

BEFORE THE STATE BOARD OF MEDICAL EXAMINERS
STATE OF COLORADO

CASE NO. 2009-004026-A

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE LICENSE
TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF **ANN BARBARA SEIG,
M.D.**, LICENSE NUMBER **28467**,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel A ("Panel") of
the Colorado State Board of Medical Examiners ("Board") and Ann Barbara Seig, M.D.
("Respondent") as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on October 8, 1987, and was issued license number 28467, which Respondent has held continuously since that date.
2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.
3. On November 18, 2009, the Panel reviewed case number 2009-004026-A. The Panel thereupon referred the matter to the Attorney General pursuant to Section 12-36-118(4)(c)(IV), C.R.S.
4. It is the intent of the parties and the purpose of this Stipulation and Final Agency Order ("Order") to provide for a settlement of all matters set forth in case number 2009-004026-A, without the necessity of holding a formal disciplinary hearing. This Order constitutes the entire agreement between the parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.
5. Respondent understands that:
 - a. Respondent has the right to be represented by an attorney of the Respondent's choice, and is so represented;
 - b. Respondent has the right to a formal disciplinary hearing pursuant to Section 12-36-118(5), C.R.S.;
 - c. By entering into this Order, Respondent is knowingly and voluntarily giving up the right to a hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts;

d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and

e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Order.

6. Respondent does not dispute and the Panel finds that:

a. Respondent is a psychiatrist in general practice;

b. In approximately August 2008, Respondent voluntarily surrendered her DEA registration;

c. Patient J.S.: Respondent treated patient J.S. from approximately June 2006 through July 2008. J.S. presented with back pain and a history of substance abuse, including use of illicit drugs. Respondent prescribed medications to J.S., including Methadone and Percocet, increasing J.S.'s dosage of Methadone and adding additional narcotic analgesics and hypnotics during her course of treatment. Throughout the treatment period, Respondent authorized early refills of habit-forming medications that she prescribed to J.S. Throughout the treatment period, Respondent did not note any consultations with orthopedists or other healthcare professionals in J.S.'s medical records. Upon surrendering her DEA registration, Respondent informed J.S. that she could no longer prescribe narcotics, and he did not contact her for further treatment.

d. Patient M.N.: Respondent treated patient M.N. from approximately June 2003 through October 2008. M.N. presented with depression, headaches, and a history of substance abuse, including use of illicit drugs. Respondent prescribed medications to M.N. including Fiorcet, Temazepam, Alprozalem, and Vicodin. Throughout the treatment period, Respondent authorized early refills of habit-forming narcotics. Respondent did not make consistent records between M.N.'s medication flow sheet and his medical record. After Respondent surrendered her DEA registration, she continued to treat M.N. with psychotropic medications. During this time period, M.N. overdosed on antidepressants prescribed by Respondent and presented symptoms consistent with substance withdrawal. Soon thereafter, Respondent referred this patient to a local mental health center.

e. Patient C.H.: Respondent treated patient C.H. from approximately November 2006 through April 2009. C.H. presented with panic attacks, alcohol use and a history of delirium tremens. Respondent began treatment of a previously untreated hairline fracture of C.H.'s heel with Percocet, without data to support the diagnosis. Respondent doubled C.H.'s dose of Percocet within one week. Respondent doubled patient C.H.'s dose of Percocet in the following six months, adding Vicodin to 120 mg daily doses, and refilled prescriptions by telephone, without office visits. In August 2007, Respondent made a note in patient C.H.'s medical record that the patient was emaciated, but made no plan to evaluate.

In December 2007, patient C.H. continued to complain of heel pain. Respondent continued to prescribe narcotics, but did not make any referral to or consultation with an orthopedist or podiatrist. After Respondent surrendered her DEA registration, Respondent changed her diagnosis of patient C.H. from panic disorder to bipolar disorder, despite continued alcohol use and symptoms of benzodiazepine withdrawal. Respondent proceeded to treat patient C.H. with a combination of two antipsychotic medications, mood stabilizers, antidepressants and anticonvulsants.

7. Respondent does not dispute and the Panel finds that the conduct set forth above constitutes unprofessional conduct as defined in Section 12-36-117(1)(p), C.R.S., which states:

(1) "Unprofessional conduct" as used in this article means:

(p) Any act or omission which fails to meet generally accepted standards of medical practice.

