

1. **BEFORE THE**
2. **BOARD OF CHIROPRACTIC EXAMINERS**
3. **STATE OF OREGON**
4.

5 In the Matter of)
6) AMENDED
7) STIPULATED FINAL ORDER
8 Lynn Hakala, D.C.)
9)
10)
11 Licensee.) Case #'s 2003-5004, 2003-2001,
12 2004-1032, 2004-2000
13
14

15 The Board of Chiropractic Examiners (Board) is the state agency responsible for licensing,
16 regulating and disciplining chiropractic physicians in the State of Oregon. Lynn Hakala, D.C.
17 (Licensee), is licensed by the Board to practice as a chiropractic physician in the State of Oregon.
18 The Board issues the following order of discipline to Licensee for the following reasons.
19

20 The findings of the Stipulated Final Order dated January 31, 2006 remain in full effect. The
21 Stipulations are amended as follows:

22 Stipulations
23

24 Therefore, pursuant to ORS 183.415(5) and ORS 684.100(9)(e) the OBCE orders:
25

- 26 1. The parties have agreed to enter this stipulated final order. Licensee agrees to the
27 entering of this final order although no admission on behalf of the Licensee has occurred.
28 Licensee agrees that she is aware of her right to a hearing with her attorney present to
29 contest the charges and hereby waives that right and agrees to entry of this order. The
30 parties wish to settle and resolve the above matter without further proceedings.
31
- 32 2. Licensee's license to practice chiropractic was recorded as suspended for 3 months
33 beginning May 1, 2005 through August 1, 2005.
34
- 35 3. Licensee will be on probation for a period of five years beginning January 31, 2006 to
36 January 31, 2011. The following are requirements of probation:
37
- 38 4. Provided Licensee abides fully by the terms of this order, she may return to the active
39 practice of Chiropractic.
40
- 41 5. Licensee is placed on probation and must participate in her continuing treatment and
42 monitoring program or as modified by the OBCE for a minimum of five years.
43 Thereafter the probation, treatment and monitoring may be concluded upon a

1 demonstration to the OBCE that Licensee has successfully completed all treatment
2 programs and has fully abided by the terms of this Stipulated Final Order. The Board
3 may conduct periodic random visits to Licensee's clinic for the purpose of obtaining
4 copies of patient files for the Board's review for the duration of your probation.
5

6 6. Licensee agrees to participate in and successfully complete a mentoring plan with a board
7 approved mentor for a period of at least three years from January 31, 2006, during which
8 time Licensee is in active practice. The plan will have a focus on development of
9 acceptable clinical justification, charting and billing practices to ensure compliance with
10 statutes and rules. At any time that Licensee ceases active practice, her license lapses or
11 she changes to inactive status, this will not count toward completion of the three year
12 period. The Mentor will be responsible to review charts and report any findings to the
13 Board that are appropriate. At any time that Licensee ceases active practice, her license
14 lapses or she changes to inactive status, this will not count towards completion of the
15 mentoring plan period. The mentor will perform file reviews of records and billings of
16 Licensee's case work and report to the board on her progress at meeting minimum
17 standards of chiropractic health care as per the standard mentoring plan protocols. The
18 Mentoring Doctor will be chosen by the OBCE and will sign a personal services contract
19 with the OBCE for the provision of this service. Licensee must allow the Mentoring
20 Doctor to enter Licensee's business premises to examine, and review Licensee's patient
21 or other records to determine compliance with the terms of this order, for the duration of
22 this mentoring plan. If the Mentoring Doctor requests and with the patient's agreement,
23 Licensee will allow the Mentor to observe a patient encounter. The Mentoring Doctor
24 will make periodic reports to the OBCE regarding Licensee's progress in meeting
25 minimum standards of chiropractic health care. As part of this report, the Mentor may
26 pull one or two of the patient files reviewed with identifiers redacted for the Board's
27 review. The financial compensation for the Mentoring Doctor will be at Licensee's
28 expense which will be due and payable to the OBCE. The Mentoring Doctor will provide
29 OBCE with periodic billings for services and in turn the OBCE will bill the Licensee. The
30 hourly rate will be determined by the Mentoring Doctor in agreement with the OBCE plus
31 mileage at the state rate. Successful completion of the Mentoring Plan also requires that
32 this financial obligation be met, however the OBCE will be reasonable in setting up a
33 payment plan if Licensee makes this request.
34

