

Confidential

BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

FILED

FEB 20 1996

KANSAS STATE BOARD OF
HEALING ARTS

In the Matter of)
)
FLORINIO S. SAMSON, M.D.)
Cancelled License No. 4-21506)
Application for Reinstatement)
_____)

Case No. 95-00223

STIPULATION AND AGREEMENT AND ENFORCEMENT ORDER

COMES NOW the Kansas State Board of Healing Arts ("Board") and Florinio S. Samson, M.D. ("Applicant") and stipulate and agree as follows:

1) The Board is the sole and exclusive regulatory agency in the State of Kansas regarding the practice of the healing arts, specifically the practice of medicine and surgery, pursuant to K.S.A. 65-2801 *et seq.*; K.S.A. 65-2869.

2) Applicant has made application to the Board for reinstatement of license to engage in the practice of medicine and surgery in the State of Kansas. Applicant was originally licensed to practice medicine and surgery in the State of Kansas on August 20, 1986. He allowed his license to be cancelled on or about August 23, 1993 for failure to renew.

3) There may be probable cause to believe grounds may exist to deny Applicant's application for reinstatement. Specifically, the following grounds may constitute a basis for denial or limitation of license pursuant to K.S.A. 65-2836:

STIPULATION AND AGREEMENT AND ENFORCEMENT ORDER
Florinio S. Samson, M.D.

(a) Applicant may have the inability to practice medicine and surgery with reasonable skill and safety to patients ^{Confidential}

^{Confidential} in violation of K.S.A. 65-2836(i).

(b) Applicant committed acts of sexual abuse, misconduct or exploitation related to his professional practice in violation of K.S.A. 65-2837(b)(16).

4) Under the provisions of K.S.A. 65-2838(b), the Board has authority to enter into this Stipulation and Agreement and Enforcement Order ("Stipulation") in lieu of denying Applicant's application for licensure.

5) It is the intent and purpose of this Stipulation to provide for settlement of all issues without the necessity of proceeding to a formal disciplinary hearing. By executing this Stipulation, Applicant waives all procedural and due process requirements afforded to him by the Kansas Administrative Procedure Act, K.S.A. 1994 Supp. 77-501 et seq.

6) The terms and conditions of this Stipulation entered into between the parties are to become an Order of the Board which shall not become binding on the Board until a Board-authorized signature is affixed on the last page of this document. Applicant acknowledges that the counsel for the Board is not authorized to sign for nor bind the Board.

7) Applicant agrees this Stipulation and the filing of said document are in accordance with the requirements of law, that the Board has jurisdiction to consider this Stipulation and that the Board is lawfully constituted to consider this matter. Applicant further agrees the Kansas Healing Arts Act, K.S.A. 65-2801 *et seq.*, as set forth by statute and as recited in this Stipulation, is constitutional on its face and as applied in this case.

8) Applicant agrees that the following conditions, restrictions, and limitations be placed upon his license:

(a) Confidential

(b) Confidential

(c) Confidential

(d)

(e) Applicant agrees to limit any patient contact to patients of the male gender.

(f) Applicant agrees that he shall not engage in the private practice of medicine in the State of Kansas, and shall limit any practice of medicine in the State of Kansas to a practice situation where he is an employed physician under the supervision and monitoring of another physician licensed by this Board.

(g) Applicant agrees to authorize his supervisors in the course of any employment practice undertaken to submit to the Board status reports concerning the progress of his work, performance of his duties, and his behavior and relationships with other employees/personnel and with patients.

(h) Confidential

(i)

Confidential

Confidential

Applicant agrees to immediately notify the Board of any revisions to paragraphs 8, 9, 10, 11 and 14 of his Voluntary Restriction, and to immediately provide a copy of such revised Voluntary Restriction to the Board. Paragraphs 8, 9, 10, 11 and 14 of said Voluntary Restriction are incorporated into this Stipulation as if fully stated herein.

9. This Stipulation shall be in effect for a period of at least one (1) year effective the date a Board-authorized signature is placed on this Stipulation. Applicant may petition the Board for termination of this Stipulation after the expiration of such one-year time period. Upon hearing the petition, the Board may continue, modify or remove the conditions set out herein.

10. Applicant's failure to comply with the provisions of this Stipulation will result in the Board taking disciplinary action in compliance with the Kansas Administrative Procedure Act. Applicant acknowledges that good and sufficient evidence submitted to the Board indicating Applicant has failed to meet the conditions of this Stipulation or Confidential or any provision of the Healing Arts Act may serve as the basis for an alleged violation of non-compliance with the Stipulation and the initiation of disciplinary proceedings.