8. Based upon the above, the Panel is authorized by Section 12-36-118(5)(g)(III), C.R.S., to impose such conditions upon Respondent's practice that it deems appropriate.

PROBATIONARY TERMS

9. Respondent's license to practice medicine is hereby placed on probation for a period of five years commencing on the effective day of the Order. All terms of probation shall be effective throughout the probationary period and shall constitute terms of this Order.

10. During the probationary period, Respondent agrees to be bound by the terms and conditions set forth below.

CPEP EDUCATION PROGRAM

11. Within 30 days of the effective date of this Order, Respondent shall contact the Center for Personalized Education for Physicians ("CPEP") to schedule an assessment ("CPEP Assessment"). Respondent shall complete the CPEP Assessment and sign the written assessment within 120 days of the effective date of this Order. Respondent shall cause CPEP to send a copy of the assessment and any education or training plan or recommendation regarding other remedial education or training program to the Panel.

12. Within 30 days of the effective date of this Order, Respondent shall sign any and all releases necessary to allow CPEP to communicate with the Panel. Within 60 days of the effective date of this Order, Respondent shall provide the Panel with a copy of such releases. Respondent shall not revoke such releases prior to successful completion of the probationary period as set forth in this Order. Any failure to execute such a release, failure to provide copies to the Panel, or any premature revocation of such a release shall constitute a violation of this Order.

13. The CPEP Assessment will determine whether CPEP recommends that Respondent undergo any education plan or other remedial education or training program. Hereinafter, the term "Education Program" shall refer to any education plan or other remedial education or training program recommended by CPEP.

14. The parties recognize that most CPEP Assessments include a computer-based cognitive function screening test. If CPEP determines that Respondent's results on the cognitive function screen suggest the need for further neuropsychological testing, CPEP will notify the Panel of such. The Panel may, in its discretion, order Respondent to undergo a full neuropsychological examination.

15. All instructions issued by CPEP shall constitute terms of this Order. Respondent shall comply with all CPEP instructions within the time periods set out by CPEP and/or the Panel.

16. If the CPEP Assessment indicates Respondent should undergo an Education Program, Respondent shall enroll in the recommended Education Program within 180 days of the effective date of this Order. If the CPEP Assessment indicates that Respondent need not undergo any Education Program, then Respondent shall be deemed to have satisfied fully this condition, and shall have no further responsibilities with regard to CPEP.

17. Respondent shall timely and successfully complete any recommended Education Program, including any post-education evaluation recommended by CPEP ("Post-Education Evaluation"), within the time set out by CPEP but in no event, more than two years from the effective date of this Order unless the Panel determines in its discretion that more time is necessary.

18. Upon successful completion of the objectives documented in CPEP's Education Program including any addenda ("CPEP Objectives"), and upon CPEP's approval, Respondent shall immediately commence a Post-Education Evaluation. Respondent shall complete successfully a Post-Education Evaluation within six months of successful completion of the activities recommended within the Education Program

19. In order to complete successfully the Post-Education Evaluation, Respondent's performance on the above-referenced Post-Education Evaluation must, in the opinion of CPEP, demonstrate that Respondent has successfully completed the CPEP Objectives and has integrated this learning into Respondent's medical practice and into Respondent's clinical thinking.

20. Respondent shall provide the Panel with written proof from CPEP upon successful completion of the recommended Education Program, including successful completion of the Post-Education Evaluation as defined above.

PRACTICE MONITORING

21. During the probationary period, a "practice monitor" shall monitor Respondent's medical practice. Within 30 days of the effective date of this Order, Respondent shall nominate, in writing, a proposed practice monitor for the Panel's approval. The nominee shall be a physician licensed by the Board and currently practicing medicine in Colorado. The nominee shall have no financial interest in Respondent's practice of medicine. The nominee must be knowledgeable in Respondent's area of practice. If Respondent is board certified in an area of practice, it is preferred, but not required, that the nominee be board certified by that same board. If the Respondent has privileges at hospitals, it is preferred, but not required, that the nominee have privileges at as many of those same hospitals as possible. The Board shall not have disciplined the nominee.

