

State Medical Board of Ohio

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September 8, 2010

William Arthur Garringer, M.D.
539 Brandyleigh Lane
Springfield, OH 45506

RE: Case Nos. 10-CRF-004
10-CRF-027

Dear Doctor Garringer:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of R. Gregory Porter, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on August 11, 2010, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board and the Franklin County Court of Common Pleas. The Notice of Appeal must set forth the Order appealed from and state that the State Medical Board's Order is not supported by reliable, probative, and substantive evidence and is not in accordance with law. The Notice of Appeal may, but is not required to, set forth the specific grounds of the appeal. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO



Lance A. Talmage, M.D.
Secretary

LAT:jam
Enclosures

CERTIFIED MAIL NO. 91 7108 2133 3936 3070 7320
RETURN RECEIPT REQUESTED

Mailed 9-9-10

In the matter of William Arthur Garringer, M.D.
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CC: Terri-Lynne B. Smiles, Esq.
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John R. Butz, Esq.
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CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of R. Gregory Porter, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on September 8, 2010, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of William Arthur Garringer, M .D., Case Nos. 10-CRF-004 and 10-CRF-027, as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.



Lance A. Talmage, M.D.
Secretary

(SEAL)

September 8, 2010

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

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CASE NOS. 10-CRF-004
10-CRF-027

WILLIAM ARTHUR GARRINGER, M.D. *

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on September 8, 2010.

Upon the Report and Recommendation of R. Gregory Porter, State Medical Board Attorney Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

A. **PERMANENT REVOCATION:** The certificate of William Arthur Garringer, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

B. **SUPERSEDE PREVIOUS CONSENT AGREEMENT:** Upon becoming effective, this Order shall supersede the terms and conditions set forth in the September 2009 Step I Consent Agreement between Dr. Garringer and the Board.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

(SEAL)



Lance A. Talmage, M.D.
Secretary

September 8, 2010

Date

STATE MEDICAL BOARD
OF OHIO
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BEFORE THE STATE MEDICAL BOARD OF OHIO

In the Consolidated Matters of * **Case Nos. 10-CRF-004**
William Arthur Garringer, M.D., * **10-CRF-027**
Respondent. * **Hearing Examiner Porter**

REPORT AND RECOMMENDATION

Basis for Hearing: Case No. 10-CRF-004

By letter dated January 13, 2010, [January 2010 Notice] the State Medical Board of Ohio [Board] notified William Arthur Garringer, M.D., in Case No. 10-CRF-004, that it had proposed to take disciplinary action against his certificate to practice medicine and surgery in Ohio. The Board based its proposed action on allegations that, in September 2009, Dr. Garringer had entered into a Step I Consent Agreement that suspended Dr. Garringer’s certificate indefinitely based upon his chemical dependence. It was specified in the Consent Agreement that the agreement concerned only Dr. Garringer’s chemical dependence, and that additional allegations would be pursued by the Board. The Board further alleged in the January 2010 Notice that Dr. Garringer had stolen fentanyl from patients’ fentanyl patches from around 2007 through around August 2009; that Dr. Garringer had abused Vicodin from approximately 1979 through around 2007, obtaining such medication from his practice, via sample, or by ordering from wholesale pharmacies; and that Dr. Garringer had seen patients and provided care while under the influence of alcohol or drugs.

The Board further alleged that Dr. Garringer’s conduct constitutes “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Theft, Section 2913.02, Ohio Revised Code; Deception to Obtain a Dangerous Drug, Section 2925.22, Ohio Revised Code; and/or Possession of Drugs, Section 2925.11, Ohio Revised Code.

Accordingly, the Board advised Dr. Garringer of his right to request a hearing in this matter, and received his written request on January 20, 2010. (St. Exs. 2A, 2B)

Basis for Hearing: Case No. 10-CRF-027

Subsequently, in a letter dated March 10, 2010, the Board notified Dr. Garringer in Case No. 10-CRF-027, that it had proposed to take disciplinary action against his certificate to practice medicine in Ohio based on an allegation that Dr. Garringer had submitted urine samples that tested

positive and were confirmed for the presence of tramadol. The Board further alleged that Dr. Garringer's acts, conduct, and/or omissions constitute:

- “[i]mpairment 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,” as that clause is used in Section 4731.22(B)(26), Ohio Revised Code; and/or
- “[v]iolation of the conditions of limitation placed by the board upon a certificate to practice,” as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.

(St. Ex. 2D) The Board advised Dr. Garringer of his right to request a hearing in this second matter, and received his written request on March 31, 2010. (St. Exs. 2D, 2E)

Consolidation of Cases

By Entry filed April 16, 2010, Case Nos. 10-CRF-004 and 10-CRF-027 were consolidated for hearing.

Appearances

Richard Cordray, Attorney General, and Melinda R. Snyder, Assistant Attorney General, for the State of Ohio. Terri-Lynne B. Smiles and John R. Butz, Esqs., for Dr. Garringer.

Hearing Dates: June 8, 2010

SUMMARY OF THE EVIDENCE

All exhibits and the transcript of testimony, even if not specifically mentioned, were thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

Background Information

1. William Arthur Garringer, M.D., obtained his medical degree in 1976 from the Ohio State University College of Medicine and Public Health. From 1976 through 1979, Dr. Garringer participated in a family-practice residency at Good Samaritan Hospital in Dayton, Ohio. Dr. Garringer was licensed to practice medicine and surgery in Ohio in 1976. He was certified by the American Board of Family Practice in 1979. He testified that he was certified in emergency medicine in the 1990s. (Hearing Transcript [Tr.] at 17, 66; Respondent's Exhibit [Resp. Ex.] C)
2. Dr. Garringer practiced as a solo family practitioner in South Vienna, Ohio, from 1979 through 1989. From 1989 through 2009, Dr. Garringer worked full-time in the emergency department [ER] at Community Hospital in Springfield, Ohio, through a physician-staffing

group, Springfield Emergency Physicians, Inc. In addition, he served as the medical director of the Ohio Masonic Home in Springfield from 1999 through 2009. Dr. Garringer testified that the Masonic Home is a 300-bed nursing home. (Tr. at 17-19; Resp. Ex. C)

3. Dr. Garringer testified that he had “worked usually 16 to 18 12-hour shifts per month” at the ER. In addition, Dr. Garringer testified, “[T]he days that I wasn’t working in the emergency room, I was usually at the Masonic Home[.]” (Tr. at 18)
4. Dr. Garringer described his duties as Medical Director of the Masonic Home:

I provided primary patient care on the bulk of the residents. Well over 95 percent of the residents were under my personal care. I had administrative duties which included overseeing the medical care, [and] the subspecialists that came on campus to provide care for the residents.

I performed a lot of duties in committees with regards to the nursing care and other administrative actions that required medical input.

(Tr. at 18-19)

Dr. Garringer’s History of Alcohol/Drug Use

5. Dr. Garringer testified that he had begun using Vicodin in 1979. He had needed to have a lot of dental work that he had neglected for some time, and “was prescribed Percodan and Vicodin for root canals and that sort of thing.” Dr. Garringer testified that “that lit the fuse.” He testified that he abused Vicodin until 2007, at which time he switched to fentanyl because he could no longer obtain Vicodin. Dr. Garringer testified that, when he was abusing Vicodin, he had taken between six to ten Vicodin 5 mg tablets per day. He testified that he obtained it through his practice and the ER from samples and by ordering it from wholesale pharmacies. (Tr. at 21-22, 36)
6. Dr. Garringer testified that, during the time he had abused Vicodin, nobody had known about it. Dr. Garringer testified, “I hid it, I believe, very, very, well.” Dr. Garringer testified that his wife had had suspicions and had found his medication at times, but he always successfully explained it away. (Tr. at 35)
7. When asked why he could no longer obtain Vicodin in 2007, Dr. Garringer replied: “They weren’t sampling it anymore. I was not going to order any more online because I was afraid somebody was going to come looking for that medication and wonder where it went, and so I became extremely concerned about getting caught.” (Tr. at 28)
8. In 2007, Dr. Garringer began abusing fentanyl. Dr. Garringer testified that fentanyl is “a synthetic narcotic, short-acting, very potent.” Dr. Garringer testified that, in his experience, it is used for two purposes: intravenously in the ER for conscious sedation when treating dislocations and fractures, and “in long-term care like the nursing home, it’s

used in a time-release form for administration to people that have chronic pain.”
Dr. Garringer testified that the time-release version of fentanyl is administered through a patient’s skin using a patch. Duragesic is one brand name for such fentanyl patches.
(Tr. at 222-223)

9. Dr. Garringer testified that fentanyl patches are utilized for patients in serious, chronic pain who have required frequent oral administration of pain medication. Dr. Garringer testified that it is more effective and causes fewer side effects to use a fentanyl patch for such patients. When asked how long such patches would be prescribed for patients, Dr. Garringer testified: “They would be given indefinitely, especially in the nursing home. Usually from the time you started it, assuming that the situation didn’t change, you would give ongoing treatment.” (Tr. at 23-24)
10. Dr. Garringer testified that each patch lasts 72 hours. Dr. Garringer indicated that his patients who received fentanyl patches also were prescribed oral pain medication for “breakthrough” pain. (Tr. at 24)
11. Dr. Garringer obtained fentanyl by removing the medication from his patients’ patches. The following exchange took place with respect to the method used by Dr. Garringer to do that:
 - Q. [By Ms. Snyder] How did you obtain the Fentanyl from your patients?
 - A. [By Dr. Garringer] I would take a small sharp object either—like a large needle or even a small scalpel and open a small gap in the patch and then you can express part of the contents that way.
 - Q. Is it a liquid?
 - A. It’s a gel.
 - Q. Did you know how much you were taking out?
 - A. You could visualize how much was being expressed.
 - Q. So would the level have gone down in some way or would it get thinner?
 - A. Both. There’s also some air pockets in it, too, so you could visualize the reduction of the air pocket and that sort of thing when the medication was expressed.
 - Q. Did the patients know what you were doing?
 - A. No.
 - Q. Did they ask you what you were doing?

