

BEFORE THE IOWA BOARD OF MEDICINE

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IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

JEFFERY M. JAURON, D.O., RESPONDENT

FILE NO. 03-09-614

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TERMINATION OF PROBATION

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Date: December 5, 2014.

1. Respondent was issued Iowa medical license no. 3477 on October 21, 2002.
2. Respondent's Iowa medical license is active and will next expire on May 1, 2016.
3. The Board has jurisdiction pursuant to Iowa Code Chapters 147, 148 and 272C.
4. **Statement of Charges:** On February 9, 2012, the Iowa Board of Medicine (Board) filed a Statement of Charges against Respondent. The Board alleged that Respondent engaged in sexual misconduct with a female patient in Illinois in 2008, and that the State of Illinois indefinitely suspended Respondent's Illinois medical license.

5. **Decision and Order:** On August 10, 2012, the Board issued a Findings of Fact, Conclusions of Law, Decision and Order. The Board concluded that Respondent engaged in sexual misconduct and was disciplined by the State of Illinois in violation of the laws and rules governing the practice of medicine in Iowa and established the following sanctions:

1. **CIVIL PENALTY:** Respondent shall pay **\$10,000 civil penalty** within twenty (20) days of the date of this Order by delivery of a check or money order, payable to the Treasurer of Iowa, to the executive director of the Board. The civil penalty shall be deposited into the State General Fund.

2. **CHAPARONE:** Respondent shall have a Board-approved female healthcare provider chaperone present in the room at all times he is examining or treating a female patient, or a minor child who is accompanied by an adult female. Each chaperone shall be approved by the Board before acting as a chaperone. Each chaperone shall file sworn reports to the Board attesting to the compliance with this condition of the Order. Said reports shall be filed by the 10<sup>th</sup> of each month that this Order is in effect. Respondent is responsible to ensure that all reports are filed.

3. **PROFESSIONAL BOUNDARIES PROGRAM:** Respondent shall complete a Board-approved Professional Boundaries Program within ninety (90) days of the date of this order. Respondent shall provide the Board written proof of satisfactory completion of the professional boundaries program. Respondent shall fully comply with all recommendations made following the Professional Boundaries Program.

4. **INDEFINITE PROBATION:** Respondent shall be placed on indefinite probation, subject to the following terms and conditions:

A. **Board Monitoring Program:** Within thirty days of the date of this Order, Respondent shall establish a Board monitoring program with Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-5525. Respondent shall fully comply with all requirements of the monitoring program. If Respondent fails

to establish a Board monitoring program within thirty days of the date of this Order or fails to fully comply with the Board monitoring plan, the Board will issue a notice to Respondent that the license will be suspended within thirty (30) days of the date the notice is served on Respondent. The suspension shall occur automatically and without further Board action, unless Respondent files with the Board a request for hearing on the notice within ten (10) days of the date the notice is served.

**B. Counseling:** Respondent shall submit the name and CV of a counselor to provide continuing Board-approved professional boundaries counseling under the following terms and conditions:

- 1) Respondent shall meet with his Board-approved counselor as frequently as recommended by the counselor and approved by the Board;
- 2) Respondent shall continue counseling until his discharge is approved by the Board;
- 3) The counselor shall agree to submit written quarterly reports to the Board concerning Respondent's progress no later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation; and
- 4) Respondent is responsible for all costs associated with the counseling.

**C. Worksite Monitoring Program:** Respondent shall establish a worksite monitoring program with the Board.

- 1) Respondent shall submit for Board approval the name of a physician who regularly observes and/or supervises Respondent in the practice of medicine.
- 2) The Board shall provide a copy of all Board orders relating to this matter to the worksite monitor.
- 3) The worksite monitor shall provide a written statement indicating that they have read and understand this Order and agrees to serve under the terms of this Order. The worksite monitor shall agree to inform the Board immediately if there is evidence of violation of professional boundaries or a violation of the terms of this

Order. The worksite monitor shall submit quarterly reports to the Board no later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order. The worksite monitor may be asked to appear before the Board in-person, or by telephone or video conferencing. The worksite monitor shall be given written notice of the date, time and location for the appearances. Such appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(d).

- D. **Quarterly Reports:** Respondent shall file sworn quarterly reports attesting to his compliance with all the terms and conditions of this Order, including attendance at meetings with his counselor. The reports shall be filed not later than 1/10, 4/10, 7/10 and 10/10 of each year of Respondent's probation.
- E. **Board Appearances:** Respondent shall make an appearance before the Board annually or upon request. Respondent shall be given written notice of the date, time and location for the appearances. Such appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(d).
- F. **Monitoring Fee:** Respondent shall make a payment of \$100 to the Board each quarter for the duration of this Order to cover the Board's monitoring expenses in this matter. The monitoring fee shall be received by the Board with each quarterly report required under this Order. The monitoring fee shall be sent to: Coordinator of Monitoring Programs, Iowa Board of Medicine, 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine. The monitoring fee shall be considered repayment receipts as defined in Iowa Code section 8.2.

