

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST : FINAL DECISION AND ORDER
:
ALFRED L. NEUHOFF, M.D., :
RESPONDENT. : ORDER 0000483

Division of Enforcement Case No. 09 MED 304

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Alfred L. Neuhoff, M.D.
1899 Ole River Road
Stevens Point, WI 54481

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Medical Examining Board
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Alfred L. Neuhoff, M.D., Respondent, date of birth December 27, 1961, is licensed by the State of Wisconsin Medical Examining Board to practice medicine and surgery, pursuant to license number 30475-20. This license was granted on July 1, 1989.

2. Respondent's address of record with the Wisconsin Medical Examining Board is 1899 Ole River Road, Stevens Point, Wisconsin 54481.
3. Respondent's specialty is family practice.
4. At all times relevant to this matter, Respondent was employed as a physician with Ministry Medical Group's Point Family Practice Clinic, in Stevens Point, Wisconsin. Respondent worked at the clinic between December 1994 and September 2009.
5. While employed with Ministry Medical Group, approximately half of Respondent's patients were seen for psychiatric and chemical dependency issues. Respondent is certified to prescribe suboxone to address opiate addictions, and had the maximum number of suboxone patients permitted by law. Respondent was the only physician certified to prescribe suboxone in his geographical area.
6. Between September 2002 and April 2009, Respondent provided medical treatment to Patient CF, DOB 03/23/1976. CF's treatment issues included, but were not limited to headaches, idiopathic cardiomyopathy, narcotic abuse, depression, anxiety and panic disorder/agoraphobia. The medical record documents CF's history of abuse of hydrocodone/acetaminophen, and one suicidal episode before 2008.
7. On July 23, 2009, CF reported to Respondent's employer that Respondent and she had been involved in a sexual relationship. According to CF, the sexual relationship commenced in October 2008 and Respondent ended it in March 2009. Although CF characterized the sexual relationship as consensual, she further alleged that Respondent prescribed unnecessary Vicodin (hydrocodone/acetaminophen) to keep her in the relationship. CF alleged that she and Respondent had sexual encounters approximately twenty times, including intercourse, most often in vehicles after Respondent finished working.
8. When Respondent's employer confronted him with CF's allegations, Respondent initially denied any sexual contact had occurred. Respondent explained that CF had suggested they begin a sexual relationship, had become obsessed with him, and had sent incessant text messages. Respondent said that he sought and obtained a restraining order, and CF then threatened to falsely accuse him of inappropriate sexual contact, and sexual contact in exchange for controlled substances.
9. The employer continued its investigation, including an interview with CF on August 18, 2009.
10. On August 17, 2009, Respondent contacted his employer and admitted he had engaged in a sexual relationship with CF, but denied prescribing drugs in exchange for sex.
11. According to Respondent, his sexual contacts with CF began when she sent him a text message in approximately December of 2008. Respondent accepted CF's offer of sex. What followed, according to Respondent, was a period of months in which CF pursued him and threatened to expose their relationship if the sexual encounters did not continue.

12. On March 10, 2009, Respondent ended the sexual relationship with CF. She reported the relationship to her husband and to Respondent's wife. Respondent met with CF's husband and at the request of CF and her husband, he agreed to keep CF as a patient, despite misgivings in doing so.

13. On April 28, 2009, a Portage County circuit court judge granted Respondent's petition for a permanent restraining order against CF.

14. Respondent's employer conducted an analysis of CF's prescription profile between August 1, 2008, and August 18, 2009. The analysis revealed that on December 9, 2008, Respondent prescribed 30 tablets of hydrocodone/acetaminophen 5MG/500MG, which was documented on the controlled substances sheet. However, between December 12, 2008, and January 18, 2009, Respondent prescribed an additional 80 tablets of the same medication sometimes without documenting the prescriptions in the record or on the controlled substance sheet.

15. The employer's analysis of the prescription profile indicated that Respondent had prescribed other medications for CF without documenting them, including effexor, tramadol, topamax, naproxen, imipramine, and clonazepam.

16. The analysis concluded that most of the prescriptions that Respondent failed to document were not drugs typically associated with abuse. The analysis did not support CF's contention that Respondent prescribed medications in an effort to coerce sexual activity.

