

PETER VERNIERO
ATTORNEY GENERAL OF NEW JERSEY

NOV 12 1998

FILED

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PHARMACY

IN THE MATTER OF THE SUSPENSION	:	
OR REVOCATION OF THE LICENSE OF	:	Administrative Action
	:	
HUMBERTO C. CEDENO, R.P.	:	CONSENT ORDER
	:	
TO PRACTICE PHARMACY IN THE	:	
STATE OF NEW JERSEY	:	
	:	
	:	

RI 14896

This matter was opened to the New Jersey State Board of Pharmacy by the receipt of information that respondent, on or about September of 1995, suffered a substance abuse relapse, requiring him to obtain treatment for chemical addiction. On February 21, 1996, respondent's license to practice pharmacy was suspended by way of Consent Order by the Georgia State Board of Pharmacy and suspended by way of Consent Order by this Board on January 28, 1998. On May 28, 1997 Georgia reinstated and placed on probation Mr. Cedeno's license (Consent Orders attached hereto and made a part of this Order). Respondent successfully completed a rehabilitation program and has submitted to the Board documentation substantiating that treatment. Further, Humberto Cedeno has contracted with Physician's Recovery Network (hereinafter PRN), a ~~treatment and~~ monitoring program for the impaired professional, and continues to abide by the terms of the contract which requires respondent to participate in random urine screening, psychotherapy, and attend support group meetings (Contract attached hereto and made a part of this agreement).

IT IS THEREFORE, ON THIS DAY OF _____, 1998,

ORDERED THAT:

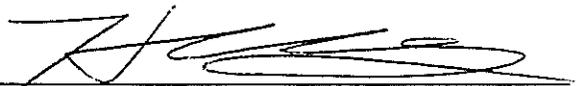
Respondent's license to practice pharmacy in the State of New Jersey is hereby reinstated and placed on a probationary status until August 5, 2000. Respondent shall comply with all terms of the PRN contract until that date. If respondent violates any of the provisions of the contract, the Board may initiate proceedings to revoke this probationary status and to actively suspend or revoke his license to practice pharmacy.

Contemporaneously with the entry of this Order, respondent shall provide to the Board a copy of the executed release to PRN allowing for the forwarding to the New Jersey Board of Pharmacy, for use in any proceeding regarding respondent's license, of all documentation in the possession of PRN regarding any violation of the subject contract, and further, respondent shall renew said release as required by law until the completion of the probationary term set forth herein. Any failure by respondent to comply with the provisions of this paragraph shall provide grounds for the suspension or revocation of his license to practice pharmacy in this State.

STATE BOARD OF PHARMACY

By: 
~~Michelle E. Gerbino~~
Richard A. Palombo

I have read the within Order
and understand it. I agree to
be bound by the terms of the Order
and hereby consent to it being
entered by the New Jersey Board of Pharmacy.



Humberto Ceden, R.P.



PRN Representative

ORDERED AND AGREED, pending further order of the Board, that respondent shall by execution of the within Order surrender his original wall certificate his wallet certificate, and his most recent renewal card of his license to an authorized representative of the Board, and it is further

ORDERED AND AGREED, upon application for reinstatement, respondent shall submit documentation satisfactory to the Board inclusive of, but not limited, to weekly, random, witnessed urine screens, complete treatment records of all diagnostic and rehabilitative therapy and an in-depth, current evaluation from a Board approved psychiatrist or psychologist, and it is further

ORDERED AND AGREED, nothing herein shall preclude the Board from taking any additional action in this matter permitted by law.

NEW JERSEY STATE BOARD OF PHARMACY

By: Michele P. Gerbino
Michele Gerbino, President

I have read the within Order and understand it. I agree to be bound by its terms and hereby consent to it being entered by the New Jersey Board of Pharmacy.

Humberto C. Ceden
Humberto C. Ceden, R.P., Respondent

AUG 16 1995

BEFORE THE GEORGIA STATE BOARD OF PHARMACY DOCKET NUMBER
95-2184

IN THE MATTER OF:)	
)	DOCKET NO. <u>95-2184</u>
HUMBERTO CEDENO, #18480)	
)	A.G. NO. 64JB-CA-90446-95
Applicant.)	

PRIVATE CONSENT ORDER

By agreement of the Georgia State Board of Pharmacy and Humberto Cedeno, Applicant, the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. § 50-13-13(a)(4).

