

Rhode Island Board of Medical Licensure & Discipline Dr. Fariborz
Khorsand-Ravan C14-0487

STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH

BOARD OF MEDICAL LICENSURE & DISCIPLINE

IN THE MATTER OF:
Fairborz Khorsand-Ravan, M.D.
License Number MD 09948
Complaint Numbers C14-0487

CONSENT ORDER

Fariborz Khorsand-Ravan, M.D. (hereinafter "Respondent") is licensed as a physician in Rhode Island. The Board of Medical Licensure and Discipline (hereinafter the "Board") makes the following:

FINDINGS OF FACT

1. Respondent is a physician who has been licensed in Rhode Island since October 14th, 1998. He is a graduate of University of Tehran Pahlavi Medical School on June 1, 1970. Respondent's specialty is Obstetrics & Gynecology.
2. Respondent engaged in the practice of medicine with a family member prescribing controlled substances on multiple occasions. Respondent did not maintain adequate medical records for family member.
3. Respondent has violated Rhode Island General Laws §5-37-5.1(19) for failure to meet the minimum standard of care regarding elements and quality of the medical record, as well as prescribing a controlled substance to a family member.

Rhode Island Board of Medical Licensure & Discipline C14-0487

Based on the foregoing, the parties agree as follows:

1. Respondent admits to the jurisdiction of the Board.
2. Respondent has agreed to this Consent Order and understands that it is subject to final approval of the Board, and this Consent Order is not binding on Respondent until final ratification by the Board.
3. If ratified by the Board, Respondent hereby acknowledges and waives:
 - a. The right to appear personally or by counsel or both before the Board;
 - b. The right to produce witnesses and evidence on his behalf at a hearing;
 - c. The right to cross examine witnesses;
 - d. The right to have subpoenas issued by the Board;
 - e. The right to further procedural steps except for those specifically contained herein;
 - f. Any and all rights of appeal of this Consent Order; and
 - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review.
 - h. Any objection that this Consent Order will be reported to the National Practitioner Data Bank, Federation of State Medical Boards as well as posted on the department's public web site.
4. Respondent agrees to pay within (60) days of the ratification of this Consent Order an administrative fee to the Board with a check for \$650 dollars made

Rhode Island Board of Medical Licensure & Discipline C14-0487

payable to the Rhode Island General Treasurer for costs associated with investigating the above-referenced complaint.

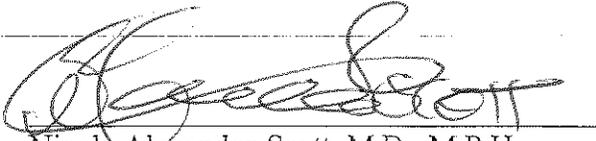
5. Respondent hereby agrees to this reprimand on his physician license.
6. Respondent agrees to take within six (6) months of the ratification of this order a Board approved CME of at least 8 hours duration in medical record keeping.
7. In the event that any term of this Consent Order is violated, after it is signed and accepted, the Director of the Department of Health shall have the discretion to summarily suspend the Respondent's license and/or impose further disciplinary action. If the Director suspends the license and/or imposes further disciplinary action, Respondent shall be given notice and shall have the right to request an administrative hearing within twenty (20) days of the suspension and/or further discipline. The Director of the Department of Health shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. The Administrative Hearing Officer may suspend Respondent's license, or impose further discipline, for the remainder of Respondent's licensing period if the alleged violation is proven by a preponderance of evidence.

Signed this 16 day of July, 2016.

Fariborz Khorsand-Ravan
Fariborz Khorsand-Ravan, M.D.

Ratified by the Board of Medical Licensure and Discipline on the 10th day of August, 2016.

Rhode Island Board of Medical Licensure & Discipline C14-0487

A handwritten signature in black ink, appearing to read "Nicole Alexander-Scott", written over a horizontal line.

Nicole Alexander-Scott, M.D., M.P.H.
Director
Rhode Island Department of Health