17. Pursuant to Wis. Stat. § 961.16(2)(a)7, hydrocodone is a schedule III controlled substance.

18. Dr. John H. Hung, Ph.D., L.P., conducted a psychological evaluation of Respondent at the request of his employer, for the purpose of assessing Respondent's "psychological fitness to practice medicine without compromising patient safety." Dr. Hung acknowledged that his evaluation depended largely on the accuracy of Respondent's statements.

19. Respondent provided a statement of the underlying events to assist the evaluator, Dr. Hung. On August 24, 2009, Respondent wrote:

This was not a physician taking advantage of a patient in a clinical situation. This did not occur in a clinical setting and was initiated by [CF], not myself. I would see it more as a case of a mentally ill person with a long track record of sexual promiscuity taking advantage of a rather naïve physician.

20. Dr. Hung concluded that Respondent could safely practice with safeguards in place. Dr. Hung concluded that Respondent had no personality traits that made a recurrence of the sexual misconduct more likely than would have been true without the personality traits.

21. Dr. Hung also concluded that Respondent's misconduct was more than a momentary lapse of judgment under unusual circumstances. Rather, Dr. Hung determined that Respondent demonstrated "a woeful lack of appreciation for the full range of ethical responsibilities a physician has to a patient."

22. Dr. Hung recommended that Respondent undergo individual psychotherapy, ongoing peer consultation, and training on boundaries in the physician-patient relationship (with emphasis on the dynamics of power, exploitation, transference and seduction, the pitfalls of dual relationships, societal expectation of the physician's role, professionalism and ethics).

23. Respondent's failure to document prescriptions for all medications to a patient with a history of abuse and mental health issues constitutes incompetent practice, and created an unreasonable risk of harm to the patient.

24. Respondent has provided proof in the form of a sworn affidavit attesting that he did not practice medicine from September 2009 until March 2010.

25. Respondent is currently employed at Aspirus Kronenwetter Clinic, 1841 Highway XX, Mosinee, WI 54455.

26. Respondent has presented proof, acceptable to the Board's designee that, on June 4, 2010, he successfully completed a 24 hour course entitled, "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls of Misprescribing", offered by the University of South Florida.

27. Respondent has presented proof that, as of September 23, 2010, he continued to work with a professional mentor required by his employer. The professional mentor, Dr. William C. Nietert, M.D., meets with Respondent at least once or twice weekly. Dr. Nietert reports:

Dr. Neuhoff's practice continues to be superior. His ongoing interactions with medical staff, patients, and peers continue to be excellent. He has displayed no defects in professional judgment. He has showed excellent insight, appropriate humility, and practices in a high ethical and moral standards practice. There have been no complaints about his practice or patient care.

28. On August 10, 2010, Dr. Patricia Coffey, Ph.D., S.C., evaluated Respondent's progress in understanding sexual misconduct and boundary issues, fitness for practice, overall mental health status, risk of future violations, and measures necessary to a safe practice environment.

29. Dr. Coffey noted considerable progress on Respondent's part and concluded that he is at "very low risk" of repeating his behavior. Because of the repetitive nature of the sexual contacts with this one patient, however, Dr. Coffey recommends "long term mentoring and monitoring" which could be decreased over time.

30. Dr. Coffey recommended the following limitations on Respondent's practice:

- a. Respondent should have a chaperone present whenever he examines a female patient in any state of undress.

- b. Respondent should not meet with a patient after hours in the clinic or elsewhere.
- c. If Respondent has any contact with patients outside of the clinic, he should report the contact to his peer mentor for discussion and review.
- d. Respondent should not treat female patients with substance abuse problems.
- e. Respondent should refer patients with significant psychological problems to a specialist.
- f. Future employers, if any, should be notified of his history of sexual misconduct as reflected in this Order.
- g. Respondent should continue to participate in counseling for his boundary issues on at least a monthly basis to insure he is monitored for signs of increasing risk

31. Dr. Coffey concluded:

[Respondent] has many positive characteristics and has been a very dedicated physician. [He] clearly has the ability to continue to make positive contributions in his field with appropriate restrictions in place and ongoing monitoring of his emotional state and behavior through mentoring and therapy sessions.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. Respondent by have sexual intercourse with a patient, has committed unprofessional conduct as defined by Wis. Admin. Code § Med 10.02(2)(zd) and he is subject to discipline pursuant to Wis. Stat. § 448.02(3).

