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12
13 **BEFORE THE ARIZONA STATE BOARD OF MEDICAL EXAMINERS**

14 In the Matter of:

15 **MICHAEL MAHL, M.D.**

16 Holder of License No. 12868
17 For the Practice of Medicine
18 In the State of Arizona,

19 Respondent.

Investigation Case Nos. MD-99-0286 and
MD-99-0416.

**CONSENT AGREEMENT AND
ORDER FOR PRACTICE
RESTRICTION WITH PROBATION**

20 **CONSENT AGREEMENT**

21 **RECITALS**

22 To settle this case consistent with the public interest, statutory requirements and
23 responsibilities of the Arizona State Board of Medical Examiners ("Board"), and under
24 A.R.S. §§ 32-1401 *et seq.*, and 41-1092.07(F)(5), Michael Mahl, M.D., holder of License
25 Number 12868 to practice allopathic medicine in the State of Arizona ("Respondent"), and
26 the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order
("Consent Agreement") as the final disposition of this matter.

1. Respondent has read and understands this Consent Agreement as set forth
herein, and has had the opportunity to discuss this Consent Agreement with an attorney.

1 2. Respondent understands that he has a right to a public administrative hearing
2 concerning each allegation set forth in the above-captioned matter, at which administrative
3 hearing he could present evidence and cross-examine witnesses. By entering into this
4 Consent Agreement, Respondent freely and voluntarily relinquishes all rights to such an
5 administrative hearing, as well as all rights of rehearing, review, reconsideration, appeal,
6 and judicial review, concerning the matters set forth herein. Respondent affirmatively
7 agrees that this Consent Agreement shall be irrevocable.

8 3. If any part of the Consent Agreement is declared void or unenforceable by a
9 court of competent jurisdiction the remainder of the Consent Agreement shall remain in full
10 force and effect.

11 4. Respondent agrees that the Board may adopt this Consent Agreement, under
12 A.R.S. § 32-1451(F). Respondent understands that this Consent Agreement or any part of
13 the agreement may be considered in any future disciplinary action against him.

14 5. Respondent understands this Consent Agreement deals with Board
15 Investigation Case Nos. MD-99-0286 and MD-99-0416 involving allegations of
16 unprofessional conduct against Respondent. The investigation into these allegations against
17 Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

18 6. Respondent understands that this Consent Agreement does not constitute a
19 dismissal or resolution of other matters currently pending before the Board, if any, and does
20 not constitute any waiver, express or implied, of the Board's statutory authority or
21 jurisdiction regarding any other pending or future investigation, action or proceeding.
22 Respondent also understands that acceptance of this Consent Agreement does not preclude
23 any other agency, subdivision or officer of this state from instituting any other civil or
24 criminal proceedings with respect to the conduct that is the subject of this Consent
25 Agreement.

26

1 7. All admissions made by Respondent in this Consent Agreement are made
2 solely for the final disposition of Board Investigation Case Nos. MD-99-0286 and MD-99-
3 0416, and any related administrative proceedings involving the Board and Respondent.
4 Therefore, any admissions made by Respondent in this Consent Agreement are not intended
5 or made for any other use, such as in the context of another regulatory agency proceeding,
6 civil or criminal proceeding, whether in the State of Arizona or in any other state or federal
7 court.

8 8. Respondent acknowledges and agrees that, upon signing this Consent
9 Agreement and returning this document to the Board's Executive Director, Respondent may
10 not revoke his acceptance of the Consent Agreement or make any modifications to the
11 document, regardless of whether the Consent Agreement has been issued by the Executive
12 Director. Any modification to this original document is ineffective and void unless mutually
13 approved by the parties in writing.

14 9. Respondent understands that this Consent Agreement shall not become
15 effective unless and until adopted by the Board and signed by its Executive Director.

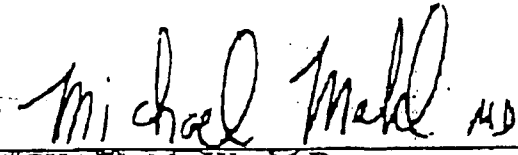
16 10. Respondent understands and agrees that if the Board does not adopt this
17 Consent Agreement, he will not assert as a defense that the Board's consideration of this
18 Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

19 11. Respondent understands that this Consent Agreement is a public record that
20 may be publicly disseminated as a formal action of the Board, and shall be reported as
21 required by law to the National Practitioner Data Bank and the Healthcare Integrity and
22 Protection Data Bank.

