

LICENSE NO. H-4832

IN THE MATTER OF  
THE LICENSE OF  
SHARON L. IGLEHART, M.D.

BEFORE THE  
TEXAS MEDICAL BOARD

AGREED ORDER

On the 3rd day of April, 2009, came on to be heard before the Texas Medical Board (the "Board"), duly in session, the matter of the license of Sharon L. Iglehart, M.D. ("Respondent").

On December 15, 2008, Respondent appeared in person, with counsel Victoria Soto, at an Informal Show Compliance Proceeding and Settlement Conference in response to a letter of invitation from the staff of the Board. The Board's representatives were Michael Arambula, M.D., a member of the Board, and Noe Fernandez, a member of a District Review Committee. Lee Bukstein represented Board staff.

Upon the recommendation of the Board's representatives and with the consent of Respondent, the Board makes the following Findings of Fact and Conclusions of Law and enters this Agreed Order.

FINDINGS OF FACT

The Board finds that:

1. Respondent received all notice required by law. All jurisdictional requirements have been satisfied. Respondent waives any defect in notice and any further right to notice or hearing under the Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code (the "Act") or the Rules of the Board.
2. Respondent currently holds Texas Medical License No. H-4832. Respondent was originally issued this license to practice medicine in Texas on December 6, 1988. Respondent is also licensed to practice in Tennessee.
3. Respondent is primarily engaged in the practice of psychiatry. Respondent is not board certified.

4. Respondent is 51 years of age.
5. Respondent has not previously received a disciplinary order from the Board.
6. In October 2004, Office of the Attorney General of Texas Medicaid Fraud Control Unit ("OAG-MFCU") obtained Respondent's records and made copies ("audited notes") of medical records in Respondent's office for Respondent's patients. Included in these medical records were records for patients JO, MS, GB, MH, RL, JB, CP, GC, CF and CN. Some of these patients were patients who Respondent saw in her office and some of these patients were patients who Respondent saw at residential treatment facilities. Respondent informed the auditors that the majority of the records they had requested were at the hospital where she saw most of her patients rather than at her office location. Respondent informed the auditors that the office files were incomplete and only served to store demographic information from the original files stored at the hospital. The auditors did not obtain the original files that Respondent had stated were at the hospital.
7. In November 2007, Respondent provided Board staff with copies ("submitted notes") of medical records for the same patients whose records were obtained by OAG-MFCU in October 2004. Due to problems with computer malfunctions, Respondent recreated these notes by hand from the original files at the hospital after her incomplete office files were obtained by the auditors in October 2004. Respondent did not give any notice to Board staff that she had recreated records of her diagnosis and care for the patients non-contemporaneously. In January 2008, Board staff obtained copies of Respondent's medical records for many of those same patients that were in the possession of respective residential facilities where Respondent saw the patients.
8. Since November 2007, Respondent has decreased her work load and is in the process of transitioning her office to electronic medical records.
9. The "audited notes" of JO were filled out, but included only six notes. The "submitted notes" of JO were more numerous, but did not include the "audited notes" for JO. The "submitted notes" for January 21, 2004, and February 16, 2004, were different from the "audited notes" for those same two dates.
10. The "audited notes" of MS were all filled out, but inspection of those notes reveals that the 19 notes submitted are actually photocopies of only two notes, with different dates and signatures. The "audited notes" and the "submitted notes" dated December 1, 2003,

January 2, 2004, January 23, 2004, February 3, 2004, March 3, 2004, March 17, 2004, May 7, 2004, June 25, 2004, July 8, 2004, and July 23, 2004, are the same replicated note, only with different dates. The "audited notes" and the "submitted notes" dated February 17, 2004, March 31, 2004, April 14, 2004, April 23, 2004, May 21, 2004, June 11, 2004, September 10, 2004, October 8, 2004 and October 22, 2004, are the same replicated note, again, only with different dates. These records do not accurately reflect the circumstances of the patients on all the service dates marked on each note.

