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IN AND BEFORE THE OKLAHOMA BOARD OF  
MEDICAL LICENSURE AND SUPERVISION

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,	)
OKLAHOMA BOARD OF MEDICAL	)
LICENSURE AND SUPERVISION,	)
	)
Plaintiff,	)
vs.	)
	)
James Benton Williams, Jr.	)
	)
Applicant.	)

VOLUNTARY SUBMITTAL TO JURISDICTION AND  
ORDER REINSTATING PHYSICIAN ASSISTANT LICENSURE

NOW ON THIS 23<sup>rd</sup> day of January, 1998, there comes on before the Oklahoma State Board of Medical Licensure and Supervision (Board), the reinstatement application for physician assistant licensure of James Benton Williams, Jr. (Applicant).

The Applicant, James Benton Williams, Jr., the undersigned, states that he is of sound mind and not under the influence of any medication or drug or impaired thereby. Applicant hereby voluntarily and of his own volition submits to the jurisdiction of the Board and agrees to abide by the conditions and terms of the Order.

ORDER

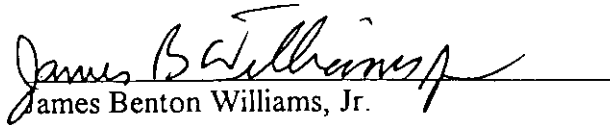
IT IS THE ORDER OF THE BOARD to reinstate the physician assistant license of Applicant, James Benton Williams, Jr. under the following terms and conditions:

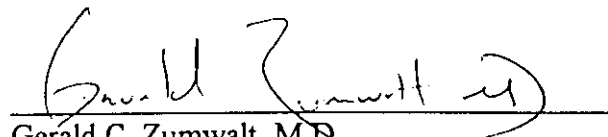
1. Applicant is to be placed on a five (5) year probation to the Board of Medical Licensure and Supervision.
2. Applicant will conduct his practice in compliance with the Physician Assistant Act as interpreted by the Oklahoma State Board of Medical Licensure and Supervision. Any question of interpretation 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.
3. During the period of probation, Applicant will request all hospitals in which he anticipates practice to furnish to the Oklahoma State Board of Medical

Licensure and Supervision, a written statement regarding monitoring of his/her practice while performing services in or to that hospital.

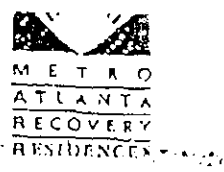
4. During the period of probation, Applicant will furnish to each and every state in which he holds licensure or applies for licensure and hospitals, clinics or other institutions in which he holds or anticipates holding any form of staff privilege or employment, a copy of the Board Order stipulating sanctions imposed by the Oklahoma State Board of Medical Licensure and Supervision.
5. During the period of probation, Applicant 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 Applicant will pay for the analysis thereof.
6. During the period of probation, Applicant will not prescribe, administer or dispense any medications for personal use.
7. During the period of probation, Applicant will take no medication except that which is authorized by a physician treating him/her for a legitimate medical need. Applicant has the affirmative duty to inform any and every doctor treating him/her of the Board Order immediately upon initiation of treatment.
8. During the period of probation, Applicant will have the affirmative duty not to ingest any substance which will cause a body fluid sample to test positive for prohibited substances.
9. During the period of probation, Applicant will abide by the post care contract from Metro Atlanta Recovery Residences, Inc. (attached).
10. During the period of probation, Applicant will keep the Oklahoma State Board of Medical Licensure and Supervision informed of his current address.
11. During the period of probation, Applicant will keep current payment of all assessment by the Oklahoma State Board of Medical Licensure and Supervision for prosecution, investigation and monitoring of his case.
12. Until such time as all indebtedness to the Oklahoma State Board of Medical Licensure and Supervision has been satisfied, Applicant will reaffirm said indebtedness in any and all bankruptcy proceedings.

13. Applicant will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Consultant to obtain copies of medical records and authorize the Compliance Consultant to discuss Applicant's case with Applicant's treating physicians and/or any physicians holding Defendant's records.
14. Applicant will affiliate with the Oklahoma State Medical Association Recovery Committee and fulfill the terms of that group's contract (attached).

  
James Benton Williams, Jr.

