



recorded in the Official Compilation Rules and Regulations of the State of Tennessee (hereinafter referred to as "TENN. COMP. R. & REGS.")

Respondent, by his signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

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**STIPULATIONS OF FACT**

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1. Respondent received a medical license from the State of Tennessee July 28, 1994. Respondent's Tennessee medical license expires on December 31, 2015.
2. The Respondent is primarily engaged in the practice of psychiatry, having completed a residency in psychiatry at Meharry Medical College in or around 1991.
3. Pursuant to the Department's investigation on an allegation of over-prescribing, fifteen of Respondent's patient charts were reviewed. These patient charts primarily reflected treatment between the year 2009 to 2012 using benzodiazepines for anxiety and depression. The charts contained illegible documentation on all fifteen patient charts, such that it was impossible to determine whether or not the charts met the appropriate

standard of care. In addition, the Department was unable to correlate the Respondent's prescriptions with the patient assessment forms due to illegible writing.

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### GROUNDS FOR DISCIPLINE

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Respondent's acts as described in the Stipulations of Fact section of this Consent Order are sufficient to establish that grounds for discipline of Respondent's medical license exist. Specifically, Respondent has violated the following statutes or rules which are part of the Tennessee Medical Practice Act, (TENN. CODE ANN. § 63-6-101, *et seq.* and *TENN. COMP. R & REGS.*) for which disciplinary action before and by the Board is authorized:

4. Respondent's actions/omissions as articulated in paragraph three (3) of the Stipulations of Fact, *supra*, constitute violations of TENN. CODE ANN. § 63-6-214 (b) (1):

Unprofessional, dishonorable or unethical conduct.

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### POLICY STATEMENT

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The Tennessee Board of Medical Examiners takes the following action in order to protect the health, safety and welfare of the citizens of the State of Tennessee and ensure that the public confidence in the integrity of the medical profession is preserved.

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### ORDER

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**NOW THEREFORE**, Respondent agrees to the following:

5. The Tennessee medical license of **ALEX FIDER, M.D.**, license number 25776, is hereby **REPRIMANDED**.

6. By August 1, 2014, Respondent shall obtain practice monitoring provided by Affiliated Monitors, Inc. in Boston, Massachusetts (or an equivalent organization approved in advance in writing by the Board). This monitoring shall consist of a bi-monthly review for a period of one (1) year. The monitor shall review at least ten (10) randomly-selected charts of patients who received treatment from Respondent with controlled substances during the immediately preceding six (6) months. The monitor will review the charts for compliance with the requirements of applicable law and the accepted standards of medical practice. A report of the monitor's review of Respondent's medical records and prescribing shall be transmitted every three (3) months to: **Tennessee Board of Medical Examiners, Attn: Medical Director, Tennessee Department of Health, 665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, Tennessee 37243.** The first report shall be due no later than December 1, 2014 and subsequent reports shall be due every three (3) months thereafter, with the last report due August 1, 2015. The report should address at the minimum the following: (1) Respondent's documentation of appropriate physical examinations and histories, diagnostic testing, and specialist consultations, as necessary for establishing an appropriate diagnosis; (2) Respondent's use of alternative, non-narcotic modalities; (3) Respondent's documentation of the patient's prior medical history, including prior medical records; (4) Respondent's efforts to monitor for and appropriately respond to, evidence of abuse and diversion, including use of drug screens, patient contracts, and medication counts; and (5) Respondent's documentation of treatment plans, including periodic review of the necessity for an effectiveness of the controlled substance therapy. Respondent is responsible for all fees associated with this monitoring and is responsible for ensuring compliance with the terms of this monitoring.

7. Respondent shall pay, pursuant to TENN. CODE ANN. § 63-6-214(k) and Rule 0880-2-.12(1)(j) of the Official Compilation Rules and Regulations of the State of Tennessee, the actual and reasonable costs of prosecuting this case to the extent allowed by law, including all costs assessed by the Office of Investigations, Secretary of State, Administrative Procedures Division as well as the Office of General Counsel. These costs will be established by an Assessment prepared and filed by counsel for the Department. The maximum amount for the assessment of costs shall be one thousand dollars (\$1,000.00).
8. Respondent understands that this is a formal disciplinary action and will be reported to the Health Integrity and Protection Data Bank (H.I.P.D.B.) and/or similar agency.

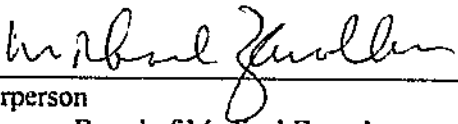
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**NOTICE**

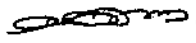
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9. Any and all costs shall be paid in full within sixty (60) days from the issuance of the Assessment by submitting a certified check, cashier's check, or money order payable to the State of Tennessee, which shall be mailed or delivered to: **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, 2<sup>nd</sup> Floor, Nashville, Tennessee 37243.** A notation shall be placed on said check that it is payable for the costs of ALEX FIDER, COMPLAINT NO. 201101816.

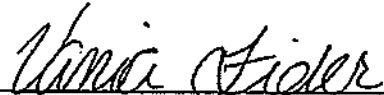
This **CONSENT ORDER** was approved by a majority of a quorum of the Tennessee Board of Medical Examiners at a public meeting of the Board and signed this 21 day of May, 2014.

  
Chairperson  
Tennessee Board of Medical Examiners

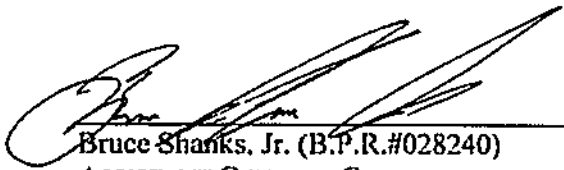
**APPROVED FOR ENTRY:**

  
Alex Fider, MD  
RESPONDENT  
Tennessee Medical License #25776  
2819 Black Stallion Court  
Murfreesboro, Tennessee 37130

5/02/2014  
DATE

  
Vania Fider (B.P.R.#032099)  
Attorney  
Fider Law, PLLC  
P.O. box 12545  
Murfreesboro, TN 37129  
(615) 796-6116

5-2-2014  
DATE

  
Bruce Shanks, Jr. (B.P.R.#028240)  
ASSISTANT GENERAL COUNSEL  
Office of General Counsel  
Tennessee Department of Health  
5<sup>th</sup> Floor, 710 James Robertson Parkway  
Nashville, Tennessee 37243  
(615) 532-7156

2 MAY 14  
DATE

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and correct copy of this Consent Order has been served upon the Respondent, Alex Fider, M.D., through Respondent's attorney, Vania Fider, Esq., Fider Law, PLLC, P.O. Box 12545, Murfreesboro, Tennessee, 37129, via United States First Class Mail with sufficient postage thereon to reach its destination.

This 27<sup>th</sup> day of May, 2014.



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Andrea Huddleston  
Chief Deputy General Counsel