

ATTACHMENT A

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss.

BOARD OF REGISTRATION
IN MEDICINE

IN THE MATTER OF)
)
)

Michael Langan, M.D.)
_____)

ORDER

At its meeting of February 6, 2013, the Board of Registration in Medicine (hereinafter "Board") affirmed the Complaint Committee's November 7, 2012 determination that the Licensee failed to comply with Paragraphs J and Y of his Letter of Agreement. This action was pursuant to the provisions of the Letter of Agreement accepted by the Board's Complaint Committee on October 8, 2008, as amended on February 1, 2012.

After reviewing the evidence referenced in the January 24, 2013, December 21, 2012, December 12, 2012, November 27, 2012, and October 26, 2012 notices from the Board's Physician Health & Compliance Manager, the Board immediately suspends the Licensee's medical license. Specifically, the Board bases its decision on the following grounds:

- (1) At its September 7, 2011 meeting, the Board's Complaint Committee found the Licensee in violation of his Letter of Agreement for not having entered into an evaluation program at the request of Physician Health Services.
- (2) The Board concurred with the Complaint Committee's determination and voted to find the Licensee in violation of his Letter of Agreement on December 21, 2011, but did not suspend the Licensee's medical license at the time. Instead, the Board chose to resolve the 2011 matter by extending the Licensee's Letter of Agreement and fortifying certain provisions of the Licensee's Letter of Agreement.

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- (3) Among the enhanced provisions of the Licensee's Letter of Agreement was a requirement that he attend a minimum of three (3) 12-step meetings per week for the duration of his Letter of Agreement and that he shall provide proof of said participation to Physician Health Services.
 - (4) The Licensee was represented by competent counsel at the time and signed an Addendum to the Letter of Agreement, agreeing to the requirement set forth above.
 - (5) At its February 1, 2012 meeting, the Board's Complaint Committee approved the Addendum to the Letter of Agreement.
 - (6) On October 23, 2012, Physician Health Services informed, in writing, the Board that the Licensee was non-compliant with his Physician Health Services contract in that he repeatedly represented to them that he participated in required peer group meetings that he did not, in fact, attend.
 - (7) Based on the Physician Health Services October 2012 report, the Board's Complaint Committee found the Licensee in violation of his Letter of Agreement for the second time. The Board takes seriously any failure by a licensee to comply with the provisions of his or her monitoring agreement, and this is the second time the Licensee has been found in violation of his Letter of Agreement.
 - (8) Physician Health Services, at the request of the Board, supplemented its October 23, 2012 report in a January 15, 2013 letter. In this letter, Physician Health Services reported that, beginning in February 2012, the Licensee reported attending a physician support group at Bournewood Hospital. Physician Health Services further reported that, on October 19, 2012, the Licensee admitted that he only began attending the physician group meetings at Bournewood Hospital on September 5, 2012.
 - (9) Among the additional documents submitted by Physician Health Services were copies of the Licensee's self-reports of attendance at meetings. These self-reports indicate that the Licensee reported attendance at a physicians group meeting at Bournewood Hospital for the following dates: February 29, 2012; April 4, 2012; April 11, 2012; April 18, 2012; April 25, 2012; May 2, 2012; May 9, 2012; May 16, 2012; May 23, 2012; May 30, 2012; June 13, 2012; June 20, 2012; and June 27, 2012.
 - (10) Also included in the supplemental materials submitted by Physician Health Services was a January 15, 2013 communication to Physician Health Services that confirmed the Licensee's attendance at the Bournewood Hospital meetings for only the following dates: September 5, 2012; September 12, 2012; September 19, 2012; September 26, 2012; and October 17, 2012

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- (11) On January 9, 2013, the Licensee, through his legal representative, submitted a document to the Board's Physician Health and Compliance Unit, which he claimed was the list of meetings he submitted to PHS to demonstrate his attendance at meetings. This document includes listings for a physician group meeting at Bournewood Hospital for the following dates: April 4, 2012; April 11, 2012; April 18, 2012; April 25, 2012; May 2, 2012; May 9, 2012; May 16, 2012; May 23, 2012; May 30, 2012; June 13, 2012; June 20, 2012; June 27, 2012; and October 3, 2012.
 - (12) In a January 16, 2013 email from the Licensee, which was submitted to the Physician Health and Compliance Unit by the Licensee's legal representative, the Licensee states that he did not attend this group until September 5, 2012. In this email, the Licensee also states that he never informed Physician Health Services that he attended physician support group meetings at Bournewood Hospital until September 5, 2012 and that he never identified anyone named Melissa as his contact for this group meeting. These statements are contradictory to the documents referenced in items (9) and (11) above.
 - (13) The Licensee has not submitted any documentation that he attended all of the required meetings, and, in fact, the documentation that he has submitted evidences that he did not.

Any Petition to Stay Suspension in this matter will be contingent upon the Licensee's completion of an independent psychiatric evaluation, including behavioral health assessment, by either a Board-approved evaluator. Board approval of any evaluator must be given before beginning any evaluation. In addition, any Petition to Stay Suspension will be contingent upon the Board's approval of a worksite monitoring plan and substance use monitoring plan. Furthermore, any stay of suspension will be contingent upon continued monitoring of the Licensee's practice of medicine subject to terms and conditions deemed warranted by the Board at the time of the Petition to Stay Suspension, including, but not limited to, any recommendations made by the Board-approved evaluator.

The Licensee may request a hearing before a single designated Board member hearing officer on this matter. The purpose of the hearing is to determine, solely as a matter of fact, whether the Licensee has been in compliance with his Letter of Agreement. A request for a hearing shall be made in writing and directed to the Executive Director of the Board. The Board must receive any request by 5:00 p.m., Friday, February 22, 2013. If such a request is determined to raise an issue of fact as to whether the Licensee has been in compliance with paragraphs J and Y of his Letter of Agreement, the Board will promptly schedule a hearing at a mutually convenient time.

09/20/19 09:04:50
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The Licensee shall provide a complete copy of this Order, with all exhibits and attachments, within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: the Drug Enforcement Administration, Boston Diversion Group; the Massachusetts Department of Public Health's Drug Control Program; any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; and the state licensing boards of all states in which he has any kind of license to practice medicine. The Licensee shall also provide this notification to any such designated entities with which he becomes associated in the year following the Board's issuance of this Order. The Licensee is further directed to certify to the Board within ten (10) days that he has complied with this directive.

