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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

PROTHONOTARY

2013 OCT 28 AM 10:43

Department of State

Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs

File No.: 11-49-09997

vs.

Roger Joseph Cadieux, M.D.
Respondent

Docket No: 0522-49-13

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and Roger Joseph Cadieux, M.D. ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Medicine ("Board") pursuant to Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, ("Act"), 63 P.S. §§ 422.1-422.53, *as amended*; the Medical Care Availability and Reduction of Error ("Mcare") Act, Act of March 20, 2002, P.L. 154, No. 13, 40 P.S. §§ 1303.101-1303.910, *as amended*; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), 63 P.S. §§ 2201-2207, *as amended*.

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania: license no. MD020877E, which was originally issued on July 1, 1978, and which expires on December 31, 2014.

STIPULATED FACTS

3. The Respondent admits that the following allegations are true:
- a. Respondent's license may be continually reactivated, renewed, or reinstated upon the filing of the appropriate documentation and payment of the necessary fees.
 - b. Respondent's last known office address, as on file with the Board is: 1648 Woodhaven Drive, Hummelstown, PA 17036.
 - c. Respondent specializes in the practice of psychiatry.
 - d. At all pertinent times, Respondent practiced at "Commonwealth Affiliates, P.C., a Psychiatric and Psychological Association," located at Northwood Office Center, 2215 Forest Hills Drive, Suite 38, Harrisburg, PA.
 - e. On or about February 2, 2007, Respondent conducted an initial psychiatric evaluation ("initial evaluation") of a 45 year-old female patient, to be referred to herein as **Patient "A"**.¹
 - f. As of the date of the initial evaluation, Respondent was six days away from his 62nd birthday and was in his 28th year of practicing as a licensed physician in the Commonwealth of Pennsylvania.
 - g. At all pertinent times, Respondent was a member of the American Psychiatric Association.
 - h. On the date of the initial evaluation, **Patient "A"** disclosed to Respondent that she was married.

¹ The identity of this patient is confidential, but has been disclosed to Respondent and his counsel, and was well-known to Respondent prior to that disclosure.

i. On the date of the initial evaluation, Patient "A" disclosed to Respondent that she had a history of receiving psychiatric and/or psychological treatment, which at times included medication management.

j. On the date of the initial evaluation, Patient "A" disclosed to Respondent her understanding that she had exhibited symptoms of anxiety, some minor depression and obsessive-compulsive disorder (OCD) in the past.

k. On the date of the initial evaluation, Patient "A" disclosed to Respondent that she and her family had recently moved to Central Pennsylvania from another state.

l. During the initial evaluation, Patient "A" disclosed to Respondent that she had been experiencing panic attacks since age 12.

m. During the initial evaluation, Patient "A" disclosed to Respondent that her current marriage was her second.

n. During the initial evaluation, Patient "A" disclosed to Respondent that she had first received psychiatric attention for her panic attacks during her first marriage, when she was age 21.

o. During the initial evaluation, Patient "A" disclosed to Respondent that she had experienced a panic attack approximately two weeks earlier.

p. During the initial evaluation, Patient "A" disclosed to Respondent that she was taking medication prescribed by her prior psychiatrist.

q. At the conclusion of the initial evaluation, Patient "A" indicated to Respondent that she was not interested at that time in weekly counseling or psychotherapy, but only wanted medication management.

r. At the conclusion of the initial evaluation, Respondent diagnosed Patient "A" as having "Major Depressive Disorder with Anxiety and Panic Attacks and Multiple Phobias."

s. In addition to making medication-related recommendations, Respondent wrote in Patient "A's" records, "did invite her to approach me at a later time when she felt more at ease to address these issues through the use of dynamic insight oriented psychotherapy. For the time being, we will just do medication checks."

t. Beginning on March 5, 2007, Patient "A" had office visits with Respondent on a monthly basis chiefly for medication management.

u. Respondent's treatment notes for the office visit on June 27, 2007 contain the sole notation, "Dynamic issues Re: Sexuality," and for the next office visit on July 12, 2007, contain the sole notation, "As above – progress – Need to discuss early life – childhood."