35 7. As part of this agreement, Licensee agrees to improve her clinical practices to meet the
36 minimum standards of the chiropractic profession, including, but not limited to the
37 following: Taking of case histories and past histories, performing and recording
38 examination procedures, presenting subjective complaints and rendering an examination
39 within minimal standards, formulating and recording treatment plans, rendering
40 diagnoses consistent with the history/findings, creating legible, intelligible daily chart
41 records and determining appropriate codes for billing purposes. Licensee will cooperate
42 with any file review requests by the Board until the end of her probationary period. File

1 review requests may include a visit to Licensee's clinic to obtain a selection patient files
2 and billing records.

- 3
- 4 8. Licensee agrees to fully comply with OAR 811-015-0006, Disclosure of Records, whenever
5 presented with a valid request.
- 6
- 7 9. Licensee has provided proof that of payment to Farmers Insurance Company the the sum
8 of \$1387.74 to Farmers Insurance Company for the overpayment regarding dates of
9 service from 9/16/02 to 11/14/02 on case number 2004-2000.
- 10
- 11 10. Licensee has provided proof of payment to Dr. Trapp for rental payments owed. .
- 12
- 13 11. Licensee agrees to seek aftercare through a psychologist or medical doctor agreed to by
14 the Board, at a minimum of two times per year. Licensee will inform the provider that
15 reports are to be provided to the OBCE twice each year. This is to continue until the
16 OBCE determines otherwise, after consultation. The provider assumes responsibility to
17 monitor and correspond with the Board regarding Licensee's overall progress. Licensee
18 must follow and complete any recommended treatment or counseling this provider
19 recommends.
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- 21 12. Licensee agrees to frequent meeting attendance of AA or its equivalent during probation.
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- 23 13. Licensee agrees to undergo random urine drug screens with a comprehensive panel of
24 drugs specifically tested for health professionals at a frequency of not less than 12 per
25 year for the first year, 9 per year for the second and 6 per year for the third year, as
26 collected by Recovery Support Services (Rick Weidlich, 503-892-9717). Licensee agrees
27 that a medical review officer, arranged through Mr. Weidlich, will interpret the results of
28 the drug screens. These will be at Licensee's expense.
- 29
- 30 14. Licensee shall abstain from the use of all mood-altering chemicals, including alcohol and
31 over-the-counter medicines, (except over-the-counter allergy medicines such as Benedryl
32 as long as there is a medical provider note provided to the Board explaining the need for
33 the medication and the type suggested.)
- 34
- 35 15. Any use of medications by Licensee must be recommended by her personal physician,
36 with the direct knowledge and cooperation of the OBCE.
- 37
- 38 16. Licensee shall participate in appearing before the Board once per year.
- 39
- 40 17. Licensee shall instruct all of the professionals participating in her treatment plan to
41 promptly respond to the Board of Chiropractic Examiners inquiry concerning Licensee's
42 compliance with the treatment plan and to immediately report to the Board any positive
43 test results or any serious failure to fully participate by Licensee. Licensee agrees to

1 provide authorization for medical and treatment records to the Board and will execute a
2 Consent for Release of Confidential Information at the OBCE's request. Licensee shall
3 instruct the foregoing professionals to make the required reports to the Board of
4 Chiropractic Examiners of Licensee's progress and compliance with the treatment plan.
5

6 18. Licensee waives all privilege with respect to any physical, psychiatric or psychological
7 evaluation or treatment in favor of the Board for purposes of determine compliance with
8 this Order, or the need to, or the appropriateness of, modifying this Order, and will
9 execute any waiver or release the board requests.
10

