

IN THE MATTER OF           \*           BEFORE THE MARYLAND BOARD  
OMAR K. OMLAND, M.D. \*           OF PHYSICIANS

Respondent                           MBP Case No.: 2000-0585

License Number: 16665

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**ORDER TO REVOKE PERMANENTLY**  
**OMAR K. OMLAND, M.D.'S**  
**MARYLAND MEDICAL LICENSE**

Based on information received, the Maryland Board of Physicians (the "Board") charged Omar K. Omland, M.D., DOB 9/15/46, License Number 16665, with violating the Final Decision and Order ("Final Order") issued by the Board in the above-captioned case on July 14, 2003. The Board further charged Dr. Omland under the Maryland Medical Practice Act ("the Act"), H.O. §§ 14-401 *et seq.* (2000).

The pertinent underlying grounds of the Act provide as follows:

§ 14-404 (a) – Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

- 3) Is guilty of immoral or unprofessional conduct in the practice of medicine;
- 4) Is professionally, physically, or mentally incompetent;
- 5) Solicits or advertises in violation of § 14-505 of this subtitle;
- 11) Willfully makes or files a false report or record in the practice of medicine;
- 22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; and

- 33) Fails to cooperate with a lawful investigation conducted by the Board;

The Board further charged the Respondent with engaging in conduct that is expressly prohibited pursuant to subtitle 6 of the Act:

§ 14-601 – Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice medicine in this State unless licensed by the Board[.] and

§ 14-607(a) – *Imposition of Penalties* – (1) A person who violates any provision of this subtitle is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$5,000 or imprisonment not exceeding 5 years or both.

(4) Any person who violates §14-601 of this subtitle is subject to a civil fine of not more than \$50,000 to be levied by the Board.

A copy of the Final Order issued July 14, 2003 is attached hereto and incorporated herein as **Exhibit A**. The Notice of Violation of Final Decision and Order and Intent to Permanently Revoke Maryland Medical License is attached hereto and incorporated herein as **Exhibit B**.

Dr. Omland was notified by the Board that this Order to Revoke Permanently Omar K. Omland, M.D.'s Maryland Medical License would be executed ten (10) days from Dr. Omland's receipt of the Board's notification, unless Dr. Omland requested a hearing.

Dr. Omland received the Board's Notice of Violation of Final Decision and Order and Intent to Permanently Revoke Maryland Medical License on May 26, 2004. The Board notified Dr. Omland in writing that in order for the Board not to execute this Order to Permanently Revoke Omar K. Omland's Maryland Medical License, a written request for a hearing had to be

received from Dr. Omland within ten (10) days from Dr. Omland's receipt of the Notice of Violation of Final Decision and Intent to Permanently Revoke Maryland Medical License, on or by JUNE 7, 2004. The Board did not receive a written request for a hearing from Dr. Omland by JUNE 7, 2004.

### **FINDINGS OF FACT**

The Board makes the following Findings of Fact:

#### **I. INVESTIGATIVE AND PROCEDURAL HISTORY<sup>1</sup>**

##### **A. 1991 Charges and Consent Order**

On July 8, 1991, the Board and Dr. Omland entered into a Consent Order in Board Case 87-0498. The Board had alleged that Dr. Omland had engaged in immoral conduct, in violation of H.O. § 14-401(a)(3), when, from February 1986 through September 1986, he engaged in sexual contact with a female patient during their therapeutic relationship.

The Consent Order provided for a three (3) year suspension of Dr. Omland's license, with all but approximately three (3) months stayed, a three (3) year probationary period, including education on boundary issues, psychiatric evaluation and remedial supervision of his practice.

The Board terminated Dr. Omland's probation in 1995 upon his completion of the Consent Order's probationary conditions.

##### **B. 2002 Charges/ 2003 Final Decision and Order**

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<sup>1</sup> The statements of the Respondent's conduct described herein are intended to provide the Respondent notice of the alleged charges. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent.

In February 2002, the Board issued charges against Dr. Omland, alleging that he engaged in immoral or unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3). The charges followed the Board's investigation of a complaint made by a male patient ("Patient B")<sup>2</sup> of the Respondent who, with his wife ("Patient A"), had begun seeing Dr. Omland for joint psychotherapy in December, 1996. Patient B alleged that the Respondent was involved in a personal and sexual relationship with Patient A during the course of the psychotherapeutic relationship with Dr. Omland.

On July 14, 2003, after an evidentiary hearing and exceptions process, the Board issued its Final Order in which it concluded as a matter of law that Dr. Omland had engaged in immoral or unprofessional conduct in the practice of medicine with regard to Patients A and B. A copy of the Board's Final Order is attached hereto as **Exhibit A**.