A. No.

Q. Are these patients that you had treated for a great length of time?

A. Many of them were, yes.

Q. Doctor, I think you told the Medical Board in your interrogatories that a certain percentage of the time you took the whole patch. Does that mean you took all of the medication out of it?

A. All of the material that was inside of it.

Q. And you left the patch on?

A. Yes.

Q. And I believe in the interrogatories you said that was about 25 percent of the time you took the entire contents of the patch?

A. Yes. It would depend on the strength of the patch, too, because they come in variable strengths.

Q. Like what kinds of variables?

A. They ran all the way from 12 microgram patches all the way up to 100 microgram patches.

Q. Were you particular in which level of patch you chose?

A. No.

Q. Were you particular in which patient you chose?

A. No. I'm thinking back. I can't—no—differentiate any one group over another, no.

(Tr. at 24-26)

12. Dr. Garringer testified that, after he changed his drug of choice from Vicodin to fentanyl, he noticed a difference in their effects: "The Fentanyl, being more potent, was also more addicting. And so the withdrawal symptoms were also much more severe. Since it was short-acting the withdrawal symptoms would come up within a matter of hours of not using." Dr. Garringer testified that each administration of fentanyl would last between six

and 12 hours “[i]f [he] was lucky.” Dr. Garringer testified that, when it wore off, he would either “tough it out” or he would drink alcohol if he was at home in the evenings. (Tr. at 27)

13. Dr. Garringer testified that he stopped using fentanyl in August 2009 when he was discovered stealing fentanyl from his patients and was fired from his job at the Masonic Home. A Board investigator and Springfield police interviewed Dr. Garringer at his home sometime thereafter. (Tr. at 28)
14. Dr. Garringer testified that, prior to the time he met with the Board investigator, he had been very much in denial concerning his addiction. However, Dr. Garringer testified, when he met with the Board investigator, he was honest about his addiction and went through his history in detail. Dr. Garringer further testified: “And I felt an amazing -- like finally coming clean with somebody and explaining what had happened to me. It was an extremely liberating experience. I felt like a great weight had been lifted off my shoulders.” (Tr. at 67-69)

Dr. Garringer’s Treatment at Shepherd Hill

15. Dr. Garringer testified that, the day after the police and Board investigator came to his home, he checked in to Shepherd Hill for addiction treatment. Dr. Garringer testified that he was diagnosed with chronic alcoholism and chemical dependency, and he remained at Shepherd Hill for 60 days of inpatient treatment. With respect to his time at Shepherd Hill, Dr. Garringer testified: “I had no idea—Even with all my education, I had no idea I had a disease. I thought it was a moral failing, I just wasn’t strong enough, but it was a disease and definitely a life-changing experience there.” (Tr. at 28-29)
16. Following his release from Shepherd Hill, Dr. Garringer entered into an aftercare contract with Greene Hall Outpatient Services in Dayton. Dr. Garringer’s counselor at Greene Hall, Carla C. McConnell, MAT, LICDC, LSW, indicated in a May 11, 2010, letter that Dr. Garringer has been compliant in his recovery program and that his prognosis remains positive. (Resp. Exs. D, E)

Dr. Garringer’s Step I Consent Agreement

17. On September 9, 2009, Dr. Garringer entered into a Step I Consent Agreement with the Board based upon his violation of Section 4731.22(B)(26), Ohio Revised Code. In the consent agreement, Dr. Garringer admitted that he is chemically dependent; that he had entered treatment on August 24, 2009, at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio; that his drugs of choice were alcohol and fentanyl; and that he had been diagnosed with alcoholism and chronic opioid dependence. The consent agreement suspended Dr. Garringer’s certificate for an indefinite period of time, but not less than 90 days, and placed him under various conditions, including periodic random urine toxicology screens. (State’s Exhibit [St. Ex.] 1)

18. In the September 2009 Step I Consent Agreement, Dr. Garringer acknowledged that the consent agreement addressed only the violation concerning his impairment due to chemical dependency, and that the Board intended to pursue by separate action any and all violations beyond the violation of Section 4731.22(B)(26), Ohio Revised Code. These violations included: (a) any violations related to any methods used by Dr. Garringer to obtain controlled substances for self-use, (b) violations based upon patient care or prescribing to others, and/or (c) violations based upon any criminal acts, criminal charges, indictments or convictions, regardless of whether the acts underlying any of the additional violations were related to, or arose from, the same common nucleus of operative fact as the violation of Section 4731.22(B)(26), Ohio Revised Code, as set forth in the consent agreement. (St. Ex. 1)

Dr. Garringer's January 11 and 12, 2010, Urine Screens

19. Paragraph 3 of Dr. Garringer's September 2009 consent agreement provides as follows:

Dr. Garringer shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Garringer's history of chemical dependency. Further, in the event that Dr. Garringer is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Garringer shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber; the name of the drug Dr. Garringer received; the medical purpose for which he received said drug; the date such drug was initially received; and the dosage, amount, number of refills, and directions for use. Further, within thirty days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Garringer shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

(St. Ex. 1 at 3)

20. A urine sample collected from Dr. Garringer on January 11, 2010, tested positive for tramadol and was subsequently GC/MS confirmed for tramadol. Another urine sample collected from Dr. Garringer the following day, January 12, 2010, also tested positive for tramadol and was subsequently GC/MS confirmed for tramadol. (St. Exs. 4, 5)
21. Dr. Garringer testified that tramadol is a pain-relieving medication that may be distantly related to narcotics. Dr. Garringer acknowledged that he is to refrain from using it "[b]ecause it is a mood-altering substance." Dr. Garringer further acknowledged that he submitted two urine samples in January 2010 that tested positive for tramadol. However, Dr. Garringer testified that he has never taken tramadol and that he had not been prescribed that drug. (Tr. at 31-33)

22. Dr. Garringer testified that his wife used to take tramadol for arthritis pain; however, when he went into treatment at Shepherd Hill, “she got rid of all drugs in the house that were in any way mood-altering.” However, Dr. Garringer speculated that one of his wife’s tramadol may have inadvertently been mixed in with another white pill, or that the pharmacy may have made a mistake. (Tr. at 73-74)
23. Dr. Garringer testified that, after his January 2010 positive urine screens, he entered into a contract with the Ohio Physicians Health Program [OPHP]. (Tr. at 76-77)

Testimony of Danielle Bickers

24. Danielle Bickers testified that she is the Board’s Compliance Supervisor. Ms. Bickers testified that her duties include monitoring physicians who are subject to Board orders or consent agreements. (Tr. at 41)
25. Ms. Bickers testified that the Board has no record of Dr. Garringer being prescribed tramadol by another physician in compliance with the terms of the consent agreement. Unless so prescribed, tramadol is a prohibited substance under the consent agreement. (Tr. at 49-50)
26. Ms. Bickers testified that Dr. Garringer is in compliance with his consent agreement aside from the two abnormal urine screen results at issue in this matter. (Tr. at 45-46)
27. Ms. Bickers testified that Dr. Garringer’s Alcoholics Anonymous [A.A.] attendance logs indicate that he has attended A.A. meetings as frequently as, or more frequently than, his consent agreement requires. (Tr. at 56-58; Resp. Ex. A)

Additional Testimony of Dr. Garringer

28. Dr. Garringer testified concerning the steps he is taking to maintain his sobriety:

I’m doing a lot of things differently now than I did before. One is I’m trying to work a very strong program, sponsorship, to do service work and volunteer work with AA.

I attend multiple meetings a week in addition to my required Caduceus and aftercare. I usually end up attending five or six AA meetings a week because I found that is a huge part of my recovery. Because that is—And I honestly believe that’s the only treatment for this disease, is to remain active in a program and work it hard.

(Tr. at 37)

29. Dr. Garringer testified that his family has been very supportive of him in his recovery. In addition, Dr. Garringer testified:

I have had many of my colleagues reach out to me, both in medicine and out. I have had several of my partners in my emergency room group that have called, and I have visited with them, had lunch a few times, who have been extremely supportive. And there's been other folks, friends of mine that have also been amazingly supportive in these last few months.

(Tr. at 64-65)

30. Dr. Garringer explained why he had not previously sought help for his addiction:

I think that the biggest thing was I had this amazing amount of guilt and shame when I thought if I was found out that I would be kicked out of the profession.

I said earlier I didn't understand the disease at all. I didn't understand treatment. And I just felt that it would be such a humiliating factor to my family and to myself. I just refused to admit that I had a problem.

(Tr. at 71)

31. Dr. Garringer testified that he has spent time during his suspension reconnecting with his wife and two children, doing volunteer work, and catching up on work around the house. Dr. Garringer further testified that he has been actively looking for work. (Tr. at 74-75)

32. When asked what he would do differently with respect to future medical practice, Dr. Garringer testified:

First, I wouldn't work two jobs anymore.

Secondly, our emergency room group staffs—now staffs two hospitals; one's very large and the other's a very small hospital in Urbana.