11 19. Licensee shall not apply for release from probation any earlier than five years from the
12 original date of this order which was January 31, 2006.
13

14 20. If Licensee violates any of the terms of this order, the Board may, after Notice and
15 Hearing, enter further disciplinary orders up to and including revocation.
16

17 21. This order is effective on the last date signed below.
18
19

20 BOARD OF CHIROPRACTIC EXAMINERS
21 State of Oregon
22

23 Original signature on file at OBCE.
24

25 BY: [Signature]
26 Dave McTeague, Executive Director
27 Date: 8/9/2008
28
29

30 Original signature on file at OBCE.
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32 [Signature]
33 Lynn Hakala D.C., Licensee
34 Date: 7/23/08
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STIPULATED FINAL
ORDER

Case #'s 2003-5004, 2003-2001,
2004-1032, 2004-2000

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16 (Licensee), is licensed by the Board to practice as a chiropractic physician in the State of Oregon.
17 The Board issues the following order of discipline to Licensee for the following reasons.
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19 Findings of Fact

20
21 1.

22 In response to three separate complaints, the Oregon Board of Chiropractic Examiners directed
23 the Peer Review Committee to review the three complaints in regards to Licensees patient files,
24 billing practices and clinical decision making.
25

26
27 2.

28 **Case No.: 2004-2000:**
29

30 Licensee was interviewed by the Peer Review Committee during September 2004 arising from a
31 complaint filed by an insurance carrier. The complaint stated that two payments issued to
32 Licensee were on a claim for the same dates of service, resulting in overpayments. The insurer
33 had requested reimbursement of that amount four different times without response by Licensee.
34 The insurer was also told by Licensee that they were keeping the overpayment because their
35 company had taken reductions on other unrelated billings where Licensee felt she was owed the
36 money for services and supplies to other patients. In their review, the Peer Review committee
37 was supplied with copies of patient charts and billings for patient 1 and 2 from the insurance
38 company relating to the two claims in the complaint.
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3 3.

4 After review of the information provided as stated in paragraph 2, the peer review found the
5 following: The examination performed did not meet minimal standards. There were inadequate
6 descriptions given for orthopedic tests. There was no neurological testing when a positive
7 foraminal compression test would indicate radicular type symptoms. To rule out radiculopathy,
8 neurological testing such as upper extremity deep tendon reflexes, or others should be performed.
9 In addition, re-exams did not meet minimal standards. There is no documentation showing re-
10 examinations were performed. For patient 2 a re-exam was billed on October 23, 2002. No
11 documentation is available to show that a re-exam was performed on that date. This is in
12 violation of ORS 684.100(1)(A) and OAR 811-015-0010.

13 Chart notes provided did not meet minimal competency. The SOAP and daily treatment notes
14 were not available for patient 1 and were only available for five dates of service for patient 2.
15 The five SOAP notes available for patient 2 consist of a complex coding system using
16 nonstandard abbreviations. It is extremely difficult to read and illegible. The ancillary chart
17 notes do not reflect the practitioner performing the massage and therapy treatments. Treatment
18 plans do not meet minimal standards. The proposed treatment in office is not outlined for patient
19 2, nor are there specific goals or outcome markers to gauge progress. No specific treatment plan
20 is identified for patient 1. This is in violation of ORS 684.100(1)(A) and OAR 811-015-0005(1)
21 and is unprofessional conduct in not keeping accurate records on all patients, including but not
22 limited to case histories, examinations, diagnostic and therapeutic services, treatment plan and
23 work status information.

