



1 JC's husband showing that Respondent had paid for various car repairs. Respondent  
2 disclosed that he did have a sexual relationship with JC while she was his patient.  
3 Respondent also disclosed that after he left the medical group where he initially  
4 established care with JC ("Medical Group"), he continued to prescribe narcotics to JC for  
5 migraines without maintaining medical records while continuing a sexual relationship with  
6 her.

7         6.       JC established care with Respondent in May of 2009, after JC suffered a  
8 seizure. Between May 2011 and late 2013, Respondent and JC engaged in an ongoing  
9 sexual relationship, during which Respondent continued to prescribe controlled  
10 substances to JC, including Fioricet and Fioricet with codeine, Fiorinol, Percocet and  
11 oxycodone. Respondent continued to prescribe medications and controlled substances  
12 to JC despite the fact that he had concerns that JC was abusing the medication and even  
13 though JC admitted to diverting the medication for her sister and mother. Medical records  
14 show that Respondent wrote prescriptions for controlled substances to JC on a Medical  
15 Group prescription pad after he left the Medical Group in December 2013 and through  
16 March, 2014.

17         7.       The standard of care requires a physician to consider other options for  
18 treating non-neurological conditions. Respondent deviated from the standard of care by  
19 failing to consider other options for treating JC's non-neurological conditions.

20         8.       The standard of care requires a physician to consider other options before  
21 prescribing opiates and barbiturates to patients with a diagnosis of medication overuse  
22 headaches. Respondent deviated from the standard of care by failing to consider other  
23 options before prescribing opiates and barbiturates to treat JC's medication over-use  
24 headaches.

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1           9.     The standard of care requires a physician to not prescribe controlled  
2 substances to patients known to have diverted controlled substances to other people.  
3 Respondent deviated from the standard of care by prescribing controlled substances to  
4 JC despite her history of diverting medications to other people.

5           10.    The standard of care requires a physician to keep medical records on a  
6 patient at all times during the course of treatment. Respondent deviated from the  
7 standard of care by failing to maintain medical records for JC after he left his previous  
8 practice.

9           11.    Actual harm occurred due to the diversion of medications to persons other  
10 than the patient. Additionally, there was the potential for worsening or perpetuation of  
11 medication overuse, headaches and addiction.

12          12.    On June 17-19, 2015, Respondent presented to a treatment facility for a  
13 psychosexual evaluation. In a preliminary report issued on July 1, 2015, the evaluation  
14 team found that as a result of the repeated and significant nature of the boundary  
15 violations by Respondent combined with concerns regarding the accuracy of his  
16 disclosure, the team was unable to state with reasonable certainty that he was safe to  
17 practice. There were also concerns regarding a possible alcohol abuse issue after  
18 Respondent's positive PEth test results were reviewed. The facility recommended that  
19 Respondent enter into an intensive treatment program at either the residential or partial-  
20 hospitalization level to address the professional sexual boundary violations. The facility  
21 also recommended that the treatment program focus on Respondent's specific boundary  
22 violating behaviors, his questionable judgment and decision-making in the workplace and  
23 in relationships, and problematic interpersonal patterns.

24          13.    Respondent entered into an Interim Consent Agreement with the Board for  
25 a Practice Restriction on July 6, 2015.



1 d. The conduct and circumstances described above constitute unprofessional  
2 conduct pursuant to A.R.S. § 32-1401(27)(z) (“[e]ngaging in sexual conduct with a current  
3 patient or with a former patient within six months after the last medical consultation unless  
4 the patient was the licensee’s spouse at the time of the contact or, immediately preceding  
5 the physician-patient relationship, was in a dating or engagement relationship with the  
6 licensee. For the purposes of this subdivision, “sexual conduct” includes: i. Engaging in or  
7 soliciting sexual relationships, whether consensual or nonconsensual. ii. Making sexual  
8 advances, requesting sexual favors, or engaging in any other verbal conduct or physical  
9 contact of a sexual nature. iii. Intentionally viewing a completely or partially disrobed  
10 patient in the course of treatment if the viewing is not related to patient diagnosis or  
11 treatment under current practice standards.”).

12 e. The conduct and circumstances described above constitute unprofessional  
13 conduct pursuant to A.R.S. § 32-1401(27)(jj) (“[k]nowingly making a false or misleading  
14 statement to the board or on a form required by the board or in a written correspondence,  
15 including attachments, with the board.”).