With regard to Dr. Omland's conduct towards Patient A, the Board held in part that, "Dr. Omland's actions facilitated Patient A's dependency in order to gratify his own personal needs...Dr. Omland's belief that his termination of the professional relationship gave him the freedom to indulge in a personal and sexual relationship with Patient A is mistaken and contrary to well-established ethical principles." *Final Order at 12*.

With regard to Dr. Omland's conduct towards Patient B, the Board held in part that, "Dr. Omland counseled Patient B concerning marital problems, yet at the same time, actively pursued a personal relationship with Patient B's wife.

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<sup>2</sup> To ensure confidentiality, the patients' names are not used in this document. The Respondent may obtain the identity of the patients referred to by contacting the Administrative Prosecutor.

This act of personal treachery was manifestly exploitative...Dr. Omland's treatment of Patient B was inimical to honorable standards of physician behavior, and constituted unprofessional conduct in the practice of medicine..." *Final Order at 10.*

The Board further opined that, "Dr. Omland exploited the trust of Patients A and B, and abused his knowledge of their marital tribulations. That knowledge was derived from his psychotherapeutic relationship with them. His conduct was unethical and unprofessional." *Final Order at 12.*

The Board's Order imposed a sanction upon Dr. Omland. The sanction provides in pertinent part:

**ORDERED** that Dr. Omland shall cooperate with the Board in its efforts to immediately perform a peer review on **six (6) patients** in Dr. Omland's current practice for a determination of whether Dr. Omland's psychiatric care meets appropriate standards of care; and it is further

**ORDERED** that the license of Omar K. Omland, M.D., be suspended for **three (3) years**, beginning **ten (10) days** from the execution of this Final Order, and that the suspension shall remain active for a minimum of **one (1) year** from the effective date of suspension **AND** until all of the following conditions are met:

1. Within **three (3) months** of the execution of this Final Order by the Board, Dr. Omland shall undergo, at his own expense, evaluation by a Board-approved evaluating psychiatrist, and psychiatric therapy if recommended by the evaluating psychiatrist or determined necessary by the Board....

8. If the evaluating and treating psychiatric reports are unfavorable in the judgment of the Board, the Board will not consider a stay of the active suspension; and it is further

**ORDERED**, that if the panel recommends, and the full Board grants a stay of his active suspension and permits Dr. Omland to resume his psychiatric practice, Dr. Omland shall restrict his practice to **male** patients only during the period of his stayed suspension and thereafter, if in the judgment of the Board such a restriction is considered necessary, according to the terms of this Order; and it is further

**ORDERED** that Dr. Omland shall immediately notify all of his active patients and all medical offices and treatment facilities where he sees patients that his license to practice is suspended by the Board and shall also notify them of the length of his absence from the practice of medicine and submit written confirmation to the Board that this notification has occurred within **thirty (30) days** from the effective date of the suspension...

(emphasis in original)

## **II. FINDINGS OF FACT REGARDING CURRENT INVESTIGATION**

### **A. Findings of Fact Pertaining to the Board-Ordered Psychiatric Evaluation**

1. In the Final Order, the Board determined that Dr. Omland's conduct warranted a psychiatric examination and expressed its concern "with Dr. Omland's apparent inability to gain any ethical insights

from the mandatory psychiatric counseling and discussion of boundary violations required in the previous Consent Order.” *Final Order at 14.*

2. On September 17, 2003, Ellen G. McDaniel, M.D., forensic psychiatrist, conducted the Board-ordered psychiatric evaluation of Dr. Omland. Dr. McDaniel was provided with information pertinent to Dr. Omland’s two (2) previous Board cases.
3. On September 25, 2003, Dr. McDaniel transmitted to the Board the report of her evaluation.
4. Dr. McDaniel reviewed Dr. Omland’s family history, the actions taken against his license and his present activities. Regarding the latter, Dr. McDaniel reported that Dr. Omland had set up a business called High Point Resource Center subsequent to the suspension of his medical license. Dr. Omland characterized his current activities as “crisis counseling and mediation.”<sup>3</sup> He advised Dr. McDaniel that he was in the process of establishing a consulting role, “to offer [himself] as a consultant in mental health issues.” Dr. Omland acknowledged that this work could “move into psychiatry.”
5. Dr. McDaniel reported that she had conducted a mental status examination of Dr. Omland, the results of which indicated that he

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<sup>3</sup> Crisis intervention and consultation are among the core functions of professional counseling. H.O. § 17-302.4. An individual may not practice, attempt to practice, or offer to practice clinical marriage and family therapy, or clinical professional counseling in Maryland unless licensed by the Board of Professional Counselors. H.O. § 17-3A-11(a). Dr. Omland is not licensed by that board.