They—We've discussed my going back to work in Urbana, which is a low census, more low key eight-bed emergency room where I would work no more than 36 hours a week.

(Tr. at 76)

33. Dr. Garringer testified that he has spoken with members of his practice group and that they would eventually like to see Dr. Garringer come back to work for them. (Tr. at 75-76)

34. Dr. Garringer acknowledged that he had informed the Board in his responses to interrogatories that he had treated patients while under the effects of Vicodin and fentanyl.¹ (Tr. at 35-36)
35. Dr. Garringer testified that he had always had a good relationship with his patients. He further testified: “It’s one of the things I have taken great pride in. I always felt I was approachable and empathetic and tried to be sensitive to their needs. Sometimes to a fault, I think.” (Tr. at 70)
36. When asked if he had thought he was hurting his patients by stealing their medications, Dr. Garringer replied:

Looking back on that, it was extremely screwed up. But at the time, I rationalized and justified my—Let me back up and say that being an addict and being an alcoholic, I was very self-centered, very self-serving, and I had this disease that demanded to be fed.

And I ended up doing it all at costs and to the detriment of my patients. That was horrible.

(Tr. at 70)

When asked how he had rationalized his conduct at the time, Dr. Garringer replied: “I rationalized because they had medication that was on an as-needed basis for pain, and I didn’t take all the medication out of their patches, that—In my sick mind, I was able to rationalize that they still were getting adequate treatment.” (Tr. at 70-71)

37. Dr. Garringer testified that he now “[a]bsolutely” recognizes that he had hurt his patients by taking their fentanyl. (Tr. at 78-79)

Testimony of Ronald Kennington, M.D.

38. Ronald Kennington, M.D., testified that he is a member of Springfield Emergency Physicians [sometimes referred to hereinafter as “the group”], the same group where Dr. Garringer practiced. Dr. Kennington further testified that he has practiced emergency medicine for 28 years, that he has known Dr. Garringer for about 20 years, and that Dr. Garringer has been his colleague for much of that time. (Tr. at 81-82)
39. Dr. Kennington testified that Springfield Emergency Physicians sees 77,000 patients per year in the Springfield ER and another 16,000 per year at Mercy Memorial Hospital ER in Urbana. (Tr. at 84)

¹ Dr. Garringer’s testimony differs slightly from the allegation in the January 2010 Notice that stated that Dr. Garringer “provided information to the Board in or around September 2009 indicating that [he] had seen patients or provided care while under the influence of alcohol or drugs * * *” (St. Ex. 2A)

40. Dr. Kennington testified that he has been made aware of Dr. Garringer's impairment, and that Dr. Garringer has admitted to taking medication from patients since 2007. However, Dr. Kennington testified that he had not suspected Dr. Garringer of having a substance abuse problem during the years they worked together. Dr. Kennington testified:

If there's a model citizen equivalent in the field of emergency medicine and family medical, that would be Bill.

He's always been one of the leaders in customer service and his compassion demonstrated towards patients—His reputation has been, up until now, without blemish. And he's really been one of our all-stars in the group, if you will.

(Tr. at 83-84)

41. Dr. Kennington testified that he had never known of Dr. Garringer's chemical addiction, and never saw any signs of such a problem. However, Dr. Kennington testified that he had noticed a change in Dr. Garringer's personality at some point, but attributed that to other factors, such as working at two places under stressful conditions, and Dr. Garringer's loss of his mother and father in a fairly short period of time. (Tr. at 88-89)
42. Dr. Kennington testified that there is a job available for Dr. Garringer at the group's Urbana facility if Dr. Garringer can regain his license:

Every time I work a clinical shift up in Urbana at Mercy Memorial Hospital, I'm asked by the staff—or virtually every time, I'm asked by one of the staff members when is Dr. Garringer coming back.

They love him up there. He's highly regarded and gets along great with staff and treats patients with respect. And I'm not aware of any—from a clinical standpoint, any issues either.

I mean, he's probably had the fewest complaints of any physician in our group of some 20 physicians, in terms of clinical issues or patient complaints.

(Tr. at 84-85) Dr. Kennington further testified that the group needs an efficient and personable physician to work at their Urbana facility. Dr. Kennington noted that many physicians “want to work in the higher acuity area and * * * see the time they spend in the fast-track area as kind of a waste of time.” Moreover, Dr. Kennington testified that the group would develop a schedule for Dr. Garringer whereby he would practice no more than 40 hours per week. (Tr. at 85-86)

Testimony of Mark Lutz

43. Mark Lutz testified that he is a licensed chemical dependency counselor employed by OPHP as a Clinical Director and Case Manager. Mr. Lutz testified that OPHP is a nonprofit agency that monitors physicians and other healthcare professionals who “have

issues” with their licensing boards. Mr. Lutz noted that between 80 and 90 percent of OPHP’s clients suffer from substance abuse or dependency. With respect to his duties, Mr. Lutz testified: “My job is to develop a relationship with clientele, and part of it is motivational and part of it is just basically to monitor to see that they’re doing what they need to be doing. To see if they’re truly in recovery and try to encourage them, if necessary.” He added that OPHP also provides advocacy for its clients as well, but only if OPHP is “fairly certain they’re on the right track.” (Tr. at 91-93, 99)

44. Mr. Lutz testified that Dr. Garringer entered into an agreement with OPHP in early April 2010. Mr. Lutz noted that his professional relationship with Dr. Garringer has so far been brief, but that Dr. Garringer has been going to meetings and has friends in recovery. Mr. Lutz further testified that Dr. Garringer is in compliance with all of the terms of his OPHP agreement. (Tr. at 94-98)

Testimony of Carol A. Garringer

45. Carol A. Garringer testified that she is Dr. Garringer’s wife. She further testified that they were married in 1993 and have two children. (Tr. at 105)
46. Ms. Garringer testified that, before she and Dr. Garringer married, Dr. Garringer had told her that he had had a problem with Vicodin, but had quit. (Tr. at 122-123)
47. Ms. Garringer testified that, from the time they were married until about two years ago, Dr. Garringer was “[f]un, liked to travel, a good father, a great doctor, a good friend.” However, Ms. Garringer testified that, about two years ago, she began to notice a significant change in his personality. When asked how he changed, Ms. Garringer replied:

No personality, no sense of humor. He isolated himself from the kids and I, did not want to take—didn’t have the energy to take part in any of the kids’ after-school activities. He did nothing around the house. You know, he just—He became a different person. He was not the person that I married.

* * *

* * * He would sleep and work, and that was it. * * * We have a full basement, so he would sleep down there some work nights, which I thought was the right thing to let him do assuming he was tired and he would sleep better away from all the noise. But looking back now, I see that was—I was enabling him. I allowed him to be down there away from us.

(Tr. at 106-107) Moreover, Ms. Garringer testified that no one in the family would go down in the basement and interact with him because “[w]e didn’t want to wake up Dad.” (Tr. at 107)

48. Ms. Garringer testified that she had confronted Dr. Garringer about his reclusive behavior: “I would ask him, ‘What is wrong?’ And he would always say, ‘I’m tired.’ With the hours he was working, I didn’t see a reason not to believe him.” (Tr. at 107)

49. Ms. Garringer testified that several years ago she found some Vicodin that Dr. Garringer was keeping in an Altoid box. Ms. Garringer testified that she had been shocked, and confronted him. Ms. Garringer testified that she told Dr. Garringer that he either had to stop using Vicodin or she would take the kids and leave him, and he agreed to stop using Vicodin. (Tr. at 108)

50. Ms. Garringer testified concerning Dr. Garringer's alcohol use:

Well, I could tell you he was drinking. I mean, I would be the one to go and buy the gin. And it would be one of those liter bottles, I guess, a fifth of gin.

And I would put it down the basement. It was kind of a routine. And then he would say, you know, "Can I have some money? I need to stop and get some Bombay on the way home from work." I said, "I just bought you some." And he would say, "No, that was weeks ago." I was too busy with the kids. I bought it. I said, "Okay. I'll give you some money."

(Tr. at 109) Ms. Garringer further testified that Dr. Garringer bought a fifth of gin weekly.
(Tr. at 109)

51. Ms. Garringer testified that it was not until the Board investigator came to their home in August 2009 that she learned the full extent of Dr. Garringer's addiction. (Tr. at 112-114)

52. Ms. Garringer testified that, while Dr. Garringer was in treatment at Shepherd Hill, she and her son went through the house and discarded all mood-altering medications and alcohol that they found, including the tramadol that she used to take for arthritis pain. (Tr. at 116)

53. Ms. Garringer testified that Dr. Garringer comes from a family that was very concerned about "appearances," which she believes made it difficult for Dr. Garringer to admit that he had a problem with drugs and alcohol. However, Ms. Garringer testified that, since entering recovery:

He has never been forthcoming with any problems more so than he has in the last year. He used to lie about things he didn't have to lie about. Now he's brutally honest. He's not—He's embarrassed by what he did and he is so remorseful for what he did, but he is so proud of his recovery.

(Tr. at 118-119)

54. Ms. Garringer testified that Dr. Garringer had deceived her for many years concerning his drug use. When asked how she knows that he is not deceiving her now, she replied:

That's a tough question, but I can say that we live in a failsafe environment. He—If he were to relapse in any way, I will know by the isolation, the lack of

spontaneity. Our marriage would be over. I mean, in no uncertain terms, I would take our children and go.