v. Subsequently, Patient "A's" office visits increased to twice monthly, and included discussion on subjects such as her relationship with her parents, her marriage and her own experiences as a parent.

w. Beginning in May of 2008, Patient "A" began attending office visits with Respondent as often as three times a month.

x. According to Respondent's office notes, on May 20, 2008, Patient "A" admitted to having delusional thoughts and illusions, for which Respondent prescribed medication.

y. According to Respondent's office notes, on May 23, 2008, Patient "A" related that the medication prescribed by Respondent was working with regard to her thoughts, and she "asked for something to control her episodic alcohol abuse."

z. According to Respondent's office notes, on June 2, 2008, he received a phone call from Patient "A", during which she indicated she was intoxicated.

aa. According to Respondent's office notes, during their phone call of June 2, 2008, Respondent and Patient "A" discussed her alcohol intake. Respondent had Patient "A" countersign his office note regarding this telephone call on a subsequent date.

bb. According to Respondent's office notes, Patient "A's" next office visit was on June 15, 2008 during which, among other things, they "discussed transference."

cc. According to Respondent's office notes, on July 1, 2008, Patient "A" called him twice, and during the second telephone call they spoke about "transference issues," among other things.

dd. At or about this time period, Patient "A" would telephone Respondent between office visits.

ee. In or about August of 2008, Respondent and Patient "A" began a sexual relationship.

ff. On a date in early to mid-August of 2008, while her family was out of town, Patient "A" spoke with Respondent on the telephone and invited him to her home.

gg. At the time that Patient "A" invited Respondent to her home, Respondent believed that Patient "A" was suicidal and needed to see him immediately.

hh. On that date of that telephone discussion, Respondent went to Patient "A's" home.

ii. On that date, Respondent spent approximately two (2) or three (3) hours in Patient "A's" home.

jj. On that date, Patient "A" initiated sexual contact with Respondent.

kk. On that date, Respondent and Patient "A" engaged in kissing and sexual activity including Patient "A's" performing oral sex on Respondent in the guest bedroom of Patient "A's" home.

ll. Less than one week later, Respondent telephoned Patient "A" and invited her to his house.

mm. On the date of Respondent's invitation, Patient "A" went to Respondent's home.

nn. At his home, Respondent initiated a discussion with Patient "A" about their respective sexual likes and dislikes.

oo. During this discussion, Respondent and Patient "A" had conversations about engaging in sexual activity.

pp. After this discussion, Respondent invited Patient "A" to his guest room.

qq. In Respondent's home's guest room, Respondent and Patient "A" engaged in kissing and sexual activity.

rr. Within approximately a week after they engaged in sexual activity in Respondent's home, Respondent and Patient "A" engaged in sexual activity at Patient "A's" home in the guest bedroom while their respective spouses were out of town and Patient "A's" children were not home.

ss. According to Respondent's office notes, on August 17, 2008 Respondent had a telephone conversation with Patient "A," which included "possible delusional transference issues."

tt. On or about September 9-10, 2008, Respondent and Patient "A" met at a Hampton Inn in Manheim, PA, where they engaged in sexual activity.

uu. At a later date, Respondent and Patient "A" returned to the Hampton Inn in Manheim, PA, where they engaged in sexual activity.

vv. During approximately the second half of September of 2008, Respondent and Patient "A" met at a Marriott hotel in Allentown, PA, where they engaged in sexual activity.

ww. At or about the time of the instances of sexual activity in hotel rooms in September of 2008, Respondent gave Patient "A" his pager number so she could page him at any time.

xx. According to Respondent's office notes, on September 23, 2008, Patient "A" called him multiple times.

yy. Respondent's office note relating to the September 23 phone calls states, in part, "hypomanic/manic delusional transference materials – irrational belief that I would discontinue seeing her due to these thoughts – reassured that was not the case..."

zz. On Saturday, November 1, 2008, Patient "A" appeared at Respondent's office for a regularly scheduled appointment.