11. Most of the "audited notes" for patient CP RL are blank except for the patient name and date (i.e. they contain no documentation of assessment or treatment planning) and are distinctly different from the notes that were later submitted by the Respondent to the Texas Medical Board.

12. The "audited notes" for 20 of patient CP's visits in 2003 and 2004 contain blank clinic notes (i.e. no subjective complaint, mental status exam, or treatment plan). The "audited notes" contain completed clinic notes dated June 11, 2004, and July 23, 2004. The submitted records for CP contained identical copies of the notes dated June 11, 2004, and July 23, 2004. However, the "submitted notes" also contained completed notes. CP was billed for professional services for all of the above dates.

13. The batch of records obtained by the auditors for 16 of patient RL's visits in 2003 and 2004 contained blank clinic notes (i.e. notes with only patient name and alleged dates of service, but no documented assessment). The "audited notes" also contained an appropriately completed clinic note for RL dated September 8, 2004. The records of RL that were later submitted by the Respondent to the Texas Medical Board contained an identical copy of the completed note dated September 8, 2004. The "submitted notes" also contained completed clinic notes for all of the above dates that were blank in the batch obtained by the auditors.

14. The "audited notes" for 19 of patient JB's visits from 2001 through 2004 contained blank clinic notes (i.e. notes with only patient name and alleged dates of service, but no documented assessment). The "audited notes" for 12 of patient JB's visits from 2001 through 2003 matched the submitted records for patient JB for those 12 visits. The "submitted notes" also contained completed notes on JB for all of the dates that were found blank in the "audited notes", except for the dates March 19, 2001, February 2, 2002, May 15, 2003, and October 30, 2002.

15. The "audited notes" of GB on the dates of May 15, 2002, and October 1, 2002, were blank. The documentation for those dates was completed on the "submitted notes".

16. The "audited notes" of MH dated October 22, 2003, through October 13, 2004, were almost all blank. However, in the "submitted notes" these documents were either filled in with non-descript clinical information and check marks on the Mental Status Examination section, or "see facility notes" was written in the description section of the note.

17. Respondent provided the "submitted" medical records to the Board under circumstances that Respondent should have known were misleading by her failure to identify those "submitted notes" as medical records completed by Respondent significantly later than the time that she reported that she provided examination, diagnosis and treatment to the patients. Additionally, Respondent did not provide documentation and information that she used to complete the "submitted" notes using the blank "audited notes" from her office records, the hospital records and other information under circumstances that Respondent reasonably should have been aware that the Board had requested such documentation and information as medical records for these patients.

18. Respondent's failure to complete the "audited notes" at the time that she provided examination, diagnosis and treatment to the patients and use of unidentified sources of information other than her own observations and examinations toward completely filling in the blank "audited notes" was a practice inconsistent with public health and welfare.

19. Respondent has cooperated in the investigation of the allegations related to this Agreed Order. Respondent's cooperation, through consent to this Agreed Order, pursuant to the provisions of Section 164.002 the Act, will save money and resources for the State of Texas. To avoid further investigation, hearings, and the expense and inconvenience of litigation, Respondent agrees to the entry of this Agreed Order and to comply with its terms and conditions.

#### CONCLUSIONS OF LAW

Based on the above Findings of Fact, the Board concludes that:

1. The Board has jurisdiction over the subject matter and Respondent pursuant to the Act.

2. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule, specifically Board Rule 165.1, which requires the maintenance of adequate, contemporaneous medical records.

3. Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rule 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; and §190.8(1)(C) failure to exercise diligence.

4. Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as further defined by Board Rule 190.8(2)(C) providing false information to the Board.

5. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule. Such sanctions include: revocation, suspension, probation, public reprimand, limitation or restriction on practice, counseling or treatment, required educational or counseling programs, monitored practice, public service, and an administrative penalty.

6. Section 164.002(a) of the Act authorizes the Board to resolve and make a disposition of this matter through an Agreed Order.

