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BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of)
PETER SAMUEL MOREY, MD) ORDER OF EMERGENCY
LICENSE NO. MD24236) SUSPENSION

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Peter Samuel Morey, MD (Licensee) is a licensed physician in the state of Oregon.

2.

The acts and conduct that support this Order for Emergency Suspension are as follows:

2.1 Licensee is a psychiatrist, with a practice in downtown Portland, Oregon. Patient A, an adult female patient, called various health care providers during Memorial Day weekend of 2007, pleading for an appointment. Licensee returned her call and agreed to meet with her on Sunday, May 27, which was the Memorial Day holiday. Patient A sought treatment for an adjustment disorder related to the death of her mother. Patient A had a history of abuse and faced emotional and family turmoil. Patient A's history includes mental health treatments and psychotropic medications. At the end of the first clinical visit, Licensee prescribed various medications for Patient A, to include trazodone (an anti-depressant), clonazepam (Schedule IV controlled substance), bupropion (Wellbutrin, an anti-depressant), and fluoxetine (Prozac, an anti-depressant). Patient A returned frequently for clinical visits at Licensee's requests, and Licensee continued to write prescriptions for her. Licensee later added Adderall (Schedule II controlled substance of dextroamphetamine + amphetamine) to her medication regimen. Licensee continued to see Patient A in his clinic for many hours and almost daily during some weeks in 2007. Patient A eventually relocated to Bend and stopped seeing Licensee on a regular

1 basis. However, Licensee continued to refill medications for her in 2008. Licensee completed
2 and signed prescription forms and mailed them to Patient A in Bend. Some of these
3 prescriptions included controlled substances. Licensee signed these prescription forms without
4 seeing Patient A for therapy sessions. Licensee also corresponded with her by e-mail for some
5 period of time until she began to receive care from other health care providers. The last time that
6 Licensee prescribed medication (clonazepam) for Patient A occurred in November of 2008.
7 During the time that Licensee was prescribing medications to Patient A, he engaged in
8 unprofessional boundary violations with Patient A by entering into a personal friendship with her
9 and inappropriately touching Patient A. Licensee's conduct contributed to the emotional and
10 mental health destabilization of Patient A. Licensee's boundary violations with Patient A were
11 multiple and varied, to include the following:

12 a. Licensee provided Patient A with a key to access his clinic and a vacant
13 office space by his practice on the top floor of a downtown building. Licensee
14 offered to furnish this space and to pay for the new furniture so that Patient A
15 could live there. Licensee did not seek any rent from Patient A, who elected not to
16 accept this living arrangement from Licensee.

17 b. Licensee waived all of the co-pays for Patient A for all her office visits,
18 and he did not charge her for prescription refills. During the summer of 2007,
19 Licensee also provided her with on-the-job training with the plan that she could
20 work at his office as his assistant. Licensee paid her \$100 for one day of training,
21 and Licensee admitted that the \$100 was an intentional overpayment.

22 c. During clinical visits, as well as during their informal personal
23 interactions, Licensee made personal disclosures to Patient A about his own
24 personal issues, to include his marital problems with his wife, his sexual
25 frustrations, and his social life. Licensee disclosed to Patient A that he was
26 diagnosed with attention deficit disorder (ADD), was prescribed Adderall for
27 ADD, and suffered health problems with this medication. Licensee revealed

1 personal details regarding his sexual health to Patient A. Such disclosures serve
2 no medical or therapeutic purpose for Patient A.

3 d. Licensee would meet with Patient A in this vacant space by his clinic and
4 at his office, where he engaged in inappropriate touching, to include embracing
5 her, kissing her, and stroking her hair while her head was resting in his lap. On
6 multiple occasions, Licensee initiated sexualized conversations with Patient A
7 about his own sexual activities and frustrations, as well as Patient A's sexual
8 relationship with her then-boyfriend.