Date: February 6, 2013

Candace Lapidus Sloane, MD
Candace Lapidus Sloane, M.D.
Chair

ATTACHMENT B

#1310

Date	Type of Meeting	Location	Topic	Attendee (phone # Below)
Mon 4/2/12	AA	Back Bay	Birthday	Melissa
Wed 4/4/12	Physician	Bournewood	RT	Melissa
Friday 4/6/12	AA	All Saints	Big Book	Lisa
Mon 4/9/12	AA	Back Bay	Forgiveness	Melissa
Wed 4/11/12	Physician	Bournewood	RT/Speaker	Melissa
Friday 4/13/12	AA	All Saints	BB study	Lisa
Monday 4/16/12	AA	Back Bay	Anger	Melissa
Wednesday 4/18/12	Physician	Bournewood	Speaker	Melissa
Friday 4/20/12	AA	All Saints	Step 1	Lisa
Monday 4/23/12	AA	Back Bay	Newcomer	Melissa
Wed. 4/25/12	Physician	Bournewood	RT	Melissa
Friday 4/27/12	AA	All Saints	Big Book	Lisa
Monday 4/30/12	AA	St Elizabeth	Family	None
Wed 5/2/12	Physician Group	Bournewood	groups	Melissa
Friday 5/4/12	AA	All Saints	Big Book	Lisa
Monday 5/7/12	AA	Back Bay	Dates	Melissa
Wed 5/9/12	Physician	Bournewood	thanks	Melissa
Friday 5/11/12	AA	All Saints	Roll call	Lisa
Mon 5/14/12	AA	Back Bay	RT	Melissa
Wed 5/16/12	Physician	Bournewood	New story	Melissa
Friday 5/18/12	AA	All Saints	symbols	Lisa
Mon 5/21/12	AA	Back Bay	guest spkr	Melissa
Wed 5/23/12	Physician	Bournewood	Roundtable	Melissa
Friday 5/25/12	AA	All Saints	Group disc	Lisa
Mon 5/28/12	AA	Back Bay	Roundtable	Melissa
WED 5/30/12	Physician	Bournewood	Open	Melissa
6/1-6/12	Vacation			
Wed 6/13/12	Physician	Bournewood	RT	Melissa
Fri 6/15/12	AA	All Saints	holidays	Lisa
Mon 6/18/12	AA	Back Bay	Choices	Melissa
Wed 6/20/12	Physician	Bournewood	RT	Melissa
Friday 6/22/12	AA	All Saints	Group disc	Lisa
Mon 6/25/12	AA	Back-bay	serenity	Melissa
Wed 6/27/12	Physician	Bournewood	Open	Melissa
Friday 6/29/12	AA	All Saints	Independence	Lisa

Phone #'s

Lisa

Mel

#1310

Date

Type of Meeting

Location

Topic

Attendee (phone # Below)

Date	Type of Meeting	Location	Topic	Attendee (phone # Below)
7/1-7/17	Out of town. Time off from random call schedule			
Wed 7/18/2012	AA	Back Bay Arlington		Mel
Friday 7/20/12	AA	All Saints	Big Book	Liz
Mon. 7/23/12	HCP	Residence	stress	Mel
Wed 7/25/12	AA	Back Bay	Speaker	Ally
Friday 7/27/12	AA	All Saints	Big Book	Liz
Wed 8/1/12	HCP	roundtable		Mel
Monday 8/6/12/	AA	Back Bay	Speaker	Ally
Wednesday 8/8/12	AA	Back bay	Sins	Liz
Friday 8/10/12	AA	All saints	Humility	Liz
Mon 8/13/12	AA	Back Bay	Speaker	Ally
Wed 8/15/12	MMS	Physicians Group		
Friday 8/17/12	AA	St Elizabeths	Roundtable	
Mon 8/20/12	HCP	Residence	Workload	Mel
Friday 8/24/12	AA	All Saints	Big Book	Liz
Monday 8/27	HCP	Residence	justice	Mel
Friday 8/31/12	AA	All Saints	Big book	Liz
Monday 9/3/12	AA	Back Bay	Trust	Lisa
Wednesday 9/5/12	Medical Prof	S. Brookline		Moynihan
Friday 9/7/12	AA	All Saints	BB	Mel
Monday 9/10/12	AA	Back Bay	Speaker	Melissa
Wed 9/12/12	Med Prof	S Brookline		Moynihan
Friday 9/14/12	AA	All Saints		Liz
Monday 9/17/12	AA	Back Bay	Steps	Mel
Wednesday 9/19	Med Prof	S Brookline		Moynihan
Friday 9/21	AA	All Saints		Mel
Wed 9/26	Med Prof	S Brookline		Moynihan
Th 9/27	Physicians	Residence		Peteet
10/1/12	AA	Back Bay	Speaker	Melissa
10/3/2	Physician	Bournewood		Mel
10/5/12	AA	All Saints		Mel
Monday 10/8	HCP	Residence		Mel
Wed 10/10/12	Physician	Roundtable		Walter
Friday 10/12/12	All Saints			
Monday 10/15	AA	Back Bay	Birthdays	Mel

Phone
 Lisa
 Ally
 Melissa
 Walter
 Liz (w.

RECEIVED

JUL 23 2015

MAURA S. DOYLE CLERK
SUFFOLK COUNTY JUDICIAL COURT
FOR SUFFOLK COUNTY

PHS claimed "noncompliance" with meetings. They initially could not identify which ones, then put together a rambling letter stating I did not go to Dr. Moynihan's meetings until September. Below is my report to PHS which shows the meetings I went to and they correspond exactly to the meetings I said I went to. This part was essentially a sham to try to put together something for the BORM to show I was noncompliant. Unfortunately, the BORM apparently did not cross check the dates on this.

