

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **ALLAN B. AVEN, M.D.,**

4 Holder of License No. 40302
5 for the Practice of Allopathic Medicine
6 In the State of Arizona.

Board Case No. MD-11A-40302-MDX

**FINDINGS OF FACT,
CONCLUSIONS OF LAW AND ORDER**

(Revocation)

7
8 On August 10, 2011, this matter came before the Arizona Medical Board ("Board")
9 for consideration of the Administrative Law Judge (ALJ) Diane Mihalsky's proposed
10 Findings of Fact, Conclusions of Law and Recommended Order. Allan B. Aven, M.D.,
11 ("Respondent") appeared before the Board with legal Counsel Tom Slutes; Assistant
12 Attorney General Anne Froedge, represented the State. Christopher Munns with the
13 Solicitor General's Section of the Attorney General's Office, was present and available to
14 provide independent legal advice to the Board.

15 The Board, having considered the ALJ's decision and the entire record in this
16 matter, hereby issues the following Findings of Fact, Conclusions of Law and Order.

17 **FINDINGS OF FACT**

18 **BACKGROUND**

19 1. The Arizona Medical Board ("the Board") is the duly constituted authority for
20 licensing and regulating the practice of allopathic medicine in the State of Arizona.

21 2. Allan B. Aven, M.D. was previously licensed and practiced as an allopathic
22 family physician in Arlington Heights, Illinois. At the time of the hearing in this matter, Dr.
23 Aven was approximately 68 years old.

24 3. In July 2006, Dr. Aven entered into a Consent Order in Case No. 2004095981
25 with the Illinois Department of Financial and Professional Regulation, Division of
Professional Regulation ("the Illinois Division of Professional Regulation"), admitting that he
had engaged in an improper physical relationship with his former female patient, DH. Dr.
Aven also admitted that while he was treating DH for depression and various physical

1 ailments, he was also treating DH's husband, HH,¹ for sexual performance issues.² Dr.
2 Aven's improper physical relationship with DH occurred in the fall of 2004.

3 4. As a result of the Consent Order in Case No. 2004095981, the Illinois Division of
4 Professional Regulation suspended Dr. Aven's Illinois license to practice allopathic
5 medicine between August 1, 2006, and November 30, 2006, and placed the license on
6 probation between December 1, 2006, and November 30, 2008. The Illinois Division of
7 Professional Regulation also required Dr. Aven to complete a 3-day course on professional
8 boundaries at Vanderbilt University.

9 5. After Dr. Aven successfully completed the terms of the Consent Order in Case
10 No. 2004095981 and the Illinois Division of Professional Regulation removed all restrictions
11 from his license in Illinois, Dr. Aven applied to the Board to be licensed as an allopathic
12 physician in Arizona.

13 6. The Board opened an investigation into Dr. Aven's application for licensure and
14 in light the Consent Order in Case No. 2004095981, required Dr. Aven to undergo an
15 extensive Professional Enhancement Program ("PEP") psychosexual evaluation at Pine
16 Grove Evaluation Center in Hattiesburg, Mississippi ("Pine Grove").

17 7. On May 1, 2009, the Pine Grove evaluators rendered a report. As part of the
18 evaluation, Dr. Aven underwent a polygraph examination at Pine Grove,³ and the
19 polygrapher reported that he considered Dr. Aven's negative response to the following
20 relevant question to be truthful:

21 Besides [DH], have you had sexual contact with any patients?⁴

22 8. The Pine Grove evaluators' diagnostic impressions of Dr. Aven were
23 "Occupational Problem (Professional Sexual Misconduct in 2004)" on Axis I, and
24

25 ¹ DH and her husband have the same initials. For clarity, DH's husband will be referred to as "HH"
throughout this decision.

² See the Board's Ex. 7.

³ The results of polygraph examinations generally are not admissible in Arizona. However, in this case, Dr.
Aven's and the Board's attorneys stipulated to admit the polygraph results.

⁴ Dr. Aven's Ex. 15 at 11.

1 "Personality Disorder [Not Otherwise Specified] with schizoid/avoidant and narcissistic
2 traits (provisional)" on Axis II.⁵

3 9. Although the Pine Grove evaluators expressed reservations about Dr. Aven's
4 respect for patient boundaries, based in large part on the polygraph results, they
5 recommended licensure, in relevant part as follows:

6 It is our opinion that Dr. Aven is not adequately treated, with
7 respect to his professional sexual misconduct. . . . The
8 evaluators were concerned that, as he discussed the 2004
9 boundary violations, he exhibited significant distortions in
10 judgment and deficiencies in insight. For example, he
11 described his participation in very passive terms ("she came on
12 to me, and the next thing you know, we were having sex").
13 Although he did acknowledge making an error in judgment, he
14 also put heavy emphasis on the woman's behavior – for
15 instance, how she approached him, how she made repeated
16 references to her sexual dissatisfaction, how she initiated the
17 encounters, etc. If not outright blaming the woman, he was at
18 least attempting to rationalize or excuse his behavior. A
19 physician who had been adequately treated for professional
20 sexual misconduct would not have presented his story in this
21 way, but instead would have focused more on his own
22 vulnerability factors, responsibility, and mistakes. . . .

23 A number of risk factors also remain unaddressed. Dr. Aven is
24 a very isolated man. He says of himself, "I am a loner. I don't
25 want to need anybody." This is a perpetuation of a very distant
family of origin, carried through a dysfunctional and distant 40-
year marriage. The dissatisfaction in his relationship was part
of why he acted out in 2004, and his relationships currently are
non-existent and non-intimate. He remains at risk because of
his isolation. . . . There is a longstanding and pervasive pattern
of social detachment, isolation, and intimacy deficit in this
man's life. This places him at risk of future acting out, if he
does not receive adequate treatment.

We are also quite concerned about his negative attitude toward
monitoring and treatment. We understand that Dr. Aven has
suffered significant professional consequences because of his
boundary violations. However, he expressed complete

25 ⁵ Dr. Aven's Ex. 15 at 17.

1 unwillingness to accept any form of treatment or monitoring. "I
2 don't want anyone looking over my shoulder," he said, adding,
3 "I don't believe in therapy." His resistance to accountability is
4 further evidence of a need for monitoring, and a further
5 indication that he is not adequately treated.

