

COMMONWEALTH OF MASSACHUSETTS

Suffolk, SS.

BOARD OF REGISTRATION
IN MEDICINE

Adjudicatory Case No.

04-11-XX

In the Matter of

CHANTAL NOUVELLON, D.O.

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (the "Board") has reason to believe that Chantal Nouvellon, D.O. (the "Respondent") has engaged in conduct that calls into question her ability to practice medicine and has committed misconduct in the practice of medicine.

1. The Respondent was born on June 21, 1960. She graduated from the New England College of Osteopathic Medicine in 1991 and has been licensed to practice medicine in Massachusetts under certificate number 154583 since 1997. Her medical specialties are psychiatry and child psychiatry. She has privileges at the Carney Hospital, where she works part time in outpatient psychiatric care. She also has a part time psychiatric practice in Arlington, Massachusetts.

2. The Respondent operated Jardin D'Enfants Francais, which was classified by the Massachusetts Office for Child Care Services ("OCCS") as a family childcare home (the "Daycare Center"). In May 2002, the Respondent began a private psychiatry practice by the

name of Counseling Connection of Arlington (the "Psychiatric Practice"). The Daycare Center and the Psychiatric Practice were located at the Respondent's home in Arlington, Massachusetts.

3. In July 2002, at the age of two years and two months, Patient A was enrolled in the Day Care Center.

4. On or about August 2, 2002, the Respondent met with Patient A's mother (the "Mother"). The Respondent informed the Mother that she had diagnosed Patient A with attention deficit hyperactivity disorder ("ADHD"). The Respondent informed the Mother that because of Patient A's hyperactivity he would not be allowed to continue to be enrolled in the Day Care Center unless he was medicated. The Respondent prescribed .025 mg of Clonidine to be taken by Patient A in the morning.

5. Clonidine, which is a hypotensive agent, is a Schedule IV controlled substance.

6. On or about September 9, 2002, the Respondent prescribed 2.5 mg of Ritalin to be taken by Patient A at 7:30 am. She also continued to prescribe .025 mg of Clonidine, which was to be taken at 11:15 am.

7. Ritalin, which is a central nervous system stimulant, is a Schedule II controlled substance.

8. Shortly before September 14, 2002, the Respondent increased the prescribed dosage of Ritalin to be administered to Patient A to 5 mg. The Clonidine dose was increased to .05 mg for approximately 2 days and then decreased to .025 mg. As of September 14, 2002, Patient A was receiving 5 mg of Ritalin and .025 mg of Clonidine per day.

9. The Mother administered the Ritalin to Patient A at home, before she left for the Day Care Center.

10. The Mother kept some of the Clonidine pills at home and gave the rest to the Respondent to administer to Patient A at the Daycare Center.

11. The Respondent or one of her employees administered the Clonidine to Patient A at the Daycare Center prior to naptime.

12. On February 3, 2003, Patient A accidentally ingested approximately eight .1 mg tablets of Clonidine at the Day Care Center. The Respondent transported Patient A to the Mt. Auburn Hospital, in her vehicle.

13. Following the incident, the Mother decided that she would no longer send Patient A to the Respondent's Daycare Center.

14. The Respondent went to the Mother's home on the evening of February 12, 2003. She presented the Mother with papers to sign. The Respondent informed the Mother that she would have to sign the papers in order to get a refund of the tuition that she had paid in advance. The Mother signed the papers as requested.

15. One of the papers the Mother signed on February 12, 2003 was a release of claims. Another was a Consent for Medication, which was backdated to August 6, 2002.

