

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **WARREN L. MOODY III, M.D.**

4 Holder of License No. 31152
5 For the Practice of Medicine
6 In the State of Arizona.

Case No. MD-07-0874A

**CONSENT AGREEMENT FOR
DECREE OF CENSURE AND
PRACTICE RESTRICTION**

7 **CONSENT AGREEMENT**

8 By mutual agreement and understanding, between the Arizona Medical Board
9 ("Board") and Warren L. Moody III, M.D. ("Respondent"), the parties agree to the following
10 disposition of this matter.

11 1. Respondent has read and understands this Consent Agreement and the
12 stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement").
13 Respondent acknowledges that he has the right to consult with legal counsel regarding
14 this matter and has done so or chooses not to do so.

15 2. By entering into this Consent Agreement, Respondent voluntarily
16 relinquishes any rights to a hearing or judicial review in state or federal court on the
17 matters alleged, or to challenge this Consent Agreement in its entirety as issued by the
18 Board, and waives any other cause of action related thereto or arising from said Consent
19 Agreement.

20 3. This Consent Agreement is not effective until approved by the Board and
21 signed by its Executive Director.

22 4. The Board may adopt this Consent Agreement or any part thereof. This
23 Consent Agreement, or any part thereof, may be considered in any future disciplinary
24 action against Respondent.
25

1 5. This Consent Agreement does not constitute a dismissal or resolution of other
2 matters currently pending before the Board, if any, and does not constitute any waiver,
3 express or implied, of the Board's statutory authority or jurisdiction regarding any other
4 pending or future investigation, action or proceeding. The acceptance of this Consent
5 Agreement does not preclude any other agency, subdivision or officer of this State from
6 instituting other civil or criminal proceedings with respect to the conduct that is the subject
7 of this Consent Agreement.

8 6. All admissions made by Respondent are solely for final disposition of this
9 matter and any subsequent related administrative proceedings or civil litigation involving
10 the Board and Respondent. Therefore, said admissions by Respondent are not intended
11 or made for any other use, such as in the context of another state or federal government
12 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
13 any other state or federal court.

14 7. Upon signing this agreement, and returning this document (or a copy thereof) to
15 the Board's Executive Director, Respondent may not revoke the acceptance of the
16 Consent Agreement. Respondent may not make any modifications to the document. Any
17 modifications to this original document are ineffective and void unless mutually approved
18 by the parties.

19 8. If the Board does not adopt this Consent Agreement, it will not be used by the
20 Board as an admission of wrongdoing by Respondent, or in any other manner in future
21 Board proceedings. In addition, Respondent will not assert as a defense that the Board's
22 consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other
23 similar defense.

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1 9. This Consent Agreement, once approved and signed, is a public record that will
 2 be publicly disseminated as a formal action of the Board and will be reported to the
 3 National Practitioner Data Bank and to the Arizona Medical Board's website.

4 10. If any part of the Consent Agreement is later declared void or otherwise
 5 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in
 6 force and effect.

7 11. Any violation of this Consent Agreement constitutes unprofessional conduct
 8 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("violating a formal order,
 9 probation, consent agreement or stipulation issued or entered into by the board or its
 10 executive director under this chapter") and 32-1451.

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

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Warren L. Moody, M.D.
 WARREN L. MOODY III, M.D.

Dated: 1/14/09

REVIEWED AS TO FORM:

Daniel P. Jantsch
 DANIEL P. JANTSCH, ESQ.

Dated: JAN. 15, 2009

1 **FINDINGS OF FACT**

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

4 2. Respondent is the holder of license number 31152 for the practice of allopathic
5 medicine in the State of Arizona.

