

CONSENT AGREEMENT

BETWEEN

WILLIAM A. POWELL, M.D.

AND

THE STATE MEDICAL BOARD OF OHIO

THIS CONSENT AGREEMENT is entered into by and between WILLIAM A. POWELL, M.D. and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing Chapters 4730. and 4731. of the Ohio Revised Code.

WILLIAM A. POWELL, M.D. enters into this Agreement being fully aware of his rights, including his rights to be advised by counsel.

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

- 1) WILLIAM A. POWELL, M.D. admits that he is an alcoholic.
- 2) WILLIAM A. POWELL, M.D. admits that he entered the Impaired Physicians Program at Licking Memorial Hospital on April 4, 1985 and was discharged from said program on August 2, 1985.
- 3) WILLIAM A. POWELL, M.D. admits that on or about February 18, 1985 when he appeared in response to a call to assist with a delivery at the Joel Pomerone Hospital he submitted to a blood alcohol test which revealed a blood alcohol level of 0.08.
- 4) WILLIAM A. POWELL, M.D. admits that said conduct as described in paragraph three (3) above and the citation letter of May 9, 1985 constituted a violation of Section 4731.22(B)(6), Ohio Revised Code, to wit: A departure from or failure to conform to minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established.

WHEREAS, WILLIAM A. POWELL, M.D. and the BOARD have agreed to enter into this CONSENT AGREEMENT in lieu of formal adjudication proceedings on the allegations contained in the citation letter of May 9, 1985.

WHEREFORE, in consideration of the foregoing and mutual promises hereinafter set forth, WILLIAM A. POWELL, M.D., and THE STATE MEDICAL BOARD OF OHIO hereby CONSENT and AGREE to the following terms and conditions:

- 1) THE STATE MEDICAL BOARD OF OHIO agrees to reinstate WILLIAM A. POWELL, M.D.'s certificate to practice medicine or surgery, having received proof acceptable to the BOARD that
  - a) DR. POWELL has successfully completed a treatment program; and
  - b) DR. POWELL has maintained sobriety since April 4, 1985.

2) Upon reinstatement of his certificate to practice medicine or surgery in the State of Ohio, WILLIAM A. POWELL, M.D. agrees to fully comply with the following conditions:

- a) DR. POWELL agrees to attend Alcoholics Anonymous, I.D.A., or similar support group at least four (4) times per week.
- b) DR. POWELL agrees to appear before the BOARD or its representative every three (3) months or at such intervals as the BOARD deems appropriate.
- c) DR. POWELL shall make arrangements with his treating physician, to have reports of his status forwarded to the BOARD every three (3) months.
- d) DR. POWELL shall conform to the requirements of the Shepherd Hill Impaired Physicians Program Aftercare Contract, which contract is attached hereto and fully incorporated herein.

If, in the discretion of the Secretary of THE STATE MEDICAL BOARD OF OHIO, WILLIAM A. POWELL, M.D. appears to have violated or breached any terms or conditions of this Agreement, THE STATE MEDICAL BOARD OF OHIO 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 Agreement.

Upon Consent of both parties, the terms and conditions of this Agreement may be modified or terminated in writing.

The terms and conditions of this Consent Agreement shall become effective upon signature of the parties hereto.

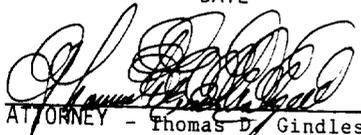
IT IS AGREED AND UNDERSTOOD by and between the parties that this Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

  
WILLIAM A. POWELL, M.D.

  
SECRETARY

Oct 22, 1985  
DATE

10-23-85  
DATE

  
ATTORNEY - Thomas D. Gindlesberger

  
SUPERVISING MEMBER

October 22, 1985  
DATE

23 Oct 85  
DATE

*Lawrence L*

State of Ohio  
THE STATE MEDICAL BOARD  
Suite 510  
65 South Front Street  
Columbus, Ohio 43266-0315

July 12, 1985

William A. Powell, M. D.  
9 West Adams Street  
Millersburg, Ohio 44654

Dear Doctor Powell:

Please find enclosed a certified copy of the Findings, Order, and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on July 10, 1985.

