

**BEFORE THE OFFICE OF STATE ADMINISTRATIVE HEARINGS  
STATE OF GEORGIA**

**GEORGIA COMPOSITE MEDICAL  
BOARD,**

**Petitioner,**

v.

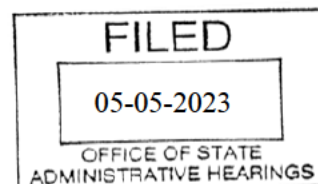
**SYED HASAN, MD,**

**Respondent.**

**Docket No.: 2312559**

**2312559-OSAH-GCMB-PHY-31-Barnes**

**Agency Reference No.: 55757**



**INITIAL DECISION**

**I. Introduction**

Petitioner, the Georgia Composite Medical Board (“Board”) brought this action seeking the imposition of sanctions against Respondent’s license to practice medicine in Georgia. The evidentiary hearing took place before the undersigned administrative law judge. The Board was represented by Sandra Bailey, Esq., Assistant Attorney General. Respondent was represented by Samuel Britt, III, Esq. and Heather Miller, Esq. The undersigned heard testimony from Board Investigator Timothy Woody, former patient T.J., former patient L.S., medical billing manager Cameshia Brooms, and Respondent. After careful consideration of the evidence and the arguments of the parties, and for the reasons stated below, the Board’s decision to revoke Respondent’s license is **REVERSED**.

**II. Findings of Fact**

1. Respondent is a neurologist licensed to practice as a physician in the State of Georgia and was so licensed at all times relevant to this matter. (Statement of Matters Asserted; P-1).

2. On September 13, 2018, Petitioner and Respondent entered into a Public Consent Order that stemmed from a September 25, 2017 incident. In that incident, Respondent examined

a female patient in his office. The patient had been treated by Respondent for several years. Respondent gave the patient a hug embrace and disclosed that he had liked her for quite some time. (P-3).

3. Pursuant to the 2018 Public Consent Order, Respondent was publicly reprimanded, ordered to participate in individual therapy and submit quarterly reports from his therapist, ordered to attend a professional boundaries course, and ordered to utilize a female chaperone for all patient visits with female patients. This is not an exhaustive list of requirements under the Public Consent Order. (P-2, P-3).

4. The Public Consent Order states, in pertinent part:

(c) Use of Chaperone. For all visits with female patients, Respondent shall utilize a female chaperone during the entire visit or treatment. Respondent shall ensure the chaperone documents her presence by signing the office note for each visit. The Board shall have the authority to audit Respondent’s patient records at any time to confirm compliance with this requirement. ...

(P-3).

5. Respondent is the owner of South Atlanta Neurology and Diagnostics, which has two locations in the Atlanta metro area—Riverdale and Stockbridge. The incidents in this matter are alleged to have occurred at the Stockbridge office. The Stockbridge location is a “pop-up clinic” in operation on Wednesdays. Respondent subleases office space from the radiology practice at the same location.

6. Petitioner seeks to revoke Respondent’s license to practice medicine in Georgia based on separate claims Petitioner received involving two of Respondent’s adult female patients—T.J. and L.S.

*T.J. claims*

7. On September 15, 2022, T.J. visited the vitals.com website and saw information about Respondent's previous disciplinary action. On September 16, 2022, T.J. submitted an online complaint to Petitioner regarding a visit she made to Respondent's medical office on August 10, 2022. On September 16, 2022, T.J. also filed a police report with Henry County Police Department. At the hearing, T.J. testified that Respondent had been speaking to her flirtatiously for over a year. Further, she stated that, at appointments, Respondent told T.J. that he was no longer intimate with his wife, he had been working out, he wanted T.J. to be his girlfriend, etc. She testified that Respondent typically put his arm around her to help her walk to the exit, as she carried a portable oxygen tank. She further testified that on August 10, 2022, Respondent put his arm around her shoulder, but then put his other arm around her chest in a hug position, pressed his penis against her, and humped her four or five times. She stated that sometimes her memory is "off", but she is "crystal clear" about that day. (Testimony of T.J.; P-5; P-6).