23 12. Respondent understands that any violation of this Consent Agreement
24 constitutes unprofessional conduct under A.R.S. § 32-1401(25)(r)([v]iolating a formal order,
25 probation, consent agreement or stipulation issued or entered into by the board or its
26 executive director under the provisions of this chapter) and shall result in disciplinary action

1 under A.R.S. § 32-1451 *et seq.*

2
3 DATED: 07-11-02


MICHAEL MAIL, M.D.

4
5 Reviewed and Approved as to Form:

6
7 By: 
8 CHARLES E. BURT, ESQ.
Attorney for Respondent

9
10 **FINDINGS OF FACT**

11 By stipulation of the parties, this Consent Agreement is entered into for final
12 disposition of the matters described herein. Respondent acknowledges that sufficient
13 evidence exists for the Board to make the following Findings of Fact:

14 1. The Board is the duly constituted authority for the regulation and control of
15 the practice of allopathic medicine in the State of Arizona.

16 2. Respondent is the holder of License No. 12868 for the practice of allopathic
17 medicine in the State of Arizona.

18 3. Respondent practiced child psychiatry with a specialty in chemical
19 dependency.

20 4. In 1992, Respondent opened a group home in the Tucson area to treat children
21 with serious psychiatric disorders. A few years later, Respondent opened another group
22 home and an outpatient treatment center near the first group home. Respondent's primary
23 source of patients came from governmental agencies that dealt with juveniles.

24 5. In late 1997, Respondent closed the group homes and outpatient center to enter
25 rehabilitation for chemical dependency, and his treatment contracts were terminated with the
26 governmental agencies.

1 6. In March 1997, the Board received information from the juvenile court in
2 Tucson that three juvenile delinquent patients alleged that Respondent made inappropriate
3 statements to them and one said Respondent inappropriately touched him, during a visit to
4 his outpatient office that was not supervised by the juveniles' probation officer.

5 7. In November 1997, the Board received information from El Dorado Hospital
6 in Tucson that Respondent had submitted to a urine screen while at its emergency room and
7 the screen tested positive for cocaine.

8 8. The Board opened investigations into the two matters and conducted
9 interviews with Respondent, patients, former staff of the group homes, juvenile authorities,
10 and law enforcement agents.

11 9. The Board's investigation disclosed that several patients at the group homes
12 accused Respondent of sexually molesting them and making inappropriate statements to
13 them. Respondent denied that he sexually molested any of his patients; however, he
14 admitted that he became addicted to cocaine and amphetamines, while operating the group
15 homes.

16 10. The Board's investigation disclosed that the allegations of sexual molestation
17 were investigated by the Tucson Police Department for over a year. The police investigation
18 found insufficient evidence to support the patients' allegations of sexual molestation.
19 Further, the police department's information was forwarded to the Pima County Attorney's
20 Office for its review. After reviewing the information, the Pima County Attorney's Office
21 found there was insufficient evidence to act on the allegations.

22 11. The Board's investigation confirmed that Respondent made inappropriate
23 statements to his patients. Respondent at times revealed inappropriate information about
24 himself to his patients, and participated in therapeutic martial art activities with his patients
25 who perceived these actions as sexually provocative, due to their age and psychiatric
26 disorders.

1 12. On May 15, 1998, Respondent had an informal interview before the Board.
2 At that interview, Respondent admitted he had participated from time-to-time in the
3 therapeutic martial arts program at the group homes, that he had admitted his sexual
4 orientation to some patients, and these actions reflected poor therapeutic judgment.
5 Respondent also admitted to being addicted to amphetamines and cocaine, for a period of
6 nine months prior to voluntarily entering rehabilitation for chemical dependency and that he
7 was sexually compulsive only in his personal life during this nine month period of his
8 substance abuse.

