BEFORE THE MEDICAL LICENSING BOARD OF INDIANA

CAUSE NUMBER: 2023 MLB 0010

IN THE MATTER OF THE LICENSE OF: )	FILED	
GEORGE ALEXANDER YOUNG LICENSE NO.: 01079954A (ACTIVE)	MAR 29 2023	
ADMINISTRATIVE COMPLAINT	Indiana Professional Licensing Agency	

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Regan M. Perrodin, pursuant to Ind. Code § 25-1-7-7 and Ind. Code ch. 4-21.5-3, brings this Administrative Complaint before the Medical Licensing Board of Indiana ("Board") against the license of George Alexander Young ("Respondent") for violations of Ind. Code § 25-1-9-4. In support, Petitioner alleges and states the following:

## **FACTS**

#### **Parties**

- 1. Indiana Code § 25-1-7-7 authorizes the Consumer Protection Division of the Office of the Attorney General ("OAG") to prosecute this action on behalf of Petitioner against Respondent's license.
- 2. Respondent is a licensed physician in the State of Indiana. The Board issued Respondent license number 01079954A on March 5, 2018, and that license will expire on October 31, 2023.
- 3. Respondent also maintains a controlled substances registration ("C.S.R."), 01079954B.
- 4. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 508 N. 85th St., Omaha, Nebraska 68114.

#### Jurisdiction

- 1. At all times relevant herein, Respondent was a "practitioner" as that term is defined by Ind. Code § 25-1-9-2.
- 2. On October 8, 2021, the OAG received a consumer complaint filed against Respondent and conducted an investigation as authorized by Ind. Code § 25-1-7-5(b)(4).
- 3. After investigation, the OAG determined that the consumer complaint had merit. Accordingly, a copy of that consumer complaint is attached hereto as **State's Exhibit A**.
- 4. As the OAG has tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1) and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

### **Facts Supporting Violations**

#### Patient A

- 5. On or about September 22, 2021, Patient A had a visit with Respondent regarding her past trauma and depression.
- 6. During Patient A's visit with Respondent, which lasted for an hour and a half, Respondent talked for a majority of the time and rarely allowed Patient A to speak.
- 7. Once able to speak, Patient A provided Respondent with information about her past, including the fact that she grew up Catholic.
- 8. Respondent told Patient A, "I always liked Catholic girls, they had a tendency to rebel, and you could have sex with them."
  - 9. Patient A was unable to respond and began crying.

- 10. On February 9, 2022, Respondent's employer, Mid-America Mental Health ("Mid-America"), mailed a letter to Respondent ("the Letter") which states that Respondent admitted to the allegations in Victim A's October 8, 2021, consumer complaint.
- 11. According to the Letter, Respondent has received counseling and supervision from management and providers regarding his performance.
- 12. As a result of the allegations in the consumer complaint and Respondent's admission to the allegations, Respondent was suspended for forty-five (45) days during which he was not able to communicate with patients.

#### Patient B

- 13. On or about January 5, 2022, Patient B had a visit with Respondent for medicine management.
- 14. The appointment lasted for approximately two (2) hours and Patient B was rarely able to speak during the visit.
  - 15. Patient B informed Respondent of her issues with food, sex, and mental health.
- 16. Respondent made comments suggesting he did not know what dosage of medicine to prescribe to Patient B because of her weight, and he made many comments about her weight.
- 17. After Patient B informed Respondent that she has borderline personality disorder, Respondent told her that people with this condition have a "spoiled" mentality and "throw a fit" when they do not get what they want.
  - 18. At the end of the appointment, R stated, "I'm really smart, aren't I?"
- 19. When Respondent opened the door for Patient B to leave the room, Respondent told her to "stop eating so much and having sex."
  - 20. Patient B left the building and cried.

- 21. Patient B filed a consumer complaint with the OAG on or about January 20, 2022, regarding this incident with Respondent.
- 22. On March 30, 2022, Mid-America sent a second letter to Respondent informing him that management was placing him on a leave of absence for the duration of the OAG investigation.

#### **CHARGES**

# Count 1 Knowing Violation of Statute or Rule

23. **Count 1:** Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent knowingly violated a state rule regulating the profession. Specifically, Respondent violated 844 IAC 5-2-5 as evidenced by Respondent's comments and conduct during appointments with Patients A and B.

#### **REQUESTED RELIEF**

**ACCORDINGLY,** Petitioner respectfully requests the Board issue an order against Respondent that:

- Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-9-9;
- II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-9-5;
- III. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and
- IV. Provides any other relief the Board deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA Indiana Attorney General Atty. No.: 18857-49

By:

Regan M. Perrodin Deputy Attorney General Atty. No.: 36333-71

## OFFICE OF THE ATTORNEY GENERAL TODD ROKITA

Indiana Government Center South 302 West Washington Street, Fifth Floor Indianapolis, Indiana 46204-2770

Phone: (317) 234-7096 Fax: (317) 233-4393 Regan.Perrodin@atg.in.gov

## **CERTIFICATE OF SERVICE**

I certify that a copy of the "Administrative Complaint" has been duly served upon those listed below, by United States mail, first-class, postage prepaid, on this 30th day of March, 2023.