3. Respondent, by prescribing medications without appropriate documentation, has committed unprofessional conduct as defined by Wis. Admin. Code § Med 10.02(2)(za) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

4. Respondent, by prescribing controlled substances to a patient with a complex medical history, including mental health issues, and without appropriate documentation, has committed unprofessional conduct as defined by Wis. Admin. Code § Med 10.02(2)(h) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED:

SUSPENSION

- A.1. The license of Alfred L. Neuhoff, M.D., Respondent, to practice as a physician in the State of Wisconsin is SUSPENDED for an indefinite period.
- A.2. Respondent shall not engage in the practice of medicine and surgery in any capacity unless his suspension is stayed and he is in full compliance with this Order. Respondent shall mail or physically deliver all indicia of registration to the Department Monitor within 14 days of the effective date of this Order. The Department shall then issue limited registration credentials to Respondent.
- A.3. Upon a showing by Respondent of continuous, successful compliance for a period of at least three (3) years of active practice under the terms of this Order, the Board may grant a petition by Respondent under paragraph D.5. for return of full licensure.
- A.4. The Board may, on its own motion or at the request of the Department Monitor, grant full licensure at any time.

STAY OF SUSPENSION

- B.1. Respondent has served a six month period of time in which he did not practice medicine as a result of his misconduct. The suspension is hereby stayed because Respondent provided proof, which is determined by the Board or its designee to be sufficient, that Respondent's Treater feels that he can safely practice, and that Respondent is in compliance with the provisions of Sections C and D of this Order.
- B.2. The Board or its designee may, without hearing, remove any stay upon receipt of information that Respondent is in substantial or repeated violation of any provision of Sections C or D of this Order. Repeated violation is defined as the multiple violation of the same provision or violation of more than one provision. The Board may, in conjunction with any removal of any stay, prohibit the Respondent for a specified period of time from seeking a reinstatement of the stay under paragraph B.4.
- B.3. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:
 - (a) Mailing to Respondent's last-known address provided to the Department of Regulation and Licensing pursuant to Wis. Stat. § 440.11; or
 - (b) Actual notice to Respondent or Respondent's attorney.
- B.4. The Board or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.
- B.5. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. RL 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within 60 days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

CONDITIONS AND LIMITATIONS

Treatment Required

- C.1. Respondent has undergone an assessment by a mental health care practitioner with experience in assessing health care practitioners who have become sexually involved with patients. The evaluator had an opportunity to review the Finding of Facts, above, Order and other documentation provided by the Division of Enforcement. Respondent shall continue his treatment program with Dr. Jay Cleve, as a treater (Treater) acceptable to the Board or its designee. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.
- C.2. Respondent shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.
- C.3. Treater shall be responsible for coordinating Respondent's rehabilitation and treatment program as required under the terms of this Order, and shall immediately report any violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as Treater, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.
- C.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency of no less than once per month. Therapy may end only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the course of treatment.. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

Releases

- C.6. Respondent shall provide and keep on file with Treater and all treatment facilities.. The releases shall allow the Board, its designee, and any employee of the Department of Regulation and Licensing, Division of Enforcement to: (a) obtain all patient health care and treatment records and reports, and (b) discuss the progress of Respondent's treatment and rehabilitation. Copies of these releases shall immediately be filed with the Department Monitor.

Education

- C.7. Respondent has satisfactorily completed a 50 hour course on boundary issues sponsored by Professional Boundaries, Inc., which is determined to be substantially similar to the "Intensive Court in Medical Ethics, Boundaries and Professionalism", a 17 hour continuing medical education program offered by Case Western Reserve University School of Medicine in Cleveland, Ohio.
- C.8. Respondent successfully completed a multi-day educational program addressing controlled substances management, which has been preapproved by the Board or its

designee. The course, described in paragraph 26 has been determined to be comparable to the "Intensive Course in Controlled Substance Management", a 40 hour continuing medical education program offered by Case Western Reserve University School of Medicine in Cleveland, Ohio, is preapproved.