6 **I Improper Prescribing and Dispensing**

7 3. On September 21, 2007, the Board was contacted by a Walgreen's pharmacist,
8 S.B., regarding suspicious prescriptions written by Respondent to an individual, W. F., for
9 Vicodin. It was alleged that W.F. was not a patient of the medical clinic for which the
10 prescriptions were written; and that Respondent, on several occasions, picked up and paid
11 for the prescriptions he had written for W.F. In addition, the pharmacist alleged that
12 Respondent called to refill at least one prescription early (before the previous prescription
13 should have been consumed).

14 4. On September 21, 2007, immediately after receiving the complaint from the
15 pharmacist, Board staff contacted Respondent and requested that he appear for an
16 investigational interview at the Board. Respondent agreed, and appeared the same day.
17 During this interview, Respondent admitted writing prescriptions for controlled substances
18 to W.F. and members of W.F.'s family, including J.F. Respondent also admitted writing
19 prescriptions for his art instructor, J.P. Respondent stated that these persons were friends
20 of his, not patients.

21 5. The Board obtained a pharmacy survey from Walgreen's detailing the prescriptions
22 Respondent wrote for these three individuals:

23 6. Between March 6, 2006 and March 22, 2007, Respondent wrote 21 prescriptions
24 for J.F. including the following controlled substances: Seroquel, Lunesta, hydrocodone,
25 diazepam (Valium), Cymbalta, alprazolam (Xanax) and Ambien. Respondent admitted

1 that he met and befriended J.F. while Respondent was treating him for substance abuse
2 issues at Scottsdale Treatment Institute ("STI"). However, at the time these prescriptions
3 were written, J.F. was no longer a patient of Respondent's, rather they were friends.
4 Respondent admitted he had no medical records to document these prescriptions.

5 7. Between May 24, 2006 and September 7, 2007, Respondent wrote 8 prescriptions
6 for W.F., a relative of J.F., including the following controlled substances: diazepam
7 (Valium), zolpidem (Ambien), and hydrocodone. In addition, Respondent admitted picking
8 up and paying for a prescription for W. F. early (before the last prescription should have
9 run out). Respondent admitted he had no medical records to document these
10 prescriptions, and clarified that W. F was a friend (as opposed to a patient). Respondent
11 also claimed he had written only one prescription for W.F. for hydrocodone, which
12 contradicted the pharmacy records.

13 8. Between June 24, 2006 and September 7, 2007, Respondent wrote 15
14 prescriptions for J.P. including the following controlled substances: carisoprodol and
15 oxycodone. Respondent admitted he had no medical records to document these
16 prescriptions, but stated that J.P. was a friend (as opposed to a patient).

17 9. The Board later discovered that Respondent had also written 9 prescriptions to
18 another friend, E.S., between January 20, 2006 and January 17, 2007, for Diazepam
19 (Valium) and Naltrexone. Respondent met and befriended E.S. when they were both in
20 treatment for substance abuse issues at Assisted Recovery Centers of America ("ARCA").
21 Respondent admitted he had no medical records to document these prescriptions.

22 10. In a June 26, 2008 interview with Board Staff, Respondent stated that he had been
23 granted a special Drug Enforcement Agency ("DEA") registration to prescribe Suboxone.
24 To obtain this registration, he was required to take a special course. However,
25 Respondent maintained that he did remember the prescribing practices for Suboxone in

1 general, including how many prescriptions for Suboxone he could write for a patient with
2 only one examination.

3 **II Respondent's Fitness to Practice Medicine: Personal Substance Abuse and**
4 **Mental Health Issues**

5 11. Respondent first entered outpatient treatment for alcohol abuse at ARCA on April 7,
6 2005.

7 12. Dr. Walker diagnosed Respondent with alcohol abuse and ordered detox.
8 Respondent initially attended substance abuse counseling sessions (both group and one-
9 on-one) at ARCA from April 11, 2005 through June 8, 2005.

10 13. Respondent relapsed and re-entered treatment at ARCA on January 4, 2006.
11 Between January and March of 2006 Respondent was seen by psychiatrist Emerson
12 Bueno, M.D., at API's insistence.