George Alexander Young 508 N. 85th St. Omaha, Nebraska 68114

Regan M. Perrodin

Deputy Attorney General

Atty. No.: 36333-71

## **STATE'S EXHIBIT A**



INSTRUCTIONS:

To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11649385

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Section	on 2: Who is th	e Complaint Against?							
	dual/Business			Name of Individual/Representative you dealt with					
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0.0000000000000000000000000000000000000	Address				City	State		Zip Co	de
402 V	Vall Stree Ste 23				VALPARAISO	IN	20	46383	
Count	ty	Daytime Phone			Email Address				
		(219) 615-31 <mark>3</mark> 6							
Section	on 3: Transacti	on/Incident Details							
3-A:	3-A: Date of Transaction/Incident			3-B: If a Transaction, what was the Transaction for?					
	09/22/2021			☐ My business ☒ My family/household ☐ My farm ☐ Non-Profit/Church					
3-C:	3-C: Where did the Transaction/Incident occur? (check box where applicable)								
	☐ My home ☐ By Internet/email								
	☑ At the location of the business ☐ By telephone								
	☐ Away from the location of the business ☐ By Social Media								
	□ By mail □ Other								
3-D:	What was the ve	ry first contact between you a	nd the Individua	al/Bu	siness?				
	☐ I telephoned the individual/business ☐ I received information in the mail ☐ I responded to a printed						Ĉ		
			the location of the business advertise				Local Control		
☐ A person came to my home ☐ I received a phone call from the business ☐ I received information by email ☐ I responded to an offer on the Internet				☐ Other, describe below					
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3-E:	How did you Pay	?							
	☐ Cash	☐ Credit Card/Pre-pay	Medical     Medical	aid	☐ Pay-Pal	☐ Pay-Pal ☐ Wire Transfer		sfer	
	☐ Check	☐ Installment Loan	☐ Medica	icare ☐ Private Insurance ☐ Other					
3-F:	What if any is th	ne Dollar amount associated v	vith your loss?	\$				23	
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CONSUMER COMPLAINT Page 2 of 2

Section 4 Acti	ons Taken by Consumer				
☐ Yes ☒ No		If yes, please attach a copy of the documentation.			
☐ Yes ☒ No	4-B: Have you hired a private attorney?	The state of the s			
☐ Yes ☒ No	4-C: Have you started a court action? If yes, please	attach a copy of all court papers.			
☐ Yes ☒ No	2540-40	his incident/transaction? If yes, please attach a copy of all court	papers.		
Section 4 Acti	ons Taken by Consumer - continued				
Yes □ No	4-E: Have you complained to the Individual/Busines				
	Yes, they told me that George Young would not be all	owed to conitue to work there.			
Yes□ No	4-F: Have you filed a complaint with any other ager	ncy? If yes, list other agency:			
Section 5 Tran	nsaction/Incident Details – attach additional pages if ne	cessary			
Please remember to at	tach a copy of all documentation involved (order blank, warranty, cre-	dit card receipt and statement, invoice, contract or written agreement, advertiser	ment,		
	spondence etc). Please print clearly or type. Do Not Include your S		A1		
If you answered "Ye	s" to 4-E or 4-F above please include in the transaction/incid	ent details below when you complained and what action was taken.			
I waited for three months to get in with a psychiatrist. I have been waiting for answers with my past trauma and depression. Dr. Young is 83 years old, and very hard of hearing. I had to yell my very personal issues to him three times, and I'm not sure what he heard. He made several recommendations for medication before understanding anything about me. All of this was unnerving, but the worst part was when I was trying to describe my childhood. I mentioned that I grew up Catholic. He said to me, verbatim, "I always liked Catholic girls, they had a tendency to rebel, and you could have sex with them." This is exactly what he said to me. To which I responded like a deer in headlights and cried. The appointment took an hour and a half, and I talked for maybe 10 minutes of that time. I left feeling traumatized. I bawled my eyes out went to a friend for support. It was such an awful, awful thing for him to say. Making my traumatic experiences that took me to seek psychiatric care worse and more hopeless. I have dealt with suicidal thoughts and severe depression. With this kind of mental health care available to me, I fear for my future.					
Section 6 How	would you like your Complaint resolved?		75		
	1990 Son Marin State III III II Son Section 48 C. C.	as they promised me, as well as lose his license to practice medi	icine in		
the state of Indiana					
Section 7 WH.	AT HAPPENS NEXT?	Section 8 Mail Completed Forms	to:		
	rotection Division will send a copy of your complain	nt to the	10.		
respondent indivi your complaint aga	idual/business or licensed professional. This office ainst a licensed professional to the public unless this of against the licensed professional. This office represen	cannot disclose fice files a  to the State of  Consumer Protection Division  Government Center South, 5th F	4.		
Indiana and is limit	ted in the remedies it can pursue. You may be entitled	to Indianapolis IN 46204			
	ther rights that we cannot pursue for you. In addition to y want to consider contacting a private attorney or your	of filling this 317-232-6330 (phone) • 317-233-43			
claims court.	y want to consider contacting a private attorney or your	www.IndianaConsumer.com	E.		
Section 9 Con	sent and Verification				
Do you consent to disclosing the following information to the public?   I Yes □ No The nature of the complaint and the individual/business name □ Yes □ No Your name □ Yes □ No Your phone number					
I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).					
C D		October 8, 2021			
Your signature		Date			