

IN THE MATTER OF
MIGUEL FRONTERA, M.D.

Respondent

License Number: D37559

* BEFORE THE
* MARYLAND BOARD
* OF PHYSICIANS

* Case Numbers: 2009-0760, 2010-
0362 and 2010-0411

* * * * *

CONSENT ORDER

PROCEDURAL BACKGROUND

On December 17, 2009, the Maryland Board of Physicians (the "Board") charged Miguel Frontera, M.D. (the "Respondent") (D.O.B. 04/07/62), License Number D37559, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 14-101 *et seq.* (2000, 2005 and 2009 Repl. Vols.). The Board also charged the Respondent with violating its sexual misconduct regulations, found in Maryland Code of Regulations ("COMAR") tit. 10, § 32.17 *et seq.*

Specifically, the Board charged the Respondent with violating the following provisions of H.O. § 14-404, which provide:

- (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: (i) immoral conduct in the practice of medicine; or (ii) unprofessional conduct in the practice of medicine;
 - (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;

- (36) Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine; [and/or]
- (40) Fails to keep adequate medical records as determined by appropriate peer review[.]

On January 6, 2010, a Case Resolution Conference was convened in this matter. Based on negotiations occurring as a result of this Case Resolution Conference, the Respondent agreed to enter into this Consent Order, consisting of Procedural Background, Findings of Fact, Conclusions of Law, Consent and Order.

BOARD'S FINDINGS OF FACT

The Board finds the following:

BACKGROUND FINDINGS COMMON TO SECTIONS A AND B, *INFRA*

1. At all times relevant to these charges, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on October 20, 1988, under License Number D37559.
2. The Respondent is board-certified in adult psychiatry and child and adolescent psychiatry.
3. At all times relevant to these charges, the Respondent maintained a professional office at the following location: Clinical Associates, 515 Fairmount Road, Baltimore, Maryland 21286.
4. On or about April 9, 2009, the Crimes Against Children Unit of the Baltimore County Police Department referred two police reports to the Board for investigation. These police reports involved allegations that the Respondent perpetrated

acts of child abuse during physical examinations he performed on two minor boys in his Towson office.

5. The first police report, filed in 2006 by a crisis interventionist from a Baltimore County high school, involved allegations of possible sexual abuse that occurred against a minor boy ("Patient A")¹ in or around 2000-2001. The crisis interventionist filed the police report after conducting a counseling session with Patient A, who stated that the Respondent repeatedly molested him during treatment visits occurring when he was 11 or 12 years old.

6. The second police report, filed in March 2009 by the parent of a minor boy ("Patient B"), involved possible sexual abuse that occurred in or around 2003, when Patient B was about 10 years old. In this case, the complainant reported that her son, Patient B, informed her that the Respondent performed a physical examination of him that involved an examination of his penis. Patient B stated to police investigators that he had been "molested" by the Respondent.

7. In both instances, the alleged victims reported similar encounters with the Respondent: that when they were seen for evaluation for behavioral issues, he had them disrobe in his presence and wear a hospital-type gown, which opened in the back. The Respondent performed physical examinations on them on a couch in the office. In the first report, the victim stated that the Respondent examined his genital area. In the second report, the victim stated that the Respondent's examination included touching his penis. The Baltimore County Police Department declined to pursue criminal charges

¹ To protect confidentiality, patient names will not be used in this document. The Respondent may obtain the identity of any individual referenced in this document by contacting the assigned administrative prosecutor.

against the Respondent but referred the cases to the Board for further review and investigation.

8. The Board then initiated an investigation of the Respondent's practice under Case Number 2009-0760. The Board's investigation included the subject matter contained in the two police reports; another complaint that involved similar facts ("Patient C"); and two other randomly selected cases involving patients upon whom the Respondent performed physical examinations during treatment visits ("Patient D" and "Patient E," respectively). All of these patients, who were then boys approximately 10 to 12 years old, were primarily evaluated for suspected attention deficit hyperactivity disorder ("ADHD"). Some of these patients expressed ongoing apprehension, anger or embarrassment about the propriety of the Respondent's performance of these examinations. These patients did not know each other and had not communicated with each other about their experiences.