13 14. Although Respondent was being seen at ARCA for his alcohol abuse during the
14 same time he saw Dr. Bueno, Respondent did not disclose this to Dr. Bueno, instead
15 stating, "I don't drink."

16 15. During a September 21, 2007 investigational interview at the Board, Respondent
17 denied drinking any alcohol for the previous 5-7 years, denied ever having been in "rehab"
18 or "detox" for alcohol or drug abuse, and denied having been on antidepressants since his
19 residency (1992-1996).

20 16. During this interview, Respondent was repeatedly asked to describe the
21 medications he was taking. Initially, Respondent stated that he had only taken ibuprofen.
22 Immediately after being informed that he would be drug tested the same day, Respondent
23 disclosed he had been prescribed Vicodin approximately 6-8 weeks earlier, but maintained
24 he had not taken Vicodin recently.
25

1 17. Respondent's September 21, 2007 urine sample tested positive for Vicodin
2 (Hydrocodone, a DEA Schedule III controlled substance), indicating more recent use than
3 Respondent had reported.

4 18. On September 25, 2007, when confronted with the positive drug test for Vicodin,
5 Respondent stated that he forgot to inform Board staff that he had taken Vicodin one day
6 before the interview for pain from a tattoo.

7 19. Respondent has never produced medical records to indicate that his admitted use
8 of Vicodin on September 20, 2007 was prescribed or authorized by a physician for tattoo
9 pain relief.

10 20. Based on Respondent's interview with Board staff and his positive urine test, he
11 was ordered to complete a residential substance abuse evaluation on September 25,
12 2007.

13 21. On October 8, 2007, Respondent presented to the Betty Ford Center ("BFC") for a
14 substance abuse evaluation.

15 22. The BFC evaluators noted that Respondent's demeanor was "remarkably bland"
16 with regard to his concerning prescribing practices. However, when evaluators confronted
17 Respondent and stated that "he must have been aware of ethical prescribing practices
18 since he had attended a mandatory Suboxone information conference in the recent past
19 which dedicated a significant portion of time to prescription ethics," Respondent "exploded
20 in a tirade of rage directed at (a BFC evaluation team) member" who had pointed this out.
21 The BFC report further stated that, "(Respondent's) attack was totally unexpected and
22 quite alarming in its intensity." Respondent left BFC shortly after this "tirade."

23 23. On October 11, 2007, BFC sent Board staff the Preliminary Clinical Diagnostic
24 Evaluation discharge summary indicating that Respondent had refused to sign a release
25 form allowing BFC staff to contact Respondent's family and employer, thus BFC was

1 unable to complete the evaluation. The BFC Evaluation team unanimously concluded that
2 Respondent was not currently fit to practice medicine.

3 24. The BFC preliminary report noted that Respondent denied drinking any alcohol
4 since 2003, and denied any abuse of pain medications. Respondent also denied any
5 history of depression or other psychiatric problems.

6 25. On October 15, 2007, Board staff was contacted by Respondent's current
7 employer, Michael Carlton, M.D., who stated, *inter alia*, that he had terminated
8 Respondent's employment due to Respondent requesting narcotics prescriptions from
9 multiple coworkers and his repeated late appearances for work.

10 26. After receiving the transcript of the Board staff interview with Dr. Carlton, BFC
11 diagnosed Respondent with opioid dependence in a final report, dated November 6, 2007.
12 BFC recommended that Respondent be required to successfully complete 90 days of
13 residential treatment at a Board-approved facility, be discharged from treatment with staff
14 approval, and be enrolled in Board's Monitored Aftercare Program ("therapeutic monitoring
15 program"). The BFC report also recommended that Respondent's cognitive function be
16 assessed prior to any return to practice.

17 27. Respondent checked himself into Hazelden Springbrook, a Board-approved facility,
18 on December 31, 2007. Initially, Respondent requested treatment but within days
19 changed his mind and, as the Hazelden final report states, "at patient request" a
20 multidisciplinary team evaluation was begun.