9 13. At the interview, the Board expressed concern that Respondent had not
10 successfully completed an in-patient treatment program for his chemical dependency and
11 sexual compulsivity. The Board stated that Respondent needed to successfully complete an
12 in-patient treatment program to be able to enter the Monitored Aftercare Program. This
13 Program is the Board's substance abuse treatment and rehabilitation program for physicians
14 and physician assistants.

15 14. At the interview, the Board offered a Stipulation and Order to Respondent.
16 Respondent entered into the Stipulation and Order. The Order and Stipulation required
17 Respondent to cease the practice of medicine until the Board gave its approval that he can
18 return to the practice medicine; successfully complete in-patient treatment for his chemical
19 dependency and sexual compulsivity; and release his medical records to the Board from all
20 the facilities where he received treatment. Respondent has complied with the Stipulation and
21 Order.

22 15. In September 1998, Respondent received in-patient treatment for his
23 addictions from Dr. Richard Irons, M.D., at the Menninger Clinic in Kansas. Respondent
24 successfully completed the 30-day treatment program. After completing the in-patient
25 treatment, Respondent retained the services of a psychologist, a psychiatrist, and an internist
26 who specialized in addictions, to continue his out-patient therapy.

1. 16. On August 14, 1999, Board agents did an investigational interview with
2 Respondent. After interviewing Respondent, Board agents recommended to the Board
3 further evaluation of Respondent.

4 17. On August 27, 1999, the Board issued an Interim Order to Respondent. The
5 Order required Respondent to do the following: submit to psychometric and psychosexual
6 evaluations by health practitioners approved by the Board; submit to random biological fluid
7 testing at Respondent's expense; provide the Board a 24-hour telephone contact number;
8 and provide the Board advance notice whenever Respondent left his home or office for more
9 than 24 hours. Respondent has fully complied with the Interim Order.

10 18. On December 12 & 18, 1999, Judith Becker, Ph.D., completed psychometric
11 and psychosexual evaluations of Respondent. Around this time period, Steven R. Gray,
12 Ed.D., also completed psychosexual evaluations of Respondent.

13 19. In March 2000, Dr. Becker, incorporating Dr. Gray's findings, sent a final
14 report to the Board. The report stated Respondent did not display the characteristics of a
15 pedophile or a hebephile, but he does have a history of cannabis, amphetamine, and cocaine
16 dependence. The report also stated that Respondent continues to make progress in
17 controlling his chemical dependency through on-going treatment with a psychologist and
18 a psychiatrist. The report made the following suggestions to the Board:

- 19 i. Limit Dr. Mahl's practice to adult patients (18 years of
20 age and over).
- 21 ii. Have another physician supervise Dr. Mahl's practice for
22 a specified period of time and that supervisor report back
23 to the Board.
- 24 iii. Continue doing drug abuse screens to ensure that Dr.
25 Mahl does not abuse illegal substances.
- 26 iv. Have Dr. Mahl continue in therapy.
- v. Consider having Dr. Mahl undergo polygraph
evaluations to assist in ascertaining if he has complied
with the above suggestions.

1 20. On March 13-17 and June 5-9, 2000, Respondent was re-evaluated by Richard
 2 Irons, M.D., and his staff. Dr. Irons forwarded an evaluation report to the Board stating the
 3 following:

- 4 i. We believe that Michael Mahl has made significant
 5 progress in his personal recovery from substance
 6 dependency. He continues to show evidence that
 7 supports sustained remission.
- 8 ii. Michael Mahl has continued to gain insight into the
 9 nature of his boundary violations and sexual disorder.
 10 He has come to acknowledge some culpability for
 11 creating an environment in which his words, gestures
 12 and actions could have been interpreted as grooming and
 13 sexual provocative. He agrees that it would be easy for
 14 adolescent boys in this environment to feel sexualized.
- 15 iii. Our team supports the suggestions made by Dr. Judith
 16 Becker in the letter to the Board from March 11, 2000,
 17 regarding Dr. Mahl, that is that Dr. Mahl should be
 18 granted the privilege to practice medicine under the
 19 following conditions:
- 20 a. limitations in Dr. Mahl's practice to adult
 21 patients, in our opinion, age 21 or older
- 22 b. have another physician monitor and
 23 supervise Dr. Mahl as necessary for a
 24 specified period of time as directed by the
 25 Board
- 26 c. continue pursuing his recovery from
 substance dependency and to provide
 evidence that he remains free from the use
 of mood-altering substances
- d. continue in individual and group
 psychotherapy
- iv. Our team finds the allegations made against Dr. Mahl by
 the adolescent youth interviewed by Dr. Glasser to be of
 concern, however, we do not believe that there is a
 finding of fact or sufficient clinical evidence to support
 the diagnosis of a paraphilia, specifically, pedophilia or
 hebephilia.

