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

I, Diane Lynn Baum, 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, Diane Lynn Baum, M.T., state I currently possess a certificate to practice massage therapy only in the State of Ohio.

I, Diane Lynn Baum, M.T., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice massage therapy, No. 33-011740, to the State Medical Board of Ohio (Board), thereby relinquishing all rights to practice massage therapy in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice massage therapy in any form or manner in the State of Ohio.

I further agree, in the event that I apply for reinstatement or restoration of certificate to practice massage therapy #33-011740, 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, in addition to all other requirements of the licensure application process, I shall demonstrate to the satisfaction of the Board that I can resume practice in compliance with acceptable and prevailing standards of care under the provisions of my certificate.

Further, I acknowledge that the State Medical Board of Ohio may, based upon any legal basis, deny my request for licensure and I further acknowledge that if a certificate is granted to me at that time, such certificate shall be subject to the probationary terms, conditions, and limitations specified in the Consent Agreement into which I entered with the Board on July 29, 2002, a copy of which is attached hereto and incorporated herein.

Further, I agree that, as part of my licensure application process, I shall provide authorization, through appropriate written consent forms, for the disclosure of any and all records, of whatever nature, by any and all parties that have provided treatment or evaluation or monitoring related to my psychiatric diagnoses and medical diagnoses to the Board.

I stipulate and agree that I am taking the action described herein in lieu of continuing compliance with the terms of the above Consent Agreement based upon my present lack of resources to continue in the treatment program required therein. Further, I state, and the Board acknowledges receipt of information to support, that I am currently in compliance with the terms of that Consent Agreement.

I, Diane Lynn Baum, 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 appropriate organizations and governmental bodies.

I, Diane Lynn Baum, 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 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.

Signed this 25 day of April 2005.

Diane Lynn Baum
Diane Lynn Baum, M.T.

C.J. Clark
Witness

Witness

Sworn to and subscribed before me this _____day of _____, 200__.

Notary Public

SEAL **(This form must be either witnessed OR notarized)**

The State Medical Board of Ohio hereby acknowledges that Diane Lynn Baum, M.T., is in compliance with the terms of the July 29, 2002, Consent Agreement and accepts this surrender:

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

Raymond J. Albert
Raymond J. Albert
Supervising Member

5-19-05
Date

5/17/05
Date

Enclosure

OHIO STATE MEDICAL BOARD
AUG 0 1 2002

CONSENT AGREEMENT
BETWEEN
DIANE LYNN BAUM, M.T.
AND
THE STATE MEDICAL BOARD OF OHIO

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

Ms. Baum 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)(19), 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 "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills."

B. The Board enters into this Consent Agreement in lieu of formal proceedings based upon the violation of Section 4731.22(B)(19), Ohio Revised Code, as set forth in Paragraphs D and 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 Consent Agreement.

C. Ms. Baum, has submitted an application for a license to practice massage therapy in the State of Ohio. Her application remains pending to date. Ms. Baum states that she is not licensed to practice massage therapy in any other state or jurisdiction.

D. Ms. Baum admits that since the early 1990's, she has received treatment and/or evaluation services related to her Bipolar Disorder diagnosis or past diagnoses, including Major Depression with psychotic features, Psychotic Disorder, and Schizophrenic Affective Disorder. Ms. Baum further admits that she has exhibited tendencies to unilaterally discontinue her prescribed medications.

OHIO STATE MEDICAL BOARD
AUG 0 1 2002

Ms. Baum further admits that she had five psychiatric hospitalizations: from November 7, 1994, to November 18, 1994, she was hospitalized at the Richland Hospital, Mansfield, Ohio; from December 22, 1994, to December 30, 1994, she was hospitalized at the Massillon Psychiatric Center, Massillon, Ohio; from August 14, 1995, to September 14, 1995, she was hospitalized at the Massillon Psychiatric Center; from January 27, 1996, to February 8, 1996, she was hospitalized at the Massillon Psychiatric Center; and from November 26, 1996, to January 6, 1997, she was hospitalized at the Massillon Psychiatric Center.

E. Ms. Baum further admits that she received individual counseling and medication monitoring from Appleseed Community Health Center, Ashland, Ohio, from in or about February 1995 to in or about January 2000, when she transferred to the Center for Individual and Family Services, Mansfield, Ohio. Ms. Baum further admits that currently she receives treatment from Francis I. Swarn, M.D., Psychiatrist, at the Center for Individual and Family Services. Ms. Baum further admits that she was evaluated by Dr. Swarn at the Board's request and that Dr. Swarn submitted a report to the Board on or about July 19, 2002, indicating that Ms. Baum has been Dr. Swarn's patient since July 2001; that her diagnosis is Bipolar Disorder; that she exhibits mood stability; that she has been compliant with her medications and scheduled appointments; that she has good insight about her illness; and that Ms. Baum's ability to practice massage therapy has been assessed and she has been found capable of practicing according to acceptable and prevailing standards of care. Further, Ms. Baum states that since in or about January 1997, she has remained compliant with her treatment plan, which currently includes psychiatric treatment every three months and daily dosages of Depakote and Seroquel. This statement is supported by her medical records obtained by the Board.