He looks forward—He was working with the program. I mean, he never gets upset about having to go to the meetings even when it was snowing out or having to drop a urine two or three times in a row. He never gets upset about it. He loves his sobriety, and I see that every day in him.

(Tr. at 120)

FINDINGS OF FACT

Case Nos. 10-CRF-004 and 10-CRF-027

1. On September 9, 2009, William Arthur Garringer, M.D., entered into a Step I Consent Agreement with the Board [September 2009 Step I Consent Agreement], based upon his violation of Section 4731.22(B)(26), Ohio Revised Code, which, *inter alia*, suspended his certificate to practice medicine and surgery for an indefinite period of time, but not less than 90 days. In the September 2009 Step I Consent Agreement, Dr. Garringer admitted that he is chemically dependent; that he had entered treatment on or about August 24, 2009, at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio; that his drugs of choice were alcohol and fentanyl; and that he had been diagnosed with alcoholism and chronic opioid dependence.

In the September 2009 Step I Consent Agreement, Dr. Garringer acknowledged that the Consent Agreement addressed only the violation concerning his impairment due to chemical dependency and that the Board intended to pursue by separate action any and all violations beyond the violation of Section 4731.22(B)(26), Ohio Revised Code, including but not limited to, any violations related to any methods used by Dr. Garringer to obtain controlled substances for self-use, violations based upon patient care or prescribing to others, and/or violations based upon any criminal acts, criminal charges, indictments or convictions, regardless of whether the acts underlying any of the additional violations were related to, or arose from, the same common nucleus of operative fact as the violation of Section 4731.22(B)(26), Ohio Revised Code.

Dr. Garringer remains subject to all terms, conditions and limitations of the September 2009 Step I Consent Agreement.

Case No. 10-CRF-004

2. In August 2009 or thereafter, Dr. Garringer provided information to the Board indicating that he had obtained fentanyl for self-use by stealing it from patients. Dr. Garringer began to abuse fentanyl in 2007 and, from 2007 to August 2009, he stole fentanyl from patients' transdermal patches. He did so by tampering with the patches using a needle or small scalpel

to express some of the contents of the patch for his self-use. Approximately 75 percent of the time, Dr. Garringer took a partial dose of the fentanyl that was intended for the patient, and he took the entire dose of the drug intended for the patient 25percent of the time.

3. Dr. Garringer admitted to the Board that he had abused Vicodin on and off from approximately 1979 through in or around 2007; and that he had obtained Vicodin from his practice, via samples and/or ordering from wholesale pharmacies. Dr. Garringer further admitted to the Board that he had seen and provided care to patients while under the influence of Vicodin and fentanyl.

Case No. 10-CRF-027

4. Paragraph 3 of the September 2009 Step I Consent Agreement provides as follows:

Dr. Garringer shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Garringer's history of chemical dependency. Further, in the event that Dr. Garringer is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Garringer shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber; the name of the drug Dr. Garringer received; the medical purpose for which he received said drug; the date such drug was initially received; and the dosage, amount, number of refills, and directions for use. Further, within thirty days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Garringer shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

Despite this provision:

- A urine screen collected from Dr. Garringer on January 11, 2010, tested positive for tramadol and was subsequently GC/MS confirmed for tramadol.
- A urine screen collected from Dr. Garringer on January 12, 2010, tested positive for tramadol and was subsequently GC/MS confirmed for tramadol.

The Board has no record of Dr. Garringer being prescribed tramadol by another physician in compliance with the terms of the September 2009 Step I Consent Agreement.

CONCLUSIONS OF LAW

Case No. 10-CRF-004

1. The acts, conduct, and/or omissions of William Arthur Garringer, M.D., as set forth in Findings of Fact 1 and 2, individually and/or collectively, constitute "[c]ommission of an act

that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Theft, Section 2913.02. Ohio Revised Code.

2. Dr. Garringer’s acts, conduct, and/or omissions as set forth in Findings of Fact 1 and 2, individually and/or collectively, constitute “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Possession of Drugs, Section 2925.11, Ohio Revised Code.
3. Dr. Garringer’s acts, conduct, and/or omissions as set forth in Findings of Fact 1 and 3, individually and/or collectively, constitute “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Deception to Obtain A Dangerous Drug, Section 2925.22, Ohio Revised Code.

Case No. 10-CRF-027

4. Dr. Garringer’s acts, conduct, and/or omissions as set forth in Findings of Fact 1 and 4, individually and/or collectively, constitute “[i]mpairment 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,” as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.
5. Dr. Garringer’s acts, conduct, and/or omissions as set forth in Findings of Fact 1 and 4, individually and/or collectively, constitute a “[v]iolation of the conditions of limitation placed by the board upon a certificate to practice,” as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.

RATIONALE FOR THE PROPOSED ORDER

Many cases involving impaired physicians come before this Board. In the majority of those cases, the Board seeks to assist the impaired physician in his or her recovery in order to allow that physician to regain his or her position as a trustworthy and productive member of Ohio’s physician community. However, in Dr. Garringer’s case, the appropriate disposition is permanent revocation.

First, the evidence establishes that Dr. Garringer has an exceptional talent for deceit. He successfully hid his addiction to narcotics and alcohol from his professional colleagues, and from his spouse, literally for decades. This propensity and talent toward deceit will make him more difficult to monitor him effectively. Second, the evidence establishes that Dr. Garringer quickly relapsed on tramadol; the Hearing Examiner does not believe Dr. Garringer’s testimony that he did not intentionally use that drug. Third, and by far most significantly, Dr. Garringer actually harmed his patients by stealing medication from his patients’ fentanyl patches, thus depriving

them of their own medication. The evidence establishes that these patients were in pain that was significant enough to require a potent, around-the-clock narcotic medication. Moreover, these patients were in a nursing home and as such were a particularly vulnerable patient population. However, in Dr. Garringer's mind, his needs were more important than the needs of these patients, and he chose to leave them in pain to feed his addiction. This went well beyond a mere violation of his duty as a physician. This was monstrous, criminal behavior that affected many patients, and it continued for approximately two years.

In conclusion, there is nothing in evidence that convinces the Hearing Examiner that Dr. Garringer will ever again be worthy of a patient's trust. Accordingly, the recommended disposition calls for the permanent revocation of his certificate.

PROPOSED ORDER

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION:** The certificate of William Arthur Garringer, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.
- B. **SUPERSEDE PREVIOUS CONSENT AGREEMENT:** Upon becoming effective, this Order shall supersede the terms and conditions set forth in the September 2009 Step I Consent Agreement between Dr. Garringer and the Board.

This Order shall become effective immediately upon the mailing of the notification of approval by the Board.



R. Gregory Porter
Hearing Examiner



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

EXCERPT FROM THE DRAFT MINUTES OF SEPTEMBER 8, 2010

REPORTS AND RECOMMENDATIONS AND PROPOSED FINDINGS AND PROPOSED ORDERS

Dr. Amato announced that the Board would now consider the Reports and Recommendations, and the Proposed Findings and Proposed Order appearing on its agenda.

Dr. Amato asked whether each member of the Board had received, read and considered the hearing records; the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Douglas A. Bruns, D.O.; Kimberly Jo Cull, M.D.; Thomas E. Dunaway, M.D.; William Arthur Garringer, M.D.; Tonya R. Rutledge, M.D.; Shannon Dimetra Weikert; and Roy Whitman, M.D. A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Mr. Hairston	- aye
	Dr. Stephens	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Amato	- aye
	Mr. Albert	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Dr. Suppan	- aye
	Mr. Morris	- aye
	Dr. Ramprasad	- aye

Dr. Amato asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Dr. Strafford	- aye
	Mr. Hairston	- aye
	Dr. Stephens	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Amato	- aye
	Mr. Albert	- aye
	Dr. Madia	- aye
	Dr. Talmage	- aye
	Dr. Suppan	- aye
	Mr. Morris	- aye
	Dr. Ramprasad	- aye

Dr. Amato noted that, In accordance with the provision in section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member. However, Dr. Talmage and Mr. Albert may vote on the matter of Roy Whitman, M.D., as that case is not disciplinary in nature and only involves the respondent's qualifications for licensure.

Dr. Amato reminded all parties that no oral motions may be made during these proceedings.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

.....

WILLIAM ARTHUR GARRINGER, M.D.

.....

Dr. Steinbergh moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of William Arthur Garringer, M.D. Dr. Madia seconded the motion.

.....

A vote was taken on Dr. Steinbergh's motion to approve and confirm:

- | | | |
|------------|----------------|-----------|
| ROLL CALL: | Dr. Strafford | - aye |
| | Mr. Hairston | - aye |
| | Dr. Stephens | - aye |
| | Dr. Mahajan | - aye |
| | Dr. Steinbergh | - aye |
| | Dr. Amato | - aye |
| | Mr. Albert | - abstain |
| | Dr. Madia | - aye |
| | Dr. Talmage | - abstain |
| | Dr. Suppan | - aye |
| | Mr. Morris | - aye |
| | Dr. Ramprasad | - aye |

The motion carried.

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

March 10, 2010

Case number: 010-CRF- 027

William Arthur Garringer, M.D.
539 Brandyleigh Lane
Springfield, OH 45506

Dear Doctor Garringer:

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

- (1) On or about September 9, 2009, in lieu of formal proceedings based upon your violation of Section 4731.22(B)(26), Ohio Revised Code, you entered into a Step I Consent Agreement with the Board [September 2009 Step I Consent Agreement], which, *inter alia*, suspended your certificate to practice medicine and surgery for an indefinite period of time, but not less than 90 days. In the September 2009 Step I Consent Agreement, you admitted that you were chemically dependent; that you had entered treatment on or about August 24, 2009, at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio; that your drugs of choice were alcohol and Fentanyl; and that you had been diagnosed with alcoholism and chronic opioid dependence.