8. Prior to August 10, 2022, T.J. had been a patient of Respondent for approximately five years. She initially presented with migraine headaches and seizures. She has visited both the Riverdale and Stockbridge offices. T.J. testified that during her visits to the Stockbridge office, nobody else is present besides Respondent and herself. "Absolutely not." At the Riverdale office, she recalled a female chaperone standing at the door during one of her visits. She testified that Respondent's Stockbridge office contains a desk and two chairs, but no medical equipment or exam table. (Testimony of T.J.).

9. T.J. has numerous health conditions, including COPD, hypoxia, fibromyalgia, severe memory problems, and trigeminal neuralgia. The office notes from her August 10, 2022

office visit indicate that she was experiencing short term memory loss and “fibro fog confusion episodes.” The notes further state: “[T]here were instance [sic] of short-term memory issues. [I]n the past, she threw away 1000 dollars in deposit checks, and had no memory of it.” At the hearing, T.J. also had no memory of throwing away the deposit checks. The office notes also indicate: “Cameshia Brooms in attendance for exam.” (R-6 at 008).

10. Ms. Brooms, a medical billing manager, is the only other permanent employee at the Stockbridge office. There, she also serves as the front desk receptionist and female chaperone when Respondent sees female patients at the office. Ms. Brooms testified that, because she is the only other employee at the Stockbridge location, she chaperones by sitting in a chair in the hallway directly outside of Respondent’s office. This way, she can see and hear what happens throughout the patient visits while also being able to monitor the front of the office. Patients sit facing Respondent’s desk in chairs along the wall closest to the door during visits. Respondent sits behind the desk, facing the patients and Ms. Brooms. (Testimony of Brooms; Testimony of Respondent; R-3; R-4).

11. Ms. Brooms testified that Respondent informed her of the Public Consent Order and its terms when it became effective. Ms. Brooms and Respondent both testified that she chaperones each female patient office visit, and that she was present for T.J.’s August 10, 2022 office visit. Both Ms. Brooms and Respondent testified that the discussions and actions T.J. described in her testimony –flirting, hugging, rubbing and humping—never occurred. They insisted that Respondent did not touch or hug T.J. Ms. Brooms testified that T.J. was smiling when she left the office that day and mentioned that she needed to go to another building to get an EEG. (Testimony of Brooms; Testimony of Respondent).

12. Ms. Brooms and T.J. developed a friendly relationship over the years. (Testimony of T.J.; Testimony of Brooms). At one point, T.J. gave Ms. Brooms a thank-you-card and a Publix gift card to show her appreciation. T.J. also gave Respondent a greeting card. (Testimony of Brooms; R-1). Respondent testified that he had a nice rapport with T.J. (Testimony of Respondent).

13. At the hearing, T.J. was confused about or misremembered several things. She initially did not remember that she had sent Ms. Brooms a card. She stated that the only items in Respondent's office were a desk and two chairs, although an examination table is also present, along with a table containing medical supplies. (Testimony of T.J.; R-4). During the hearing, she became confused about the date of the alleged incident, sometimes stating that it happened in June 2022 and other times stating that it was August 2022. (Testimony of T.J.).

### *L.S. claims*

14. The second allegation involves a first-time patient, L.S. She had been suffering with neck pain and headaches. On September 14, 2022, L.S. visited Respondent after being referred for an MRI by her primary care physician. That day fell on a Wednesday and the appointment took place at Respondent's Stockbridge office. (Testimony of L.S.). L.S.'s testimony regarding that appointment is summarized here:

- L.S. met Ms. Brooms at the front of the office and completed new patient paperwork. Afterwards, Ms. Brooms led L.S. back to Later, she acknowledged that the door was open for the entire appointment and that she had assumed that Ms. Brooms was at the front—in other words, she was not aware of where Ms. Brooms was during her appointment. Respondent looked her “in a creepy sort of way” and

asked if her “husband helped with [her] stress.” He showed her pictures of himself on his cell phone. She found it unusual when Respondent asked her about her job, as no other doctor has ever asked her about her employment. She told him that she was a certified life coach, at which time he asked if she had a Facebook page for her business. Respondent looked at her Facebook page and told her that her dress was sexy, to which she responded that he was being very inappropriate. Respondent told her that his “wife is blonde and blue-eyed, too.” Respondent wrote his wife’s name and phone number on a slip of paper and asked her to call his wife to see if she needed the life coaching services of L.S. Respondent told L.S. that he and his wife were no longer intimate and his religion permits him to have additional wives. As he read her medical chart aloud, Respondent commented that his wife has many of the same issues. Respondent asked L.S. if she was familiar with Islam and suggested that he could save her from hell. Respondent lifted her sleeve to perform a blood pressure check, at which point he began “seductively massaging” her arm. (Testimony of L.S.; P-7, *admitted under seal*).