FINDINGS OF FACT

1.

Applicant is currently licensed in the State of New Jersey as a registered pharmacist.

2.

Applicant has made application for a license to practice pharmacy in the State of Georgia and has taken and passed the pharmacy reciprocity examination.

3.

Applicant has undergone a treatment program for chemical addiction and is currently in an aftercare program.

4.

The Applicant waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. § 26-4-86, the Georgia State Board of Pharmacy may impose such reasonable conditions as it deems appropriate on any license issued under Part 3 of O.C.G.A. Ch. 26-4. Applicant waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ordered, and the Applicant hereby agrees, as follows:

1.

The Applicant shall be granted a license to practice pharmacy in the State of Georgia but such license shall be placed on probation for a period of five (5) years under the following terms and conditions of probation:

(a) The Applicant agrees to continue to participate in treatment and/or an aftercare program acceptable to the Board. The Applicant shall completely abstain from the consumption of alcohol or controlled substances, except as prescribed by a duly licensed practitioner for a legitimate purpose. Should the Applicant be prescribed any controlled substances, a written report from the prescribing physician shall be submitted to the Board and program counselor within ten (10) days of the prescribing thereof.

(b) The Applicant agrees to undergo random alcohol/drug screening at his own expense at the request of the Board or its representative.

(c) The Applicant shall cause an individual in charge of his treatment/aftercare program to submit quarterly reports regarding the Applicant's progress and physical and mental condition to the Board, by March 31st, June 30th, September 30th, and December 31st of each year, including a report on any medication being prescribed to the Applicant.

(d) If Applicant is employed as a registered pharmacist, Applicant shall cause his employer to submit quarterly reports regarding Applicant's work performance to the Board, by March 31st, June 30th, September 30th, and December 31st of each year.

(e) In the event the Applicant should leave Georgia to reside or practice outside of Georgia for periods longer than thirty (30) consecutive days, the Applicant shall notify the Board in writing of the dates of departure and return. Periods of residency or practice outside of Georgia will not apply to the reduction of the Applicant's probationary period. The Applicant shall advise the Board of any change in his residence and/or office address.

(f) If the Applicant shall fail to abide by all State and Federal laws relating to drugs and regulating the practice of pharmacy, the Rules and Regulations of the Georgia State Board of Pharmacy, or the terms of this Private Consent Order and

probation, or if it should appear from monitoring reports submitted to the Board that the Applicant is unable to practice pharmacy with reasonable skill and safety, the Applicant's license shall be subject to further disciplinary action.

(g) The Georgia State Board of Pharmacy shall review and evaluate the practice of the Applicant at the end of the probationary period. It is hereby understood that after this evaluation, the Board shall have the right to restore all rights and privileges incident to the license of the Applicant, but may also extend or modify the terms of probation, if extension or modification is warranted by evidence presented to the Board.

2.

This Private Consent Order shall constitute a private order of the Board, and shall not be disclosed to any person except the Applicant. Provided, however, that this Private Consent Order may be released to another lawful licensing authority or enforcement agency in this or any other State, and may be released pursuant to any other state or federal law authorizing or requiring such release. Provided, further, that should the Applicant violate or attempt to violate this Private Consent Order, any state or federal laws which relate to or regulate the practice of pharmacy or the rules and regulations of the Board, this Private Consent Order shall also be admissible in any proceeding to substantiate such violations, and may become part of the public record in such proceedings.

Applicant, Humberto Cedeno, acknowledges that he has read this Private Consent Order and that he understands its contents. Applicant understands that he has the right to appear in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Private Consent Order. Applicant understands that this Private Consent Order will not become effective until approved by the Georgia State Board of Pharmacy and docketed by the Joint Secretary. Applicant further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Private Consent Order. If this Private Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Applicant consents to the terms and sanctions contained herein.

This 16th day of August, 1995.

GEORGIA STATE BOARD OF PHARMACY

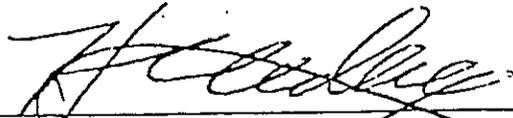
BY: Jeffrey L. Lurey
 JEFFREY L. LUREY, R.Ph.
 President

ATTEST: William G. Miller
 WILLIAM G. MILLER JR.
 Joint Secretary
 State Examining Boards

(BOARD SEAL)

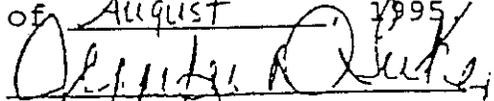
(Signatures continued on next page.)