6 On the positive side, it should be noted that Dr. Aven did pass
7 his polygraph. It does not appear that he has been sexual with
8 any other patients, aside from the incident in 2004.
9 Nevertheless, we are sufficiently concerned about his
10 presentation to recommend a period of monitoring and
11 specialized psychotherapy.⁶

12 10. The Board also obtained Dr. Aven's history of malpractice litigation during the
13 past ten years. The history showed that on May 2, 2007, Dr. Aven's malpractice insurer
14 paid \$300,000.00 to settle a civil lawsuit based on the death by suicide of a female patient
15 whom he was treating for depression.⁷ According to the report, the specific complaint
16 allegation was that Dr. Aven had failed to monitor the patient. Because the Board's
17 investigation did not uncover any other malpractice claims against Dr. Aven within the last
18 ten years and because the May 2007 settlement did not appear to involve misconduct
19 similar to the sexual misconduct that Dr. Aven acknowledged in the Consent Order in Case
20 No. 2004095981, at the time, the Board did not investigate further the May 2007
21 malpractice settlement.

22 11. DH filed the complaint to the Illinois Division of Professional Regulation for the
23 affair that Dr. Aven acknowledged, resulting in the discipline imposed in Case No.
24 2004095981. DH and her husband also filed a civil lawsuit against Dr. Aven for
25 malpractice. On July 27, 2009, Dr. Aven's malpractice insurer paid \$197,500.00 to settle
DH and HH's lawsuit.⁸ Because the settlement occurred after the Board concluded its
investigation into Dr. Aven's license application, the Board did not consider it in its initial
investigation.

⁶ Dr. Aven's Ex. 15 at 15-16.

⁷ See the Board's Ex. 4.

⁸ See the Board's Ex. 4.

1 12. In 2009, the Board issued License No. 40302 to Dr. Aven. The license was
2 unrestricted.

3 13. On or about November 17, 2010, the Board received an anonymous e-mail that
4 referred to a news article that had appeared in the *Chicago Tribune* on November 13,
5 2010, about Dr. Aven entitled, "Doctor accused of preying on patients."⁹ In addition to
6 describing DH's complaint to the Illinois Division of Professional Regulation, the *Chicago*
7 *Tribune* reported that in 2001, Dr. Aven's patient, DAB, had committed suicide outside Dr.
8 Aven's office, and that Dr. Aven was treating her for depression while at the same time he
9 was engaged in a sexual relationship with her. The *Chicago Tribune* also reported that the
10 May 2007 malpractice settlement was with DAB's husband, KB.

11 14. The Board had considered Dr. Aven's affair with DH to have been an isolated
12 lapse in judgment when it issued his license. Because the facts that the *Chicago Tribune*
13 article alleged regarding DAB's case were similar to the facts that Dr. Aven acknowledged
14 in the Consent Order resolving DH's complaint to the Illinois Division of Professional
15 Responsibility, the Board opened a complaint against Dr. Aven and assigned it to its
16 employee, Marlene Young, for investigation.

17 15. Ms. Young obtained deposition transcripts from DH and HH's lawsuit against
18 Dr. Aven, and depositions, trial testimony, and other evidence from KB's lawsuit against Dr.
19 Aven, including the deposition transcript of DAB's treating psychologist, Harvey M. Wolf,
20 Psy.D., and interviewed Dr. Aven and DH. On March 1, 2011, Ms. Young submitted an
21 investigative report to the Board in support of a psychosexual reevaluation of Dr. Aven.¹⁰

22 16. On March 4, 2011, the Board issued an Interim Order that required Dr. Aven to
23 undergo another psychosexual evaluation at the Pine Grove or the Meadows evaluation
24 facilities.¹¹

25 17. Between April 18 and 22, 2011, Dr. Aven underwent a psychosexual evaluation
at the Meadows facility located in Wickenburg, Arizona.

 18. The Meadows psychosexual evaluation included a polygraph. The polygrapher
asked Dr. Aven the following three relevant questions:

⁹ See the Board's Ex. 1 and 2.

¹⁰ See the Board's Ex. 14.

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- 1) Have you ever had intercourse with [DAB]?
- 2) Have you ever engaged in sexual intercourse with [DAB]?
- 3) Have you ever touched [DAB] for your own sexual gratification?

The polygrapher described the test results of Dr. Aven's negative responses to the three relevant questions as "deception indicated" and opined that "the examinee was not truthful in regard to the above listed relevant questions."¹²

19. The Meadows' psychosexual evaluation of Dr. Aven included a Psychiatric & Addiction Medicine Assessment by psychiatrist Stephen S. Brockway, M.D. Dr. Brockway concluded his report with the following formulation and assessment:¹³

Formulation: It is my opinion that Dr. Aven is a serious sexual predator and sex offender. There is credible evidence that he groomed and then sexually abused patient [DH] for a period of approximately three months from September to October 2004. Her phone call with the Arizona Medical Board investigative staff details that affair. It is my opinion that he also had a two and a half year period of sexually abusing the now deceased patient [DAB], and that is well-detailed in the notes of her psychologist, Harvey Wolf, Psy.D.

Of note are the similarities in the abuse patterns in which, I believe, he spent some time grooming these two vulnerable women who were both depressed. He then medicated them heavily and probably altered their thinking patterns with medications, treated the husbands in both cases and was aware of their sexual impotence or lack of sexual activity. He met the women in the early morning at his office prior to his seeing patients around 6:00 to 6:30 a.m. and both women said that they told their husbands that they were going to the gym which may be an idea that he implanted. He was quite controlling in his comments to the women, and very derogatory toward therapists who were seeing [DAB] and finally found ways to end each relationship that were of additional harm to each patient in that they felt rejected. The death of patient

¹¹ See the Board's Ex. 15.
¹² The Board's Ex. 16 at 14.
¹³ The Board's Ex. 16 at 8-9.

1 [DAB] on 8/9/01 seems directly connected to rejection,
2 documented in Dr. Wolf's therapy note of 8/8/01,¹⁴ by Dr. Aven
3 the previous day.

4 Dr. Aven is probably not rehabilitatable. The evidence for that
5 would be that he has gone through two lengthy malpractice
6 cases, one for each patient, and failed to be honest about the
7 extent and depth of the relationships. He also was quite
8 belittling and derogatory toward each patient in the way he
9 described them. He failed to get out of a sort of victim stance
10 claiming that [DH] seduced him. He fails to make any
11 comments about the grooming process that each woman
12 asserts he engaged in.