- Respondent next rubbed L.S.’s neck and asked, “Does this hurt? Does that hurt?” His hands then moved downward and L.S. moved up in the seat so that he would not touch her buttocks. Then Respondent had L.S. stand up and as he attempted to maneuver her arms, he was staring at her breasts. She became flustered and abruptly said, “I’ve gotta go.” She left the office and, on her drive home, “it hit her.” She pulled over on the interstate and called the police to make a report. The next day, a detective came to L.S.’s home and told her that Respondent had previously been

disciplined and was party to a Public Consent Order. The Henry County Police Department reported the incident to Petitioner. (Testimony of L.S.; R-2).

15. Ms. Brooms and Respondent both testified that Ms. Brooms was present, in the hallway, during L.S.'s medical visit. Additionally, the office notes for the September 14, 2022 visit state: "Cameshia Brooms present during exam.") (Testimony of Brooms; Testimony of Respondent; R-5 at 006).

16. Ms. Brooms and Respondent both testified that Respondent did not: say L.S. was sexy, look at L.S.'s breasts, nor seductively touch or massage L.S. Similarly, Ms. Brooms testified that Respondent did not mention Islam or saving L.S. from hell and that she would have interrupted the visit if that had occurred. Respondent testified that he asked about L.S.'s employment because, as a neurologist, the nature of a patient's work must be discussed. He acknowledged that he gave L.S. his wife's contact information because he thought she may be able to help his wife. In the presence of Ms. Brooms, Respondent performed "the same exam he always performs." Further, Ms. Brooms testified that during the workday, she always has Respondent's cell phone in her possession because his phone has the Square device that accepts office payments, which is one of her job duties. (Testimony of Brooms; Testimony of Respondent).

17. Respondent testified that he performed a physical exam that included spine palpation to assess L.S.'s range of motion and to gauge potential injuries. He performed the examination while L.S. was seated. There was a medical purpose for touching her spine. The physical exam occurred after the initial discussion regarding L.S.'s occupation and Respondent testified that L.S. never objected to him about the appointment. (Testimony of Respondent).

### III. Conclusions of Law

1. Because this matter concerns the Board's proposed imposition of sanctions on Respondent's license to practice medicine, the Board bears the burden of proof. Ga. Comp. R. & Regs. 616-1-2-.07(1). The Board must meet the preponderance of the evidence standard. Ga. Comp. R. & Regs. 616-1-2-.21(4).

2. Disciplinary action against the Respondent's license is sought pursuant to O.C.G.A. § 43-34-1, et seq.; the rules of the Georgia Composite Medical Board, found at GA. COMP. R. & REGS., Ch. 360; and the general statutory provisions related to professional licensing boards, O.C.G.A. § 43-1-1, et seq.

3. Pursuant to O.C.G.A. § 43-34-6(a), the Board has the powers, duties, and functions of professional licensing boards as provided in Chapter 1 of Title 43.

4. O.C.G.A. § 43-1-19(a) provides that a professional licensing board shall have the authority to revoke the license of a person licensed by that board or to discipline a person licensed by that board, upon a finding by a majority of the entire board that the licensee or applicant has:

(6) Engaged in any unprofessional, immoral, unethical, deceptive, or deleterious conduct or practice harmful to the public, which conduct or practice materially affects the fitness of the licensee or applicant to practice a business or profession licensed under this title, or of a nature likely to jeopardize the interest of the public, which conduct or practice need not have resulted in actual injury or be directly related to the practice of the licensed business or profession but shows that the licensee or applicant has committed any act or omission which is indicative of bad moral character or untrustworthiness. Unprofessional conduct shall also include any departure from, or failure to conform to, the minimal reasonable standards of acceptable and prevailing practice of the business or profession licensed under this title; ...