“was not at all introspective and offered little in the way of insight into his behavior.”

6. In the Summary section of the Report, Dr. McDaniel stated:

Dr. Omland has now made two significant ethical transgressions by engaging in sexual behavior with troubled, unhappily married female patients. He has not learned from experience. He rationalizes his behavior in both cases, shifting the responsibility entirely to external factors. He omits any personal responsibility and even omits the existence of problems in his treatment of the couples involved in each case. He now has a documented history of revising facts to fit his needs. His explanation for the events before the Board on both occasions are deceptive and self-serving at best. His rigid use of denial and externalization, along with his judgmental attitude, has not been and *will not* be subject to change by old or new information, therapy, supervision or reprimand. A recommendation for treatment will not be useful. In psychiatry, one can only get out of a dynamically oriented treatment what one puts into it. Other types of treatment approaches are more symptom-oriented and/or supportive. Dr. Omland does not think he has any mental or emotional problems and it is my professional opinion that Dr. Omland does not have an Axis I diagnosis. Treatment would be (once again) an exercise in fulfilling requirements without improving the problem or growing emotionally. Such a rigid defense system and narcissistic operation suggest a personality disorder – particularly since these traits have resulted in two Board complaints, actions against his license, and have created distress in others, such as but not limited to his female patient in the first case and the husband/male patient in the second.

In addition to the concerns I have about Dr. Omland's code of ethics when dealing with a certain type of female patient, I have concerns about Dr. Omland's capacity for critical, analytical, nonjudgmental thinking. He can answer questions about the definitions of such concepts as transference and counter-transference. He can memorize what medications to use, when and with what risks. But if he eventually is going to have a practice that includes counseling as well as medication management, can he analyze the ever-changing dynamics that occur in a therapeutic relationship? Can he conduct couples counseling without taking sides? Can he analyze the

wisdom of giving a “pseudo-patient” medication for “back problems” without doing a good workup? Can he see and appropriately manage a patient’s romantic fantasies about him and his own fantasies, sexual or otherwise, about the patient? Can he set boundaries and limits on socialization with himself and with any family member when a patient is in treatment? The list is endless.

Finally, I have concerns about boundary issues in Dr. Omland's present consulting practice. I expressed my concerns to him about what sounds like a thin line between crisis counseling-mediation and the practice of psychiatry but calling psychiatry something else.

*Report at 9 – 10. (emphasis in original)*

**B. Findings of Fact Pertaining to Board-Ordered Peer Review**

**i. General Deficiencies**

7. In the Final Order, the Board found that Dr. Omland's conduct towards Patients A and B raised significant standard of care concerns and initiated a peer review of Dr. Omland's practice.
8. The records of six (6) patients whom Dr. Omland had treated between March 2001 and July 2003 were referred to the Maryland Psychiatric Society and were reviewed by two (2) board-certified psychiatrists. The peer reviewers also interviewed Dr. Omland.
9. The reports of the peer reviewers were transmitted to the Board on or about February 2, 2004. The peer reviewers found that Dr. Omland violated the standard of care for the delivery of quality medical services with regard to all six (6) of the patients whose care was reviewed for reasons which included, but are not limited to, the following general deficiencies:

- a. failure to document adequately initial evaluations and present symptoms;
- b. failure to document response to treatment, side effects and rationale for medication changes;
- c. failure to obtain appropriate studies or laboratory tests when prescribing certain medications;
- d. failure to document mental status examinations; and
- e. failure to consistently document diagnoses and diagnostic formulations.

**ii. Patient-specific deficiencies**

**a. Patient A**

- 10. Patient A, an eleven-year (11) old female, initially presented to Dr. Omland for evaluation on October 7, 2002. She had been previously diagnosed with Attention Deficit Hyperactivity Disorder ("ADHD") and was on medication (Concerta 18 mg) for this condition.
- 11. Dr. Omland completed some portions of the initial Psychiatric Intake Form, but failed to complete most of the form, including Patient A's previous medical history and medical review of systems.
- 12. Dr. Omland failed to assess Patient A's past and current symptoms in major areas of functioning (home, school, with friends). He further failed to document Patient A's past psychiatric treatment, her developmental history or past medical history.
- 13. Dr. Omland revised Patient A's medication regime on several occasions through July 2003, the last note in the record. He failed

to adequately document the target symptoms to be treated, Patient A's response to the medications, side effects or lack thereof and the rationale for the medication changes.

