

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL)	
AND PROFESSIONAL REGULATION,)	
Of the State of Illinois,)	
)	
Complainant,)	
)	
)	No. 2007-6606
HOWARD E. WOLIN, M.D.,)	
License No. 036-041126,)	
)	
Respondent.)	

ORDER

This matter having come before me on the Respondent's Motion for Rehearing and/or Reconsideration, being duly advised in the premises.

NOW, THEREFORE, I, DONALD W. SEASOCK, ACTING DIRECTOR OF THE DIVISION OF PROFESSIONAL REGULATION of the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, having reviewed the record in this cause, FIND:

1. That I have jurisdiction of the parties and the subject matter herein;
2. That oral argument on the said Motion is not necessary for a clear understanding of the issues presented;
3. That Respondent has failed to allege new evidence sufficient to warrant action contrary to the recommendation of the Illinois Medical Disciplinary Board (the "Board");
4. That the Board recommended that the Certificate of Registration, License No. 036-041126, of Howard E. Wolin, M.D. be indefinitely suspended.

5. That Department exhibits A, C2, and C3 are valid and enforceable authorizations to release the requested medical records pursuant to all applicable law and a valid discovery request pursuant to Section 1110.130 of the Rules for the Administration of the Medical Practice Act of 1987, 68 IL Admin. Code §1110.130;
6. That failure by Respondent to provide the production sought pursuant to exhibits A, C2, and C3 is grounds for an order based upon the pleadings without a hearing pursuant to subsection 1110.130(a) of the Rules for Administration of the Medical Practice Act of 1987, 68 IL Admin. Code §1110.130(a);
7. That Department exhibits B1, B2, and C1 are not valid and enforceable authorizations to release the requested medical records;
8. That substantial justice has been done in this case.

NOW, THEREFORE, I, DONALD W. SEASOCK, ACTING DIRECTOR OF THE DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Illinois Medical Disciplinary Board issued on June 2, 2010 in this matter.

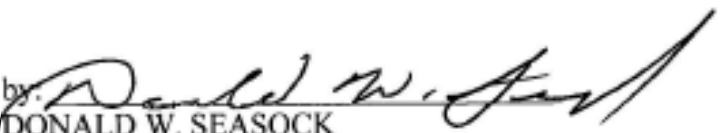
IT IS THEREFORE ORDERED that the Certificate of Registration as a Physician and Surgeon, License No. 036-041126, issued to Howard E. Wolin, M.D. to practice as a Physician and Surgeon in the State of Illinois are INDEFINITELY SUSPENDED.

IT IS FURTHER ORDERED that Howard E. Wolin, M.D. immediately surrender said Certificate of Registration and all other indicia of licensure to the Department of Financial and Professional Regulation of the State of Illinois. Upon failure to do so, the Department shall seize said Certificate of Registration.

Financial and Professional Regulation of the State of Illinois. Upon failure to do so, the Department shall seize said Certificate of Registration.

DATED THIS 23rd DAY OF SEPTEMBER 2010.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
of the State of Illinois
DIVISION OF PROFESSIONAL
REGULATION

by: 
DONALD W. SEASOCK
Acting Director

License No. 036-041126
Case No. 2007-6606

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL)	
AND PROFESSIONAL REGULATION)	
Of the State of Illinois,)	
Complainant)	
)	
v.)	No. 2007-06606
)	
HOWARD E. WOLIN,)	
License No. 036.041126,)	
Respondent.)	

**FINDINGS OF FACT, CONCLUSIONS OF LAW
AND RECOMMENDATION TO THE DIRECTOR**

Now comes the Medical Disciplinary Board ("Board") of the Department of Financial and Professional Regulation, Division of Professional Regulation of the State of Illinois ("Department") and, after reviewing the pleadings in this matter, a majority of its members hereby renders the following Findings of Fact, Conclusions of Law and Recommendation to the Director:

FINDINGS OF FACT

1. THAT Howard E. Wolin, Respondent, is presently the holder of a Certificate of Registration as a Physician and Surgeon in the State of Illinois, License No. 036.041126, issued by the Department of Financial and Professional Regulation of the State of Illinois. Said license is presently in ACTIVE status.
2. THAT the Department filed a Complaint against the Respondent and sent notice of said Complaint by certified and regular mail to Respondent's last known address.
3. THAT Respondent failed to comply with the Department's discovery requests.
4. THAT on March 29, 2010, Chief Administrative Law Judge John M. Lagattuta ordered the Respondent to produce the Department's requested documents by April 5, 2010 or be held in Default.
5. THAT the Respondent failed to produce the requested documents by April 5, 2010.
6. THAT on April 12, 2010, Chief Administrative Law Judge John M. Lagattuta held Respondent in Default for failing to turn over medical records pursuant to multiple signed releases from patient C.B. The Chief Administrative Law Judge transferred this matter to the Medical Disciplinary Board for its deliberation based on the pleadings.