11. 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 Stipulation or may become effective subsequent to the execution of this document. Violation of the

referenced laws and/or rules constitute grounds for disciplinary action, but do not constitute per se violations of this Stipulation.

12. This Stipulation 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.

13. This Stipulation is entered into freely and voluntarily, and Applicant agrees he has read and understands this Stipulation.

14. Applicant releases the Board, its employees and agents, from all claims and demands of every kind and nature Applicant claims to have had at the time of this release or might have had, either known or unknown, suspected or unsuspected. 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 Stipulation or the contents of this Stipulation.

15. Applicant understands and agrees that this document shall be deemed a public record only when fully executed by both Applicant and the Board, and shall only at such time to be reportable to the National Practitioner Data Bank, Federation of State Medical Boards, and any other reporting entities requiring disclosure of this Stipulation.

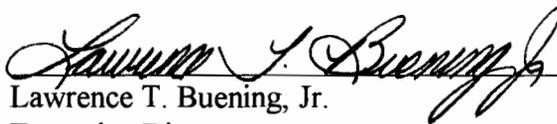
16. Nothing in this agreement shall be construed to deny the Board jurisdiction to investigate alleged violations of the Healing Arts Act or to investigate complaints received under the Kansas Risk Management Law., K.S.A. 65-4921 et seq., whether unknown or not covered under the conditions of this Stipulation, or past acts unknown to the Board or subsequent acts.

17. All correspondence or communication by Applicant to the Board shall be by United States mail, first class postage prepaid, addressed to the Kansas State Board of Healing Arts, Attention: Office of the Disciplinary Counsel, 235 S. Topeka Blvd., Topeka, Kansas 66603-3068.

18. Upon execution of this Stipulation by the affixing of a Board-authorized signature below the provisions of this Stipulation shall become an Order of the Board and shall be deemed a proper and lawful Enforcement Order pursuant to K.S.A. 65-2838(b) without further Order. This Stipulation shall constitute the Order of the Board when filed with the Office of the Executive Director for the Board.

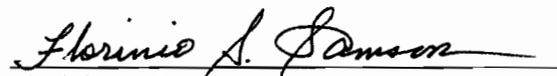
IN WITNESS WHEREOF the parties have executed this agreement on this 20th day of February, 1996.

KANSAS STATE BOARD OF HEALING ARTS



Lawrence T. Buening, Jr.
Executive Director
Kansas State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, Kansas 66603-3068
(913) 296-7413

February 20, 1996
Date



Florinio S. Samson, M.D.
Applicant

Jan. 23, 1996
Date

Prepared and approved as to form by:



Lori Miskel McNett, #17223

Associate Counsel

Kansas State Board of Healing Arts

235 S. Topeka Blvd.

Topeka, Kansas 66603-3068

(913) 296-7413

CERTIFICATE OF SERVICE

I, Lawrence T. Buening, Jr., do hereby certify that on the 21st day of February, 1996, a true and correct copy of the above and foregoing **STIPULATION AND AGREEMENT AND ENFORCEMENT ORDER** was deposited in the United States mail, first class, postage prepaid, to the following:

Florinio S. Samson, M.D.

Confidential

Tuscaloosa, Alabama 35406

and a copy was hand-delivered to:

Lori Miskel McNett

Associate Counsel

Kansas State Board of Healing Arts

235 S. Topeka Blvd.

Topeka, Kansas 66603-3068

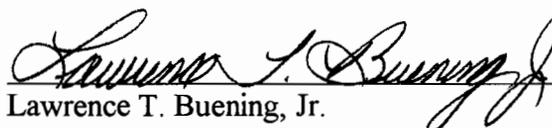
and the original was hand-delivered to:

Office of the Executive Director

Kansas State Board of Healing Arts

235 S. Topeka Blvd.

Topeka, Kansas 66603-3068

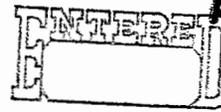

Lawrence T. Buening, Jr.

STIPULATION AND AGREEMENT AND ENFORCEMENT ORDER

Florinio S. Samson, M.D.

RECEIVED

APR 26 1996



STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

VOLUNTARY RESTRICTION ON CERTIFICATE OF
QUALIFICATION TO PRACTICE MEDICINE

The undersigned, Florinio S. Samson, M.D., does hereby voluntarily request and consent that the following restrictions be placed upon his certificate of qualification for a license to practice medicine in Alabama. I understand and agree that these restrictions shall continue in full force and effect until they are modified, amended, or terminated by the Alabama Board of Medical Examiners at my request.