CONSENTED TO:



HUMBERTO CEDENO
Applicant

Sworn to and subscribed
before me this 10th day
of August, 1995



NOTARY PUBLIC

My commission expires:

My Commission Expires July 18, 1999

FEB 21 1996

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

STATE OF GEORGIA

DOCKET NUMBER

96-312

IN THE MATTER OF)

HUMBERTO CARLOS CEDENO,
License No. 18410 18480)

Respondent.)

DOCKET NO. 96-312

CONSENT ORDER

By agreement of the Georgia State Board of Pharmacy ("Board") and Humberto Carlos Cedeno, Respondent, the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. § 50-13-13(a)(4).

FINDINGS OF FACT

1.

Respondent is licensed to practice pharmacy in the State of Georgia, and was so licensed at all times relevant to this proceeding.

2.

On or about August 16, 1995, Respondent entered into a Private Consent Order with the Board whereby Respondent was licensed by endorsement, and Respondent's license was placed on probation for five (5) years with certain terms and conditions. Such conditions included provisions requiring him to continue in treatment for chemical addiction and providing that if he became unable to practice with reasonable skill and safety during the probationary period his license would be subject to additional disciplinary action.

3.

On or about September 7, 1995, Respondent notified the Board that he had suffered a relapse, had been hospitalized for detoxification for three (3) days, and was currently in drug treatment.

4.

On or about September 7, 1995, Respondent's drug treatment counselor notified the Board of Respondent's relapse and of Respondent's intent to cease practicing as a pharmacist until such time as he can practice with reasonable skill and safety.

5.

The Respondent waives any further findings of fact with respect to the above matter.

CONCLUSIONS OF LAW

1.

Under O.C.G.A. § 26-4-86, the Georgia State Board of Pharmacy may impose such reasonable conditions as it deems appropriate on any license issued under Part 3 of O.C.G.A. Ch. 26-4. Respondent waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ordered, and the Respondent hereby agrees, as follows:

1.

The Respondent agrees that his license shall be SUSPENDED and that he shall not be able to practice as a pharmacist in the

State of Georgia until further order of the Board. If Respondent engages in the practice of pharmacy without express permission of the Board, Respondent's license shall be subject to revocation, upon substantiation thereof.

2.

The Respondent agrees to complete a treatment program for chemical dependence acceptable to the Board. The Respondent shall completely abstain from the consumption of alcohol or controlled substances, except as prescribed by a duly licensed practitioner for a legitimate purpose.

3.

Upon completion of therapy, the Respondent shall enter into an aftercare program as may be recommended upon completion of the treatment phase of the program, or by further order of the Board. Respondent shall provide the Board with a copy of his aftercare contract.

4.

After the Respondent completes treatment and enters into an appropriate aftercare agreement, the Respondent shall personally meet with the Board to discuss the course of Respondent's rehabilitation. The Board shall have the discretion following such meeting to reinstate Respondent's privilege to practice as a registered pharmacist, to place upon Respondent's license any conditions that the Board may deem appropriate, or to deny reinstatement if the Board determines that Respondent needs further rehabilitation.

5.

The Respondent agrees to undergo random alcohol/drug screening at Respondent's expense at the request of the Board or its representative at any time during the period of suspension.

6.

This Consent Order constitutes a public order and may be disseminated by the Board as a public record.

7.

Respondent acknowledges that Respondent has read this Consent Order and understands its contents. Respondent understands that Respondent has the right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent understands that this Consent Order will not become effective until approved by the Georgia State Board of Pharmacy and docketed by the Joint Secretary. Respondent further understands and agrees that a representative of the State Department of Law may be present during the presentation of this Consent Order and that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved, shall constitute a public record which may be disseminated as a disciplinary action of the Board. If this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the

ability of the Board to adjudicate this matter. Respondent consents to the terms and sanctions contained herein.

Approved, this 21st day of February, 1996.

