

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

JEFFREY T. ZOELLE, M.D., RESPONDENT

FILE No. 02-2017-138

STATEMENT OF CHARGES and SETTLEMENT AGREEMENT

(Combined)

COMES NOW the Iowa Board of Medicine (Board), and Jeffrey T. Zoelle, M.D., (Respondent), on February 15, 2018, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), enter into this combined Statement of Charges and Settlement Agreement.

STATEMENT OF CHARGES

1. **Iowa Medical License:** Respondent was issued Iowa medical license MD-33008 on July 1, 1999. Respondent's Iowa medical license is active and will next expire on September 1, 2019.

2. **Jurisdiction:** The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.

SECTIONS OF STATUTES AND RULES INVOLVED

COUNT I

3. **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) with engaging in sexual misconduct in violation of the laws and rules governing the practice of medicine in Iowa:

- (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.

COUNT II

4. **Sexual Harassment:** Respondent is charged pursuant to Iowa Code section 148.6(2)(i) and 653 IAC 13.7(6) and 23.1(10) with engaging in sexual harassment. Sexual harassment is defined as verbal or physical conduct of a sexual nature which interferes with another health care worker's performance or creates an intimidating, hostile or offensive work environment.

STATEMENT OF THE MATTERS ASSERTED

5. **Practice Setting:** Respondent is an Iowa-licensed physician who formerly practiced family medicine in Sioux City, and Sergeant Bluff, Iowa.

6. **Sexual Misconduct:** The Board alleges Respondent engaged in sexual misconduct in violation of the laws and rules governing the practice of medicine in Iowa when he hugged a female patient during office visits, made comments of a sexual nature to the female patient while providing medical care and sent Facebook messages with photographs of a sexual nature to the female patient in Sergeant Bluff, Iowa, in 2015.

7. **Sexual Harassment:** The Board alleges Respondent engaged in sexual harassment in violation of the laws and rules governing the practice of medicine in Iowa when he frequently rubbed female co-workers on the shoulders, back, and waist while they were working together, sent inappropriate Facebook messages and text messages, including photographs of a sexual nature, to female co-workers and attempted to kiss a female co-worker while practicing medicine in Sergeant Bluff, Iowa, between 2011 and January 2016.

SETTLEMENT AGREEMENT

8. **CITATION AND WARNING:** Respondent is hereby **CITED** for engaging in sexual misconduct and sexual harassment in violation of the laws and rules governing the practice of medicine in Iowa. Respondent is hereby **WARNED** that engaging in such conduct in the future may result in further disciplinary action against his Iowa medical license.

9. **CIVIL PENALTY:** Respondent shall pay a **\$5,000 civil penalty**. The civil penalty shall be made payable to the Treasurer of Iowa, and mailed to the executive director of the Board. The civil penalty shall be deposited into the State General Fund.

10. **SEXUAL MISCONDUCT/HARASSMENT EVALUATION:** Respondent shall successfully complete a comprehensive physical, neuropsychological, mental health, sexual misconduct and sexual harassment evaluation at the Professional Renewal Center, 1421 Research Park Drive, #3B, Lawrence, Kansas, 66049, (877-978-4772) within **sixty (60) days** of the date of this Order. Respondent shall contact Kent M. Nebel, J.D., Legal Director, at 515-281-7088 or kent.nebel@iowa.gov to confirm that the evaluation has been scheduled. Respondent shall ensure that an evaluation report is forwarded to the Board directly from the program following the evaluation. Respondent is responsible for all costs associated with the evaluation. Respondent shall fully comply with the recommendations of the program following the evaluation.

11. **CHAPERONE REQUIREMENT:**

- A. **Clinic Settings:** Respondent shall have a Board-approved female chaperone continually present when treating female patients, or minor children who are only accompanied by a female, in a clinic setting. The Board-approved female chaperone shall be continually present when Respondent is providing healthcare services in a clinic setting, including but not limited to, patient evaluation, treatment and post-evaluation treatment directions. The Board-approved female chaperone shall clearly document her continued presence in each patient's chart. Respondent shall provide the Board with the names of all proposed female chaperones for Board-approval and the Board shall provide all Board-approved female chaperones with a copy of this order. All Board-approved female chaperones shall provide a written statement indicating they have read this Order and agree to inform the Board immediately if there is any evidence of professional boundary violations or other professional misconduct. In unusual situations where a Board-approved female 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.

