BEFORE THE IDAHO STATE BOARD OF MEDICINE

In the Matter of: ) Case No. 2018-BOM-9215
 ) STIPULATION AND ORDER
Robert Jensen Lee MD )
License No. M-7277 )

Respondent.

COMES NOW the Idaho State Board of Medicine ("Board"), and Robert Jensen Lee MD ("Respondent"), and stipulate and agree as follows:

I

On July 14, 1997, the Board issued Idaho Medical License No. M-7277 to Respondent. Said license is subject to the provisions of Idaho Code Title 54, Chapter 18, commonly known as the Idaho Medical Practice Act (the "IMPA"), and to the Board's Administrative Rules.

II

The Board received information from a complaint and its own investigation that Respondent did not meet the standard in record keeping, prescribed controlled substances without evidence of a medical condition, failed to maintain boundaries in personal/patient relationship with his office nurse, failed to keep his prescription blanks in a secure place, and displayed unprofessional behavior.

III

Respondent's conduct constitutes grounds for discipline under the Medical Practice Act and the Board's rules governing the practice of medicine in Idaho as follows:
a) Idaho Code§ 54-1814 (7) The provision of health care which fails to meet the standard of health care provided by other qualified physicians in the same community or similar communities, taking into account his training, experience and the degree of expertise to which he holds himself out to the public.

b) Idaho Code§ 54-1814(12) Prescribing or furnishing narcotic, hypnotic, hallucinogenic, stimulating or dangerous drugs for other than treatment of any disease, injury or medical condition.

c) Idaho Code§ 54-1814(22) Engaging in any conduct which constitutes an abuse or exploitation of a patient arising out of the trust and confidence placed in the physician by the patient.

d) IDAPA 22.01.01.101.03.h. Failing to maintain adequate records. Adequate patient records means legible records that contain, at a minimum, subjective information, an evaluation and report of objective findings, assessment or diagnosis, and the plan of care.

IV

Respondent has read and understands the allegations pending before the Board as stated above and agrees that the Board has jurisdiction to proceed in this matter. While Respondent does not admit any violations of the laws and rules governing his licensure, he acknowledges that the Board has sufficient evidence from which it might find and conclude that such violations occurred. The Board believes it has sufficient evidence to support disciplinary action based upon the allegations in Paragraph II, but rather than pursue a formal hearing, the Board agrees with the Respondent to voluntarily enter into this Stipulation and Order for the purpose of responding to the Board’s concerns and addressing the alleged problems.

V

Respondent knowingly and voluntarily waives any right to a formal hearing, to present evidence, to cross-examine witnesses, to move for reconsideration or appeal, and any other rights
accorded to him pursuant to the Idaho Administrative Procedures Act and the IMPA, with respect to this Stipulation.

VI

The parties hereby stipulate and agree that:

1) Within 60 days of the effective date of this Stipulation and Order Respondent will enter into a contract with the Center for Personalized Education for Physicians (CPEP) for a comprehensive assessment, with the results provided to the Board of Medicine.

2) Comply fully with all CPEP recommendations.

VII

The terms of this Stipulation and Order will become effective upon the date of the last signature below. Respondent may request termination of the Stipulation and Order no sooner upon demonstrating that he has complied with all terms. This Stipulation and Order shall be considered a public record and shall be reported to the National Practitioner Data Bank.

VIII

Respondent agrees to execute the Release, attached hereto as Exhibit A, releasing the Board, the Committee on Professional Discipline of the Board, their members, employees, officers, agents, representatives, attorneys, consultants, and witnesses, jointly and severally, from any liability arising from their participation or involvement in the Board’s investigation of Respondent and in the prosecution of this disciplinary proceeding.

IX

Respondent further agrees to execute the Release, attached hereto as Exhibit B, authorizing any person or entity having information relevant to Respondent’s compliance with the provisions of this Stipulation and Order to release such information to the Board.

X

If, in the Board’s discretion, Respondent appears to have violated or breached the terms or conditions herein, the Board reserves the right to institute formal disciplinary proceedings for
any and all possible violations of the Stipulation, and/or for any and all possible violations of Idaho law and Board rule, including those occurring prior to this Stipulation’s effective date.