(8) Violated a statute, law, or any rule or regulation of this state, any other state, the professional licensing board regulating the business or profession licensed under this title, the United States, or any other lawful authority without regard to whether the violation is criminally punishable when such statute, law, or rule or regulation relates to or in part regulates the practice of a business or profession licensed under



this title and when the licensee or applicant knows or should know that such action violates such statute, law, or rule; or violated a lawful order of the board; ...

The undersigned concludes that Petitioner has not met its burden to show by a preponderance of evidence that Respondent's engaged in conduct contained within O.C.G.A. § 43-1-19(a)(6) or (8).

5. O.C.G.A. § 43-34-8(a) provides that, in addition to the authority in Code Section 43-1-19, the Board shall have the authority to revoke the license of a licensee, or to discipline a licensee upon a finding by the Board that the applicant or licensee has:

(7) Engaged in any unprofessional, immoral, unethical, deceptive, or deleterious conduct or practice harmful to the public, which need not have resulted in actual injury to any person. As used in this paragraph, the term "unprofessional conduct" shall include any departure from, or failure to conform to, the minimum standards of acceptable and prevailing medical practice and shall also include, but not be limited to, the prescribing or use of drugs, treatment, or diagnostic procedures which are detrimental to the patient as determined by the minimum standards of acceptable and prevailing medical practice or by rule of the board; ...

(10) Violated or attempted to violate a law, rule, or regulation of this state, any other state, the board, the United States, or any other lawful authority without regard to whether the violation is criminally punishable, when such law, rule, or regulation relates to or in part regulates the practice of medicine, when the licensee or applicant knows or should know that such action violates such law, rule, or regulation; or violated a lawful order of the board previously entered by the board in a disciplinary hearing;

(11) Committed any act or omission which is indicative of bad moral character or untrustworthiness; ...

(15) Committed an act of sexual abuse, misconduct, or exploitation of a patient including guardians and parents of minors; ...

(17) Entered into conduct which discredits the profession.

The undersigned concludes that Petitioner has not met its burden to show by a preponderance of evidence that Respondent's engaged in conduct contained within O.C.G.A. § 43-34-8(a)(7), (10), (11), (15), or (17).

6. Ga. Comp. R. & Regs. 360-3-.02 authorizes the Board to take disciplinary action against licensees for “unprofessional conduct” which includes, in relevant part, but is not limited to:

(8) Committing any act of sexual intimacy, abuse, misconduct, or exploitation of any individual related to the physician's practice of medicine regardless of consent. The rule shall apply to former patients where the licensee did not terminate in writing the physician patient relationship before engaging in a romantic or sexual relationship with the patient and/or where the licensee used or exploited the trust, knowledge, emotions or influence derived from the prior professional relationship.

The undersigned concludes that Petitioner has not met its burden to show by a preponderance of evidence that Respondent’s engaged in unprofessional conduct as described within Ga. Comp. R. & Regs. 360-3-.02.

7. O.C.G.A. § 43-1-19(d) provides that when a professional licensing board finds that any person should be disciplined pursuant to subsection (a) of § 43-1-19 or the laws, rules, or regulations relating to the business or profession licensed by the board, the board may take any one or more of the following actions:

- (1) Refuse to grant or renew a license to an applicant;
- (2) Administer a public or private reprimand, but a private reprimand shall not be disclosed to any person except the licensee;
- (3) Suspend any license for a definite period or for an indefinite period in connection with any condition which may be attached to the restoration of said license;
- (4) Limit or restrict any license as the board deems necessary for the protection of the public;
- (5) Revoke any license;

(6) Condition the penalty upon, or withhold formal disposition pending, the applicant's or licensee's submission to such care, counseling, or treatment as the board may direct;

(7) Impose a fine not to exceed \$500.00 for each violation of a law, rule, or regulation relating to the licensed business or profession; or

(8) Impose on a licensee or applicant fees or charges in an amount necessary to reimburse the professional licensing board for the administrative and legal costs incurred by the board in conducting an investigative or disciplinary proceeding.

O.C.G.A. § 43-1-19(e) provides that, in addition to and in conjunction with the actions described in subsection (d) of this Code section, a professional licensing board may make a finding adverse to the licensee or applicant but withhold imposition of judgment and penalty; or it may impose the judgment and penalty but suspend enforcement thereof and place the licensee on probation, which probation may be vacated upon noncompliance with such reasonable terms as the board may impose. The undersigned concludes that Petitioner has not met its burden to show by a preponderance of evidence that Respondent's engaged in conduct contained within O.C.G.A. § 43-1-19(a), and thus, discipline under O.C.G.A. § 43-1-19(d)-(e) is inapplicable.

