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 14, 1999

Joel A. Hackett, Jr., M.D.
2620 E. Kessler, #210
Indianapolis, IN 46220

Dear Doctor Hackett:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on July 14, 1999.

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 233 839 313
RETURN RECEIPT REQUESTED

Mailed 7/15/99

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on July 14, 1999, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Joel A. Hackett, Jr., 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

JULY 14, 1999
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

JOEL A. HACKETT, JR., M.D. *

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated April 14, 1999, notice was given to Joel A. Hackett, Jr., 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 address of record of Dr. Hackett, that being 4545 Forest Manor, Indianapolis, IN 46226. This mailing was returned . A second mailing was made to 2620 E. Kessler, #210, Indianapolis, IN 46220. Service was achieved at that address.

Dr. Hackett did not request a hearing and more than thirty (30) days have now elapsed since since the mailing of the notice.

WHEREFORE, for the reasons outlined in the April 14, 1999 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of Joel A. Hackett, Jr., M.D., to practice medicine and surgery in the State of Ohio be PERMANENTLY 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 JULY 1999, and the original thereof shall be kept with said Journal.

Anand G. Garg, M.D.
Secretary

(SEAL)

JULY 14, 1999
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 Joel A. Hackett, Jr., M.D.

5) That based on such examination, I have found the last known address of record of Joel A. Hackett, Jr., M.D. to be:

4545 Forest Manor
Indianapolis, IN 46226

6) Further, Affiant Sayeth Naught.

Debra L. Jones

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

Sworn to and signed before me, Kristine A. Goodman, Notary Public, this 28th day of June, 1999.

Kristine A. Goodman

Notary Public

NOTARIAL SEAL
STATE OF OHIO

KRISTINE A. GOODMAN
Notary Public, State of Ohio
My Commission Expires
11/9/2002

STATE MEDICAL BOARD
77 S. HIGH ST., 17TH FLOOR
COLUMBUS, OH 43266-0315

Z 233 895 056

MAIL

U.S. POSTAGE

[redacted]

FOE

Joel A. Hackett, Jr., M.D.
4545 Forest Manor
Indianapolis, IN 46226

FIRST CLASS

CERTIFIED MAIL
RETURN RECEIPT
REQUESTED

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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:

Joel Hackett, Jr., MD
4545 Forest Manor
Indianapolis, IN
46206

4a. Article Number

Z 093 [illegible]

4b. Service Type

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

7. Date of Delivery

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*

X

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

Cite

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

Thank you for using Return Receipt Service.

Fold at line over top of envelope to the front of the return address.

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

April 14, 1999

Joel A. Hackett, Jr., M.D.
4545 Forest Manor
Indianapolis, IN 46226

Dear Doctor Hackett:

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 May 8, 1997, the Medical Licensing Board of Indiana (hereinafter the "Indiana Board") suspended your license for a period of twelve (12) months, nine (9) months of which was stayed. Upon reinstatement of your license on July 25, 1997, you were placed on indefinite probation until at least July 25, 2002.

The Indiana Board found that you initiated and engaged in sexual intercourse and other inappropriate behavior with a patient. These incidents took place in your family practice office on two occasions, when the patient sought advice from you concerning her marital difficulties. A copy of the Indiana Board Order is attached hereto and fully incorporated herein.

The Indiana Board Order, as alleged in paragraph (1) above, 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 (as in effect prior to March 9, 1999).

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.

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

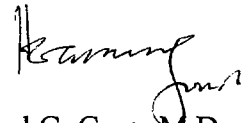
Mailed 4/15/99

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 233 895 056
RETURN RECEIPT REQUESTED

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NO. 94 MLB 0004

STATE OF INDIANA,	)	
	)	
Petitioner,	)	FILED
	)	
v.	)	MAY 08 1997
	)	
JOEL A. HACKETT, JR., M.D.,	)	HEALTH PROFESSIONS BUREAU
License No. 01037416,	)	
	)	
Respondent.	)	

FINDINGS OF FACT AND ORDER

The Medical Licensing Board of Indiana ("Board") met on April 24, 1997 in Rooms 4 and 5 of the Conference Center, Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, to consider a proposed settlement agreement concerning disciplinary charges against the Indiana medical license of Joel Hackett, Jr., M.D. ("Respondent"). The settlement conference was held on April 11, 1997 and April 24, 1997.