7. Section 164.002(d) of the Act provides that this Agreed Order is a settlement agreement under the Texas Rules of Evidence for purposes of civil litigation.

### ORDER

Based on the above Findings of Fact and Conclusions of Law, the Board ORDERS that Respondent shall be subject to the following terms and conditions:

1. This Agreed Order shall constitute a PUBLIC REPRIMAND of Respondent, and Respondent is hereby reprimanded.

2. For a period of two years beginning with the date of the entry of this Order, Respondent's practice shall be monitored by a physician ("monitor"), in accordance with §164.001(b)(7) of the Act. The Compliance Division of the Board shall designate the monitor and may change the monitor at any time for any reason. The monitor shall have expertise in a

similar specialty area as Respondent. The Compliance Division shall provide a copy of this Order to the monitor, together with other information necessary to assist the monitor.

a. As requested by the Compliance Division, Respondent shall prepare and provide complete legible copies of selected patient medical and billing records ("selected records"). The Compliance Division shall select records for at least 30 patients seen by Respondent during each three-month period following the last day of the month of entry of this Order ("reporting period"). The Compliance Division may select records for more than 30 patients, up to 10 percent of the patients seen during a reporting period. If Respondent fails to see at least 30 patients during any three-month period, the term of this Order shall be extended until Respondent can submit a sufficient number of records for a monitor to review.

b. The monitor shall perform the following duties:

- 1) Personally review the selected records;
- 2) Prepare written reports documenting any perceived deficiencies and any recommendations to improve Respondent's practice of medicine or assist in the ongoing monitoring process. Reports shall be submitted as requested by the Compliance Division; and
- 3) Perform any other duty that the Compliance Division determines will assist the effective monitoring of Respondent's practice.

c. The Compliance Division shall provide to Respondent a copy of any deficiencies or recommendations submitted by the monitor. Respondent shall implement the recommendations as directed by the Compliance Division.

d. The monitor shall be the agent of the Board, but shall be compensated by the Respondent through the Board. Such compensation and any costs incurred by the monitor shall be paid by Respondent to the Board and remitted by the Board to the monitor. Respondent shall not charge the compensation and costs paid to the monitor to any patients.

3. Within one year following the date of the entry of this Order, Respondent shall take and pass, with a score of 75 or above, the Medical Jurisprudence Examination ("JP Exam") given by the Board. Respondent is allowed three attempts to successfully pass this examination.

Respondent's failure to take and pass the JP Exam within three attempts within one year following the date of the entry of this Order shall constitute a violation of this Agreed Order. After a committee of the Board or a panel of Board representatives (Board Representatives), has

considered the information related to Respondent's violation of this provision and has determined that Respondent has not fulfilled the requirements of this provision, Respondent's medical license shall be **IMMEDIATELY SUSPENDED** pursuant to correspondence to Respondent from the Executive Director or Secretary-Treasurer of the Board indicating that Board Representatives have considered the information related to Respondent's violation of this provision and have determined that Respondent has not fulfilled the requirements of this provision. Although Respondent shall be invited to provide information or testimony to the Board Representatives, Respondent specifically waives any administrative due process under the Medical Practice Act, or the Administrative Procedure Act, for the Board Representatives to consider this information. **THIS SUSPENSION SHALL BE EFFECTIVE WITHOUT THE NEED FOR A HEARING AT THE STATE OFFICE OF ADMINISTRATIVE HEARINGS OR OTHER ADMINISTRATIVE DUE PROCESS UNDER THE MEDICAL PRACTICE ACT OR THE ADMINISTRATIVE PROCEDURE ACT, AND RESPONDENT SPECIFICALLY WAIVES ANY SUCH HEARING OR DUE PROCESS AND ALL RIGHTS OF APPEAL.** Respondent shall be notified of any suspension by certified mail, return receipt requested to Respondent's last known address on file with the Board. If Respondent's license is suspended on such a basis, the suspension shall remain in effect until such time as Respondent takes and passes the JP Exam and subsequently appears before the Board in person and provides sufficient evidence which, in the discretion of the Board, is adequate to show that Respondent possesses the skills and knowledge to safely practice in Texas and is otherwise physically and mentally competent to resume the practice in this state.