8. provides that when the board finds that any person is unqualified to be granted a license, certificate, or permit or finds that any person should be disciplined pursuant to O.C.G.A. § 43-34-8(a), the board may take any one or more of the following actions:

(A) Refuse to grant a license, certificate, or permit to an applicant;

(B) Place the licensee, certificate holder, or permit holder on probation for a definite or indefinite period with terms and conditions;

(C) Administer a public or private reprimand, provided that a private reprimand shall not be disclosed to any person except the licensee; certificate holder, or permit holder;

(D) Suspend any license, certificate, or permit for a definite or indefinite period;

(E) Limit or restrict any license, certificate, or permit;

(F) Revoke any license, certificate, or permit;

(G) Impose a fine not to exceed \$3,000.00 for each violation of a law, rule, or regulation relating to the licensee, certificate holder, permit holder, or applicant;

(H) Impose a fine in a reasonable amount to reimburse the board for administrative costs;

(I) Require passage of a board approved minimum competency examination;

(J) Require board approved medical education;

(K) Condition the penalty, or withhold formal disposition, which shall be kept confidential unless there is a public order upon the applicant, licensee, certificate holder, or permit holder's submission to the care, counseling, or treatment by physicians or other professional persons, which may be provided pursuant to Code Section 43-34-5.1, and the completion of such care, counseling, or treatment, as directed by the board; or

(L) Require a board approved mental and physical evaluation of all licensees, certificate holders, or permit holders.

O.C.G.A. § 43-34-8(b)(2), provides that, in addition to and in conjunction with the actions enumerated pursuant to paragraph (1) of this Code section, the board may make a finding adverse to the licensee, certificate holder, permit holder, or applicant but withhold imposition of judgment and penalty; or it may impose the judgment and penalty but suspend enforcement thereof and place the licensee, certificate holder, permit holder, or applicant on probation, which may be vacated upon noncompliance with such reasonable terms as the board may impose. The undersigned concludes that Petitioner has not met its burden to show by a preponderance of evidence that discipline under O.C.G.A. § 43-34-8(b)(1)-(2) is proper.


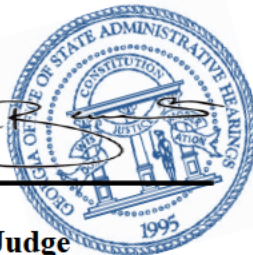
9. The undersigned concludes that the current chaperone process utilized at Respondent's Stockbridge location, though creative, meets the requirements of the Public Consent Order. There is no requirement that the female chaperone be located inside the exam room. The fact that Ms. Brooms is able to see and hear everything that occurs during female patient visits is sufficient.

10. The undersigned does not take claims involving personal boundaries and impropriety lightly, and certainly not when they involve medical professionals. However, the undersigned finds several inconsistencies in T.J.’s account of events, possibly due to her neurological diagnoses, which makes her testimony unreliable. As for L.S.’s testimony, Respondent and Ms. Brooms each provided substantial contrary testimony. And, as demonstrated above, for every evidence-based allegation made by Petitioner, Respondent had an evidence-based answer. Based on the evidence presented at the hearing, and after combing through the evidence, the undersigned finds that the weight of the evidence does not skew in either direction to any discernible degree. It is just as likely that the events alleged occurred as it is likely that they did not occur. However, where the standard is a preponderance of evidence, the Board must prove that it is *more likely than not* that the alleged violative events occurred— “just as likely” is not enough. In the face of contrary evidence, and insufficient reliable testimony, Petitioner failed to meet its burden of proving by a preponderance of evidence that Respondent violated the relevant statutes, policies, or provisions.

#### IV. Decision

In accordance with the foregoing Findings of Fact and Conclusions of Law, the Board’s decision to sanction Petitioner’s medical license is **REVERSED**.

**SO ORDERED**, this 5<sup>th</sup> day of May 2023.

  
  
**Shakara M. Barnes**  
**Administrative Law Judge**