#1310

Date Type of Meeting Location Topic Attendee (phone # Below)

Date	Type of Meeting	Location	Topic	Attendee (phone # Below)
7/1-7/17	Out of town.	Time off from random call schedule		
Wed 7/18/2012	AA	Back Bay	Arlington	Mel
Friday 7/20/12	AA	All Saints	Big Book	Liz
Mon. 7/23/12	HCP	Residence	stress	Mel
Wed 7/25/12	AA	Back Bay	Speaker	Ally
Friday 7/27/12	AA	All Saints	Big Book	Liz
Wed 8/1/12	HCP	roundtable		Mel
Monday 8/6/12/	AA	Back Bay	Speaker	Ally
Wednesday 8/8/12	AA	Back bay	Sins	Liz
Friday 8/10/12	AA	All saints	Humility	Liz
Mon 8/13/12	AA	Back Bay	Speaker	Ally
Wed 8/15/12	MMS	Physicians Group		
Friday 8/17/12	AA	St Elizabeths	Roundtable	
Mon 8/20/12	HCP	Residence	Workload	Mel
Friday 8/24/12	AA	All Saints	Big Book	Liz
Monday 8/27	HCP	Residence	justice	Mel
Friday 8/31/12	AA	All Saints	Big book	Liz
Monday 9/3/12	AA	Back Bay	Trust	Lisa
Wednesday 9/5/12	Medical Prof	S. Brookline		Moynihan
Friday 9/7/12	AA	All Saints	BB	Mel
Monday 9/10/12	AA	Back Bay	Speaker	Melissa
Wed 9/12/12	Med Prof	S Brookline		Moynihan
Friday 9/14/12	AA	All Saints		Liz
Monday 9/17/12	AA	Back Bay	Steps	Mel
Wednesday 9/19	Med Prof	S Brookline		Moynihan
Friday 9/21	AA	All Saints		Mel
Wed 9/26	Med Prof	S Brookline		Moynihan
Th 9/27	Physicians	Residence		Peteet
10/1/12	AA	Back Bay	Speaker	Melissa
10/3/2	Physician	Bournewood		Mel
10/5/12	AA	All Saints		Mel
Monday 10/8	HCP	Residence		Mel
Wed 10/10/12	Physician	Roundtable		Mel
Friday 10/12/12	All Saints			Walter
Monday 10/15	AA	Back Bay	Birthdays	Mel

Phone #'s

Lisa [REDACTED]

Ally [REDACTED]

Melissa [REDACTED]

Walter 10/14/12

Liz (will call you)

ATTACHMENT C

JAN-16-2013 WED 11:42 AM

DOCTOR OF MEDICINE

FAX NO.

DATE TO 2013 02/03/13 10:00:00

P. 15

p.2

Dr. Chinman,

Please pardon my delay in getting this too you, as I have been quite ill the last couple of weeks. In any event the following dates represent the SARP meetings that Dr. Michael Langan M.D. was in attendance.

September (5,12,19,26), 2012 October 17, 2012

Sincerely


A.J. Moynihan Ph.D.

Michael Langan <millangan1@me.com>

Dr. Michael Langan, M.D. is a board member of the

Re: Mtg with GC?

I told him that I was not going to that meeting until September

On Oct 23, 2012, at 08:16 AM, "W. Scott Liebert" <wsllaw@mac.com> wrote:

Michael,

Specifically, what did you say to GC about your attendance at the peer group meetings, and directly that you in fact had not attended the meetings run by Dr. M. until this past Sept? If I'm saying to PHS, as the substance of that information will get reported to the board, and there with the board I need to know what you are saying to PHS

Scott

ATTACHMENT D



JACOB HAFTER, Esq.

jhafter@hafterlaw.com

Admitted to Practice Law in Nevada, Pennsylvania,
New Jersey, and before the U.S. Patent & Trademark Office

January 10, 2013

VIA ELECTRONIC MAIL ONLY

Robert Harvey, Esq.
Physician Health & Compliance
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Re: **MICHAEL LANGAN, M.D.**

******* EMERGENCY PETITION TO ALLOW
DR. LANGAN TO RETURN TO PRACTICE *******

Dear Mr. Harvey:

As you are aware, I have been asked to serve as Dr. Langan's legal representative before the Board of Registration in Medicine ("Board") related to his ongoing monitorship for substance abuse concerns.¹ Yesterday, at the Board's meeting, the Board refused to hear Dr. Langan's petition for a new monitorship through Massachusetts General Hospital which I provided to you on December 28, 2012, despite your assurances to me that the Board would be presented with such petition.

Rather, the Board focused on its penal efforts to punish Dr. Langan for an allegation made by Physician Health Services ("PHS") that Dr. Langan failed to attend the meetings of which he was required to attend under his agreement and subsequent LOA with them. Yesterday, the Board admitted that there was absolutely no evidence in their possession beyond the vague single sentence contained within one PHS report. In fact, it was conceded that the Board did not have any evidence as to which meetings Dr. Langan failed to attend, or during what time period.

¹ While I am licensed to practice law in several jurisdictions; Massachusetts is not one of them. To that end, I am not seeking to act as an attorney in the representation of Dr. Langan, just as his legal representative. It is my understanding that the laws of Massachusetts allow for such.

On the other hand, Dr. Langan presented his own sworn testimony that he had attended all required meetings. Moreover, he presented letters from various people indicated that he attended and that he has shown no evidence of relapse. He also noted that he had submitted attendance records to PHS – records which were never reported to this Board. He offered to provide those to the Board.

Rather than looking at the forest through the trees, the Board could not see past the single unsubstantiated sentence in the PHS report, which claimed, again, without any fact or support, that Dr. Langan had not attended the meetings he was required to attend. The PHS report was silent as to which meetings or when his failure to attend occurred.²

Under the guise of “fairness” to Dr. Langan, however, the Board has allowed him to present additional evidence to support his assertions that he attended the meetings.³ By 2:45 pm, I had emailed you copies of the reports which Dr. Langan turned into PHS. The Board, however, did not look at those reports and tabled this issue for a later undetermined time.

As such, the Board refused to consider any other issues involving Dr. Langan at yesterday’s meeting. They would not consider the fact that he revoked his voluntary willingness to refrain from practicing medicine on December 28, 2012. They would not consider his petition for new monitoring. Rather, it was told that his “voluntary” agreement to refrain from practice was in effect until further action of the Board – no date was fixed.

Dr. Langan entered into the “voluntary” agreement not to practice at the last Board meeting in good faith as an attempt to gain good will with the Board.⁴ As I stated in my letter of December 18, 2012, we recognized that there were several issues which may lead the Board to have

² It was conceded by the Board that, as PHS had been filing compliant reports for the preceding quarters, such non-compliance could have only occurred during the time period for which the October report was responsible for addressing.

