

# Lookup Detail View

## Contact

### Contact Information

Name	City/State/Zip	DBA / AKA
DONALD ROBERT RADEN MD	Highwood, IL 60040	

## License

### License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036117225	LICENSED PHYSICIAN AND SURGEON	SUSPENDED	11/30/2006	04/06/2023	07/31/2026	Y

## Other Licenses

### Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
125043456	TEMPORARY MEDICAL PERMIT	CANCELLED	06/28/2001	06/28/2001	06/27/2004	N
33*****60	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V )	INOPERATIVE	11/30/2006	04/06/2023	07/31/2026	N

## Disciplinary Actions

Click here (<https://idfpr.illinois.gov/news/disciplines/discreportsdefault.html>) for definitions of the different types of disciplinary actions the Department may impose.

The Reason For Action from this Lookup dates back to January 1, 1990. Any actions and/or Reason For Action taken against a license prior to 1990 may not be displayed. Note that the Reason For Action is extracted from the Monthly Disciplinary Report. Therefore, the text in this column may not begin appearing until the report for the month/year the discipline was issued has been compiled.

Please Note: Reason for disciplinary actions which occurred for Real Estate professions prior to February 1, 2008 will not be listed here. Please contact the department for information regarding past Real Estate disciplines.

<b>Case Number</b>	<b>License Number</b>	<b>Action</b>	<b>Discipline Start Date</b>	<b>Discipline End Date</b>	<b>Reason for Action</b>
2019010129	036117225	Fine	09/04/2024		physician and surgeon license indefinitely suspended for a minimum of 12 months and fined \$20,000 due to Respondent's clinical practice being out of the scope of his training as a psychiatrist.
2019010129	036117225	Suspension	09/04/2024		physician and surgeon license indefinitely suspended for a minimum of 12 months and fined \$20,000 due to Respondent's clinical practice being out of the scope of his training as a psychiatrist.

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**STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND PROFESSIONAL	)	
REGULATION of the State of Illinois,	)	
DIVISION OF PROFESSIONAL REGULATION,	)	
	)	
	)	
Complainant,	)	
	)	
v.	)	No. 2019-10129
	)	
DONALD ROBERT RADEN, M.D.,	)	
	)	
License No. 036.117225,	)	
	)	
Respondent.	)	

**CONSENT ORDER**

The Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (“Department”), by and through Daniel Valentín, Staff Attorney, and DONALD ROBERT RADEN, M.D., (“Respondent”), by and through his attorney, Mark Meyer, hereby agree to the following:

**STIPULATIONS**

Respondent holds a Certificate of Registration as a Licensed Physician and Surgeon in the State of Illinois, License No. 036.117225, which is currently in ACTIVE status. At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein.

On October 17, 2019, the Department received a referral from another state agency noting multiple concerns with Respondent’s clinical practice as out of the scope of his training as a psychiatrist. On January 5, 2021, the Department received information regarding Respondent’s care and treatment of Patient K.R., including information of intravenous (IV) therapy. All these matters were eventually docketed under IDFPR Case No. 2019-10129.

On September 13, 2023, the Department filed a Complaint against Respondent's Physician and Surgeon License for the State of Illinois with the following counts: COUNT I, Experimental treatment on non-consenting patients; COUNT II, Care provided to Patient K.R.; COUNT III, Care provided to Patient L.P.; COUNT IV, Care provided to family member, M.R.; COUNT V, Care provided to family member, D.M.; COUNT VI, Care provided to supervised staff; COUNT VII, Treatment of patients with hormones; COUNT VIII, Aiding and abetting unauthorized practice of medicine. See *Exhibit A*, attached hereto and incorporated herein.

The allegations as set forth herein, if proven to be true, would constitute grounds for the Department to revoke, suspend, or otherwise discipline Respondent's license as a Physician and Surgeon on the authority of 225 ILCS 60/22(A), subsections (4), (5), (10), (11), (14), (17), (26), (31), (32), (33), (37), and (41); 68 Ill. Admin. Code 1285.240; 720 ILCS 570/304; and 20 ILCS 2105/2105-130.

