



IN THE MATTER OF:
Ronald C. Golinger M.D.
License number MD 08239
Complaint 19-0729

CONSENT ORDER

Ronald Golinger, MD (“Respondent”) is licensed as a physician in Rhode Island. The Rhode Island Board of Medical Licensure and Discipline (“Board”) makes the following

FINDINGS OF FACT

1. Respondent has been a licensed physician in the State of Rhode Island since July 9, 1992.
2. Respondent graduated from New York University School of Medicine June 1, 1966. Respondent’s specialty is Psychiatry.
3. Respondent is a Psychiatrist and was the attending physician for Patient A (alias).
4. The Board received a complaint about Respondent from a friend of Patient A (“Complainant”). Complainant is a licensed health care professional who has knowledge of appropriate professional and patient relationships.
5. Complainant alleges, based on representations made to her by Patient A, that Respondent had an inappropriate relationship with Patient A that violated the established physician-patient boundaries expected of the profession.

6. Complainant submitted to the Board an audio recording of conversation between Complainant and Patient A, made without Patient A's knowledge, which details comments made by Respondent to Patient A during patient visits. Complainant states that many of these comments were inappropriately sexual in nature and should not have occurred in a physician patient encounter. The Board subsequently had a Board approved stenographer transcribe this audio recording. The Board has listened to the audio recording and reviewed the stenographic record.
7. Respondent appeared before the Investigative Committee on July 31, 2019, at which time he admitted to a previous boundary violation, many years ago, with a former patient, acknowledging that, as a psychiatrist, he treated a female patient twice before discharging her from his care and, subsequently, pursuing a relationship with and marrying the patient.
8. Respondent stated to the Investigative Committee that Patient A had indicated to him during an office visit that she was attracted to him. Respondent referenced his past boundary violation in explaining to Patient A why he could not pursue a relationship with her, stating (as is documented in the stenographic record of the above-referenced audio recording) that it would be unethical of him to pursue a relationship with Patient A and that it could cost him his license to practice medicine.
9. The Investigative Committee observed that several of Patient A's comments to the Complainant in the above-referenced audio recording reveal specific details about Respondent's own sexual preferences and experience, which information, in the opinion of the Investigative Committee, did not serve a therapeutic purpose and should not have

been disclosed to Patient A. It is evident from the audio recording that Patient A had clearly formed perceptions about Respondent that served no therapeutic purpose and there was evidence in the audio recording that Respondent had made statements that appeared to have enabled Patient A to have these perceptions.

10. Respondent also admitted that, though he was no longer seeing the patient, his care of the patient was not terminated; Patient A still contacted Respondent via personal cell phone for advice, and Respondent admitted that he returns Patient A's phone calls and offers support, as would, in his opinion "a 'buddy' from Alcoholics Anonymous."
11. The Investigative Committee concluded that Respondent, as a physician, had a duty to establish appropriate physician-patient boundaries did not establish appropriate physician patient boundaries, but failed to do so. Respondent is a psychiatrist and, therefore, should be an expert in matters of transference and countertransference. The Investigative Committee concluded that when Patient A stated to Respondent that she was attracted to Respondent, Respondent had a duty to establish clear and absolute physician boundaries or to terminate the physician-patient relationship. The Investigative Committee concluded Respondent enabled this inappropriate relationship on subsequent office visits and by continuing to maintain contact with the patient outside of a therapeutic relationship.
12. Respondent supplied the Investigative Committee, per its request, with Patient A's medical record. The medical record included 19 hand written notes on four pages of paper. The hand-written notes were largely illegible. Essential elements of a patient-psychiatrist visit, including a mental status exam, were missing from every documented

encounter, as were a diagnosis, objectives, and treatment plan. Additionally, the medical records lacked sufficient information to justify the course of treatment or provide evidence of any medical decision-making. The Investigative Committee also observed that there was no active problem list, the medication list was not up to date, and there was inadequate documentation of past medical, family, surgical, and psychosocial history.