9. The Board referred this matter for review to a psychiatrist who is board-certified in adult psychiatry, child and adolescent psychiatry, and forensic psychiatry. This expert determined that in a majority of these cases, the Respondent engaged in unprofessional conduct in the practice of medicine, immoral conduct in the practice of medicine, sexual improprieties and sexual misconduct with patients. The reviewer also found that in several instances, the Respondent failed to meet appropriate standards for the delivery of quality medical care.

10. The Board also referred this matter for a practice review to the Maryland Psychiatric Society (the "MPS"). The assigned peer reviewers reviewed ten cases, including Patients A through E above, and an additional five cases ("Patients F through

J"). The peer reviewers referred their findings to the Board in or around October 2009. The peer reviewers found that in the cases that were reviewed, the Respondent failed to meet appropriate standards for the delivery of quality medical care and failed to maintain adequate medical records.

11. On November 6, 2009, the Board issued an Order for Summary Suspension in which it summarily suspended the Respondent's medical license pursuant to Md. State Gov't Code Ann. § 10-226(c)(2), concluding that the public health, safety or welfare imperatively required emergency action. The Board took such action after reviewing the above investigative findings. On November 18, 2009, the Respondent appeared for a show cause hearing before the Board, which the Board convened to determine if the summary suspension should be continued. After oral arguments, the Board agreed to continue the summary suspension.

12. After issuing its Order for Summary Suspension, the Board received additional complaints about the Respondent. In one complaint, a patient ("Patient K") stated that when he was evaluated for emotional issues in 2000, the Respondent performed an unchaperoned examination of him in his office, during which time the Respondent instructed him to disrobe completely. Patient K stated that the Respondent did not provide him with a robe or other covering during the examination, part of which occurred on the Respondent's office couch. The Board assigned Case Number 2010-0411 to this investigation. In another complaint, the mother of a patient ("Patient L") described an office visit that occurred in or around June 2009. The complainant stated that during the examination part of this visit, which she witnessed, the Respondent instructed Patient L to disrobe and wear a hospital-type gown. At one

point during the examination, the complainant stated that the Respondent had Patient L lie on his back on his office couch and instructed him to bring his knees up to his chest. The Board assigned Case Number 2010-0362 to this investigation.

A. BOARD'S FINDINGS PERTAINING TO PATIENTS A THROUGH L

Investigative findings pertaining to Patients A through L

13. Board investigation determined that in the cases it evaluated, the Respondent's actions bore striking similarities from patient to patient. The sequence of events began as follows: After interviewing his patients' accompanying parent or parents about their children's behavioral issues, the Respondent performed physical examinations on the minor patients. In four of the five instances the Board reviewed, the Respondent instructed the parent(s) to leave the examining room prior to the physical examination, or performed an examination that required disrobing without the knowledge or consent of the patients' parent(s). The Respondent was then alone in the examining room with the minor male patients. The Respondent did not employ the use of a chaperon during physical examinations. At the start of the examination, the Respondent provided some of his minor male patients with a hospital-type gown, which he himself laundered at home and of which he kept a stock. The Respondent instructed his patients to disrobe completely and remove their underpants. The Respondent did not maintain patient privacy, but remained present in the examining room while the patients undressed, and dressed after the conclusion of the examination. The Respondent did not have an examining table in his office. Instead, he examined his minor patients on a couch upon which he positioned them. The Respondent reportedly used this same couch during therapy sessions.

14. At a point during the examination, the Respondent directed some of his patients to position themselves on "all fours," *i.e.*, to position themselves on their hands and knees on his office couch. During this time, the patients' genitals were exposed. These patients stated that during this part of the examination, the Respondent stood in back of them or sat on the couch and examined their inner thighs and then their outer thighs. In some of the cases, the Respondent spread the cheeks of his patients' buttocks and extensively touched the area around their genitals. The patients described that the Respondent directed them to lie in a supine position on the couch, after which he examined the area around their abdomen and genitals.

15. The Respondent was interviewed by the Baltimore County Police Department in 2006 about his treatment of Patient A, and by Board representatives on July 29, 2009. In his interview with the Baltimore County Police Department, the Respondent, when questioned about the need to perform genital examinations on his minor male patients who presented with behavioral issues, stated, "I now realize that it is not, you know, necessary." The Respondent also stated that he was "very out of the mainstream of psychiatry."

