



acknowledges that she is entitled to have her interests represented by legal counsel and that she has elected to proceed without legal representation, thereby waiving her right to an attorney. Defendant acknowledges that she has read and understands the terms and conditions stated herein.

### ***PARTIES' AGREEMENT AND STIPULATIONS***

Plaintiff, Defendant and the Board staff stipulate and agree as follows:

#### ***Findings of Fact***

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. §480 *et seq.* The Board has jurisdiction over this matter, and notice has been given in all respects in accordance with law and the rules of the Board.

2. Defendant, Kimberly Rochelle Gage, M.D., holds Oklahoma license no. 19918.

3. Defendant has admitted that from January 31, 2000 until July 6, 2001, she wrote prescriptions for controlled dangerous drugs to Patient CBW. These prescriptions include four (4) prescriptions for Percocet, a Schedule II controlled dangerous drug, for 110 dosage units, twenty-eight (28) prescriptions for Hydrocodone, a Schedule III controlled dangerous drug, for 870 dosage units, and fifty-eight (58) prescriptions for Carisoprodol, Alprazolam, Diazepam, Propoxyphene, Ambien, Lorazepam and Phentermine, Schedule IV controlled dangerous drugs, for 1758 dosage units. Patient CBW, who was also employed by the Defendant at her home, was then requested by Defendant to fill the prescriptions at various pharmacies in the Tulsa, Oklahoma area, and to then provide the controlled dangerous drugs to the Defendant for her personal consumption.

4. Defendant has admitted that from January 14, 2000 through May 22, 2001, she wrote prescriptions for controlled dangerous drugs to MBW, LOW, JRW and RSW, all of whom were relatives or acquaintances of Patient CBW. These prescriptions included thirty-three (33) prescriptions of Schedule III, IV and V controlled dangerous drugs for a total of 1055 dosage units. Defendant directed her employee, Patient CBW, to fill the prescriptions at various pharmacies in Tulsa, Oklahoma, and to then provide them to the Defendant for her personal consumption. Defendant admits that there are no patient charts for any of these persons.

5. On or about April 20, 2000, Defendant submitted her application for renewal of her full medical license in the State of Oklahoma for the period July 2, 2000 through July 1, 2001. On her application for renewal, Defendant was asked the following question:

"Have you met the Oklahoma CME requirement?"

In response to this question, Defendant answered "Yes."

6. On or about August 3, 2001, the Board sent Defendant an Initial Audit Letter whereby she was advised that her name had been selected for audit of compliance with the continuing medical education requirement. Defendant was advised that she must submit proof of the required 150 hours of continuing medical education within thirty (30) days. Defendant did not respond to this letter from the Board.

7. On or about August 20, 2001, Defendant entered Rush Behavioral Health Center for evaluation and treatment.

8. On or about September 6, 2001, the Board sent Defendant a second letter via certified mail whereby she was advised that the Board had not received proof of compliance with continuing medical education requirements, and that to avoid possible disciplinary action, the documents must be submitted by September 20, 2001.

9. As of the date of the filing of this Complaint, Defendant had not responded in any way to the August 3, 2001 letter or the September 6, 2001 letter.

10. Title 59 O.S. §508 provides as follows:

"Whenever any license has been procured or obtained by fraud or misrepresentation...it shall be the duty of the Board to revoke such license..."

Section 508 further provides as follows:

"Use of fraudulent information to obtain a license shall be a misdemeanor offense, punishable, upon conviction, by the imposition of a fine of not less than One Thousand Dollars (\$1,000.00), or by imprisonment in the State Penitentiary for not more than one (1) year, or by both such fine and imprisonment."

11. Title 435:10-15-1 of the Oklahoma Administrative Code provides as follows:

(a)(1) Effective July 1, 2000, each applicant for re-registration of licensure shall certify that he/she has completed the requisite hours of continuing medical education (C.M.E.).

...

(c)(2) Misrepresenting compliance with C.M.E. requirements constitutes a fraudulent application.