³ As the Board acknowledged yesterday, Dr. Langan has had no notice of the specific allegations made by PHS (i.e., what meetings were missed, over what time, etc.). As such, this offer of fairness is nothing more than a rouse which is nothing more than a blatant violation of Dr. Langan’s constitutional due process rights. As Dr. Langan’s medical license is a constitutionally protected property interest, Lawrence v. Briry, 239 Mass. 424, 132 N.E. 174 (Mass. 1921), he must be afforded certain due process rights. At minimum, due process requires notice and an opportunity to be heard. Rockdale Mgm. Co. v. Shawmut Bank, N.A., 418 Mass. 596, 600, 638 N.E.2d 29 (1994); Vitale v. Planning Board of Newburyport, 10 Mass.App.Ct. 483, 487, 409 N.E.2d 237 (1980). Adequate notice is that which is reasonably calculated to inform the parties of proceedings which may directly and adversely affect their legally protected interests. LaPointe v. License Board of Worcester, 389 Mass. 454, 458, 451 N.E.2d 112 (1983). The right to be heard entails an opportunity to address the critical and determinative allegations which are at the core of a party’s claim or defense and to present evidence on the contested facts. See Highland Tap v. Commissioner of Consumer Affairs, 33 Mass.App.Ct. 559, 571, 602 N.E.2d 1095 (1992).

⁴ The fact of the matter is that the “voluntary” agreement was anything but voluntary. He was told that he either sign it or be suspended.

concerns about his safety, so, until such were addressed, he agreed not to practice. Both he and I expressed that, under no circumstances would his participation in this "voluntary" agreement extend past January 9, 2013.

Regardless, the Board has unilaterally refused to allow Dr. Langan to withdraw his consent to the "voluntary" refrain of the practice of medicine. The Board is now preventing Dr. Langan from practicing medicine indefinitely, as there is no definitive date when the Board will allow him, or even consider allowing him to practice again. This will cause Dr. Langan severe economic hardship (as well as his family) and will cause him further reputational harm. At this point, we view such actions on the part of the Board as a suspension. The problem, however, is that the Board cannot meet its burden to demonstrate that Dr. Langan is a danger to the public to justify its suspension. Dr. Langan has not relapsed, however, your actions are creating a stigma that Dr. Langan has.⁵

In the alternative, the impedance with Dr. Langan's ability to practice can be deemed a sanction because of the Board's adjudication of the allegations that he violated the terms of his agreement by not attending the meetings, as required. If this is the case, however, the sanction is arbitrary and capricious and has been implemented without sufficient evidence to make a finding. One sentence in one report is not sufficient evidence upon which the Board can prevent a physician from exercising his constitutional property rights. Further, a prolonged suspension to practice is a bit severe considering the allegation that Dr. Langan failed to attend one meeting.

Rather than taking this to Court, we are, again, in an effort to try to move forward, are asking to resolve this amicably with the Board. Accordingly, we are filing this emergency petition to request that Dr. Langan be allowed to return to practice. We have provided lab results which show that Dr. Langan has not used any prohibited substances. We have provided letters from highly acclaimed physicians who are board certified in addiction medicine,⁶ who have opined that Dr. Langan is safe to practice medicine and has not demonstrated any signs or symptoms of relapse. Moreover, we provided, in an expedited manner, the logs which Dr. Langan gave to PHS recording the meetings at which he attended. We have also provided a comprehensive monitoring

⁵ In Massachusetts, under federal law, one may have a "stigma plus" due process claim based on reputational harm if he can prove "(1) the government made a statement about him or her that is sufficiently derogatory to injure his or her reputation, that is capable of being proved false, and that he or she asserts is false, and (2) the plaintiff experienced some governmentally imposed burden that 'significantly altered [his or] her status as a matter of law.'" PaganiGallego v. Sabol, 2008 WL 886032, at *3 (D.Mass. Mar.27, 2008) (*quoting Gwinn v. Awmiller*, 354 F.3d 1211, 1224 (10th Cir.2004)). In this case, the fact that the Board's actions infer the Dr. Langan is a danger to the public by claiming that there was a violation of his agreement with PHS is and can be demonstrated to be a defamatory comment. The refusal to allow Dr. Langan to revoke his "voluntary" agreement to refrain from practicing medicine is an undue burden which would satisfy the "plus" component of the test.

⁶ It is very concerning that few, if any, of the people associated with Dr. Langan's care at PHS are board certified in addiction medicine, and yet, they are acting as experts in the field of addiction medicine, upon whom this Board relies in making their decisions regarding the professions of various physicians.

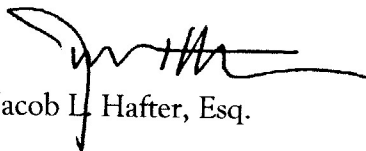
program from one of the world's most respected medical facilities to address how the Board can be assured in the future that Dr. Langan is safe to practice medicine for the people of Massachusetts.

Accordingly, we respectfully request that the Board meet in a timely manner to consider this petition in short order. Dr. Langan has worked diligently over the past five years to overcome his problem. He has overcome great adversity, including proven falsified lab reports by PHS and their affiliates, and remains sober to this day. To punish him and his family by taking away his property right - his license to practice medicine - without the proper due process rights, is unconstitutional and punitive. It would be unfortunate if the Board's refusal to true be fair to Dr. Langan would be the straw that broke the camel's back for Dr. Langan.

A prompt response as to whether the Board will consider this Emergency Petition is appreciated. If the Board is not willing to consider this matter within the next week, we will be forced to seek alternative action to protect Dr. Langan's license.

Thank you for your anticipated cooperation in this matter.

Very truly yours,



Jacob L. Hafter, Esq.

cc: Michael Langan, M.D.

Alternative Monitoring Program

Michael Langan [mllangan1@me.com]

sent: Wednesday, December 26, 2012 3:22 PM

to: Jacob Hafter [jhafter@hafterlaw.com]; Wilens, Timothy, M.D.; John Knight [john.knight@childrens.harvard.edu]; Wilking, Spencer, M.D.; J. Wesley Boyd [JWBoyd@challiance.org]

Cc: Minaker, Kenneth Lloyd, M.D.; Bierer, Michael, M.D., MGH IMA Medicine Primary Care; Wilking, Spencer, M.D.; Langan, Michael L, M.D.