24
25 In the Chart notes for patient 1, the records provided two different versions of the same ancillary
26 chart notes for dates of service from September 16, through February 10, 2002. For patient 2,
27 there were two different versions of the same ancillary chart notes for dates of service from
28 September 16, 2002 through December 19, 2002. There is no reason provided in the chart why
29 there are two different versions of the same record or why they were altered or on what dates any
30 alterations occurred. This is a violation of OAR 811-015-0005(1).
31

32 During the interview, Licensee indicated that she and another doctor or additional employees of
33 the clinic performed the physiotherapy and massage. During the interview it was learned that
34 Licensee knowingly allowed employees to perform the physiotherapy and massage duties without
35 being licensed as a chiropractic assistant or massage therapist. Leonid Petroyasov advised the
36 committee that for a 10 month period he performed chiropractic assistant and massage duties to
37 patients at Licensee's clinic. At no time did he have a certified chiropractic assistance license or
38 massage license. This is in violation of RS 684.100(1)(n), and OAR 811-035-0015(10)
39

40 Licensee also billed for services that require a certified chiropractic assistant and/or licensed
41 therapist and allowed an unlicensed or uncertified person to perform those tasks that were billed.
42 This is a violation of OAR 811-035-0015(7), engaging in dishonest or misleading fee collection
43 techniques.

1
2 Use of the evaluation and management code level 99204 is not substantiated by the records
3 reviewed. That code is for a new patient that receives a lengthy exam and moderate level clinical
4 decision making. Licensee contends she uses that code based upon the time spent with the
5 patient, and although that code allows a 45 minute time override based on counseling with the
6 patient, Licensee's records do not indicate amounts of time spent on the initial visit, time
7 counseling the patient and coordinating care. This resulted in an upcoding when that code was
8 used for Patients 1 and 2. This is a violation of OAR 811-015-0010(1). (Clinical rationale
9 within acceptable standards and understood by a group of peers, must be shown for all opinion,
10 diagnostic and therapeutic procedures.)
11

12 Peer review found that they would not be able to take over the care of patients 1 and 2 in the
13 records reviewed without performing their own consultation and examination. There are no
14 significant daily chart notes available to describe the patient's response to treatments, nor are
15 there chart notes documenting the level of care provided to both patients. This violates OAR
16 811-015-0005(1).
17

18 In regards to the insurance complaint that Licensee retained overpayment for dates of service
19 9/16/02 through 11/14/02, the committee found that two checks were sent to Licensee and
20 deposited, and Licensee billed a total of \$5436.46 and received payment totaling \$6824.38.
21 Thus, Licensee received an overpayment in the sum of \$1387.74. Licensee contended that the
22 majority of the overpayment by the insurer for those dates of service was not owed because there
23 were outstanding balances on this and other claims, which, if interest was applied would negate
24 the amount of repayment. The committee found that Licensee may not apply interest to this
25 account because it did not fulfill OAR 811-015-0000(4). The collection of money in excess of
26 amount of services rendered is unprofessional conduct and violates ORS 684.100(1)(A) and
27 OAR 811-035-0015(7).
28

29 4.

30 **Case 2003-2001:**
31

32 Arising from a complaint by another insurer as to allegations of altered patient records, up-
33 coding on the billing and excessive fees charged for medical equipment and a request for
34 reimbursement of services not rendered, the Peer Review Committee found the following after
35 review of the files:
36

37 5.

38 Re-examinations do not meet minimal standards of care. Between 2/26/03 and 7/17/03 patient 3
39 was treated 36 visits. Only one reevaluation sheet is found in the record when the evaluation
40 should be done typically every 4-8 weeks. This violates ORS 684.100(1)(A) and OAR 811-015-
41 0010.
42

1 Chart notes do not meet minimal standards. They do not describe how the patient is responding
2 to care. Chart notes were rewritten on numerous occasions without corresponding explanation
3 on the altered records. Chart notes did not indicate the name or initials and signature of the
4 treating physician nor the author of the notes. The peer review committee unanimously stated
5 they would not be able to take over care of the patient in these records. This violates ORS
6 684.100(1)(A), and OAR 811-015-0005.
7

