

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

NOV 16 2000

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)

Plaintiff,)

v.)

Case No. 90-08-1095

DIANE F. MEIER, OTA,)
OTA LICENSE NO. 70,)
Defendant.)

VOLUNTARY SUBMITTAL TO JURISDICTION

Plaintiff, the State of Oklahoma, ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), by and through its attorney, Elizabeth A. Scott, Assistant Attorney General for the State of Oklahoma, and the staff of the Board, as represented by the Secretary of the Board, Gerald C. Zumwalt, M.D., and the Executive Director of the Board, Lyle Kelsey, and the Defendant, Diane F. Meier, OTA, OTA license no. 70, who appears in person and pro se, proffer this Agreement for acceptance by the Board *en banc* pursuant to Section 435:5-1-5.1 of the Oklahoma Administrative Code ("OAC").

AGREEMENT AND ACKNOWLEDGMENT BY DEFENDANT

By voluntarily submitting to jurisdiction and entering into this Order, Defendant pleads guilty to the allegations in the Complaint and Citation filed herein on August 28, 2000, and acknowledges that hearing before the Board would result in some sanction under the Occupational Therapy Practice Act.

Defendant, Diane Meier, OTA, states that she is of sound mind and is not under the influence of, or impaired by, any medication or drug and that she fully recognizes her right to appear before the Board for evidentiary hearing on the allegations made against her. Defendant hereby voluntarily waives her right to a full hearing, submits to the jurisdiction of the Board and agrees to abide by the terms and conditions of this Order. Defendant acknowledges that she has read and understands the terms and conditions stated herein, and that this Agreement has been reviewed and discussed with her.

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 occupational therapy assistants in the State of Oklahoma pursuant to 59 Okla. Stat. §§ 480 *et seq.* and 888.1 *et seq.*

2. Defendant, Diane F. Meier, OTA, holds Oklahoma license no. OTA70, and is authorized to practice as an occupational therapy assistant under a Voluntary Submittal to Jurisdiction dated November 20, 1997 wherein she was placed on indefinite probation.

3. The Voluntary Submittal to Jurisdiction provides, in pertinent part, as follows:

(b) During the period of probation, Defendant will abstain from consuming alcohol or any substance, specifically including but not limited to controlled dangerous substances, which would adversely affect her ability to practice occupational therapy assistance as interpreted by the Oklahoma State Board of Medical Licensure and Supervision and the Occupational Therapy Advisory Committee.

(k) Violation of any of the terms and conditions of probation shall be grounds for additional charges to be presented to the Board after notice to the Defendant.

4. The provisions cited above have not been modified or deleted but remain in full force and effect as terms and conditions of Defendant's licensure.

5. On or about July 17, 2000, Tom Sosbee, Compliance and Education Coordinator for the Oklahoma State Board of Medical Licensure and Supervision, conducted a probation review with Defendant. At that time, Mr. Sosbee received a monitored urine specimen. The urine specimen subsequently tested positive for Cocaine.

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

A. Violated any lawful order, rule, or regulation rendered or adopted by the Board in violation of 59 O.S. §888.9(A)(4).

B. Engaged in unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board in violation of 59 O.S. §888.9(A)(2) as follows:

- (1) Habitually used intoxicating liquor or a habit-forming drug in violation of 435:30-1-10(2).
- (2) Has conducted herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct as determined by the Board in violation of 435:30-1-10(6).

Conclusions of Law

1. The Board has jurisdiction and authority over the Defendant and subject matter herein pursuant to the Occupational Therapy Practice 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, Diane F. Meier, OTA, Oklahoma occupational therapy assistant license no. 70, is guilty of the unprofessional conduct set forth below based on the foregoing facts:

- A. Violated any lawful order, rule, or regulation rendered or adopted by the Board in violation of 59 O.S. §888.9(A)(4).
- B. Engaged in unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board in violation of 59 O.S. §888.9(A)(2) as follows:
 - (1) Habitually used intoxicating liquor or a habit-forming drug in violation of 435:30-1-10(2).
 - (2) Has conducted herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct as determined by the Board in violation of 435:30-1-10(6).