22. Respondent's nomination for practice monitor shall set forth how the nominee meets the above criteria. With the written nomination, Respondent shall submit a letter signed by the nominee, as well as a current *curriculum vitae* of the nominee. The letter from the nominee shall contain a statement from the nominee indicating that the nominee has read this Order and understands and agrees to perform the obligations set forth herein. The nominee must also state that the nominee can be fair and impartial in the review of the Respondent's practice.

23. Upon approval by the Panel, the practice monitor shall perform the following:

a. Each month, the practice monitor shall visit all of the offices at which Respondent practices medicine and shall review at least five charts maintained by Respondent. The practice monitor shall make reasonable efforts to insure that Respondent has no notice of which charts will be selected for review. The practice monitor is authorized to review such other medical records maintained by Respondent as the practice monitor deems appropriate.

b. Each month, the practice monitor shall review at least five hospital charts of patients whom Respondent has admitted to, evaluated at, or treated at hospitals. If Respondent has admitted, evaluated, or treated fewer than five patients, the practice monitor shall review all the patients so admitted, evaluated, or treated, if any. The practice monitor shall make reasonable efforts to insure that Respondent has no notice of which charts will be selected for review. The practice monitor is authorized to review such other hospital charts as the practice monitor deems appropriate.

c. The practice monitor shall submit quarterly written reports to the Panel.

d. The practice monitor's reports shall include the following:

i. a description of each of the cases reviewed; and

ii. as to each case reviewed, the practice monitor's opinion whether Respondent is practicing medicine in accordance with generally accepted standards of medical practice.

24. If at any time the practice monitor believes Respondent is not in compliance with this Order, is unable to practice with skill and safety to patients, or has otherwise committed unprofessional conduct as defined in Section 12-36-117(1), C.R.S., the practice monitor shall immediately inform the Panel.

25. It is the responsibility of Respondent to assure that the practice monitor's reports are timely and complete. Failure of the practice monitor to perform the duties set forth above may result in a notice from Board staff requiring the nomination of a new practice monitor. Upon such notification, Respondent shall nominate a new practice monitor according to the procedure set forth above. Respondent shall nominate the new monitor within 30 days of such notice. Failure to nominate a new monitor within 30 days of such notification shall constitute a violation of this Order.

EARLY TERMINATION FROM PRACTICE MONITORING

26. Eighteen months after successful completion of the Post-Education Evaluation by CPEP, Respondent may petition the Panel, in writing, for early termination of practice monitoring. The parties agree that the Panel's decision regarding such a petition shall be made at the sole discretion of the Panel. Respondent hereby waives any right to appeal the Panel decision on this issue.

TOLLING OF THE PROBATIONARY PERIOD

27. If a practice monitor nominated by Respondent and approved by the Panel does not commence practice monitoring within three months of the effective date of the Order, the period of probation shall be tolled for the time the Order is in effect and Respondent's practice is not being monitored by the practice monitor. Additionally, if the Respondent is required to nominate a new practice monitor, the period of probation shall be tolled for any period of time during which a practice monitor is not monitoring Respondent's practice.

28. If at any time, Respondent ceases the active clinical practice of medicine, defined for the purposes of this Order as evaluating or treating a minimum of five patients per month, the probationary period shall be tolled for the time the Order is in effect and Respondent is not engaged in the active clinical practice of medicine.

29. Respondent must comply with all other terms of the Order and all other terms of probation. Unless otherwise specified, all terms of the Order and all terms of probation shall remain in effect, regardless of whether the probationary period has been tolled, from the effective date of this Order until probation is terminated.

OUT OF STATE PRACTICE

30. Respondent may wish to leave Colorado and practice in another state. At any time, whether to practice out of state or for any other reason, Respondent may request that the Board place Respondent's license on inactive status as set forth in Section 12-36-137, C.R.S. Upon the

approval of such request, Respondent may cease to comply with the terms of this Order. Failure to comply with this Order while inactive shall not constitute a violation of this Order. While inactive, Respondent shall not perform any act in the state of Colorado that constitutes the practice of medicine, nor shall Respondent perform any act in any other location pursuant to the authority of a license to practice medicine granted by the state of Colorado. Unless Respondent's license is inactive, Respondent must comply with all provisions of this Order, irrespective of Respondent's location. The probationary period will be tolled for any period of time Respondent's license is inactive.