The State of Indiana was represented by Andrew S. Peacock, Deputy Attorney General. Respondent appeared in person and was represented by Robert J. Shula of Lowe Gray Steele and Darko, Indianapolis, Indiana.

Board member Ronald E. Elberger presided over the settlement conference and recommended adoption of the proposal as the final order of the Board. The parties agreed to allow Mr. Elberger to vote in this matter despite his participation in the settlement conference.

The Board, having considered the State's Complaint, the settlement proposal, and having taken official notice of its file in this matter, by a vote of 4 to 0, issues the following Findings of Fact and Order:

FINDINGS OF FACT

1. Respondent resides at 4545 Forest Manor, Indianapolis, Indiana, 46226.

2. Respondent received timely and proper notice of the State's Complaint and of the hearing date and location in accordance with Indiana Code §4-21.5-3-8 and Indiana Code §4-21.5-3-20.

3. Respondent is a licensed physician in the State of Indiana holding license number 01037416.

4. Respondent is a family practitioner.

5. B.M. was a patient of the Respondent's from March of 1996 through September of 1996.

6. B.M. sought medical attention from the Respondent for follow-up from recent surgery, recurrent headaches and ear pain. She also took her children to see the Respondent for medical treatment.

7. On or about August 9, 1996, B.M. began discussing her marital problems with the Respondent. He told her that her husband was probably having an affair. The Respondent referred B.M. to Cassandra Williams, a certified social worker and marriage and family therapist, for counseling relating to her marital problems.

8. On Saturday, August 24, 1996, B.M. continued to be concerned that her husband was having an affair. She called the Respondent for the name of a private investigator. The Respondent would not give the name of an investigator to B.M. over the telephone, but made an appointment for her to meet him in his office on Sunday, August 25, 1996.

9. The Respondent's office was closed on Sunday, August 25, 1996.

10. B.M. met the Respondent outside of his office on August 25, 1996.

11. Once inside the Respondent's office, B.M. cried and was distraught about her marriage. The Respondent told her that she needed an intimate friend to talk with. He stated that he believed that her husband's behavior indicated he was having an affair. He also asked B.M. intimate details about sexual intercourse with her husband. The Respondent gave B.M. the name and telephone number of a private investigator and she told him that she had to leave.

12. As they walked through the Respondent's office, he stopped B.M. and grabbed her in a bear hug from which she could not get free. Then he began to kiss her on the mouth.

13. The Respondent initiated and completed sexual intercourse with B.M. on the floor of the office.

14. Before B.M. left the Respondent's office, he wrote prescriptions for B.M., her husband and her daughter.

15. The Respondent gave B.M. his personal pager number. The following day, B.M. called the Respondent. He returned her call and told her that he loved her.

16. The Respondent and B.M. met for lunch on Wednesday, August 28, 1996.

17. After lunch, they returned to the Respondent's office to obtain pain medication for B.M.'s headache. B.M.'s headache was so severe that she did not believe she could drive home.

18. The Respondent's office was closed on Wednesday, August 28, 1996.

19. When they arrived at the Respondent's office, the Respondent initiated and completed sexual intercourse with B.M. on the floor of the office.

20. The Respondent asked B.M. if she would "be his lady."

21. B.M. asked the Respondent whether she and her family should find a new family physician due to their sexual relationship. The Respondent stated that he could remain her family's physician because he could keep the roles of physician and sexual partner separate.

22. As B.M. left the Respondent's office, she told him that she felt used and that she would not call him again.

23. During a telephone call on September 4, 1996, the Respondent told B.M. that he and his friend Donald were considering the purchase of a house for his future sexual encounters with B.M.

24. On September 6, 1996, the Respondent called B.M. from Dallas, Texas and stated that he wished that she were with him so that they could have sex.

25. B.M.'s next appointment with the Respondent was scheduled for September 10, 1996. B.M. canceled the appointment.

ULTIMATE FINDINGS OF FACT

1. The Board finds that Respondent's behavior constitutes engaging in a course of lewd and immoral conduct in connection with the delivery of services to the public in violation of Indiana Code §25-1-9-4(a)(5).