13 It appears that he has very strong antisocial, offending behavior
14 confined to this one single sexual area which has not carried
15 over to illegal activities in other areas. It is my opinion that he
16 has little or no conscience and has not shown remorse about
17 the [DH] case or the [DAB] case. He has chosen to completely
18 deny sexual involvement in the [DAB] case despite Dr. Wolf's
19 very extensive notes over a period of a year and a half which
20 are in the possession of the Arizona Medical Board.

21 In summary, I do not think that Dr. Aven should have an
22 Arizona Medical License nor should he have a medical license
23 in any state in the United States. He is a severe and
24 dangerous perpetrator towards women who has used his
25 medical license in practice to prey on at least two women and I
suspect on many more.

26 Assessment

27 Axis I - No Diagnosis

28 Axis II - Personality Disorder, Not Otherwise Specified with
29 Antisocial and Sexual Offending Behavior: 301.90.

30 Axis III - Per medical.

31 Axis IV - Occupational Problems.

32 Axis V - Admission Global Assessment of Functioning: 80.

33 (Footnote added.)

34 _____
35 ¹⁴ These dates are erroneous. DAB's last counseling session with Dr. Wolf was on August 8, 2001, but her last communication with him was on August 14, 2001, when she called him after an office visit to Dr. Aven.

1 26. Dr. Aven was DH's family physician, and treated DH's grandparents, parents,
2 and siblings. Dr. Aven treated DH for seventeen or eighteen years, from the time that she
3 was thirteen or fourteen years old until November 2004, when she was approximately 35 or
4 36 years old.¹⁶ After DH married HH in 1991, Dr. Aven started treating HH.

5 27. In 2001, DH and HH stopped being physically intimate and engaging in sexual
6 intercourse.

7 28. In 2003 and 2004, DH experienced multiple health problems. She underwent
8 two ear surgeries and during the second, the audio nerve was severed, resulting in DH
9 becoming deaf in one ear. A mammogram detected a mass in her breast, and she
10 underwent a biopsy. Her gynecologist detected precancerous polyps in her uterine wall,
11 and she underwent surgery. One of her surgeries resulted in a bacterial infection, resulting
12 in additional hospitalization. DH also experienced vertigo, and during a vertigo episode,
13 caused a chain reaction multiple vehicle accident, resulting in an injury to her left breast. In
14 May 2004, DH became disabled, and stopped working as a gate agent for American
15 Airlines.

16 29. DH's health problems caused her to become depressed and exacerbated her
17 marital problems with HH. DH testified that Dr. Aven started behaving "inappropriately" to
18 her in early 2004 by complimenting her appearance and asking about personal matters. In
19 July 2004, Dr. Aven started treating DH's depression by prescribing Zoloft.¹⁷ In August
20 2004, Dr. Aven switched DH's prescription to Wellbutrin.¹⁸

21 30. DH took classes at a junior college during the summer of 2004 in an attempt to
22 obtain employment that could accommodate her various health problems. By the fall of
23 2004, DH had lost substantial weight and was down to 89 pounds.

24 31. DH testified that in an office visit in mid-September 2004, Dr. Aven enquired
25 about her libido, and she responded, "What difference does it make since I'm not having
sex with my husband?" DH testified that Dr. Aven said she had her choice of candidates, d

¹⁶ DH testified that she was 42 years old at the hearing.

¹⁷ See the Board's Ex. 19 at 50-51.

¹⁸ See *id.* at 52.

1 either "... a 17 or 18-year-old from school" or have relations with "a kind, gentle 60-year-
2 old."¹⁹

3 32. DH testified that she thought that Dr. Aven was "alluding to the fact that there
4 was something physically wrong" with her because she was not having sex, but that she
5 was not sure to whom Dr. Aven was referring. During the weekend following the office
6 visit, she wrote a note to Dr. Aven and put it into the drop box at his office.²⁰

7 33. DH testified that Dr. Aven's office staff called her on the following Monday
8 morning and instructed her to call Dr. Aven. When she called Dr. Aven, he informed her
9 that he was the kind, gentle 60-year old and that DH's consideration of a sexual
10 relationship with him was a "dream come true."²¹ DH testified that Dr. Aven asked her to
11 come by his office after his last patient left.

12 34. DH testified that she drove by Dr. Aven's office and saw one car. She made
13 "one final loop," waiting for the car to leave, and Dr. Aven "flagged her down." She and Dr.
14 Aven went into the hallway of his office, where she stood against the back wall. Although
15 DH expected conversation, Dr. Aven instead started kissing her and asked her, essentially,
16 if she wanted to have sex. Dr. Aven slipped his hand down DH's jeans.²² DH testified that
17 she and Dr. Aven had sexual intercourse and other sexual contacts on that day.

18 35. Dr. Aven did not testify at hearing about his sexual relationship with DH. On
19 April 12, 2007, Dr. Aven's deposition was taken in DH and HH's civil lawsuit. At that
20 deposition, Dr. Aven testified that his sexual relationship with DH began when she came to
21 his office early one morning and made "suggestive remarks" to him and he "got carried
22 away."²³ Dr. Aven did not remember the specific content of DH's suggestive remarks.²⁴
23 The sexual encounter occurred in the hallway of Dr. Aven's office, and consisted of DH
24 putting Dr. Aven's hand on her breast and possibly touching Dr. Aven "genitally," but Dr.
25 Aven was "not sure exactly ... what happened or what [DH] said."²⁵ Dr. Aven testified at

23 ¹⁹ See *id.* at 56.

24 ²⁰ See *id.* at 60.

25 ²¹ See *id.* at 64.

²² See *id.* at 67-68.

²³ See the Board's Ex. 9 at 98.

²⁴ See *id.* at 99.

²⁵ *Id.* at 100.

1 his deposition that although he achieved orgasm during his first sexual encounter with DH,
2 they did not have intercourse because DH "hadn't had intercourse in 10 or 12 years and
3 her anatomy didn't allow it."²⁶

4 36. DH testified at the hearing and at her deposition that soon after the encounter
5 in Dr. Aven's hallway, he called her at home at 5:30 a.m. and suggested that they meet
6 during the lunch break. DH told him that she could not talk because her husband was
7 home, and Dr. Aven called her again at mid-morning and asked to meet her at the lunch
8 break. When she asked if they were meeting for lunch, Dr. Aven said he wanted to meet
9 her at the Red Roof Inn, a local motel. DH rented a room, and Dr. Aven met her at the
10 motel. DH testified that she was sitting on the bed, fully clothed, expecting that they would
11 have conversation, but when she turned around, Dr. Aven was naked and started kissing
12 her. DH testified that she had intercourse with Dr. Aven at the Red Roof Inn, and that
13 before Dr. Aven left, he counted out three twenty dollar bills to pay for the room.²⁷ DH
14 testified that she was already depressed, and that Dr. Aven made her feel degraded.