On or about January 13, 2010, the Board issued you a Notice of Opportunity for Hearing, in which it was alleged, in part, that you had committed acts that constitute felonies when you obtained drugs for your self-use, and you had violated Section 4731.22(B)(10), Ohio Revised Code. The hearing on this matter remains pending.

To date, you remain subject to all terms, conditions and limitations of the September 2009 Step I Consent Agreement, a copy of which is attached hereto and fully incorporated herein.

- (2) Paragraph 3 of the September 2009 Step I Consent Agreement provides as follows:

Dr. Garringer shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed or administered

Mailed 3-11-10

to him by another so authorized by law who has full knowledge of Dr. Garringer's history of chemical dependency. Further, in the event that Dr. Garringer is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Garringer shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber; the name of the drug Dr. Garringer received; the medical purpose for which he received said drug; the date such drug was initially received; and the dosage, amount, number of refills, and directions for use. Further, within thirty days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Garringer shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

Despite this provision in the September 2009 Step I Consent Agreement:

- (a) A urine screen collected from you on or about January 11, 2010, tested positive for tramadol and was subsequently GC/MS confirmed for tramadol.
- (b) A urine screen collected from you on or about January 12, 2010, tested positive for tramadol and was subsequently GC/MS confirmed for tramadol.
- (c) On or about January 21, 2010, you provided a representative of the Board with a list of prescribed medications, which did not include tramadol. Alternatively and in the event that you were prescribed, dispensed or administered tramadol by a physician who had full knowledge of your history of chemical dependency, you did not notify the Board in writing within seven days that you had been prescribed tramadol; nor have you provided the Board with a copy of any prescription for tramadol or other written verification from the prescriber.

Pursuant to Rule 4731-16-02(B)(3), Ohio Administrative Code, an individual's relapse following treatment constitutes independent proof of impairment and shall support license suspension without the need for an examination.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) through (2) above, individually and/or collectively, constitute "[i]mpairment 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," as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) through (2) above, individually and/or collectively, constitute a "[v]iolation of the conditions of limitation placed by the board upon a certificate to practice," as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.

William Arthur Garringer, M.D.

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Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

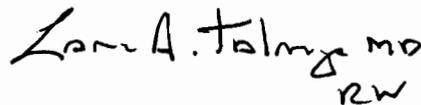
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty 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, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.
Secretary

LAT/MRB/flb
Enclosures

CERTIFIED MAIL #91 7108 2133 3936 3067 2918
RETURN RECEIPT REQUESTED

William Arthur Garringer, M.D.
Page 4

cc: John R. Butz, Esq.
John R. Butz, L.L.C.
2177 Olympic Street
Springfield, OH 45503

CERTIFIED MAIL #91 7108 2133 3936 3067 2901
RETURN RECEIPT REQUESTED

cc: Terri-Lynne Smiles, Esq.
Collis, Smiles & Collis, L.L.C.
1650 Lake Shore Drive
Suite 225
Columbus, OH 43204

CERTIFIED MAIL # 91 7108 2133 3936 3084 2892
RETURN RECEIPT REQUESTED

**STEP I
CONSENT AGREEMENT
BETWEEN
WILLIAM ARTHUR GARRINGER, M.D.,
AND
THE STATE MEDICAL BOARD OF OHIO**

This Consent Agreement is entered into by and between William Arthur Garringer, M.D. [Dr. Garringer], and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Garringer enters into this Consent Agreement being fully informed of his 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), 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 violation of Section 4731.22(B)(26), Ohio Revised Code, 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. Such express reservation includes, but is not limited to, the right to institute formal proceedings based upon any violations related to any methods used by Dr. Garringer to obtain controlled substances for self-use, violations based upon patient care or prescribing to others, and/or violations based upon any criminal acts, criminal charges, indictments or convictions, regardless of whether the acts underlying any of the additional violations are related to, or arise from, the same common nucleus of operative fact as the violation of Section 4731.22(B)(26), Ohio Revised Code, set forth herein.
- C. Dr. Garringer is licensed to practice medicine and surgery in the State of Ohio, License number 35.039741.

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STATE MEDICAL BOARD
OF OHIO

- D. Dr. Garringer states that he is not licensed to practice in any other state or jurisdiction.
- E. Dr. Garringer admits that he is chemically dependent and that on or about August 25, 2009, he reported to the Board, through his legal counsel, that he had entered treatment at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio, on or about August 24, 2009. Dr. Garringer further admits that his drugs of choice are alcohol and Fentanyl; that he has been diagnosed with alcoholism and chronic opioid dependence; that the treatment team at Shepherd Hill recommended inpatient treatment; and that such inpatient treatment remains ongoing at this time. Dr. Garringer further admits that he is impaired in his ability to practice medicine and surgery according to acceptable and prevailing standards of care due to the habitual or excessive use or abuse of alcohol and/or drugs. Dr. Garringer further states that he has not previously had any treatment, inpatient or outpatient, for chemical dependency.

Dr. Garringer further admits that he provided information to the Board regarding the factual admissions contained herein regarding his chemical impairment pursuant to Section 4731.22(B)(26), Ohio Revised Code. In addition, Dr. Garringer states, and the Board acknowledges receipt of information to support, that Dr. Garringer has provided certain initial factual information to representatives of the Board related to his history of chemical dependency, how he obtained controlled substances for self-use, certain matters related to patient care, and information related to other matters. Dr. Garringer further admits that although he is not aware of any criminal charges pending against him at this time related to his drug use, it is possible that such charges may be forthcoming in the future. Dr. Garringer states and acknowledges he understands that additional time is needed for the Board to complete its investigation. In addition, Dr. Garringer states and acknowledges he understands that the instant Consent Agreement addresses only the violation concerning his impairment due to chemical dependency, and that the Board intends to pursue by separate action any and all violations beyond the violation of Section 4731.22(B)(26), Ohio Revised Code, set forth in this Consent Agreement, including but not limited to Sections 4731.22(B)(3), 4731.22(B)(6), 4731.22(B)(9), and/or 4731.22(B)(10), Ohio Revised Code, even if such additional charges are related to, or arise from, the same common nucleus of operative fact outlined within this Consent Agreement. Further, Dr. Garringer expressly states and specifically acknowledges that subsequent Board Orders or Consent Agreements may supersede this Step I Consent Agreement and may result in further discipline, up to and including permanent revocation of his certificate to practice medicine and surgery in Ohio.

AGREED CONDITIONS

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

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SUSPENSION OF CERTIFICATE

1. The certificate of Dr. Garringer to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than 90 days, or until such time that any and all future criminal charges, if any, related to Paragraph E above have been fully and finally resolved, whichever is later.

Obey all Laws

2. Dr. Garringer shall obey all federal, state, and local laws.

Sobriety

3. Dr. Garringer shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Garringer's history of chemical dependency. Further, in the event that Dr. Garringer is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Garringer shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber; the name of the drug Dr. Garringer received; the medical purpose for which he received said drug; the date such drug was initially received; and the dosage, amount, number of refills, and directions for use. Further, within thirty days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Garringer shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

4. Dr. Garringer shall abstain completely from the use of alcohol.

Absences from Ohio

5. Dr. Garringer shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the monitoring terms set forth in this Consent Agreement for occasional periods of absence of fourteen days or less. In the event that Dr. Garringer resides and/or is employed at a location that is within fifty miles of the geographic border of Ohio and any of its contiguous states, Dr. Garringer may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Garringer is able to otherwise maintain full compliance with all other terms, conditions and limitations set forth in this Consent Agreement.

STATE MEDICAL BOARD
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Releases; Quarterly Declarations and Appearances

6. Dr. Garringer 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 Dr. Garringer'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. To the extent permitted by law, 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. Dr. Garringer further agrees to provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event he 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.

Dr. Garringer 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, or as otherwise requested by the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

Dr. Garringer 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; Drug Testing Facility and Collection Site

9. Dr. Garringer shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Garringer 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, and shall include Dr. Garringer's drug(s) of choice.

Dr. Garringer shall abstain from the use of any substance and the consumption of poppy seeds or any other food or liquid that may produce a low level positive result in a toxicology screen. Dr. Garringer acknowledges that he understands that the consumption or use of such substances, including but not limited to substances such as mouthwash or

STATE MEDICAL BOARD
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hand cleaning gel, may cause a positive drug screen that may not be able to be differentiated from intentional ingestion, and therefore such consumption or use is prohibited under this Consent Agreement.

All such urine screenings for drugs and alcohol shall be conducted through a Board-approved drug testing facility and collection site pursuant to the global contract between said facility and the Board, that provides for the Board to maintain ultimate control over the urine screening process and to preserve the confidentiality of all positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code, and the screening process shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph 10 below, to approve urine screenings to be conducted at an alternative drug testing facility and/or collection site or a supervising physician, such approval shall be expressly contingent upon the Board retaining ultimate control over the urine screening process in a manner that preserves the aforementioned confidentiality of all positive screening results.

Dr. Garringer shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. All specimens submitted by Dr. Garringer shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Consent Agreement. Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Consent Agreement.