B. **Board-Approved Hospital Settings:** Respondent shall have a female healthcare professional continually present when treating female patients, or minor children who are only accompanied by a female, in a Board-approved hospital setting. The female healthcare professional shall be continually present when Respondent is providing healthcare services in a Board-approved hospital setting, including but not limited to, patient evaluation, treatment and post-evaluation treatment directions. In unusual situations where a female healthcare professional 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 healthcare professional was not available and submit a written report to the Board within 48 hours.

12. **PROHIBITION – SOCIAL MEDIA:** Respondent shall not use social media to contact any patient outside of the physician-patient relationship.

13. **THREE YEARS PROBATION:** Respondent is placed on **probation for a period of three (3) years** subject to the following conditions:

A. **Board Monitoring Program:** Respondent shall establish a Board monitoring program with Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-5525. Respondent shall fully comply with all requirements of the monitoring program.

- B. **Polygraph Examinations:** Respondent shall submit to Board-approved polygraph examinations every six months.
- C. **Principles of Medical Ethics, Staff Surveillance Forms and Patient Satisfaction Surveys:**
- 1) Respondent shall post the Principles of Medical Ethics in his medical practice as directed by the Board;
 - 2) Respondent shall utilize Staff Surveillance Forms in his medical practice as directed by the Board; and
 - 3) Respondent shall utilize Patient Satisfaction Surveys in his medical practice as directed by the Board.
- D. **Professional Boundaries Counseling:** Respondent shall submit the name and CV of an Iowa-licensed physician or counselor for Board approval and participate in professional boundaries counseling under the following conditions:
- 1) Respondent shall meet with his 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 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 probation.
 - 4) Respondent is responsible for all costs.

E. **Worksite Monitor:** Respondent shall establish a worksite monitoring program with the Board under the following conditions:

- 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.
- 4) The worksite monitor shall agree to inform the Board immediately if there is evidence of sexual misconduct/harassment, violation of appropriate professional boundaries or a violation of the terms of this Order.
- 5) 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.
- 6) 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).

F. **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.

G. **Board Appearances:** Respondent shall make an appearance before the Board 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).

H. **Monitoring Fee:** Respondent shall make a payment of \$200 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 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine.

14. Respondent voluntarily submits this Order to the Board for consideration.

15. Respondent agrees that the State's counsel may present this Order to the Board for consideration.

16. This Order constitutes the resolution of a contested case proceeding.

17. Respondent shall submit a written statement to the Board, which demonstrates that he has shared a copy of this order with all medical licensing boards where Respondent holds a license, whether active or not, within thirty (30) days of the date of Board approval of this order.

18. Respondent shall submit a written statement to the Board, which demonstrates that he has shared a copy of this order with all hospitals, clinics and/or agencies where Respondent is employed as a physician, within thirty (30) days of the date of Board approval of this order.

19. Respondent understands that by entering into this Order he has a right to legal counsel in this matter, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges, and waives any objections to the terms of this Order.

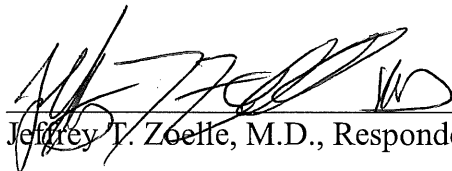
20. Respondent understands that by entering into this combined Statement of Charges and Settlement Agreement, he cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

21. Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank.

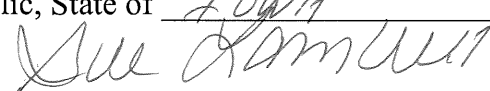
22. This Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.

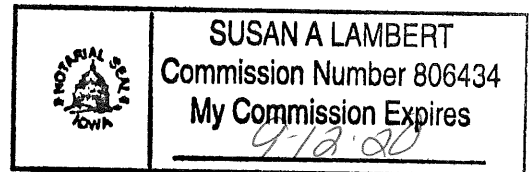
23. This Order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

24. The Board's approval of this Order shall constitute a **Final Order** of the Board.

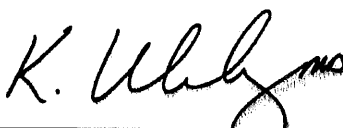

Jeffrey T. Zoelle, M.D., Respondent

Subscribed and sworn to before me on 1-31, 2018.

Notary Public, State of Iowa




This Order is approved by the Board on February 15, 2018.


Kyle G. Ulveling, M.D., Chair
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686