16 **ORDER**

17 IT IS HEREBY ORDERED THAT:

- 18 1. Respondent is issued a Decree of Censure.  
19 2. Respondent is placed on Probation for a period of two (2) years with the  
20 following terms and conditions:

21 a. **Continuing Medical Education**

22 Within 6 months of the effective date of this Order, Respondent shall obtain a  
23 minimum of 15 hours of Board staff pre-approved Category I Continuing Medical  
24 Education (“CME”) in an intensive, in-person course regarding boundaries and ethics; and  
25 a minimum of 10 hours of Board staff pre-approved Category I CME in an in-person,

1 intensive course regarding prescribing of controlled substances. Within thirty days of the  
2 effective date of this Order, Respondent shall submit his request for CME to the Board for  
3 pre-approval. Upon completion of the CME, Respondent shall provide Board staff with  
4 satisfactory proof of attendance. The CME hours shall be in addition to the hours required  
5 for the renewal of licensure.

6 **b. Practice Restriction**

7 Respondent shall implement the recommendations provided by the Program  
8 including the following: Respondent shall immediately retain the services of a female  
9 chaperone, who shall be a licensed healthcare provider (i.e. registered nurse, licensed  
10 practical nurse or physician assistant) employed by the Respondent, hospital or clinic and  
11 may not be a representative or relative who accompanied the patient, and shall be  
12 present in the treatment room with Respondent at all times when Respondent is treating  
13 female patients. The chaperone shall sign off on all charts for patients that the chaperone  
14 observed. Respondent shall authorize the chaperone to communicate with Board staff  
15 regarding Respondent's compliance with this portion of the Order.

16 **c. Chart Reviews**

17 Board staff or its agents shall conduct periodic chart reviews to monitor  
18 Respondent's compliance with the terms of this Order. Based upon the chart review, the  
19 Board retains jurisdiction to take additional disciplinary or remedial action.

20 **d. Board-Approved Psychologist**

21 Respondent shall enter treatment with a Board-approved psychologist as  
22 recommended by the Program and shall comply with any and all treatment  
23 recommendations. At the initiation of treatment, Respondent shall authorize the  
24 psychologist to confirm in writing to Board staff that they have read the inpatient treatment  
25 Program's evaluation, and that they agree to summarize results of their therapy, and to

1 report back to the Board. Respondent shall instruct the treating psychologist to submit  
2 written reports to Board staff regarding diagnosis, prognosis, current medications,  
3 recommendation for continuing care and treatment, and ability to safely practice  
4 medicine. The reports shall be submitted quarterly to Board staff. Respondent shall pay  
5 the expenses of treatment and is responsible for paying for the preparation of the  
6 quarterly reports. Respondent shall authorize the psychologist to communicate with  
7 Board staff regarding Respondent's compliance with treatment, and if at any time the  
8 psychologist finds evidence that Respondent is a safety threat to patients.

9       After twelve months of treatment with the psychologist, Respondent may submit a  
10 written request to Board staff requesting that the Board terminate the requirement that  
11 Respondent remain in treatment with the psychologist. The request must be accompanied  
12 by a final report from the psychologist affirming that Respondent has completed treatment  
13 and is safe to practice. The Board shall have the sole discretion to determine whether to  
14 grant Respondent's request for termination of this requirement.

15               **e. Addiction Psychiatrist**

16       Respondent shall establish a relationship with a Board-approved addiction  
17 psychiatrist for treatment as needed. At the initiation of treatment, Respondent shall  
18 authorize the psychiatrist to confirm in writing to Board staff that they have read the  
19 inpatient treatment Program's evaluation, and that they agree to summarize results of  
20 their therapy and to report back to the Board. Respondent shall instruct the treating  
21 psychiatrist to submit written reports to Board staff regarding Respondent's care and  
22 treatment. The reports shall be submitted quarterly to Board staff. Respondent shall pay  
23 the expenses of treatment and is responsible for paying for the preparation of the  
24 quarterly reports. Respondent shall authorize the psychiatrist to communicate with Board  
25

1 staff regarding Respondent's compliance with treatment, and if at any time the  
2 psychiatrist finds evidence that Respondent is a safety threat to patients.

3 The duration of treatment shall be determined by the psychiatrist. Upon  
4 completion of treatment, Respondent may submit a written request to Board staff  
5 requesting that the Board terminate the requirement that Respondent remain in treatment  
6 with the psychiatrist. The request must be accompanied by a final report from the  
7 psychiatrist affirming that Respondent has completed treatment and is safe to practice or,  
8 in the alternative, after reviewing the information required by this Order, the psychiatrist  
9 does not believe that treatment is required. The Board shall have the sole discretion to  
10 determine whether to grant Respondent's request for termination of this requirement.

