

read and understands the terms and conditions stated herein, and that this Agreement has been reviewed and discussed with him and his legal counsel.

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, Paul Clark Redman, M.D., holds Oklahoma license no. 20796.

3. From January 9, 1999 until July 17, 2000, Defendant wrote approximately thirty-four (34) prescriptions for controlled dangerous drugs to his wife in her maiden name. All of the prescriptions were for Schedule III controlled dangerous drugs. These prescriptions were filled at three (3) different Tulsa, Oklahoma pharmacies during this time period. A review of Defendant's records reveals that he failed to make and keep any records of the controlled drugs he was prescribing to his wife.

4. Upon information and belief, some if not all of the controlled dangerous drugs that Defendant prescribed to his wife were for his personal use.

5. On or about August 8, 2000, Defendant was admitted to Talbott Recovery Center for evaluation and treatment for substance abuse.

6. Defendant is guilty of unprofessional conduct in that he:

A. 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).

B. 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).

C. 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).

- D. Prescribed a drug without sufficient examination and establishment of a valid physician patient relationship in violation of 59 O.S. §509(13).
- E. 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).
- F. 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).
- G. Indiscriminate or excessive prescribing of controlled or narcotic drugs in violation of OAC 435:10-7-4(1).
- H. 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).
- I. 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).
- J. Habitually uses habit-forming drugs in violation 59 O.S. §509(5) and OAC 435:10-7-4(3).
- K. Was 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).
- L. 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, OAC 475:25-1-3 and OAC 475:30-1-3.
- M. Purchased or prescribed any regulated substance in Schedule I through V, as defined by the Uniform Controlled Dangerous Substances Act, for the physician's personal use in violation of OAC 435:10-7-4(5).

Conclusions of Law

1. The Board has jurisdiction and authority over the Defendant and subject matter herein pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act (the "Act") and its applicable regulations. The Board is authorized to enforce the Act as necessary to protect the public health, safety and welfare.

2. Defendant, Paul Clark Redman, Oklahoma medical license 20796, is guilty of unprofessional conduct set forth below based on the foregoing facts:

A. 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).

B. 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).

C. 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).

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

E. 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).

F. 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).

G. Indiscriminate or excessive prescribing of controlled or narcotic drugs in violation of OAC 435:10-7-4(1).

H. 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).

I. 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).

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

K. 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).

L. 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, OAC 475:25-1-3 and OAC 475:30-1-3.

M. Purchased or prescribed any regulated substance in Schedule I through V, as defined by the Uniform Controlled Dangerous Substances Act, for the physician's personal use in violation of OAC 435:10-7-4(5).

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, Paul Clark Redman, M.D., Oklahoma license no. 20796, is hereby SUSPENDED beginning August 14, 2000 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 his suspension under the following terms and conditions:
 - A. Defendant will conduct his 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 he anticipates practicing to furnish to the Board Secretary of the Oklahoma State Board of Medical Licensure and Supervision a written statement regarding monitoring of his practice while performing services in or to that hospital.

C. Defendant will furnish to each and every state in which he holds licensure or applies for licensure and hospitals, clinics or other institutions in which he 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.

F. Defendant will surrender his registration for state and federal controlled dangerous substances to the proper authorities and will not apply for state and federal registration for controlled dangerous substances until the term of his probation has expired unless authorized to do so by the Board.

G. 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.

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

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

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

prohibited substances.

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

L. Defendant will abide by the terms and recommendations of his postcare contracts with Talbott 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 his case and treatment with the individuals providing Defendant's treatment.

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

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

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

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

Q. Defendant will keep current payment of all assessments by the Oklahoma State Board of Medical Licensure and Supervision for prosecution, investigation and monitoring of his 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.

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

S. Defendant shall make himself available for one or more

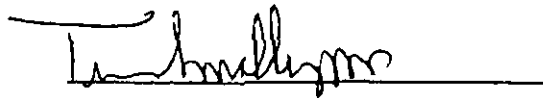
personal appearances before the Board or its designee upon request.

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

U. 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.

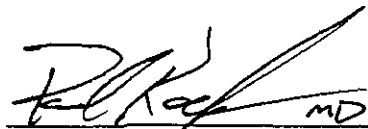
4. Defendant's suspension will be lifted, and his license will be reinstated only upon payment in full of all costs and expenses incurred by the State of Oklahoma prior to November 12, 2000.

Dated this 2nd day of November, 2000.