Attachments: Proposal for substance ab~1.docx (125 KB)

Jacob,

Attached is a draft of a proposal for an alternative monitoring program that is more comprehensive, evidence-based, and includes extended types of monitoring with weekly random urines as well as the opportunity for any of my monitors, etc. to request an immediate screen should they see fit. In addition a breathalyzer can be requested at the West End Clinic and I will have quarterly blood tests that include the traditional biomarkers for alcohol abuse. It also includes practice related parameters (chart completion, answering pages, etc) as well as utilizing the nurse practitioners I see every day to report back to Dr. Minaker or Dr. O'Malley. Matt Greene, who currently does my monthly observed test, will continue to do so (I trust him completely and none of the observed urine specs collected by him were ever positive except one which was a low low level).

Although the requirements include more tests and are more comprehensive my current primary concern, dishonesty and manipulation of data, would not be an issue.

At the BORM Mr. Harvey relayed to me that he had not really looked at the litigation packet, Dr. Flood's letter, or Dr's Knight and Boyd's paper. He said he would find it hard to believe that an organization such as PHS would engage in any fraudulent behavior. Moreover, he said that even if the Board Members looked at the information they more likely than not would not have any idea what any of it means. I asked him how any sort of improper practices would be picked up since they are unmonitored and unregulated. I also mentioned that I had heard that PHS members are immune from the BORM but he said that that is not the case. A member of PHS apparently is immune from legal or BORM sanction if they are acting in good faith and that is not the case here. He asked me if there is an MRO manual or guidelines and that if the MROs did actually violate them they could be reported to the BORM. Since the PHS not only neglected to abide by the MRO Code of Ethics and guidelines but purposely went against them in an intentional act to show an invalid test as positive I think that this would suffice. The MROs would not be able to counter Dr. Flood's arguments which have recently been validated by the lab (through threat of sanction by CAP).

I would think the fact that an organization that they are using for consultation is engaging in the fabrication of toxicology tests would warrant an emergency meeting of the BORM as it is a clear and immediate danger to the public.

Mr. Harvey made it sound as if the VANP was a routine non-disciplinary action that could be reversed if needed just as easily as it was put in place. I had to either sign it or present to the BORM at that time and risk a disciplinary suspension. I had to sign it. Even though it is obvious that to everyone else that PHS is out of control the BORM apparently has no clue.

Michael

Michael Langan
mllangan1@me.com

**Proposal for substance abuse monitoring program at
Massachusetts General Hospital for Michael Langan, MD**

Dr. Timothy Wilens, MD (Psychiatrist) 617-726-1731

MGHJ Director –Center for Addiction Medicine

(Board Certification: Psychiatry, American Board of Psychiatry and Neurology; Addiction Psychiatry, American Board of Psychiatry and Neurology; Child & Adolescent Psychiatry, American Board of Psychiatry and Neurology)

-Monthly visits

Dr. Michael F. Bierer, MD, MPH (Internist) 617-726-8055

MGH General Primary care, Diplomate American Board of Addiction Medicine.

--Primary Care Physician

--Physical exam every 6 months with targeted exam looking for substance use abuse

Toxicology Monitoring Program

To be overseen by Dr. Bierer and Dr. Wilens (both certified in Addiction Medicine)

--Random weekly urine toxicology screens + can request additional urine or blood toxicology screens at any time

--Random monthly observed urine toxicology screen (to be done by **Matt Greene** (Sameem Associates Outpatient Addiction Treatment) 617-630-0381

- Random monthly Breathalyzer tests at West End Clinic (MGH outpatient drug and alcohol treatment center) + additional tests if requested by any of my monitors/physicians/Chief

---Quarterly blood tests to include AST/ALT, GGT, MCV, and CDT (medium and short-term biomarkers targeted at alcohol use.

---All toxicology tests to conform to current standard of care which necessitates strict chain-of-custody processing and handling, use of

evidence based cutoff levels, and careful analysis by a Medical Review Officer (MRO). Any positive test will result in immediate cessation of clinical work and assessment by Dr.'s Bierer and Wilens and immediate referral for assessment at appropriate treatment facility within 7 days.

Work Monitors

Dr Kenneth Minaker, MD, Chief of Geriatric Medicine, MGH 617-726-4600

--Weekly face-to -face meetings

--To monitor several work/clinical related performance issues including (answering pages in a timely manner, punctuality, meeting attendance, and chart completion) Any failure to meet these goals will result in toxicology screen.

--Will ask NP I work with, **Christine Lauria**, (617-549-5863) to give periodic updates on my performance as well as report any concerns immediately and directly to him.

--**Dr. Terrence O' Malley,, MD**. Director of long term care. Work performance related issues to be monitored include patient/staff/family interactions. Will request that the Nurse Practitioners I work with **Diane Bucknill**, NP (339-927-5493) and **Jill Lacocco** 781-475-3954 give him updates on my work performance and interactions with others as well as report any concerns directly and immediately to him.

---Dr. Spencer Wilking, MD Monitor. Primary monitor who I will have both frequent telephone contact and face to face meetings with.

---Dr. Wilking will oversee 12 step support groups

----Progress reports to the BORM to conform to PHS current practice.

ATTACHMENT E



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD
MEDICAL SCHOOL

Massachusetts General Hospital
Department of Pathology
55 Fruit Street, Bigelow 510
Boston, Massachusetts 02114-2696
Phone: 617-726-3635
Fax: 617-726-9206

11/05/2012

Jacob Hafter, Esq.,
7201 W. Lake Mead Blvd, Suite 210
Las Vegas, NV 89128

Subject: Blood Collection/Testing Performed on Michael L. Langan, MD on July 1, 2011

Dear Sir:

I write you to provide my professional opinion regarding the quality and validity of testing performed on Michael Langan's (MLL) blood drawn on July 1, 2011 by a Quest Diagnostics specimen collector, at the request of Mary Howard of Physician Health Services, Inc (PHS).

As background, I have directed the MGH Chemistry and Toxicology Laboratories for nearly thirty years, and have both a clinical and academic interest in drug and drug-of-abuse testing. I have implemented many serum, urine, and oral fluid drug-of-abuse testing programs at MGH, including ones that dealt with "chain-of-custody" and Medical Review Officer issues. Much of my clinical work involves drug-of-abuse test interpretation for MGH clinicians.

