IT IS HEREBY STIPULATED AND AGREED, by and between Martin C. Hinz, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

FACTS

2. For the purpose of this stipulation, the Board may consider the following facts as true:

   a. On April 8, 1996, the Board issued a Stipulation and Order suspending Respondent’s license to practice medicine and surgery due to mental impairment. Pursuant to the Order, Respondent’s license was to remain in a suspended status until such time as he could provide satisfactory evidence that he was able to practice medicine with reasonable skill and safety to patients.

   b. During the period of suspension, the Board received information indicating that Respondent may have engaged in inappropriate prescribing practices. In response to these allegations, the Committee ordered an audit of Respondent’s practice. Based on a review of twenty-one patient charts, the Committee had concerns regarding Respondent’s clinical skills and competency.
c. In October 1996, Respondent petitioned the Committee for removal of the suspension on his medical license.

d. On December 12, 1996, Respondent appeared before the Committee to discuss competency issues raised by the above-referenced practice audit as well as Respondent's recent petition for removal of the suspension. Following the conference, the Committee requested that Respondent submit to a comprehensive evaluation through the Professional Assessment Program ("PAP") at Abbott Northwestern Hospital in Minneapolis, Minnesota, and complete a practice skills assessment through an evaluator recommended by the Committee.

e. Between February 3 and February 7, 1997, Respondent underwent a comprehensive mental health evaluation through the PAP. Based on the results of the evaluation, the assessment team diagnosed Respondent as follows:

   Axis I: Bipolar I disorder, single manic episode, in full remission (DSM IV 296.06);
           Occupational Problem (V62.2).

f. Upon discharge, the PAP assessment team concluded that Respondent had stabilized well and had made excellent progress in terms of his mental impairment. Discharge recommendations included the following:

   1) Mayo Intensive Psychotherapy ("IPC") for a three-week program of intensive work on understanding how practice judgments, practice intensity, and some projects become incorporated into his grandiosity. This should be the subject of ongoing therapy and monitoring after discharge.

   2) Abstinence from alcohol and all drugs of potential abuse.

   3) No prescribing for self, family, close friends, or employees.

   4) Make appropriate limitations on work load. This should be monitored on an ongoing basis.

   5) Participation in the Health Professionals Services Program ("HPSP") for monitoring of his medication level and other issues, if appropriate.
6) Marital and family therapy as needed. Initially, it is recommended that this be done on a regular weekly basis and should be addressed during treatment at the IPC.

7) Establish emergency external early intervention plan. It would be prudent to establish a network of support people who could be apprised of concerns and could arrange for an early intervention.

g. Between February 17 and March 7, 1997, Respondent underwent an evaluation and treatment at the IPC in Rochester, Minnesota. No depression or manic behavior was observed during treatment. In a letter dated March 19, 1997, summarizing Respondent’s evaluation and treatment at the IPC, it was noted, "We did not observe any residual disturbances or affect, thought, or cognition, which should preclude him from safely resuming his professional duties, although follow-up is obviously going to be important."

h. Between May 7 and May 9, 1997, Respondent underwent a skills assessment through the Colorado Personalized Education for Physicians ("CPEP") in Aurora, Colorado. The assessment results included:

1) Medical Knowledge. Respondent was found to have an overall good medical database, and there were no concerns in medical knowledge that suggested Respondent should not return to the practice of medicine with support and continuing education. However, it was noted that Respondent could use some improvement in the areas of new medications; follow-up of diabetic complications; medication side effects and interactions; and focused lab testing rather than complete, inclusive screening tests.

2) Clinical Judgment. In the fundamentals of clinical competencies, Respondent demonstrated acceptable abilities. However, Respondent’s performance on the computerized exam was an area of concern because Respondent believed that he understood all of the cases when, in fact, he missed important issues. The assessor also had some concerns that his differential diagnoses were not as complete as they could have been and, in some
areas, he did not have a good plan for patient evaluation. It was noted that some of this could be related to Respondent’s absence from practice for over a year.

3) **Patient Care Documentation.** Respondent’s patient care documentation was very good. Respondent’s charts use an acceptable format for family practice which simply needs to be maintained during the pressures of daily practice.

4) **Communication.** Respondent’s communication was idiosyncratic and yet successful in accommodating the needs of the doctor-patient interaction. It was suggested that Respondent change the style of physical exam to be more like his history-taking and that he be aware of the process of interacting with patients so that he can improve his medical interviewing.

i. At the conclusion of the skills assessment, CPEP staff recommended that Respondent identify and work with a preceptor. The preceptor should be a well-respected family physician in his community who could function as a teacher and mentor for approximately six to twelve months. It was further recommended that Respondent and the preceptor meet on a weekly basis to review charts and discuss medications involved in patient care decisions; to expand on differential diagnoses and underlying pathophysiology; to critically examine Respondent’s clinical judgment; to focus on new areas of learning; and, to connect cases to continuing education.

**STATUTES**

3. The Committee views Respondent’s practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(g), (k), (l) and (s) (1996), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action.