31. Respondent may resume the active practice of medicine at any time as set forth in Section 12-36-137(5), C.R.S. With such request, Respondent shall nominate a practice monitor as provided above and, unless Respondent has already provided proof of successful completion of all CPEP requirements under this Order, Respondent must provide a report by CPEP regarding the status of Respondent's progress with CPEP. Respondent shall be permitted to resume the active practice of medicine only after approval of the practice monitor and review and, if applicable, approval of the CPEP report.

TERMINATION OF PROBATION

32. Upon the expiration of the probationary period, Respondent may submit a written request for restoration of Respondent's license to unrestricted status. If Respondent has complied with the terms of probation, and if Respondent's probationary period has not been tolled, such release shall be granted by the Panel in the form of written notice.

OTHER TERMS

33. The terms of this Order were mutually negotiated and determined.

34. Both parties acknowledge that they understand the legal consequences of this Order, both parties enter into this Order voluntarily, and both parties agree that no term or condition of this Order is unconscionable.

35. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

36. Respondent shall obey all state and federal laws while the terms of this Order are in effect.

37. So that the Board may notify hospitals of this agreement pursuant to Section 12-36-118(13), C.R.S., Respondent presently holds privileges at the following hospitals:

Not Applicable

38. This Order and all its terms shall have the same force and effect as an order entered after a formal hearing pursuant to Section 12-36-118(5)(g)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in Section 12-36-118(5)(g)(IV), C.R.S. This Order and all its terms also constitute a valid board order for purposes of Section 12-36-117(1)(u), C.R.S. In addition to any other sanction that may be imposed, failure to comply with the terms of this Order shall toll any probationary period imposed by this Order.

39. This Order shall be admissible as evidence at any future hearing before the Board.

40. Invalidation of any portion of this Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.

41. During the pendency of any action arising out of this Order, the obligations of the parties shall be deemed to be in full force and effect and shall not be tolled.

42. This Order shall be effective upon approval by the Panel and signature by a Panel member or other authorized person. Respondent acknowledges that the Panel may choose not to accept the terms of this Order and that if the Order is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

43. Upon becoming effective, this Order shall be open to public inspection and publicized pursuant to the Board's standard policies and procedures. Additionally, this Order shall be reported to the Federation of State Medical Boards, the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank and as otherwise required by law.

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THE FOREGOING Stipulation and Final Agency Order is approved and effective
this 17 day of Feb, 2010.

FOR THE COLORADO STATE BOARD OF
MEDICAL EXAMINERS

INQUIRY PANEL A

DAB/MD

APPROVED AS TO FORM:

COOPER & CLOUGH, P.C.

FOR THE BOARD OF MEDICAL
EXAMINERS

JOHN W. SUTHERS
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Attorneys for the Colorado Board of
Medical Examiners, Inquiry Panel A

Ann Barbara Seig, M.D.

COUNTY OF Arapahoe)

Subscribed, sworn to and acknowledged before me this 9 day of February, 2010, by Ann Barbara Seig, M.D.

Witness my hand and official seal.

My commission expires: 9-15-2012

[SEAL]



My Commission Expires 09/15/2012

~~Notary Public~~

BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NO. 2009-004026-A

SECOND STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF ANN BARBARA SEIG, M.D., LICENSE NUMBER 28467,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel A ("Panel") of the Colorado Medical Board ("Board") and Ann Barbara Seig, M.D. ("Respondent") as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on October 8, 1987, and was issued license number 28467, which Respondent has held continuously since that date.
2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.
3. On November 18, 2009, the Panel reviewed case number 2009-004026-A. The Panel thereupon referred the matter to the Attorney General pursuant to Section 12-36-118(4)(c)(IV), C.R.S. The case was resolved on February 17, 2010 with a Stipulation and Final Agency Order ("First Order").
4. It is the intent of the parties and the purpose of this Second Stipulation and Final Agency Order ("Second Order") to provide for a settlement of all matters set forth in case number 2009-004026-A, without the necessity of holding a formal disciplinary hearing. This Second Order constitutes the entire agreement between the parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Second Order. The First Order is hereby vacated.
5. Respondent understands that:
 - a. Respondent has the right to be represented by an attorney of the Respondent's choice, and is so represented;
 - b. Respondent has the right to a formal disciplinary hearing pursuant to Section 12-36-118(5), C.R.S.;

c. By entering into this Second Order, Respondent is knowingly and voluntarily giving up the right to a hearing, admits the facts contained in this Second Order, and relieves the Panel of its burden of proving such facts;

d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and

e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Second Order.