14. One of the medications Dr. Omland prescribed was Doxepin, a tricyclic antidepressant. The standard of care requires that when this medication is prescribed to a child, a baseline and follow-up EKG be obtained, regardless of the patient's medical history, in order to monitor the patient's QTc interval.
15. Dr. Omland failed to obtain a baseline or follow-up EKG for Patient A. He told the peer reviewers that an EKG was not necessary because she was a gymnast and, therefore, healthy.
16. Dr. Omland failed to conduct a mental status examination of Patient A at any time during his treatment of her.
17. Dr. Omland's treatment of Patient A, for reasons including but not limited to those described above, constitutes, in whole or in part, professional incompetence, in violation of H.O. § 14-404(a)(4) and the failure to meet the appropriate standard of care for the delivery of quality medical services, in violation of H.O. § 14-404(a)(22).

**b. Patient B**

18. Patient B, a fifty-one (51) year old female, initially presented to the Respondent on October 25, 2003, for medication management and psychotherapy.

19. Patient B had been previously prescribed Zoloft by her physician. Dr. Omland resumed Zoloft, ostensibly for depression, although he failed to document his diagnosis in the record. He subsequently prescribed Wellbutrin.
20. When prescribing Wellbutrin, the standard of care requires taking a complete medical history of the patient in order to rule out potential organic causes of depression and to anticipate potential adverse effects of the medication.
21. Dr. Omland failed to document Patient B's medical history, nor did he conduct a mental status examination.
22. Dr. Omland failed to document Patient B's diagnosis in either his initial intake note or subsequent progress notes.
23. Dr. Omland's treatment of Patient B, for reasons including but not limited to those described above, constitutes, in whole or in part, professional incompetence, in violation of H.O. § 14-404(a)(4) and the failure to meet the appropriate standard of care for the delivery of quality medical services, in violation of H.O. § 14-404(a)(22).

**c. Patient C**

24. Patient C, a twenty-four (24) year old female, initially presented to Dr. Omland for evaluation on December 7, 2002. Patient C complained of feeling overwhelmed, angry and exhausted. She identified pertinent stressors as significant marital conflict, financial worry and caring for her young daughter.

25. Dr. Omland saw Patient C every one (1) to two (2) weeks for individual psychotherapy. Patient C's husband was included in some of the sessions.
26. Dr. Omland did not prescribe medication to Patient C.
27. Dr. Omland failed to conduct a mental status examination of Patient C. The objective findings observed in a mental status examination aid in formulating an appropriate diagnosis.
28. Dr. Omland failed to document a diagnostic formulation for Patient C. Appropriate treatment is predicated on establishing a relevant diagnostic formulation.
29. Dr. Omland failed to document Patient C's response to treatment.
30. Dr. Omland's treatment of Patient C for reasons including, but not limited to those described above, constitutes, in whole or in part, professional incompetence, in violation of H.O. § 14-404(a)(4) and the failure to meet the appropriate standard of care for the delivery of quality medical services, in violation of H.O. § 14-404(a)(22).

**d. Patient D**

31. Patient D, a forty-nine (49) year old female, initially presented to Dr. Omland on April 30, 2003, seeking assistance because of prolonged grief following her cat's death. Over a period of two (2) months of treatment, Patient D began discussing dissatisfaction with her life more generally. Dr. Omland did not prescribe medication to Patient D.

32. Dr. Omland failed to conduct a mental status examination during the initial evaluation or in later notes. A mental status examination is relevant in this patient to rule out psychosis or suicidal ideation, which may be present in a patient presenting with depression.
33. Dr. Omland's treatment of Patient D, for reasons including, but not limited to those described above, constitutes, in whole or in part, professional incompetence, in violation of H.O. § 14-404(a)(4) and the failure to meet the appropriate standard of care for the delivery of quality medical services, in violation of H.O. § 14-404(a)(22).

**e. Patient E**

34. Patient E, an eleven (11) year old female, initially presented to Dr. Omland on April 23, 2003 for evaluation. Patient E's chief complaint was that she did not like her mother's rules and had conflicts about makeup and dress as well as guidelines about allowance and bedtime. Patient E's parents had divorced and Patient E's father's rules were apparently more lenient.
35. Dr. Omland met with Patient E and her mother for weekly therapy. He did not prescribe medication to Patient E.
36. Dr. Omland failed to document in his initial evaluation or in subsequent notes Patient E's symptom history and development, her functioning in other areas of her life, past psychiatric history, information about her parents or medical history.