I reviewed the documents MLL provided me relating to the July 1, 2011 testing. I was astonished at the large number of errors (including so-called "fatal" ones) and out-of-SOP events that occurred during the blood collection, processing, and transportation between 7/1 and when the specimen was finally received (seven!) days later by USDTLabs (where testing was actually done several days later). This is a very unusual delay; how the specimen was stored by the clinical (not forensic/"chain-of-custody") lab at Quest is not documented. This represents a serious, if not fatal flaw in the testing of MLL's blood. As a comparison, recall a recent very public case involving Major League Baseball vs. a league MVP. A positive urine performance-enhancing drug test was invalidated because there was only a 2-3 day explainable delay (because of a weekend transportation issue) in sending a sample to the testing lab. I think the seven day delay here is indefensible and will result in the overturning of any decisions based on MLL's very-flawed 7/1/2011 testing.

The many other errors in sample collection, processing, and transportation to USDTLabs include:

 PARTNERS

HealthCare System Member

1. PHS directed Quest to use a chain-of-custody form (CCF) twice in PHS's order that initiated the 7/1/11 testing. The Quest specimen collector did not use the required form.
2. The collector then incorrectly used the PHS-to-Quest test order form, instead of a CCF. This resulted in fatal/significant errors noted in 3 below.
3. The documentation received by USDTLabs with the specimen on 7/8/11 did not have a date and time of specimen collection, proper ID of the collector, signature of the sample donor, or a tamper-proof seal affixed to the specimen.
4. On 7/1-7/2 someone (the 7/1 specimen collector?) incorrectly directed the sample to the clinical (not forensic/"chain-of-custody") QUEST lab in Cambridge, despite the clear instructions on the PHS order form. There the specimen sat for several days without documentation of its storage conditions.

By their own policy, upon receipt USDTLabs should have rejected the specimen because of the several fatal flaws involving chain-of-custody. They did not. Additionally, the Medical Review Officers (MROs) at both PHS and USDTL evidently ignored the fatal flaws and allowed the positive Phosphatidylethanolamine (PEth) result to be reported without any comment. As a standard of care, an MRO needs to investigate positive results to try and determine if there is an explanation(s) for them. The PHS MRO had an opportunity to clarify the 7/1/11 results when reviewing them. PEth is detectable for up to four weeks after exposure to ethanol, given its 4 day half-life. A repeat test drawn in the 7/15-7/20/2011 period, if negative for PEth, would have clarified the 7/1/11 result as a false-positive. Evidently the PHS MRO did nothing to clarify the situation, as PHS did not request a blood PEth test again on MLL until August, when it was too late to clarify the 7/1/11 test.

The actions PHS did take in July 2011 included requesting that Dr Langan's ID number be added to the already positive sample (19 days after specimen collection). They also requested that the lab report be updated to reflect that chain of custody was maintained. This second request is highly irregular. "Chain-of-Custody" never existed for MLL's 7/1/11 sample, and updating a report to say it did exist, many days after the fact, is wrong. Why PHS requested that chain of custody be added when there is not one is suspicious.

In conclusion, it appears from these documents that there is a purposeful and intentional act by PHS to show MLL's 7/1/11 test as valid when in reality this test was invalid, and

involved both fatal laboratory errors and lack of adequate MRO review of results. Anything based on MLL's 7/1/11 test as a confirmatory positive should be reversed, rectified, and remediated.

James G. Flood PhD

Dr. James G. Flood, PhD
Director, Chemistry Laboratory
Massachusetts General Hospital

Assistant Professor of Pathology
Harvard Medical School

ATTACHMENT F

COMMONWEALTH OF MASSACHUSETTS
SUPREME JUDICIAL COURT

SUFFOLK, ss.
MICHAEL LANGAN

SJ-2015-0267

Petitioner ,

v.

BOARD OF REGISTRATON IN MEDICINE ,
Defendant.

MOTION FOR COURT TO ORDER IMMEDIATE PRODUCTION OF DOCUMENTS
“RETRIEVED FROM OFF-SITE STORAGE”

In order to expedite a resolution of this case Petitioner respectfully requests this Court order defendant Board of Registration in Medicine immediately produce documents claimed to have been retrieved from “off-site storage.” Petitioner has confirmed that the Board has not used off-site storage since 2004, and that recent representations about retrieving the documents are either mistaken or false. Opposing counsel is either mistaken or being lied to by his client.

Petitioner also attaches Board of Registration in Medicine Policy # 94-002 creating Physician Health and Compliance Unit (PHCU) Board counsel as independent unit of the Board and providing them with the power to act as both hearing officers on *and* present those same cases to the Board *and make* recommendations on disposition. This flawed policy essentially gives PHCU Board counsel the ability to act as judge, jury and executioner in cases involving the state physician health program. Petitioner has been working with State Auditor Suzanne Bump’s office on this matter and assistant state Auditor William Keefe (no relation) has recently confirmed that an audit of this program is forthcoming.

Petitioner has provided precise and specific information to the Board involving fabrication, falsification and suppression of evidence and none of it has been directly addressed to this day. The falsified tests have been clearly refuted yet opposing counsel will not address any of the specific and precise evidence presented. His only response has been to affirm the Board’s authority and reiterate it has been previously considered and had nothing to do with Petitioner’s suspension. The issues have never been directly considered over the past five-years. This is a matter that should not be defended but corrected: the Board’s recent attempts to ignore the matter and punish Dr. Langan confirms a sustained and reckless disregard for truth.

Finally, Petitioner attaches documentation of his compliance at the meetings. As with the fabricated and misrepresented tests the truth and validity of the matter is self-evident

Petitioner is in urgent need of immediate relief and respectfully requests this matter be expedited without further delay. To that end, an immediate production of the documents claimed

retrieved from off-site storage should provide additional insight to this Court that the lack of candor claimed by opposing counsel has nothing to do with Dr. Langan but everything to do with the Board's efforts to deceive the Supreme Judicial Court.

Respectfully submitted,

Michael Langan,

By his lawyer,

Dated: 5/27/16

William Keefe

Massachusetts BBO: 556817

801 C Tremont Street

Boston, MA 02118

Telephone: (617) 445-8201

Facsimile: (617) 445-8002

JAN-16-2013 WED 11:42 AM

UNIVERSITY OF MICHIGAN

FAX NO.

JAN 16 2013 01:00PM FAX 15

p.2

Dr. Chirman,

Please pardon my delay in getting this too you, as I have been quite ill the last couple of weeks. In any event the following dates represent the SARP meetings that Dr. Michael Langan M.D. was in attendance.

September (5,12,19,26), 2012 October 17, 2012

Sincerely


A.J. Moynihan Ph.D.