Practice Conditions

- C.9. Respondent's right to prescribe, dispense, administer and order schedule II, III, IV and V controlled substances, is granted because Respondent has provided proof to the Board that Respondent has taken and completed the educational program set forth at C.8, above.
- C.10. Respondent shall furnish a copy of this Order to all present employers immediately upon issuance of this Order, to any hospital at which he has privileges or at which he applies for privileges, and to any future employer before Respondent reports for his first day of employment with any future employer.
- C.11. Respondent shall continue availing himself to the services of a professional mentor for the duration of this Order. The professional mentor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Department (including but not limited to any bartering relationship, mutual referral of patients, etc.). A Professional Mentor shall be actively practicing in Respondent's field of practice, hold a valid Wisconsin license, shall be board certified by an ABMS-recognized board in a specialty relevant to Respondent's field of practice, and shall have read this Final Decision & Order and agree to be Respondent's Professional Mentor. Dr. William C. Nietert, M.D., is hereby approved to continue serving as Respondent's professional mentor, although it is noted that Dr. Nietert works for Respondent's employer.
- C.12. Supervision by the Professional Mentor shall include weekly meetings, review of charts selected by the Professional Mentor, and any other actions deemed appropriate by the Professional Mentor to determine that Respondent is practicing in a professional and competent manner.
- C.13. Respondent shall arrange for his Professional Mentor to provide formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance. Respondent's Professional Mentor shall immediately report to the Department Monitor and the Respondent's Supervising Health Care Provider any conduct or condition of the Respondent which may constitute unprofessional conduct, a violation of this Order, or a danger to the public or patient.
- C.14. The Professional Mentor may designate another qualified physician or other health care provider acceptable to the Board to exercise the duties and responsibilities of the Professional Mentor in an absence of more than three weeks.
- C.15. In the event that the Professional Mentor is unable or unwilling to continue to serve as Respondent's professional mentor, the Board may in its sole discretion select a successor Professional Mentor.
- C.16. The Professional Mentor shall have no duty or liability to any patient or third party, and the Mentor's sole duty is to the Board.

- C.17. Respondent shall not examine any female patient in any state of undress unless a chaperone is present. The name of the chaperone shall be documented in the medical record.
- C.18. Respondent shall not meet with any patient after normal clinic hours, at any location, including the clinic in which he is employed. An exception exists for true emergencies in which death or serious bodily harm will occur if Respondent does not meet with the patient. In true emergencies, Respondent shall make every effort to have a chaperone present, and shall document his efforts in the medical record.
- C.19. If Respondent has any contact with patients outside of the clinic, whether direct or indirect, in person or through other means, he shall report the contact to his Professional Mentor for discussion and review.
- C.20. Respondent shall not treat female patients who are diagnosed with substance abuse issues or who present with substance abuse issues, except in emergency room practice or as agreed by his Professional Mentor.
- C.21. Respondent shall have no contact, whether direct or indirect, with Patient CF. Respondent shall immediately notify police if Patient CF attempts any contact prohibited by the order of any court.

MISCELLANEOUS

Department Monitor

- D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor
Wisconsin Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935
Fax: (608) 266-2264
Telephone: (608) 267-3817

Required Reporting by Respondent

- D.2. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Professional Mentor, the Treater, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent. Additionally, every three (3) months, Respondent shall notify the Department Monitor of Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

D.3. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

Change of Treater or Approved Program by Board

D.4. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Respondent continue treatment and rehabilitation under the direction of another Treater or Approved Program.

Petitions for Modification of Limitations or Termination of Order

D.5. Respondent may petition the Board for modification of the terms of this Order or termination, however no such petition for modification shall occur earlier than one year from the date of this Order and no such petition for termination shall occur other than in compliance with paragraph A.3. Any such petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a), and Respondent shall not have a right to any further hearings or proceedings on the denial.

Costs of Compliance

D.6. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order. Being dropped from a program for non-payment is a violation of this Order.

Costs of Proceeding

D.7. Respondent shall pay costs of \$1,400.00 to the Department of Regulation and Licensing within ninety (90) days of this Order. In the event Respondent fails to timely submit any payment of costs, Respondent's license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

Additional Discipline

D.8. In addition to any other action authorized by this Order or law, violation of any term of this Order may be the basis for a separate disciplinary action pursuant to Wis. Stat. § 448.02.

WISCONSIN MEDICAL EXAMINING BOARD

By: 
A Member of the Board

10/20/10
Date