8 Chart notes received by the carrier on 7/15/03 do not show a 5/1/03 SOAP note entry, nor does
9 the ancillary care record show any treatment on 5/1/03. The same chart notes received by the
10 carrier on 8/12/03 are altered from the 7/15/03 chart notes in that they do show a date of service
11 of 5/1/03 including SOAP notes and ancillary care records for the patient. The 8/12/03 notes
12 show that ultrasound to the neck and low back were performed and the ancillary notes show
13 massage was performed on 5/1/03. This is clear evidence of altered records during this time
14 frame and as evidenced by the two different versions received by the insurance carrier. This
15 violates ORS 684.100(1)(g), OAR 811-015-0005(1) and OAR 811-035-0015(12).
16

17 Billing for physical therapy evaluations on 2/27/03 and a nutritional evaluation on 3/12/03 are
18 unsubstantiated by documentation. There is no documentation of any examination or evaluation
19 of the patient to describe the choice of nutritional protocol nor is there a specific physiotherapy
20 treatment plan based upon such specific exam or evaluation. Thus, the services provided on
21 these days are consultations or office visits, but not the E and M codes that Licensee has billed
22 for. This violates ORS 684.100(1)(A) and OAR 811-035-0015(12).
23

24 Evaluation and Management code levels billed to the insurer are not substantiated by the records
25 reviewed and do not meet minimal standards. On February 27, 2003, Licensee billed for a re-
26 examination, a physical therapy evaluation, and three to four areas of manipulation. The
27 manipulation code includes an evaluation and management portion as well. There is not any
28 documentation to support more than the level of management and evaluation include in code
29 98941, yet code 97001 and 99213 are used for billing. This violates ORS 684.100(1)(A) and
30 OAR 811-035-0015(12).
31

32 Licensee charged excess amounts for durable medical goods provided to patients. In records
33 reviewed, charges for a Tens unit was excessive. A review of several sources by the committee
34 revealed that the units were available from \$40-120. Standard mark up for durable goods by the
35 profession is at most 100% -175%. Licensee admitted in an interview that she marked them up
36 as much as 10 times her cost (1000%). Licensee was unable to produce a receipt for the Tens
37 unit, but estimated it cost her around \$40 for which she billed the insurer \$400 and an additional
38 \$227 for batteries and lead wires. That is a violation of ORS 684.100(1)(A) and OAR 811-035-
39 0015(7) and (12).
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Case: 2004-1032:

Arising from a complaint by a patient, the complaints were for billing for services and supplies that were not provided, specifically detailing that she received no massage therapy on certain dates yet was billed for them and being charged for more massages per week than were received. Licensee was requested to provide the patient chart on June 6, 2004. It wasn't until October 14, 2004 that the Board received the records from Licensee. The Peer Review Committee found the following after review of the files:

7.

Chart notes did not meet minimal standards. They are inadequate in describing how the patient responded to care. They involve a complex coding system that is difficult to understand. Chart note documentations were rewritten on several occasions without corresponding explanation in the record. Handwriting differed on different sets of patient chart notes. Chart notes did not frequently include the name, initials, or signature of the treating physician or author of the notes. The peer review committee unanimously stated they would not be able to take over the care of this patient without doing their own consultation or examination. This is in violation of ORS 684.100(1)(A) and OAR 811-015-0005(1) and is unprofessional conduct in not keeping accurate records on all patients, including but not limited to case histories, examinations, diagnostic and therapeutic services, treatment plan and work status information.

Evaluation and Management code levels billed to the insurer are not substantiated by the records reviewed and do not meet minimal standards. The initial exam was coded 99204 when at most a code of 99203 could be substantiated. The billing for the physical therapy and nutritional evaluation are unsubstantiated by the documentation. There is no documentation of any examination or evaluation of the patient to describe her choice of nutritional protocol nor any physiotherapy treatment plan based on the exam or evaluation. On May 2, 2003, there were no notes to demonstrate any exam took place, yet the code was for an exam. In addition, it appears that a discussion related to TMJ dysfunction and a specialist occurred and x rays were taken by another doctor which were provided, yet there are no notes to make sense of this information. The 5/2/03 visit is inappropriately coded with the documentation provided. This violates ORS 684.100(1)(A) and OAR 811-035-0015(12) and OAR 811-015-0010.