37. Dr. Omland failed to conduct a mental status examination, nor did he document a diagnostic formulation.
38. Dr. Omland's treatment of Patient E, for reasons including, but not limited to those described above, constitutes, in whole or in part, professional incompetence, in violation of H.O. § 14-404(a)(4) and the failure to meet the appropriate standard of care for the delivery of quality medical services, in violation of H.O. § 14-404(a)(22).

**f. Patient F**

39. Patient F, a forty (40) year old female, initially presented to Dr. Omland on March 5, 2001 for treatment of depression, self-injurious behavior and migraine headaches.
40. Patient F completed the Psychiatric Intake Form and thoroughly documented all areas of the form.
41. Patient F's medical history was very complex. Her health problems at the time of her initial evaluation included: diabetes; elevated cholesterol level; cardiac arrhythmia; irritable bowel syndrome; hypothyroidism; history of aspirin-induced hepatitis and recurrent herpes simplex infection on her eyelids. She was diagnosed with ovarian cancer while in treatment with Dr. Omland.
42. Patient F was on multiple medications including: Zoloft, Elavil, Actos, Acyclovir (prn), Claritin D (prn), Fioricet (prn), Imitrex (prn), Lipitor, Miralax (prn), Nasalide, Prilosec, Propranolol, Synthroid, Tylenol #3 (prn) and Zomig (prn).

43. Dr. Omland saw Patient F in individual psychotherapy and in couples therapy with her husband.
44. Dr. Omland failed to conduct a mental status examination of Patient F, nor did he document his diagnostic formulation.
45. From January 2002 through June 2003, Dr. Omland prescribed Zoloft and Elavil to Patient F. He maintained a stable Elavil dose; however, he varied the dosage of Zoloft several times.
46. Dr. Omland failed to document the target symptoms for the medication, nor did he document his rationale in changing the dosage of Zoloft.
47. Dr. Omland failed to note Patient F's response to or side effects from the medication, other than a September 30, 2002 note that "Zoloft helps a lot."
48. The standard of care requires that an EKG be obtained when prescribing Elavil to a patient such as Patient F who has cardiac disease as well as numerous risk factors for cardiac disease. Dr. Omland failed to order or conduct an EKG on Patient F.
49. The standard of care requires that serum amitriptyline levels be drawn periodically for patients treated with Elavil. Monitoring this level is particularly important when Zoloft is prescribed in conjunction with Elavil because Zoloft can cause significant elevation in the serum amitriptyline level.

50. Dr. Omland's treatment of Patient F, for reasons including, but not limited to those described above, constitutes, in whole or in part, professional incompetence, in violation of H.O. § 14-404(a)(4) and the failure to meet the appropriate standard of care for the delivery of quality medical services, in violation of H.O. § 14-404(a)(22).

**C. Findings of Fact Pertaining to Dr. Omland's Unauthorized Practice of Medicine**

**i. Parent A/ Patient G**

51. On April 19, 2004, the Board received a letter of complaint regarding Dr. Omland from Parent A, the mother of Patient G who is a sixteen (16) year old female.
52. In her complaint, Parent A stated that her family had sought psychiatric care from Dr. Omland in his Bethesda, Maryland office as of August 2003.<sup>4</sup> Parent A's daughter, Patient G, had been hospitalized for depression in July 2003 for five (5) days. After Patient G's discharge, she had experienced sleeping problems. The family physician suggested that she obtain psychiatric care so that she could receive counseling and medication management.
53. Parent A obtained Dr. Omland's name from the Christian Medical and Dental Association ("CMDA"), of which she is a member.
54. The CMDA website indicated that Dr. Omland was a child psychiatrist with an office in Bethesda, Maryland.

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<sup>4</sup> On August 4, 2003, Dr. Omland sent to the Board his Maryland medical license, Drug Enforcement Administration Controlled Substance Registration Certificate and Maryland Controlled Substance Registration Certificate.