RESTRICTIONS

1. I shall abstain from prescribing any medications to myself or to any member of my family.

2. During the period of this voluntary restriction, I shall notify the Board of Medical Examiners of any change of my residence address or medical practice location.

3. I agree to provide to the Alabama State Board of Medical Examiners, upon request, blood and/or urine samples for the purpose of laboratory testing to determine the presence of alcohol or controlled substances. I understand and acknowledge that refusal by me to provide the blood or urine samples to the Board upon request shall constitute a violation of this voluntary restriction.

4. I agree to limit any patient contacts to patients of the male gender.

5. I agree that I shall not engage in the private practice of medicine in the State of Alabama, and I shall limit any practice of medicine in the State of Alabama to a practice situation

where I am an employed physician under the supervision and monitoring of another licensed physician.

6. I agree to obtain the written approval of the Alabama Board of Medical Examiners prior to accepting employment as a practicing physician in Alabama and/or engaging in the practice of medicine in Alabama in any medical practice situation.

7. I agree to authorize my supervisors in the course of any employment practice undertaken, to submit to the Alabama Board of Medical Examiners status reports concerning the progress of my work, performance of my duties, and my behavior and relationships with other employees/personnel and with patients.

8. I shall continue to attend a twelve step program/meeting on a regular basis, and I will check in with my twelve step sponsor at least once a week and will call my sponsor as frequently as is needed.

9. I shall continue to see Dr. Charles Ford monthly; provided however, that Dr. Ford may communicate, in writing, to the Alabama Board of Medical Examiners that less frequent sessions are appropriate, and the Board will consider modification of this paragraph.

10. I will continue to see Dr. Richard Irons, quarterly, or as often as he recommends.

11. I will continue to see Charter Hospital personnel, Rick Corley and Debbie Corley, quarterly, or as often as they recommend.

12. I will request that reports from all treating personnel be sent to the Alabama Board of Medical Examiners on a quarterly basis.

13. I shall sign a contract with the Physician's Recovery Network of the Medical Association of the State of Alabama, and I shall provide a copy of this contract to the Alabama

Board of Medical Examiners.

14. I shall continue to attend scheduled after-care or quarterly reunion programs at Talbott Recovery Center in Atlanta, Georgia.

15. I shall continue to attend workshops/meetings/lectures on addictionology, especially those that pertain to sexual compulsivity, sexual boundaries, and sexual harassment, and I shall provide to the Board documentation of attendance upon request.

PENALTIES FOR VIOLATIONS

The occurrence of one or more of the following acts or omissions will constitute a violation of this voluntary restriction:

- a. Failure or refusal to satisfy the terms and conditions of Paragraphs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 and/or 15.
- b. Failure or refusal to provide the Board of Medical Examiners a blood and/or urine sample when requested.
- c. Failure or refusal to satisfy the terms and conditions of the aftercare contract referred to in Paragraph 13.

Any violation of this voluntary restriction, if established after notice and hearing as prescribed by the Alabama Administrative Procedures Act and the Rules and Regulations of the Medical Licensure Commission, shall constitute grounds for the suspension, restriction or revocation of the named physician's license to practice medicine or the imposition of such other penalty as authorized by Ala. Code §§34-24-361 and 34-24-381(1975).

DISCLOSURE NOTICE

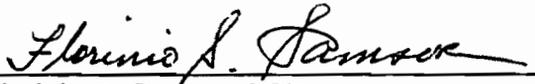
This voluntary restriction constitutes a public record of the Alabama Board of Medical

Examiners and will be reported by the Board to the Federal National Practitioner Data Bank.

This voluntary restriction may also be released by the Alabama State Board of Medical Examiners upon request.

CERTIFICATION

I certify that I have read the foregoing voluntary restriction on my certificate of qualification to practice medicine in Alabama, that I understand the terms and conditions thereof, and that the same are entered into by me voluntarily on this 7th day of June, 1995.


Florinio S. Samson, M.D.
6711 Locksley Drive
Tuscaloosa, AL 35406

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

**SECOND VOLUNTARY RESTRICTION ON CERTIFICATE OF
QUALIFICATION TO PRACTICE MEDICINE**

The undersigned, Florinio S. Samson, M.D., does hereby voluntarily request and consent that the following restrictions be placed upon his certificate of qualification for a license to practice medicine in Alabama and does hereby agree and consent that the restrictions contained in this document shall replace those restrictions voluntarily entered against my certificate of qualification on June 7, 1995.

I understand and agree that these restrictions shall continue in full force and effect until they are modified, amended, or terminated by the Alabama Board of Medical Examiners at my request.