16. On February 13, 2003, OCCS summarily suspended the Respondent's license to operate a family childcare facility.

17. The Respondent's diagnosis and treatment of Patient A did not conform to the accepted standards of medical care in the following respects:

a. The Respondent did not document in the medical record that she informed the Mother of options other than prescribing Ritalin and Clonidine, such as psychosocial interventions including a change in Day Care setting.

b. The Respondent did not document in the medical record that she informed the Mother of either the lack of controlled studies supporting the efficacy of Clonidine and Ritalin or the potential side effects of these medications.

c. The Respondent did not document in the medical record that she obtained a cardiovascular history, or baseline measures of blood pressure, pulse and a baseline EKG prior to prescribing Clonidine to Patient A.

d. The Respondent did not document in the medical record detailed and specific information as to whether Patient A's alleged hyperactivity at the Day Care was observed in an ongoing manner in environments outside of the school.

e. The Respondent's acting in a dual role as a childcare provider and a psychiatrist to Patient A created a conflict of interest.

f. The Respondent comprised the integrity of Patient A's medical record by back dating the Mother's consent to medication.

LEGAL BASIS FOR PROPOSED RELIEF

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 which places into question her ability to practice medicine, including but not limited to practicing medicine with negligence on repeated occasions.

Pursuant to 243 CMR 1.03(5)(a)(18), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has committed misconduct in the practice of 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

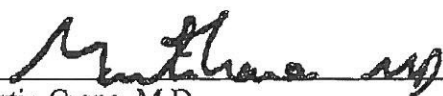
The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure,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

Date: April 21, 2004


Martin Crane, M.D.
Chairman

notified via
certified mail
4/21/2004 SD

BOARD OF REGISTRATION
IN MEDICINE

04-11-XX

CHANTAL NOUVELLON, D.O.

2. The Respondent operated Jardin D'Enfants Francais, which was classified by the Massachusetts Office for Child Care Services ("OCCS") as a family childcare home (the "Daycare Center"). In May 2002, the Respondent began a private psychiatry practice by the name of Counseling Connection of Arlington (the "Psychiatric Practice"). The Daycare Center and the Psychiatric Practice were located at the Respondent's home in Arlington, Massachusetts.

3. In July 2002, at the age of two years and two months, Patient A was enrolled in the Day Care Center.

4. On or about August 2, 2002, the Respondent met with Patient A's mother (the "Mother"). The Respondent informed the Mother that she had diagnosed Patient A with attention deficit hyperactivity disorder ("ADHD"). The Respondent informed the Mother that because of Patient A's hyperactivity he would not be allowed to continue to be enrolled in the Day Care Center unless he was medicated. The Respondent prescribed .025 mg of Clonidine to be taken by Patient A in the morning.

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10. The Mother kept some of the Clonidine pills at home and gave the rest to the Respondent to administer to Patient A at the Daycare Center.

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15. One of the papers the Mother signed on February 12, 2003 was a release of claims. Another was a Consent for Medication, which was backdated to August 6, 2002.

16. On February 13, 2003, OCCS summarily suspended the Respondent's license to operate a family childcare facility.

17. The Respondent's diagnosis and treatment of Patient A did not conform to the accepted standards of medical care in the following respects:

a. The Respondent did not document in the medical record that she informed the Mother of options other than prescribing Ritalin and Clonidine, such as psychosocial interventions including a change in Day Care setting.

b. The Respondent did not document in the medical record that she informed the Mother of either the lack of controlled studies supporting the efficacy of Clonidine and Ritalin or the potential side effects of these medications.

c. The Respondent did not document in the medical record that she obtained a cardiovascular history, or baseline measures of blood pressure, pulse and a baseline EKG prior to prescribing Clonidine to Patient A.

d. The Respondent did not document in the medical record detailed and specific information as to whether Patient A's alleged hyperactivity at the Day Care was observed in an ongoing manner in environments outside of the school.

e. The Respondent's acting in a dual role as a childcare provider and a psychiatrist to Patient A created a conflict of interest.

f. The Respondent comprised the integrity of Patient A's medical record by back dating the Mother's consent to medication.

CONCLUSIONS OF LAW

A. The Respondent has violated G.L. c. 112, §5(c) and 243 CMR 1.03(5)(a)(3), in that she has engaged in conduct which places into question her ability to practice medicine, by practicing medicine with negligence on repeated occasions.

B. The Respondent has violated 243 CMR 1.03(5)(a)(18), in that she has committed misconduct in the practice of medicine.

C. The Respondent has violated G.L. c. 112, §5(h) and 243 CMR 1.03(5)(a)(11), in that she has violated a rule or regulation of the Board.

