

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

**TRUE AND EXACT
COPY OF ORIGINAL**

**STIPULATION
AND ORDER**

In the Matter of the
Medical License of
William B. Hosfield, M.D.
Date of Birth: 5-18-42
License Number: 18,179

IT IS HEREBY STIPULATED AND AGREED, by and between William B. Hosfield, 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. Respondent provided psychiatric care to patient #1 (YOB: 1975), as follows:

1) Patient #1 was hospitalized for psychiatric treatment under Respondent's care twice during the spring and summer of 1993 (May 24 to June 3 and July 6 to 23).

2) On May 24, 1993, patient #1 was admitted to Fairview Riverside Hospital for suicidal ideation, depression, loss of appetite, somatic complaints, difficulty with concentration, and self-injurious behavior. Respondent was patient #1's attending psychiatrist. Patient #1 was discharged from this first hospitalization on June 3, 1993.

3) During patient #1's first hospitalization, the psychological evaluation reflected that patient #1 may have previously been emotionally and physically abused. Respondent's discharge summary for Patient #1's first hospitalization states, "because

of her profile . . . it is believed that [patient #1] may be an abuse victim." Respondent stated he did not have a suspicion of sexual abuse during or after the first hospitalization and therefore did not report it, nor did the caseworker or any other health professional involved in the treatment of patient #1.

4) The caseworker/therapist's chart notes during patient #1's second hospitalization reflect suspicions by patient #1 and her mother that patient #1 had been sexually abused by her father; however, patient #1 had no specific recollection of sexual abuse. Respondent stated he did not believe he had personal knowledge of the facts to support an allegation of sexual abuse after the second hospitalization and that he believed the caseworker was obligated to report suspicions of possible sexual abuse to the appropriate authorities. In January 1994 patient #1's caseworker during her two hospitalizations filed a report that supported the charge of sexual abuse.

5) Patient #1, an adolescent with suicidal ideations, was hospitalized for ten days on a locked ward. Respondent did not talk to patient #1's mother until June 3, 1993, the tenth day of her hospitalization, which was also the day of her discharge. Respondent stated that the psychiatrist usually does not meet with the parents until the seventh to tenth day, following the completion of evaluations and prior to discharge. Respondent indicated that this time frame was standard procedure.

6) Patient #1 was discharged from her first hospitalization a few days prior to her graduation. At the request of patient #1's mother, Respondent informed patient #1's high school principal and guidance counselor that patient #1 would not attend graduation because her father may be attending the ceremony and he was concerned that contact with the father would be harmful. The principal asked Respondent if patient #1's planned absence was a family request and reported that Respondent said adamantly, "It is my decision that she not attend."

7) Respondent helped negotiate a "home contract" between patient #1 and her mother which, among other things, stated patient #1 was not allowed contact with several of her friends, including her boyfriend. Patient #1 had difficulty following her "home

contract" and was hospitalized a second time to stabilize her condition and assess her level of suicidality. She remained hospitalized from July 6 to 23, 1993.

8) During and after the second hospitalization, Respondent's conduct during his treatment of patient #1 raised the following boundary issues:

a) Respondent met with patient #1 in the evening after patient #1 had already received 50 mg of trazodone hydrochloride. The meetings were held in a conference room with a lockable door and while patient #1 was in her pajamas. The conference room was located next to the nurse's station.

b) Respondent referred to patient #1 as "special" and referred to himself as her "Minnesota father."

c) In August 1993, Respondent, patient #1, and patient #1's mother had a meeting. Following the meeting, Respondent asked patient #1 to leave so that he could talk privately with her mother about issues concerning her father. Patient #1 was reluctant to leave and wanted to know why she could not hear the conversation and asked what he was going to talk about. Respondent replied, "The same things all parents talk about." Respondent's actions caused confusion for patient #1 and her mother regarding roles.