aaa. On more than one occasion, Respondent and Patient "A" engaged in sexual activity in Respondent's office.

bbb. On November 7 and 8, 2008, Patient "A" travelled to Allentown, PA for a professional conference.

ccc. Respondent met Patient "A" at her November 7 and 8 professional conference, where they engaged in sexual activity at a hotel in Allentown, PA.

ddd. According to Respondent's office notes, on November 14, 2008, Patient "A" called him with regard to "transference issues."

eee. Respondent and Patient "A" continued a sustained sexual relationship during 2008 and into 2009, while Respondent continued to provide Patient "A" with medical and psychiatric treatment, as well as providing medication management.

fff. According to Respondent's office notes, during 2009, Patient "A" continued with sessions at Respondent's office, including "dynamic sessions" often twice a month with intervening frequent telephone consultations.

ggg. According to Respondent's office notes, during an office visit on May 7, 2009, Respondent and Patient "A" discussed the need to treat her "bipolar symptoms."

hhh. According to Respondent's office notes dated May 16, 2009, Patient "A" and Respondent had engaged in many telephone conversations since

her May 7 visit, and Respondent noted: "hypermanic/manic thoughts and delusional thought/paranoia -- does not wish to accept her diagnosis and allow it to be appropriately treated."

iii. On the night of July 18, 2009, **Patient "A"** took possibly 20 Xanax pills, and was taken by ambulance to Harrisburg Hospital.

jjj. On the morning of July 19, 2009, **Patient "A"** called Respondent and asked him to take her home from the hospital.

kkk. That morning, Respondent spoke to the hospital emergency room staff and, after **Patient "A"** was discharged, Respondent drove her home.

lll. According to Respondent's office notes entry dated July 19, 2009, **Patient "A"** notified him at 12:15 a.m. "last evening" [sic, which would have been 12:15 a.m. the date of the office note entry] that she was in the emergency room after having taken an "overdose of Xanax" and an unspecified amount of alcohol.

mmm. According to Respondent's office notes dated July 19, 2009, **Patient "A"** was discharged from the emergency room to his care and he drove her home.

nnn. Sometime in the year 2009, Respondent told **Patient "A"** that he and his wife (ultimately, his ex-wife) had stopped having sexual relations.

ooo. In or about October, 2009, Respondent's wife (ultimately, his ex-wife) left him.

ppp. At sometime during 2009, Respondent and Patient "A" temporarily ceased sexual activity, which Respondent maintains was at his request, but continued the ongoing therapeutic relationship.

qqq. During that portion of 2009 when their relationship was therapeutic and personal but not sexual, Patient "A" purchased a lampshade for Respondent, cooked him dinner and, in his presence, cleaned the oven in his home.

rrr. During the fall of 2009, Respondent and Patient "A" resumed sexual activity, which Respondent maintains was at Patient "A's" insistence.

sss. Throughout the year 2009, Respondent continued treating Patient "A," including prescribing and managing her medications.

ttt. During the years 2010 and 2011, Respondent continued to treat Patient "A" with in-person and telephonic consultations and medication management, while at the same time maintaining a sexual relationship with her.

uuu. Respondent's treatment of Patient "A" included medication management by which he sought to reduce her intake of benzodiazepines.

vvv. In mid-June of 2011, Respondent and Patient "A" engaged in their last sexual activity together.

www. According to Respondent's office notes of July 20, 2011, Patient "A" told him over the telephone that she was upset because her husband "wishes her to consider a second opinion." Respondent's notes indicate that he referred her to Dr. Susan Thornsley.

xxx. According to Respondent's office notes of August 1, 2011, Patient "A" left him a telephone message stating that she was terminating therapy with him.

yyy. Respondent's engagement in a sexual relationship with Patient "A" constituted an act involving moral turpitude, dishonesty or corruption that directly or indirectly affected the health, welfare or safety of Patient "A" and/or the citizens of this Commonwealth.