SANCTION AND ORDER

The Respondent is hereby reprimanded and is required to complete ten (10) Category 1 Continuing Medical Education (CME) Credits, above and beyond those required for license renewals. Six (6) hours of such CME Credits must be in the area of prescribing psychotropic medications to children and four (4) hours must concern the treatment of children with ADHD. The ten CME credits must be completed within six (6) months of the Board's approval of this Consent Order.

This sanction is imposed for violations in Conclusions of Law A through C individually and not for a combination of any or all of them.


EXECUTION OF THIS CONSENT ORDER

The parties agree that the approval of this Consent Order is left to the discretion of the Board. The signature of the Respondent and Complaint Counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the stipulations contained herein shall be null and void; thereafter neither of the parties nor anyone else may rely on these stipulations in this proceeding. As to any matter that this Consent Order leaves to the discretion of the Board, neither the Respondent, nor anyone acting on her behalf, has received any promises or representations regarding the same.

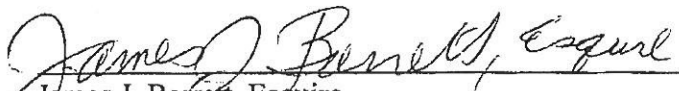
The Respondent waives any right of appeal that she may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which she practices medicine; any in- or out-of-state health maintenance organization with whom she has privileges or any other kind of association; any state agency, in- or out-of-state, with which she has a provider contract; any in- or out-of-state medical employer, whether or not she practices medicine there; and the state licensing boards of all states in which she has any kind of license to practice medicine. The Respondent shall also provide this notification to any such designated entities with which she becomes associated in the year following the date the Board accepts this Consent Order. The Respondent is further directed to certify to the Board within ten (10) days that she has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



Chantal Nouvellon, D.O.

2/23/04
Date


James J. Barrett, Esquire
Complaint Counsel

February 23, 2004
Date

So ordered by the Board of Registration in Medicine this 21 day of April, 2004.


Martin Crane, M.D.
Chair

notified via certified
mail 4/21/2004 SD

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2011-023

In the Matter of)
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CHANTAL NOUVELLON, D.O.)
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STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Chantal Nouvellon (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice, as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 10-282.

Biographical Information

1. The Respondent was born on June 21, 1960. She graduated from the New England College of Osteopathic Medicine in 1991. S/he is certified by the American Board of Psychiatry. She has been licensed to practice medicine in Massachusetts under certificate number 154583 since 1997. She has privileges at Carney Hospital.

2. On April 21, 2004, the Respondent entered into a Consent Order. She was ordered to take CME's in the area of prescribing psychotropic medications to children. The Respondent had prescribed and was administering Clonidine and Ritalin to a two-year old child who she had diagnosed with attention deficit hyperactivity disorder. The child was the

Respondent's patient and also attended the Respondent's daycare. *In the Matter of Chantal Nouvellon*, D.O., Board of Registration in Medicine, Adjudicatory Case No. 04-11-XX (Consent Order April 21, 2004.)

3. On May 10, 2010, the Respondent wrote a prescription for a medication classified as a schedule VI under G.L. 94C for her mother in her boyfriend's name and he used his insurance to pay for the prescription.

4. The mother was never the Respondent's patient.

5. In prescribing medication to her mother, the Respondent prescribed controlled substances outside the usual course of her professional practice.

6. In 2009, the Respondent prescribed a medication to her son classified as Schedule VI under G.L. c. 94C, § 3.

7. In 2010, the Respondent prescribed a medication to her son classified as Schedule VI under G.L. c. 94C, § 3.

8. The Respondent's sons were never her patients.

9. In prescribing the medications to her sons, the Respondent prescribed controlled substances outside the usual course of her professional practice.