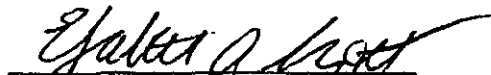


Tim Smalley, M.D., President
Oklahoma State Board of
Medical Licensure and Supervision

AGREED AND APPROVED



Paul Clark Redman, M.D.
License No. 20796



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

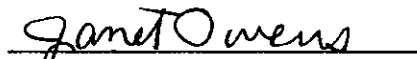
Attorney for the Oklahoma State
Board of Medical Licensure and
Supervision



Richard O'Carroll, Esq.
O'Carroll & O'Carroll
2171 N. Vancouver
Tulsa, OK 74127
Attorney for the Defendant

CERTIFICATE OF MAILING

I certify that on the 7 day of November, 2000, a mailed a true and correct copy of the Order Accepting Voluntary Submittal to Jurisdiction to Richard O'Carroll, O'Carroll & O'Carroll, 2171 N. Vancouver, Tulsa, OK 74127.


Janet Owens

TALBOTT RECOVERY CAMPUS
CONTINUING CARE CONTRACT

DISCHARGE DATE: 9-30-00

NAME: Paul Redman

HOME ADDRESS: 2616 E. 14th Street

- Tulsa, OK 74104

TELEPHONE H: 918-747-8954 W: 918-582-0971

1. I agree to participate in continuing care under the auspices of the Talbott Recovery Campus for five years from the date of my discharge.
2. I agree to abstain completely from any mood changing chemicals except as prescribed by my primary care physician and, when appropriate, after consultation with an Addictionologist.
3. I agree to follow the terms of my Relapse Contract (see page six).
4. If I change my address, I agree to notify the Continuing Care Associate within two weeks before such a move.
5. I agree to complete, submit for review to the monitoring professional, and mail to Talbott Recovery Campus the Continuing Care Quarterly Monitoring Report.
6. The following are specific problems regarding my hospital, licensing board, etc. (include prevailing restriction):

Oklahoma board investigating peer support
written.

REDISCUSSION OF THIS
INFORMATION TO ANY OTHER
PARTY IS PROHIBITED

7. I will practice my work profession in the following location:

Address: 1145 S. Utica

Tulsa, OK 74104

Phone: 918-582-0971

8. I agree to the following recommendations regarding my return to work:

9. Until I return to work, I agree to follow a schedule approved by my monitor. The schedule will include:

Go to meetings, call sponsor, call

10. I plan to return to work by: ASAP

11. I plan to work the following hours per week: 40

12. I will use as my primary physician:

Name: Dr. Alton Rae

Address: 3218 S. 79th E. Ave

Tulsa OK 74145

Phone: 918-663-6228

13. I will use as my monitoring professional:

Name: William Yarbrough | Harold Theissen

Address: 2808 S. Sheridan | 1100 N. Mustang

Tulsa, OK 74129 | Oklahoma City, OK 7306

Phone: 918-838-4799 | 405-376-9728

Bill Omelia
918-747-4310

RE DISCLOSURE OF THIS
INFORMATION TO ANY OTHER
PARTY IS PROHIBITED.

14. I agree to the following specifics for contacting my monitor:

Call Monday 10:20:00 when I get home
then as directed.

15. I agree to random urine/blood monitoring drug screens to be set up by as per Melinda (Larblough's nurse) and agree to pay for these urine/blood drug screens.

16. I have asked the following person to be my sponsor and to actively work with me on 8th and 9th Step issues:

Name: Temp: Anthony Schroeder

Address: _____

Phone: 918-299-7756

17. I agree to the following living recommendations:

Spouse - Lauren

18. I will initially attend 90 Twelve Step Support Group meetings in 90 days followed by attending at a frequency of four to seven times per week.

19. The following are the Support Group meetings available in my area:

<u>Day</u>	<u>Type of Meeting</u>	<u>Location</u>	<u>Time</u>
Monday	<u>12:12 Study</u>	<u>Outside Christian Church</u>	<u>12:00</u>
Tuesday	<u>Big Book</u>	<u>"</u>	<u>12:00</u>
Wednesday	<u>As Bill sees it</u>	<u>"</u>	<u>12:00</u>
Thursday	<u>Cadences</u>	<u>Laureate Outside</u>	<u>8pm</u>
Friday	<u>12:12</u>	<u>Christian Church</u>	<u>12:00</u>
Saturday	<u>Speaker</u>	<u>mt. Zion Church</u>	<u>8pm</u>
Sunday	<u>Big Book</u>	<u>Kaiser Rehab</u>	<u>10:30am</u>

REDISCLOSURE OF THIS INFORMATION TO ANY OTHER PARTY IS PROHIBITED.