15 37. Dr. Aven testified in his deposition that he only had two or three sexual
16 encounters with DH, and that he ended the sexual relationship after a week or ten days.²⁸

17 38. DH testified at the hearing and at her deposition that her sexual relationship
18 with Dr. Aven continued through November 2004, that the two saw each other one to three
19 times a week at Dr. Aven's office, but that not all the contacts involved intercourse. DH
20 testified in her deposition that she had sexual intercourse with Dr. Aven more than five but
21 less than ten times.

22 39. DH testified that Dr. Aven was married during the time of her sexual
23 relationship with him, but that Dr. Aven had made a "financial arrangement" with his wife
24 when she had caught him in an affair years earlier. DH testified that Dr. Aven required her
25 to follow a "regimen" that included not using any scented products that his wife might
26 detect.

²⁶*Id.* at 104.

²⁷ See the Board's Ex. 19 at 70-74.

²⁸ See the Board's Ex. 9 at 113-114.

1 40. DH testified that during the time that Dr. Aven was having a sexual relationship
2 with her, he treated her husband for impotence. DH testified that it was difficult for HH to
3 discuss sexual issues, but that he "opened up" to Dr. Aven and asked for Viagra.

4 41. Dr. Aven testified in his deposition that HH came to him for treatment for
5 impotence on November 9, 2004, after Dr. Aven's affair with DH had ended, but that the
6 visit was not noted in Dr. Aven's chart for HH.

7 42. DH testified that three weeks before Thanksgiving 2004, Dr. Aven prescribed
8 Risperdal to her.

9 43. DH testified at the hearing and at her deposition that the affair ended when her
10 husband overheard her talking on the telephone with Dr. Aven when she was not wearing
11 her hearing aid. HH became "enraged" and begged DH not to meet Dr. Aven, but she
12 went to meet him. DH testified that Dr. Aven became "enraged" when she told him that HH
13 knew about their sexual relationship and that Dr. Aven then said that he could not see her
14 anymore.²⁹

15 44. DH testified at hearing and at her deposition that the day after Dr. Aven broke
16 off their sexual relationship, she became combative and erratic and was thinking about
17 taking all of her medications at once. The mental health therapist whom she had been
18 seeing since she was determined to be disabled recommended that she check herself into
19 a psychiatric inpatient facility. DH checked herself into Northwest Community Hospital on
20 the Sunday before Thanksgiving in 2004.³⁰

21 45. DH testified at her deposition that on the following Monday, Dr. Aven visited her
22 on the psychiatric ward of Northwest Community Hospital and "whispered in her ear" that
23 he was "firing himself" as her physician and that she should not mention their affair to
24 anyone.³¹ She did not tell anyone at the hospital about her sexual relationship with Dr.
25 Aven. DH was discharged from the psychiatric ward.

DAB

26 46. Dr. Aven treated DAB, a young Hispanic woman, from April 1992, until she died
27 in August 2001, when she was 31 years old. Dr. Aven also treated DAB's husband, KB,

28 ²⁹ See the Board's Ex. 19 at 87-92.

29 ³⁰ See *id.* at 101.

1 who was considerably older than she was. In 1992, before Dr. Aven started treating DAB,
2 she had been hospitalized for a suicide attempt.

3 47. Dr. Aven prescribed Zoloft and Wellbutrin to DAB to treat her depression. DAB
4 had confided to Dr. Aven that she had been raped before her marriage and that her
5 husband had a reduced sex drive. Dr. Aven also counseled DAB regarding her weight.
6 According to Dr. Aven's notes, DAB was 5'1", weighed 123 pounds in 1992, weighed 154
7 pounds during the summer of 2004, and weighed 141 pounds at her last office visit with Dr.
8 Aven on August 14, 2001.³²

9 48. Dr. Wolfe initially saw DAB in 1995, when she was 25 years old, after her
10 gynecologist referred her for a mental status evaluation because she desired to be
11 sterilized. Dr. Wolf determined that DAB was mentally stable and able to give informed
12 consent to the sterilization procedure.

13 49. Dr. Wolf started treating DAB on May 24, 1999, when she sought treatment for
14 work stress and sexual dysfunction in her marriage. Dr. Wolf described DAB at hearing as
15 very cautious, and testified that the lack of sex in her marriage made DAB feel like her
16 husband had rejected her. Dr. Wolf testified that DAB was not delusional.

17 50. Dr. Wolf testified that about six months into counseling, DAB started confiding
18 that she was engaged in a sexual affair with a medical doctor, but would not identify the
19 doctor to avoid getting him into trouble.³³ Dr. Wolf testified that sometimes DAB told him
20 that the relationship made her feel like a "real woman" and sometimes drove her crazy and
21 made her feel horrible. Dr. Wolf knew that Dr. Aven at that time was prescribing Zoloft and
22 Wellbutrin to DAB for her depression.

23 51. According to Dr. Aven's deposition testimony in KB's lawsuit, his note dated
24 May 9, 2000, reflected that DAB confided that she did not have any sexual activity with KB
25 for many years, except for "maybe about four times," and hinted that she was having a

23 ³¹ See *id.* at 108.

24 ³² See the Board's Ex. 10 (Aven deposition) at 21, 30, 54.

25 ³³ See the Board's Ex. 12 at 12 (12/14/99 note about DAB's "bad" and declining referral to psychiatrist because she got "everything" from Dr. Aven), 15 (3/21/00 note about relationship with MD), 17 (5/1/2000 note about DAB's evasiveness about medications, 5/13/00 note about doctor's derogatory remarks about minorities and anger at MD), 19 (6/10/00 note that MD asks DAB why she continues with Dr. Wolf since he is not helping her).

1 sexual relationship with her psychologist.³⁴ Dr. Aven testified that he used the term
2 "special" relationship in his notes to protect DAB's privacy and to jog his memory.

3 52. Dr. Wolf denied having a sexual relationship with DAB. There is no other
4 evidence that DAB ever told anyone else that she was having a sexual relationship with Dr.
5 Wolf.