9 e. Licensee sent Patient A numerous e-mails during the course of his
10 treatment relationship with her. These e-mails were sent during various times of
11 the day and night with discussions about his feelings, their friendship, and his
12 need to see her soon. Licensee also requested Patient A to meet him immediately
13 at his clinic during the early morning and in the evenings, such as 7 p.m., to
14 discuss his feelings and their interactions.

15 f. Licensee called Patient A on her cell phone multiple times after some
16 sessions. Licensee also contacted Patient A to inquire if he had stepped over his
17 professional boundaries by doing things such as hugging her.

18 g. Licensee divulged confidential information regarding other patients to
19 Patient A. For example, Licensee pointed out a female patient in his waiting room
20 to Patient A and then told Patient A about some details of this patient. Such
21 conduct violates patient confidentiality and served no medical or therapeutic
22 purpose for Patient A.

23 h. At the conclusion of one clinic visit, and while still at Licensee's office,
24 Licensee displayed a semi-automatic handgun to Patient A. There was no
25 medical or therapeutic purpose for this action.

26 2.2 Licensee, accompanied by his legal counsel, met with two Board investigators on
27 December 30, 2009, at the Board's office. During the course of that interview, Licensee stated

1 that he has not attempted to contact Patient A by any manner after she had moved to Bend.
2 Licensee insisted that his last e-mail to Patient A occurred in March 2008, involving a
3 medication refill. Licensee repeated this assertion in a letter to the Board, dated January 6, 2010.
4 This statement is inconsistent with other information available to the Board. In a letter dated
5 December 16, 2009, Licensee admitted to having a “lapse in judgment in November of 2008,
6 where I received a refill request from Chicago from [Patient A] looking for clonazepam.”
7 Licensee admitted to refilling this controlled substance. In addition, the Board has a copy of an
8 e-mail communication between Licensee and Patient A that is dated October 21, 2009. This e-
9 mail from Licensee consisted of Licensee re-sending the e-mail to Patient A that he had
10 previously sent to her on August 20, 2007, at 12:21 p.m. about his need to see Patient A that
11 evening, and that he will not try to talk her “into coming back to work or anything. I just feel like
12 I really need to understand what happened. I am totally confused.”

13 2.3 Licensee began to date Patient B, a massage therapist, in the fall of 2007, while he
14 was still married. Following Licensee’s divorce, Licensee and Patient B subsequently entered
15 into a short-lived marriage. Licensee prescribed Adderall for Patient B on at least one or two
16 occasions, but he did not maintain a patient chart for her. Licensee also requested that Patient B
17 provide massage therapy to his psychiatric patients, and there was a period of time in which
18 Patient B did not hold an active massage therapist’s license in Oregon when she was providing
19 massage therapy at his clinic.

20 2.4 Licensee engaged in multiple boundary violations by providing personal loans of
21 up to \$500 to multiple psychiatric patients. Licensee also formed friendships with two other
22 adult female patients, Patients C and D. Licensee made inappropriate personal disclosures to
23 Patient D, by telling her about problems with his marriage and his subsequent dating activity, to
24 include disclosing details of a sexually explicit nature about himself. This type of self-disclosure
25 of a psychiatrist’s personal life to a patient constitutes a boundary violation. Patient D had
26 formed a strong attachment to Licensee and had given him personal presents before Licensee
27 discharged her as a patient in December 2008.

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4.

Licensee is entitled to a hearing as provided by the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee may be represented by legal counsel at a hearing. If Licensee desires a hearing, the Board must receive Licensee's written request for hearing within ninety (90) days from the date the mailing of this Notice to Licensee, pursuant to ORS 183.430(2).

Upon receipt of a request for a hearing, the Board will notify Licensee of the time and place of the hearing and will hold a hearing as soon as practical.

IT IS SO ORDERED this 6th day of January 2010.

OREGON MEDICAL BOARD

Signature Redacted on Copies

DOUGLAS B. KIRKPATRICK, MD
Board Chair