State Medical Board of Ohio
77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

October 22, 1998

Mark L. Harrison, M.D.
333 Arthur Godfrey Road, Suite 214
Miami Beach, FL 33140

Dear Doctor Harrison:

Please find enclosed a second copy of the Findings, Order and Journal Entry entered by the State Medical Board of Ohio on October 14, 1998. The copy previously mailed to you did not include a copy of the Texas Board Agreed Order that was incorporated in the Ohio Board's Findings, Order and Journal Entry by reference.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

Lauren Lubow
Case Control Officer

LL:jam

CERTIFIED MAIL RECEIPT NO. Z 233 840 161
RETURN RECEIPT REQUESTED

Mailed 10/22/98

State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

October 14, 1998

Mark L. Harrison, M.D.
333 Arthur Godfrey Road, Suite 214
Miami Beach, FL 33140

Dear Doctor Harrison:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on October 14, 1998.

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

Such an appeal setting forth the Order appealed from the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. Z 233 840 154
RETURN RECEIPT REQUESTED

Mailed 10/15/98

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on October 14, 1998, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Mark L. Harrison, M.D., as it appears in the Journal of the State Medical Board of Ohio.

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

(SEAL)

Anand G. Garg, M.D.
Secretary

October 14, 1998
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

MARK L. HARRISON, M.D. *

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated July 8, 1998, and mailed July 9, 1998, notice was given to Mark L. Harrison, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the last known address of Mark L. Harrison, M.D., that being 101 Ocean Lane Drive #407, Key Biscayne, Florida, 33149. That notice was returned to the Board's offices marked "unclaimed."

Subsequently, Medical Board staff spoke by telephone with Dr. Harrison on September 1, 1998, and obtained his new address, that being 333 Arthur Godfrey Road, Suite 214, Miami Beach, Florida, 33140. The notice of opportunity for hearing was remailed to that address via certified mail, return receipt requested, on September 1, 1998.

Mark L. Harrison, M.D., responded to the Board's second notice by letter dated September 4, 1998 and received in the Board offices on September 8, 1998. In his letter, Dr. Harrison stated that, as he did not dispute his Agreed Order with the Texas Board, he did not believe that a hearing before the Ohio Board was necessary.

WHEREFORE, for the reasons outlined in the July 8, 1998 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of Mark L. Harrison, M.D., to practice medicine and surgery in the State of Ohio be REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 14th day of October, 1998, and the original thereof shall be kept with said Journal.

Anand G. Garg, M.D.
Secretary

(SEAL)

October 14, 1998
Date

AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")

2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;

3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;

4) That I have this day carefully examined the records of the Board pertaining to Mark L. Harrison, M.D.;

5) That based on such examination, I have found the last known address of record of Mark L. Harrison, M.D., to be:

101 Ocean Lane Drive, #407
Key Biscayne, FL 33149

6) Further, Affiant Sayeth Naught.

Debra L. Jones

Debra L. Jones, Chief
Continuing Medical Education,
Records and Renewal

Sworn to and signed before me, Lauren Lubow, Notary Public, this 30th day of September, 1998.

Lauren Lubow

Notary Public

LAUREN LUBOW, Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

2ND MAILING - CITE

JAM

Z 233 840 096

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to MARK L. HARRISON, M.D.	
Street & Number 333 ARTHUR GODFREY RD, STE 214	
Post Office, State, & ZIP Code MIAMI BEACH, FL 33140	
Postage	$ 1.24
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.69
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER: JAM

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARK L. HARRISON, M.D.
333 ARTHUR GODFREY RD, STE. 214
MIAMI BEACH, FL 33140

4a. Article Number

Z 233 840 096

4b. Service Type

☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9/4/98

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*

X

8. Addressee's Address *(Only if requested and fee is paid)*

2ND MAILING - CITE

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

July 8, 1998

Mark L. Harrison, M.D.
101 Ocean Lane Drive #407
Key Biscayne, FL 33149

Dear Doctor Harrison:

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

(1) On or about August 9, 1997, the Texas State Board of Medical Examiners (hereinafter the Texas Board), entered an Agreed Order which constituted a Public Reprimand by the Texas Board and required payment of an Administrative Penalty in the amount of $1,000. A copy of this Agreed Order is attached hereto and fully incorporated herein.

The Agreed Order was based, in part, on the Texas Board's findings that you had failed to examine any patient or review patient charts, and allowed unlicensed office staff to see patients and make all treatment decisions.

The Texas Board Agreed Order as alleged in paragraph (1) above, individually and/or collectively, constitutes "[t]he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, the imposition of probation by that authority, or the issuance of an order of censure or other reprimand by that authority for any reason, other than nonpayment of fees," as that clause is used in Section 4731.22(B)(22), 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 (30) days of the time of mailing of this notice.

Mailed 7/9/98
Second mailing 9/1/98

You are further advised that 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 (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG/jag
Enclosures

CERTIFIED MAIL # Z 233 839 148
RETURN RECEIPT REQUESTED

SECOND MAILING TO:
333 Arthur Godfrey Road, Suite 214
Miami Beach, FL 33140
CERTIFIED MAIL NO. Z 233 840 096
RETURN RECEIPT REQUESTED

G-4598

IN THE MATTER OF	§	BEFORE THE
	§	
THE LICENSE OF	§	TEXAS STATE BOARD
	§	
MARK L. HARRISON, M.D.	§	OF MEDICAL EXAMINERS

AGREED ORDER

On this the 9th day of August, 1997, came on to be heard before the Texas State Board of Medical Examiners ("the Board" or "the Texas Board"), duly in session the matter of the license of Mark L. Harrison, M.D. ("Respondent"). After an Informal Settlement Conference/Show Compliance Proceeding, Respondent and Board Staff engaged in further negotiations in an effort to resolve the matters addressed herein.