2. The violation listed above warrants the imposition of disciplinary sanctions on Respondent's Indiana medical license.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

1. Respondent's Indiana medical license is suspended for a period of twelve (12) months. Nine (9) months of the suspension period are stayed. Respondent's license shall be reinstated on July 25, 1997.

2. At the time of reinstatement, Respondent's Indiana medical license shall be placed on **INDEFINITE PROBATION.** Respondent may not seek withdrawal of probation until July 25, 2002.

3. During the period that Respondent's license remains on probation, his practice of medicine shall be governed by the following terms and conditions:

a. Respondent shall keep the Board continuously advised of his residential address and telephone number and shall immediately notify the Board of any change of address or telephone number.

b. Respondent shall keep the Board informed of the name, address and telephone number of his employer/medical office and shall notify the Board immediately of any change in the status or location of his employment.

c. Respondent shall continue to see his treating psychiatrist, Dale Theobald, M.D., monthly until such time as Dr. Theobald informs the Board that treatment is no longer necessary.

d. Respondent shall have Dr. Theobald submit quarterly reports to the Board concerning Respondent's attendance and progress in treatment.

e. Respondent shall personally appear before the Board monthly during the first year of probation, every other month during the second year and quarterly thereafter. Respondent shall not be required to appear in August of 1997.

SO ORDERED this 8th day of May, 1997.

MEDICAL LICENSING BOARD OF INDIANA

By: Laura Langford
Laura Langford
Executive Director
Health Professions Bureau

copies to:

Joel A. Hackett, Jr., M.D.
4545 Forest Manor
Indianapolis, Indiana 46226
SENT CERTIFIED MAIL NO. _____
RETURN RECEIPT REQUESTED.

Robert J. Shula
Lowe Gray Steele & Darko
111 Monument Circle, Suite 4600
Indianapolis, Indiana 46204

Andrew S. Peacock
Deputy Attorney General
Indiana Government Center South, Fifth Floor
402 West Washington Street
Indianapolis, Indiana 46204-2770

140004:kgl

f. Respondent shall complete at least fifty (50) hours of continuing medical education per year. During the first year of probation, at least half of those hours must be in Medical Ethics and Physician Patient Boundary issues. Thereafter, some portion of the fifty (50) hour yearly requirement shall consist of Medical Ethics. Respondent shall submit verification of his continuing education to the Board annually.

g. Respondent shall engage in uncompensated community service work at least one hundred twenty (120) hours per year for each year he remains on probation. Respondent shall annually submit verification of his community service hours.

h. Respondent shall not examine any female patients unless there is a female chaperone or a family member in the room or the patient has executed a written waiver indicating that she does not wish that there be a chaperone.

i. Respondent shall quarterly submit a "Record of Staff Assistance" to the Board which shall include: date, name of patient (last name redacted on copy sent to the Board), reason for examination, chaperone's signature and patient's initials. There shall be an entry for each female patient whom the Respondent examines.

j. Failure to comply with the terms of probation shall subject Respondent to summary suspension of his Indiana medical license.

4. Respondent is assessed the costs of this proceeding. Respondent shall pay $50.00 to the Indiana Office of Attorney General. Respondent shall also pay $211.00 to the Health Professions Bureau. These payments shall be made within 60 days of the date of this Order.

CITE 2ND MAILING JAM

Z 233 839 228

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

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

Sent to	JOEL A. HACKETT, JR., M.D.
Street & Number	2620 E. KESSLER #210
Post Office, State, & ZIP Code	INDIANAPOLIS, IN 46220
Postage	$2.95
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$5.40
Postmark or Date	4/29 1999 USPS

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:
JOEL A. HACKETT, JR., M.D.
2620 E. KESSLER, #210
INDIANAPOLIS, IN 46220

4a. Article Number
Z 233 839 228

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
5-5-99

5. Received By: *(Print Name)* DP

8. Addressee's Address *(Only if requested and fee is paid)*
CITE 2ND MAILING

6. Signature: *(Addressee or Agent)*
X [signature]

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

Thank you for using Return Receipt Service.