16. In his 2009 interview with the Board, the Respondent stated that components of his examinations were either not "necessary" or were "uncalled for." The Respondent stated that it never occurred to him to contact his minor male patients' pediatricians to obtain their history and physical examination findings. The Respondent admitted that when doing such examinations on his minor male patients, he did not use gloves. The Respondent claimed that when he performed a physical examination on minor male patients, he did not require them to disrobe completely during the initial

phase of the examination, and only required them to remove their underpants if and when he wanted to evaluate their cremasteric reflexes. But Board investigation confirmed that in the cases of Patients A through E, the Respondent required his minor male patients to disrobe completely prior to undergoing their physical examinations.

17. In his Board interview, the Respondent explained that he did not provide a chaperon during physical examinations or request that his patients' parent(s) remain in the room when performing them because of embarrassment he experienced as a child when undergoing physical examinations in the presence of his mother. The Respondent stated that he did not want to subject his male patients to similar embarrassment.

18. The Respondent stated that he maintained a stock of hospital gowns in his office, which he himself laundered. The Respondent admitted that from patient to patient, he did not sanitize the couch upon which he performed physical examinations.

19. The Respondent made contradictory statements during these interviews. During his Board interview, the Respondent stated that he fully informed his patients' parents that he would be conducting physical examinations of their sons that involved disrobing and offered to permit them to be present during the examination. But Board investigation determined that in four of the five patients whose cases were reviewed, the parents reported that they were either unaware that the Respondent had performed a physical examination on their children that involved disrobing or were not given the option to be present during the physical examination. The Respondent also gave varying responses as to when he began permitting parents to be present during physical examinations.

20. In his interview, the Respondent stated that when he assessed his minor male patients for ADHD, it was his practice to have them keep their underpants on for the majority of their examination, and only remove them for a discreet part of the examination. But in all five instances, Board investigation determined that the Respondent directed his minor male patients to remove their underpants for the entire examination.

21. In his Board interview, the Respondent stated that he was continuing to do similar physical and neurological examinations on his minor male patients. The Respondent stated that he performed one on a minor male patient on the day of the interview (*i.e.*, July 29, 2009).

Interviews of patients/family members

Patient A

22. According to the Respondent's treatment records, Patient A, who was then 11 years old, was brought in by his parents to see the Respondent for behavioral issues in or around April 2000.

23. During this initial consultation, the Respondent advised Patient A's mother that he needed to perform a physical examination of Patient A. The Respondent did not request that Patient A's parents consent to their son's examination or offer to have them remain in the room while he performed it. After Patient A's parents left the examination room, the Respondent gave a hospital-type gown to Patient A that opened in the back and instructed him to take off all of his clothing and put on the gown. The Respondent did not leave the room during the time Patient A undressed. At one point, the Respondent instructed Patient A to get on "all fours" on a couch that was in the

office. During this examination, the Respondent handled Patient A's scrotum and penis. The Respondent concluded the examination at the end of the treatment session.

24. On the next visit, the Respondent stated that he needed to continue the examination he commenced on the prior visit. The Respondent then conducted a second physical examination of Patient A under similar circumstances. Patient A asked the Respondent for his mother to be present during this examination, but the Respondent declined to permit her to do so.

25. Patient A reported that on subsequent visits, the Respondent directed Patient A to take off his clothes during sessions with him. Patient A reported that the Respondent directed him to sit on the office couch and did not supply him with a hospital gown, stating he did not need one. Patient A reported that the Respondent physically examined him on the couch during some of these sessions. Among other things, the Respondent extensively examined Patient A's buttocks and genital areas. Patient A also reported that the Respondent digitally penetrated his anus during these sessions.

26. Patient A eventually told his parents about these examinations and his extreme discomfort at having to endure them. Patient A's parents discontinued Patient A's treatment with the Respondent sometime in 2001.

27. Board investigators reviewed medical records compiled in 2001 by a psychiatrist who subsequently treated Patient A. In a November 5, 2001, entry, the psychiatrist noted that Patient A reported that when he saw the Respondent, he examined his genitals "each time."

