the same day that the two had a lunch date.

The Respondent knew or should have known that Patient A's history of anxiety made her potentially vulnerable. The Respondent took advantage of any vulnerability by simultaneously pursuing a sexual/romantic relationship while offering to treat and relieve her of some of her anxiety. He succumbed to her request for anti-anxiety medication and prescribed her six times more of a dosage of the drug in the benzodiazepine class than was necessary. He prescribed Patient A almost every medication that she asked him for. The Respondent failed to document every discussion he had with Patient A about the medications that he prescribed for her and failed to document some of them in her record. He prescribed certain drugs without seeing her. He failed to note in the medical record the reason for prescribing the Soma and oxycodone that he prescribed for Patient A on March 12 and 23, 2012 and the oxycodone he prescribed on April 6, 2012. On other occasions, he wrote multiple prescriptions for Patient A's son, whom he had never met nor examined.

By engaging in these unconventional prescribing practices, the Respondent failed to adhere to acceptable prescribing practices as set forth in the Board's Prescribing Guidelines.<sup>6</sup> The Respondent wrote Patient A medications over the course of several

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<sup>6</sup> Board's Prescribing Policy and Guidelines, pages 29-31: To be valid, a prescription must be issued for a legitimate medical purpose, by a practitioner in the usual course of his or her professional practice. Prescriptions must be issued in the usual course of a practice and there must be a physician patient relationship that is for maintaining the patient's well-being. At a minimum, a physician must establish a proper diagnosis and explicitly set forth treatment plans. The medical record must be clear enough for someone else to discern a physician's clinical reasoning. All patient visits and telephone calls relating to treatment should be documented. Prescriptions should be documented and changes in medications or dosage should be explained.

weeks not because he had a legitimate medical purpose for doing so, but rather because he was attracted to her and wanted to continue their torrid sexual relationship. The prescriptions he wrote to Patient A were not legitimate. Issuing them constituted a showing of lack of good faith and a repeated violations of 243 CMR 2.07(13(a))<sup>7</sup> and G.L. c. 94C, § 19(a), *supra*.

The Respondent failed to adhere to the ethical protocols set forth in the American Medical Association's Code of Medical Ethics, Opinion 8.14 on Sexual Misconduct in the Practice of Medicine.<sup>8</sup> Further, he demonstrated a lack of common sense in his failure to insist that she find another PCP immediately after their first social meeting. The insensitive, exploitative treatment of patients is tantamount to conduct that undermines the public confidence in the medical profession and renders the physician subject to discipline by the Board pursuant to *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979), and, *Sugarman v. Board of Registration in Medicine*, 422 Mass. 338 (1996).

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<sup>7</sup> 243 CMR 2.07 (13(a)) requires all physicians to:

1. Maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment, and
2. Maintain a patient's medical record in a manner which permits the former patient or successor physician to access them.

<sup>8</sup> Opinion 8.14: Sexual contact that occurs with the patient-physician relationship constitutes sexual misconduct. Sexual or romantic interactions between physicians and patients detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physicians' objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being.

If a physician has reason to believe that non-sexual contact with a patient may be perceived as or may lead to sexual contact, then he or she should avoid the non-sexual contact. At a minimum, a physician's ethical duties include terminating the physician patient relationship before initiating a dating, romantic, or sexual relationship with a patient.

Sexual or romantic relationships between a physician and former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patient are unethical if the physician uses or exploits trust, knowledge or influence derived from the previous professional relationship.

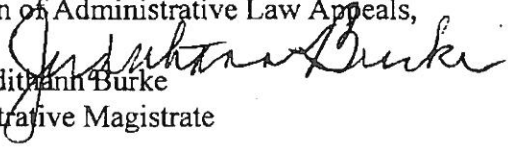


The Board has also sanctioned physicians for breaching patient confidentiality whether or not the physician disclosed the information to a third party. After improperly obtaining Patient A's telephone number from the records at Doctors Express, the Respondent accessed confidential medical information of her and other individuals. While in his office with Patient A on March 7, 2012, the Respondent logged into his employer's medical record system. He accessed Patient A's medical record for no legitimate medical purpose at that time. He also accessed the records of three individuals who were not his patients notwithstanding the Confidentiality Agreement he had signed when he commenced his employment with Wing Memorial. Accordingly, he violated the three non-patients' rights to confidentiality.

The Board has also proven that the Respondent has demonstrated a lack of good moral character. *Raymond, supra* and *Levy, supra*. During and after his relationship with Patient A he acted deceptively. He lied to his employer about his relationship with Patient A. He lied to the Board about his relationship with Patient A. He testified at the hearing in an untruthful manner that is belied by the myriad, detailed and sexually explicit text messages as well as Patient A's statements to police and the Board. He also misrepresented his concern about being in "imminent fear of harm" in the Restraining Order affidavit.

Accordingly, I recommend to the Board that it impose appropriate sanctions upon the Respondent for his statutory, regulatory and policy violations as well as the misconduct inherent his unprofessional and exploitative treatment of Patient A.

Division of Administrative Law Appeals,

BY:   
Judith Ann Burke  
Administrative Magistrate

DATED: October 24, 2014