

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss

BOARD OF REGISTRATION
IN MEDICINE

ADJUDICATORY CASE NO.

02-58-DALA

In the Matter of)

Deborah A Sichel, M.D.)
_____)

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (the Board) has reason to believe that Deborah A Sichel (the Respondent) has engaged in fraudulent conduct to obtain access to medical records of individuals who were not her patients; that she obtained access to one of those records; and that she improperly disseminated information contained in that medical record thereby breaching the patient's confidentiality. The Board has reason to believe that in reviewing her own medical record, the Respondent improperly removed portions of that record and did not return those portions until requested to do so by hospital staff. The Board also has reason to believe that the Respondent fraudulently procured renewal of her license to practice medicine by falsely answering question 23 of her 2001-2003 Physician Registration Renewal Application.

BACKGROUND

1. The Respondent was born on June 9, 1952. She is a psychiatrist and is certified by the American Board of Medical Specialties in psychiatry and neurology. She is a 1975 graduate of the University of Witwaterstrand Medical School in South Africa. She

has been licensed to practice medicine in Massachusetts under registration number 43923 since February 16, 1979. She is not licensed to practice medicine in any other state. The Respondent is currently engaged in a private psychiatric group practice in Wellesley, Massachusetts, subject to a Board ordered Workplace Monitoring Agreement. She has no hospital privileges.

2. On March 20, 2002, the Respondent signed a Voluntary Agreement Not To Practice Medicine, which was approved by the Board on March 21, 2002. The Board terminated that Agreement on October 2, 2002, and on that date the Board accepted Respondent's Workplace Monitoring Agreement.

FACTUAL ALLEGATIONS

COUNT I

3. On or about October 2, 2001, the Respondent went to the Health Information Management Department (the Department) at Newton Wellesley Hospital (NWH). The Respondent requested the medical records of two patients. Respondent indicated that she was a health care provider for these patients. At the time of the request, the Respondent had not been a member of the medical staff of NWH since May 2001. She was not a treating psychiatrist for either of these patients and she did not have releases for access to these records.

4. The Respondent was denied access to one of the requested medical records (Record A), since it was in a "locked file" and approval of the Department was required for its release. Upon a review of the record, it was determined by staff in the Department that the Respondent was not the physician named in the file and therefore the file was not released to the Respondent.

5. The other medical record that the Respondent requested (Record B) was released to her. The Respondent was not a health care provider for this patient. Record B belonged to a patient who had filed a complaint with the Board against the Respondent's husband. The Respondent communicated information in Record B to hospital administrators and to her husband.

6. The Respondent breached the confidentiality of the patient whose medical information was contained in Record B.

7. In a letter dated March 20, 2002, NWH filed a report pursuant to M.G.L. c. 112 §5F in regard to the above incident.

COUNT II

8. On or about October 2, 2001, the Respondent went to the Department at NWH and requested her own medical record. When she returned the record to the staff of the Department, it was loose and out of order, and some pages from the record were missing

9. The Respondent was asked by the staff of the Department to return the missing pages from the record. The Respondent subsequently returned those parts of the record.

10. In a letter dated March 20, 2002, NWH filed a report pursuant to M.G.L. c. 112 §5F in regard to the above incident.

COUNT III

11. On March 15, 2002, the Respondent called NWH and spoke with the doctor that was covering for the hospital's Chief Medical Officer. The Respondent stated that there was going to be an article about her husband in The Boston Globe the next day; and that she was so humiliated that she wanted to shoot her husband, her children and herself.

12. The recipient of the phone call contacted the Administrator on Call who then contacted the Newton Police Department.

13. Newton police officers went to the Respondent's home. When the police arrived the Respondent was upset, and told them to leave. She told the police officers that the only way to deal with what was going to be stated in the newspapers the next day was to kill her family. The Respondent agreed to go to NWH to be evaluated.

14. The Respondent was evaluated at NWH. The Respondent informed the evaluator that she was under tremendous stress and that she called NWH to get support. She said that she made a rash statement to convey stress and reach out for support, but that the statement was taken literally and the police were called. The evaluator found her to be stable without intent to harm herself or others, and she was discharged home.

15. In a letter dated March 20, 2002, NWH filed a report pursuant to M.G.L. c. 112 §5F in regard to the above incident.

COUNT IV

16. On her 2001-2003 Massachusetts Physician Registration Renewal Application dated June 4, 2001, the Respondent inaccurately answered "no" to question 23 which asked, whether in the past two years:

Have you been diagnosed with or do you have a medical condition which in any way limits or impairs your ability to practice medicine?