9) Respondent had conversations with patient #1 and patient #1's mother involving sexual matters, as follows:

a) Respondent had frank sexual discussions with patient #1's mother. Respondent stated these discussions were in response to the mother's questions regarding appropriate birth control for patient #1 once she left home for college. Patient #1's mother stated the conversations included Respondent telling her that patient #1 had to learn about enjoying sex and then spoke about how young women should appreciate the beauty of their own genitalia. Respondent stated to patient #1's mother that he saw helping people with sexual issues as an important role for a therapist. Respondent and patient #1's mother have differing recollections of the content of this discussion. Respondent stated his intent was to communicate therapeutic techniques for teenage sexuality issues.

b) After patient #1 was discharged from her second hospitalization, patient #1 and her mother drove out of state to visit relatives. On the way there, patient #1 and her mother learned a grandparent had died. Rather than return to Minnesota, Respondent suggested that attending the funeral would allow patient #1 to learn about her family history. Respondent requested that patient #1 ask her relatives a number of personal questions; some questions were of a sexual nature, such as: "Who taught you about sex?"

10) In September 1993, Respondent spoke with patient #1's father regarding the details of patient #1's hospitalizations. Respondent stated that he spoke with the father at the mother's request that Respondent urge the father not to visit patient #1 at college. This was a sixty-minute telephone conversation, which occurred on September 7, 1993, while patient #1 was still under the care of Respondent. After this discussion the following occurred:

a) On September 24, 1993, Respondent met with patient #1's mother and informed her that he had discussed patient #1's sexual activity with the father. Respondent also stated he had informed the father that patient #1 was sexually active. However, patient #1 denied being sexually active during the time period in question. This is consistent with documentation in patient #1's medical record in which health care professionals, including Respondent, stated that patient #1 was not sexually active. Patient #1's mother became very upset with Respondent's actions and voiced her concerns. Patient #1's mother felt Respondent was demeaning to her and minimized her concerns regarding the situation. Respondent admitted he did not have a signed release to disclose information to patient #1's father.

b) On October 18, 1993, Respondent met with patient #1's father for a one-hour consultation in which Respondent received a \$300 payment. Respondent stated that he saw patient #1's father once but that it was not for therapy.

11) On October 5, 1993, patient #1's mother sent a letter to the hospital in which she alleged serious boundary violations by Respondent and requested that Respondent no longer treat patient #1.

12) On October 25, 1993, patient #1's mother wrote to Respondent and terminated all care by Respondent.

13) Respondent contacted patient #1 after the October 25, 1993, termination of therapy. The contact occurred on January 6, 1994. Respondent left the following message on patient #1's answering machine at her college:

Dr. Hosfield: This is Dr. Hosfield. I'm calling to wish you a Happy New Year and to let you know that I have no reason to not talk to you. And that I am in con -- communication with your father. I am not in communication with your mother, uh, for two reasons, uh, the first is that she was, uh . . . that she was very upset that I would not take sides regarding the divorce position and then secondly she was very upset with me that I, uh . . . in discussing your case with your father sometime in September, when he asked me, you know, were you pregnant, and I said, "No, you were not pregnant. . . ." and had you been sexually active? I said, "Yes." and with that, she went through the ceiling, uh . . . sent erroneous and inflammatory letters to the hospital and resulted in an investigation by the hospital of my conduct from your two hospitalizations earlier in the year and now that's just been resolved.

I hope you're doing really well as I expect you might and, uh . . . I want you to continue to remember there are no devils and no saints in family systems. Just everybody struggling to do their best.

I would be happy to hear from you. As you know my number is 612-593-0047.

Happy New Year.