Additional Comments: _____

20. I agree to attend the following Health Professionals group, i.e., Caduceus, if applicable:

Name: Caduceus

Location: Laureate Hospital

Contact Person: Bill Onelia / Bill Parbionch

Phone: 918-838-4799

21. I agree to attend the following continuing care group, if applicable:

Name of Group: As directed by monitor

Time: _____

Location: _____

22. I agree to participate in individual, marriage, or family therapy, if applicable:

Therapist: As directed by monitor

Time: _____

Location: _____

Phone: _____

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23. I plan to return for the following continuing care visits (to include Return Visits and/or Alumni Retreat):

1. December return visit
2. March or April 2001
3. Annually for 5 years or Retreat (June 28)

If unable to attend the scheduled Return Visit(s), I agree to communicate the reason for my absence in writing to the Continuing Care Associate.

24. I agree to the following additional recommendations regarding my continuing care:

As directed by monitor

25. I will continue to develop my spiritual program of action (pages 85-88 Big Book) by participation in the following: daily

Prayer & bible reading

26. I will continue to invest in my family life by the following:

Dinner with family, does with wife each week
walks with kids

27. I will continue to develop my leisure time by participation in:

Go on family vacation, read to kids,
go on walks to zoo with family
Garden

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28. I will continue to maintain my physical health by:

lift weights, walk, ride bikes, swim

29. I will assume responsibility for all expenses connected with my treatment, and all previous debts, if applicable, by:

N/A

30. I will comply with the Talbott Recovery Campus Business Office agreement.

Paul Rad...
Patient Signature

9-27-00
Date

Mark J. Kiefer, LCSW
Continuing Care Associate

9/27/00
Date

RELAPSE CONTRACT

I. I, Paul Redman, should I use any alcohol or other mood alternating drugs, agree to perform the following within 24 hours:

- A. Contact my AA/NA Sponsor
- B. Attend an AA/NA meeting and pick up a white chip when applicable.
- C. Contact my monitoring professional in my area to inform him/her of my relapse.
- D. Contact the Continuing Care Associate at the Talbott Recovery Campus to inform him of my relapse.
- E. Follow directions

II. I, _____, as a member of the family or significant other, agree to encourage the patient to contact the monitoring professional to inform him/her of the relapse. I agree to contact my sponsor and home Al-Anon group for additional suggestions. I agree to contact the monitoring professional and the Continuing Care Associate at TRC as outlined above if the patient is unwilling to do so.

III. I, Paul Redman, will complete and return this contract to TRC within 30 days of my discharge.

Paul Redman
Patient Signature

9.26.00
Date

Family Member/Significant Other Signature

Date

Monitoring Professional Signature

Date

Mark Skifer LCSW
Continuing Care Associate/
Talbott Recovery Campus

9/27/00
Date

REDISCLOSURE OF THIS INFORMATION TO ANY OTHER PARTY IS PROHIBITED.

CONTRACT BETWEEN THE OKLAHOMA STATE MEDICAL

ASSOCIATION

RECOVERY COMMITTEE AND Paul Redman

The purpose of this contract is for the Oklahoma State Medical Association Physician Recovery Program to provide advocacy for Dr. Redman and in order to assure that such advocacy is appropriate, the below provisions will serve to aid Dr. Redman in strengthening his personal recovery program and to assure the Program representatives that a strong recovery program is in place.

Dr. Redman agrees to remain abstinent from all psychoactive substances, legal or illegal, including alcohol. To validate that abstinence random urine drug screens will be obtained, as arranged by Dr. Redman, and results furnished to the Physician Recovery Program contingent upon the approval of the monitoring plan by the program representative.

Dr. Redman agrees to attend the Tulsa Redman Medical Professional Support Group as well as three other community twelve step (A.A. or N.A.) meetings weekly. Upon request by the Physician Recovery Program the validation of that meeting attendance will be made available. In addition Dr. Redman agrees to obtain a sponsor with at least two years abstinent recovery, with whom he/she will maintain at least weekly contact.

Should the urine drug screen tests be positive or questionable or should there be a significant lapse of any of the other aspects of the personal recovery program as outlined herein, the appropriate Board, licensing agency or insurance carrier may be notified immediately; and Dr. Redman agrees to undergo appropriate evaluation and/or treatment at a treatment facility chosen by the Committee or Program representative.

Dr. Redman agrees to advise any physician treating him/her of his alcoholism or chemical dependency history; and Dr. Thiessen or other Program representative agrees to provide consultation as to chemical dependency issues specifically as to use of certain medications to Dr. Redman or the treating physician.

Dr. Redman hereby authorizes release of information from the Physician Recovery Program to the appropriate Board, licensing agency or insurance carrier as outlined above and as requested for advocacy purposes.

This contract will be for _____ years.

[Signature]
Participating Physician.

10-6-00
Date

[Signature]
for Physician Recovery Program

10/6/00
Date

Bi weekly Random Drug screen x 6 mo
Weekly Random x 6 mo.
Bi Monthly x 1 yr + re eval after