55. In August 2003, in response to Parent A's telephone inquiry, Dr. Omland confirmed that he provided psychotherapy to adolescent girls and their families.
56. On August 15, 2003, Patient G and Parent A initially presented to Dr. Omland in his Bethesda office.
57. Dr. Omland commenced his treatment of Patient G and her family one (1) month after the Board had issued its Final Order that suspended his license for a minimum of one (1) year. Dr. Omland's license to practice medicine was suspended during the entire period he provided treatment to Patient G and her family.
58. Dr. Omland treated Patient G and her family for a total of eight (8) sessions through February 20, 2004. At the family's request, three (3) of the sessions were by telephone because of the distance between their home and his office; the remainder of the sessions took place in Dr. Omland's Bethesda office.
59. Parent A paid Dr. Omland after each session and received from him an invoice for health insurance reimbursement purposes. On each invoice Dr. Omland wrote a code from the Current Procedural Terminology ("CPT") manual and the Diagnostic and Statistical Manual of Mental Disorders ("DSM") IV manual. The CPT code – either 90807 or 90809 – represents individual psychotherapy with medical evaluation and management services, for forty-five (45) or ninety (90) minutes, respectively. The DSM IV code – 309.28 –

represents adjustment disorder with mixed anxiety and depressed mood.

60. Dr. Omland wrote all but one of the invoices on letterhead that is imprinted with his name followed by "Psychiatry - children, adolescents – adults" and his Vienna, Virginia office address. One of the invoices was submitted on High Point Resource Center letterhead upon which is imprinted his Bethesda address. Dr. Omland did not write a CPT or DSM code on this invoice; he wrote only "consult."
61. During the course of treating Patient G, Dr. Omland prescribed Ambien, Prozac and Doxepin to her.
62. By letter dated April 15, 2004, Parent G's insurance carrier notified her that Dr. Omland's license to practice medicine in Maryland had been suspended as of July 14, 2003 and that he was no longer allowed to practice medicine in Maryland. The carrier denied reimbursement for several of the family's visits.
63. Dr. Omland's treatment of Patient G while his license was suspended constitutes the unauthorized practice of medicine, in violation of H.O. § 14-601, for which he is subject to penalties pursuant to H.O. §14-607.
64. Dr. Omland's conduct with regard to Parent A and Patient G constitutes, in whole or in part immoral or unprofessional conduct in the practice of medicine, in violation of H.O. §14-404(a)(3).

65. Dr. Omland's submission to Parent A of invoices for psychiatric services and writing prescriptions for Patient G constitutes in whole or in part, willfully making or filing a false report in the practice of medicine, in violation of H.O. §14-404(a)(11).
66. Dr. Omland's treatment of Patient G is a direct violation of the Board's Final Order for two (2) reasons. First, Dr. Omland practiced psychiatry after the Board had suspended his license. Further, he was providing medical services to a female in contravention of the Order.
67. Dr. Omland's advertisement on the CDMA website, which appeared subsequent to the suspension of his license, constitutes, in whole or in part, a violation of H.O. §14-404(a)(5) which prohibits soliciting or advertising in violation of H.O. §14-505 (a physician may advertise only as permitted by the rules and regulations of the Board). Code Md. Regs. ("COMAR") tit. 10, § 32.01.12(B) provides in pertinent part: An advertisement may not contain: (1) Statements containing misrepresentation of fact.

**ii. Patient H and family**

68. On April 28, 2004, the Board received a letter of complaint regarding Dr. Omland from Patient H, a fifty-four (54) year old male. Patient H had been referred to Dr. Omland by his son's

psychologist ("Physician A") for psychotherapy and medication management for himself, his wife, son and daughter.<sup>5</sup>

69. Patient H told Dr. Omland that his family was in crisis and that it was important that they receive care from a psychiatrist who could counsel children and adolescents. Dr. Omland confirmed that he could do so.
70. Patient H was particularly concerned regarding his children's medication needs. His twelve-year (12) old son had previously been prescribed Ritalin for behavioral issues that had been discontinued because of the child's bad reaction to it. Patient H's fourteen-year (14) old daughter had been engaging in self-injurious behavior and it had been suggested by a health care practitioner that she may benefit from medication.
71. All of the family's treatment occurred in Dr. Omland's Bethesda, Maryland office. During these visits, Dr. Omland held himself out as a psychiatrist and provided to Patient H's wife a business card with "Psychiatry- child, adolescent, adult" and his Bethesda address imprinted upon it.
72. From April 9, 2004 through April 27, 2004, Patient H and his family met individually with Dr. Omland over six (6) office visits for a total of thirteen (13) sessions.

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<sup>5</sup> Physician A had met Dr. Omland at a professional function prior to the suspension of Dr. Omland's license. Physician A had referred some of his patients for psychiatric care to Dr. Omland, whose name he included in a list of referral psychiatrists.