XI

Any action initiated by the Board based on alleged violations of this Stipulation and Order shall comply with the IMPA, the Rules of Practice and Procedure of the Board, and the Idaho Administrative Procedure Act, Title 67, Chapter 52, Idaho Code. Respondent shall not be entitled to and hereby waives any right or opportunity to appear before the Board, or the Board’s Committee on Professional Discipline prior to the initiation of any enforcement proceedings.

DATED this 13th day of October, 2018.

IDAHO STATE BOARD OF MEDICINE

By: [Signature]
KATHLEEN R. SUTHERLAND, M.D.
Chairman

DATED this 21st day of September, 2018.

RESPONDENT

By: [Signature]
Robert Jensen Lee MD

ORDER
Pursuant to Idaho Code § 54-1806A, the Board hereby accepts the terms and conditions of the foregoing Stipulation and it is hereby ordered that Respondent comply with said terms and conditions. Based upon the foregoing, further formal proceedings will be waived. This Order supersedes and terminates any previously executed Stipulations entered into by Respondent and the Board.

DATED this ___ day of October, 2018.

IDAHO STATE BOARD OF MEDICINE

By: ____________________________
KATHLEEN R. SUTHERLAND, M.D.
Chairman

CERTIFICATE OF SERVICE

I hereby certify that on ___ October_, 2018, I forwarded a true and correct copy of the foregoing to the following via the method indicated:

Dr. Robert Lee
3446 S. 15th E.
Idaho Falls, ID 83403

☐ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Electronic Mail:
☐ Facsimile:

Félicia Kruck
Discipline Assistant
STATE OF IDAHO  

County of Bonneville

On this 27 day of September, 2018, before me, the undersigned, a Notary Public in and for said State, personally appeared Robert Lee, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

[Signature]

NOTARY PUBLIC FOR IDAHO
Residing at: ICU
My Commission Expires: 10/28/2024

EXHIBIT A
RELEASE AGREEMENT

In consideration of the resolution of the pending disciplinary action by the Idaho State Board of Medicine, which is hereby acknowledged, I, the undersigned, Robert Jensen Lee, being of lawful age, do hereby release, acquit and forever discharge the Idaho State Board of Medicine, the Committee on Professional Discipline of the Idaho State Board of Medicine, and their members, employees, agents, officers, representatives, attorneys, consultants and witnesses, jointly and severally, from any and all known and unknown, foreseen and unforeseen, claims, actions, causes of action, demands, rights, injuries, damages, costs, loss of service, expense and compensation whatsoever which the undersigned now has or which may hereafter accrue on account of or in any way growing out of or resulting or which may result from the Board’s investigation and disciplinary proceedings regarding my license.

It is understood and agreed that this settlement is the compromise of a disputed claim, and that the settlement made is not to be construed as an admission of liability on the part of the parties hereby released, and that said releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned hereby declares and represents that in making this release it is understood and agreed that the undersigned relies wholly upon undersigned’s judgment, belief and knowledge of the nature, extent, effect and duration of any damages and liability therefor and is made without reliance upon any statement or representation of the parties released or their representatives or by anyone employed by them.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this release and the Stipulation and Order contain the entire agreement between the parties hereto, and that the terms of this release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Robert Jensen Lee

Printed name

EXHIBIT A
AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any hospital, physician or other person who has any information regarding my compliance with the Stipulation and Order of the Idaho State Board of Medicine, at any time to release any and all medical records, reports and/or information to the Idaho State Board of Medicine, to Shasta Kilminster-Hadley, attorney for the Idaho State Board of Medicine, or to such other representative of the Idaho State Board of Medicine as may be designated, for examination and for copying thereof, upon request for such records, reports or information.

I further authorize any hospital, physician or other person who has such information to consult with or discuss such information with any of the above entities or persons.

I further consent that a photocopy of this Authorization may be used in lieu of the original hereof.

DATED This 21st day of September, 2018.

Robert Jensen Lee
Printed name

STATE OF IDAHO )
County of Pocatello

On this 27th day of September, 2018, before me, the undersigned, a Notary Public in and for said State, personally appeared Robert Lee, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Kayla Poe
NOTARY PUBLIC FOR IDAHO
Residing at: KCU
My Commission Expires: 6/28/2024

EXHIBIT B