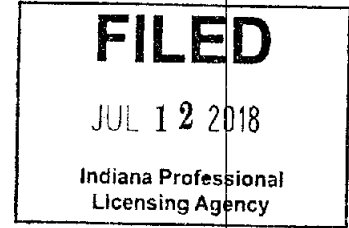


BEFORE THE MEDICAL LICENSING BOARD OF INDIANA
CAUSE NO. 2018 MLB 0025

IN THE MATTER OF THE:)

CAREY VIGOR, M.D.)
Respondent)

LICENSE NO: 01069925A)
ACTIVE)



ADMINISTRATIVE COMPLAINT

This complaint is brought against the medical license of Carey Vigor, M.D. ("Respondent"), by the State of Indiana, by counsel, Deputy Attorney General Jessica Krug, on behalf of the Office of the Attorney General (collectively "Petitioner") and pursuant to Indiana code § 25-1-7-7 Ind. Code § 25-1-5-3, Ind. Code art. 25-22.5, the Administrative Orders and Procedures Act, Ind. Code ch. 4-21.5-3, and Ind. Code ch. 25-1-9, and in support alleges and states:

FACTS

1. Respondent is a licensed physician in the State of Indiana, holding Indiana license No. 01069925A having been granted that license by the Medical Licensing Board (Board) on or about July 11, 2011.

2. Respondent's address on file with the Professional Licensing Agency (PLA) is 8659 Meridian Square Drive, Indianapolis, IN 46240.

Patient A

3. Patient A filed a Consumer Complaint against Respondent alleging that Respondent was refusing to provide services based on her assertion that Patient A owed her money. Included in his complaint was also a statement that he did not feel safe while at

Respondent's office because she had told him several times that there were police in her building and that they were "after her" and were confronting and harassing her patients.

4. During the investigation of Patient A's complaints, Respondent sent multiple emails to Petitioner containing concerning statements, including:

a. "The maintenance men, who may be undercover cops, follow my female patients and my African American patients (all of whom are elderly) to the restroom and tell them that the restroom is out of order. I can get an affidavit [sic] from my patients on this issue. As a consequence, patients are instructed not to use the restrooms in the building and to bring in their urine samples from home;"

b. "All my Medicare patients in my Carmel office are African American and there is no doubt that they are being stalked in the building by men who work there;" and

c. "Contrary to the allegation that no one is stalking my patients in my building here is the first of many patient reports of such stalking and intimidation. The squeegee was six feet long and held over the patient's driver's head as close as three inches and for over ten minutes. This is the janitor who followed my other patients and told them the rest room was out of order and knocked on the rest room door repeatedly when my patients were inside. This is the janitor who blocked the entrance to my office with a ladder and refused to move it."

5. Respondent provided a copy of a portion of her medical record for Patient A. In it, Respondent has documented an entry on June 23, 2015 that states: "management put out of order sign on restroom today(?) but restroom is not out of order, warned pt that management asked other patients what they were using restroom so much for -- he [Patient A] laughed + didn't believe me that restroom was not out of order but that mgt puts sign up only when I am in

office to discourage pts using it – also advised not to discuss [words scratched out of page] in hallways due to mgt snoopiness.”

6. Respondent has also stated that she believes the management staff of the building where she rents an office is engaged in “illegal surveillance and stalking of my patients.” She states that there are “front businesses” in the building and “three cameras with microphones in my hallway and they sit on the first floor and listen in on my patients in the waiting area.”

7. Respondent seems to have a pervasive belief that she is being surveilled and spied on by various people.

Doctor 1

8. Doctor 1 filed a Consumer Complaint alleging that Respondent was making harassing and threatening statements to his office in regards to a dispute about a request for medical records.

9. On or about August 20, 2016, Respondent sent to Doctor 1 a signed Release of Information form for a mutual patient asking that Doctor 1 fax a copy of the patient’s medical records to her office. Doctor 1’s office has a policy to not fax records that are more than 50 pages in length. Respondent was notified of this policy and a copy of the medical chart was mailed to the Respondent the next day.

10. Dr. Vigor continued to call Doctor 1’s office staff demanding that the patient’s record be faxed to her. All attempts by Doctor 1’s staff to communicate with Dr. Vigor were unsuccessful. Doctor 1 then communicated with the patient to let the patient know that he could come to the office anytime he would like and pick up another copy of his medical record. Dr. Vigor was also notified of this offer made to the patient.

11. On or about October 11, 2016, Respondent sent a fax to Doctor 1 and stated, "This the final request for these requests to be faxed. If the records are not received via fax as requested by the patient, we shall be filing a complaint with the state as well as HIPAA office in Chicago." Respondent seems to irrationally insist that the only acceptable method of providing the patient's chart is via fax.