73. Patient H paid for each session at its conclusion. Dr. Omland provided him with an invoice for health insurance reimbursement purposes written on "High Point Resource Center" letterhead. Dr. Omland indicated on the invoices that the charge was for a "consult" and included neither a CPT nor DSM code on the invoices.
74. Patient H advised Dr. Omland that he (Patient H) had an impulse control problem and requested a diagnosis and medication. Dr. Omland advised Patient H that "we are going with bi-polar."
75. Patient H asked Dr. Omland to discuss with his internist the medication Dr. Omland had recommended because of Patient H's other health conditions.
76. Dr. Omland contacted the internist and asked him to prescribe the medication to Patient H.
77. On April 27, 2004, Patient H and his family met with Dr. Omland individually. After seeing Patient H's children, Dr. Omland told Patient H that they did not appear to him to require medication.
78. While waiting for his session with Dr. Omland during the April 27 visit, Patient H saw a flyer for High Point Resources and a "Life Coaching Understanding" in Dr. Omland's waiting area. The "Life Coaching Understanding" stated that the "life coaching" relationship was not a doctor/patient relationship. This was the first time that Patient H had seen either document in Dr. Omland's office.

79. Patient H, who is an attorney, confronted Dr. Omland at the April 27 visit regarding the flyers because of his concern of the lack of confidentiality in the absence of a physician/patient relationship. Dr. Omland ultimately admitted that he was not licensed in Maryland, but implied that the decision not to renew his license was voluntary.
80. When Patient H expressed his displeasure that he would not be reimbursed by his health insurance carrier for the visits, Dr. Omland initially advised Patient H to "take them as business expenses." Dr. Omland then offered not to charge Patient H for the April 27, 2004 visit.<sup>6</sup>
81. Dr. Omland's treatment of Patient H and his family while his license was suspended constitutes the unauthorized practice of medicine, in violation of H.O. § 14-601, for which he is subject to penalties pursuant to H.O. §14-607.
82. Dr. Omland's conduct with regard to Patient H constitutes, in whole or in part immoral or unprofessional conduct in the practice of medicine, in violation of H.O. §14-404(a)(3).

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<sup>6</sup> Patient H thereafter reported Dr. Omland's suspension to his health insurance carrier. Patient H also reported it to Physician A. Physician A had been informed of Dr. Omland's status by another patient whom he had referred to Dr. Omland. The patient had discovered on the Board website that Dr. Omland's license had been suspended. Physician A then attempted to contact Dr. Omland regarding his status and left a voice mail message. In a return voice mail message, Dr. Omland advised Physician A that "as much as possible" he is "clear" with people about his role as coach and mediator. Dr. Omland also stated that he had a license in Virginia, but "stopped that to focus on mediating and coaching." In fact, Dr. Omland's license to practice medicine in Virginia had been suspended effective January 30, 2004 as a result of the suspension of his Maryland license.

83. Dr. Omland's submission to Patient H of invoices for psychiatric services constitutes in whole or in part, willfully making or filing a false report in the practice of medicine, in violation of H.O. §14-404(a)(11).
84. Dr. Omland's conduct with regard to Patient H and his family constitutes a direct violation of the Board's Final Order for two (2) reasons. First, Dr. Omland practiced psychiatry after the Board had suspended his license. Further, he was providing medical services to females (Patient H's daughter and wife) in contravention of the Order.

**iii. Other Patients**

85. On April 26, 2004, the Board transmitted to local pharmacies a subpoena for information pertaining to individuals for whom Dr. Omland had written prescriptions from July 14, 2003 to the present.
86. As of the date of this document, the CVS pharmacy response indicates that from August 2003 through March 2004, Dr. Omland prescribed to a total of six (6) patients, five (5) males and one (1) female, various CDS including Methylphenidate (CDS Schedule II), Klonopin (CDS Schedule IV) and Ambien (CDS IV).
87. As of the date of this document, the Giant Pharmacy response to the Board subpoena indicates that from August 2003 through March 2004, Dr. Omland prescribed to a total of six (6) patients,

five (5) females and one (1) male various medications, including CDS.

88. Among the six (6) patients on the Giant response are Patient G, *supra*, to whom he prescribed Ambien, Prozac and Doxepin and her mother, Parent A, to whom he prescribed Ambien.
89. Also among the six (6) patients on the Giant Pharmacy response is Patient F, *supra*, who initiated treatment with Dr. Omland in March 2001 and to whom Dr. Omland continued to prescribe Zoloft from July 2003 through February 2004, after his license had been suspended.
85. Dr. Omland's conduct towards the patients to whom he prescribed drugs, including CDS, subsequent to the suspension of his license constitutes a direct violation of the Board's Final Order. First, Dr. Omland practiced medicine after the Board had suspended his license. Further, he was providing medical services to females in contravention of the Order. Finally, with regard to Patient F, Dr. Omland had treated her prior to the suspension and continued to treat her even after his license was suspended, despite having been ordered by the Board in the Final Order to notify all of his active patients that his license had been suspended for a minimum of one (1) year.