5. **BOARD-APPROVED PRACTICE SETTING:** Respondent may continue to practice in his current setting for the Department of the Army at the Rock Island Arsenal Medical Clinic. Respondent must seek prior written approval from Board before making any changes in the scope of his practice or his practice setting.

6. **Amended Order:** On January 11, 2013, the Board issued an Amended Order amending the August 10, 2012, Findings of Fact, Conclusions of Law, Decision and Order, and Paragraph 5 was amended to read as follows:

5. **BOARD-APPROVED PRACTICE SETTING:** Respondent shall only practice medicine under his Iowa medical license in a Board-approved practice setting. Respondent must seek prior written approval from the Board before changing his practice setting.

7. **Second Amended Order:** On April 17, 2014, the Board issued a Second Amended Order amending the August 10, 2012, Findings of Fact, Conclusions of Law, Decision and Order, and Paragraph 2 was amended to read as follows:

2. **CHAPERONE:** Respondent shall have a Board-approved female healthcare provider chaperone present in the room at all times he is examining or treating a female patients, or a minor child who is accompanied by an adult female except in the case of an emergency situation, including situations when a female healthcare provider chaperone is not available. Each chaperone shall be approved by the Board before acting as a chaperone. Each chaperone shall on a quarterly basis, file sworn reports to the Board attesting to the compliance with this condition of the Order. Said reports shall be filed no later than 3/31, 6/30, 9/30 and 12/31 for the duration of this Order. Respondent is responsible to ensure that all reports are filed. In the case of an emergency situation, including situations when a female healthcare provider chaperone is not available, Respondent shall document the circumstances including the date of the event, name and age of the patient and reason why a female chaperone was not available and submit a written report to the Board with his next quarterly report and submit a written report to his Board-approved Worksite Monitor within 48 hours of the event.

8. **COMPLIANCE WITH DECISION AND ORDER:** Recently, Respondent demonstrated that he has successfully completed the following terms and conditions of the August 10, 2012, Findings of Fact, Conclusions of Law, Decision and Order:

- A. **Civil Penalty:** Respondent paid the \$10,000 civil penalty in a timely manner.
- B. **Chaperone:** Respondent has fully complied with the chaperone requirement.
- C. **Professional Boundary Program:** Respondent successfully completed the Board-approved professional boundaries program and has fully complied with all recommendations made by the program.
- D. **Board Monitoring Program:** Respondent has fully complied with his Board monitoring program.
- E. **Counseling:** Respondent has fully complied with the Board-approved counseling requirement.
- F. **Worksite Monitoring Program:** Respondent has fully complied with the Board-approved worksite monitoring program.
- G. **Quarterly Reports:** Respondent has submitted all required quarterly reports.
- H. **Board Appearances:** Respondent has attended all required appearances.
- I. **Monitoring Fee:** Respondent has paid all required monitoring fees.
- J. **Board-Certification:** Respondent successfully completed the American Osteopathic Association (AOA) Family Practice Boards on July 3, 2013.

9. **TERMINATION OF PROBATION:** On December 5, 2014, the Board voted to terminate the terms of Respondent's probation. The Board concluded that Respondent has fully complied with the terms established in the August 10, 2012, Findings of Fact, Conclusions of Law, Decision and Order.

**THEREFORE IT IS HEREBY ORDERED:** that the terms and conditions of Respondent's probation are terminated. Respondent shall continue to fully comply with the following chaperone requirement:

**CHAPERONE:** Respondent shall have a Board-approved female healthcare provider chaperone present in the room at all times he is examining or treating a female patient, or a minor child who is accompanied by an adult female except in the case of an emergency situation, including situations when a female healthcare provider chaperone is not available. Each chaperone shall be approved by the Board before acting as a chaperone. Each chaperone shall on a quarterly basis, file sworn reports to the Board attesting to the compliance with this condition of the Order. Said reports shall be filed no later than 3/31, 6/30, 9/30 and 12/31 for the duration of this Order. Respondent is responsible to ensure that all reports are filed. In the case of an emergency situation, including situations when a female healthcare provider chaperone is not available, Respondent shall document the circumstances including the date of the event, name and age of the patient and reason why a female chaperone was not available and submit a written report to the Board within 48 hours of the event.

This Order is issued by the Board on December 5, 2014.