12. Defendant subsequently submitted information that she had complied with the C.M.E. requirements.

13. Defendant is guilty of unprofessional conduct in that she:

A. Habitually uses habit-forming drugs in violation 59 O.S. 407 §509(5) and OAC 435:10-7-4(3).

B. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. §509(9) and OAC 435:10-7-4(11).

C. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(14) and OAC 435:10-7-4(39),

D. Is unable to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physician condition in violation of 59 O.S. §509(16) and OAC 435:10-7-4(40).

E. Purchased or prescribed a regulated substance in Schedules I through V for the physician's personal use in violation of OAC 435:10-7-4(5).

F. Prescribed, sold, administered, distributed, ordered or gave a drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself in violation of OAC 435:10-7-4(26).

G. Wrote a false or fictitious prescription for any drugs or narcotics declared by the laws of this state to be controlled or narcotic drugs in violation of 59 O.S. §509(12).

H. Prescribed a drug without sufficient examination and establishment of a valid physician patient relationship in violation of 59 O.S. §509(13).

I. Confessed to a crime involving a violation of the anti-narcotic laws of the federal government or the laws of this state in violation of 59 O.S. §509(8) and 63 O.S. §2-407.

- B. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. §509(9) and OAC 435:10-7-4(11).
- C. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(14) and OAC 435:10-7-4(39),
- D. Is unable to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physician condition in violation of 59 O.S. §509(16) and OAC 435:10-7-4(40).
- E. Purchased or prescribed a regulated substance in Schedules I through V for the physician's personal use in violation of OAC 435:10-7-4(5).
- F. Prescribed, sold, administered, distributed, ordered or gave a drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself in violation of OAC 435:10-7-4(26).
- G. Wrote a false or fictitious prescription for any drugs or narcotics declared by the laws of this state to be controlled or narcotic drugs in violation of 59 O.S. §509(12).
- H. Prescribed a drug without sufficient examination and establishment of a valid physician patient relationship in violation of 59 O.S. §509(13).
- I. Confessed to a crime involving a violation of the anti-narcotic laws of the federal government or the laws of this state in violation of 59 O.S. §509(8) and 63 O.S. §2-407.
- J. Committed an act which is a violation of the criminal laws of any state when such act is connected with the physician's practice of medicine in violation of 59 O.S. §509(10).

K. Prescribed a controlled substance without medical need in accordance with published standards in violation of 59 O.S. §509(17) and OAC 435:10-7-4(2) and (6).

L. Used a false, fraudulent or deceptive statement in a document connected with the practice of medicine and surgery in violation of OAC 435:10-7-4(19).

M. Violated a state or federal law or regulation relating to controlled substances in violation of OAC 435:10-7-4(27), 63 O.S. §2-404, §2-406 and §2-407, and OAC 475:25-1-3 and OAC 475:30-1-3.

N. Procured, aided or abetted a criminal operation in violation of 59 O.S. §509(1).

O. Failed to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient in violation of 59 O.S. §509(19).

### ***Order***

IT IS THEREFORE ORDERED by the Oklahoma State Board of Medical Licensure and Supervision as follows:

1. The Board *en banc* hereby adopts the agreement of the parties in this Voluntary Submittal to Jurisdiction.

2. The license of Defendant, Kimberly Rochelle Gage, M.D., Oklahoma license no. 19918, is hereby SUSPENDED beginning August 16, 2001 for a period of ninety (90) days.

3. Pursuant to the parties' voluntary agreement and submittal to jurisdiction, Defendant shall be placed on PROBATION for a period of five (5) years following her suspension under the following terms and conditions:

A. Defendant will conduct her practice in compliance with the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act as interpreted by the Oklahoma State Board of Medical Licensure and Supervision. Any question of interpretation

regarding said Act shall be submitted in writing to the Board and no action based on the subject of the question will be taken by Defendant until clarification of interpretation is received by Defendant from the Oklahoma State Board of Medical Licensure and Supervision.

B. Upon request of the Board Secretary, Defendant will request all hospitals in which she anticipates practicing to furnish to the Board Secretary of the Oklahoma State Board of Medical Licensure and Supervision a written statement regarding monitoring of her practice while performing services in or to that hospital.