On March 24, 2003, Licensee bills for a re-examination (99213) a physical therapy evaluation (97001) and three to four areas of manipulation (98941). The last code includes an evaluation and management portion, and there is not any documentation to support anything more than the level of evaluation and management included in code 98941. This violates ORS 684.100(1)(A) and OAR 811-035-0015(12).

1 Six weeks into care, there is an increase in the number of body areas being treated beginning May
2 5, 2003. The treatment is billed at code 98942. That is excessive since the areas adjusted are
3 between one and three. A code 98940 or 98941 is correct to use for those dates of service. This
4 violates ORS 684.100(1)(A) and OAR 811-035-0015(12) and OAR 811-015-0010.
5

6 Licensee also failed to provide the patient file in regards to this complaint within a reasonable
7 time. The Board requested the records on June 16, 2004. They were not provided by the
8 Licensee until October 14, 2004. Failure to cooperate with the board in this matter is violation of
9 OAR 811-0015-0006(3)(b) and 811-035-0015(19) and (20).
10

11 8.

12 The Peer Review Committee felt after review of three separate cases, that Licensee continually
13 exhibited a pattern of unsubstantiated code levels, chart notes below minimal competency and
14 lack of clinical justification in the notes, use of unlicensed staff, re-examinations not meeting
15 minimal competency and continual billing and coding errors.
16

17 9.

18 Prior to these cases being noticed for discipline, Licensee had signed a Temporary Stipulated
19 Order in Case # 2003-5004 after escalated alcohol abuse occurred from 1999 through 2004. This
20 abuse interfered with her ability to serve her patients in a safe and competent manner and
21 Licensee took steps of her own volition to address the problem with the Board which resulted in
22 a Temporary Stipulated Order to voluntarily withdraw from active practice of chiropractic
23 pending further order of the Board. Licensee has since undergone an evaluation by a treatment
24 center and has undergone counseling and has remained sober. Since May 28, 2004, Licensee has
25 not been in active practice as a chiropractor and has abided by the Temporary Stipulated Order.
26

27 Conclusions of Law

28
29 The Board finds that the above findings of fact and conduct of Licensee thus far, results in
30 violations of ORS 684.100(1)(A), 684.100(1)(f) 684.100(1)(g) and OAR 811-015-0010, OAR
31 811-015-0005(1), OAR 811-015-0005(1) and (10), OAR 811-035-0015(7), (12), (13), (19) and
32 (20), and OAR 811-0015-0006(3)(b).
33

34 Stipulations

35
36 Therefore, pursuant to ORS 183.415(5) and ORS 684.100(9)(e) the OBCE orders:
37

- 38 1. The parties have agreed to enter this stipulated final order. Licensee agrees to the
39 entering of this final order although no admission on behalf of the Licensee has occurred.
40 Licensee agrees that she is aware of her right to a hearing with her attorney present to
41 contest the charges and hereby waives that right and agrees to entry of this order. The
42 parties wish to settle and resolve the above matter without further proceedings.