6 53. Dr. Wolf testified that DAB eventually confided that she was having a sexual
7 relationship with Dr. Aven, as reflected in his notes.³⁵ Dr. Wolf testified that DAB felt bad
8 about the relationship, feared that she would go to hell, and feared that KB would find out
9 about the relationship and hurt Dr. Aven. When Dr. Wolf asked DAB why she kept going
10 back, she said the relationship was addictive, "like a cat and mouse." Dr. Wolf testified that
11 during two sessions, DAB received telephone calls from Dr. Aven.

12 54. Dr. Aven testified that he frequently returns patients' messages to their cellular
13 phones.

14 55. Dr. Wolf's notes included a four-page e-mail dated June 17, 2000, that DAB
15 said that she had sent to Dr. Aven, attempting to end her personal, professional, and
16 physical relationship with him. The e-mail stated that "the inappropriate nature" of DAB
17 and Dr. Aven's relationship had caused DAB a "great deal of pain," that she had shared the
18 intimate details of her life with Dr. Aven, as her physician, and that she saw now that her
19 trust was "naïve and misplaced." DAB told Dr. Aven that "[i]t is unfortunate that a doctor
20 would use such private and guarded information to manipulate his patients into serving his
21 own ends." DAB's note is articulate.

22 56. Dr. Aven denied having ever received such an e-mail from DAB. Dr. Aven told
23 Dr. Brockway at the Meadows that he discharged DAB from his practice "for her attitude,"
24 and that DAB sent him an e-mail, asking to come back, and he saw her again.³⁶ Dr. Aven
25 submitted an e-mail that DAB sent on or about August 22, 2000, stating as follows:

I can't believe you would still take the time to help me
after everything. I want you to know I have learned a valuable

³⁴ See the Board's Ex. 10 at 40-41.

³⁵ See the Board's Ex. 12 at 28 (9/23/00 note), 31 (2/14/01 note).

³⁶ See the Board's Ex. 16 at 6.

1 lesson. And if you'll have me back as a patient it would be an
2 honor to have you back as my physician.³⁷

3 57. Dr. Wolf testified that he saw no reason to disbelieve DAB's statements about
4 her sexual relationship with Dr. Aven. Dr. Wolf knows he needs to be careful about such
5 statements, because patients may retaliate against their doctors. But DAB did not reveal
6 Dr. Aven's identity at first, but divulged details over time. Dr. Wolf testified that if a person
7 is making up such a relationship, she "will go on and on with details" as "externalized
8 hatred." Dr. Wolf testified that DAB did not express any hatred toward Dr. Aven, but
9 focused on herself and her concern that KB would hurt Dr. Aven. Dr. Wolf testified that
10 DAB maintained eye contact when she disclosed the details of her relationship with Dr.
11 Aven.

12 58. Dr. Wolf testified that DAB was very vulnerable, although she could be very
13 "blustery" and outspoken. It was not unusual for DAB to let him know her displeasure if he
14 was late for appointments. Because of DAB's volatility, Dr. Wolf did not see her if no one
15 else was in his office. But Dr. Wolf testified that when DAB discussed her feelings about
16 KB, her parents, and religion, she was "like a soft little girl."

17 59. Dr. Wolf testified that in his opinion, Dr. Aven was a sexual predator because
18 he chose to have a relationship with a patient who was not intact or mentally healthy.

19 60. Dr. Aven testified in his deposition in KB's lawsuit that his notes for DAB's last
20 visit to his office on August 14, 2001, documented that she had a decreased appetite for
21 three days, that she had increased marital and job stress for three or four days, and that
22 she was "tearful, but not suicidal."³⁸ Dr. Aven testified that although DAB had lost weight,
23 she was upset about a comment from a coworker regarding her weight.³⁹

24 61. DAB's last counseling session with Dr. Wolf was on August 8, 2001. Dr. Wolf
25 testified that his last contact with DAB was on August 14, 2001, at approximately 6:30 p.m.,
when she called him after her visit to Dr. Aven's office. Dr. Wolf testified that DAB was
crying because Dr. Aven had told her their relationship was over because she was

³⁷ Respondent's Ex. 8.

³⁸ See the Board's Ex. 10 at 54.

³⁹ See *id.* at 55-56.

1 overweight, and that he was in love with Michelle, a medical assistant in his office who was
2 a former patient, and that Michelle had gotten into medical school.⁴⁰

3 62. Dr. Wolf testified that DAB said she made a scene in Dr. Aven's office, but that
4 when she left, his staff calmed her down and was nice to her. Dr. Wolf testified that DAB
5 knew Michelle, did not like her, and considered her to be a rival. Dr. Wolf testified that he
6 offered DAB a counseling session that evening, but she agreed to come for a 4:30 p.m.
7 appointment the next day.

8 63. Dr. Aven acknowledged that he had a brief sexual relationship with Michelle
9 and that Michelle was DAB's friend "for some reason."⁴¹

10 64. Dr. Aven testified at his deposition that he noticed DAB on the grass outside his
11 office at 8:00 a.m. on August 15, 2001, and that after he was able to arouse her, she told
12 him that she "had taken a whole bunch of pills," including Zoloft, Wellbutrin, and some
13 Tylenol with codeine.⁴² He later noticed DAB's van in the parking lot.⁴³

14 65. Dr. Aven asked a member of his staff to call 911, and the ambulance
15 transported DAB to the hospital. DAB later aspirated on her vomit and died.

16 66. Dr. Wolf testified that he learned of DAB's death from KB, who was sobbing
17 when he called Dr. Wolf to explain the details of DAB's death. Dr. Wolf testified that he had
18 never before lost a patient to suicide.

19 67. KB's lawsuit against Dr. Aven, the emergency room physician, and the hospital
20 was filed on or about August 12, 2003, just within the two years after death allowed for
21 medical malpractice actions in Illinois. The complaint in KB's lawsuit did not allege that Dr.
22 Aven had an improper sexual relationship with DAB, but only that he had deviated from the
23 standard of care by failing to recognize the risk that DAB would harm herself.⁴⁴

24 68. Dr. Wolf testified in his deposition in KB's lawsuit that he waited three years to
25 tell KB about DAB's disclosures about her sexual relationship with Dr. Aven.⁴⁵

23 ⁴⁰ See also the Board's Ex. 12 at 33. Dr. Aven admitted in the Board's telephonic interview that Michelle
was his medical assistant and had been his patient. See the Board's Ex. 13 at 24.

24 ⁴¹ See the Board's Ex. 13 at 11.

24 ⁴² See the Board's Ex. 10 at 77.

24 ⁴³ See the Board's Ex. 10 at 74-76.