28. Patient A continued to experience longstanding emotional upheaval after discontinuing treatment with the Respondent.

Patient B

29. According to the Respondent's treatment records, he first saw Patient B in or around August 2003, when Patient B was 10 years old. Patient B's mother brought Patient B in for the Respondent to evaluate him for ADHD.

30. During this consultation, the Respondent asked Patient B's mother to stay in the waiting room. The Respondent took Patient B into his office, at which point the Respondent asked Patient B to remove all of his clothes and wear a hospital-type gown that opened in the back. The Respondent then directed Patient B to lie on his back on the office couch without the hospital gown, at which point the Respondent performed an examination that included moving around his penis and touching him on or about the genital area. Patient B reported that the Respondent directed him to move his arms about as part of the examination in order to observe the movement of his genital area. The Respondent then concluded the examination, after which he instructed Patient B to place his gown back on. The Respondent asked Patient B a series of questions and concluded the treatment visit.

31. Patient B's mother reported that the Respondent did not inform her that his examination for attention deficit disorder included requiring her son to remove his clothing. She also stated that the Respondent did not disclose to her that he required her son to undress for the examination when speaking with her afterwards about his assessment of her son.

32. Patient B's mother stated that in March 2009, her son asked her if it was "normal" for the Respondent to have him take off all of his clothing and lay the sofa, and that the Respondent touched his penis.

Patient C

33. Patient C, then 11 years old, was brought in by his mother for an evaluation with the Respondent in or around October 2002. Patient C's mother requested that the Respondent evaluate Patient C for ADHD, a condition for which Patient C had been previously treated.

34. During this consultation, the Respondent advised Patient C's mother that she should leave the room so that he could perform a physical examination on Patient C. After the conclusion of the office visit, Patient C expressed "anger and embarrassment" about having to undergo the examination and asked his mother why the Respondent had to examine him naked and why did he have to touch his "private area." In a subsequent patient visit, Patient C's mother asked the Respondent why he did this; the Respondent reportedly stated that he was checking Patient C's sensitivity to touch, related to his impulsivity.

35. During the physical examination, the Respondent directed Patient C to undress completely. Patient C reportedly asked if he could keep on his underpants, to which the Respondent replied no. The Respondent remained in the room while Patient C undressed. The Respondent did not provide a gown for Patient C to wear. The Respondent instructed Patient C to lie on his stomach on the office sofa, and began touching his arms, back and buttocks. The Respondent then instructed Patient C to lie

on his back on the couch, after which he felt him about the chest and genital areas. The Respondent did not wear gloves during the examination.

36. During a subsequent visit, in or around June 2003, the Respondent conducted a joint session with Patient C and Patient C's mother. At one point during the session, the Respondent requested that Patient C leave the room, at which point the Respondent used profane language when addressing Patient C's mother about her interaction with her son.

37. At or near the conclusion of the treatment relationship, Patient C's mother advised the Respondent that Patient C had been diagnosed with dysgraphia. The Respondent told Patient C's mother that he would need to perform another physical examination on Patient C. Patient C's mother refused to permit him to do so and discontinued having her son see the Respondent. In her Board complaint, Patient C's mother stated, "I trusted Dr. Frontera, but after that last visit in June and ... [Patient C's] ... description of the physical, I really question his practice. Is it ever appropriate for a psychiatrist to give a naked medical exam on a sofa in an office, without a professional witness? Don't all doctors leave the room while a patient undresses? Is it appropriate for a psychiatrist to get angry with a patient and use foul language?"

Patient D

38. Patient D, then approximately 11 years old, was brought in by his parents to see the Respondent in 2003 for behavioral issues. During this consultation, after having a discussion with Patient D's parents, the Respondent told them that he would need to perform a physical examination of Patient D and asked them to leave the room.

The Respondent did not inform Patient D's parents that this examination would require that Patient D be disrobed for the examination, however.

39. Patient D reported that after his parents left the room, the Respondent instructed him to undress totally, including his underwear. The Respondent did not leave the room while Patient D undressed. The Respondent handed Patient D a hospital gown that opened in the back. The Respondent proceeded to examine Patient D on the couch; no sheet or cover was placed on the couch. Patient D reported that the Respondent checked his muscle strength by pushing on his arms causing resistance, and checking his balance by having him stand on one foot and then the other. The Respondent then requested that Patient D position himself on his hands and knees on the couch, at which point Patient D's gown fell to the side, exposing his genitals. Patient D reported that the Respondent spread open his buttocks while he was in this position, and that the Respondent placed his hands on the inside and outside of Patient D's thighs, and directed him to push against his hands.