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Hamed H. Tewfik, M.D., Chairman  
Iowa Board of Medicine  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686

BEFORE THE IOWA BOARD OF MEDICINE

\*\*\*\*\*

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

JEFFERY M. JAURON, D.O., RESPONDENT

FILE NO. 03-09-614

\*\*\*\*\*

SECOND AMENDED ORDER

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IT IS HEREBY ORDERED that effective April 17, 2014, the August 10, 2012, Findings of Fact, Conclusions of Law, Decision and Order, shall be amended as follows:

2. **CHAPERONE:** Respondent shall have a Board-approved female healthcare provider chaperone present in the room at all times he is examining or treating a female patients, or a minor child who is accompanied by an adult female except in the case of an emergency situation, including situations when a female healthcare provider chaperone is not available. Each chaperone shall be approved by the Board before acting as a chaperone. Each chaperone shall on a quarterly basis, file sworn reports to the Board attesting to the compliance with this condition of the Order. Said reports shall be filed no later than 3/31, 6/30, 9/30 and 12/31 for the duration of this Order. Respondent is responsible to ensure that all reports are filed. In the case of an emergency situation, including situations when a female healthcare provider chaperone is not available, Respondent shall document the circumstances including the date of the event, name and age of the patient and reason why a female chaperone was not available and submit a written report to the Board with his next quarterly report and submit a written report to his Board-approved Worksite Monitor within 48 hours of the event.



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Gregory B. Hoversten, D.O., Chairman  
Iowa Board of Medicine  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686

April 17, 2014  
Date

BEFORE THE IOWA BOARD OF MEDICINE

\*\*\*\*\*

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

JEFFERY M. JAURON, D.O., RESPONDENT

FILE NO. 03-09-614

\*\*\*\*\*

AMENDED ORDER

\*\*\*\*\*

IT IS HEREBY ORDERED that effective January 11, 2013, the August 10, 2012, Findings of Fact, Conclusions of Law, Decision and Order, shall be amended as follows:

5. **BOARD-APPROVED PRACTICE SETTING:** Respondent may continue to practice in his current setting for the Department of the Army at the Rock Island Arsenal Medical Clinic. Respondent must seek prior written approval from Board before making any changes in the scope of his practice or his practice setting.

Shall be amended to read as follows:

5. **BOARD-APPROVED PRACTICE SETTING:** Respondent shall only practice medicine under his Iowa medical license in a Board-approved practice setting. Respondent must seek prior written approval from the Board before changing his practice setting.

*Colleen K. Stockdale MD MS*

Colleen K. Stockdale, M.D., M.S., Chairwoman  
Iowa Board of Medicine  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686

January 11, 2013  
Date



Groves, Dorothy Jacobs, and Scott Stange as witnesses. Respondent testified on his own behalf.

### **FINDINGS OF FACT**

**Summary of the sexual contact with Patient 1:** Respondent has held a license to practice medicine in Iowa since 2004, and a license to practice in Illinois since 2006. He practiced in Anamosa, Iowa from 2004 to 2006, before transferring to Iowa Health Physicians in Moline, Illinois. In October of 2006, he began working for Trinity Health Partners, also in Moline. (App. 14, 56; Respondent testimony).

After starting work with Trinity, Respondent began treating Patient 1 as her general care physician. She had a number of medical conditions, including SIADH, lower back pain, and mental health issues. Patient 1 saw Respondent on multiple occasions from 2006 through 2008. Respondent had prescribed pain medication to manage her conditions and referred her to specialists for other treatment. (App. 14, 21, 56).

On October 23, 2008, Patient 1 attended an office visit with Respondent. She often brought her mother on visits, but brought a female friend on this occasion. Some of the details of what occurred during the visit are disputed. However, there is no dispute that Respondent engaged in sexually-explicit talk and sexual contact during the examination. (App. 21, 23, 24-26, 56).

Respondent admitted the women flirted with him and told him he was handsome during the course of the visit. Respondent admitted to engaging in sexually related talk, touching and contact with Patient 1 and her friend during the office visit. (App. 19-26).

Respondent acknowledged that he often talked with Patient 1 on the telephone. During a call on or around November 3, 2008, she invited him to her apartment. Respondent arrived at 8:00 p.m. They flirted for a while, before Respondent performed oral sex on her. She also performed oral sex on him. Respondent left and did not make any other trips to Patient 1's apartment. There is a dispute as to who ended the sexual relationship, but there was no further sexual contact between the two. Respondent continued to treat Patient 1 until June of 2009. (App. 12, 21-27).

**History of the resulting investigations and action by Illinois' Division of Professional Regulation (DPR):** On May 27, 2009, Patient 1's son filed a complaint with the Moline Police Department regarding Respondent's sexual conduct with his mother. The police department interviewed Respondent (on two occasions), Patient 1, the friend of Patient 1, and others. Respondent denied sexual contact during his first interview on June 29, 2009. During a second interview on July 30, 2009, Respondent admitted to engaging in sexual

conduct as summarized above. The case was presented to the Attorney General's Office, which declined criminal prosecution. (App. 13-24).

On July 17, 2009, the Moline Police Department filed a written complaint with Illinois' Office of Professional Standards, which is also referred to as the Illinois Department of Financial and Professional Regulation (IDFPR). The police department provided a copy of its investigative report. The regulatory agency also conducted its own interviews, including an interview of Respondent on September 30, 2009. (App. 66-68).

On November 23, 2009, Respondent contacted the Iowa Board and reported the investigation by IDFPR. He summarized the nature of the allegations at the time he made the report. (App. 12).