21. The parties waive any further findings of fact.

26

CONCLUSIONS OF LAW

1
2 1. The Board is the duly constituted authority for the regulation and control of
3 the practice of allopathic medicine in the State of Arizona, under A.R.S. § 32-1401, et seq.

4 2. Respondent's conduct and circumstances described above constitute
5 unprofessional conduct under A.R.S. § 32-1401(25)(f) ([h]abitual intemperance in the use
6 of alcohol or habitual substance abuse.)

7 3. Respondent's conduct and circumstances described above constitute
8 unprofessional conduct under A.R.S. § 32-1401(25)(q) ([a]ny conduct or practice which is
9 or might be harmful or dangerous to the health of the patient of the public.)

ORDER

10
11 Based upon the above Findings of Fact and Conclusions of Law and under the
12 authority granted to the Board by A.R.S. §§ 41-1092.07(F)(5) and 32-1451(F),

IT IS HEREBY ORDERED:

13
14 I. Practice Restriction

15 License No. 12868, issued to Respondent, for the practice of allopathic medicine in
16 the State of Arizona, is RESTRICTED to practicing medicine only on adults (18 years of
17 age or older) until Respondent meets with the Board and it removes the practice restriction.
18 The Board shall act upon any request to terminate or modify this practice restriction within
19 a reasonable period of time.

20 II. Probation

21 Respondent's medical license is placed on probation for five (5) years with the
22 following terms and conditions as stated herein. Respondent is allowed to petition the Board
23 for early termination and/or modification of the probation.

24 1. Allopathic Physician Monitor

25 Within thirty (30) days of the effective date of the Consent Agreement or
26 within thirty (30) days of Respondent's return to the practice of medicine, if he is not

1 practicing medicine on the effective date of the Consent Agreement, Respondent shall
2 obtain an allopathic physician monitor, in Respondent's field of practice. The monitor must
3 be pre-approved by designated Board staff and have an active, unrestricted license to
4 practice medicine in Arizona. Respondent shall provide a copy of this Consent Agreement
5 to the physician monitor. Respondent shall instruct the monitor to submit quarterly written
6 reports to the Board regarding Respondent's clinical abilities to safely practice psychiatry
7 and medicine. The reports shall be submitted on or before the 15th day of March, June,
8 September and December of each year. Respondent shall be directly responsible for any fees
9 charged by the monitor. After **one (1) year** of monitoring, Respondent may request
10 termination of this monitoring requirement by submitting a written request to the Executive
11 Director. His recommendation will be subject to final approval by the Board.

12 2. Obtain Treating Psychiatrist

13 Within thirty (30) days of the effective date of the Consent Agreement,
14 Respondent shall obtain a treating psychiatrist approved by designated Board staff and shall
15 remain in treatment with the psychiatrist until further order of the Board. Respondent shall
16 provide a copy of this Consent Agreement to the treating psychiatrist. Respondent shall
17 instruct the psychiatrist to release to the Board, upon its request, all records relating to
18 treatment of Respondent, and to submit quarterly written reports to the Board regarding
19 diagnosis, prognosis, and recommendations for continuing care and treatment of
20 Respondent. The reports shall be submitted on or before the 15th day of March, June,
21 September and December of each year.

22 3. Continuing Medical Education

23 Within six (6) months of the effective date of this Consent Agreement,
24 Respondent shall complete twenty (20) hours of Category I Continuing Medical Education
25 ("CME") in Boundary Issues and Ethics. These CME hours must be pre-approved by
26 designated Board staff prior to Respondent's enrollment for these hours. Respondent shall

1 send to designated Board staff, either by mail or facsimile, satisfactory proof of CME course
2 attendance within thirty (30) days after completing the CME course. These CME hours shall
3 be in addition to the hours required for the biennial renewal of Respondent's medical
4 license.