Patient E

40. Patient E, then approximately 10 years old, was brought in by his mother to see the Respondent for an evaluation in late 2005. During this initial consultation, the Respondent informed Patient E's mother that he needed to perform a physical examination of Patient E. The Respondent permitted Patient E's mother to be present during the examination.

41. The Respondent directed Patient E to undress totally, including his underpants, and provided him a hospital-type gown that was open in the back. The Respondent then performed an examination of Patient E on his office couch. The

Respondent did not use a sheet or cover for the couch during the examination. The Respondent advised Patient E's mother that his examination involved checking Patient E's motor skills. The Respondent checked Patient E's hand-eye coordination and had him stand on one foot, and then the other. The Respondent directed Patient E to get on his hands and knees and positioned him on the office couch. The Respondent sat at the end of the couch near Patient E's buttocks. The Respondent then placed his hands on the inside of Patient E's thighs and told him to push out, and then placed his hands on the outside of Patient E's thighs and told him to push again. The Respondent then instructed Patient E to lie on his back on the couch, at which point the Respondent examined Patient E's feet and toes.

42. During the consultation, Patient E's mother expressed concern that Patient E had possibly been sexually abused in the past. The Respondent informed her that he could perform a sexual abuse test by placing his hand on Patient E's buttocks to see how it reacted.

43. Patient E reported that the Respondent performed an additional examination of him outside the presence of his mother. Patient E reported that the Respondent examined his lower abdominal area with an object resembling a pen, and at one point touched Patient E's testicles with the object. The Respondent did not inform Patient E's mother that he had performed this unchaperoned examination of her son.

Board's Forensic review

44. The Board referred this matter for forensic evaluation to a psychiatrist who is board-certified in adult psychiatry, child and adolescent psychiatry, and forensic psychiatry. The expert reviewed the cases involving Patients A through E, above.

45. The expert concluded that the Respondent engaged in various forms of unprofessional conduct in the practice of medicine and immoral conduct in the practice of medicine when treating these patients, in violation of H.O. §§ 14-404(a)(3)(i) and (ii). The expert also concluded that the Respondent also engaged in sexual improprieties and sexual misconduct when treating these patients. In addition, the reviewer found that in several instances, the Respondent failed to meet appropriate standards for the delivery of quality medical care when treating these patients and that his explanations for his actions did "not stand up to scrutiny."

46. The reviewer found, *inter alia*, that the Respondent engaged in improper practices that include but are not limited to the following: not having a valid medical reason or indication for performing examinations of his patients that required that they disrobe or be unclothed; not having a valid medical reason for performing examinations of his patients that involved their genitals, genital area or buttocks; performing examinations of patients to evaluate their cremasteric reflex in the context of the conditions evaluated and treatments provided; requiring minor male patients to disrobe for examinations; performing examinations of his disrobed, unclothed minor male patients on his office couch; performing physical examinations of minor male patients that required that they be unclothed, without offering a chaperon; failing to advise the parents of minor male patients that he intended to perform a physical examination that

required the patients to undress and undergo an examination of the genital area; excluding his minor male patients' parents' during the course of examinations that required that his patients be undressed; remaining present in the same room with his patients while they disrobed; not providing sufficient privacy to his minor male patients while they undressed in preparation for physical examinations; requiring his minor male patients to get on "all fours" on his office couch while he performed an examination on them; and instructing his patients to remove their gowns at certain points in the examination.

Board's peer review findings

47. The Board also referred this matter to the MPS for a practice review. The MPS review was conducted by two psychiatrists who are board-certified in adult psychiatry, and child and adolescent psychiatry. The reviewers evaluated the above five cases (Patients A through E) and an additional five cases in which the Respondent provided psychiatric services to child and adolescent male patients (Patients F through J). The Respondent provided these services in his Towson office at various times from 2000 to 2009. In the cases, the Respondent performed physical examinations of the patients in his office and prescribed various psychotropic medications as part of his treatment regimen. The peer reviewers also interviewed the Respondent about his treatment practices.