17. In January 2000, the Respondent took time off from her practice due to a depressive disorder.

LEGAL BASIS FOR PROPOSED RELIEF

Pursuant to 243 CMR 1.03(5)(a)(10), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has engaged in conduct that has the capacity to deceive or defraud.

Pursuant to G.L. c. 112, §5(c) and 243 CMR 1.03(5)(a)3 the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has engaged in conduct that places into question her competence to practice medicine.

Pursuant to Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982), and Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has engaged in conduct which undermines public confidence in the integrity of the medical profession or which shows lack of good moral character.

Pursuant to 243 CMR 1.03(5)(a)1, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has fraudulently procured the renewal of his license to practice medicine.

Pursuant to G.L. c. 112 §5(h) and 243 CMR 1.03(5)(a)(11), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has violated a rule or regulation of the Board.

The Board has jurisdiction over this matter pursuant to G.L. c. 112 §§5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01 et seq.

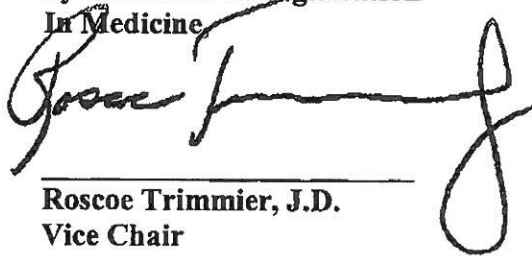
NATURE OF RELIEF SOUGHT

The Board is authorized and empowered to order appropriate disciplinary action, which may include the revocation or suspension of the Respondent's license to practice medicine. In addition to or instead of revocation or suspension, the Board may also order one or more of the of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training, or restrictions on the Respondent's practice of medicine.

ORDER

Wherefore, it is hereby **ORDERED** that the Respondent show cause why she should not be disciplined for the conduct described herein.

By the Board of Registration
In Medicine



Roscoe Trimmier, J.D.
Vice Chair

Dated: 12/18/02

*Notified by certified mail
12/18/02*

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss

BOARD OF REGISTRATION IN
MEDICINE
ADJUDICATORY CASE NO.
02-58-DALA

_____)
In the Matter of)
)
Deborah Sichel, M.D.)
_____)

PROBATION AGREEMENT

I. COMPLIANCE WITH AGREEMENT

The Respondent agrees that violation of this Probation Agreement, including such provisions which survive this Agreement, shall constitute sufficient grounds for the immediate suspension of the Respondent's license to practice medicine, or any such lesser sanction as the Board may deem fit to impose, without prior notice to the Respondent. The Respondent hereby waives any claim or defense to any subsequent action by the Board to suspend the Respondent's license or impose such other lesser sanction, for any such violation or violations, except that the Respondent shall be entitled to defend against the assertion of a violation of this Agreement. The Respondent acknowledges and agrees that by entering into this Agreement, the Respondent is relinquishing important procedural and substantive rights.

II. PARTIES

The parties to this Probation Agreement are the Board of Registration in Medicine (the "Board") and Deborah Sichel, M.D. (the "Respondent").

III. JURISDICTION

The parties agree that the Board has the authority to enter into this Probation Agreement, and that the Board may enforce the terms of this Agreement in accordance with applicable laws and regulations and the provisions of this Agreement.

IV. CONDITIONS OF PROBATION

During the probationary period, which shall be effective on the date the Board accepts this Agreement, the Respondent shall comply with each of the following requirements:

A. The Respondent agrees to undergo monitoring by the Board until at least five years from the date on which the Board approves this Probation Agreement and for such further period thereafter as the Board shall for reasonable cause order. At the Board's discretion, any periods during which the Respondent is not practicing medicine, during the probationary period, may extend the probationary period.

B. The Respondent shall refrain from use of all controlled substances, unless such medication has been specifically prescribed by a treating physician for a legitimate medical purpose and in the usual course of the treating physician's medical practice.

C. The Respondent shall immediately notify the Board in writing any time that any treating physician writes a prescription for the Respondent for a controlled substance in Schedules II through IV, inclusive.

D. The Respondent shall not prescribe any controlled substances in Schedules II, III and IV (243 CMR 2.07(19)), to herself or any member of her family and agrees that this provision contained in this sentence will survive the probationary period. Respondent shall adhere to all laws and regulations pertaining to the dispensing, administration and distribution of controlled substances.

E. The Respondent has entered into a contract, dated March 5, 2010 , and in a form acceptable to the Board, with the Physician Health Services ("PHS") of the Massachusetts Medical Society. The Respondent agrees to abide fully by all terms of this contract. This contract includes a provision that PHS will promptly inform the Board of any lapse or violation of its terms by the Respondent, and the contract provides for any necessary waivers of privilege or

