

FILED CAB

FEB 24 2009

BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of )  
 )  
**DANIEL K. FRYE, M.D.** )  
Kansas License No. 04-30064 )  
Application for Reinstatement )  
To Practice Medicine and Surgery )  
\_\_\_\_\_ )

Docket No. 09-HA00154

CONSENT ORDER

COMES NOW, the Kansas State Board of Healing Arts ("Board"), by and through Stacy R. Bond, Associate Litigation Counsel ("Petitioner") and Daniel K. Frye, M.D. ("Licensee/Applicant"), and move the Board for approval of a Consent Order affecting Licensee/Applicant's license to practice medicine and surgery in the State of Kansas.

The parties stipulate and agree to the following:

1. Licensee/Applicant's last known mailing address to the Board is 3806 W. 49<sup>th</sup> St., Roeland Park, Kansas 66205.
2. Licensee/Applicant's license (#04-30064) was cancelled for failure to renew in August 2008. At the time of the failure to renew, Licensee/Applicant was being investigated in Board Investigation No. 08-00358 for criminal convictions.
3. The Board is the sole and exclusive administrative agency in the State of Kansas authorized to regulate the practice of the healing arts and allied health professionals, specifically the practice of medicine and surgery, K.S.A. 65-2801, et. seq.
4. All pending investigation materials regarding Licensee/Applicant were fully reviewed and considered by the Board members who serve on the Board's Disciplinary Panel #23. The Disciplinary Panel authorized and directed Board counsel to seek settlement of this matter with the provisions contained in this Consent Order.

5. This Consent Order and the filing of such document are in accordance with applicable law and the Board has jurisdiction to enter into the Consent Order as provided by K.S.A. 65-2838. Upon approval, these stipulations shall constitute the findings of the Board, and this Consent order shall constitute the Board's Final Order.

6. The Kansas Healing Arts Act is constitutional on its face and as applied in this case. Licensee/Applicant agrees that, in considering this matter, the Board is not acting beyond its jurisdiction as provided by law.

7. Licensee/Applicant voluntarily and knowingly waives his right to a hearing. Licensee/Applicant voluntarily and knowingly waives his right to present a defense by oral testimony and documentary evidence, to submit rebuttal evidence, and to conduct cross-examination of witnesses. Licensee/Applicant voluntarily and knowingly agrees to waive all possible substantive and procedural motions and defenses that could be raised if an administrative hearing were held.

8. The terms and conditions of the Consent Order are entered into between the undersigned parties and are submitted for the purpose of allowing these terms and conditions to become an Order of the Board. This Consent Order shall not be binding on the Board until an authorized signature is affixed at the end of this document. Licensee/Applicant specifically acknowledges that counsel for the Board is not authorized to sign this Consent Order on behalf of the Board.

9. **(Confidential)**

**(Confidential)**

**(Confidential)**

10. The Board has grounds for denial of the Licensee/Applicant's application license pursuant to K.S.A. 65-2836(b), and (s), **(Confidential)**

**(Confidential)**

11. Licensee/Applicant voluntarily stipulates and agrees to the following monitoring of the Licensee/Applicant to engage in the practice of medicine and surgery in the State of Kansas:

**(Confidential)**

d. (Confidential)

e. (Confidential)

f. (Confidential)

g. (Confidential)

h. (Confidential)

i. (Confidential)

j. (Confidential)

k. (Confidential) , not self-terminating. After a period of five (5) years, Licensee/Applicant may request modification or termination of the provisions. For any period of time that Licensee/Applicant is not actively practicing medicine and surgery in Kansas, the (Confidential) provisions will remain in effect but will be tolled and not counted towards reducing the five (5) year timeframe.

12. Licensee/Applicant's failure to comply with the provisions of the Consent Order will result in the Board taking further disciplinary action as the Board deems

appropriate in accordance with the Kansas Administrative Procedure Act and Kansas Healing Arts Act.

13. Nothing in this Consent Order shall be construed to deny the Board jurisdiction to investigate alleged violations of the Healing Arts Act, or to investigate complaints received under the Risk Management Law, K.S.A. 65-4921 *et seq.*, that are known or unknown and are not covered under this Consent Order, or to initiate formal proceedings based upon known or unknown allegations of violations of the Healing Arts Act.

14. Licensee/Applicant hereby releases the Board, its employees and agents, from any and all claims, including but not limited to, those damages, actions, liabilities and causes of action, both administrative and civil, including the Kansas Act for judicial Review and Civil Enforcement of Agency Actions, K.S.A. 77-601 *et seq.* This release shall forever discharge the Board of any and all claims or demands of every kind and nature that Licensee/Applicant has claimed to have had at the time of this release or might have had, either known or unknown, suspected or unsuspected, and Licensee/Applicant shall not commence to prosecute, cause or permit to be prosecuted, any action or proceeding of any description against the Board, its employees or agents, arising out of acts leading to the execution of this Consent Order or the content of this Consent Order.