21 28. During Hazelden's assessment, Respondent denied any past abuse of substances
22 and claimed he had essentially no alcohol use as an adult. Respondent also claimed he
23 had no prior psychiatric or psychological treatment or past use of antidepressants,
24 tranquilizers, etc.

25

1 29. The results of the Hazelden evaluation, completed February 11, 2008, were
2 inconclusive. The report states that Hazelden staff had, "serious concerns about
3 (Respondent's) judgment and (Respondent's) medical practices," and notes "significant
4 professional boundary issues."

5 III Respondent's False Statements

6 A. 2006 Board Application for Renewal of Licensure

7 30. In the confidential questionnaire attachment to his 2006 application for renewal of
8 licensure with the Board, dated December 1, 2007, Respondent answered "NO" to
9 question number 2, which states: "Are you now or since your last renewal (2 years prior, in
10 2004) been addicted to or abused any chemical substance including alcohol?"

11 Respondent had, in fact, been diagnosed and treated for alcohol abuse at ARCA in 2005
12 and early 2006.

13 31. Respondent also answered "NO" to question number 3, which states: "Are you now
14 being treated or since your last renewal have you been treated or evaluated for a drug or
15 alcohol addiction or participated in a rehabilitation program?" Respondent again failed to
16 disclose his treatment at ARCA.

17 32. Respondent initialed the confidential application page which states that, "(f)ailure to
18 properly answer these questions or disclose alcohol, substance abuse or other issues can
19 result in Board disciplinary action."

20 B. Board Investigational Interview: September 21, 2007

21 33. At his initial investigational interview with Board staff on September 21, 2007,
22 Respondent asserted that no one had "ever said anything to (him) in the past about
23 drinking." However, within the previous 2 ½ years, Respondent had been in treatment at
24 ARCA twice for alcohol abuse.

25 34. Respondent also denied ever having been to rehab or detox as a patient.

1 35. Respondent denied he had never been seen by a psychiatrist. However,
2 Respondent was, in fact, under the care of Dr. Bueno 1 ½ years earlier, January – March
3 of 2006.

4 36. Respondent falsely asserted in this September 2007 Board staff interview that he
5 had never experienced a problem with alcohol.

6 37. Nine months later, during a June 26, 2008 Board Staff interview, Respondent
7 admitted that he had failed to inform Staff of his alcohol abuse; and also admitted failing
8 to inform evaluators at BFC and Hazelden of his previous treatment for alcohol abuse at
9 ARCA.

10 **C. Statements to Clinical Evaluators**

11 38. During Respondent's Board-ordered substance abuse evaluation at the BFC in
12 early October, 2007, Respondent reported to multiple BFC evaluators during numerous
13 clinical interviews that he had not used alcohol since 2003. Respondent also repeatedly
14 denied any psychiatric therapy or psychotherapy, and denied any psychiatric diagnosis.

15 39. Respondent was also dishonest and misleading about his substance abuse and
16 psychiatric history during his self-initiated (non-Board-ordered) evaluation at Hazelden
17 Springbrook.

18 40. Respondent stated to Hazelden evaluators that he essentially had no use of alcohol
19 as an adult. Additionally, Respondent told the Hazelden team that he had no prior
20 psychiatric or psychological treatment and no past use of antidepressants, tranquilizers,
21 etc.

22 **D. Statements during June 26, 2008 Board Staff Interview**

23 41. While under oath, during a June 26, 2008 Board Staff interview, Respondent initially
24 asserted that he enrolled for treatment at ARCA in 2005 primarily because he was
25 depressed, and that he was concerned he might begin to abuse alcohol. In separate

1 interviews, ARCA staff informed Board Staff that they do not treat depression at ARCA,
2 rather they treat alcoholism.

3 42. Respondent described his use of alcohol as one glass a night for one month prior to
4 his initial enrollment at ARCA. However, ARCA physician Dr. Walker's records indicate
5 that Respondent self-reported drinking two liters of wine per night. When questioned,
6 Respondent specifically denied drinking even one bottle of wine per night.