GEORGIA STATE BOARD OF PHARMACY

BY: Jeffrey Lurey
JEFFREY L. LUREY
President

ATTEST: William G. Miller
WILLIAM G. MILLER, JR.
Joint Secretary
State Examining Boards

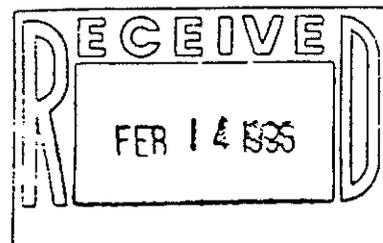
(BOARD SEAL)

CONSENTED TO:

Humberto Carlos Cedeno
HUMBERTO CARLOS CEDENO
Respondent

Sworn to and subscribed before me this 3rd day of February, 1996.

Julie R. Allain
NOTARY PUBLIC
My commission expires:





**PHYSICIANS
RESOURCE
NETWORK**

PHYSICIANS
RECOVERY
NETWORK

THE IMPAIRED
PRACTITIONERS
PROGRAM
OF FLORIDA

RAYMOND M. POMM, M.D.
MEDICAL DIRECTOR

P. O. BOX 1020
FERNANDINA BEACH,
FLORIDA 32035-1020
1-800-888-8776
1-904-277-8004
FAX 904-261-3996
E-MAIL: prn@net-magic.net

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FLORIDA DEPARTMENT
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REGULATION
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CARE ADMINISTRATION

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- Chiropractic
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- Clinical Social Work,
Marriage & Family,
Mental Health Counseling
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- Acupuncture
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And Audiology
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- Massage Therapy
- Athletic Trainers
- Medical Physicists
- Opticianary
- Hearing Aid Specialists
- Nursing Home Administrators
- Orthotists
- Prosthetists
- Physician Assistants
- Respiratory Care
- Occupational Therapy
- Dietetics And Nutrition
- Electrolysis
- Licensed Midwifery

"PERSONAL & CONFIDENTIAL"

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

September 10, 1998

Ms. Marianne W. Greenwald
Deputy Attorney General
State of New Jersey
Department of Law and Public Safety
Division of Law
124 Halsey Street
P.O. Box 45029
Newark, NJ 07101

RE: Humberto C. Cedenno, R.Ph.

Dear Ms. Greenwald:

To follow-up on my correspondence of May 7, 1998, it will be my pleasure to forward quarterly reports to the New Jersey Board of Pharmacy. In the unfortunate event of a positive urine screen, I will likewise notify the Board immediately.

As per the request of Mr. Cedenno, enclosed is a copy of his Advocacy Contract.

If I can be of further assistance, please do not hesitate to contact my staff.

Sincerely,

Don Dwyer, Clinical Administrator, for
RAYMOND M. POMM, M.D. (Signed in my absence to avoid delay.)

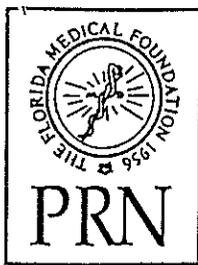
Medical Director
Consultant - Department of Health
Department of Business & Professional Regulation

RMP:dac

Enclosure

letters\cedeno.hum02





IMPAIRED PRACTITIONERS PROGRAM OF FLORIDA

PHYSICIANS RECOVERY NETWORK

PHYSICIANS
RESOURCE
NETWORK

THE PRACTITIONERS
HEALTH PROGRAM
OF FLORIDA

PHYSICIANS
RECOVERY
NETWORK

THE IMPAIRED
PRACTITIONERS
PROGRAM OF
FLORIDA

ROGER A. GOETZ, M.D.
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MENTAL HEALTH COUNSELING
OPTOMETRY
ACUPUNCTURE
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PERSONNEL
MASSAGE THERAPY
ATHLETIC TRAINERS
MEDICAL PHYSICISTS
OPTITIONARY
HEARING AID SPECIALISTS
NURSING HOME ADMINISTRATORS
ORTHOTISTS
PROSTHETISTS
PHYSICIAN ASSISTANTS
RESPIRATORY CARE
OCCUPATIONAL THERAPY
DIETETICS AND NUTRITION
ELECTROLYSIS
LICENSED MIDWIFERY

CHEMICAL DEPENDENCY/LICENSURE ADVOCACY CONTRACT (Non-Doctorate)

This information has been disclosed to you from records protected by Federal Code of Regulations (42CFR Part 2). Making any further disclosure of this information without the express consent of the person to whom it pertains or a duly authorized representative is prohibited by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to identify individuals or prosecute any alcohol or drug abuse patient.

