

2008 MAY -9 A 10: 48

**STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE MASSAGE THERAPY**

I, Christina Marie Brown, M.T., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Christina Marie Brown, M.T., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice massage therapy, License 33.011149, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice massage therapy in Ohio. I acknowledge that I have not been permitted to practice massage therapy in Ohio since February 13, 2008, the date upon which the Board suspended my license to practice pursuant to the Step I Consent Agreement between Christina Marie Brown, M.T., and The State Medical Board of Ohio, and understand that as a result of the surrender herein I will not be permitted to practice massage therapy in any form or manner in Ohio in the future.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of my certificate to practice massage therapy, License 33.011149, or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Surrender of Certificate to Practice Massage Therapy. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I stipulate and agree that I am taking the action described herein in lieu of continuing compliance with the terms of the Step I Consent Agreement into which I entered with the Board on February 13, 2008, a copy of which is attached hereto and incorporated herein. I am currently in compliance with the terms of that Consent Agreement.

I, Christina Marie Brown, M.T., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

It is understood and agreed that this Surrender of Certificate to Practice Massage Therapy is not a disciplinary action, and will not be reported to the Federation of State Medical Boards or National Practitioner Data Bank as a disciplinary action. This Surrender of Certificate to Practice Massage Therapy shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to

Surrender of Certificate
Christina Marie Brown, M.T.

appropriate organizations and governmental bodies. I, Christina Marie Brown, M.T., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

EFFECTIVE DATE

It is expressly understood that this Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

Christina M. Brown
CHRISTINA MARIE BROWN, M.T.

Lance A. Talmage MD
LANCE A. TALMAGE, M.D.
Secretary

05/07/08
DATE

5-14-08
DATE

Raymond J. Albert
RAYMOND J. ALBERT
Supervising Member

5/14/08
DATE

Daniel S. Zinsmaster, Esq.
DANIEL S. ZINSMASER, ESQ.
Enforcement Attorney

5/12/2008
DATE

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**STEP I
CONSENT AGREEMENT
BETWEEN
CHRISTINA MARIE BROWN, M.T.
AND
THE STATE MEDICAL BOARD OF OHIO**

This Consent Agreement is entered into by and between Christina Marie Brown, M.T., [Ms. Brown], and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731.. Ohio Revised Code.

Ms. Brown enters into this Consent Agreement being fully informed of her rights under Chapter 119.. Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

BASIS FOR ACTION

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

- A. The Board is empowered by Section 4731.22(B)(26), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for "impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice."
- B. The Board enters into this Consent Agreement in lieu of formal proceedings based upon the violation of Section 4731.22(B)(26), Ohio Revised Code, as set forth in Paragraph E below, and expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731, of the Revised Code, whether occurring before or after the effective date of this Agreement.
- C. Ms. Brown is licensed to practice massage therapy in the State of Ohio, License # 33.011149.
- D. Ms. Brown states that she is not licensed to practice massage therapy in any other state.
- E. Ms. Brown admits that on or about January 14, 2008, as ordered by the Board, she entered Glenbeigh Health Sources, a Board-approved treatment provider in Rock Creek, Ohio, for the purpose of undergoing a three-day evaluation to determine whether she is in violation of Section 4731.22(B)(26), Ohio Revised Code. Ms. Brown admits she was ordered to the evaluation due to reports that on or about April 3, 2006, she pled no

STATE MEDICAL BOARD
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contest to, and was found guilty in the Columbiana County [Ohio] Municipal Court of Operating a Motor Vehicle under the Influence of Drugs and/or Alcohol, Driving in Marked Lanes, and Possession of Controlled Substances. Ms. Brown further admits that at the time of the arrest, she emitted a strong odor of alcoholic beverage from her person, her speech was slurred, her eyes were red and glassy, and she was in possession of marijuana. Further, Ms. Brown admits she submitted to a breathalyzer test that registered her blood alcohol concentration at 0.219.

Ms. Brown admits that as a result of her three-day evaluation at Glenbeigh Health Sources, she has been diagnosed with psychoactive substance use disorder, and that it was determined she is currently impaired in her ability to practice massage therapy according to acceptable and prevailing standards of care due to chemical dependency.

Ms. Brown admits that on or about January 22, 2008, she entered Glenbeigh Health Sources for further treatment, to include a minimum of 28 days of residential treatment.

AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, Ms. Brown knowingly and voluntarily agrees with the Board to the following terms, conditions and limitations:

SUSPENSION OF CERTIFICATE

1. The certificate of Ms. Brown to practice massage therapy in the State of Ohio shall be SUSPENDED for an indefinite period of time.

Sobriety

2. Ms. Brown shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to her by another so authorized by law who has full knowledge of Ms. Brown's history of chemical dependency.
3. Ms. Brown shall abstain completely from the use of alcohol.

Releases: Quarterly Declarations and Appearances

4. Ms. Brown shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Ms. Brown's chemical dependency or related conditions, or for purposes of complying with this Consent Agreement, whether such treatment or evaluation occurred before or after the effective date of this Consent Agreement. The above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code

and are confidential pursuant to statute. Ms. Brown further agrees to provide the Board written consent permitting any treatment provider from whom she obtains treatment to notify the Board in the event she fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Consent Agreement.

5. Ms. Brown shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly declaration must be received in the Board's offices on the first day of the third month following the month in which this Consent Agreement becomes effective, provided that if the effective date is on or after the sixteenth day of the month, the first quarterly declaration must be received in the Board's offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
6. Ms. Brown shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Consent Agreement. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

Drug & Alcohol Screens: Supervising Physician

7. Ms. Brown shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Ms. Brown shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board.