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. Baum shall be granted a certificate to practice massage therapy in the State of Ohio, upon receipt and appropriateness of necessary documentation, and Ms. Baum knowingly and voluntarily agrees with the Board to the following PROBATIONARY terms, conditions and limitations:

1. Ms. Baum shall obey all federal, state, and local laws, and all rules governing the practice of massage therapy in Ohio.

2. Ms. Baum shall submit quarterly declarations under penalty of Board disciplinary action 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. Subsequent quarterly

OHIO STATE MEDICAL BOARD
AUG 0 1 2002

declarations must be received in the Board's offices on or before the first day of every third month.

3. Ms. Baum 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.

4. In the event that Ms. Baum should leave Ohio for three continuous months, or reside or practice outside the State, Ms. Baum must notify the Board in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this period under this Consent Agreement, unless otherwise determined by motion of the Board in instances where the Board can be assured that probationary monitoring is otherwise being performed.

5. In the event Ms. Baum is found by the Secretary of the Board to have failed to comply with any provision of this Consent Agreement, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Consent Agreement.

MONITORING OF TREATMENT

Psychiatric Treatment

6. Within thirty days of the effective date of this Consent Agreement, Ms. Baum shall submit to the Board for its prior approval the name and qualifications of a psychiatrist of her choice. Upon approval by the Board, Ms. Baum shall undergo and continue psychiatric treatment monthly or as otherwise directed by the Board. Ms. Baum shall comply with her psychiatric treatment plan, including taking medications as prescribed and/or ordered for her psychiatric disorder. Ms. Baum shall ensure that psychiatric reports are forwarded by her treating psychiatrist to the Board on a quarterly basis, or as otherwise directed by the Board. The psychiatric reports shall contain information describing Ms. Baum's current treatment plan and any changes that have been made to the treatment plan since the prior report; Ms. Baum's compliance with her treatment plan; Ms. Baum's mental status; Ms. Baum's progress in treatment; and results of any laboratory studies that have been conducted since the prior report. Ms. Baum shall ensure that her treating psychiatrist immediately notifies the Board of her failure to comply with her psychiatric treatment plan and/or any determination that Ms. Baum is unable to practice due to her psychiatric disorder. It is Ms. Baum's responsibility to ensure that quarterly reports are received in the Board's offices no later than the due date for Ms. Baum's quarterly declaration;

OHIO STATE MEDICAL BOARD
AUG 0 1 2002

7. The Board retains the right to require, and Ms. Baum agrees to submit, blood or urine specimens for analysis at Ms. Baum's expense upon the Board's request and without prior notice. Ms. Baum's refusal to submit a blood or urine specimen upon request of the Board shall result in a minimum of one year of actual license suspension.

Releases

8. Ms. Baum shall provide continuing authorization, through appropriate written consent forms, for disclosure by her treatment provider to the Board, to treating and monitoring physicians, and to others involved in the monitoring process, of information necessary for them to fulfill their respective duties and obligations.

Required Reporting by Licensee

9. Within thirty days of the effective date of this Consent Agreement, Ms. Baum shall provide a copy of this Consent Agreement to all employers or entities with which she is under contract to provide massage therapy services or is receiving training. Further, Ms. Baum shall provide a copy of this Consent Agreement to all employers or entities with which she contracts to provide massage therapy services, or applies for or receives training.

10. Within thirty days of the effective date of this Consent Agreement, Ms. Baum 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. Baum 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 for reinstatement of any professional license. Further, Ms. Baum shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.

FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of the Board, Ms. Baum 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.

If the Secretary and Supervising Member of the Board determine that there is clear and convincing evidence that Ms. Baum has violated any term, condition or limitation of this Consent Agreement, Ms. Baum agrees that the violation, as alleged, also constitutes clear and convincing evidence that her continued practice presents a danger of immediate and serious harm to the

public for purposes of initiating a summary suspension pursuant to Section 4731.22(G), Ohio Revised Code.

OHIO STATE MEDICAL BOARD
AUG 0 1 2002

DURATION/MODIFICATION OF TERMS

Ms. Baum shall not request termination of this Consent Agreement for a minimum of five years. In addition, Ms. Baum shall not request modification to the probationary terms, limitations, and conditions contained herein for at least one year. Otherwise, the above-described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

ACKNOWLEDGMENTS/LIABILITY RELEASE

Ms. Baum 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. Baum 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, and may be reported to appropriate organizations, data banks, and governmental bodies. Ms. Baum agrees to provide her social security number to the Board and hereby authorizes the Board to utilize that number in conjunction with that reporting.

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.

Diane Lynn Baum
DIANE LYNN BAUM, M.T.

July 29, 2002
DATE

ANAND G. GARG, M.D.
Secretary

8/14/02
DATE

RAYMOND J. ALBERT
Supervising Member

8/14/02
DATE

REBECCA J. ALBERS, ESQ.
Assistant Attorney General

8/14/02
DATE

OHIO STATE MEDICAL BOARD
AUG 01 2002