zzz. In his care of Patient "A," Respondent failed to be dedicated to providing competent medical care with compassion and respect for human dignity and rights in that he:

(1) Gratified his own needs by exploiting the patient;

(2) Failed to be ever vigilant about the impact that his conduct had upon the boundaries of the doctor-patient relationship, and thus upon the well-being of the patient.

aaaa. In his care of Patient "A," Respondent failed to uphold the standards of professionalism and be honest in all professional interactions in that he:

(1) Engaged in exploitation of the patient;

(2) Engaged in sexual activity with a current or former patient;

(3) Exploited information furnished by the patient;

(4) Used the unique position of power afforded to him by the psychotherapeutic situation to influence the patient in a way not directly relevant to the treatment goals.

bbbb. Respondent failed to document the medical or therapeutic necessity and appropriateness of any visit by him to Patient "A's" home or by Patient "A" to his home.

cccc. Respondent failed to be ever vigilant about the impact of his conduct upon the boundaries of the doctor-patient relationship.

dddd. With regard to a patient other than Patient "A," Respondent admits that he revealed to another individual confidential information regarding that other patient, obtained as a result of the practitioner-patient relationship, without the consent of the patient.

4. At any hearing of this matter, Respondent would offer the following evidence, which the Commonwealth neither admits nor denies, for the purpose of mitigation:

a. At the time of his sexual misconduct, Respondent was suffering from an untreated major depressive disorder and anxiety disorder and was also in the midst of a marital separation.

b. Since July 2012, Respondent has been under the care of Dr. Edward Russek, a board certified psychiatrist.

c. Dr. Russek has diagnosed Respondent with major depressive disorder and anxiety disorder.

d. Dr. Russek has stated these conditions were a substantial contributing factor to Respondent's sexual misconduct.

e. Dr. Russek has prescribed antidepressant medication for Respondent.

f. Respondent has been undergoing psychotherapy sessions with Dr. Russek; initially on a weekly basis, now on a bi-weekly basis.

g. Respondent has been fully compliant with treatment as well as all recommendations of Dr. Russek.

h. On August 16, 2012, Respondent began the Professional Boundaries and Boundaries Violations course, which he successfully completed on December 11, 2012 for a total of 52 credit hours.

i. Respondent has developed and implemented a boundary protection plan that he regularly reviews with Dr. Russek.

j. Respondent honorably served in the United States Air Force as a Captain from 1969 through 1971 and was Honorably Discharged with the rank of Captain.

k. Respondent has been a practicing psychiatrist since 1981, has no disciplinary record with the Board, and is unaware of any prior complaints having been filed against him with the Board.

l. Respondent has been a member of the Department of Psychiatry, Penn State University, College of Medicine, Milton S. Hershey Medical Center, Hershey, PA, as an assistant professor from 1981 to 1993, as an associate professor from 1993 until 1999, and as a clinical professor from 1999 through 2013.

m. Respondent has provided pro bono services for the Lebanon Free Clinic since 2011.

n. Approximately 20% of Respondent's practice is devoted to pro bono psychiatric services for indigent persons.

o. Respondent has been board certified in psychiatry and neurology, general psychiatry since 1982 with added qualifications in geriatric psychiatry in 1991.

ALLEGED VIOLATIONS

5. The Commonwealth alleges that the Board is authorized to suspend, revoke, or otherwise restrict Respondent's license under Sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; and/or impose a civil penalty upon Respondent under Sections 39 through 42 of the Act, 63 P.S. §§ 422.39-422.42, and /or Section 5(b)(4) of ACT 48, 63 P.S. § 2205(b)(4); and/or impose the costs of investigation upon Respondent under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at 63 P.S. §422.41(6), (8) in that he:

a. Engaged in immoral and unprofessional conduct in the form of sexual behavior with a current patient (Patient "A") other than his spouse, when he was involved with the management or treatment of that patient for a mental health disorder;

b. Disclosed to another individual confidential information that he obtained from a second patient (a patient other than Patient "A") during the practitioner-patient relationship, without that patient's consent.