25 ⁴⁴ See Respondent's Ex. 1 at 3.

25 ⁴⁵ See the Board's Ex. 12 at 48.

1 69. After Dr. Wolf disclosed to KB that DAB had told him that she had a sexual
2 relationship with Dr. Aven, Dr. Aven's experts on the standards of care in psychiatry and
3 family practice testified that a physician's sexual relationship with a patient was
4 independent of the medical standard of care,⁴⁶ and that if Dr. Aven was having a sexual
5 relationship with DAB, it did not impact his medical judgment.

6 70. Dr. Aven has consistently denied ever having a sexual relationship with DAB.
7 He told Board investigators on February 17, 2011, that DAB was "not a nice person," was
8 "vile," and "used not-so-nice language." Dr. Aven said that "[l]ots of things in her life had
9 sexual connotations" and that he believed DAB was jealous of Michelle.⁴⁷

10 71. Dr. Aven told Board investigators, Dr. Brockway, and Dr. Johnson that DAB did
11 not wear underwear and that on one occasion, he walked into the examination room and
12 found DAB with her skirt over her head, masturbating.⁴⁸ Dr. Aven said that he "closed the
13 door a little bit" and asked DAB to "stop doing that" and to wash her hands.⁴⁹ Dr. Aven
14 acknowledged that his notes did not describe the incident, that after the incident, he
15 continued treating DAB, and that he did not use a chaperone, although he kept the door
16 open.⁵⁰ None of the exhibits submitted showed that Dr. Aven had described this incident at
17 any time before the Board initiated this complaint.

18 72. Dr. Aven also told Board staff that he recognized DAB's van in the parking lot
19 when he found her outside his office on August 15, 2001, because earlier he had seen her
20 following him in her van.⁵¹ Dr. Aven's interview is the first time he stated that DAB ever
21 followed him.

22
23 **Dr. Johnson's Psychosexual Evaluation of Dr. Aven and**
24 **Drs. Johnson's and Brockway's Hearing Testimony**
25

23 ⁴⁶ See Respondent's Ex 3 at 22; Respondent's Ex. 4 at 48.

24 ⁴⁷ See the Board's Ex. 13 at 11-12.

25 ⁴⁸ See the Board's Ex. 16 at 6; the Board's Ex. 13 at 14.

⁴⁹ See *id.*

⁵⁰ See *id.*

⁵¹ See *id.* at 53.

1 73. During the course of the Board's investigation, Dr. Aven retained Dr. Johnson
2 to perform a psychosexual evaluation and to consider the evidence against Dr. Aven of
3 sexual misconduct. Dr. Johnson is a forensic psychiatrist who is the Chief of Psychiatry at
4 the Arizona State Hospital, where he is in charge of treating sex offenders. Dr. Johnson
also frequently performs evaluations for courts.

5 74. On May 25, 2011, Dr. Johnson performed a psychosexual evaluation of Dr.
6 Aven. Dr. Johnson's report concluded with the following opinion and discussion:

7 It is my opinion with reasonable medical certainty that Dr. Allan
8 Aven does not suffer from any Axis I or Axis II psychiatric
9 diagnoses as based on the diagnostic criteria from the
10 Diagnostic and Statistical Manual-IV-Test Revision (DSM-IV-
11 TR). There is no evidence that he suffers from a sexual
paraphilia, or sexual disorder. Additionally, I am not convinced
that he meets criteria for a personality disorder, and, in fact, am
not convinced that he meets criteria for traits of any personality
disorders.

12 It was the purpose of this evaluation to asses [sic] Dr. Aven for
13 psychiatric disorders, including psychosexual disorders, as well
14 as to assess any potential risk that he may pose to the
community at large, including his medical patients, in the future.
15 It is not the purpose of this evaluation to determine guilt or
innocence of allegations that have been brought against him by
16 the means of a newspaper article published in the Chicago
Tribune nor of evaluations or statements made by others. In
17 other words, as a psychiatrist I cannot be the Trier of fact in
regard to concluding whether Dr. Aven has committed specific
18 acts or behaviors in the past, but am able to render an opinion
in regard to diagnosis and risk.

19 Dr. Aven fully admits to having engaged in an inappropriate
20 sexual relationship or sexual misconduct with a prior patient in
2004. Additionally, he has admitted to engaging in extramarital
21 affairs with two of his prior staff, both being medical assistants.
One of the affairs occurred in the 1970s, and the other in the
22 mid 2000s. Dr. Aven admitted that his choice to engage in
extramarital affairs was a poor decision in each case, and fully
23 admitted that his choice to engage in sexual misconduct and
attempt to have sexual intercourse with [DH] on multiple
24 occasions was wrong, damaging, and inappropriate without
question. He appears to have fully admitted to the situation
25 with [DH] and although uses rationalizations about his own

1 failing relationship with his wife as to why he allowed the
2 situation to occur, now looks back on the situation with much
3 regret and sorrow.

4 Dr. Aven has denied ongoing that he had a sexual relationship
5 with another patient, however, as has been alleged. As is well
6 understood, there have been more recent allegations that
7 came forth that he had an ongoing sexual relationship with a
8 prior patient who eventually committed suicide in 2001,
9 although Dr. Aven has not been alleged of such in a criminal
10 setting, nor has been found guilty of such in a criminal court.
11 However, it is reasonable to understand that the Arizona
12 Medical Board wished to investigate allegations further given
13 the seriousness of such allegation toward a physician, and
14 especially to help make a determination as to whether it is safe
15 for Dr. Aven to continue to practice medicine in the future.
16 Thus, further evaluation and investigations occurred.

17 Upon having the ability to review the prior psychosexual
18 evaluations, other numerous collateral sources as outlined at
19 the beginning of this report, and having interviewed and
20 administered further psychosexual testing to Dr. Aven, I again
21 conclude that Dr. Aven does not meet the criteria for any
22 psychiatric including psychosexual disorders. This is not to
23 state that there are not issues of concern, as Dr. Aven has had
24 a history of poor boundaries with at least one patient.
25 Additionally, it is my impression that he has demonstrated poor
boundaries with two staff members. However, I am concerned
that Dr. Aven has been listed as a "sexual predator," when
such a term has legal implications which I do not believe
applies in this case. It is an alarming term, in which I do not
believe a mental health evaluator should be concluding in such
a case. Rather, it is again not appropriate for a mental health
evaluator to conclude guilt or innocence of specific acts, but to
focus on positives and negatives of an individual, and also to
look at issues of risk.