Michael Langan <mlangan1@me.com>

2012-01-16 11:42 AM FAX 15

Re: Mtg with GC?

I told him that I was not going to that meeting until September

On Oct 23, 2012, at 08:16 AM, "W. Scott Liebert" <wsllaw@mac.com> wrote

Michael,

Specifically, what did you say to GC about your attendance at the peer group meetings, and directly that you in fact had not attended the meetings run by Dr. M. until this past Sept.? It is saying to PHS, as the substance of that information will get reported to the board, and there with the board I need to know what you are saying to PHS

Scott

Dr. Chirman,

Please pardon my delay in getting this too you, as I have been quite ill the last couple of weeks. In any event the following dates represent the SARP meetings that Dr. Michael Langan M.D. was in attendance.

September (5,12,19,26), 2012 October 17, 2012

Sincerely


A.J. Moynihan Ph.D.

From: Jacob Hafter [<mailto:jhafter@hafterlaw.com>]

Sent: Tuesday, January 15, 2013 3:25 PM

To: Harvey, Robert (MED)

Cc: Michael Langan (mlangan1@me.com<<mailto:mlangan1@me.com>>)

Subject: RE: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE

In preparing for what we need to provide, can you advise if PHS has provided anything? We still do not have any idea about the basis for their allegations besides the one vague line in the letter to the Board. It is very hard to determine what more we need to prove without understanding the allegations or basis therefore being made.

Despite providing sworn testimony from Dr. Langan, letters and contact information from others at the meetings, letters from mentors and supervisors and the like, we still were not able to overcome the burden placed by that one line in the PHS report - understanding more of what is required would be beneficial (if not, proper, in light of Dr. Langan's constitutional due process rights).

Thank you

From: Harvey, Robert E (MED) [<mailto:robert.e.harvey@state.ma.us>]

Sent: Tuesday, January 15, 2013 12:05 PM

To: Jacob Hafter

Subject: RE: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE

Mr. Hafter,

I apologize for the delay in getting back to you, but after consulting with my supervisors I have been advised that the Board does not hear from individuals telephonically. If you have any questions or concern, you should speak to Debra Stoller, Senior Board Counsel, who is responsible for issues of Board procedure

and scheduling. She can be reached at 781-876-8254.

Robert E. Harvey, J.D.
Physician Health & Compliance Manager
Board of Registration in Medicine
200 Harvard Mill Square
Suite 330
Wakefield, MA 01880
(781) 876-8259
(781) 876-8380 (fax)

When writing or responding, please remember that the Secretary of State's Office has determined that e-mail is a public record.

From: Jacob Hafter [<mailto:jhafter@hafterlaw.com>]
Sent: Friday, January 11, 2013 2:24 PM
To: Harvey, Robert (MED)
Subject: RE: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE
Thank you for your consideration in this matter.

I have two questions:

- 1) Will we be provided any documentation from PHS before the Wednesday deadline?
- 2) Can I appear telephonically at the January 23, 2013 meeting?

From: Harvey, Robert E (MED) [<mailto:robert.e.harvey@state.ma.us>]
Sent: Friday, January 11, 2013 11:23 AM
To: Jacob Hafter
Subject: RE: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE
Importance: High

Mr. Hafter,

I anticipate that your request will be placed on the Board's January 23, 2013 agenda. If your client has any additional documents he wishes to submit, please submit them to me by Wednesday at 12:00 p.m.

Sincerely,

Robert E. Harvey, J.D.
Physician Health & Compliance Manager
Board of Registration in Medicine
200 Harvard Mill Square
Suite 330
Wakefield, MA 01880
(781) 876-8259
(781) 876-8380 (fax)

When writing or responding, please remember that the Secretary of State's Office
has determined that e-mail is a public record.

From: Jacob Hafter [<mailto:jhafter@hafterlaw.com>]
Sent: Thursday, January 10, 2013 11:59 AM
To: Harvey, Robert (MED)
Cc: Michael Langan (milangan1@me.com <<mailto:milangan1@me.com>>)
Subject: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE
Mr. Harvey,

An immediate response is appreciated.

Thank you.

Jacob L. Hafter, Esq.

[cid:519373220@15012013-1FFF]

7201 West Lake Mead Blvd, Suite 210
Las Vegas, Nevada 89128
702-405-6700 Telephone
702-685-4184 Facsimile
702-716-8004 mobile

milangan1@me.com <<mailto:milangan1@me.com>>

Visit us online at www.hafterlaw.com<<http://www.hafterlaw.com/>>

In preparing for what we need to provide, can you advise if PHS has provided anything? We still do not have any idea about the basis for their allegations besides the one vague line in the letter to the Board. It is very hard to determine what more we need to prove without understanding the allegations or basis therefore being made.

Despite providing sworn testimony from Dr. Langan, letters and contact information from others at the meetings, letters from mentors and supervisors and the like, we still were not able to overcome the burden placed by that one line in the PHS report - understanding more of what is required would be beneficial (if not, proper, in light of Dr. Langan's constitutional due process rights).

Thank you

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(781) 876-8380 (fax)

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From: Jacob Hafter [mailto:jhafter@state.ma.us]
Sent: FW: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE
Date: January 15, 2013 at 3:40 PM
To: Michael Langan (mlangan1@me.com)

From: Harvey, Robert E (MED) [mailto:robert.e.harvey@state.ma.us]
Sent: Tuesday, January 15, 2013 12:40 PM
To: Jacob Hafter
Subject: RE: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE

I have not received any further documentation from PHS as of this time, but have heard that something is forthcoming. As soon as I receive it, I will forward it to you.

As for any further submissions from you, the underlying issue remains Dr. Langan's attendance at the required peer group meetings. On that issue, we have the list he submitted to PHS, which you forwarded to me, as well as the letter from Melissa, which you submitted just prior to the last meeting, as well as his emails to NA and AA about documenting his attendance.

I don't specifically recall what other documentation that Dr. Langan alluded to during the Board meeting, other than a reference to emails to his former counsel. Any documentation in his possession that pertains to the issue of attendance would be relevant.

Robert E. Harvey, J.D.
Physician Health & Compliance Manager
Board of Registration in Medicine
200 Harvard Mill Square
Suite 330
Wakefield, MA 01880
(781) 876-8259
(781) 876-8380 (fax)

When writing or responding, please remember that the Secretary of State's Office has determined that e-mail is a public record.