- * 10/16/96 - Revised due to geographical relocation
- * 02/16/98 - Revised due to geographical relocation

DATE: AUGUST 3, 1995

NAME: HUMBERTO CEDENO

HOME ADDRESS: 867 Bentley Green Circle
Winter Springs, Florida 32708

HOME TELEPHONE: (407) 365-6621

WORK ADDRESS: PUBLIX
81 ALAFAYA WOODS BLVD.
OVIDO, FLORIDA

WORK TELEPHONE: ⁶⁷³⁻¹⁷⁴⁹
(407) 366-8319
(407) 481-1852 (Beeper)

PROFESSION: R.Ph.



1. I agree to participate in a random urine drug ^{This information was disclosed to you from records protected by notification of release by waiver. The Federal Privacy Rules (42CFR Part 2) disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Privacy Rules do not apply to information to criminally investigate or prosecute a patient or drug abuse patient.} and information screen program through William Meagher office within twenty-four hours of notification. I will release by waiver of confidentiality the written results of all such screens to the Physicians Recovery Network to validate my continuing progress in recovery.

HK (initials)

2. I agree to abstain completely from the use of any medications, alcohol, and other mood altering substances including over the counter medications unless ordered by my primary physician, and when appropriate, in consultation with the Physicians Recovery Network.

HK (initials)

3. I have selected Harry Gordon MD as my primary physician located at 6001 Vineland Road Orlando, FL home telephone # 407-351-3638 office telephone # 407-351-3638 32819 Ltr Snt 4/25/97/AM

HK (initials)

4. I have selected William Meagher CAP 1710 Palm Ave. as my monitoring professional located at 1408 Gay Road, Winter Park FL 32789 home telephone # 407-740-5655 office telephone # 407-740-5655 (407) 645-2682

HK (initials) * Mark all correspondence "Personal & Confidential"

5. I have selected Dr Fred Pearl as my supervising practitioner located at 830 E. State Rd, 434 Suite 1 Longwood FL 32750 home telephone # 407-332-6635 office telephone # 407-331-1600 n/a

HK (initials)

6. I agree to notify the Physicians Recovery Network of any changes in physical or mental health, address or employment.

HK (initials)

7. I agree to follow the following stipulated conditions concerning my DEA number

HK (initials)

8. I agree to attend a self help group such as AA or NA 4 times per week.

HK (initials)

Home Group/Location: Winter Park Group
5407 Lake Howell Rd
Winter Park, Florida

9. I agree to participate in continuing care group therapy 1 times per week.
HK (initials) Location/Time/Director: William Meehan
1408 Gay Rd
Winter Park, FL 32789
Monday or Wednesday 7pm.
10. I agree to attend a 12-step program of recovering professionals.
HK (initials) Location/Time: William Meehan
1408 Gay Rd
Winter Park, FL 32789
11. I agree to notify the Physicians Recovery Network in the event of use of mood altering substances without a prescription from one of the physicians above. This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or a person in compliance with 42CFR Part 2.61. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.
HK (initials)
12. I agree to provide appropriate release forms for urine, screen, results, treatment, center records, therapist reports, and other written and verbal information required to comply and in compliance with the above requests.
HK (initials)

13. I agree to withdraw from practice for evaluation at the request of the Physicians Recovery Network if any problem develops.

HK (initials)

14. My family will involve themselves in continuing, supportive care.

Name of Spouse/Significant Other TRACY DEEY FUL

Contact Phone Number (407) 292-2120

- a) co-dependency treatment
 b) Alanon/Naranon
 c) Other therapeutic measures (specify)

HK (initials)

15. If I fail to comply with this contract, it may result in my being reported to AHCA/DBPR through the Physicians Recovery Network.

HK (initials)

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

16. I agree to be appropriately courteous and cooperative in all contacts with PRN staff and representatives of PRN.

HC (initials)

17. Other requirements:

HC (initials)

* NOTE: ALTERATIONS IN THIS CONTRACT CANNOT BE MADE WITHOUT PRIOR APPROVAL FROM THE PROGRAM DIRECTOR.

