

**NORTH CAROLINA MEDICAL BOARD
VOLUNTARY SURRENDER FORM**

Name: Kim Brydon License #: 33795
Address: 213 Old Franklin Grove Dr Date of Birth: 11/06/57
Chapel Hill NC 27514
Phone #: 919 370-3602

I hereby surrender my license to practice medicine issued by the Board effective upon receipt of this document by the Board or its agent.


I understand that I may not give medical advice or treatment to any person, with or without compensation; may not prescribe drugs; and may not otherwise engage in the practice of medicine within the meaning of N.C. Gen. Stat. §90-18. Once tendered, this decision to surrender my license may not be withdrawn. I understand that the surrender of my license does not preclude the Board from bringing charges against me at a later date.

I understand that I have obligations to patients that continue beyond the surrender of my license including, but not limited to, winding up my practice in an orderly fashion, assisting patients in ensuring continuity of their care, and preserving patient records and access thereto.

I understand that this document is a public document within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it may be reported to persons, entities, agencies, and clearinghouses as required by and permitted by law including, but not limited to, the Federation of State Medical Boards, the National Practitioner's Data Bank, and the Healthcare Integrity and Protection Data Bank.

I understand my right to and I have been given the opportunity to consult with an attorney, at my own expense, before tendering this surrender of my license. I have made the decision to surrender my license to practice medicine knowingly, voluntarily, and of my own free will.

I agree to return my license and registration certificates to the Board as promptly as possible. Any failure on my part to do so does not in any way affect the validity of this surrender of my license.

Date: 4/25/07
Signature: 

Witness: 



**NORTH CAROLINA
MEDICAL BOARD**

H. Arthur McCulloch, MD
President

Janelle A. Rhyne, MD
President-Elect

George L. Saunders, III, MD
Secretary

Ralph C. Loomis, MD
Treasurer

April 26, 2007

Kim Brydon, M.D.
213 Old Franklin Grove Drive
Chapel Hill, NC 27514

Dear Dr. Brydon:

This will acknowledge receipt of your Voluntary Surrender Form of April 25, 2007. The surrender of your license to practice medicine (license number 33795) issued by the North Carolina Medical Board becomes a public record according to North Carolina law. You are required to reapply if you wish to reinstate your license.

Should you have questions regarding this matter, please feel free to call.

Sincerely,

R. David Henderson
Executive Director

RDH/coh

R. David Henderson
Executive Director

1203 Front Street
Raleigh, North Carolina 27609-7533

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Raleigh, North Carolina 27619-0007

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Web: www.ncmedboard.org

BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:)
)
Kim Marie Brydon, M.D.,) CONSENT ORDER
)
Respondent.)

This matter is before the North Carolina Medical Board (hereinafter Board) on information that Kim Marie Brydon, M.D., (hereinafter Dr. Brydon) committed unprofessional conduct by having an inappropriate sexual relationship with a patient. Dr. Brydon admits, and the Board finds and concludes, that:

Whereas Dr. Brydon is a physician licensed by the Board on March 5, 1991 to practice medicine, license number 33795, and

Whereas during the times relevant herein, Dr. Brydon practiced psychiatry in Raleigh, North Carolina, and

Whereas Dr. Brydon worked as a psychiatrist for the North Carolina Correctional Institute for Women ("NCCIW") a prison within the North Carolina Department of Correction ("NC DOC"), and

Whereas, Dr. Brydon began treating Patient A in 2001 who, at that time, was an inmate at the NCCIW and who suffered from significant mental health issues, and

Whereas, Dr. Brydon reports that about a year after being released from NCCIW, Patient A moved in with Dr. Brydon and the two began living together and began an inappropriate sexual relationship, and

Whereas Patient A was subsequently re-incarcerated by law enforcement officials based on Patient A obtaining prescription drugs by fraud by forging Dr. Brydon's name on prescription blanks that Patient A took from an old prescription pad that used to belong to Dr. Brydon, and

Whereas, Dr. Brydon saw Patient A as a patient upon her re-admission to NCCIW, and Dr. Brydon admitted to a Board investigator that this was inappropriate, but that she saw the patient to conceal the relationship she had with Patient A from prison authorities, and

Whereas Dr. Brydon admits that her relationship with Patient A constitutes unprofessional conduct within the meaning of N.C. Gen. Stat. § 90-14(a)(6), which is grounds under that section of the North Carolina General Statutes for the Board to suspend, revoke, condition, or limit her license to practice medicine and surgery issued by the Board or to deny any application she might make in the future, and

Whereas Dr. Brydon voluntarily surrendered her license to practice medicine on April 25, 2007, and

Whereas the Board has determined that it is in the public interest to resolve this case as set forth below.

Now, therefore, with Dr. Brydon's consent, it is ORDERED that:

1. Dr. Brydon's license to practice medicine license to in North Carolina is hereby REVOKED.

2. This Consent Order shall take effect immediately upon its execution by both Dr. Brydon and the Board and it shall continue in effect until specifically ordered otherwise by the Board.

3. Dr. Brydon hereby waives any requirement under any law or rule that this Consent Order be served on her.

4. Upon execution by Dr. Brydon and the Board, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it will be reported to persons, entities, agencies, and clearinghouses as required by and permitted by law including, but not limited to, the Federation of State Medical Boards, the National Practitioner's Data Bank, and the Healthcare Integrity and Protection Data Bank.

This the 26th day of June, 2007.

NORTH CAROLINA MEDICAL BOARD



By:

H. Arthur McCulloch, M.D.
President

Consented to this the 21st day of June, 2007.

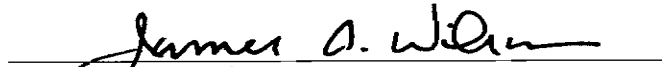

Kim Marie Brydon, M.D.,

State of North Carolina

County of Durham

I, James A. Wilson, a Notary Public for the above named County and State, do hereby certify that Kim Marie Brydon, M.D., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal
This the 21 day of June, 2007.


Notary Public

(SEAL)

My Commission expires: September 3, 2007

JAMES A. WILSON
NOTARY PUBLIC
DURHAM COUNTY, NC
My Commission Expires: September 3, 2007