Further, within thirty days of the effective date of this Consent Agreement, Dr. Garringer shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug testing facility and/or collection site in order to facilitate the urine screening process in the manner required by this Consent Agreement. Further, Dr. Garringer shall promptly provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Garringer and the Board-approved drug testing facility and/or collection site. Dr. Garringer's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Consent Agreement.

Dr. Garringer shall ensure that the urine screening process performed through the Board-approved drug testing facility and/or collection site requires a daily call-in procedure; 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, Dr. Garringer and the Board-approved drug testing facility and collection site shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

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Dr. Garringer shall ensure that the Board-approved drug testing facility and/or collection site provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, and whether all urine screens have been negative.

In the event that the Board-approved drug testing facility and/or collection site becomes unable or unwilling to serve as required by this Consent Agreement, Dr. Garringer must immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph 10 below, as soon as practicable. Dr. Garringer shall further ensure that the Board-approved drug testing facility and/or collection site also notifies the Board directly of its inability to continue to serve and the reasons therefore.

Dr. Garringer acknowledges that the Board expressly reserves the right to withdraw its approval of any drug testing facility and/or collection site in the event that the Secretary and Supervising Member of the Board determine that the drug testing facility and/or collection site has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

10. Dr. Garringer and the Board agree that it is the intent of this Consent Agreement that Dr. Garringer shall submit his urine specimens to the Board-approved drug testing facility and collection site chosen by the Board. However, in the event that utilizing said Board-approved drug testing facility and/or collection site creates an extraordinary hardship upon Dr. Garringer, as determined in the sole discretion of the Board, then subject to the following requirements, the Board may approve an alternate drug testing facility and/or collection site, or a supervising physician, to facilitate the urine screening process for Dr. Garringer:
 - a. Within thirty days of the date upon which Dr. Garringer is notified of the Board's determination that utilizing the Board-approved drug testing facility and/or collection site constitutes an extraordinary hardship upon Dr. Garringer, he shall submit to the Board in writing for its prior approval the identity of either an alternate drug testing facility and collection site, or the name of a proposed supervising physician, to whom Dr. Garringer shall submit the required urine specimens. In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Garringer's residence or employment location, or to a physician who practices in the same locale as Dr. Garringer. Dr. Garringer shall ensure that the urine screening process performed through the alternate drug testing facility and/or collection site, or through the supervising physician, requires a daily call-in procedure; 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, Dr. Garringer acknowledges that the alternate drug testing facility and collection site, or the supervising physician, shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

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- b. Dr. Garringer shall ensure that the alternate drug testing facility and/or collection site, or the supervising physician, provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, and whether all urine screens have been negative.
 - c. In the event that the designated alternate drug testing facility and/or collection site, or the supervising physician, becomes unable or unwilling to so serve, Dr. Garringer must immediately notify the Board in writing. Dr. Garringer shall further ensure that the previously designated alternate drug testing facility and collection site, or the supervising physician, also notifies the Board directly of the inability to continue to serve and the reasons therefore. Further, in order to ensure that there will be no interruption in his urine screening process, upon the previously approved alternate drug testing facility, collection site, or supervising physician becoming unable to serve, Dr. Garringer shall immediately commence urine screening at the Board-approved drug testing facility and collection site chosen by the Board, until such time, if any, that the Board approves a subsequent alternate drug testing facility, collection site, or supervising physician, if requested by Dr. Garringer.
 - d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Garringer's designated alternate drug testing facility and/or collection site, or any person proposed to serve as his supervising physician, or to withdraw approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
11. All screening reports required under this Consent Agreement from the Board-approved drug testing facility and/or collection site, or from the alternate drug testing facility and/or collection site or supervising physician, must be received in the Board's offices no later than the due date for Dr. Garringer's quarterly declaration. It is Dr. Garringer's responsibility to ensure that reports are timely submitted.
 12. The Board retains the right to require, and Dr. Garringer agrees to submit, blood, urine, breath, saliva and/or hair specimens for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Garringer, or for any other purpose, at Dr. Garringer's expense upon the Board's request and without prior notice. Dr. Garringer's refusal to submit a specimen upon request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.

Rehabilitation Program

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

Dr. Garringer shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Garringer's quarterly declarations.

14. Immediately upon completion of any required treatment for chemical dependency, Dr. Garringer shall enter into an aftercare contract with a Board-approved treatment provider and shall maintain continued compliance with the terms of said aftercare contract, provided that, where the terms of the aftercare contract conflict with the terms of this Consent Agreement, the terms of this Consent Agreement shall control.

CONDITIONS FOR REINSTATEMENT

15. The Board shall not consider reinstatement or restoration of Dr. Garringer's certificate to practice medicine and surgery until all of the following conditions are met:

- a. Dr. Garringer shall submit an application for reinstatement or restoration, as appropriate, accompanied by appropriate fees, if any.
- b. Dr. Garringer shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his 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 Dr. Garringer has successfully completed any required inpatient treatment, including at least twenty-eight days of inpatient or residential treatment for chemical abuse/dependence, as set forth in Rules 4731-16-02 and 4731-16-08, Ohio Administrative Code, completed consecutively.
- ii. Evidence of continuing full compliance with, or successful completion of, 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.

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- iii. Evidence of continuing full compliance with this Consent Agreement.
- iv. Two written reports indicating that Dr. Garringer's ability to practice has been assessed and that he 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 Dr. Garringer. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Garringer shall provide the evaluators with copies of patient records from any evaluations and/or treatment that he has received, and a copy of this Consent Agreement. The reports from the evaluators shall include any recommendations for treatment, monitoring, or supervision of Dr. Garringer, and any conditions, restrictions, or limitations that should be imposed on Dr. Garringer'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. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

- c. Dr. Garringer shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board within 180 days of the date upon which all the above-specified conditions for reinstatement or restoration have been completed or, if the Board and Dr. Garringer are unable to agree on the terms of a written Consent Agreement, then Dr. Garringer 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. The Board shall provide notice to Dr. Garringer that said hearing has been scheduled, advising Dr. Garringer of his hearing rights, and stating the date, time, and location of the hearing at which the Board will present its evidence, after which the Board will make a determination of the matter by Board Order.

Further, upon reinstatement of Dr. Garringer's certificate to practice medicine and surgery 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, Dr. Garringer 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 Dr. Garringer has maintained sobriety.

16. In the event that Dr. Garringer has not been engaged in the active practice of medicine and surgery 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 Dr. Garringer's fitness to resume practice.

REQUIRED REPORTING BY LICENSEE

17. Within thirty days of the effective date of this Consent Agreement, Dr. Garringer shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services (including but not limited to third party payors) or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Garringer shall promptly provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments. In the event that Dr. Garringer provides any health care services or health care direction or medical oversight to any emergency medical services organization or emergency medical services provider, within thirty days of the effective date of this Consent Agreement Dr. Garringer shall provide a copy of this Consent Agreement to the Ohio Department of Public Safety, Division of Emergency Medical Services. Further, Dr. Garringer shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.
18. Within thirty days of the effective date of this Consent Agreement, Dr. Garringer shall provide a copy of this Consent Agreement to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Dr. Garringer further agrees to provide a copy of this Consent Agreement at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Further, Dr. Garringer shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of

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receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.

19. Dr. Garringer shall promptly provide a copy of this Consent Agreement to all persons and entities that provide Dr. Garringer chemical dependency treatment or monitoring. Further, Dr. Garringer shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.
20. Dr. Garringer shall notify the Board in writing of any change of principal practice address or residence address within thirty days of such change.

DURATION/MODIFICATION OF TERMS

The above-described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties. In the event that the Board initiates future formal proceedings against Dr. Garringer, including but not limited to issuance of a Notice of Opportunity for Hearing, this Consent Agreement shall continue in full force and effect until such time that it is superseded by ratification by the Board of a subsequent Consent Agreement or issuance by the Board of a final Board Order.

FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Garringer 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.

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ACKNOWLEDGMENTS/LIABILITY RELEASE

Dr. Garringer acknowledges that he 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.

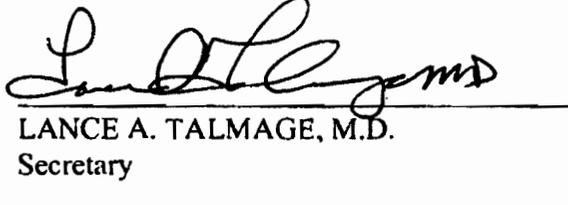
Dr. Garringer hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

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. Dr. Garringer acknowledges that his social security number will be used if this information is so reported and agrees to provide his social security number to the Board for such purposes.

EFFECTIVE DATE

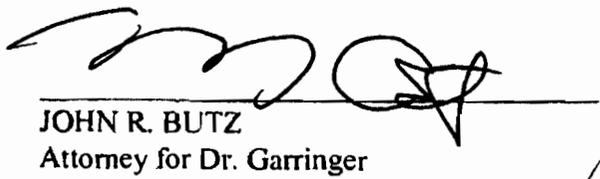
It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.


WILLIAM ARTHUR GARRINGER, M.D.