- cc: Physicians Recovery Network
- Medical Director Treatment Program
- Monitoring Physician
- Supervising Physician
- Primary Physician



License # Pharmacy License # PS0030508

**CONFIDENTIALITY OF ALCOHOL AND
DRUG ABUSE PATIENT RECORDS**

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

The confidentiality of alcohol and drug abuse patient records is protected by this program as if the records were Federal and State law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) the patient consents in writing;
- (2) the disclosure is allowed by a court order, or
- (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal and State law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

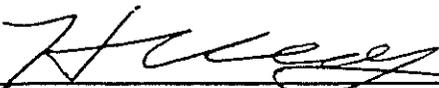
Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 C.F.R. part 2 for Federal regulations; see section 397.501, Florida Statutes, for State regulations).

Section 455.261(5)(a), Florida Statutes, provides that all information obtained by the Physicians Recovery Network and the Agency for Health Care Administration/Department of Business and Professional Regulation pursuant to Section 455.261, Florida Statutes, is confidential and exempt from the Florida Public Records Law.

Section 455.261(5)(b), Florida Statutes, provides that if the Physicians Recovery Network determines that the licensee has not progressed satisfactorily in a treatment program, then all information regarding the issue of the licensee's impairment and participation in a treatment program that is in the possession of the Physicians Recovery Network shall be disclosed to the Agency for Health Care Administration/Department of Business and Professional Regulation and shall constitute a complaint pursuant to Section 455.225, Florida Statutes. If the Physicians Recovery Network determines that the licensee's impairment affects their ability to practice and constitutes an immediate, serious danger to the public health, safety or welfare, that conclusion shall be communicated to the Director of the Agency for Health Care Administration/Department of Business and Professional Regulation.

I have read and understand all of the above.



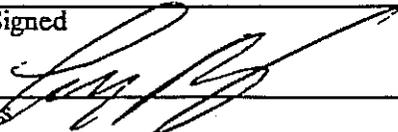
Signature

Humberto CEDENO

Printed Name

10/18/96

Date Signed



Witness

PHYSICIANS RECOVERY NETWORK
POST OFFICE BOX 153
FERNANDINA BEACH, FLORIDA 32035

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2).
The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical information is NOT sufficient for this purpose.
The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse.
42 C.F.R. Section 2.31 (1994) and

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I, Humberto Cedeno,

Section 397.501, Florida Statutes (1995), hereby authorize the Physicians Recovery Network to disclose the following information to the Agency for Health Care Administration/Department of Business and Professional Regulation: any records maintained by the Physicians Recovery Network in regards to my treatment for Alcoholism + Drug Addiction, for the purpose of administrative action. I hereby release the Physicians Recovery Network from all legal liability that may arise from the release of said information. I understand that this consent is subject to revocation at any time except to the extent that the Physicians Recovery Network has already taken action in reliance on the consent. I understand that the decision by the Physicians Recovery Network not to report my impairment to the Agency for Health Care Administration/Department of Business and Professional Regulation constitutes action in reliance on this consent. I further understand that, in any event, this consent will automatically expire one year from the date of my successful completion of the Physicians Recovery Network program, with said date of successful completion to be determined by the Physicians Recovery Network.

I further hereby waive the psychotherapist-patient privilege as set forth in Sections 90.503 and 455.241, Florida Statutes, in regards to any communications or records regarding my treatment for Alcohol + Drugs. I further hereby waive the confidentiality and authorize the preparation and release of medical reports pertaining to the mental and physical condition of myself when there is reason to believe that a violation of my licensure practice act has occurred and when the Agency for Health Care Administration/Department of Business and Professional Regulation issues a request, based on the need for additional information, to produce such medical reports for the time period relevant to the complaint. As used in this section, "medical reports" means a compilation of medical treatment of myself which shall include symptoms, diagnosis, treatment prescribed, relevant history, and progress. I further hereby waive any objection to the admissibility of the reports as constituting privileged communications. Such materials maintained by the Agency for Health Care Administration/Department of Business and Professional Regulation shall remain confidential and exempt from Section 119.07(1), Florida Statutes until probable cause is found and an administrative complaint issued.

Humberto Cedeno
Signature

Humberto CEDENO
Printed Name

10/18/96
Date Signed

[Signature]
Witness

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules prohibit any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.


WITNESS

 10/18/96
PARTICIPANT SIGNATURE (DATE)

The Physicians Recovery Network agrees to assume an advocacy role with Professional Licensing Board, hospital board, and other appropriate agencies for _____ provided the following terms are agreed to and met. The duration of this contract will be for five years subject to review by the Physicians Recovery Network at the end of each contract year to determine continued participation.


WITNESS

 10/30/95
PHYSICIANS RECOVERY NETWORK (DATE)