5 4. Monitored Aftercare Program

6 Respondent shall promptly enroll and participate in the Monitored Aftercare
7 Program ("MAP") under the terms and conditions as stated herein.

8 5. Quarterly Declarations

9 Respondent shall submit to the Board quarterly declarations, under penalty of
10 perjury, on forms provided by the Board, stating whether there has been compliance with
11 all the conditions of probation. The declarations shall be submitted on or before the 15th
12 day of March, June, September and December of each year.

13 6. Office Surveys

14 Respondent shall be subject to random office surveys to be conducted by
15 Board staff or its agents to verify compliance with this Consent Agreement. Based upon the
16 results of the office survey, the Board retains jurisdiction to take additional disciplinary or
17 remedial action.

18 7. Tolling of Probationary Period

19 In the event Respondent should leave Arizona to reside or practice outside the
20 State or for any reason should Respondent stop practicing medicine in Arizona, Respondent
21 shall notify the Executive Director in writing within ten (10) days of departure and return
22 of the dates of non-practice within Arizona. Non-practice is defined as any period of time
23 exceeding thirty (30) days in which Respondent is not engaging in the practice of medicine.
24 Periods of temporary or permanent residence or practice outside Arizona or of non-practice
25 within Arizona shall toll Respondent's probationary period stated herein.

26 ...

1 8. Termination of Orders

2 This Consent Agreement supercedes and terminates the following Orders
3 between the Board and Respondent:

- 4 A. Stipulation and Order dated July 2, 1998.
- 5 B. Interim Order dated August 27, 1999.

6 III. Monitored Aftercare Program

7 Definitions

8 "Medication" is defined as "prescription-only drug, controlled substance, and over-
9 the counter preparation, other than plain aspirin and plain acetaminophen."

10 "Emergency" is defined as "a serious accident or sudden illness that, if not treated
11 immediately, may result in a long-term medical problem or loss of life."

12 Terms

13 1. Participation

14 A. Respondent shall immediately instruct all his psychologists,
15 psychiatrists or other healthcare providers who have evaluated or treated him within the past
16 five (5) years to release Respondent's records to the Board. Respondent shall provide copies
17 of the record releases provided to his psychologists, psychiatrists or other healthcare
18 providers to the Board within thirty (30) days of the effective date of the Consent
19 Agreement.

20 B. Upon receipt of these records, the Board shall evaluate these records
21 to determine Respondent's participation time in MAP. Respondent agrees that the Board
22 has sole and absolute discretion to determine Respondent's participation time in MAP.
23 However, Respondent's participation time in MAP shall be five (5) years or less. Further,
24 Respondent absolutely relinquishes and waives all rights before any administrative, state or
25 federal court of competent jurisdiction to review, rehear, reconsider, appeal, or any other
26 type of administrative or judicial action concerning the Board's determination of

1 Respondent's participation time in MAP.

2 C. The Board shall notify Respondent in writing of its decision about
3 Respondent's participation time in MAP. As part of the participation in MAP, Respondent
4 shall cooperate with Board staff and the contracting MAP consultants.

5 2. Group Therapy

6 Respondent shall attend the MAP's group therapy sessions one time per week for the
7 duration of this Consent Agreement, unless excused by the group therapist for good cause
8 such as illness or vacation. Respondent shall instruct the MAP group therapist to release to
9 the Board, upon its request, all records relating to his treatment, and to submit monthly
10 reports to the Board regarding attendance and progress. The reports shall be submitted on
11 or before the 10th day of each month.

12 3. 12 Step or Self-Help Group Meetings

13 A. Respondent shall attend ninety (90) 12-step meetings or other self-help
14 group meetings appropriate for substance abuse and approved by the Board, for a period of
15 ninety (90) days beginning no later than the effective date of this Consent Agreement.

16 B. Following completion of the ninety (90) meetings in ninety (90) days,
17 Respondent shall participate in a 12-step recovery program or other self-help program
18 appropriate for substance abuse as recommended by the group therapist and approved by the
19 Board. Respondent shall attend a minimum of three (3) 12-step or other self-help program
20 meetings per week.