From: Jacob Hafter [mailto:jhafter@hafterlaw.com]

Sent: Tuesday, January 15, 2013 3:25 PM

To: Harvey, Robert (MED)

Cc: Michael Langan (mllangan1@me.com<mailto:mllangan1@me.com>)

Subject: RE: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE

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Thank you

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To: Jacob Hafter

Subject: RE: EMERGENCY PETITION TO ALLOW DR. LANGAN TO PRACTICE

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Physician Health & Compliance Manager

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200 Harvard Mill Square

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Wakefield, MA 01880

(781) 876-8259

(781) 876-8380 (fax)

I'm afraid that I'm not in a position to provide the document that you have requested at this time. Again, I'm unable to get into the substance via e-mail. Unfortunately, I also need to run for the day due to a family issue. As always, feel free to contact me.

Best,

ER

Eric J. Riensche
Associate Counsel
Hazelden Foundation
15251 Pleasant Valley Road
P.O. Box 11
Building FO-2
Center City, MN 55012-0011
651.213.4920 (Direct)
612.669.2261 (Mobile)
651.213.4511 (Facsimile)
eriansche@hazelden.org



Treating Addiction. Transforming Lives.

I am finalizing my letter to Harvey. Will send it out soon.

From: Michael Langan [<mailto:mlangan1@me.com>] **Sent:** Thursday, January 10, 2013 8:47 AM **To:** Jacob Hafter **Subject:** Re: Oct to now

Yes I do. As you know the main issue is the Physician group. I have been ostracized from the usual physician groups in the Boston

area (mondays and wednesday nights) and have had to find closed groups to attend for health care professionals. There are only so many physician groups. PHS then tells me that they don't qualify as "physician groups." Most recently I tried to attend one of the closed physician groups that is actually approved by PHS as the person who runs the group, Diana Blood (781)259-0166 is affiliated with PHS.

I went to her house on Friday October `12, 2012 for a 1 hour interview in Lincoln, MA and she accepted me into the group. When I met with Linda Bresnehan later that month she told me that I absolutely could not go to that group. When I asked why not because it is a physicians group she replied that it was a "behavioral group" and I would not fit into it.

This is unfortunate as I thought it was a really good fit and so did Dr. Blood

Likewise I went to another group in Brookline run by Dr. John Peteet. Which is also listed on my roster in October. When I informed Linda Bresnehan that I would like to attend this group she said that that also would not fit the bill as it is a "prayer group."

So I have been running around trying to find groups that they will approve but since this is a game like wack-a-mole to them I am sure they think it is funny.

At the meeting with PHS in October. I told them I am doing my best and offered an alternative. I told them you tell me where to be each week and at what time and I will be there. I even said I would go to the groups I was ostracized from and try to remedy what happened. I gave them a simple option of telling me where to go and I would go there. They would not--they told me I had to find my own groups.

I am in conference until 12:15 regarding the Epiport manufacturing. The group funding wants to get it developed as soon as possible (and I have had to spend virtually all of my time dealing with this).--MLL

mllangan1@me.com

On Jan 10, 2013, at 10:56 AM, Jacob Hafter
<jhafter@hafterlaw.com> wrote:

Do you have a handwritten record or notes of the groups you have attended since Oct? Jacob L. Hafter, Esq.

Dear Michael,

My legal advisor says that PHS is on solid legal ground when they cite the Mass. Peer Review Statute. I would violate the confidentiality of the Peer REVIEWER (Sanchez, etc.) by disclosing my opinions before the BORIM or anyone else. Sorry. But I believe that the published article is better than my personal testimony. It has gone through a rigorous peer review, then a microscopic editorial review and multiple layers of legal review (my advisor, , the Journal's legal team, then the Publisher's legal team.)

You are free to share the legal document I sent to you as an attachment, which will put them on notice that PHS is precluding me

from testifying via their own high-priced law firm, while I don't have deep enough pockets to go out and hire my own. By the way, they did the same thing to Wes and me to try and suppress publication of our JAM article.

Just like with you, It's David vs. Goliath. However, don't forget how THAT story turned out!

Have you seen the chapter I wrote for "Soul of Medicine"? If not, see attached. Interspersed with the prose are vignettes from my own personal journey of faith. My PHS experience is on p. 104.

You remain in my thoughts and prayers. I am in a meeting tonight between 6 and 9, which often goes later. But if you could call me tomorrow I'd love to hear how your hearing went. You MUST eventually prevail, because truth is on your side. And you are one of the good guys. We don't finish last, but sometimes our wins take a long time. So hang in there!

Love & Blessings,
john

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From: Michael Langan [<mailto:mlangan1@me.com>] **Sent:** Monday, January 07, 2013 8:59 PM **To:** Jacob Hafter **Cc:** Knight, John **Subject:** Re: Wednesday

John - you wouldn't happen to be free to go to the BORM would you? Would give you a chance to give your opinions verbally (would that violate the gag order?) -Michael Sent from my iPhone
On Jan 7, 2013, at 8:52 PM, Jacob Hafter
<jhafter@hafterlaw.com> wrote:

I think you could have someone from MGH.

Jacob Hafter, Esq.

7201 West Lake Mead Blvd, Suite 210
Las Vegas, Nevada 89128
702-405-6700 Telephone
702-685-4184 Facsimile

Langan, Michael L.M.D.
To: Jacob Hafter
Cc: Michael Langan
documents

January 16, 2013 12:2

100 D

Dear Jacob,

Attached are documents that pertain to my struggle with documenting attendance at meetings from October 2011 (after being evaluated at Hazelden in September) until present time.

It should be noted that nowhere in the Hazelden discharge summary does it mention that as a recommendation. I have been trying to get Hazelden to answer the simple question "did you or did you not recommend names and telephone numbers at AA meetings?" and they cannot give me a simple answer despite multiple attempts at trying to get them to clarify this. I have sent them the "litigation packet," and the PEth amendment but they refuse to consider altering my discharge summary in any way despite the fact that I have a right to have it corrected as a patient and that I paid for the evaluation. Attached are letters and emails starting in October documenting that this has been a concern all along. Although the BORM did not hear about it I communicated with Mr. Liebert quite frequently about it. These are not all of the emails—I just thought I would pull a representative sample over the past year documenting my concerns. I have drawn a vertical line indicating the area that addresses attendance at meetings. Michael

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at compliance@partners.com. If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

AA Attendance.pdf.zip