C. Defendant will furnish to each and every state in which she holds licensure or applies for licensure and hospitals, clinics or other institutions in which she holds or anticipates holding any form of staff privilege or employment, a copy of the Board Order stipulating sanctions imposed by the Oklahoma State Board of Medical Licensure and Supervision.

D. Defendant will not supervise allied health professionals that require surveillance of a licensed physician.

E. Defendant will not prescribe, administer, dispense or possess any drugs in Schedules I through V, except that Defendant may prescribe drugs in Schedules I through V to hospital in-patients and emergency room patients only.

F. Defendant will enter and continue therapy with a therapist approved in advance by the Board Secretary and will authorize in writing the release of any and all records of that treatment to the Board or its designee. Defendant shall continue with said counseling until both the counselor and the Board approve discontinuance of counseling. Defendant shall provide quarterly reports from her counselor of her progress to the Board Secretary for his review.

G. Defendant will enter and continue psychiatric treatment with a psychiatrist approved in advance by the Board Secretary and will authorize in writing the release of any and all records of that treatment to the Board or its designee. Defendant shall continue with said treatment until both the psychiatrist and the Board approve discontinuance of treatment. Defendant shall provide quarterly reports from her psychiatrist of her progress to the Board Secretary for his review.

H. Defendant will submit biological fluid specimens to include, but not limited to, blood and urine, for analysis, upon request of the Oklahoma State Board of Medical Licensure and Supervision or its designee, and Defendant will pay for the analysis thereof.

I. Defendant will not prescribe, administer or dispense any medications for personal use or for that of any family member.

J. Defendant will take no medication except that which is authorized by a physician treating her for a legitimate medical need. Defendant has the affirmative duty to inform any and every doctor treating her of the Board Order immediately upon initiation, or continuation of treatment.

K. Defendant will have the affirmative duty not to ingest any substance which will cause a body fluid sample to test positive for prohibited substances.

L. Defendant will authorize in writing the release of any and all information regarding her treatment at Rush and any other records of her medical, emotional or psychiatric treatment to the Oklahoma State Board of Medical Licensure and Supervision.

M. Defendant will abide by the terms and recommendations of her post care contracts with Rush and the Physicians' Recovery Program, copies of which are attached hereto, including psychiatric treatment or counseling with a doctor or therapist approved by the Oklahoma State Board of Medical Licensure and Supervision. Defendant will authorize in writing the release of any and all records of that treatment to the Oklahoma State Board of Medical Licensure and Supervision and will authorize the Compliance Consultant to the Board to discuss her case and treatment with the individuals providing Defendant's treatment.

N. Defendant will attend three (3) meetings per week of a local 12-step program.

O. Defendant shall promptly notify the Board of any relapse, including any entry, or re-entry, into a treatment program for substance abuse.

P. Defendant shall promptly notify the Board of any citation or arrest for traffic or for criminal offenses involving substance



abuse.

Q. Defendant will keep the Oklahoma State Board of Medical Licensure and Supervision informed of her current address.

R. Defendant will keep current payment of all assessments by the Oklahoma State Board of Medical Licensure and Supervision for prosecution, investigation and monitoring of her case, which shall include but is not limited to a one hundred dollar (\$100.00) per month fee during the term of probation, unless Defendant affirmatively obtains a deferment of all or part of said fees upon presentation of evidence that is acceptable to the Board Secretary.

S. Until such time as all indebtedness to the Oklahoma State Board of Medial Licensure and Supervision has been satisfied, Defendant will reaffirm said indebtedness in any and all bankruptcy proceedings.

T. Defendant shall make herself available for one or more personal appearances before the Board or its designee upon request.

U. Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or designee.

V. Failure to meet any of the terms of this Board Order will constitute cause for the Board to initiate additional proceedings to suspend, revoke or modify Defendant's license after due notice and hearing.

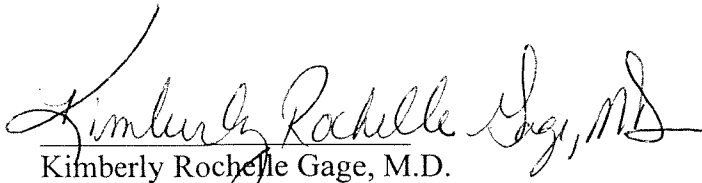
4. Defendant's suspension will be lifted, and her license will be reinstated only upon payment in full of all costs and expenses incurred by the State of Oklahoma prior to November 8, 2001.