To be considered for reinstatement of your license you must:

- A) Make application for reinstatement with the Board;
- B) Prove to the Board that you are able to practice medicine in accordance with acceptable and prevailing standards of care by providing such evidence as deemed appropriate by the Board at the time of application.

Conditions which the Board may require for reinstatement, include, but are not limited to:

- 1) Successful completion of a treatment program;
- 2) Physical and mental examinations;
- 3) Random urine screenings;
- 4) Board appearances and monitoring.

In addition, the provisions of Section 4731.222, Revised Code may be applicable in the event your certificate remains inactive for a period of two (2) years or more.

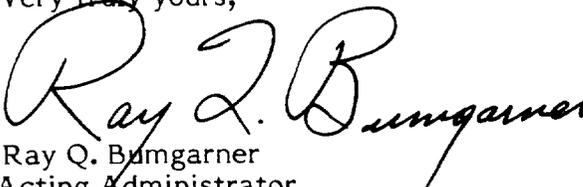
STATE OF OHIO  
THE STATE MEDICAL BOARD

Page Two  
William A. Powell, M. D.  
July 12, 1985

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Court of Common Pleas in the county in which your place of business is located or to said court of the county in which you reside. If you are not a resident of and have no place of business in Ohio, you may appeal to the Court of Common Pleas in Franklin County. Such an appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the appropriate court within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Please note the notification of appeal contained herein.

Very truly yours,

  
Ray Q. Bumgarner  
Acting Administrator

RQB:caa

enclosures

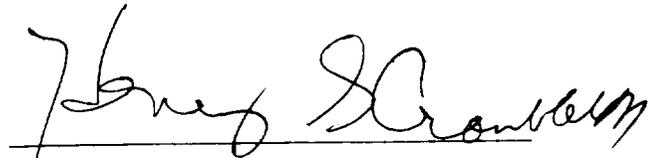
CERTIFIED MAIL NO. P 569 361 795  
RETURN RECEIPT REQUESTED

STATE OF OHIO  
THE STATE MEDICAL BOARD  
Suite 510  
65 South Front Street  
Columbus, Ohio 43215

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order, and Journal Entry, approved by the State Medical Board, meeting in regular session on July 10, 1985, approving and confirming said Findings, Order, and Journal Entry of the State Medical Board constitutes a true and complete copy of the Findings, Order, and Journal Entry in the matter of William Powell, M.D., as it appears in the Journal of the State Medical Board of Ohio.

(SEAL)

  
Henry G. Cramblett, M.D.  
Secretary

July 12, 1985  
Date

STATE OF OHIO  
THE STATE MEDICAL BOARD

IN THE MATTER OF           \*  
                                  \*  
WILLIAM POWELL, M.D.      \*

FINDINGS, ORDER, AND JOURNAL ENTRY

This matter came on for consideration after a citation letter was issued to William Powell, M.D., by the Ohio State Medical Board on May 9, 1985.

On May 9, 1985, notice was given to William Powell, M.D., that the State Medical Board of Ohio intended to consider disciplinary action regarding his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. Dr. Powell has not requested a hearing, and thirty (30) days have elapsed since the mailing of the afore-said notice.

WHEREFORE, it is hereby ORDERED that for the reasons outlined in the May 9, 1985 letter of notice which is attached hereto and incorporated herein, accordingly, the license of William Powell, M.D., to practice medicine and surgery in Ohio be Indefinitely Suspended.

This Order shall become effective on the 10th day of July, 1985.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 10th day of July, 1985, and the original thereof shall be kept with said Journal.