7. THAT the Department of Financial and Professional Regulation received information on or about April 28, 2007. Respondent began treatment with Patient C.B. Treatment included the use of crystals and secret methods.
8. THAT Howard E. Wolin charged patient C.B. for \$11,451.28 from April 28, 2007 to August 7, 2007 for Consultations, Supplements, Crystals and Shipping.
9. THAT these actions and or omissions as alleged are grounds for revocation, suspension, or other discipline to a Certificate of Registration pursuant to 225 ILCS (2006) 60/22 (A)(5), (6), and (10).


CONCLUSIONS OF LAW

1. THAT the Medical Disciplinary Board of the Department of Financial and Professional Regulation/Division of Professional Regulation of the State of Illinois has jurisdiction over the subject matter and of the parties in this case.
2. THAT the Respondent violated 225 Illinois Compiled Statutes (2006), Section 60/22 (A), paragraph(s) (5), (6), and (10).

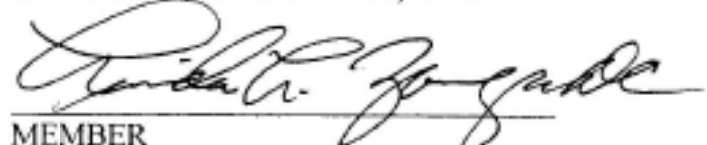
RECOMMENDATION

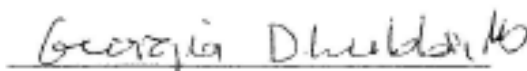
The Medical Disciplinary Board of the Department of Financial and Professional Regulation, Division of Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends that the Certificate of Registration, License No. 036.041126 of Howard E. Wolin be INDEFINITELY SUSPENDED. Respondent is placed on notice that, should she violate any provision of the Medical Practice Act while suspended, the Department may initiate additional action or use such information in objection to any Petition for Restoration.

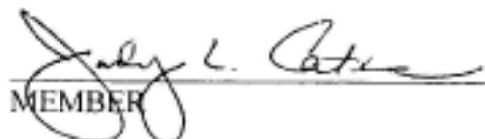
DATED THIS 2 DAY OF June, 2010.


MEMBER


CHAIRMAN, Edward P. Rose, M.D.


MEMBER


MEMBER


MEMBER

Marie Lynn
MEMBER

MEMBER

MEMBER

MEMBER

Ref 740 ILCS 110

CASE NO 2008 6606

- (1) I authorize X Dr Howard Wolin to release
(agency/facility/therapist)
- (2) All records referencing treatment of X any and all services and products
provided by Dr Wolin, his office staff, and colleagues
(be specific regarding nature of information to be disclosed/released)
- (3) about individual's Name X [REDACTED] Date of Birth X [REDACTED]-60
Alias or Maiden Name _____ Soc Security # X [REDACTED]
- (4) to The Illinois Department of Financial & Professional Regulation, Investigator David Harris
(receiving agency/facility/person)
- (5) 100 West Randolph, Suite 9-300, Chicago, IL 60601
(address of receiving agency/facility/person)
- (6) for the purpose of review
- (7) Consent is valid until calendar date (month/yr) 11/01/2011
If no calendar date is entered, release is invalid.

I understand that the above-named agency/facility/person authorized to receive this information has the right to inspect and copy the information to be disclosed.

I understand that I may revoke this consent at anytime; however, the revocation must be in writing. I understand that no revocation of this consent shall be effective to prevent disclosure of records and communications until it is received by the person otherwise authorized to disclose records and communications.

(8) Refusal to consent to the release of the information specified above will result in the following consequence(s):

- (9) X [Signature] (10) X 10/23/08
Signature of Individual (Age 12 and older) Date
- (11) _____ (12) _____
Guardian of legally disabled recipient or Parent/Guardian of individual under age 12 Date
- (13) X [Signature] (14) X 23 Oct 2008
Witness Date

SIGN BELOW IF APPLICABLE

Additionally, I also authorize the release of any HIV/AIDS information in the individual's clinical record

- (15) _____ (16) _____
Signature of person authorized to consent Date
- (17) _____ (18) _____
Witness Date
- (19) Information copied and released by _____ (20) _____
Signature of staff person Date

NOTICE TO RECEIVING AGENCY/FACILITY/PERSON: Under the provisions of the Illinois State Law (740 ILCS 110), you may not redisclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure