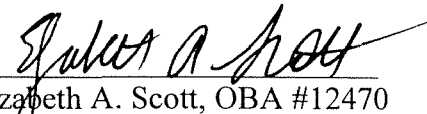
Dated this 8 day of November, 2001.



John Alexander, M.D., President  
Oklahoma State Board of  
Medical Licensure and Supervision

**AGREED AND APPROVED**

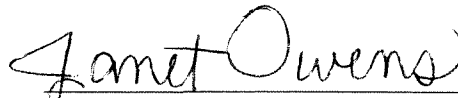
  
Kimberly Rochelle Gage, M.D.  
License No. 19918

  
Elizabeth A. Scott, OBA #12470  
Assistant Attorney General  
State of Oklahoma  
5104 N. Francis, Suite C  
Oklahoma City, OK 73118

Attorney for the Oklahoma State  
Board of Medical Licensure and  
Supervision

**CERTIFICATE OF MAILING**

I certify that on the 14 day of November, 2001, a mailed a true and correct copy of the Order Accepting Voluntary Submittal to Jurisdiction to Kimberly Rochelle Gage, M.D., 5614 East 80<sup>th</sup> Place, Tulsa, OK 74136-5195.

  
Janet Owens



RUSH - PRESBYTERIAN - ST. LUKE'S  
MEDICAL CENTER

RUSH BEHAVIORAL HEALTH CENTER

Kimberly Gage  
08/20/2001  
00014481  
PHP - Barb

(addressograph)

### Continuing Care Plan

Name: Kimberly Gage Age: 39 Male/Female: \_\_\_\_\_

Address: 5614 E. 80th Place Tulsa, OK 74136

Phone (Home): 918-488-0192 Work: 918 629-4448

Admission Date: 8/20/01 Discharge Date: 9/28/01 (May we contact you at work?)  Yes  No

Primary Counselor: BARBARA LAUKUTIS Physician: PAUL FELDMAN MD

Referral Source Name: HAROLD THIESSON, MD Phone #: 405-376-9728

Referral Source Title/Relation to Patient: OK PHYSICIANS RECOVERY Program

Progress reports to referral source?  yes  no Verbal  Written

Frequency of reports: \_\_\_\_\_ Release of Information signed?  yes  no

### RECOMMENDATIONS

1. Continuing Care Group: Caduceus Aftercare

Place: Laureate Psych Center Tulsa

Day/Time: Tuesday 8:00pm Start Date: 10-02-01

Issues to be addressed (include unresolved problems from problem list): \_\_\_\_\_

Self esteem, assertiveness, family, return to work

2. Self Help Group: AA/NA Recommended Frequency: 3x/week

Recommendations regarding sponsorship: Obtain sponsor contact

3x/week - Attend 1 meeting together weekly  
Issues to be addressed (include unresolved problems from problem list): \_\_\_\_\_

work 12-steps of the program & sponsor.

3. Professional Services (i.e. Individual/Marital/Family Therapy, Medical/Psychiatric Follow Up, Vocational Counseling, etc.)  
Specific Services Recommended: INDIVIDUAL THERAPY

MEDICATION MANAGEMENT

Provider Name: TBA by Dr O'Melia Phone #: 918-747-4310

Address: \_\_\_\_\_

Date/Time of Initial Appointment: \_\_\_\_\_

Release of Information signed? yes [ ] no

Provider Name: Michael Gebetsberger Phone #: 918-491-5990

Address: Tulsa, OK - (6600 S. Yale Ave Ste 750)

Date/Time of Initial Appointment: TBA

Release of Information signed? yes [ ] no

Issues to be addressed (include unresolved problems from problem list): \_\_\_\_\_

INDIVIDUAL: Codependence - Self esteem issues

PTSD

4. Other continuing care recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Patient Comments Related to Continuing Care Planning: \_\_\_\_\_