- 1 2. Licensee's license to practice chiropractic will be recorded as suspended for 3 months
2 beginning May 1, 2005 through August 1, 2005.
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- 4 3. Licensee will be on probation for a period of five years from the date this order becomes
5 final. The following are requirements of probation:
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- 7 4. Provided Licensee abides fully by the terms of this order, she may return to the active
8 practice of Chiropractic.
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- 10 5. Licensee is placed on probation and must participate in her continuing treatment and
11 monitoring program or as modified by the OBCE for a minimum of five years.
12 Thereafter the probation, treatment and monitoring may be concluded upon a
13 demonstration to the OBCE that Licensee has successfully completed all treatment
14 programs and has fully abided by the terms of this Stipulated Final Order.
15
- 16 6. Licensee agrees to strictly work only as an associate with another board approved
17 chiropractic physician for a period of at least three years during which time Licensee is in
18 active practice. At any time that Licensee ceases active practice, her license lapses or she
19 changes to inactive status, this will not count towards completion of the three year period.
20 Licensee must be in active practice for at least three years with this restriction to fulfill
21 the final stipulation. Licensee will not have any responsibility for the administrative or
22 business needs of the practice.
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- 24 7. Licensee agrees to participate in and successfully complete a mentoring plan with a board
25 approved mentor for a period of at least three years during which time Licensee is in
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33 work and report to the board on her progress at meeting minimum standards of
34 chiropractic health care as per the standard mentoring plan protocols. The Mentoring
35 Doctor will be chosen by the OBCE and will sign a personal services contract with the
36 OBCE for the provision of this service. Licensee must allow the Mentoring Doctor to
37 enter Licensee's business premises to examine, and review Licensee's patient or other
38 records to determine compliance with the terms of this order, for the duration of this
39 mentoring plan. If the Mentoring Doctor requests and with the patient's agreement,
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22 2000. It is acceptable to the OBCE for Licensee to arrange a payment plan to meet this
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- 25 11. Licensee agrees to seek aftercare through a psychologist or medical doctor agreed to by
26 the Board, at a minimum of two times per year. Licensee will inform the provider that
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38 collected by Recovery Support Services (Rick Weidlich, 503-892-9717). Licensee agrees
39 that a medical review officer, arranged through Mr. Weidlich, will interpret the results of
40 the drug screens. These will be at Licensee's expense.
41
- 42 14. Licensee shall abstain from the use of all mood-altering chemicals, including alcohol and
43 over-the-counter medicines, (except over-the-counter allergy medicines such as Benedryl

1 as long as there is a medical provider note provided to the Board explaining the need for
2 the medication and the type suggested.)
3

4 15. Any use of medications by Licensee must be recommended by her personal physician,
5 with the direct knowledge and cooperation of the OBCE.
6

7 16. Licensee shall participate in appearing before the Board once per year.
8

9 17. Licensee will complete 12 hours of continuing education on clinical record keeping to be
10 completed within 6 months of Licensee's return to practice. This is in addition to any
11 required amount of CE to maintain licensure.
12

13 18. Licensee shall instruct all of the professionals participating in her treatment plan to
14 promptly respond to the Board of Chiropractic Examiners inquiry concerning Licensee's
15 compliance with the treatment plan and to immediately report to the Board any positive
16 test results or any serious failure to fully participate by Licensee. Licensee agrees to
17 provide authorization for medical and treatment records to the Board and will execute a
18 Consent for Release of Confidential Information at the OBCE's request. Licensee shall
19 instruct the foregoing professionals to make the required reports to the Board of
20 Chiropractic Examiners of Licensee's progress and compliance with the treatment plan.
21

22 19. Licensee waives all privilege with respect to any physical, psychiatric or psychological
23 evaluation or treatment in favor of the Board for purposes of determine compliance with
24 this Order, or the need to, or the appropriateness of, modifying this Order, and will
25 execute any waiver or release the board requests.
26

27 20. Licensee shall not apply for release from probation any earlier than five years from the
28 original date of this order.
29

30 21. Licensee shall pay \$500 late fine related to license renewal in 2005 and failure to obtain
31 CE in a timely manner.
32

33 22. If Licensee violates any of the terms of this order, the Board may, after Notice and
34 Hearing, enter further disciplinary orders up to and including revocation.
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1 23. This order is effective on the date signed by the Board.
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3 DATED this 31st day of January, 2006.
4

5 BOARD OF CHIROPRACTIC EXAMINERS
6 State of Oregon
7

8 Original signature on file
9 at the OBCE office.

10 By _____
11 Dave McTeague, Executive Director
12 Date: 1-31-2006
13

14 Original signature on file
15 at the OBCE office.

16 _____
17 Lynn Hakala D.C., Licensee
18 Date: 1-31-06
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