**REMEDY**

4. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the
Board's own motion, the Board may make and enter an order amending the Stipulation and Order issued on April 8, 1996. The April 8, 1996, Stipulation and Order is incorporated by reference in its entirety, with the exception of paragraph 4, which is rescinded and replaced with the following language:

a. Respondent shall obtain a treating physician, approved in advance by the Committee or its designee, to monitor and/or manage all medical or other care provided to Respondent by all healthcare professionals. Respondent shall provide all necessary records releases to enable Respondent's health care professionals to communicate with the treating physician pursuant to this paragraph. The treating physician shall provide quarterly reports to the Board summarizing medical or other care provided to Respondent and addressing Respondent's progress under any terms of this Stipulation and Order relating to Respondent's health status.

b. Respondent shall continue therapy, as recommended by a psychiatrist or therapist, approved in advance by the Complaint Review Committee. Termination of therapy shall be at the recommendation of the pre-approved psychiatrist or therapist, in consultation with the treating physician, and shall be approved by the Committee.

c. Medication management, including monitoring of lithium blood levels and any changes in medication, shall be conducted under the direction of a treating psychiatrist, approved in advance by the Complaint Review Committee. The treating psychiatrist shall provide quarterly reports to the Board and to the treating physician regarding Respondent's compliance with taking prescribed medication, as well as any changes in medications.

d. Respondent shall abstain completely from alcohol and all mood-altering chemicals unless they are prescribed by a physician or dentist who has been informed of Respondent's drug-use history.

e. Respondent shall not prescribe or administer any prescription drug for Respondent's own use or for Respondent's family members' use.
f. Respondent shall be subject, without notice, to unannounced blood and urine tests at the request of Board staff or other Board designee at least three (3) times per quarter. Blood and urine screens may be requested at any time. Respondent shall provide the requested sample within the time frame directed. The blood and urine screens shall be:

1) Collected and tested consistent with protocols established by a Board-designated laboratory;
2) Handled through legal chain of custody methods; and
3) Paid for by Respondent.

The biological fluid collection and testing shall take place at a Board-designated laboratory as directed by the Board or its designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and Respondent's treating physician. Ingestion of poppy seeds will not be accepted as a reason for a positive drug screen.

g. Upon request by the Board, Respondent shall sign releases authorizing the Board to obtain Respondent's medical, mental health or chemical abuse/dependency records from any treating professional or facility.

h. Respondent shall practice in a group setting, approved in advance by the Complaint Review Committee.

i. Respondent shall not work more than twenty-five (25) hours per week for a minimum of six months from the date of this Amended Order. After six months from the date of this Amended Order, Respondent may petition the Committee to consider an increase in his work hours. The Committee, at its discretion and by its own Order, may increase the maximum number of work hours allowed per week.

j. Respondent shall establish a relationship with a supervising physician who is a family practice physician, approved in advance by the Complaint Review Committee. Respondent shall meet with the pre-approved supervising physician on a weekly basis to review patient charts and to discuss Respondent's patient care decisions including any
prescribed medications, differential diagnoses and pathophysiology, and clinical judgment. The supervising physician shall provide quarterly reports to the Board and to the treating physician regarding Respondent’s overall work performance and recommendations for continuing medical education.

k. With respect to continuing medical education, Respondent shall:

1) Consult with the Colorado Personalized Education for Physicians ("CPEP") program staff to develop a formal education plan, to be approved in advance by the Complaint Review Committee.

2) Complete other continuing medical education recommended by the pre-approved supervising physician.

l. Respondent and a designated Board member or designee shall meet on a quarterly basis. It shall be Respondent’s obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent’s progress under the terms of this Stipulation and Order.

m. This Stipulation and Order will remain in effect for a minimum of five (5) years from the date of this Amended Order. At the end of this period, Respondent may petition for reinstatement of an unrestricted license. Upon hearing the petition, the Board may continue, modify or remove the conditions set out herein, or may request that Respondent undergo re-evaluation.

5. Within ten days of the date of this order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges and a list of all states in which Respondent is licensed or has applied for licensure. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

6. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board.
The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this stipulation and order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent’s practice, or suspension or revocation of Respondent’s license.

7. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto.

8. In the event Respondent should leave Minnesota to reside or practice outside the state, Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Respondent’s suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent’s Minnesota license to practice medicine.

9. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter and has so chosen.
10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein.

11. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

Dated: Sep 4, 1997

MARTIN C. HINTZ, M.D.
Respondent

Dated: 9/13, 1997

FOR THE COMMITTEE

Dated: September 3, 1997

REBECCA EGGER MOOS
Attorney for Respondent

Dated: Sept 8, 1997

MARCIA K. BARAN
Attorney for Committee

3500 Multifoods Tower
33 South Sixth Street
Minneapolis, MN 55402
(612) 333-3000

500 Capitol Office Building
525 Park Street
St. Paul, MN 55103
(612) 297-1050
* * *

ORDER

Upon consideration of this stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this amended stipulation are adopted and
implemented by the Board this 13th day of September, 1997.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: [Signature]

August 28, 1997
AFFIDAVIT OF SERVICE BY MAIL

Re: In the Matter of the Medical License of Martin C. Hinz, M.D.
License No. 31,670

STATE OF MINNESOTA )
COUNTY OF RAMSEY ) ss.

TAMMIE L. REEVES, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on September 16, 1997, she served the attached AMENDED STIPULATION AND ORDER by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first-class postage prepaid, and addressed to:

REBECCA EGGE MOOS
ATTORNEY AT LAW
3500 MULTIFOODS TOWER
33 S SIXTH ST
MINNEAPOLIS MN 55402

Subscribed and sworn to before me
this 16th day of September, 1997.

TAMMIE L. REEVES
Notary Public