7 43. Respondent minimized his treatment at ARCA, stating that he only attended
8 treatment at ARCA for one treatment course, for a few months. However, Dr. Walker's
9 medical records reflect that Respondent returned to ARCA in January, 2006 for a relapse
10 of alcohol abuse.

11 44. Respondent denied being disciplined or even having serious problems with his
12 previous employer, API. However, API's records reflect that Respondent was initially
13 terminated for cause after having been ordered to see a psychiatrist for a self-reported
14 "nervous breakdown," after failing to report for work on multiple dates, and then appearing
15 for work in a disheveled and unstable state. API records reflect that Respondent was
16 notified of his termination personally, by telephone, and in writing. API later rescinded the
17 termination and allowed Respondent to resign.

18 45. Respondent also denied any problems with his other employer, IPC. Respondent's
19 statements contradict IPC's records, which indicate numerous performance problems
20 which ultimately resulted in Respondent's termination without cause on April 16, 2005.

21 **IV Interference with the Board's Investigation: Respondent's Tampering with**
22 **Witnesses and Conspiracy to Destroy Evidence**

23 46. On June 18, 2008 Board staff sent a subpoena to ARCA for production of
24 Respondent's treatment records as part of its investigation into Respondent's ability to
25 safely practice medicine.

1 47. Board staff eventually discovered that after Ms. Rogers had received the Board's
2 subpoena and confirmed Respondent's participation at ARCA, she telephoned
3 Respondent and informed him of the Board's investigation.

4 48. In a Board interview on June 25, 2008 and in a document written shortly after the
5 incident, Ms. Rogers asserted that Respondent directed her to destroy his treatment file at
6 ARCA and to lie to Board staff by stating that he was not a patient there.

7 49. Ms. Rogers admits she complied with Respondent's orders by destroying his main
8 ARCA treatment file and by lying to Board staff in the second June 18, 2008 telephone call
9 (in which she claimed Respondent was not a patient).

10 50. On or about June 26, 2008, Respondent contacted two additional witnesses
11 involved with his treatment at ARCA and also asked them to lie to Board staff about his
12 treatment at ARCA. Specifically, Respondent asked ARCA Executive Director Mr.
13 Vacovsky and ARCA psychologist Dr. Emmett Velten (who had treated Respondent) to tell
14 Board staff that he was being treated for depression, rather than alcohol abuse.

15 CONCLUSIONS OF LAW

16 1. The Board possesses jurisdiction of the subject matter hereof and over
17 Warren L. Moody III, M.D., the holder of license number 31152, for the practice of
18 allopathic medicine in the State of Arizona.

19 1. The conduct and circumstances described above constitute
20 unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to
21 maintain adequate records on a patient."); A.R.S. § 32-1401(27)(f) ("[h]abitual
22 intemperance in the use of alcohol or habitual substance abuse."); A.R.S. § 32-
23 1401(27)(g) ("[u]sing controlled substances except if prescribed by another
24 physician for use during a prescribed course of treatment."); A.R.S. § 32-
25 1401(27)(j) ("[p]rescribing, dispensing or administering any controlled substance or

1 prescription-only drug for other than accepted therapeutic purposes."); A.R.S. § 32-
2 1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation
3 issued or entered into by the board or its executive director under this chapter.);
4 A.R.S. § 32-1401(27)(dd) ("[f]ailing to furnish information in a timely manner to the
5 board.); A.R.S. § 32-1401(27)(jj) ("[k]nowingly making a false or misleading
6 statement to the board or on a form required by the board or in a written
7 correspondence, including attachments, with the board.); and A.R.S. § 32-
8 1401(27)(ss) ("[p]rescribing, dispensing or furnishing a prescription medication or a
9 prescription-only device as defined in section 32-1901 to a person unless the
10 licensee first conducts a physical examination of that person or has previously
11 established a doctor-patient relationship. . .).