Dr. Aven was trained in medicine at a time when issues of
boundaries with patients were not generally discussed, taught,
nor emphasized as they are these days. In fact, as one looks
back in medical education history, it is not uncommon that in
decades past, physicians would sometimes have close
relationships with their patients, including close social
interaction, and even dating or marrying their patients.
Although this evaluator does not condone such, the issues of

1 boundaries with patients have evolved over the last few
2 decades to a point to where it is now clearly understood that
3 there are control issues, inequalities, dependency problems,
4 and other issues of concern that have led to a very different
understanding of boundaries with a patient these days then
[sic] was felt to be the case in years past. . . .

5
6 There is also a concern that Dr. Aven has presented himself in
7 a very positive light on psychological testing that has been
8 administered in the past. One could initially interpret that he
9 has presented himself better than he is in actuality because he
10 was attempting to lie and be deceitful. However, when I talked
11 to Dr. Aven about this issue, he admitted that he had seen
12 those evaluations on him as being threatening and possibly
13 even biased against him, and he was afraid that if he answered
14 things in a manner that is less than [sic] presenting himself in a
15 positive way, it would be used against him in a manner that
16 would be very hurtful for the outcome of the evaluation and his
17 future. . . .

18
19 Next, there has been some concern that Dr. Aven has not fully
20 shown empathy toward what occurred with [DH] in the past, or
21 possibly in other situations. He states quite matter of factly that
22 he regrets what he did with [DH], as well as having other
23 extramarital affairs, but I agree that he does not show much
24 emotion at this point about his sexual misconduct in the past.
25 However, having worked with numerous individuals, including
actual sex offenders, in the past that have engaged in
inappropriate sexual behaviors with other people, it is not
uncommon that an individual may be quite careful as to what
they admit and how much they admit as to how the situations
made them feel emotionally, including expressing too much
empathy, for fear that it would be tantamount to admitting guilt
to something more than even occurred, and that additional
negative outcome could occur. . . .

21 Dr. Aven presents in many positives about his background in
22 addition to the concerns that have been discussed above. He
23 seems to have fully taken responsibility for his sexual
24 misconduct with [DH]. He has undergone at least some
25 training at this point in his career regarding appropriate
boundaries with patients. He is willing now at this point to have
a chaperone in the room with him when he sees any patient,
whether male or female, and reported to me that he is willing to

1 engage in further psychotherapy, if recommended, although I
2 admit that I believe he is not anxious to engage in further
3 psychotherapy. It is my impression that he would benefit from
4 continued training and therapy to even more fully understand
5 the concept of inequality and control in a doctor/patient
6 relationship, and to possibly more fully understand how sexual
7 misconduct with a patient can hurt them emotionally, and
8 cause damage in multiple ways to the patient. . . .

6 Finally, there is the issue of risk to the community, and the risk
7 of engaging in future sexual misconduct. In the field of mental
8 health, one does not have a crystal ball that can definitively
9 predict whether an individual will or will not engage in sexual
10 misconduct or even sex offenses in the future. However, in the
11 field of sex offense treatment, there has been a great deal of
12 research looking at reduction of risk of reoffense. Although
13 there is not specific risk assessment tools that have generally
14 been used for professional sexual misconduct only, the
15 concepts that have been looked at as risk factors in sexual
16 offenses in general are reasonable to address in the case of
17 Dr. Aven. . . . Sex risk factors include whether an individual
18 has committed prior sex offenses, whether they have engaged
19 in non-sexual violent crimes, if their victims are unrelated to
20 them or actual strangers, if any of their victims are males, if the
21 individual who has committed a sex crime is under the age of
22 25, and whether they have had a sexual partner for at least two
23 years during their life. Dr. Aven does not demonstrate risk
24 factors according to the risks as above. . . .⁵²

17 75. Dr. Johnson testified consistently with his report. Based on the low risk that Dr.
18 Aven would commit a future sexual offense, Dr. Johnson recommended that the Board
19 allow Dr. Aven to continue practicing, but to require a chaperone for both male and female
20 patients and to require Dr. Aven to undergo additional counseling in the area of patient
21 boundaries.

21 76. Dr. Aven told evaluators at Pine Grove in April 2009, that as a result of the
22 Illinois Division of Professional Responsibility suspending his license after DH's complaint,
23 he lost several large insurance contracts and was divorced from his wife of 40 years, his

24
25 ⁵² Respondent's Ex. 20.

1 wife receiving most of the marital assets in the divorce. He wanted to relocate to Arizona
2 for a "fresh start."⁵³

3 77. Dr. Aven told Dr. Johnson in May 2011, that he moved to Arizona for the
4 weather and to be free of the burden of running a private practice, that he has had four
5 girlfriends since his divorce, and that he has been seeing his current girlfriend two or three
6 times a week for five months.⁵⁴

7 78. Dr. Brockway testified consistently with his report of his psychosexual
8 evaluation of Dr. Aven at the Meadows in April 2011. Dr. Brockway did not find that Dr.
9 Aven suffered from sexual addiction, but found that he had a personality disorder with
10 antisocial and sexual predatory features. Dr. Brockway testified that he believed that Dr.
11 Aven had a sexual relationship with DAB for 2½ years. Dr. Brockway testified that Dr.
12 Aven's acknowledged sexual relationship with DH and the alleged sexual relationship with
13 DAB showed a pattern of grooming and then taking advantage of depressed, vulnerable
14 women with marital and sexual problems for whom he occupied a position of trust. Dr.
15 Brockway testified that Dr. Aven showed a lack of concern for either patient's well-being,
16 and that even after he acknowledged the affair with DH, he continued to minimize his
17 behavior.

18 79. Dr. Brockway testified that he did not recommend that Dr. Aven receive
19 treatment because he was "so well-defended" and so much "in the perpetrator's camp."
20 Dr. Brockway testified that Dr. Aven was not safe to practice.

21 Other Evidence

22 80. Dr. Aven submitted more than 142 pages of letters and notes from former
23 patients of both sexes, thanking him for his care and treatment. The articles dated from
24 1971, when Dr. Aven was a young naval officer practicing at a naval base at Meridian,
25 Mississippi, to 2010, when many of his patients expressed their regret on his retirement.
The letters praised Dr. Aven's diagnostic skills and his flexibility in being willing to treat
patients at their homes and on weekends.⁵⁵

24 ⁵³ See Respondent's Ex. 15 at 3.