48. In the cases involving Patients A through J, the Respondent failed to meet appropriate standards for the delivery of quality medical care, in violation of H.O. § 14-404(a)(22), and failed to keep adequate medical records, in violation of H.O. § 14-404(a)(40).

49. With respect to the performance of physical examinations in his office, the Respondent failed to meet appropriate medical and recordkeeping standards for reasons including but not limited to the following:

- (a) the Respondent did not provide an appropriate examination environment when performing physical examinations;
- (b) the Respondent inappropriately conducted physical examinations of patients on his office couch;
- (c) the Respondent performed aspects of a physical examination (*e.g.*, cremasteric reflex testing) that are not germane to a psychiatric diagnosis;
- (d) the Respondent failed to provide sufficient privacy to minor male patients while they undressed in preparation for physical examinations;
- (e) the Respondent failed to offer or provide a chaperon during physical examinations;
- (f) the Respondent failed to weigh the intrusiveness of a physical examination against its probative or diagnostic value;
- (g) the Respondent did not adequately address the possible discomfort for patients when conducting these examinations;
- (h) the Respondent had patients undress, which did not further support the diagnosis or treatment plan;
- (i) the Respondent required minor male patients to undress during parts of an examination that did not require that they be unclothed;
- (j) the Respondent failed to provide appropriate preparation for his minor male patients or their parent(s) for the examination; and

(k) the Respondent failed to provide adequate disclosure to his patients' parents about his performance of examinations, or the extent of the examinations he performed.

50. With respect to his prescribing practices and provision of psychiatric services, the Respondent failed to meet appropriate medical and recordkeeping standards for reasons including but not limited to the following:

- (a) the Respondent ordered an inadequate frequency of office visits when monitoring the medications he had prescribed;
- (b) the Respondent provided multiple refills of medications over the telephone, without evaluating patients in his office;
- (c) the Respondent made changes in multiple psychotropic medications at the same time;
- (d) the Respondent provided excessive refills of medications that were just started or during the course of treatment;
- (e) the Respondent changed from one medication to another over the telephone without conducting a patient evaluation in his office in a timely manner;
- (f) the Respondent failed to reassess patients in a timely manner after initiating a medication;
- (g) the Respondent at times increased the dosage of psychotropic medications after determining patient non-compliance;
- (h) the Respondent failed to communicate with a patient's pediatrician, who was also prescribing a stimulant medication for the patient;

- (i) the Respondent requested that patients' family members make adjustments to medications based on their assessment of the patient and/or without his direct observation of the patient;
- (j) the Respondent provided multiple refills of psychotropic medications prior to observing their effects on the patient;
- (k) the Respondent ordered changes of dosages of medications without observing the patient;
- (l) the Respondent did not arrange for an adequate frequency of visits after a patient threatened to harm himself;
- (m) the Respondent did not provide for adequate monitoring and assessment of patients in the context of multiple medication trials;
- (n) the Respondent prescribed multiple tricyclic antidepressants simultaneously (e.g., Imipramine, Clomipramine and Doxepin; or Nortriptyline and Doxepin);
- (o) the Respondent failed to review the results of EKGs prior to prescribing tricyclic antidepressants;
- (p) the Respondent's patient records do not consistently note the year of treatment and are illegible; and
- (q) the Respondent failed to document that he performed a physical examination and the results of the examination.

Additional complaints

51. After the Board issued its Order for Summary Suspension, it received additional complaints about the Respondent, which are set forth as follows:

Patient K

52. On or about November 30, 2009, the Board received a complaint about the Respondent from Patient K. Patient K stated that on December 14, 2000, when he was 12 years old, his mother brought him in to see the Respondent to assess him for symptoms of depression and anxiety. At one point during the consultation, Patient K's mother remained in the waiting room while the Respondent took Patient K to his inner office. Patient K stated that the Respondent instructed him to take off all of his clothes. Patient K asked if he could keep on his underwear; the Respondent stated no. Patient K complied with the Respondent's instruction. The Respondent did not provide Patient K with privacy, but instead sat at his desk in the room during the time Patient K undressed. The Respondent did not provide Patient K with a gown or other covering for the examination.