**D. Findings of Fact Pertaining to Dr. Omland's Failure to Cooperate with a Lawful Investigation Conducted by the Board**

86. On February 26, 2004, the Board issued to Dr. Omland a *subpoena duces tecum* that directed him to provide a copy of the High Point Resource Center logs from February 2003 to the date of the subpoena.
87. On March 25, 2004, the Board re-issued the subpoena, deleting the Health Insurance Portability and Accountability Act language, at Dr. Omland's request.
88. On April 7, 2004, Dr. Omland transmitted to the Board the requested log.
89. On April 22, 2004, Board staff delivered to Dr. Omland a subpoena directing him to produce immediately a copy of "any and all" records for eight (8) individuals listed on the log.
90. While at Dr. Omland's office on April 22, 2004, Board staff also served him with a subpoena for the records for Patient G and her family. In response to Board staff questions regarding Patient G, Dr. Omland stated that he billed Parent A through his Virginia office. When Board staff inquired about the prescriptions he wrote for Patient G, Dr. Omland stated that he had a license in Virginia to practice medicine. (In fact, his Virginia medical license had been suspended as of January 30, 2004.) When staff pointed out he could not practice medicine in Maryland, Dr. Omland stated, "I guess I'm guilty."

91. On April 22, 2004, in response to the Board subpoena for “any and all records” of the eight (8) individuals on the High Point Resource Center log, Dr. Omland provided several pages of lined paper for four (4) married couples. The only information contained on each page was the name of the couple and the date; the remainder of the page was blank.

92. On April 27, 2004, Dr. Omland left a voice mail message with Board staff stating that he had fabricated the High Point Resource Center log.

93. On April 28, 2004, at Board staff's request, Dr. Omland submitted a letter to confirm his April 27 voice mail message. The letter states in pertinent part:

I did not submit a proper client log to you in response to the subpoena from the Board. Indeed, I fabricated the log.

I deeply, deeply regret this action and will cooperate with the Board as much as possible in the future. I am so sorry.

94. Despite his assurances of cooperation, as of the date of this document, Dr. Omland has failed to produce documents as directed in the following Board subpoenas:

March 25, 2004 – a copy of client logs [High Point Resource Center] from February 2003 to the present

April 22, 2004 – a copy of original medical records for any and all individuals [to] whom you provided counseling/therapy from July 2003 to the present.

95. Dr. Omland's admitted fabrication of High Point Resource Center logs and his submission of "records" that he represented were "client records" constitutes his failure to cooperate with a lawful investigation conducted by the Board, in violation of H.O. § 14-404(a)(33). It further constitutes immoral or unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3) and the willful filing of a false record in the practice of medicine, in violation of H.O. § 14-404(a)(11).

### **CONCLUSIONS OF LAW**

Based upon the above Findings of Fact, the Board concludes as a matter of law that Dr. Omland's actions as set forth above constitute, in whole or in part, the violation of the Board's Final Decision and Order issued on July 13, 2003.

The Board further concludes as a matter of law that Dr. Omland violated the following provisions of the Act: H.O. §§ 14-404(a)(3) - is guilty of immoral or unprofessional conduct in the practice of medicine; (4) - is professionally, physically, or mentally incompetent; (5) - solicits or advertises in violation of § 14-505 of this subtitle; (11) - willfully makes or files a false report or record in the practice of medicine; (22) - fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; and (33) - fails to cooperate with a lawful investigation conducted by the Board. The Board further concludes as a matter of law that Dr. Omland

violated H.O. §14-601 in that he practiced medicine in this State without a license, for which he is subject to penalties pursuant to H.O. §14-607.

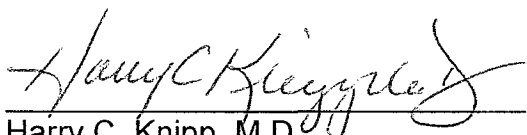
**ORDER**

Based upon the foregoing Findings of Fact and Conclusions of Law, it is this 23rd day of June, 2004, by an affirmative vote of the quorum of the Board considering

**ORDERED** that Omar K. Omland's license to practice medicine in Maryland be and hereby is **PERMANENTLY REVOKED**; and it is further

**ORDERED** that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.* (1999).

6/23/04  
Date

  
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Harry C. Knipp, M.D.  
Chair, Maryland Board of Physicians