\_\_\_\_\_

Kimberly Sage  
(Patient Signature)

9/27/01  
(Date)

St Pauline  
(Staff Signature)

9-27-01  
(Date)

RUSH UNIVERSITY



RUSH BEHAVIORAL HEALTH CENTER-DuPAGE

## CADUCEUS AFTERCARE AGREEMENT

I, **Kimberly Gage**, having completed the primary treatment phase of the Rush Behavioral Health Professional's Program, agree to the following terms concerning my on going aftercare and monitoring. I understand that Rush Behavioral Health will act in an advocacy capacity regarding my professional standing so long as I adhere to the following conditions:

1. The terms of this contract shall be in effect for a period of twenty months from the contract date.
2. I agree to enroll in and abide by the conditions of my State Professional's Assistance Program under the direction of: **Harold Thiesson, M.D. – Oklahoma Physician Recovery Program.**
3. I agree to practice my profession in the following location (specify profession, specify type of practice and location):

Profession: **Physician**

Type of practice: **E.R.**

4. I agree to the following terms concerning the prescribing of handling of mood-altering chemicals: **No personal handling or administration of mood altering substances; absolutely no prescribing for self, family, or friends.**
5. I agree to the following restrictions or conditions regarding my professional practice: **Maintenance of reasonable work hours.**
6. I agree to provide urine toxicology screens at a frequency indicated below or whenever requested by Rush Behavioral Health, the State Professional's Assistance Program, or my primary care physician. The urine monitoring shall be random, observed, and performed through an approved agency. (Specify which facility will be handling the monitoring and frequency of drops.

Facility: **TBA**

Frequency: **Weekly**

Monitor: **Dr. Bill O'Meilia, 918-747-4310, 2750 E. 44<sup>th</sup> St., Tulsa, OK 74105**

7. If forms need to be sent, such as quarterly reports, toxicologies, etc. please state which forms need to be sent and frequency of mailing:

Forms: \_\_\_\_\_

Frequency of mailing: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**If this information changes, please contact the M.D. Secretary at Rush Behavioral Health at (630) 969-7300.**

8. I agree to obtain a primary care physician who will assume responsibility for my medical health maintained. Preferably one knowledgeable about addiction.

Primary Physician:

Address:

Phone:

9. I agree to the following recommendations concerning individual therapy, family therapy, or halfway house placement:

10. I agree to attend the following professional's monitoring and support group: **Tuesday, 8:00 p.m. Caduceus, Laureate Psych Center.**

11. I agree to attend a recovery self-help group and obtain a sponsor. (Indicate self-help group and frequency): **Minimum of 3 AA/NA meetings weekly.**

12. I agree to take responsibility for expenses associated with treatment and aftercare.

13. I agree to meet with my Rush Behavioral Health aftercare coordinator on a quarterly basis, or as indicated. If located outside the area, indicate type and frequency of aftercare contact: **Follow-up visit in 3 months.**

14. I agree to attend the Rush Behavioral Health-DuPage Alumni Renewal on the following dates: **Voluntary – to be announced.**

15. I agree to abstain from the use of all mood-altering chemicals, except as prescribed by my primary or treating physicians, and, whenever possible, in consultation with my supervising physician at Rush Behavioral Health at the earliest opportunity. Further, I agree to a policy of not self-prescribing medications for any reason.

16. I agree to notify Rush Behavioral Health immediately in the event of a relapse.

17. I understand that failure to comply with the terms of this contract may result in termination of professional advocacy, and that the appropriate monitoring agencies will be informed as necessary.

Kimberly Sage 9/26/01  
Signature of Caduceus Enrollee Date

Address: 5614 E. 80<sup>th</sup> Place Tulsa OK 74136  
Street City State Zip Code

Home Phone: 918-488-0192 Work Phone: 918-494-6161

Pager: ∅ Other: cell 918-629-4448

Special Instructions for Caller: \_\_\_\_\_

[Signature] 9/26/01  
Signature of Primary Counselor Date

[Signature] 9/26/01  
Signature of Supervising Physician Date

First appointment scheduled with on: \_\_\_\_\_ with \_\_\_\_\_  
(Date) (Rush Physician)