10. In June 1993, the American Medical Association (AMA) adopted Opinion 8.19 of the Code of Medical Ethics, Self-Treatment or Treatment of Immediate Family Members which states that physicians generally should not treat members of their immediate families as professional objectivity may be compromised and issues of patient autonomy and informed consent may arise.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, ninth par. (b) and 243 CMR 1.03(5)(a)2, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed an offense against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder. More specifically: G.L. c. 94C, § 19(a), which requires that physicians issue prescriptions for controlled substances for legitimate purpose and in the usual course of the physician's medical practice;

B. Pursuant to G.L. c. 112, §5, ninth par. (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 of a rule or regulation of the Board. Specifically: 243 CMR 2.07(5), which states that a licensee who violates G.L. c. 94C also violates a rule or regulation of the Board;

C. 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 practiced medicine deceitfully, or engaged in conduct that has the capacity to deceive or defraud.

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

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.


Nature of Relief Sought

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

Order

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

By the Board of Registration in Medicine,



Peter Paige, M.D.
Chairman

Date: July 20, 2011

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COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2011-023

In the Matter of

CHANTAL NOUVELLON, D.O.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Chantal Nouvellon (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 10-282.

Findings of Fact

1. The Respondent was born on June 21, 1960. She graduated from the New England College of Osteopathic Medicine in 1991. She is certified by the American Board of psychiatry. She has been licensed to practice medicine in Massachusetts under certificate number 154583 since May 1997. She has privileges at Carney Hospital.

2. On April 21, 2004, the Respondent entered into a Consent Order. She was ordered to take CME's in the area of prescribing psychotropic medications to children. The Respondent had prescribed and was administering Clonidine and Ritalin to a two-year old child who she had diagnosed with attention deficit hyperactivity disorder. The child was the Respondent's patient and

Consent Order – Nouvellon

also attended the Respondent's daycare. *In the Matter of Chantal Nouvellon*, D.O., Board of Registration in Medicine, Adjudicatory Case No. 04-11-XX (Consent Order April 21, 2004.)

3. On May 10, 2010, the Respondent wrote a prescription for a medication classified as a schedule VI under G.L. 94C for her mother in her boyfriend's name and he used his insurance to pay for the prescription.

4. The mother was never the Respondent's patient.

5. In prescribing medication to her mother, the Respondent prescribed controlled substances outside the usual course of her professional practice.

6. In 2009, the Respondent prescribed a medication to her son classified as Schedule VI under G.L. c. 94C, § 3.

7. In 2010, the Respondent prescribed a medication to her son classified as Schedule VI under G.L. c. 94C, § 3.

8. The Respondent's sons were never her patients.

9. In prescribing the medications to her sons, the Respondent prescribed controlled substances outside the usual course of her professional practice.

10. In June 1993, the American Medical Association (AMA) adopted Opinion 8.19 of the Code of Medical Ethics, Self-Treatment or Treatment of Immediate Family Members which states that physicians generally should not treat members of their immediate families as professional objectivity may be compromised and issues of patient autonomy and informed consent may arise.

CONCLUSIONS OF LAW

A. The Respondent has violated G.L. c. 112, § 5, ninth par. (b) and 243 CMR 1.03(5)(a)(2) by committing offenses against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit: 94C, § 19(a) in that she issued

prescriptions for controlled substances outside the usual course of the physician's professional practice.

B. The Respondent has violated G.L. c. 112, § 5, ninth par. (h) and 243 CMR 1.03(5)(a)11 by violating a regulation of the Board—to wit, 243 CMR 2.07(5), which states that a licensee who violates G.L. c. 94C also violates a rule or regulation of the Board;

C. The Respondent has violated 243 CMR 1.03(5)(a)10 by practicing medicine deceitfully, or engaging in conduct that has the capacity to deceive or defraud.

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

Sanction and Order

The Respondent's license is hereby reprimanded.

Execution of this Consent Order

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also

provide this notification to any such designated entities with which the Respondent becomes associated in the year following the date of imposition of this reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



Licensee

6/08/2011
Date



Attorney for the Licensee


6-13-2011
Date



Complaint Counsel

6/16/2011
Date

So ORDERED by the Board of Registration in Medicine this 20th day of July, 2011.



Peter Paige, M.D.
Chairman

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