RESTRICTIONS

1. I agree that I shall not engage in the private practice of medicine in the State of Alabama, and I shall limit any practice of medicine in the State of Alabama to a practice situation where I am an employed physician under the supervision of the Director of Alabama Operations for Quality HealthCare, Inc., and the Director of the Behavioral Health Services Operations for Quality HealthCare, Inc.

2. I agree to limit any patient contacts and any medical treatment of patients by me to geriatric patients/residents of nursing homes in the State of Alabama which are under contract

with Quality HealthCare, Inc., Behavioral Health Services Program.

3. In the event that my employment with Quality HealthCare, Inc./Behavioral Services Program is terminated, I agree to obtain the written approval of the Alabama Board of Medical Examiners prior to accepting employment as a practicing physician in Alabama and/or engaging in the practice of medicine in Alabama in any medical practice situation.

4. I agree that my employment will be limited to providing clinical supervision to licensed clinical social workers and licensed clinical psychologists employed by Quality HealthCare, Inc./Behavioral Health Services Program under contract to nursing homes in Alabama who provide assessment, evaluation and necessary therapeutic services to appropriate patients. As a quality control for the therapists, I will review on a weekly basis patient charts, patient assessment/evaluations, care plans and provide medication management and psychiatric evaluations for residents upon the requests of the therapists. I agree that, during all patient contacts by me, a therapist and/or nursing home chaperon will be present throughout the patient contact.

5. I agree to authorize my supervisors in the course of any employment practice undertaken, to submit to the Alabama Board of Medical Examiners status reports concerning the progress of my work, performance of my duties, and my behavior and relationships with other employees/personnel and with patients.

6. I shall abstain from prescribing any medications to myself or to any member of my family.

7. During the period of this voluntary restriction, I shall notify the Board of Medical Examiners of any change of my residence address or medical practice location.

8. I agree to provide to the Alabama State Board of Medical Examiners, upon request, blood and/or urine samples for the purpose of laboratory testing to determine the presence of alcohol or controlled substances. I understand and acknowledge that refusal by me to provide the blood or urine samples to the Board upon request shall constitute a violation of this voluntary restriction.

9. I shall continue to attend a twelve step program/meeting on a regular basis, and I will check in with my twelve step sponsor at least once a week and will call my sponsor as frequently as is needed.

10. I shall continue to see Dr. Charles Ford and Mr. Charley Shultz monthly; provided however, that Dr. Ford and Mr. Shultz may communicate, in writing, to the Alabama Board of Medical Examiners that less frequent sessions are appropriate, and the Board will consider modification of this paragraph.

11. I will request that reports from all persons who provide treatment to me be sent to the Alabama Board of Medical Examiners on a quarterly basis.

12. I shall sign a contract with the Physician's Recovery Network of the Medical Association of the State of Alabama, and I shall provide a copy of this contract to the Alabama Board of Medical Examiners.

13. I shall continue to attend scheduled after-care reunion programs at Talbott Recovery Center in Atlanta, Georgia on an annual basis.

14. I shall continue to attend workshops/meetings/lectures on addictionology, especially those that pertain to sexual compulsivity, sexual boundaries, and sexual harassment, and I shall provide to the Board documentation of attendance upon request.

PENALTIES FOR VIOLATIONS

The occurrence of one or more of the following acts or omissions will constitute a violation of this voluntary restriction:

- a. Failure or refusal to satisfy the terms and conditions of Paragraphs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and/or 14.
- b. Failure or refusal to provide the Board of Medical Examiners a blood and/or urine sample when requested.
- c. Failure or refusal to satisfy the terms and conditions of the aftercare contract referred to in Paragraph 12.

Any violation of this voluntary restriction, if established after notice and hearing as prescribed by the Alabama Administrative Procedures Act and the Rules and Regulations of the Medical Licensure Commission, shall constitute grounds for the suspension, restriction or revocation of the named physician's license to practice medicine or the imposition of such other penalty as authorized by Ala. Code §§34-24-361 and 34-24-381(1975).

DISCLOSURE NOTICE

This voluntary restriction constitutes a public record of the Alabama Board of Medical Examiners and will be reported by the Board to the Federal National Practitioner Data Bank. This voluntary restriction may also be released by the Alabama State Board of Medical Examiners upon request.

CERTIFICATION

I certify that I have read the foregoing voluntary restriction on my certificate of

qualification to practice medicine in Alabama, that I understand the terms and conditions thereof,
and that the same are entered into by me voluntarily on this 27th day of March,
1996.

Florino S. Samson
Florino S. Samson, M.D.
6711 Locksley Drive
Tuscaloosa, AL 35406