As part of the Illinois investigation, Respondent underwent a forensic psychiatric evaluation with Dr. Ashraf Helmy at Northwestern Medical Faculty Foundation in Chicago, Illinois, on May 28, 2010. Dr. Helmy reviewed the investigative reports from the Moline Police Department and IDFPR, conducted his own interview with Respondent, and administered the MMPI-2 and MCMI-III tests. (App. 65-80).

Dr. Helmy found that Respondent's ability to practice medicine with reasonable judgment, skill and safety, and in compliance with acceptable and prevailing standards, was impaired in the area of understanding the proper doctor-patient relationship boundary. Dr. Helmy found that Respondent did not fully understand the power differential between a doctor and patient. He diagnosed Respondent with major depressive disorder with obsessive compulsive and narcissistic personality traits that make a reoccurrence of a boundary violation likely in the absence of long-term treatment. (App. 77-80).

Dr. Helmy stated that Respondent showed some insight into the factors leading to his behavior, and showed genuine remorse for his conduct. Dr. Helmy also found no severe personality traits that would render Respondent unlikely to respond to treatment recommendations. Dr. Helmy opined that Respondent's prognosis for treatment was good if he followed all recommendations. (App. 77-80).

Dr. Helmy made six recommendations as an attempt of rehabilitation to decrease the risk of future boundary violations. The recommendations included: 1) assign a forensic practice monitor to evaluate Respondent's practice and ascertain whether he is able to practice with reasonable skill and judgment, 2) complete a well-structured rehabilitation program for impaired professionals, 3) complete a boundary violation course, 4) engage in psychiatric treatment to address his recurrent depressive disorder and character issues, 5) conduct all future exams of females with a chaperone present, and 6) seek periodic feedback from patients in Respondent's practice. (App. 79-80).

On October 4, 2010, IDFPR offered Respondent a consent order that included placing his license on probation for a period not to exceed five years. That offer was withdrawn by IDFPR before it was executed. On November 10, 2010, IDFPR offered a new consent order that included suspending Respondent's license indefinitely. He signed an amended version of that consent agreement on February 1, 2011. The executed agreement stated that Respondent could not seek restoration of his license for at least three years. (App. 29-46).

**Respondent's explanation of his conduct, and his practice after leaving Iowa Health:**

Respondent did not deny his misconduct, nor did he attempt to mitigate his actions. He provided some background as to his mental state at the time.

Respondent was divorced from his first wife in 2006. He had two children from that marriage. His ex-wife had primary care of the children. He remarried on May 3, 2008. He and his current wife sought to have a child. She went off birth control and began displaying short-temperedness and moodiness. She saw a doctor and was diagnosed with premature ovarian failure. They were told that she would not be able to have children, which was devastating to his wife and a major blow to them as a couple. The following months of August through December of 2008 were challenging to the marriage. Around the same time, Respondent began noticing bruises on his children during visits. The Department of Human Services conducted an investigation finding that Respondent's ex-wife committed physical abuse against the children. Respondent felt stress because he was not able to protect his children from abuse. Respondent was engaged in a very busy and growing medical practice, which added to his stress-level. Respondent believes the internalization of these problems led him to lose his focus and violate his professional ethics by engaging in sexual conduct with a patient. (App. 53-54; Respondent testimony).

Respondent stated that he has totally changed his life since the allegations arose. He was terminated from his position with Iowa Health due to his misconduct. He was hired as a physician for the Department of the Army at the Rock Island Arsenal Health Clinic. His work for the Army is considerably less stressful; he does not work on weekends or federal holidays, and he does not work at the hospital or serve on-call. He gained custody of his children from his first marriage in November of 2009, which eliminated his worries of abuse. His current wife was able to conceive a child, which was born to the couple in January of 2010. He stated they continue to work on rebuilding their marriage. Respondent believes that these changes have helped him better balance his life, which will help prevent any future offenses. (App. 54, 58-59; Respondent testimony).

Respondent presented the testimony of two mental health professionals who believe he can safely practice. Dr. Michael Betroche is a Board certified psychiatrist from Davenport. Dr. Betroche began treating Respondent on November 16, 2011, and has

seen him 11 times. Dr. Betroche often works with professionals who have engaged in violations of professional boundaries. He believes Respondent will not commit any similar violations in the future. Respondent admitted to using bad judgment and has not blamed his victim. Dr. Betroche testified that Respondent has been open, sincere, and willing to listen. Dr. Phillip Kent is the Director of Clinical Psychiatry at Genesis in Davenport. Dr. Kent has seen Respondent on three occasions, and he has reviewed the Board's investigative file. He testified that Respondent lacks defensiveness and has taken responsibility for his actions. Dr. Kent believes Respondent can practice safely. He expects to continue seeing Respondent for the next two years. (Betroche, Kent testimony).