6. Respondent does not dispute and the Panel finds that:

a. Respondent is a psychiatrist in general practice;

b. In approximately August 2008, Respondent voluntarily surrendered her DEA registration;

c. Patient J.S.: Respondent treated patient J.S. from approximately June 2006 through July 2008. J.S. presented with back pain and a history of substance abuse, including use of illicit drugs. Respondent prescribed medications to J.S., including Methadone and Percocet, increasing J.S.'s dosage of Methadone and adding additional narcotic analgesics and hypnotics during her course of treatment. Throughout the treatment period, Respondent authorized early refills of habit-forming medications that she prescribed to J.S. Throughout the treatment period, Respondent did not note any consultations with orthopedists or other healthcare professionals in J.S.'s medical records. Upon surrendering her DEA registration, Respondent informed J.S. that she could no longer prescribe narcotics, and he did not contact her for further treatment.

d. Patient M.N.: Respondent treated patient M.N. from approximately June 2003 through October 2008. M.N. presented with depression, headaches, and a history of substance abuse, including use of illicit drugs. Respondent prescribed medications to M.N. including Fiorcet, Temazepam, Alprozalem, and Vicodin. Throughout the treatment period, Respondent authorized early refills of habit-forming narcotics. Respondent did not make consistent records between M.N.'s medication flow sheet and his medical record. After Respondent surrendered her DEA registration, she continued to treat M.N. with psychotropic medications. During this time period, M.N. overdosed on antidepressants prescribed by Respondent and presented symptoms consistent with substance withdrawal. Soon thereafter, Respondent referred this patient to a local mental health center.

e. Patient C.H.: Respondent treated patient C.H. from approximately November 2006 through April 2009. C.H. presented with panic attacks, alcohol use and a history of delirium tremens. Respondent began treatment of a previously untreated hairline fracture of C.H.'s heel with Percocet, without data to support the diagnosis.

Respondent doubled C.H.'s dose of Percocet within one week. Respondent doubled patient C.H.'s dose of Percocet in the following six months, adding Vicodin to 120 mg daily doses, and refilled prescriptions by telephone, without office visits. In August 2007, Respondent made a note in patient C.H.'s medical record that the patient was emaciated, but made no plan to evaluate. In December 2007, patient C.H. continued to complain of heel pain. Respondent continued to prescribe narcotics, but did not make any referral to or consultation with an orthopedist or podiatrist. After Respondent surrendered her DEA registration, Respondent changed her diagnosis of patient C.H. from panic disorder to bipolar disorder, despite continued alcohol use and symptoms of benzodiazepine withdrawal. Respondent proceeded to treat patient C.H. with a combination of two antipsychotic medications, mood stabilizers, antidepressants and anticonvulsants.

7. Respondent does not dispute and the Panel finds that the conduct set forth above constitutes unprofessional conduct as defined in Section 12-36-117(1)(p), C.R.S., which states:

(1) "Unprofessional conduct" as used in this article means:

(p) Any act or omission which fails to meet generally accepted standards of medical practice.

8. Based upon the above, the Panel is authorized by Section 12-36-118(5)(g)(III), C.R.S., to impose such conditions upon Respondent's practice that it deems appropriate.

PROBATIONARY TERMS

9. Respondent's license to practice medicine is hereby placed on probation until the completion of the terms set forth herein or for a period of five years commencing on the effective day of the First Order, whichever occurs sooner. All terms of probation shall be effective throughout the probationary period and shall constitute terms of this Second Order.

10. During the probationary period, Respondent agrees to be bound by the terms and conditions set forth below.

CPEP EDUCATION PROGRAM

11. Within 30 days of the effective date of the First Order, Respondent contacted the Center for Personalized Education for Physicians ("CPEP") to schedule an assessment ("CPEP Assessment"). Respondent signed and completed the CPEP Assessment. Respondent shall cause CPEP to send a copy of the assessment and any education or training plan or recommendation regarding other remedial education or training program to the Panel.

