

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING & REGULATION
BEFORE THE SOUTH CAROLINA BOARD OF MEDICAL EXAMINERS**

IN THE MATTER OF:
Todd Michael Alford, M.D.
License No. MMD. 27609

Case No. 2009-0164

Respondent.

FINAL ORDER

This matter came before the South Carolina Board of Medical Examiners (the "Board") on August 6, 2013, pursuant to the Board's May 3, 2011 Final Order ("Final Order") requiring Respondent to appear before the Board after completion of an evaluation required by the Final Order. Respondent has also requested modification of certain practice restrictions imposed by the Final Order.

A quorum of the Board was present. The hearing was held pursuant to S.C. Code Ann. §§40-1-90, 40-47-116, 40-47-117 and the provisions of the Administrative Procedures Act, S.C. Code Ann. §1-23-10, *et seq.* (1976 as amended) to determine what sanctions, if any, were appropriate.

Pat Hanks, Assistant General Counsel, represented the State. The Respondent was present and appeared *pro se*.

FINDINGS OF FACT

Based upon the preponderance of evidence in the whole record, the Board finds the facts of the case to be as follows:

1. The Respondent is a physician duly licensed to practice medicine in South Carolina, and was so licensed at all times relevant to the issues in this case.
2. On or about February 27, 2006, Respondent went to work at Piedmont Medical Center in Rock Hill, South Carolina ("Piedmont"), after having consumed alcohol. Later that same evening Respondent reported to Piedmont with a laceration and was intoxicated.
3. Respondent thereafter contacted the South Carolina Recovering Professionals Program ("RPP"), and was evaluated in March, 2006 ("2006 Evaluation"). The 2006 evaluation recommended treatment in a program specializing in treatment of impaired health professionals, monitoring by RPP following treatment, and continued treatment of medical and psychiatric disorders. Respondent was discharged from treatment at a facility on or about April 25, 2006, and was thereafter monitored by RPP.
4. In July, 2006 after two positive alcohol screens, Respondent was re-evaluated at a different facility, and diagnosed with Alcohol Dependence, Major Depressive Disorder in partial remission, and Attention Deficit Disorder.

5. Respondent continued working at Piedmont until the Fall of 2007. While there, he treated B.M.W., a patient known to him. In November, 2007, Respondent applied for licensure in North Carolina and moved to Kings Mountain, North Carolina. B.M.W. followed Respondent to this North Carolina practice and continued seeing Respondent for a psychiatric disorder.

6. In 2008, Respondent had B.M.W. pick up his cat and take it to the veterinarian. This led to Respondent and B.M.W. spending time together in Respondent's house and engaging in activities such as going to the movies and attending Alcoholics Anonymous meetings. Further, Respondent and B.M.W. engaged in sexual activity on three occasions during this period and there was drinking and a party that took place at Respondent's house. During this period, Respondent prescribed multiple medications for B.M.W. Respondent did not appropriately document that he was seeing B.M.W. at his house, and did not document relevant clinical observations that occurred during his sessions at his house in his clinical notes. On one occasion, Respondent prescribed Ritalin for B.M.W. and took some of it for his personal use.

7. In April 2009, B.M.W. filed a police report against Respondent with the King's Mountain Police Department, and this led to an investigation by the North Carolina Medical Board, but no criminal charges. During the course of the investigation, on or about May 26, 2009, Respondent voluntarily surrendered his North Carolina medical license.

8. The North Carolina Physician Health Program referred respondent for a forensic professional fitness evaluation on or about June 22, 2009 ("NC Evaluation"). The NC Evaluation diagnosed Respondent with, among other things, Bipolar Disorder NOS, Alcohol Dependence, in partial remission and Schizotypal and Dependent Personality Features. The NC Evaluation contained a recommendation that Respondent was not then fit to practice medicine and needed additional psychiatric treatment.

9. After the North Carolina Evaluation, Respondent entered treatment for four months and was treated for relapse and boundary violations. Respondent was diagnosed with Alcohol Dependence, Sexual Disorder, NOS, with boundary violations and professional sexual misconduct; ADHD, Psychosis, NOS and Personality Disorder, NOS. Recommendations included continuation with RPP, random drug screens, attendance of 12 step and healthcare professional groups, polygraph testing, boundary education, return to work when approved by RPP, work only in a facility with male patients, and reevaluation within a year.

10. On or about February 18, 2010, Respondent entered into a Consent Agreement with the North Carolina Medical Board, resulting in indefinite suspension of his license, effective May 26, 2009. Respondent did not report to this Board the voluntary surrender of his North Carolina license, nor entering into a Consent Agreement with the North Carolina Medical Board.

11. Respondent completed a three day continuing medical education course on Maintaining Proper Boundaries, has kept his scheduled appointments with his psychologist and psychiatrist, and has submitted to polygraph testing.

12. In the Final Order, this Board referred Respondent for an evaluation, which has been received, and suspended Respondent's license indefinitely, stayed upon compliance with multiple conditions. The evaluation dated April 8, 2013 performed pursuant to the Final Order ("Latest Evaluation") did not concur with prior Bipolar Disorder, Attention Deficit or sexual disorder diagnoses. The Latest Evaluation recommended continued psychiatric treatment and that his

treatment providers have training and work experience specific to Alcohol Dependence and other specifically described disorders because of Respondent's history of professional boundary violations.

13. Respondent is now working as a staff Psychiatrist at Bryan Psychiatric Hospital in Columbia, South Carolina and has requested modifications to the Final Order.

CONCLUSIONS OF LAW

In a hearing for modification of a Final Order, the burden of proof is on Respondent to provide new or additional evidence that a release from the previous judgment by the Board is appropriate.

After review of the latest evaluation and reports submitted by Respondent's treating physician, and the Respondent's testimony, the Board concludes that it is appropriate to amend the Final Order to reduce the frequency of reports from Respondent's treating psychiatrist from quarterly to twice per year, but it is appropriate at this time to leave all other provisions and restrictions of the Final Order in place.

NOW THEREFORE, IT IS ORDERED ADJUDGED AND DECREED that

1. Paragraph 2 b on the last page of the Final Order is amended to reduce the frequency of written reports from quarterly to semi-annually.
2. All other provisions of the Final Order shall remain in effect.
3. Respondent shall not take call.
4. Should Respondent desire to expand his current practice setting, he must be enrolled in a Board approved specialized outpatient treatment for sexual offenders and must undergo fitness for duty evaluation prior to coming before the Board to request changes in worksite restrictions or location.

AND IT IS SO ORDERED.

STATE BOARD OF MEDICAL EXAMINERS

By: Louis E. Costa II DMD, MD
LOUIS E. COSTA, II, D.M.D., M.D.
President of the Board

Date: October 8, 2013