53. Patient K stated that once he was totally undressed, without a gown or other cover, the Respondent directed him to walk back and forth across the office, putting one foot in front of the other. The Respondent then directed Patient K to get on his hands and knees on the office couch. Patient K recalls that there was no cover placed on the couch. He further reported that the Respondent stood behind him while his "butt was up in the air." Patient K stated that the Respondent also sat on the office couch next to him while he was unclothed and positioned in this manner on the couch.

54. Patient K reported that the Respondent did not listen to his heart or chest or use a stethoscope during the examination, and did not discuss Patient K's issues related to anxiety or depression.

55. Patient K reported that he was extremely upset about the manner in which the Respondent examined him and after a few weeks, told his mother about his experience with the Respondent. Patient K's mother did not take any further action on the information her son provided to her. Patient K did not seek further treatment with the Respondent.

56. Patient K reported that over the years, he has continued to experience emotional distress over the manner in which the Respondent examined him.

Patient L

57. On or about November 13, 2009, the Board received a complaint from a woman who took her nine-year old son ("Patient L") to the Respondent for treatment for ADHD and mood disorders. Patient L's mother stated that she initially consulted with the Respondent about Patient L in May 2009.

58. Patient L's mother reported that on June 9, 2009, during her second visit with the Respondent, he performed a physical examination on Patient L, which she observed. The Respondent asked Patient L to remove his clothing except for his underwear and to put on a hospital-type gown. The Respondent positioned Patient L on his office couch and began to examine him. At one point during the examination, the Respondent directed Patient L to remove his underwear, lie on his back on the couch, and then instructed him to bring his knees up to his chest while unclothed.

59. In her complaint, Patient L's mother stated, "I felt so uncomfortable about the physical exam and ... [Patient L] ... being asked to remove his underwear that I decided we would not go back to Dr. Frontera. I just see no reason for a psychiatrist to

need to see the genitals of a 9-year-old who is there to be treated for ADHD. I believe his behavior was terribly inappropriate.”

Board’s summary of charges pertaining to Patients A through L

60. The Board finds that the Respondent’s actions, with respect to Patients A through L above, constitute a violation of the following provisions of the Act: Is guilty of immoral conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(i); Is guilty of unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(ii); 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, in violation of H.O. § 14-404(a)(22); and Fails to keep adequate medical records as determined by appropriate peer review, in violation of H.O. § 14-404(a)(40).

61. In addition, the Board finds that the Respondent’s actions, with respect to Patients A through L above, constitute a violation of the Board’s sexual misconduct regulations, COMAR 10.32.17 *et seq.* The Board’s sexual misconduct regulations prohibit sexual misconduct against patients or key third parties by individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland. COMAR 10.32.17.01. The Respondent engaged in sexual improprieties with patients, as defined in COMAR 10.32.17.02B(2); sexual misconduct with patients, as defined in COMAR 10.32.17.02B(3), and sexual violations with patients, as defined in COMAR 10.32.17.02B(4). Individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland, may not engage in sexual misconduct. COMAR 10.32.17.03A. Health Occupations Article, §§ 14-404(a)(3) and

15-314(3), Annotated Code of Maryland, includes, but is not limited to, sexual misconduct.

B. BOARD'S INVESTIGATIVE FINDINGS PERTAINING TO MISREPRESENTATIONS ON PRIVILEGE APPLICATION

62. On or about October 13, 2008, the Respondent submitted an application to Lifebridge Health for clinical privileges.

63. On page ten (10) of a form entitled, Maryland Hospital Credentialing Application (the "Application"), the Respondent answered "NO" to the following question: Have you ever been the subject of an administrative, civil or criminal complaint or investigation regarding sexual misconduct or child abuse?"

64. The Respondent failed to disclose on the Application that on October 23, 2006, the Baltimore County Police Department, Crimes Against Children Unit advised him of allegations filed against him alleging child abuse (see above).

65. At the conclusion of the Application, on page twelve (12), the Respondent affirmed in writing that the information contained in the Application was current, correct and complete to the best of his knowledge.

66. The Respondent's actions, as described above, constitute a violation of the following provisions of the Act: Is guilty of immoral conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(i); Is guilty of unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(ii); Willfully makes or files a false report or record in the practice of medicine, in violation of H.O. § 14-404(a)(11); and Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine, in violation of H.O. § 14-404(a)(36).