12. Respondent has signed any and all releases necessary to allow CPEP to communicate with the Panel. Respondent has provided the Panel with a copy of such releases. Respondent shall not revoke such releases prior to successful completion of the probationary

period as set forth in this Second Order. Any failure to execute such a release, failure to provide copies to the Panel, or any premature revocation of such a release shall constitute a violation of this Second Order.

13. The CPEP Assessment will determine whether CPEP recommends that Respondent undergo any education plan or other remedial education or training program. Hereinafter, the term "Education Program" shall refer to any education plan or other remedial education or training program recommended by CPEP.

14. The parties recognize that most CPEP Assessments include a computer-based cognitive function screening test. If CPEP determines that Respondent's results on the cognitive function screen suggest the need for further neuropsychological testing, CPEP will notify the Panel of such. The Panel may, in its discretion, order Respondent to undergo a full neuropsychological examination.

15. All instructions issued by CPEP shall constitute terms of this Second Order. Respondent shall comply with all CPEP instructions within the time periods set out by CPEP and/or the Panel.

16. If the CPEP Assessment indicates Respondent should undergo an Education Program, Respondent shall enroll in the recommended Education Program within 180 days of the effective date of this Second Order. If the CPEP Assessment indicates that Respondent need not undergo any Education Program, then Respondent shall be deemed to have satisfied fully this condition, and shall have no further responsibilities with regard to CPEP.

17. Respondent shall timely and successfully complete any recommended Education Program, including any post-education evaluation recommended by CPEP ("Post-Education Evaluation"), within the time set out by CPEP but in no event, more than two years from the effective date of the First Order unless the Panel determines in its discretion that more time is necessary.

18. Upon successful completion of the objectives documented in CPEP's Education Program including any addenda ("CPEP Objectives"), and upon CPEP's approval, Respondent shall immediately commence a Post-Education Evaluation. Respondent shall complete successfully a Post-Education Evaluation within six months of successful completion of the activities recommended within the Education Program

19. In order to complete successfully the Post-Education Evaluation, Respondent's performance on the above-referenced Post-Education Evaluation must, in the opinion of CPEP, demonstrate that Respondent has successfully completed the CPEP Objectives and has integrated this learning into Respondent's medical practice and into Respondent's clinical thinking.

20. Respondent shall provide the Panel with written proof from CPEP upon successful completion of the recommended Education Program, including successful completion of the Post-Education Evaluation as defined above.

PRACTICE MONITORING

21. During the probationary period, a “practice monitor” shall monitor Respondent’s medical practice. Respondent’s practice has been monitored by Dr. Petersen pursuant to the Initial Stipulation as set forth below. To date, Dr. Seig has complied with all terms regarding the monitoring of her practice pursuant to the Initial Stipulation dated February 21, 2010.

22. As of the effective date of this Second Order and for the duration of the CPEP Education Program, the preceptor nominated by CPEP (“CPEP Preceptor”) shall be Respondent’s practice monitor.

23. Upon successful completion of the CPEP Post-Education Evaluation, the CPEP Preceptor or other preceptor nominated by CPEP, shall continue to act as a practice monitor. Alternatively, Respondent may nominate, in writing, another proposed practice monitor for the Panel’s approval. The CPEP Preceptor shall continue to act as the practice monitor until Respondent’s nominee is accepted by the Panel.

24. The nominee shall be a physician licensed by the Board and currently practicing medicine in Colorado. The nominee shall have no financial interest in Respondent’s practice of medicine. The nominee must be knowledgeable in Respondent’s area of practice. If Respondent is board certified in an area of practice, it is preferred, but not required, that the nominee be board certified by that same board. If the Respondent has privileges at hospitals, it is preferred, but not required, that the nominee have privileges at as many of those same hospitals as possible. The Board shall not have disciplined the nominee. Respondent’s nomination for practice monitor shall set forth how the nominee meets the above criteria. With the written nomination, Respondent shall submit a letter signed by the nominee, as well as a current *curriculum vitae* of the nominee. The letter from the nominee shall contain a statement from the nominee indicating that the nominee has read this Second Order and understands and agrees to perform the obligations set forth herein. The nominee must also state that the nominee can be fair and impartial in the review of the Respondent’s practice.