LANCE A. TALMAGE, M.D.
Secretary

9-6-09
DATE

9-9-09
DATE


JOHN R. BUTZ
Attorney for Dr. Garringer


RAYMOND J. ALBERT
Supervising Member

9/4/09
DATE

9/9/09
DATE

Mark R. Blakmer
MARK R. BLAKMER
Enforcement Attorney

September 8, 2009
DATE

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State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127



Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

January 13, 2010

Case number: 10-CRF-004

William Arthur Garringer, M.D.
539 Brandyleigh Lane
Springfield, OH 45506

Dear Doctor Garringer:

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

- (1) On or about September 9, 2009, in lieu of formal proceedings based upon your violation of Section 4731.22(B)(26), Ohio Revised Code, you entered into a Step I Consent Agreement with the Board [September 2009 Step I Consent Agreement], which, *inter alia*, suspended your certificate to practice medicine and surgery for an indefinite period of time, but not less than 90 days. In the September 2009 Step I Consent Agreement, you admitted that you were chemically dependent; that you had entered treatment on or about August 24, 2009, at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio; that your drugs of choice were alcohol and Fentanyl; and that you had been diagnosed with alcoholism and chronic opioid dependence.

In the September 2009 Step I Consent Agreement, you acknowledged that the Consent Agreement addressed only the violation concerning your impairment due to chemical dependency and that the Board intended to pursue by separate action any and all violations beyond the violation of Section 4731.22(B)(26), Ohio Revised Code, including but not limited to, any violations related to any methods used by you to obtain controlled substances for self-use, violations based upon patient care or prescribing to others, and/or violations based upon any criminal acts, criminal charges, indictments or convictions, regardless of whether the acts underlying any of the additional violations were related to, or arose from, the same common nucleus of operative fact as the violation of Section 4731.22(B)(26), Ohio Revised Code, set forth in the September 2009 Step I Consent Agreement.

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In or around December 2009, you submitted a request for reinstatement of your certificate to practice medicine and surgery, which request remains pending at this time.

- (2) In or around September 2009, you provided information to the Board indicating that you had obtained Fentanyl for self-use by stealing it from patients. In or around November 2009, you stated under oath that you began to abuse Fentanyl in or around 2007; that from in or around 2007 to in or around August 2009, you stole portions of Fentanyl patches from patients approximately twice per week; that the specific method you used to steal Fentanyl from patients was that you "tampered with patch with needle or other instrument;" and that approximately 75% of the time you took a partial dose of the Fentanyl that was intended for the patient, while you took the entire dose of the drug intended for the patient 25% of the time.
- (3) In or around November 2009, you stated under oath that you had abused Vicodin on and off from approximately 1979 through in or around 2007; and that you had obtained Vicodin from your practice, via samples and/or ordering from wholesale pharmacies. You also provided information to the Board in or around September 2009 indicating that you had seen patients or provided care while under the influence of alcohol or drugs, and you explained that you had taken Vicodin "to control withdrawal symptoms and worked."

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute "[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed," as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Theft, Section 2913.02. Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (3) above, individually and/or collectively, constitute "[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed," as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Deception to Obtain A Dangerous Drug, Section 2925.22, Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute "[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed," as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Possession of Drugs, Section 2925.11, Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, 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.

In the event that there is no request for such hearing received within thirty 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, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.
Secretary

LAT/MRB/flb
Enclosures

CERTIFIED MAIL #91 7108 2133 3936 3068 4768
RETURN RECEIPT REQUESTED

cc: John R. Butz, Esq.
John R. Butz, L.L.C.
2177 Olympic Street
Springfield, OH 45503

CERTIFIED MAIL #91 7108 2133 3936 3068 4751
RETURN RECEIPT REQUESTED

STEP I
CONSENT AGREEMENT
BETWEEN
WILLIAM ARTHUR GARRINGER, M.D.,
AND
THE STATE MEDICAL BOARD OF OHIO

This Consent Agreement is entered into by and between William Arthur Garringer, M.D. [Dr. Garringer], and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Garringer enters into this Consent Agreement being fully informed of his 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), 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 violation of Section 4731.22(B)(26), Ohio Revised Code, 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. Such express reservation includes, but is not limited to, the right to institute formal proceedings based upon any violations related to any methods used by Dr. Garringer to obtain controlled substances for self-use, violations based upon patient care or prescribing to others, and/or violations based upon any criminal acts, criminal charges, indictments or convictions, regardless of whether the acts underlying any of the additional violations are related to, or arise from, the same common nucleus of operative fact as the violation of Section 4731.22(B)(26), Ohio Revised Code, set forth herein.
- C. Dr. Garringer is licensed to practice medicine and surgery in the State of Ohio, License number 35.039741.

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- D. Dr. Garringer states that he is not licensed to practice in any other state or jurisdiction.
- E. Dr. Garringer admits that he is chemically dependent and that on or about August 25, 2009, he reported to the Board, through his legal counsel, that he had entered treatment at Shepherd Hill, a Board-approved treatment provider in Newark, Ohio, on or about August 24, 2009. Dr. Garringer further admits that his drugs of choice are alcohol and Fentanyl; that he has been diagnosed with alcoholism and chronic opioid dependence; that the treatment team at Shepherd Hill recommended inpatient treatment; and that such inpatient treatment remains ongoing at this time. Dr. Garringer further admits that he is impaired in his ability to practice medicine and surgery according to acceptable and prevailing standards of care due to the habitual or excessive use or abuse of alcohol and/or drugs. Dr. Garringer further states that he has not previously had any treatment, inpatient or outpatient, for chemical dependency.

Dr. Garringer further admits that he provided information to the Board regarding the factual admissions contained herein regarding his chemical impairment pursuant to Section 4731.22(B)(26), Ohio Revised Code. In addition, Dr. Garringer states, and the Board acknowledges receipt of information to support, that Dr. Garringer has provided certain initial factual information to representatives of the Board related to his history of chemical dependency, how he obtained controlled substances for self-use, certain matters related to patient care, and information related to other matters. Dr. Garringer further admits that although he is not aware of any criminal charges pending against him at this time related to his drug use, it is possible that such charges may be forthcoming in the future. Dr. Garringer states and acknowledges he understands that additional time is needed for the Board to complete its investigation. In addition, Dr. Garringer states and acknowledges he understands that the instant Consent Agreement addresses only the violation concerning his impairment due to chemical dependency, and that the Board intends to pursue by separate action any and all violations beyond the violation of Section 4731.22(B)(26), Ohio Revised Code, set forth in this Consent Agreement, including but not limited to Sections 4731.22(B)(3), 4731.22(B)(6), 4731.22(B)(9), and/or 4731.22(B)(10), Ohio Revised Code, even if such additional charges are related to, or arise from, the same common nucleus of operative fact outlined within this Consent Agreement. Further, Dr. Garringer expressly states and specifically acknowledges that subsequent Board Orders or Consent Agreements may supersede this Step I Consent Agreement and may result in further discipline, up to and including permanent revocation of his certificate to practice medicine and surgery in Ohio.

AGREED CONDITIONS

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

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SUSPENSION OF CERTIFICATE

1. The certificate of Dr. Garringer to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than 90 days, or until such time that any and all future criminal charges, if any, related to Paragraph E above have been fully and finally resolved, whichever is later.

Obey all Laws

2. Dr. Garringer shall obey all federal, state, and local laws.

Sobriety

3. Dr. Garringer shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Garringer's history of chemical dependency. Further, in the event that Dr. Garringer is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Garringer shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber; the name of the drug Dr. Garringer received; the medical purpose for which he received said drug; the date such drug was initially received; and the dosage, amount, number of refills, and directions for use. Further, within thirty days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Garringer shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

4. Dr. Garringer shall abstain completely from the use of alcohol.

Absences from Ohio

5. Dr. Garringer shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the monitoring terms set forth in this Consent Agreement for occasional periods of absence of fourteen days or less. In the event that Dr. Garringer resides and/or is employed at a location that is within fifty miles of the geographic border of Ohio and any of its contiguous states, Dr. Garringer may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Garringer is able to otherwise maintain full compliance with all other terms, conditions and limitations set forth in this Consent Agreement.

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Releases; Quarterly Declarations and Appearances

6. Dr. Garringer 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 Dr. Garringer'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. To the extent permitted by law, 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. Dr. Garringer further agrees to provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event he 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.

Dr. Garringer 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, or as otherwise requested by the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

Dr. Garringer 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; Drug Testing Facility and Collection Site

9. Dr. Garringer shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Garringer 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, and shall include Dr. Garringer's drug(s) of choice.

Dr. Garringer shall abstain from the use of any substance and the consumption of poppy seeds or any other food or liquid that may produce a low level positive result in a toxicology screen. Dr. Garringer acknowledges that he understands that the consumption or use of such substances, including but not limited to substances such as mouthwash or

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hand cleaning gel, may cause a positive drug screen that may not be able to be differentiated from intentional ingestion, and therefore such consumption or use is prohibited under this Consent Agreement.

All such urine screenings for drugs and alcohol shall be conducted through a Board-approved drug testing facility and collection site pursuant to the global contract between said facility and the Board, that provides for the Board to maintain ultimate control over the urine screening process and to preserve the confidentiality of all positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code, and the screening process shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph 10 below, to approve urine screenings to be conducted at an alternative drug testing facility and/or collection site or a supervising physician, such approval shall be expressly contingent upon the Board retaining ultimate control over the urine screening process in a manner that preserves the aforementioned confidentiality of all positive screening results.

Dr. Garringer shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. All specimens submitted by Dr. Garringer shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Consent Agreement. Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Consent Agreement.

Further, within thirty days of the effective date of this Consent Agreement, Dr. Garringer shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug testing facility and/or collection site in order to facilitate the urine screening process in the manner required by this Consent Agreement. Further, Dr. Garringer shall promptly provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Garringer and the Board-approved drug testing facility and/or collection site. Dr. Garringer's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Consent Agreement.