Patient B

12. The father of Patient B (Father) filed a Consumer Complaint after Respondent was engaged to provide an evaluation of Patient B for Attention Deficit Disorder or a similar condition. Patient B began having trouble in school, falling grades, and difficulty concentrating in the Fall of 2017, the beginning of his freshman year in high school. Based on the advice of Patient B's school, Father sought testing for his child and was given a list of providers able to screen his son. Respondent was on that list provided by his insurance carrier and was located near the family.

13. Respondent had Patient B complete some testing at the end of December 2017, including an MMPI-2. Respondent's medical chart for Patient B contains no narrative notes regarding a patient interview or evaluation.

14. An MMPI-2 consists of over 500 true or false questions. These answers are then evaluated by a trained professional who checks the test answers for validity and then interprets the results of the answers.

15. Some of Patient B's test answers were shocking and concerning, including statements such as, "I am afraid of losing my mind," "No one knows it but I have tried to kill myself," and "Someone has control over my mind." On the basis of these test answers alone,

and without the benefit of a fully interpreted MMPI-2 report, Respondent became convinced that Patient B was acutely ill and suicidal.

16. On or about January 16, 2018, Dr. Vigor began calling and texting Father and Mother at 10:30 pm to tell them that she believed Patient B was “acutely ill” and needed an emergency evaluation. In one text to Father she writes, “please take your son for an emergency evaluation as I have recommended This is my third or fourth notice to do so Why are you delaying? Call Aetna for an emergency evaluation at IU hospital asap. I will notify CPS if you fail to do so today.”

17. After what Respondent perceived as Father’s refusal to have Patient B evaluated, Respondent filed a report of child abuse or neglect with the Indiana Department of Child Services. In a letter to DCS, Respondent states, among other things, that Mother and Father are “aggressive and viciously punitive and abusive parents.” She further states that the basis of her information and belief that Patient B is suicidal, has had a secret suicide attempt, and is abused at the hands of his parents, is the “primary source data” from the MMPI testing.

18. Respondent also contacted Patient B’s primary care physician making these same allegations regarding Patient B and his parents.

19. As a result of Respondent’s unsupported and irrational allegations, DCS conducted a child welfare investigation. Patient B was taken out of class during school time to be interviewed by a DCS Family Casemanager in the presence of school officials. Ultimately, Respondent’s accusations were not substantiated and DCS took no action.

20. MMPI-2 answers must be reviewed and interpreted by an individual trained in the interpreting of this specific test. Paramount in the interpretation is to determine if the answers given by the test taker are reliable and truthful. If a test taker’s responses rate high on the

Variable Response Inconsistency (VRIN) rating and the F scale, this is an indication that the person answered the questions at random and the profile/test answers is invalid.

21. At some point in early 2018, Respondent sent Patient B's MMPI test answers to Caldwell Report (Caldwell), a company specializing in the reading and interpretation of MMPI-2 testing. Caldwell returned the Interpretation Report to Respondent on or about March 9, 2018.

22. The Caldwell Report characterized Patient B's answers as having a highly elevated score on the VRIN and an elevated score on the F scale. This was attributed to either an inability to read or understand the question or to a "substantial amount of random or arbitrary responding." The report concludes that "great caution" should be used in the use of these test results.

23. Respondent has displayed a pattern of irrational and unsupported beliefs, including that people are spying on her and her patients. Additionally, Respondent has displayed a pattern of threatening and abusive behaviors towards patients and other professionals who she believes are not doing what she has instructed them to do. Respondent's erratic behavior has resulted in multiple false allegations of abuse or threats by her patients, threatening or harassing a fellow doctor, and making a false and unsupported report of child abuse to DCS.

Violation I

24. Paragraphs 1-23 are hereby incorporated by reference herein.

25. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(C) in that Respondent has continued to practice although Respondent has become unfit to practice due to a physical or mental disability.

Violation II

26. Paragraphs 1-23 are hereby incorporated by reference herein.
27. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(A)(ii) in that Respondent has continued to practice although practitioner has become unfit to practice due to professional incompetence.

WHEREFORE, Petitioner demands an order against Respondent that:

Imposes the appropriate disciplinary sanction;

Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Curtis T. Hill, Jr.
Indiana Attorney General
Attorney No. 13999-20



By: _____

Jessica W. Krug
Deputy Attorney General
Attorney No. 26222-49

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Administrative Complaint" has been served upon the Respondent at the address listed below, on this **12th** day of **July**, 2018:

Carey Vigor, MD
8659 Meridian Square Drive
Indianapolis, IN 46240



Jessica W. Krug
Deputy Attorney General
Attorney Number: 26222-49

Deputy Attorney General, Jessica W. Krug
Office of the Attorney General
302 W. Washington St.
Indianapolis, IN 46240
(317) 915-5311