12 **ORDER**

13 1. Respondent is issued a Decree of Censure.

14 2. Respondent shall not practice clinical medicine or any medicine involving
15 direct patient care, and is prohibited from prescribing any form of treatment including
16 prescription medications.

17 3. Respondent shall undergo a residential evaluation at a Board Staff approved
18 facility. Respondent is responsible for all expenses related to the evaluation and/or
19 treatment. Respondent shall sign consent to release all confidential evaluation and/or
20 treatment records to the Board. Respondent shall comply with any recommendations
21 made by the evaluation facility and approved by Board Staff including any
22 recommendation that he undergo and successfully complete further residential treatment
23 at a Board approved facility.
24
25

1 4. Following successful completion of the evaluation and any recommended
2 residential treatment, Respondent is then eligible to be monitored under the Board's
3 Monitored Aftercare Program.

4 5. Following successful completion of the evaluation and any recommended
5 residential treatment, Respondent may petition the Board to terminate the practice
6 restriction.

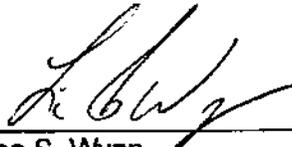
7 6. This Order is the final disposition of case number MD-07-0874A.

8 DATED AND EFFECTIVE this 4TH day of February, 2009.



ARIZONA MEDICAL BOARD

By:



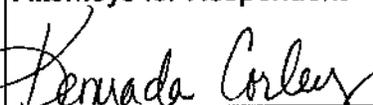
Lisa S. Wynn
Executive Director

15 ORIGINAL of the foregoing filed
16 this 4th day of February, 2009 with:

17 Arizona Medical Board
18 9545 E. Doubletree Ranch Road
19 Scottsdale, AZ 85258

20 EXECUTED COPY of the foregoing mailed
21 this 4th day of February, 2009 to:

22 Daniel Jantsch
23 Olson, Jantsch, & Bakker, P.A.
24 7243 North 16th Street
25 Phoenix, Arizona 85020-5203
Attorneys for Respondent



Investigational Review

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2
3 In the Matter of
4 **WARREN L. MOODY III, M.D.**

Case No. MD-07-0874

5 Holder of License No. 31152
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AMENDED CONSENT AGREEMENT

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20 Board as an admission of wrongdoing by Respondent, or in any other manner in future
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22 consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other
23 similar defense.

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

12
13
14 Warren L. Moody III, M.D.
15 WARREN L. MOODY III, M.D.

Dated: 7/10/09

16
17
18 **REVIEWED AS TO FORM:**
19 Daniel P. Jantsch
20 DANIEL P. JANTSCH, ESQ.

Dated: 7/10/09

1 **FINDINGS OF FACT**

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

4 2. Respondent is the holder of license number 31152 for the practice of allopathic
5 medicine in the State of Arizona.

6 3. On February 4, 2009, Respondent entered into a Consent Agreement with the
7 Board for Decree of Censure and Practice Restriction based upon the Findings of Fact
8 and Conclusions of Law described in that Consent Agreement.

9 4. Pursuant to the February 4, 2009 Consent Agreement, Respondent underwent a
10 residential evaluation at Hazleden Springbrook on April 15, 2009.

11 5. The discharge diagnosis by Hazleden Springbrook was alcohol abuse, full
12 remission, provisional diagnosis. The evaluators recommended random urine and hair
13 tests from an independent monitoring agency, experienced in monitoring health
14 professionals for a period of no less than two years.

15 6. On February 17, 2009 Respondent entered into a Stipulation for Consent Judgment
16 with the U.S. Department of Justice. Between June 2006 and April 2007, Respondent
17 prescribed controlled substances without proper documentation; failed to maintain
18 complete and accurate records, including an initial inventory and records of receipt and
19 dispensation for controlled substances and failed to maintain physical security of
20 controlled substance. To settle the claims against him, Respondent agreed to pay the
21 United States a sanction of eighty thousand dollars.