15. This Consent Order, when signed by both parties, constitutes the entire agreement between the parties and may only be modified or amended by a subsequent document executed in the same manner by the parties.

16. Licensee/Applicant agrees that all information maintained by the Board pertaining to the nature and result of any complaint and/or investigation may be fully

disclosed to and considered by the Board in conjunction with the presentation of any offer of settlement, even if Licensee/Applicant is not present. Licensee/Applicant further acknowledges that the Board may conduct further inquiry as it deems necessary before the complete or partial acceptance or rejection of any offer of settlement.

17. Licensee/Applicant by signature to this document, waives any objection to the participation of the Board members and General Counsel in the consideration of this offer of settlement, and agrees not to seek the disqualification or recusal of any Board member and General Counsel in any future proceeding on the basis that the Board member or General Counsel has received investigative information from any source which otherwise may not be admissible or admitted as evidence.

18. Licensee/Applicant acknowledges that he has read this Consent Order and fully understands the contents.

19. All correspondence or communication between Licensee/Applicant and the Board relating to this Consent Order shall be by certified mail addressed to the Kansas Board of Healing Arts, Attention: Compliance Coordinator, 235 S. Topeka Blvd., Topeka, Kansas 66603-3068.

20. Licensee/Applicant shall obey all federal, state, and local laws and rules governing the practice of medicine and surgery in the State of Kansas that may be in place at the time of execution of the Consent Order or may become effective subsequent to the execution of this document.

21. Upon execution of this Consent Order by affixing a Board authorized signature below, the provisions of this Consent Order shall become an Order under K.S.A. 65-2838. This Consent Order shall constitute the Board's Order when filed with the Office of the Executive Director for the Board and no further order is required.

22. This Consent Order constitutes non-disciplinary action.

23. The Board may consider all aspects of this Consent Order in any future matter regarding Licensee/Applicant.

**IT IS THEREFORE ORDERED** that the Consent Order and agreement of the parties contained herein is adopted by the Board as findings of fact and conclusions of law.

**IT IS FURTHER ORDERED** that Licensee/Applicant shall be granted a license to practice medicine and surgery in the state of Kansas.

**IT IS FUTHER ORDERED** that

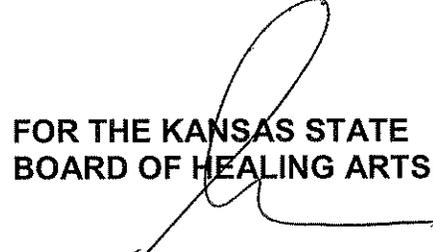
**(Confidential)**

(Confidential)

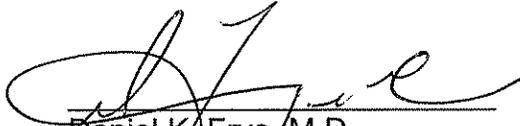
- k. (Confidential) not self-terminating. After a period of five (5) years, Licensee/Applicant may request modification or termination of the provisions. For any period of time that Licensee/Applicant is not actively practicing medicine and surgery in Kansas, the (Confidential) provisions will remain in effect but will be tolled and not counted towards reducing the five (5) year timeframe.

IT IS SO ORDERED.

FOR THE KANSAS STATE  
BOARD OF HEALING ARTS:

  
\_\_\_\_\_  
Jack Confer  
Executive Director

2-24-09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Daniel K. Frye, M.D.  
Licensee/Applicant

16 January 2009  
Date

**PREPARED AND APPROVED BY:**



Stacy R. Bond #17673  
Associate Litigation Counsel  
Kansas State Board of Healing Arts  
235 S. Topeka Boulevard  
Topeka, Kansas 66603-3065  
(785) 296-7413

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that a true and correct copy of the foregoing  
**CONSENT ORDER** was served this 24<sup>th</sup> day of February, 2009, by  
depositing the same in the United States mail, postage prepaid, and addressed to the  
following:

Daniel K. Frye, M.D.  
3806 W. 49<sup>th</sup> St.  
Roeland Park, Kansas 66205

and a copy was hand-delivered to:

Stacy R. Bond  
Associate Litigation Counsel  
Kansas State Board of Healing Arts  
235 S. Topeka Boulevard  
Topeka, Kansas 66603

Melissa Massey  
Compliance Coordinator  
Kansas State Board of Healing Arts  
235 S. Topeka Blvd.  
Topeka, Kansas 66603

Katy Lenahan  
Licensing Administrator  
Kansas State Board of Healing Arts  
235 S. Topeka Boulevard  
Topeka, Kansas 66603

and the original was hand-delivered for filing to:

Jack Confer  
Executive Director  
Kansas State Board of Healing Arts  
235 S. Topeka Boulevard  
Topeka, Kansas 66603-3068

A handwritten signature in cursive script that reads "Cathy A. Brown". The signature is written in black ink and is positioned above a horizontal line.

Cathy Brown  
Executive Assistant