11 f. **Abstinence and Other Continuing Care**

12 Respondent shall abstain from the consumption of alcohol for one year.  
13 Respondent shall attend A.A. or other Board-approved mutual support groups at least  
14 once monthly for one year. Respondent shall attend a minimum of two non-A.A.  
15 meetings a week with one of the following groups: Adult Children of Alcoholics ("ACA"),  
16 Alanon or Co-Dependents Anonymous ("CoDA"). Respondent shall retain proof of  
17 attendance to these meetings in the form of attendance logs signed by a representative of  
18 the meeting, and submit them to Board staff on a quarterly basis.

19 Respondent shall establish care with a Board-approved primary care physician  
20 ("PCP") for coordination of care purposes, and comply with any recommendations for  
21 care by the PCP. Respondent shall pay the expenses of treatment, and Respondent  
22 shall authorize the primary care physician to communicate with Board staff if necessary.

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1                   g. **Obey All Laws**

2           Respondent shall obey all state, federal and local laws, all rules governing the  
3 practice of medicine in Arizona, and remain in full compliance with any court ordered  
4 criminal probation, payments and other orders.

5                   h. **Tolling**

6           In the event Respondent should leave Arizona to reside or practice outside the  
7 State or for any reason should Respondent stop practicing medicine in Arizona,  
8 Respondent shall notify the Executive Director in writing within ten days of departure and  
9 return or the dates of non-practice within Arizona. Non-practice is defined as any period  
10 of time exceeding thirty days during which Respondent is not engaging in the practice of  
11 medicine. Periods of temporary or permanent residence or practice outside Arizona or of  
12 non-practice within Arizona, will not apply to the reduction of the probationary period.

13                   i. **Probation Termination**

14           Prior to the termination of Probation, Respondent must submit a written request to  
15 the Board for release from the terms of this Order. Respondent's request for release will  
16 be placed on the next pending Board agenda, provided a complete submission is  
17 received by Board staff no less than 14 days prior to the Board meeting. Respondent's  
18 request for release must provide the Board with evidence establishing that he has  
19 successfully satisfied all of the terms and conditions of this Order. Respondent's request  
20 for release must also be accompanied by a recommendation from his treating  
21 psychologist that Respondent's treatment is completed and that he is safe to practice  
22 medicine without additional monitoring. The Board has the sole discretion to determine  
23 whether all of the terms and conditions of this Order have been met or whether to take  
24 any other action that is consistent with its statutory and regulatory authority.  
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1 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
2 or made for any other use, such as in the context of another state or federal government  
3 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or  
4 any other state or federal court.

5 6. Upon signing this agreement, and returning this document (or a copy  
6 thereof) to the Board's Executive Director, Respondent may not revoke the consent to the  
7 entry of the Order. Respondent may not make any modifications to the document. Any  
8 modifications to this original document are ineffective and void unless mutually approved  
9 by the parties.

10 7. This Order is a public record that will be publicly disseminated as a formal  
11 disciplinary action of the Board and will be reported to the National Practitioner's Data  
12 Bank and on the Board's web site as a disciplinary action.

13 8. If any part of the Order is later declared void or otherwise unenforceable,  
14 the remainder of the Order in its entirety shall remain in force and effect.

15 9. If the Board does not adopt this Order, Respondent will not assert as a  
16 defense that the Board's consideration of the Order constitutes bias, prejudice,  
17 prejudgment or other similar defense.

18 10. Any violation of this Order constitutes unprofessional conduct and may  
19 result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order,  
20 probation, consent agreement or stipulation issued or entered into by the board or its  
21 executive director under this chapter.") and A.R.S. § 32-1451.

22 11. ***Respondent has read and understands the conditions of probation.***

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\_\_\_\_\_  
JULIUS R. CHARLIE, M.D.

DATED: \_\_\_\_\_

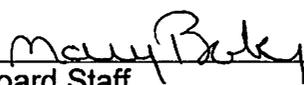
11/20/15

1 EXECUTED COPY of the foregoing mailed  
this 3<sup>rd</sup> day of December, 2015 to:

2  
3 James C. Goodwin, Esq.  
4 Trullinger & Wenk, P.L.L.C.  
5 1616 North Litchfield Road, Suite 140  
6 Goodyear, AZ 85395  
7 *Attorney for Respondent*

8 ORIGINAL of the foregoing filed  
9 this 3<sup>rd</sup> day of December, 2015 with:

10 Arizona Medical Board  
11 9545 E. Doubletree Ranch Road  
12 Scottsdale, AZ 85258

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Board Staff