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. Pursuant to the parties' voluntary agreement and submittal to jurisdiction, Defendant shall be placed on PROBATION for an indefinite period of time under the following terms and conditions:

A. Defendant will conduct her practice in compliance with the Oklahoma Occupational Therapy Practice 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. 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.

C. Upon request of the Board Secretary, Defendant will request all hospitals in which she practices to furnish to the Board Secretary a written statement regarding monitoring of her practice while performing services in or to that hospital.

D. Defendant will participate in regular aftercare counseling with a therapist approved in advance by the Board Secretary. Defendant shall attend therapy at least one time per month unless otherwise directed by her therapist. Defendant shall continue her therapy until discharged by her therapist.

E. Defendant will attend at least three (3) weekly meetings of a 12-step program.

F. Defendant will affiliate with the Oklahoma Physician's Recovery Program and will attend at least one (1) meeting per month with Dr. Harold Thiessen. Defendant will also allow Dr. Thiessen to coordinate the testing of her biological fluid specimens.

G. Defendant shall abide by her post care contract with Valley Hope, a copy of which is attached hereto.

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 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.

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 abide by any outpatient therapy recommended by her Board approved therapist.

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

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

N. Defendant will authorize in writing the release of any and all records of her medical, emotional or psychiatric 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.

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

P. Defendant will keep current payment of all assessment by the Oklahoma State Board of Medical Licensure and Supervision for prosecution, investigation and monitoring of her case

Q. 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.

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


request.

S. Defendant will notify the Board or its designee of any slip, relapse, entry or re-entry into an inpatient rehabilitation, assessment, or evaluation program and shall provide to the Board or its designee written authorization for any and all records associated with said treatment, assessment or evaluation. Defendant acknowledges and agrees that the Board may use such information against Defendant in any future disciplinary proceedings.


T. 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.


3. Promptly upon receipt of an invoice for such charges, Defendant shall pay all costs of this action authorized by law, including without limitation, legal fees and investigation costs, and shall keep current all payments for monitoring her compliance with this agreement.

Dated this 16 day of November, 2000.


Gerald C. Zumwalt, M.D., Secretary
Oklahoma State Board of
Medical Licensure and Supervision

AGREED AND APPROVED:

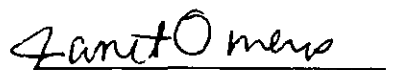

Diane F. Meier, OTA
License No. 70


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

This is to certify that on this 16 day of November, 2000, a true and correct copy of this order was mailed, postage prepaid, to: Diane F. Meier, OTA, 15 Dry Creek Rd, Kaw City, Oklahoma 74641.


Janet Owens, Secretary

VALLEY HOPE ASSOCIATION
AFTERCARE PLAN OF ACTION

NAME Diane Worthey PATIENT NUMBER 16724
DATE 10-17-00 COUNSELOR'S NAME Mel

Valley Hope believes that the knowledge that you have gained in treatment must be put into action to be of greatest benefit to you. This form is intended to help you look at your aftercare plan of action for maintaining sobriety and emotional stability. You are encouraged to put what you have learned into action. PLEASE BE HONEST in filling out this form. Do not say you will do something that you really don't plan to do. Try to work toward a solution, not just repeat old behavior. Please complete this form in ink only. Your counselor will go over your Aftercare Plan of Action with you and will give you a copy.

I. PHYSICAL RECOVERY

- A. I have the following physical problems(s) which need medical treatment: N/A
- B. I have made the following arrangement for treatment of these physical problems: N/A
- C. My plan for maintaining my physical health includes the following areas.
(Describe plan for each area.)
- | | |
|---------------------|----------------------------------|
| Exercise _____ | Check-ups <u>Annual physical</u> |
| Eating habits _____ | Medication <u>can't B/P med</u> |
| Sleep habits _____ | Other _____ |
- D. My doctor's name and address is: Dr Bruce Mackey - Ponca City OK
- E. I will tell my doctor about my alcoholism or chemical dependency so this can be a part of my medical record: Yes X No _____