  
Gerald C. Zumwalt, M.D.  
Secretary/Medical Advisor

# CONFIDENTIAL NON LOCAL AFTERCARE CONTRACT



PATIENT NAME: Jimmy Williams  
 Billing code: \_\_\_\_\_

This information can be disclosed to you from \_\_\_\_\_ AGE: \_\_\_\_\_  
 Effectuve Date: \_\_\_\_\_  
 Confidentiality is protected  
 you should use this information

I, Jimmy Williams agree to the terms of this aftercare contract for a period of 24 months from MAY 97 to APR 99 as follows:

1. I am responsible for all expenses connected with my treatment.
2. My primary physician is:

NAME: Robert McRaney MD PHONE #: 1-800-727-3211  
 ADDRESS: 300 EAST SIXTH ST TEXARKANA, AR. 75502

3. My professional advocate (if applicable) is:  
 NAME: Texarkana Recovering Professionals (Dr Jerry Strong fellow) PHONE #: 501-779-6000  
 ADDRESS: 1205 EAST 35th TEXARKANA, AR 75502

4. I agree to notify my primary physician/professional advocate of any contemplated change in work status or residence.
5. I agree to provide supervised urine/blood samples for drug screens at the discretion of my primary physician or advocate.
6. I agree to abstain completely from any mood-altering chemical except as prescribed by my designated physician and with consultation of my advocate.
7. In the event of relapse, I agree to abide by my advocate's recommendations.
8. I agree to attend the following recovering professional groups.

Texarkana Recovering Professionals 8<sup>00</sup> pm wed.  
Texarkana, AR

9. I will attend self-help groups at a frequency of 3 times per week. (list below)

DAY	TIME	NAME OF GROUP	LOCATION
<u>MON</u>	<u>8<sup>00</sup> P</u>	<u>Seventy Group</u>	<u>Duke ST. Hugo, OK</u>
<u>FRI</u>	<u>8<sup>00</sup> PM</u>	<u>one day at a time</u>	<u>4126.6. ST. Texarkana AR</u>
<u>SAT</u>	<u>10<sup>00</sup> PM</u>	<u>one day at a time</u>	<u>Simball ST. Texarkana AR</u>

10. I agree to the following special conditions) concerning my recovery program: (e.g., couples therapy, individual therapy, etc.)

Explain: Sexual therapy 2-x me for 3 months,  
then revised.

11. I agree to meet with my primary physician and advocate as requested.

12. I understand that my primary physician and advocate can not appear as a witness on my behalf in any court of law or in any legal matter unless I fulfill the terms of this contract.

13. I understand that if I do not adhere to the conditions of this contract, my advocate may elect to relinquish advocacy and may so notify appropriate agencies and/or persons before which he/she has acted on my behalf.

PATIENT SIGNATURE: Jay Williams DATE: 4-28-97

HOME ADDRESS: 902 EAST KIRK ST  
HUGO, OK 74743

PHONE # (H) 405-326-8010 (W) \_\_\_\_\_

WITNESS: [Signature] DATE: 5/4/97

This information has been disclosed to you from records whose confidentiality is protected by Georgia Law. You should use this information only in connection with the purpose of such disclosure and thereafter must keep this information confidential. You therefore are prohibited from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by Georgia Law.

CONTRACT BETWEEN THE OKLAHOMA STATE MEDICAL ASSOCIATION RECOVERY COMMITTEE AND Jimmy Williams P.A.

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

Dr. Jim Williams PA 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. Thiessen, and results furnished to the Physician Recovery Program contingent upon the approval of the monitoring plan by the program representative.

Dr. Jim Williams PA agrees to attend the 4 State IDAA <sup>Tuxedo, Tex as of 8 PM Wed</sup> <sup>Medical or OKC Mon, Tues</sup> Professional Support Group, as well as 3/4 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. Jim Williams PA 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. Jim Williams PA agrees to undergo appropriate evaluation and/or treatment at a treatment facility chosen by the Committee or Program representative.

Dr. Jim Williams PA 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. Jim Williams PA for the treating physician.

Dr. Jim Williams PA 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.

Jimmy Williams PA 11-10-97  
Participating Physician. P.A. Date

Edal M... PA 11-10-97  
for Physician Recovery Program Date


Duration of Contract - minimum of 2 yrs.

HDS

CERTIFICATE OF MAILING

This is to certify that on this 26<sup>th</sup> day of January 1998, a true and correct copy of this order was mailed, postage prepaid to:

James Benton Williams, P.A.  
P.O. Box 403  
Hugo, OK 74743

  
\_\_\_\_\_  
Janet L. Owens, Secretary