Respondent presented five witnesses from the medical staff at his current employer. Each testified glowingly about Respondent's professionalism, patient care, and work ethic. Dr. James Stephens was the medical director of the territory including Rock Island. Dr. Stephens is stationed in Fort Knox, KY, but traveled to Des Moines to personally testify at the hearing. He stated that Respondent was open with him about the Illinois investigation at the time he was hired. They jointly implemented safeguards to protect patients, including requiring a chaperone during all examinations of females or instances in which mothers bring minor children in for visits. All patient phone calls go through the nurses first. The Army also has a system in place to take complaints from patients or staff, and conducts monthly peer reviews and biannual supervisor reviews. Dr. Stephens testified that Respondent has fewer complaints than any physician within his supervision, and treats many more patients than the average physician (Respondent sees an average of 27 patients per day, while the average is 18 to 20). Dr. Stephens testified Respondent is ranked in the top two of his physician providers. (Stephens testimony).

Others testified to similar experiences. Sgt. Gavin Groves is the non-commissioned officer in charge of the Rock Island Arsenal Health Clinic. Sgt. Groves put into place the chaperone system for Respondent, and takes all client and staff complaints. Sgt. Groves testified that Respondent has complied with all restrictions, and he has not received any complaints against Respondent. Respondent is "by far" the top producer in the clinic. He has no concerns about patient safety. Dorothy Jacobs has been a registered nurse at the clinic for 27 years. She works with Respondent on a daily basis and serves as a chaperone. She testified that he has complied with the chaperone system and all other restrictions. Ms. Jacobs testified that Respondent is "by far the best" physician they have had at the clinic. She has no concerns about patient safety. (Groves, Jacobs testimony).

Respondent testified that he has taken other action to rehabilitate himself after his misconduct. He has attended marriage counseling with his wife, although not until June of 2011. He initially consulted his priest for counseling before seeing Dr. Betroche and Dr. Kent. Respondent has taken a professional boundary course online. He noted that

the military has greater educational requirements and other controls that are not in place in a private practice. (Respondent testimony).

Respondent offered several conditions to keeping his medical license in Iowa. He agreed to accept probation, continued use of a chaperone, continued therapy, filing of reports and job evaluations to the Board, taking an additional boundaries course, attending another forensics examination, and maintaining his practice with the Army unless a change is approved by the Board. (Respondent testimony).

### **CONCLUSIONS OF LAW**

The Board is a professional licensing board created to review applications for licenses and regulate the profession. *See generally* Iowa Code chapters 147, 148. The Board may discipline licensees pursuant to the standards set forth in the code. *See* Iowa Code section 147.55. The Board has adopted rules pursuant to Iowa Code chapter 17A to help define the statutory standards. *See* 653 IAC 12.4, ch. 13.

**Count I – Sexual misconduct:** The Board may impose discipline on a licensee who commits a willful or repeated violation of rule or regulation adopted by the Board. Iowa Code section 148.6(2)(i); 653 IAC 23.1. The Board has adopted a number of rules regulating the standards of physician practice, including sexual conduct. The rules prohibit a physician from, in the course of providing medical care, engaging in contact, touching, or comments of a sexual nature. 653 IAC 13.7(4)(a), 20.1(5). Additionally, a physician shall not engage in any sexual conduct with a patient when the conduct occurs concurrent with the physician-patient relationship, even if the patient consents to the conduct. 653 IAC 13.7(4)(b).

Respondent admitted engaged in prohibited sexual conduct with Patient 1 on two occasions. He engaged in sexually related contact, touching, and comments with Patient 1 (and her friend) during the course of an appointment at his clinic. Approximately two weeks later, he talked to her on the phone and accepted an invitation to go to her apartment, where he engaged in oral sex with her. Both incidents were in the course of providing medical care, and both were concurrent with the physician-patient relationship. Respondent's conduct was willful and repeated. Respondent clearly committed a violation of the rules prohibiting sexual misconduct.

**Count II – Discipline by another licensing authority:** The Board may also impose discipline if another licensing authority has revoked, suspended, or taken other disciplinary action against a licensee. Iowa Code section 148.6(d). The State of Illinois indefinitely suspended Respondent's license to practice in Illinois pursuant to a consent order agreed to by Respondent. While Illinois' action is based on the same nucleus of

facts that make up Count I, this provision serves as an independent ground to impose discipline against Respondent.

### **DECISION AND ORDER**

The Board is authorized to impose a wide variety of sanctions when it finds a violation of its statutes or rules. The sanctions include revocation, suspension, probation, additional education or training, reexamination, physical or mental evaluation, a civil penalty not to exceed \$10,000, and citation and warning. Iowa Code sections 148.6 and 272C.3(2); 653 IAC 25.25(1). The Board can consider a number of factors when determining the nature and severity of the sanction, including the seriousness of the violation, any extenuating circumstances, number of prior complaints or discipline, the seriousness of any prior discipline, and whether the licensee has taken remedial action. 653 IAC 25.25(2).