22 **ORDER**

23 IT IS HEREBY ORDERED that:

24 The practice restriction on Respondent's license imposed in the Consent
25 Agreement dated February 4, 2009 between the Respondent and the Board is lifted; and

1 Respondent is placed on Probation for **two years** with the following terms and conditions:

2 1. Respondent shall not consume alcohol or any food or other substance
3 containing poppy seeds or alcohol.

4 2. Respondent shall not take any controlled substances or mood altering
5 medications except as prescribed by a physician for a proper therapeutic purpose.

6 3. Respondent shall submit to random biological fluid testing, for two years
7 from the date of this Order (as more specifically directed below).

8 4. At such times as Board Staff and/or MAP Contractor (Board Staff) may
9 direct, Respondent shall promptly comply with requests from Board Staff to submit to
10 witnessed biological fluid collection. If Respondent is directed to contact an automated
11 telephone message system to determine when to provide a specimen, Respondent shall
12 do so within the hours specified by Board Staff. For the purposes of this paragraph, in the
13 case of an in-person request, "promptly comply" means "*immediately.*" In the case of a
14 telephonic request, "promptly comply" means that, except for good cause shown,
15 Respondent shall appear and submit to specimen collection not later than two hours after
16 telephonic notice to appear is given. The Executive Director and/or Board in its sole
17 discretion shall determine good cause.

18 5. Respondent shall provide Board Staff in writing with one telephone number
19 that shall be used to contact Respondent on a 24 hour per day/seven day per week basis
20 to submit to biological fluid collection. For the purposes of this section, telephonic notice is
21 deemed given at the time a message to appear is left at the contact telephone number
22 provided by Respondent. Respondent authorizes any person or organization conducting
23 tests on the collected samples to provide testing results to the Board.

24 6. Respondent shall cooperate with collection site personnel regarding
25 biological fluid collection.

1 7. Respondent shall provide Board Staff at least three business days advance
2 written notice of any plans to be away from office or home when such absence would
3 prohibit Respondent from responding to an order to provide a biological fluid specimen or
4 from responding to communications from the Board. The notice shall state the reason for
5 the intended absence from home or office, and shall provide a telephone number that
6 may be used to contact Respondent

7 8. Respondent shall pay for all costs for the biological fluid testing.

8 9. Respondent shall successfully complete a Board Staff approved 36 hour
9 alcohol/drug awareness education class.

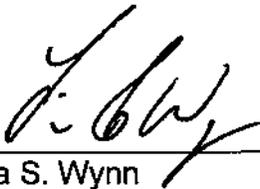
10 10. Respondent shall pay all costs associated with this Order at the time service
11 is rendered, if required, or within thirty days of each invoice sent to Respondent.

12 11. In the event of the use of drugs or alcohol by Respondent in violation of this
13 Order, Respondent shall promptly enter into an Interim Consent Agreement for Treatment
14 at a Board approved facility. At the successful conclusion of treatment Respondent shall
15 execute a Consent Agreement for full participation in MAP. **In no respect shall the**
16 **terms of this paragraph restrict the Board's authority to initiate and take**
17 **disciplinary action for violation of this Agreement.**

18 DATED AND EFFECTIVE this 5TH day of AUGUST, 2009.

ARIZONA MEDICAL BOARD



21
22 By: 
23 Lisa S. Wynn
24 Executive Director

1 ORIGINAL of the foregoing filed
this 6 day of August, 2009 with:

2 Arizona Medical Board
3 9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

4 EXECUTED COPY of the foregoing mailed
5 this 6 day of August, 2009 to:

6 Daniel Jantsch
7 Olson, Jantsch, & Bakker, P.A.
7243 North 16th Street
8 Phoenix, Arizona 85020-5203
Attorneys for Respondent

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Investigational Review

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