PROPOSED ORDER

6. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. The Board finds that it is authorized to suspend, revoke, or otherwise restrict Respondent's license under Sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; and/or impose a civil penalty upon Respondent under Sections 39 through 42 of the Act, 63 P.S. §§ 422.39-422.42, and/or Section 5(b)(4) of ACT 48, 63 P.S. § 2205(b)(4); and/or impose the costs of investigation upon Respondent under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at 63 P.S. §422.41(6), (8) by engaging in immoral and unprofessional conduct in the form of sexual behavior with a current patient other than his spouse, when was involved with the management or treatment of that patient for a mental health disorder.

b. The Board finds that it is authorized to suspend, revoke, or otherwise restrict Respondent's license under Sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; and/or impose a civil penalty upon Respondent under Sections 39 through 42 of the Act, 63 P.S. §§ 422.39-422.42, and/or Section 5(b)(4) of ACT 48, 63 P.S. § 2205(b)(4); and/or impose the costs of investigation upon Respondent under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at 63 P.S. §422.41(6), (8) by disclosing to another individual confidential information that he obtained from a patient other than one described in the preceding sub-paragraph during the practitioner-patient relationship, without that patient's consent.

SUSPENSION

c. Respondent's license to practice as a **medical physician** in the Commonwealth of Pennsylvania, along with any other licenses, registrations, certificates, approvals, authorizations, or permits (hereinafter referred to collectively as "authorizations to practice the profession") issued by the Board to Respondent at the time this Consent Agreement is adopted by the Board are hereby **INDEFINITELY SUSPENDED FOR A MINIMUM PERIOD OF THREE (3) YEARS**. The suspension shall be effective thirty (30) days from the date of the adoption of this Order, so as to permit Respondent time to notify his patients of the suspension and to facilitate the retrieval or transmittal of their records.

d. Respondent shall, within ten (10) days of the beginning of any period of active suspension, surrender his wall certificate, biennial renewal certificate and wallet card (or notarized affidavit of their loss or destruction) by mailing them to:

David M. Green
Prosecuting Attorney
Bureau of Professional and Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

or by delivering them in person at:

Bureau of Professional and Occupational Affairs
One Penn Center
2601 North 3rd St.
Harrisburg, Pennsylvania

e. Upon the adoption of this Order, and during any period of active suspension, Respondent shall cease and desist from practicing as a **medical**

physician, and shall not represent himself as a Board licensee in any matter during any period of active suspension.

f. Respondent is advised that if the period of active suspension continues past the end of the current renewal period, prior to Respondent's license being reinstated, Respondent will be required to comply with the requirements for renewal of his license in effect at that time.

g. Respondent may petition for reinstatement by filing a written petition with the Counsel for the Board, P.O. Box 2649, Harrisburg, PA 17105-2649.

Respondent may petition for reinstatement subject to the following conditions:

(1) his license has been suspended for a minimum period of three (3) years from

the adoption of this Order; (2) he is in complete compliance with all aspects of

this Order; and (3) he demonstrates, to the satisfaction of the Board, that he can

safely and competently practice medicine, including demonstrating that he does

not have an illness or addiction to drugs or alcohol that renders him unable to

practice the profession with reasonable skill and safety to patients. The Board

shall schedule a hearing on Respondent's petition and shall afford the

Commonwealth the opportunity to appear at the hearing and object to or

otherwise contest Respondent's petition. At any such hearing, Respondent shall

bear the burden of proving his fulfillment of the conditions for reinstatement set

forth hereinabove. This Consent Agreement and Order as well as the Order to

Show Cause and Answer filed in this matter shall be admitted into evidence in

lieu of witness testimony, and without objection, in any proceeding relating to any