Respondent does not deny the seriousness of the charges. Respondent violated the physical-patient trust by engaging in sexual talk and contact with Patient 1 and her friend in the examination room of his clinic. He multiplied the harm by meeting her at her residence and engaging in oral sex with her. Respondent was seeing Patient 1 for a number of conditions including back pain and mental health problems. As her doctor, he was in a position of power and influence that he abused by engaging in sexual conduct with her. Illinois investigated the same facts and indefinitely suspended Respondent's license in April of 2011.

The Board would be justified in taking the same action taken by Illinois. However, the Board is considering the matter more than a year after Illinois took its action. Respondent has engaged in remedial action, and there are other mitigating factors in Iowa that were not true in the Illinois case. For these reasons, the Board was willing to consider a sanction outside that employed by Illinois.

First, Respondent self-reported the complaint to the Board. While it was inevitable that the Board would learn about the Illinois investigation and discipline, and Respondent waited until well-into the Illinois investigation to self-report the complaint to the Board, Respondent did file the report with the Board before it was reported by the victim or any law or regulatory agency in Illinois.

Second, Respondent has undergone a number of different forms of treatment and rehabilitation. He voluntarily took a professional boundaries class. He is being treated by two psychiatrists. He is attending marriage counseling with his wife. Prior to that, he sought counseling through his priest. The vast majority of Respondent's counseling and treatment has been over the past year when his licensing has been in jeopardy, as opposed to 2008 when the incidents occurred or 2009 when the complaints became public. His motives to seek counseling can certainly be questioned based on the timing. Still, he

began each without an order from the Board, and the witnesses testified he has been sincere during his treatment and done everything he has been asked to do.

Third, Respondent has some insight into the stressors that may have led to his offenses, and he has resolved most of those stressors. Respondent is now in a less hectic practice, he has obtained custody of his children from his first marriage, he and his second wife have had a child, and he is working to repair the harm he did to his marriage to his second wife. However, while his life is much more balanced, the Board continues to have concerns over what might occur if his life changes and he feels the types of pressures he felt in 2008 when his offenses occurred.

Finally, Respondent has proven himself over the last two to three years to be a safe and productive practitioner with the Army. He worked with the Army to voluntarily set up a chaperone system to ensure the protection of patients. He no longer takes calls from patients and all calls go through the nurses. He is a leading producer with minimal complaints from patients and staff. The Army has a number of controls that provide more protections than many private practice settings. Respondent enjoys practicing with the Army and does not intend to return to private practice. The Board believes that Respondent can be successful in this environment and will not be a threat to the public safety, if combined with other safety provisions.

It is notable that Respondent is on his way to performing many of the conditions that Dr. Helmy set out in his evaluation for the Illinois authorities. Dr. Helmy opined that Respondent did not have personality traits that would prohibit him from returning to the profession, and he felt Respondent's prognosis for treatment was good if he followed all recommendations. Respondent has begun a treatment program, completed a boundaries class, and required chaperones during examinations of female patients. Dr. Helmy's evaluation was approximately two years ago, so the Board is in a different position from Illinois to judge his current progress. Respondent has followed many of Dr. Helmy's recommendations and performed well in treatment and with his monitored practice.

For these reasons, the Board has decided to approve sanctions comparable to those proposed by Respondent, with some additions. The additional sanctions are intended to make clear that the Board cannot condone sexual contact with patients, while still balancing the factors favoring allowing Respondent to practice. Therefore, Respondent shall fully comply with the following terms and conditions:

1. **CIVIL PENALTY:** Respondent shall pay **\$10,000 civil penalty** within twenty (20) days of the date of this Order by delivery of a check or money order, payable to the Treasurer of Iowa, to the executive director of the Board. The civil penalty shall be deposited into the State General Fund.

2. **CHAPARONE:** Respondent shall have a Board-approved female healthcare provider chaperone present in the room at all times he is examining or treating a female patient, or a minor child who is accompanied by an adult female. Each chaperone shall be approved by the Board before acting as a chaperone. Each chaperone shall file sworn reports to the Board attesting to the compliance with this condition of the Order. Said reports shall be filed by the 10<sup>th</sup> of each month that this Order is in effect. Respondent is responsible to ensure that all reports are filed.
  
3. **PROFESSIONAL BOUNDARIES PROGRAM:** Respondent shall complete a Board-approved Professional Boundaries Program within ninety (90) days of the date of this order. Respondent shall provide the Board written proof of satisfactory completion of the professional boundaries program. Respondent shall fully comply with all recommendations made following the Professional Boundaries Program.
  
4. **INDEFINITE PROBATION:** Respondent shall be placed on indefinite probation, subject to the following terms and conditions:
  - A. **Board Monitoring Program:** Within thirty days of the date of this Order, Respondent shall establish a Board monitoring program with Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-5525. Respondent shall fully comply with all requirements of the monitoring program. If Respondent fails to establish a Board monitoring program within thirty days of the date of this Order or fails to fully comply with the Board monitoring plan, the Board will issue a notice to Respondent that the license will be suspended within thirty (30) days of the date the notice is served on Respondent. The suspension shall occur automatically and without further Board action, unless Respondent files with the Board a request for hearing on the notice within ten (10) days of the date the notice is served.
  