21 4. Board-Approved Primary Care Physician

22 A. Immediately after the effective date of the Consent Agreement,
23 Respondent shall obtain a primary care physician and shall submit the name of the physician
24 to the designated Board staff in writing for approval.

25 B. The Board-approved primary care physician shall be in charge of
26 providing and coordinating Respondent's medical care and treatment. Except in an

1 *Emergency*, Respondent shall obtain his medical care and treatment only from the Board-
2 approved primary care physician and from health care providers to whom the Board-
3 approved primary care physician refers Respondent from time to time. Respondent shall
4 request that the Board-approved primary care physician document all referrals in the medical
5 record.

6 C. Respondent shall promptly inform the Board-approved primary care
7 physician of his rehabilitation efforts and provide a copy of this Consent Agreement to that
8 physician. Respondent shall also inform all other health care providers who provide medical
9 care or treatment that he is participating in MAP.

10 5. Medication

11 A. Except in an *Emergency*, Respondent shall take no *Medication* unless
12 the *Medication* is prescribed by his Board-approved primary care physician or other health
13 care provider to whom the Board-approved primary care physician makes referral.
14 Respondent shall not self-prescribe any *Medication*.

15 B. If a controlled substance is prescribed, dispensed, or is administered to
16 Respondent by any person other than the Board-approved primary care physician,
17 Respondent shall notify the Board-approved primary care physician in writing within 48
18 hours. The notification shall contain all information required for the medication log entry
19 as specified in paragraph 6. Respondent shall request that the notification be made a part
20 of the medical record. This paragraph does not authorize Respondent to take any
21 *Medication* other than in accordance with paragraph 5A.

22 6. Medication Log

23 Respondent shall maintain a current legible log of all *Medication* taken by or
24 administered to him, and shall make the log available to the Board and its staff upon request.
25 For *Medication* (other than controlled substances) taken on an on-going basis, Respondent
26 may comply with this paragraph by logging the first and last administration of the

1 Medication and all changes in dosages or frequency. The log, at a minimum, shall include
2 the following:

- 3 i. Name and dosage of the Medication taken or administered;
- 4 ii. Date taken or administered;
- 5 iii. Name of prescribing or administering physician; and
- 6 iv. Reason Medication was prescribed or administered.

7 This paragraph does not authorize Respondent to take any Medication other than in
8 accordance with paragraph 5.

9 7. No Alcohol or Poppy Seeds

10 Respondent shall not consume alcohol or any food or substances containing poppy
11 seeds.

12 8. Biological Fluid Collection

13 A. During all times that Respondent is physically present in the State of
14 Arizona and such other times as designated Board staff may direct, Respondent shall
15 promptly comply with requests from Board staff, the group therapist, or the MAP director
16 to submit to witnessed biological fluid collection. If Respondent is directed to contact an
17 automated telephone message system to determine when to provide a specimen, he shall do
18 so within the hours specified by designated Board staff. For the purposes of this paragraph,
19 in the case of an in-person request, "promptly comply" means "immediately;" In the case
20 of a telephonic request, "promptly comply" means that, except for good cause shown,
21 Respondent shall appear and submit to specimen collection no later than two hours after
22 telephonic notice to appear is given. The Board in its sole discretion shall determine good
23 cause.

24 B. Respondent shall provide designated Board staff in writing with one
25 telephone number which shall be used to contact Respondent on a 24 hours per day/seven
26 days per week basis to submit to biological fluid collection. For the purposes of this

1 Consent Agreement, telephonic notice shall be deemed given at the time a message to appear
2 is left at the contact telephone number provided by Respondent. Respondent authorizes any
3 person or organization conducting tests on the collected samples to provide testing results
4 to the Board and the MAP director.

5 C. Respondent shall cooperate with collection site personnel regarding
6 biological fluid collection. Repeated complaints from collection site personnel regarding
7 Respondent's lack of cooperation regarding collection may be grounds for termination from
8 MAP.

9 9. Payment for Services

10 Respondent shall pay for all costs, including personnel and contractor costs,
11 associated with participating in MAP at the time service is rendered or within thirty (30)
12 days of each invoice sent to him.