Dr. Garringer shall ensure that the urine screening process performed through the Board-approved drug testing facility and/or collection site requires a daily call-in procedure; 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, Dr. Garringer and the Board-approved drug testing facility and collection site shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

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Dr. Garringer shall ensure that the Board-approved drug testing facility and/or collection site provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, and whether all urine screens have been negative.

In the event that the Board-approved drug testing facility and/or collection site becomes unable or unwilling to serve as required by this Consent Agreement, Dr. Garringer must immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph 10 below, as soon as practicable. Dr. Garringer shall further ensure that the Board-approved drug testing facility and/or collection site also notifies the Board directly of its inability to continue to serve and the reasons therefore.

Dr. Garringer acknowledges that the Board expressly reserves the right to withdraw its approval of any drug testing facility and/or collection site in the event that the Secretary and Supervising Member of the Board determine that the drug testing facility and/or collection site has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

10. Dr. Garringer and the Board agree that it is the intent of this Consent Agreement that Dr. Garringer shall submit his urine specimens to the Board-approved drug testing facility and collection site chosen by the Board. However, in the event that utilizing said Board-approved drug testing facility and/or collection site creates an extraordinary hardship upon Dr. Garringer, as determined in the sole discretion of the Board, then subject to the following requirements, the Board may approve an alternate drug testing facility and/or collection site, or a supervising physician, to facilitate the urine screening process for Dr. Garringer:
 - a. Within thirty days of the date upon which Dr. Garringer is notified of the Board's determination that utilizing the Board-approved drug testing facility and/or collection site constitutes an extraordinary hardship upon Dr. Garringer, he shall submit to the Board in writing for its prior approval the identity of either an alternate drug testing facility and collection site, or the name of a proposed supervising physician, to whom Dr. Garringer shall submit the required urine specimens. In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Garringer's residence or employment location, or to a physician who practices in the same locale as Dr. Garringer. Dr. Garringer shall ensure that the urine screening process performed through the alternate drug testing facility and/or collection site, or through the supervising physician, requires a daily call-in procedure; 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, Dr. Garringer acknowledges that the alternate drug testing facility and collection site, or the supervising physician, shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

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- b. Dr. Garringer shall ensure that the alternate drug testing facility and/or collection site, or the supervising physician, provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, and whether all urine screens have been negative.
 - c. In the event that the designated alternate drug testing facility and/or collection site, or the supervising physician, becomes unable or unwilling to so serve, Dr. Garringer must immediately notify the Board in writing. Dr. Garringer shall further ensure that the previously designated alternate drug testing facility and collection site, or the supervising physician, also notifies the Board directly of the inability to continue to serve and the reasons therefore. Further, in order to ensure that there will be no interruption in his urine screening process, upon the previously approved alternate drug testing facility, collection site, or supervising physician becoming unable to serve, Dr. Garringer shall immediately commence urine screening at the Board-approved drug testing facility and collection site chosen by the Board, until such time, if any, that the Board approves a subsequent alternate drug testing facility, collection site, or supervising physician, if requested by Dr. Garringer.
 - d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Garringer's designated alternate drug testing facility and/or collection site, or any person proposed to serve as his supervising physician, or to withdraw approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
11. All screening reports required under this Consent Agreement from the Board-approved drug testing facility and/or collection site, or from the alternate drug testing facility and/or collection site or supervising physician, must be received in the Board's offices no later than the due date for Dr. Garringer's quarterly declaration. It is Dr. Garringer's responsibility to ensure that reports are timely submitted.
12. The Board retains the right to require, and Dr. Garringer agrees to submit, blood, urine, breath, saliva and/or hair specimens for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Garringer, or for any other purpose, at Dr. Garringer's expense upon the Board's request and without prior notice. Dr. Garringer's refusal to submit a specimen upon request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.

Rehabilitation Program

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

Dr. Garringer shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Garringer's quarterly declarations.

14. Immediately upon completion of any required treatment for chemical dependency, Dr. Garringer shall enter into an aftercare contract with a Board-approved treatment provider and shall maintain continued compliance with the terms of said aftercare contract, provided that, where the terms of the aftercare contract conflict with the terms of this Consent Agreement, the terms of this Consent Agreement shall control.

CONDITIONS FOR REINSTATEMENT

15. The Board shall not consider reinstatement or restoration of Dr. Garringer's certificate to practice medicine and surgery until all of the following conditions are met:
 - a. Dr. Garringer shall submit an application for reinstatement or restoration, as appropriate, accompanied by appropriate fees, if any.
 - b. Dr. Garringer shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his 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 Dr. Garringer has successfully completed any required inpatient treatment, including at least twenty-eight days of inpatient or residential treatment for chemical abuse/dependence, as set forth in Rules 4731-16-02 and 4731-16-08, Ohio Administrative Code, completed consecutively.
 - ii. Evidence of continuing full compliance with, or successful completion of, 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.

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- iii. Evidence of continuing full compliance with this Consent Agreement.
- iv. Two written reports indicating that Dr. Garringer's ability to practice has been assessed and that he 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 Dr. Garringer. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Garringer shall provide the evaluators with copies of patient records from any evaluations and/or treatment that he has received, and a copy of this Consent Agreement. The reports from the evaluators shall include any recommendations for treatment, monitoring, or supervision of Dr. Garringer, and any conditions, restrictions, or limitations that should be imposed on Dr. Garringer'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. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

- c. Dr. Garringer shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board within 180 days of the date upon which all the above-specified conditions for reinstatement or restoration have been completed or, if the Board and Dr. Garringer are unable to agree on the terms of a written Consent Agreement, then Dr. Garringer 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. The Board shall provide notice to Dr. Garringer that said hearing has been scheduled, advising Dr. Garringer of his hearing rights, and stating the date, time, and location of the hearing at which the Board will present its evidence, after which the Board will make a determination of the matter by Board Order.

Further, upon reinstatement of Dr. Garringer's certificate to practice medicine and surgery 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, Dr. Garringer 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 Dr. Garringer has maintained sobriety.

16. In the event that Dr. Garringer has not been engaged in the active practice of medicine and surgery 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 Dr. Garringer's fitness to resume practice.

REQUIRED REPORTING BY LICENSEE

17. Within thirty days of the effective date of this Consent Agreement, Dr. Garringer shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services (including but not limited to third party payors) or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Garringer shall promptly provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments. In the event that Dr. Garringer provides any health care services or health care direction or medical oversight to any emergency medical services organization or emergency medical services provider, within thirty days of the effective date of this Consent Agreement Dr. Garringer shall provide a copy of this Consent Agreement to the Ohio Department of Public Safety, Division of Emergency Medical Services. Further, Dr. Garringer shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.
18. Within thirty days of the effective date of this Consent Agreement, Dr. Garringer shall provide a copy of this Consent Agreement to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Dr. Garringer further agrees to provide a copy of this Consent Agreement at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Further, Dr. Garringer shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of

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receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.

19. Dr. Garringer shall promptly provide a copy of this Consent Agreement to all persons and entities that provide Dr. Garringer chemical dependency treatment or monitoring. Further, Dr. Garringer shall provide the Board with one of the following documents as proof of each required notification within thirty days of the date of each such notification: (1) the return receipt of certified mail within thirty days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Consent Agreement was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the email transmission of a copy of the Consent Agreement to the person or entity to whom a copy of the Consent Agreement was emailed.
20. Dr. Garringer shall notify the Board in writing of any change of principal practice address or residence address within thirty days of such change.

DURATION/MODIFICATION OF TERMS

The above-described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties. In the event that the Board initiates future formal proceedings against Dr. Garringer, including but not limited to issuance of a Notice of Opportunity for Hearing, this Consent Agreement shall continue in full force and effect until such time that it is superseded by ratification by the Board of a subsequent Consent Agreement or issuance by the Board of a final Board Order.

FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Garringer 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.

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ACKNOWLEDGMENTS/LIABILITY RELEASE

Dr. Garringer acknowledges that he 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.

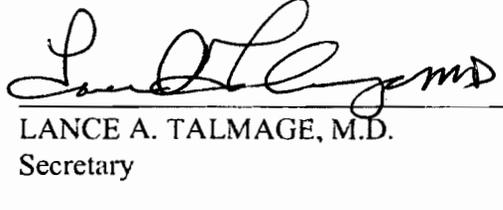
Dr. Garringer hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

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. Dr. Garringer acknowledges that his social security number will be used if this information is so reported and agrees to provide his 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.

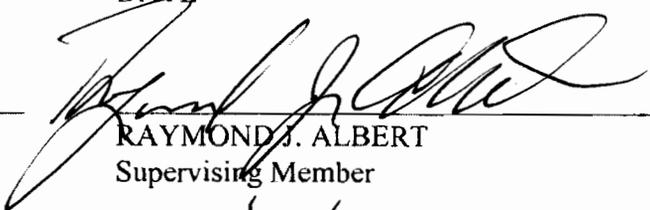

WILLIAM ARTHUR GARRINGER, M.D.


LANCE A. TALMAGE, M.D.
Secretary

9-6-09
DATE

9-9-09
DATE


JOHN R. BUTZ
Attorney for Dr. Garringer


RAYMOND J. ALBERT
Supervising Member

9/4/09
DATE

9/9/09
DATE

Mark R. Blakmer

MARK R. BLAKMER
Enforcement Attorney

September 8, 2009

DATE

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