  - B. **Counseling:** Respondent shall submit the name and CV of a counselor to provide continuing Board-approved professional boundaries counseling under the following terms and conditions:
    - 1) Respondent shall meet with his Board-approved counselor as frequently as recommended by the counselor and approved by the Board;
    - 2) Respondent shall continue counseling until his discharge is approved by the Board;

- 3) The counselor shall agree to submit written quarterly reports to the Board concerning Respondent's progress no later than 1/20, 4/20, 7/20 and 10/20 of each year of Respondent's probation; and
- 4) Respondent is responsible for all costs associated with the counseling.

**C. Worksite Monitoring Program:** Respondent shall establish a worksite monitoring program with the Board.

- 1) Respondent shall submit for Board approval the name of a physician who regularly observes and/or supervises Respondent in the practice of medicine.
- 2) The Board shall provide a copy of all Board orders relating to this matter to the worksite monitor.
- 3) The worksite monitor shall provide a written statement indicating that they have read and understand this Order and agrees to serve under the terms of this Order. The worksite monitor shall agree to inform the Board immediately if there is evidence of violation of professional boundaries or a violation of the terms of this Order. The worksite monitor shall submit quarterly reports to the Board no later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order. The worksite monitor may be asked to appear before the Board in-person, or by telephone or video conferencing. The worksite monitor shall be given written notice of the date, time and location for the appearances. Such appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(d).

**D. Quarterly Reports:** Respondent shall file sworn quarterly reports attesting to his compliance with all the terms and conditions of this Order, including attendance at meetings with his counselor. The reports shall be filed not later than 1/10, 4/10, 7/10 and 10/10 of each year of Respondent's probation.

**E. Board Appearances:** Respondent shall make an appearance before the Board annually or upon request. Respondent shall be given written notice of the date, time and location for the appearances. Such appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(d).

- F. Monitoring Fee:** Respondent shall make a payment of \$100 to the Board each quarter for the duration of this Order to cover the Board's monitoring expenses in this matter. The monitoring fee shall be received by the Board with each quarterly report required under this Order. The monitoring fee shall be sent to: Coordinator of Monitoring Programs, Iowa Board of Medicine, 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine. The monitoring fee shall be considered repayment receipts as defined in Iowa Code section 8.2.
5. **BOARD-APPROVED PRACTICE SETTING:** Respondent may continue to practice in his current setting for the Department of the Army at the Rock Island Arsenal Medical Clinic. Respondent must seek prior written approval from Board before making any changes in the scope of his practice or his practice setting.
6. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.
7. Periods of residence or practice outside the state of Iowa shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board. Periods in which Respondent does not practice medicine or fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.
8. In the event Respondent violates or fails to comply with any of the terms or conditions of this Order the Board may initiate action to suspend or revoke the Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 25.
9. Respondent shall pay a disciplinary hearing fee of \$75.00. Iowa Code section 272C.6(6); 653 IAC section 25.33(2). Respondent shall also pay any costs certified by the executive director. See 653 IAC 25.33(3). All sanctions, fees and costs shall be paid in the form of a check or money order payable to the State of Iowa and delivered to the Board of Medicine within thirty days of the issuance of the final decision.

*Colleen K. Stockdale MD MS*

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Colleen K. Stockdale, M.D., M.S., Chairwoman

August 10, 2012

Date

cc: Julie Bussanmas  
Assistant Attorney General

Thomas and Sally Reavely  
Respondent's Attorneys

**BEFORE THE IOWA BOARD OF MEDICINE**

\*\*\*\*\*

**IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST**

**JEFFERY M. JAURON, M.D., RESPONDENT**

**FILE NO. 03-09-614**

\*\*\*\*\*

**STATEMENT OF CHARGES**

\*\*\*\*\*

COMES NOW the Iowa Board of Medicine (Board) on February 9, 2012, and files this Statement of Charges pursuant to Iowa Code Section 17A.12(2). Respondent was issued Iowa medical license no. 3477 on October 21, 2002. Respondent's Iowa medical license is active and will next expire on May 1, 2012.

**A. TIME, PLACE AND NATURE OF HEARING**

1. Hearing. A disciplinary contested case hearing shall be held on April 5, 2012, before the Iowa Board of Medicine. The hearing shall begin at 8:30 a.m. and shall be located in the conference room at the Iowa Board of Medicine office at 400 SW 8<sup>th</sup> Street, Suite C, Des Moines, Iowa.

2. Answer. Within twenty (20) days of the date you are served this Notice of Hearing you are required by 653 Iowa Administrative Code 25.10 to file an Answer. In that Answer, you should also state whether you will require a continuance of the date and time of the hearing.

3. Presiding Officer. The Board shall serve as presiding officer, but the Board may request an Administrative Law Judge make initial rulings on prehearing matters, and be present to assist and advise the board at hearing.