13 10. Examination

14 Respondent shall submit to mental, physical, and medical competency
15 examinations at such times and under such conditions as directed by the Board to assist the
16 Board in monitoring Respondent's ability to safely engage in the practice of medicine and
17 compliance with the terms of this Consent Agreement.

18 11. Treatment

19 Respondent shall submit to all medical, substance abuse, and mental health
20 care and treatment ordered by the Board, or recommended by the MAP director.

21 12. Obey All Laws

22 Respondent shall obey all federal, state and local laws, and all rules governing
23 the practice of medicine in the State of Arizona.

24 13. Interviews

25 Respondent shall appear in person before the Board and its staff and
26 committees for interviews upon request, upon reasonable notice.

1 14. Address and Phone Changes. Notice

2 Respondent shall immediately notify the Board in writing of any change in
3 office or home addresses and telephone numbers. Respondent shall provide designated
4 Board staff at least three (3) business days advance written notice of any plans to be away
5 from office or home for more than five (5) consecutive days. The notice shall state the
6 reason for the intended absence from home or office, and shall provide a telephone number
7 that may be used to contact Respondent.

8 15. Relapse, Violation

9 In the event that Respondent violates any term of this Consent Agreement,
10 Respondent's license shall automatically be summarily suspended. Alternatively,
11 Respondent may request a Surrender of License. If Respondent's license is revoked,
12 Respondent shall be prohibited from reapplying for a license for five (5) years.

13 16. Notice Requirements

14 A. Respondent shall immediately provide a copy of this Consent
15 Agreement to all employers, hospitals and free standing surgery centers where Respondent
16 has any privileges to practice. Within thirty (30) days of the effective date of this Consent
17 Agreement, Respondent shall provide the Board with a signed statement that Respondent
18 has complied with this notification requirement.

- 19 i. Respondent is further required to notify, in
20 writing, all employers, hospitals and free
21 standing surgery centers where
22 Respondent has any privileges to practice
23 of a chemical dependency relapse, use of
24 drugs or alcohol in violation of this
25 Consent Agreement and/or entry into a
26 treatment program. Respondent shall

1 provide the Board, within seven (7) days
2 of any of these events, written
3 confirmation that Respondent has
4 complied with this notification
5 requirement.

6 B. Respondent shall immediately submit to the Board, under penalty of
7 perjury, on a form provided by the Board, the name(s) and address(es) of all employers,
8 hospitals and free standing surgery centers where Respondent currently holds privileges to
9 practice.

10 i. Respondent is further required to
11 immediately submit to the Board, under
12 penalty of perjury, on a form provided by
13 the Board, notification of any changes as
14 to his employment or medical privileges at
15 any facility during the term of this Consent
16 Agreement.

17 17. Public Record

18 This Consent Agreement is a public record.

19 18. Out-of-State

20 In the event Respondent resides or practices medicine in a state other than
21 Arizona, Respondent shall participate in the physician rehabilitation program sponsored by
22 that state's medical licensing authority or medical society. Respondent shall cause the other
23 state's program to provide written reports to the Board regarding his attendance,
24 participation, and monitoring. The reports shall be due on or before the 15th day of March
25 and September of each year, until the Board terminates this requirement in writing.
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DATED AND EFFECTIVE this 8th day of August, 2002.

[SEAL]



BOARD OF MEDICAL EXAMINERS
OF THE STATE OF ARIZONA

By *Barry Cassidy*
BARRY A. CASSIDY, Ph.D., P.A.-C.
Executive Director

ORIGINAL of the foregoing filed:

Board Operations
Arizona Board of Medical Examiners
9545 E. Doubletree Ranch Road
Scottsdale, Arizona 85258

COPY of the foregoing mailed by
U.S. Certified Mail this 9 day of
August, 2002 to:

Michael Mahl, M.D.
5189 N. Via La Doncella
Tucson, Arizona 85750

COPY of the foregoing mailed
this 9 day of AUGUST, 2002, to:

Charles E. Buri, Esq.
Friedl Richter & Buri, P.A.
6909 E. Greenway Parkway, Suite 200
Scottsdale, Arizona 85254-2131
Attorney for Respondent

Roberto Pulver
Assistant Attorney General
1275 W. Washington, CIV/LES
Phoenix, Arizona 85007
Attorney for the State

Roberto Pulver