14) Respondent failed to maintain adequate medical records for patient #1. The medical records lacked documentation regarding Respondent's phone calls and other communications with patient #1 and her mother.

b. Respondent has received psychiatric treatment for depression since March 14, 1991. Respondent's history goes back to July 1975. On May 7, 1993, Respondent saw his psychiatrist. The psychiatrist documented that over the past few weeks Respondent's "mood has been in the depressed range." The psychiatrist increased Respondent's prescription

of Paxil to 30 mg per day. It is noted in Respondent's psychiatric medical record that during the time Respondent treated patient #1 he failed to keep his appointment with his psychiatrist on July 30, 1993. On November 20, 1993, Respondent's psychiatrist documented, "Met with [Respondent] at the hospital and explained that his friend expressed concern about emerging manic symptoms on [Respondent's] part." Respondent's psychiatrist prescribed Lithium or Eskalith for Respondent. Respondent has undergone the following evaluations:

1) On April 23, 1997, Respondent voluntarily underwent a comprehensive evaluation at Rush Behavioral Health Center ("Rush"). The evaluation team concluded Respondent met the DSM IV criteria for the following Axis diagnoses:

- Axis I: Alcohol Dependence, in remission by history.
Bipolar Affective Disorder.
Occupational problems.
- Axis II: Narcissistic Personality Disorder.
- Axis III: Status-post vasectomy with two reversals.
- Axis IV: Problems with the primary support group.
Problems with the social environment.
Occupational problems.
Other psycho-social and environmental problems.
- Axis V: Current G.A.F. 55.

2) Respondent's treating psychiatrist evaluated Respondent on December 15, 1997, and concluded that Respondent meets the DSM IV criteria for the following diagnoses:

- Axis I: None at this time.
- Axis II: None at this time.
- Axis III: None known by this physician and none reported by this patient.
- Axis IV: No known problems.
- Axis V: 91.

3) Respondent's treating psychologist has concluded that Respondent meets the DSM IV criteria for the following Axis diagnoses:

- Axis I: 309.28; adjustment reaction with mixed anxiety and depressed mood. Based on current stressors listed in Axis IV.
- Axis II: V71.09; no diagnosis. Minor intellectual and idealization defense mechanisms; see Axis IV.
- Axis III: No known medical conditions based on Dr. Hosfield's report during therapy.
- Axis IV: Problems with primary support group, problems related to the social environment, and occupational problems.
- Axis V: GAF current = 81; highest in past year 90.

4) Respondent was evaluated by a psychiatrist on January 25, 1998.

It was concluded Respondent meets the DSM IV criteria for the following Axis diagnoses:

- Axis I: Cyclothymic Disorder, Moderate Severity, In Full Remission, DSM IV 301.13.
- Axis II: Narcissistic Personality Disorder, Moderate Severity, In Partial Remission, DSM IV 301.81.
- Axis III: None.
- Axis IV: Problems with primary support group, occupation problems, economic problems, problems with interaction with legal system (Board of Medical Practice).
- Axis V: Current GAF 80.
Lowest GAF 60.

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(k), (l), (o), and (r) (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 conditioning and restricting Respondent's license to practice medicine and surgery in the State of Minnesota as follows:

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 health care 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 and recovery.

b. 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 chemical-use history.

c. Respondent shall not prescribe or administer any prescription drug or drug sample for Respondent's own use or for Respondent's family members' use.

d. 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 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.

e. Respondent shall continue his attendance at weekly meetings of a self-help program such as AA or NA in support of abstinence. Quarterly reports shall be submitted to the Board from Respondent's designated sponsor(s) regarding attendance and participation.

f. Respondent shall attend monthly meetings of a professional support group such as PSP approved in advance by the Committee or its designee. Quarterly reports shall be submitted to the Board from Respondent's designated sponsor(s) regarding Respondent's attendance and participation.

g. Respondent shall provide to the Board and the treating physician a copy of any treatment or aftercare plan which is in effect at the time of execution of this Stipulation and Order or which is modified or becomes effective during the time Respondent is subject to this Stipulation and Order. The treatment or aftercare plan and any modifications to it shall be approved by the treating physician and shall include at least the following:

- 1) The treatment or aftercare plan activities; and
- 2) The name, address, and telephone number for each provider of treatment or aftercare services.