(SEAL)

  
Henry G. Cramblett, M.D.  
Secretary

July 12, 1985

Date

Step 05  
08

STATE OF OHIO  
THE STATE MEDICAL BOARD  
Suite 510  
65 South Front Street  
Columbus, Ohio 43215

May 9, 1985

William Powell, M.D.  
9 West Adams Street  
Millersburg, OH 44654

Dear Doctor Powell:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine under the provisions of Section 4731.22, Ohio Revised Code, whether or not to limit, reprimand, revoke, suspend, place on probation, refuse to register, or reinstate your certificate to practice medicine or surgery for one or more of the following reasons:

1. You are unable to practice according to acceptable and prevailing standards of care by reason of illness, excessive use of alcohol, excessive use of controlled substances, drugs, or chemicals or as a result of a mental or physical condition as that phrase is used in Section 4731.22(B)(15), Ohio Revised Code.
2. On or about February 18, 1985 you were called to Joel Pomerone Hospital, Millersburg, Ohio to assist with a delivery. The smell of alcohol was noticed on your breath at this time. You submitted to a blood alcohol test which revealed a blood alcohol level of 0.08.

The allegation contained in paragraph 2 constitutes a violation of Section 4731.22(B)(6), Ohio Revised Code, to wit: A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you may request a hearing on this matter. If you wish to request such hearing, that request must be made within thirty (30) days of the time of mailing of this notice.

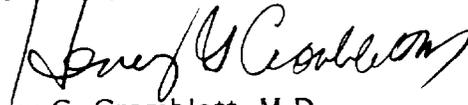
You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

May 9, 1985

In the event that there is no request for hearing made within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, reprimand, revoke, place on probation, refuse to register, or reinstate your certificate to practice medicine or surgery.

A copy of the Medical Practice Act is enclosed for your information.

Very truly yours,



Henry G. Cramblett, M.D.  
Secretary

HGC:jmb

Enclosure:

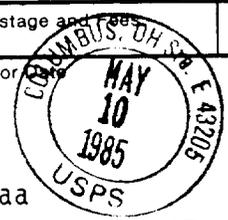
CERTIFIED MAIL #P 569 361 778  
RETURN RECEIPT REQUESTED

P 569 361 778

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1983-403-517	Sent to	William Powell, M. D.
	Street and No.	9 West Adams Street
	P.O., State and ZIP Code	Millersburg, Ohio 44654
	Postage	\$ 54
	Certified Fee	75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	70
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$ 199
PS Form 3800, Feb. 1982	Postmark or	
	BSY/caa	

PS Form 3811, July 1983	<p>● <b>SENDER: Complete items 1, 2, 3 and 4.</b></p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.</p>	
	<p>1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.</p>	
	<p>2. <input type="checkbox"/> Restricted Delivery.</p>	
	<p>3. Article Addressed to:</p> <p>William Powell, M. D. 9 West Adams Street Millersburg, Ohio 44654</p>	
	<p>4. Type of Service:</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified    <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p>	<p>Article Number</p> <p>P 569 361 778</p>
	<p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>	
	<p>5. Signature - Addressee</p> <p>X</p>	
	<p>6. Signature - Agent</p> <p>X <i>Renee Harver</i></p>	
<p>7. Date of Delivery</p> <p>5/13/85</p>		
<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p style="text-align: center;">A</p>		

BSY/caa

**Sec. 4731.222 Conditions for restoration of inactive certificate.**

Before restoring to good standing a certificate issued under Chapter 4731, of the Revised Code which has been in a suspended or inactive state for any cause for more than two years, the state medical board may require the applicant to pass an oral or written examination, or both, to determine his present fitness to resume practice.

The authority of the board to impose terms and conditions includes the following:

A. Requiring the applicant to obtain additional training and to pass an examination upon completion of such training;

B. Restricting or limiting the extent, scope, or type of practice of the applicant.

The board shall consider the moral background and the activities of the applicant during the period of suspension or inactivity, in accordance with section 4731.08 of the Revised Code.