Under the Federal Act of July 01, 1975, Confidentiality of Alcohol and Drug Abuse Patient Records, no such records, nor information from such records may be further disclosed without specific authorization for such redisclosure



2007-6606

15-1 240011-110

(1) Location: Dr. Howard Wolin

(agency/facility/person)

to include:

(2) medical records and billing records

(be specific regarding nature of information to be disclosed/obtained)

(3) about individual's name: C. [redacted] [redacted] Year of Birth: 1960

Alias or Maiden Name: N/A Sex: Female

(4) to: Illinois Department of Financial, Professional Regulations, attn: D. HARRIS
(receiving agency/facility/person)

(5) 100 W. Randolph Street, Suite 9-300, Chicago, IL 60601
(address of receiving agency/facility/person)

(6) for the purpose of: review by Illinois Department of Financial and Prof. Regulations

(7) Consent is valid until calendar date (m/d/yr): MARCH 25, 2012
If no calendar date is entered, release is invalid

I understand that the above named agency/facility/person authorized to receive this information has the right to inspect and copy the information to be disclosed.

I understand that I may revoke this consent at anytime, however, the revocation must be in writing. I understand that no revocation of this consent shall be effective to prevent disclosure of records and communications until it is received by the person otherwise authorized to disclose records and communications.

(8) Refusal to consent to the release of the information specified above will result in the following consequence(s):

(9) [Signature] (10) 3/25/10
Signature of Individual (Age 12 and older) Date

(11) N/A (12) _____
Guardian of legally disabled recipient or Date
Parent/Guardian of individual under age 12

(13) [Signature] (14) 3/25/10
Witness Date

SIGN BELOW IF APPLICABLE

Additionally, I do authorize the release of any HIPAA covered information that may be obtained

(15) _____ (16) _____
Signature of person authorized to consent Date

(17) _____ (18) _____
Witness Date

(19) Information reported and released by: _____ (20) _____
(Name of Reporting Agency) (Date)

NOTICE: This is a copy of the original document. A copy was provided to the State Dept. Law (407) 407 407. This document is the property of the State Dept. Law and should be returned to them upon request.

Under the provisions of the Freedom of Information Act, this document is being released to you. If you have any questions, please contact the State Dept. Law at (407) 407 407.

19. Medical Records: _____

20. Date: _____

21. Name: _____



2007-6606

Fac: 740.875.110

TO: [Redacted]

Dr. Howard Wolin

(Agency/Institution)

Psychotherapy Notes

By the undersigned (name of individual to be disclosed) (print)

(1) Adult Individual's Name

Charles [Redacted]

Date of Birth

1960

Age, or Minor's Date

N/A

Cy, Security #

[Redacted]

(2) to

Illinois Department of Financial, Professional Regulation, Attn: D. HARRIS

(3)

100 W. Randolph Street, Suite 9-300, Chicago, IL 60601

(4) for the purpose of

review by Illinois Department of Financial and Prof. Regulations

(5) Consent is valid until calendar date (mandatory)

MARCH 25, 2012

If no calendar date is entered, release is invalid

I understand that the above-named agency/facility/person authorized to receive this information has the right to inspect and copy the information to be disclosed.

I understand that I may revoke this consent at anytime, however, the revocation must be in writing. I understand that no revocation of this consent shall be effective to prevent disclosure of records and communications until it is received by the person otherwise authorized to disclose records and communications.

(6) Refusal to consent to the release of the information specified above will result in the following consequence(s)

X [Signature]

N/A

Signature of Individual (Age 12 and older)

(10)

Date

3/25/10

(11)

Guardian of legally disabled recipient or Parent/Guardian of individual under age 12

(12)

Date

X [Signature]

(14)

Date

3/25/10

SIGN BELOW IF APPLICABLE

Additionally, I am authorizing the release of any HARRIS file, name or the individual's clinic address

(15)

Signature of person authorized to consent

(16)

Date

(17)

Witness

(18)

Date

(19) Organization, agency, and address by

(20)

Signature of [Redacted]

Date

NOTICE: THE RECEIVING AGENCY/FACILITY/PERSON MUST HAVE A CURRENT COPY OF THE FORM 5010 (01/01) WITH THE SIGNATURE OF THE INDIVIDUAL OR THE GUARDIAN OF THE INDIVIDUAL OR THE PARENT/GUARDIAN OF THE INDIVIDUAL UNDER AGE 12.

For more information, contact:

Statewide Health Information Exchange (SHINE) at 1-800-843-0808 or visit the SHINE website at www.shine.state.il.us

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