25. The practice monitor, upon approval by the Panel, shall perform the following:

a. Each month, the practice monitor shall visit all of the offices at which Respondent practices medicine and shall review at least five charts maintained by Respondent. The practice monitor shall make reasonable efforts to insure that Respondent has no notice of which charts will be selected for review. The practice monitor is authorized to review such other medical records maintained by Respondent as the practice monitor deems appropriate.

b. Each month, the practice monitor shall review at least five hospital charts of patients whom Respondent has admitted to, evaluated at, or treated at hospitals. If Respondent has admitted, evaluated, or treated fewer than five patients, the practice monitor shall review all the patients so admitted, evaluated, or treated, if any. The practice monitor shall make reasonable efforts to insure that Respondent has no notice of

which charts will be selected for review. The practice monitor is authorized to review such other hospital charts as the practice monitor deems appropriate.

- c. The practice monitor shall submit quarterly written reports to the Panel.
- d. The practice monitor's reports shall include the following:
 - i. a description of each of the cases reviewed; and
 - ii. as to each case reviewed, the practice monitor's opinion whether Respondent is practicing medicine in accordance with generally accepted standards of medical practice.

26. If at any time the practice monitor believes Respondent is not in compliance with this Second Order, is unable to practice with skill and safety to patients, or has otherwise committed unprofessional conduct as defined in Section 12-36-117(1), C.R.S., the practice monitor shall immediately inform the Panel.

27. The Panel and Respondent anticipate CPEP will require Respondent to work with a Preceptor during part or all of her Education Plan. During the time that Respondent is enrolled in CPEP's Education Plan and Post Educational Plan and is working actively with a Preceptor, Respondent shall not be required to engage separately a practice monitor, provided Respondent's Preceptor agrees to fulfill both the requirements of the Preceptor and the practice monitor.

28. At any time during the probationary period that Respondent does not have a Preceptor, Respondent shall be monitored by a practice monitor.

29. It is the responsibility of Respondent to assure that the practice monitor's reports are timely and complete. Failure of the practice monitor to perform the duties set forth above may result in a notice from Board staff requiring the nomination of a new practice monitor. Upon such notification, Respondent shall nominate a new practice monitor according to the procedure set forth above. Respondent shall nominate the new monitor within 30 days of such notice. Failure to nominate a new monitor within 30 days of such notification shall constitute a violation of this Second Order.

EARLY TERMINATION FROM PRACTICE MONITORING

30. Eighteen months after successful completion of the Post-Education Evaluation by CPEP, Respondent may petition the Panel, in writing, for early termination of practice monitoring. The parties agree that the Panel's decision regarding such a petition shall be made at the sole discretion of the Panel. Respondent hereby waives any right to appeal the Panel decision on this issue.

TOLLING OF THE PROBATIONARY PERIOD

31. The period of probation shall be tolled for any time this Second Order is in effect and Respondent's practice is not being monitored by the practice monitor. If the Respondent is required to nominate a new practice monitor while the practice monitoring provisions above are in place, the period of probation shall be tolled for any period of time during which a practice monitor is not monitoring Respondent's practice.

32. If at any time, Respondent ceases the active clinical practice of medicine, defined for the purposes of this Second Order as evaluating or treating a minimum of five patients per month, the probationary period shall be tolled for the time the Second Order is in effect and Respondent is not engaged in the active clinical practice of medicine.

33. Respondent must comply with all other terms of the Second Order and all other terms of probation. Unless otherwise specified, all terms of the Second Order and all terms of probation shall remain in effect, regardless of whether the probationary period has been tolled, from the effective date of this Second Order until probation is terminated.

OUT OF STATE PRACTICE

34. Respondent may wish to leave Colorado and practice in another state. At any time, whether to practice out of state or for any other reason, Respondent may request that the Board place Respondent's license on inactive status as set forth in Section 12-36-137, C.R.S. Upon the approval of such request, Respondent may cease to comply with the terms of this Second Order. Failure to comply with this Second Order while inactive shall not constitute a violation of this Second Order. While inactive, Respondent shall not perform any act in the state of Colorado that constitutes the practice of medicine, nor shall Respondent perform any act in any other location pursuant to the authority of a license to practice medicine granted by the state of Colorado. Unless Respondent's license is inactive, Respondent must comply with all provisions of this Second Order, irrespective of Respondent's location. The probationary period will be tolled for any period of time Respondent's license is inactive.