24 ⁵⁴ See Respondent's Ex. 20 at 2-3.

25 ⁵⁵ See Respondent's Ex. 2.

1 greater weight of the evidence, not necessarily established by the greater number of
2 witnesses testifying to a fact but by evidence that has the most convincing force; superior
3 evidentiary weight that, though not sufficient to free the mind wholly from all reasonable
4 doubt, is still sufficient to incline a fair and impartial mind to one side of the issue rather
5 than the other.”⁵⁹

6 4. A patient’s statements for purposes of medical diagnoses or treatment are
7 excluded from the hearsay rule,⁶⁰ even if the declarant is available as a witness.⁶¹ Even
8 if DAB’s statements to Dr. Wolf are hearsay, hearsay may be admitted in an administrative
9 hearing⁶² and may be relied upon if it is the kind of evidence upon which reasonable
10 persons would rely in serious matters.⁶³

11 5. In Arizona, because polygraph evidence is considered unreliable, such evidence
12 generally is not admissible, absent a stipulation, even in an administrative hearing.⁶⁴
13 Although the parties stipulated to the admission of the results of Dr. Aven’s polygraph
14 examinations at Pine Grove and the Meadows, the Administrative Law Judge considers
15 those results only in the context of the totality of the evidence in this case.

16 6. Dr. Wolf’s testimony that DAB was not delusional and did not show any signs
17 that she was retaliating against Dr. Aven was credible. Dr. Wolf’s testimony that he had a
18 well-founded belief that DAB was having a sexual relationship with Dr. Aven was credible.

19 7. Throughout discovery in KB’s lawsuit after DAB’s death, Dr. Aven did not
20 express any sorrow, empathy, or regret over the tragic death of a young woman who had
21 been his patient for nearly a decade. After the Board initiated the investigation into Dr.

22 ⁵⁷ See A.R.S. § 41-1092.07(G)(2); A.A.C. R2-19-119; see also *Vazanno v. Superior Court*, 74 Ariz. 369, 372,
23 249 P.2d 837 (1952).

24 ⁵⁸ Morris K. Udall, ARIZONA LAW OF EVIDENCE § 5 (1960).

25 ⁵⁹ BLACK’S LAW DICTIONARY at page 1220 (8th ed. 1999).

⁶⁰ See Ariz. R. Evid. 801(c) (“Hearsay’ is a statement, other than one made by the declarant while
testifying at the trial or hearing, offered in evidence to prove the truth of the matter asserted.”).

⁶¹ See Ariz. R. Evid. 803(4); see also *State v. Robinson*, 153 Ariz. 191, 204, 735 P.2d 801, 814 (1987) (The
“indicia of reliability” of minor sexual abuse victim’s statements to treating psychologist “can be inferred
because the statements fall within Rule 803(4).”).

⁶² See A.R.S. § 41-1092.07(F)(1).

⁶³ See *Plowman v. Arizona State Liquor Board*, 152 Ariz. 331, 337, 732 P.2d 222, 228 (App. 1986) (citing
Begay v. Arizona Department of Economic Security, 128 Ariz. 407, 626 P.2d 137 (App. 1981)).

⁶⁴ See *In re Swartz*, 141 Ariz. 266, 276, 686 P.2d 1236, 1246 (1984).

1 Aven's possible additional affair with another vulnerable patient, Dr. Aven disclosed two
2 new incidents to discredit DAB, specifically, that he found her masturbating in his office and
3 that she followed him in her car on at least one occasion. Dr. Aven did not note these
4 bizarre events in his treatment notes or disclose them in his deposition during KB's lawsuit,
5 and continued his treatment of DAB, without a chaperone. Dr. Aven acknowledged that
6 he had engaged in a sexual relationship with Michelle, that DAB was jealous of Michelle,
7 and that DAB was upset and tearful when she left his office on August 14, 2001. DAB told
8 Dr. Wolf that Dr. Aven had rejected her in favor of Michelle. In light of all the evidence that
9 was presented, Dr. Aven's denial that he had a sexual relationship with DAB was not
10 credible.

11 8. Therefore, the Board established that Respondent committed multiple acts of
12 unprofessional conduct as defined by A.R.S. § 32-1401(27)(z)⁶⁵ by conducting sexual
13 relationships with DAB and DH while they were his patients. The Board also established
14 that due to the repeated nature of the misconduct, the extreme vulnerability of DH and
15 DAB, and Dr. Aven's minimization of his relationship with DH and refusal to admit his
16 relationship with DAB, the Board established that Dr. Aven is mentally or physically
17 unable to safely engage in the practice of medicine pursuant to A.R.S. § 32-1451(M).⁶⁶

18 ⁶⁵ A.R.S. § 32-1401(27)(z) defines "unprofessional conduct" to include the following:

19 Engaging in sexual conduct with a current patient or with a former patient
20 within six months after the last medical consultation unless the patient was
21 the licensee's spouse at the time of the contact or, immediately preceding
22 the physician-patient relationship, was in a dating or engagement
23 relationship with the licensee. For the purposes of this subdivision, "sexual
24 conduct" includes:

- 25 (i) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual.
- (ii) Making sexual advances, requesting sexual favors or engaging in any other verbal conduct or physical contact of a sexual nature.
- (iii) Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to patient diagnosis or treatment under current practice standards.

⁶⁶ A.R.S. § 32-1451 sets for bases for the Board to discipline a physician's license. A.R.S. § 32-1451(M) provides as follows:

Any doctor of medicine who after a formal hearing is found by the board to be guilty of unprofessional conduct, to be mentally or physically unable safely to engage in the practice of medicine or to be medically incompetent is subject to censure, probation as provided in this section, suspension of

1 DATED this 11th day of August 2011.



2 THE ARIZONA MEDICAL BOARD

3
4 By *Lisa Wynn*
5 LISA WYNN
6 Executive Director

7 ORIGINAL of the foregoing filed this
8 11th day of August, 2011 with:

9 Arizona Medical Board
10 9545 East Doubletree Ranch Road
11 Scottsdale, Arizona 85258

12 COPY OF THE FOREGOING FILED
13 this 11th day of August, 2011 with:

14 Cliff J. Vanell, Director
15 Office of Administrative Hearings
16 1400 W. Washington, Ste 101
17 Phoenix, AZ 85007

18 Executed copy of the foregoing
19 mailed by U.S. Mail this
20 11th day of August, 2011 to:

21 Allan B. Aven, M.D.
22 Address of Record

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