The terms of any such treatment or aftercare plan or approved modification thereto, to the extent not superseded by this Order, are herewith incorporated by reference. Failure to follow the plan or approved modification shall constitute violation of this Order. There is no treatment of aftercare plan in effect as of the date of this Order.

h. 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.

i. Respondent shall successfully complete a pre-approved professional boundaries training course. Successful completion shall be determined by the Board and shall occur within six months of the date of this Order.

j. Respondent shall practice only in a pre-approved supervised setting.

k. Respondent shall identify a work quality assessor for each pre-approved practice setting who shall provide quarterly reports to the Board and to the treating physician

regarding Respondent's overall work performance. The work quality assessor shall have access to and shall address any complaints regarding Respondent's practice in the quarterly reports.

l. Respondent shall not provide ongoing individual psychotherapy and shall limit his practice to research, administrative work, medication management, and evaluation and consultation.

m. Respondent shall meet on a monthly basis with a pre-approved supervising psychiatrist to review and discuss Respondent's professional activities, with emphasis on issues of transference, counter-transference, and professional boundaries. The supervising psychiatrist shall submit quarterly reports to the Board regarding Respondent's overall work performance and progress under the terms and conditions of this Order.

n. Respondent shall meet as recommended, but at least quarterly, with a pre-approved treating psychiatrist and shall comply with all treatment recommendations. The treating psychiatrist shall submit quarterly reports to the Board regarding Respondent's overall mental health and compliance with treatment recommendations. Respondent shall transfer his psychiatric care from his current psychiatrist to a psychiatrist satisfactory to the Committee or its designee.

o. Respondent and a designated Board member 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.

p. Respondent shall pay to the Board a civil penalty of \$10,000.

q. After three years from the date of this Order, Respondent may petition the Committee to modify the terms of this Order. Respondent shall provide the Committee with documentation of compliance with the Order. The Committee, at its discretion and by its own Order, may reduce the frequency of meetings and reports required by this Order.

r. This Stipulation and Order will remain in effect for a minimum of five years from the date of this Order. At the end of this period, Respondent may petition for

reinstatement upon proof satisfactory to the Board of at a minimum five years of documented, uninterrupted recovery and compliance with the terms and conditions of this Order. Upon hearing the petition, the Board may continue, modify or remove the conditions set out herein.

s. Upon Board approval of this Stipulation and Order, Respondent shall provide the Board with the addresses and telephone numbers of Respondent's residence and all work sites. Within seven (7) days of any change, Respondent shall provide the Board with new address and telephone number information.

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 license of Respondent to practice medicine and surgery in the State of Minnesota shall be suspended immediately upon written notice by the Board to Respondent, such a suspension to remain in full force and effect until Respondent petitions the Board to terminate the suspension after a hearing. Nothing contained herein shall prevent the Board from revoking or suspending Respondent's license to practice medicine and surgery in the State of Minnesota after such a hearing.

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 Byron E. Starns.

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: 29 April, 1998

William B. Hosfield
WILLIAM B. HOSFIELD, M.D.
Respondent

Dated: 29 April, 1998

Byron E. Starns
BYRON E. STARNES
Attorney for Respondent

Leonard, Street & Deinard
30 E. Seventh Street, Suite 2270
St. Paul, MN 55101
(612) 291-3503

Dated: May 9/9, 1998

Jennifer M. O'Brien
FOR THE COMMITTEE

Dated: May 9, 1998

Marcia A. Johnson for JMO
JENNIFER M. O'BRIEN
Attorney for Committee

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 stipulation are adopted and implemented by the Board this 9th day of May, 1998.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: Robert A. [Signature]

April 24, 1998

AFFIDAVIT OF SERVICE BY MAIL

Re: **In the Matter of the Medical License of William B. Hosfield, M.D.
License No. 18,179**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

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 May 11, 1998, she served the attached 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:

Byron E. Starns
Leonard, Street & Deinard
30 East Seventh Street, Suite 2270
St. Paul, MN 55101

Tammie L. Reeves

TAMMIE L. REEVES

Subscribed and sworn to before me
this 11th day of May, 1998.

Christine A. Arnold

Notary Public