Petition for Reinstatement filed by Respondent. Upon Respondent's filing of any

Petition for Reinstatement, the Commonwealth may direct Respondent to submit to a mental and physical examination by a physician of its selection, for the purpose of assessing whether the Commonwealth will object to, or otherwise contest, any Petition for Reinstatement. Ninety (90) days prior to Respondent's becoming eligible to file a Petition for Reinstatement, Respondent may submit a written request to the Commonwealth for the name of a physician it deems acceptable to conduct the mental and physical examination. The parties agree that the physician conducting any mental and physical examination under the terms of this Consent Agreement and Order shall be provided with copies of this Consent Agreement and Order, the Order to Show Cause and the Answer in this matter. Respondent shall bear responsibility for all costs associated with the mental and physical examination.

h. The decision to reinstate Respondent's license is within the sole discretion of the Board. Nothing in this Consent Agreement and Order will prohibit the Board from imposing additional restrictions and/or monitoring requirements, probationary or otherwise, upon Respondent's authorizations to practice the profession once reinstated by the Board.

i. In the event that the Board were to deny reinstatement of Respondent's license, Respondent may file a subsequent Petition for Reinstatement no less than six (6) months from the date of the Board's denial, unless otherwise directed by the Board. Any subsequent Petition for Reinstatement filed by Respondent shall be governed by the same terms, conditions and procedures set forth in this Order.

j. Respondent's failure to fully comply with any terms of this Order may also constitute grounds for additional disciplinary action.

k. This Order constitutes disciplinary action by the Board and shall be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board. This Order shall remain a matter of public record on file with the Prothonotary, notwithstanding the terms of the Order Granting the Commonwealth's Motion to Seal the Record entered on September 3, 2013, which shall otherwise remain in effect.

l. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

7. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

8. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and to the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

9. Respondent acknowledges that he is aware that he has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. Respondent had an opportunity to consult with Attorney Brian E. Quinn, regarding this Consent Agreement.

WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS

10. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. Respondent specifically agrees that if the Board rejects this agreement, it may assume that the facts and averments as alleged in this Consent Agreement are true and correct for the limited purpose of recommending a sanction, based on those assumed facts, that would be acceptable to the Board before hearing the case. In the event that the Board does assume the facts and averments as alleged in this Consent Agreement are true for purposes of making a recommendation as to an acceptable sanction, such action shall not constitute commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Respondent expressly waives any constitutional rights and issues related to alleged commingling, bias, or violation of due process rights to have an unbiased and impartial adjudicator in any subsequent hearing. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

NO MODIFICATION OF ORDER

11. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

AGREEMENT NOT BINDING ON OTHER PARTIES

12. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues the stipulated Order.

EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT

13. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

ENTIRE AGREEMENT

14. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS

15. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement.

VERIFICATION OF FACTS AND STATEMENTS

16. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.



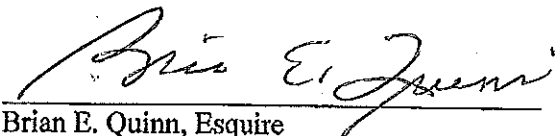
Bernadette Paul
Deputy Chief Counsel, Prosecution
Department of State

DATED: 10/17/13



Roger Joseph Cadieux, M.D.
Respondent

DATED: 10-16-2013



Brian E. Quinn, Esquire
Attorney for Respondent

DATED: 10-16-13

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs

vs.

Roger Joseph Cadieux, M.D.
Respondent

File No.: 11-49-09997

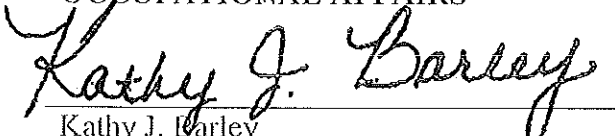
Docket No: 0522-49-12

ORDER

AND NOW, this 22nd day of October 2013, the STATE BOARD OF MEDICINE ("Board") adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 6, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

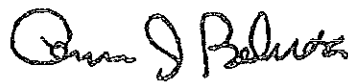

Kathy J. Barley
Commissioner

For the Commonwealth:

For the Respondent:

Date of Mailing:
101713/MasterGeneralSet122710

BY ORDER:
STATE BOARD OF MEDICINE


Andrew J. Behnke, M.D.
Chairman

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Harrisburg, PA 17105-2649

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10/28/13