13. Respondent admitted during his July 31, 2019 appearance before the Investigative Committee that his medical records did not meet the minimum standard of care.
14. The Investigative Committee reviewed the facts and circumstances of this complaint and concluded Respondent is guilty of unprofessional conduct, in violation of R.I. Gen. Laws, § 5-37-5.1(19), which defines “unprofessional conduct” as including “*[i]ncompetent, negligent, or willful misconduct in the practice of medicine which includes the rendering of medically unnecessary services, and any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing medical practice in his or her area of expertise as is determined by the board;*” and that Respondent is guilty of violating Section 1.5.12(D) of the Rhode Island Rules and Regulations for the Licensure and Discipline of Physicians (216-RICR-40-05-1), which states that “*[m]edical Records shall be legible and contain the identity of the physician or physician extender and supervising physician by name and professional title who is responsible for rendering, ordering, supervising or billing each diagnostic or treatment procedure. The records must contain sufficient information to justify the course of treatment, including, but not limited to: active problem and medication lists; patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and*

hospitalizations;” and that Respondent is further guilty of unprofessional conduct, in violation of R.I. Gen. Laws § 5-37-5.1(24), which defines “unprofessional conduct” as including “[v]iolating any provision or provisions of [Chapter 5-37 of the Rhode Island General Laws] and regulations of the [B]oard or any rules or regulations promulgated by the [D]irector of an action, stipulation, or agreement of the [B]oard.”

Based on the foregoing, the parties agree as follows:

1. Respondent admits to agrees to remain under the jurisdiction of the Board.
2. Respondent has agreed to this Consent Order with the understanding that it is subject to final approval of the Board and is not binding on Respondent until final ratification by the Board.
3. If ratified by the Board, Respondent hereby acknowledges and waives:
 - a. The right to appear personally or by counsel or both before the Board;
 - b. The right to produce witnesses and evidence on his behalf at a hearing;
 - c. The right to cross examine witnesses;
 - d. The right to have subpoenas issued by the Board;
 - e. The right to further procedural steps except for those specifically contained herein;
 - f. Any and all rights of appeal of this Consent Order;
 - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review; and

- h. Any objection to the fact that this Consent Order will be reported to the National Practitioner Data Bank and Federation of State Medical Boards and posted to the Rhode Island Department of Health (“RIDOH”) public website.
4. Respondent agrees to pay, within 5 days of the ratification of this Consent Order, an administrative fee of \$1250.00 for costs associated with investigating the above-referenced complaint. Such payment shall be made by certified check, made payable to **“Rhode Island General Treasurer.”** Respondent will send notice of compliance with this condition to DOH.PRCOMPLIANCE@health.ri.gov within 30 days of submitting the above-referenced payment.
5. Respondent hereby agrees to this reprimand on his physician license.
6. Within six months of ratification of this Consent Order, Respondent will complete eight hours of Board approved courses in boundaries and medical record keeping. Respondent will send notice of compliance with this condition to DOH.PRCOMPLIANCE@health.ri.gov within 30 days of completing the above-referenced coursework.
7. In the event that any term of this Consent Order is violated after ratification by the Board, the Director of RIDOH (“Director”) shall have the discretion to impose further disciplinary action. If the Director imposes further disciplinary action, Respondent shall be given notice and shall have the right to request an administrative hearing within 20 days of the suspension and/or further discipline. The Director shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. The Administrative Hearing Officer may suspend

Respondent's license, or impose further discipline, for the remainder of Respondent's licensing period if the alleged violation is proven by a preponderance of evidence.


[SIGNATURE PAGE FOLLOWS]

Signed this 16 day of August, 2019.



Ronald Golinger, MD

Ratified by the Board of Medical Licensure and Discipline on the 11th day of September, 2019.



Nicole Alexander-Scott, MD, MPH
Director
Rhode Island Department of Health
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Providence, RI 02908