4. Prehearing Conference. A prehearing conference will be held by telephone on February 29, 2012, at 9:00 a.m., before an Administrative Law Judge from the Iowa Department of Inspections and Appeals (ALJ). Please contact Kent M. Nebel, J.D., Legal Director, Iowa Board of Medicine, at 515-281-7088 with the telephone number at which you or your legal counsel can be reached. Board rules on prehearing conferences may be found at 653 Iowa Administrative Code 25.15.

5. Hearing Procedures. The procedural rules governing the conduct of the hearing are found at 653 Iowa Administrative Code Chapter 25. At hearing, you will be allowed the opportunity to respond to the charges against you, to produce evidence on your behalf, cross-examine witnesses, and examine any documents introduced at hearing. You may appear personally or be represented by counsel at your own expense. If you need to request an alternative time or date for hearing, you must review the requirements in 653 Iowa Administrative Code 25.16. The hearing may be open to the public or closed to the public at the discretion of the Respondent.

6. Prosecution. The office of the Attorney General is responsible for representing the public interest (the State) in this proceeding. Pleadings shall be filed with the Board and copies should be provided to counsel for the State at the following address: Julie Bussanmas, Assistant Attorney General, Iowa Attorney General's Office, 2<sup>nd</sup> Floor, Hoover State Office Building, Des Moines, Iowa 50319.

7. Communications. You may not contact board members by phone, letter, facsimile, e-mail, or in person about this Notice of Hearing. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in the case. You may contact Kent M. Nebel, J.D., Legal Director, at 515-281-7088 or to Assistant Attorney General Julie Bussanmas at 515-281-5637.

## **B. LEGAL AUTHORITY AND JURISDICTION**

8. Jurisdiction. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 17A, 147, 148, and 272C (2005).

9. Legal Authority: If any of the allegations against you are founded, the Board has authority to take disciplinary action against you under Iowa Code Chapters 17A, 147, 148, and 272C (2005) and 653 Iowa Administrative Code Chapter 25.25.

10. Default. If you fail to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with Iowa Code Section 17A.12(3) and 653 Iowa Administrative Code 25.20.

## C. SECTIONS OF STATUTES AND RULES INVOLVED

### COUNT I

11. **Sexual Misconduct:** Respondent is charged pursuant to Iowa Code section 148.6(2)(i) and 653 IAC 23.1(10), 23.1(5) and 13.7(4)(a)-(d) with engaging in sexual misconduct in violation of the laws and rules governing the practice of medicine in Iowa including, but not limited to, the following:

- a. In the course of providing medical care, a physician shall not engage in contact, touching, or comments of a sexual nature with a patient or with the patient's parent or guardian if the patient is a minor.
- b. A physician shall not engage in any sexual conduct with a patient when that conduct occurs concurrent with the physician-patient relationship, regardless of whether the patient consents to that conduct.
- c. A physician shall not engage in any sexual conduct with a former patient unless the physician-patient relationship was completely terminated before the sexual conduct occurred. In considering whether that relationship was completely terminated, the board will consider the duration of the physician-patient relationship, the nature of the medical services provided, the lapse of time since the physician-patient relationship ended, the degree of dependence in the physician-patient relationship, and the extent to which the physician used or exploited the trust, knowledge, emotions, or influence derived from the

physician-patient relationship.

## COUNT II

12. **Discipline by Another Licensing Authority:** Respondent is charged pursuant to Iowa Code section 148.6(2)(d) for having a license to practice medicine revoked or suspended, or having other disciplinary action taken by a licensing authority of another state, territory, or country. A certified copy of the record or order of suspension, revocation, or disciplinary action is prima facie evidence.

### STATEMENT OF THE MATTERS ASSERTED

13. Respondent is an Iowa-licensed physician who formerly practiced family medicine in Davenport, Iowa. Respondent currently practices family medicine in Rock Island, Illinois.

14. The Board received information which indicates that Respondent engaged in a sexual act with a female patient in Moline, Illinois, in October 2008.

15. On April 20, 2011, the Illinois Department of Financial and Professional Regulation Division of Professional Regulation indefinitely suspended Respondent's Illinois medical license.

16. The Board alleges that Respondent engaged in sexual misconduct in violation of the laws and rules governing the practice of medicine in Iowa.

17. The Board alleges that Respondent was disciplined by the licensing authority of another state in violation of the laws and rules governing the practice of medicine in Iowa.

### E. SETTLEMENT

18. Settlement. This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 653 Iowa Administrative Code 12.25. If you are interested in pursuing settlement of this matter, please contact Kent M. Nebel, J.D., Legal Director at 515-281-7088.

### F. PROBABLE CAUSE FINDING

19. On February 9, 2012, the Iowa Board of Medicine found probable cause to file this Statement of Charges.



Siroos S. Shirazi, M.D., Chairman  
Iowa Board of Medicine  
400 SW 8<sup>th</sup> Street, Suite C  
Des Moines, Iowa 50309-4686