Upon recommendation of the Board's staff and with the consent of Respondent, the Board makes the following findings of fact and conclusions of law and enters this Order as set forth herein:

FINDINGS OF FACT

1. Respondent, Mark L. Harrison, M.D., holds Texas Medical license G-4598.

2. The Board has jurisdiction over the subject matter and Respondent. Respondent received all notice which may be required by law and by the rules of the Board. All jurisdictional requirements have been satisfied.

3. Respondent is certified by the American Board of Medical Specialties in Radiology.

4. In early 1994, Respondent operated a clinic in Houston, Texas which specialized in the removal of tattoos, birthmarks and other skin discolorations.

5. Respondent's advertisements indicated that laser treatments were performed by a delegate associate of a licensed physician.

6. Respondent served as the supervising physician of this facility, however, Respondent did not examine any patient or review patient charts. Respondent allowed unlicensed office staff to see patients and make all treatment decisions.

7. Respondent has cooperated with Board staff in the investigation of the allegations related to this Agreed Order.

Board rule by a person licensed or regulated under the Act.

ORDER

1. Based on the above findings of fact and conclusions of law, the Board ORDERS that this Agreed Order shall constitute a PUBLIC REPRIMAND of Respondent, and that Respondent is hereby reprimanded.

2. Respondent shall pay an administrative penalty in the amount of one thousand dollars ($1,000) within sixty (60) days of the signing of this Agreed Order by the presiding officer of the Board.

3. The administrative penalty shall be paid in a single payment by cashier's check or money order payable to the Texas State Board of Medical Examiners and shall be submitted to the Director of Compliance for the Board for routing so as to be remitted to the comptroller of Texas for deposit in the general revenue fund.

4. Respondent's failure to pay the administrative penalty as ordered shall constitute grounds for further disciplinary action by the Board based on unprofessional and dishonorable conduct likely to deceive or defraud the public or injure the public as provided for in Section 3.08(4) of the Act, and may result in a referral by the Executive Director of the Board for collection by the Office of the Attorney General.

5. To verify that Respondent has complied with and is in compliance with the terms and conditions of this Agreed Order, Respondent shall fully cooperate with the Board and the Board staff, including but not limited to, Board attorneys, investigators, compliance officers, consultants, and other such employees or agents of the Board in any way involved in investigation, review, or monitoring associated with Respondent's compliance with this Agreed Order. Failure to cooperate as required by this paragraph and the terms of this Agreed Order shall constitute a basis for disciplinary action against Respondent pursuant to Sections 3.08, 4.01, and 4.11 of the Act.

6. Respondent shall give a copy of this Agreed Order to all hospitals, nursing homes, treatment facilities, and other health care entities where Respondent has privileges, has applied for privileges, or applies for privileges.

7. Any violation of the terms, conditions, or requirements of this Order by

Respondent shall constitute a basis for disciplinary action by the Board against Respondent pursuant to Sections 3.08, 4.01, and 4.11 of the Act. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute evidence of unprofessional or dishonorable conduct likely to deceive or defraud the public or injure the public.

RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. NOTHING IN THIS ORDER SHALL BE DEEMED A WAIVER OF RESPONDENT'S RIGHTS UNDER STATUTE OR THE UNITED STATES OR TEXAS CONSTITUTIONS TO APPEAL AN ORDER OR ACTION OF THE BOARD SUBSEQUENT TO THIS AGREED ORDER EXCEPT AS RESPONDENT MAY HAVE OTHERWISE AGREED TO HEREIN. RESPONDENT AGREES THAT THIS IS A FINAL ORDER.

THIS ORDER IS A PUBLIC RECORD.

I, MARK L. HARRISON, M.D., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: June 10, 1997

Mark L. Harrison M.D.

MARK L. HARRISON, M.D.
RESPONDENT

STATE OF FLORIDA §
§
COUNTY OF DADE §

BEFORE ME, the undersigned Notary Public, on this day personally appeared Mark L. Harrison, M.D. known to me to be the person whose name is subscribed to this instrument, an Agreed Order, and who after being by me duly sworn, on oath, stated that he executed the same for all purposes expressed therein.

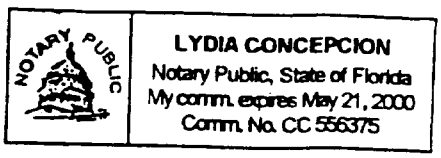
Given under my hand and official seal and office this 10 day of JUNE, 1997.

Signature of Notary Public

(Notary Seal)

LYDIA CONCEPCION

Printed or typed name of Notary Public



My commission expires: MAY 21,2000

SIGNED AND ENTERED by the presiding officer of the Texas State Board of Medical Examiners on this 9th day of August, 1997.

William H. Fleming, III, M.D.
President, Texas State Board of
Medical Examiners

STATE OF TEXAS
COUNTY OF TRAVIS:

I, Bonnie Kaderka, Director of Hearings Administration and Reporting, Texas State Board of Medical Examiners, certify that I am an official assistant custodian of records and that this is a true and correct copy of the original, as it appears on file in this office.

Witness my official hand and seal of the Board, this 13th day of May, 19 98

Bonnie Kaderka

BONNIE KADERKA, DIRECTOR
HEARINGS ADMINISTRATION AND REPORTING