BOARD'S CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated the following provisions of the Act: Is guilty of immoral conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(i); Is guilty of unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(ii); Willfully makes or files a false report or record in the practice of medicine, in violation of H.O. § 14-404(a)(11); 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, in violation of H.O. § 14-404(a)(22); Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine, in violation of H.O. § 14-404(a)(36); and Fails to keep adequate medical records as determined by appropriate peer review, in violation of H.O. § 14-404(a)(40).

In addition, the Board finds that the Respondent's actions constitute a violation of the Board's sexual misconduct regulations, COMAR 10.32.17 *et seq.* The Board's sexual misconduct regulations prohibit sexual misconduct against patients or key third parties by individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland. COMAR 10.32.17.01. The Respondent engaged in sexual improprieties with patients, as defined in COMAR 10.32.17.02B(2); sexual misconduct with patients, as defined in COMAR 10.32.17.02B(3), and sexual violations with patients, as defined in COMAR 10.32.17.02B(4). Individuals licensed or certified under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland, may not engage in sexual misconduct. COMAR 10.32.17.03A. Health Occupations Article,

§§ 14-404(a)(3) and 15-314(3), Annotated Code of Maryland, includes, but is not limited to, sexual misconduct.

ORDER

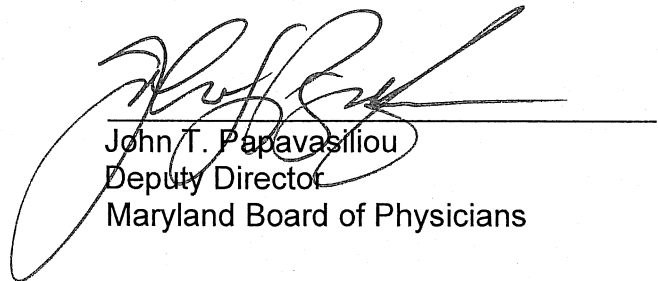
Based upon the foregoing Findings of Fact and Conclusions of Law, it is this 26th day of March, 2010, by a quorum of the Board considering this case:

ORDERED that the Respondent's license to practice medicine in the State of Maryland shall be and hereby is **PERMANENTLY REVOKED**; and it is further

ORDERED that the Respondent understands and agrees that he shall not apply for licensure or reinstatement of his medical license to the Board or any successor agency; and it is further

ORDERED that this Consent Order is considered a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. §§ 10-611 *et seq.* (2009 Repl. Vol.).

3/26/10
Date


John T. Papavasiliou
Deputy Director
Maryland Board of Physicians

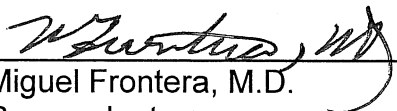
CONSENT

I, Miguel Frontera, M.D., acknowledge that I have had the opportunity to consult with counsel before signing this document. By this Consent, I agree to be bound by the foregoing Consent Order and its terms, conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

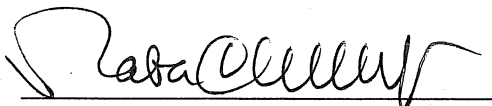
I sign this Consent Order after having had an opportunity to consult with counsel, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Order, and understand its meaning and effect.

3/25/10
Date


Miguel Frontera, M.D.
Respondent

Read and approved:

3/25/2010
Date

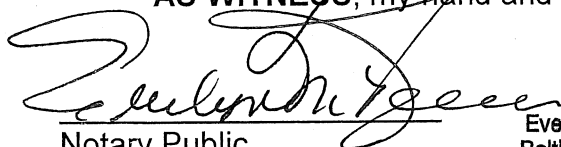

Natalie C. Magdeburger, Esquire
Counsel for the Respondent

NOTARY

STATE OF Maryland
CITY/COUNTY OF: Baltimore

I HEREBY CERTIFY that on this 25th day of March, 2010, before me, a Notary Public of the State and County aforesaid, personally appeared Miguel Frontera, M.D., and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



Notary Public

Evelyn M. Reichhelm
Baltimore County, MD
Notary Public
My Commission Expires:
4/7/2012

My commission expires: _____