II. SPIRITUAL RECOVERY

- A. I am asking for help and thanking my Higher Power daily: Yes X No _____
- B. I take my own inventory daily: Yes X No _____
- C. I plan to attend church at home: Yes ? No _____
- D. My pastor's name and address are: _____
- E. For additional spiritual guidance, I can contact: _____
- F. My plan for spiritual growth is as follows: _____
- G. I have asked my chaplain to write a letter to my pastor for spiritual follow-up: _____

III. WORK RECOVERY

- A. I am employed by: self
Name and Address _____
- B. My boss is aware that I am in treatment: _____
- C. My hours of work are: 8:30-3:00. This does: _____ does not: X conflict with A.A. or church. I plan to deal with this conflict by: _____

- D. My work does: X does not: _____ agree with my personality.
 Explain: Working with people is what I enjoy
- E. My plan for dealing with unemployment is: N/A
- F. My plan for dealing with special employment problems (such as lack of skill, student or housewife status, physical disability) is: N/A

IV. A.A., N.A., AND AL-ANON RECOVERY PROGRAMS

- A. I have attended at least one A.A., N.A., or Al-Anon meeting per week while I was in treatment:
 Yes X No _____
- B. My progress on the Steps is:
- | | Satisfied | Needs more Work | Not Done |
|-----------|-----------|-----------------|----------|
| Steps 1-3 | <u>X</u> | _____ | _____ |
| Steps 4-5 | <u>X</u> | _____ | _____ |
| Steps 6-7 | <u>X</u> | _____ | _____ |
| Step 8 | _____ | _____ | <u>X</u> |
- C. I have started Step 9 in the following specific ways: N/A
- D. The A.A., N.A., or Al-Anon group I will attend at home is: Name of Group _____
 Address Ponca City Meeting Days and Times _____
- E. My A.A., N.A., or Al-Anon contact person or sponsor is: _____
 His/Her phone number is: _____
- F. I have _____ have not X written or phoned this contact person.

V. FAMILY RECOVERY

- A. I am married X, single _____, divorced _____, widowed _____, separated _____
- B. I have 0 children. The number of children living at home is 0
- C. My spouse/family has been involved in treatment: Yes X No _____
- D. My spouse/family is going to Al-Anon, A.A., other: Yes X No _____
- E. My children are or will be in Al-Teen: Yes _____ No X
- F. I plan to set aside 3 hours per week for family communication time.
 This will be at evening time on all Days. This has X has not _____ been discussed and agreed upon by the family.
- G. Our family recreational activities will include: any water act during summer
visit friends + family
- H. The marital problems we have and our plan of action for these problems are: N/A
- I. The family problems we have and our plan of action for these problems are: N/A

VII. EMOTIONAL RECOVERY

- Anger _____ Rigidity _____ Assertiveness _____ Depression _____ Relationships _____
 Tension _____ Control X Reaching Out _____ Impulsiveness _____ Other _____
 Worry X Self-Worth _____ Receiving _____ Sensitivity _____

VI. RECREATIONAL RECOVERY

A. I intend to pursue the following recreational activities at home: sewing + crafts
exercise

B. The recreational activities I should drop due to drinking or drug habits of participants are _____

VIII. AFTERCARE COUNSELING

A. I plan to continue aftercare counseling: Yes X No _____

B. For aftercare counseling, I have an appointment with:

Name: Edwin Fair Address: Ponca City
Phone No: 1-800-566-1343 Time and Date: Nov. 6th 1:00

IX. READMISSION TO TREATMENT

A. I will need to get more treatment if the following problems develop: relapse

B. The person at Valley Hope I would contact for further assistance is: Mel Boling

C. I will no longer need aftercare or follow-up help when the following conditions exist in my life: _____
Consistent attendance at AA + sponsorship established

I hereby certify that I (and members of my family, if appropriate) have formulated this Aftercare Plan of Action, with assistance from my counselor, and resolve to carry out this plan to the best of my ability.

Signature: Diana W. Wathey

To Be completed by Counselor

Is coordination of continuing care services needed? Yes _____ No _____

Agent/Agencies responsible for coordination _____

Counselors Signature [Signature] D. Tainor

X. UPDATING SECTION

DATE	NOTES