35. Respondent may resume the active practice of medicine at any time as set forth in Section 12-36-137(5), C.R.S. With such request, Respondent shall nominate a practice monitor as provided above and, unless Respondent has already provided proof of successful completion of all CPEP requirements under this Second Order, Respondent must provide a report by CPEP regarding the status of Respondent's progress with CPEP. Respondent shall be permitted to resume the active practice of medicine only after approval of the practice monitor and review and, if applicable, approval of the CPEP report.

TERMINATION OF PROBATION

36. Upon the expiration of the probationary period, Respondent may submit a written request for restoration of Respondent's license to unrestricted status. If Respondent has

complied with the terms of probation, and if Respondent's probationary period has not been tolled, such release shall be granted by the Panel in the form of written notice.

OTHER TERMS

37. The terms of this Second Order were mutually negotiated and determined.

38. Both parties acknowledge that they understand the legal consequences of this Second Order, both parties enter into this Second Order voluntarily, and both parties agree that no term or condition of this Second Order is unconscionable.

39. All costs and expenses incurred by Respondent to comply with this Second Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

40. Respondent shall obey all state and federal laws while the terms of this Second Order are in effect.

41. So that the Board may notify hospitals of this agreement pursuant to Section 12-36-118(13), C.R.S., Respondent presently holds privileges at the following hospitals:

Not Applicable

42. This Second Order and all its terms shall have the same force and effect as an order entered after a formal hearing pursuant to Section 12-36-118(5)(g)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Second Order may be sanctioned by the Inquiry Panel as set forth in Section 12-36-118(5)(g)(IV), C.R.S. This Second Order and all its terms also constitute a valid board order for purposes of Section 12-36-117(1)(u), C.R.S. In addition to any other sanction that may be imposed, failure to comply with the terms of this Second Order shall toll any probationary period imposed by this Second Order.

43. This Second Order shall be admissible as evidence at any future hearing before the Board.

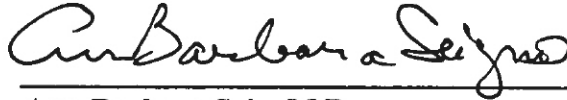
44. Invalidation of any portion of this Second Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.

45. During the pendency of any action arising out of this Second Order, the obligations of the parties shall be deemed to be in full force and effect and shall not be tolled.

46. This Second Order shall be effective upon approval by the Panel and signature by a Panel member or other authorized person. Respondent acknowledges that the Panel may choose not to accept the terms of this Second Order and that if the Second Order is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

47. Upon becoming effective, this Second Order shall be open to public inspection and publicized pursuant to the Board's standard policies and procedures. Additionally, this Second Order shall be reported to the Federation of State Medical Boards, the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank and as otherwise required by law.

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Ann Barbara Seig, M.D.

THE FOREGOING was acknowledged before me this 8 day of January, 2011 by ANN BARBARA SEIG, M.D. in the County of Arapahoe, State of Colorado.




NOTARY PUBLIC

Sept. 15, 2012
Commission expiration date

THE FOREGOING Second Stipulation and Final Agency Order is approved and effective this 10 day of March, 2011.
My Commission Expires 09/15/2012

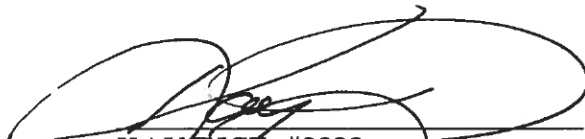
FOR THE COLORADO STATE BOARD OF
MEDICAL EXAMINERS

INQUIRY PANEL A

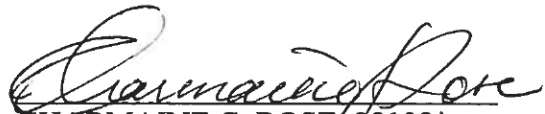


APPROVED AS TO FORM:
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