Ms. Brown shall abstain from consumption of poppy seeds or any other food or liquid that may produce false results in a toxicology screen.

Within thirty days of the effective date of this Consent Agreement, Ms. Brown shall submit to the Board for its prior approval the name of a supervising physician to whom Ms. Brown shall submit the required urine specimens. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Ms. Brown. Ms. Brown and the supervising physician shall ensure that the urine specimens are obtained on a random basis and that the giving of the specimen is witnessed by a reliable person. In addition, the supervising physician shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Ms. Brown shall ensure that the supervising physician provides quarterly reports to the

Board, in a format acceptable to the Board, as set forth in the materials provided by the Board to the supervising physician, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, whether all urine screens have been negative, and whether the supervising physician remains willing and able to continue in his or her responsibilities.

In the event that the designated supervising physician becomes unable or unwilling to so serve, Ms. Brown must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Ms. Brown shall further ensure that the previously designated supervising physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

All screening reports and supervising physician reports required under this paragraph must be received in the Board's offices no later than the due date for Ms. Brown's quarterly declaration. It is Ms. Brown's responsibility to ensure that reports are timely submitted.

8. The Board retains the right to require, and Ms. Brown agrees to submit, blood or urine specimens for analysis at Ms. Brown's expense upon the Board's request and without prior notice.

Rehabilitation Program

9. Within thirty days of the effective date of this Consent Agreement, Ms. Brown shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week. Substitution of any other specific program must receive prior Board approval.

Ms. Brown shall submit acceptable documentary evidence of continuing compliance with this program which must be received in the Board's offices no later than the due date for Ms. Brown's quarterly declarations.

CONDITIONS FOR REINSTATEMENT

10. The Board shall not consider reinstatement of Ms. Brown's certificate to practice massage therapy until all of the following conditions are met:
 - a. Ms. Brown shall submit an application for reinstatement, accompanied by appropriate fees, if any.
 - b. Ms. Brown shall demonstrate to the satisfaction of the Board that she can resume practice in compliance with acceptable and prevailing standards of care under the

provisions of her certificate. Such demonstration shall include but shall not be limited to the following:

- i. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Ms. Brown has successfully completed any required inpatient treatment.
- ii. Evidence of continuing full compliance with a post-discharge aftercare contract with a treatment provider approved under Section 4731.25 of the Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with rule 4731-16-10 of the Administrative Code.
- iii. Evidence of continuing full compliance with this Consent Agreement.
- iv. Two written reports indicating that Ms. Brown's ability to practice has been assessed and that she has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Ms. Brown. Prior to the assessments, Ms. Brown shall provide the evaluators with copies of patient records from any evaluations and/or treatment that she has received, and a copy of this Consent Agreement. The reports from the evaluators shall include any recommendations for treatment, monitoring, or supervision of Ms. Brown, and any conditions, restrictions, or limitations that should be imposed on Ms. Brown's practice. The reports shall also describe the basis for the evaluator's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement.

- c. Ms. Brown shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board or, if the Board and Ms. Brown are unable to agree on the terms of a written Consent Agreement, then Ms. Brown further agrees to abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to Chapter 119, of the Ohio Revised Code.

Further, upon reinstatement of Ms. Brown's certificate to practice massage therapy in this state, the Board shall require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before reinstatement or with conditions imposed by Board Order after a hearing

conducted pursuant to Chapter 119. of the Revised Code. Moreover, upon termination of the consent agreement or Board Order, Ms. Brown shall submit to the Board for at least two years annual progress reports made under penalty of Board disciplinary action or criminal prosecution stating whether Ms. Brown has maintained sobriety.

11. In the event that Ms. Brown has not been engaged in the active practice of massage therapy for a period in excess of two years prior to application for reinstatement, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Ms. Brown's fitness to resume practice.

REQUIRED REPORTING BY LICENSEE

12. Within thirty days of the effective date of this Consent Agreement, Ms. Brown shall provide a copy of this Consent Agreement to all employers or entities with which she is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where she has privileges or appointments. Further, Ms. Brown shall provide a copy of this Consent Agreement to all employers or entities with which she contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where she applies for or obtains privileges or appointments.
13. Within thirty days of the effective date of this Consent Agreement, Ms. Brown shall provide a copy of this Consent Agreement by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license. Ms. Brown further agrees to provide a copy of this Consent Agreement by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which she applies for any professional license or reinstatement of any professional license. Further, Ms. Brown shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.
14. Ms. Brown shall provide a copy of this Consent Agreement to all persons and entities that provide Ms. Brown chemical dependency treatment or monitoring.

The above-described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties.

FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of the Board, Ms. Brown appears to have violated or breached any term or condition of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches.

including but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

ACKNOWLEDGMENTS/LIABILITY RELEASE

Ms. Brown acknowledges that she has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Ms. Brown hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. Ms. Brown acknowledges that her social security number will be used if this information is so reported and agrees to provide her social security number to the Board for such purposes.

EFFECTIVE DATE

It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

Christina Marie Brown
CHRISTINA MARIE BROWN, M.T.

Lance A. Talmage M.D.
LANCE A. TALMAGE, M.D.
Secretary

2/6/08
DATE

2-13-08
DATE

Raymond J. Albert
RAYMOND J. ALBERT
Supervising Member

2/13/08
DATE



DANIEL S. ZINSMASER, ESQ.
Enforcement Attorney

2/8/2008

DATE

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