4. Within one year from date of the entry of this Order, Respondent shall enroll in and successfully complete the medical recordkeeping course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program, or an equivalent course approved in advance by the Executive Director. To obtain approval for a course other than the PACE course, Respondent shall submit in writing to the Board information on the course, to include at least a reasonably detailed description of the course content, faculty, course location, and dates of instruction. Respondent shall submit documentation of attendance and successful completion of this requirement to the Director of Enforcement for the Board on or before the expiration of the time limit set forth for completion of the course. This course shall be

in addition to minimum continuing medical education requirements to maintain Respondent's medical license.

5. The time period of this Order shall be extended for any period of time that: (a) Respondent subsequently practices exclusively outside the State of Texas; (b) Respondent's license is subsequently cancelled for nonpayment of licensure fees; (c) this Order is stayed or enjoined by Court Order; or (d) for any period of time longer than 60 consecutive days that Respondent does not actively practice medicine. If Respondent leaves Texas to practice elsewhere or ceases active practice for more than 60 consecutive days, Respondent shall immediately notify the Board in writing. Upon Respondent's return to active practice or return to practice in Texas, Respondent shall notify the Board in writing. When the period of extension ends, Respondent shall be required to comply with the terms of this Order for the period of time remaining on the Order. Respondent shall pay all fees for reinstatement or renewal of a license covering the period of extension or tolling.

6. Respondent shall comply with all the provisions of the Act and other statutes regulating the Respondent's practice.

7. Respondent shall fully cooperate with the Board and the Board staff, including Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with Respondent's compliance with this Order. Failure to fully cooperate shall constitute a violation of this order and a basis for disciplinary action against Respondent pursuant to the Act.

8. Respondent shall inform the Board in writing of any change of Respondent's office or mailing address within 10 days of the address change. This information shall be submitted to the Permits and Registration Department and the Compliance Department of the Board. Failure to provide such information in a timely manner shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act. Respondent agrees that 10 days notice of a Probationer Show Compliance Proceeding to address any allegation of non-compliance of this Agreed Order is adequate and reasonable notice prior to the initiation of formal disciplinary action. Respondent waives the 30-day notice requirement provided by §164.003(b)(2) of the Medical Practice Act and agrees to 10 days notice, as provided in 22 Texas Administrative Code §187.44(4).



9. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, as provided in Section 164.052(a)(5) of the Act, and shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

10. Respondent shall be permitted to supervise and delegate prescriptive authority to physician assistants and advanced practice nurses and to supervise surgical assistants.

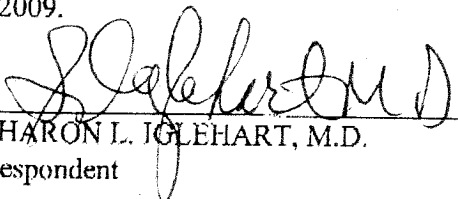
11. This Order shall automatically terminate upon the successful completion of the requirements contained in Ordering Paragraphs Nos. 1, 2, 3, and 4 above.

RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. RESPONDENT AGREES THAT THIS IS A FINAL ORDER.

THIS ORDER IS A PUBLIC RECORD.

I, SHARON L. IGLEHART, M.D., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: March 31, 2009.

  
\_\_\_\_\_  
SHARON L. IGLEHART, M.D.  
Respondent

STATE OF Texas  
COUNTY OF Texas

§  
§  
§

SWORN TO AND ACKNOWLEDGED BEFORE ME, the undersigned Notary Public,  
on this 3rd day of March, 2009.

Kimberly A. Todd  
Signature of Notary Public

(Notary Seal)



SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this  
3rd day of April, 2009.

Irvin Zeitler, Jr., D.O.  
Irvin Zeitler, Jr., D.O., President  
Texas Medical Board