Respondent has been advised of the right to accept or reject this Consent Order. Respondent has been advised of the right to a formal hearing and the right to Administrative Review of any Order resulting from said hearing. Respondent knowingly waives each of these rights, as well as the right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Board or the Director of the Division of Professional Regulation of the Department ("Director").

Respondent has knowingly and voluntarily entered into this Consent Order without any threat or coercion by any person. Respondent has not relied on any statements or promises made by or on behalf of the Department other than those specifically set forth in writing herein. Respondent and the Department have agreed, to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and

equitable under the circumstances, and which are consistent with the best interests of the People of the State of Illinois.

### CONDITIONS

WHEREFORE, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (“Department”), by and through Daniel Valentín, Staff Attorney, and DONALD ROBERT RADEN, M.D., (“Respondent”), by and through his attorney, Mark Meyer, hereby agree to the following:

- A. Respondent’s Illinois Physician and Surgeon License No. 036.117222 shall be placed on indefinite SUSPENSION for a minimum period of twelve (12) months.
- B. Respondent shall pay a fine of twenty thousand dollars (\$20,000.00). Said fine shall be paid within ninety (90) days of the Director’s signing and approval of this Order. The administrative fee is to be paid by personal check, cashier’s check, or personal money order. Said check shall be made payable to “Illinois Department of Financial and Professional Regulation” and mailed to the following address:
  - Illinois Dept. of Financial and Professional Regulation**
  - SSC – Accounts Receivable Section – Fines**
  - P.O. Box 7086**
  - Springfield, Illinois 62791-7086**
  - 1. In the notation portion of the check, Respondent shall list the above stated case number and Respondent’s license number.
  - 2. If Respondent fails to pay the fine, and the Department is forced to initiate a collection effort to retrieve the administrative fee, Respondent shall be responsible for all costs and fees incurred by the Department in said collection process.
- C. Nothing in this Consent Order relieves Respondent of meeting any additional requirements for restoration set forth in the Illinois Medical Practice Act or any related statutes or rules.
- D. This disposition is considered public discipline for reporting purposes to entities such as the National Practitioner Data Bank.

- E. This Order is a final administrative order. The effective date of this Order is the date when it is signed by the Director unless otherwise stated.

*Signatures on following page*

8/16/2024

DATE

[Redacted]

Daniel Valentin  
Staff Attorney

8/12/24

DATE

[Redacted]

Donald Robert Raden, M.D.,  
Respondent

8/16/24

DATE

[Redacted]

Mark Meyer  
Attorney for Respondent

8/28/24

DATE

[Redacted]

Member  
Illinois State Medical Board

The foregoing Consent Order is approved in full.

Dated this 4th day of September, 2024.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
SECRETARY MARIO TRETO, JR.

[Redacted Signature]

Acting Director Camile Lindsay  
Division of Professional Regulation

REF: Case No. 2019-10129  
Lic. No. 036.085109

**RECEIVED**

By Department of Financial and Professional Regulation Clerk of the Court at 9:08 am, Sep 13, 2023

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION	)	
OF THE ILLINOIS DEPARTMENT OF FINANCIAL	)	
AND PROFESSIONAL REGULATION,	)	Complainant,
v.	)	Case No. 2019-10129
DONALD ROBERT RADEN, M.D.,	)	
License No. 036.117225,	)	Respondent

**NOTICE OF PRELIMINARY HEARING**

To: Donald Robert Raden, M.D.

Michael R. Slovis [Respondent's counsel]  
**CUNNINGHAM, MEYER & VEDRINE**  
 1 East Wacker, Suite 20200  
 Chicago, IL 60601  
*via email at mslovis@cmvlaw.com*

*via email at* [REDACTED]

**On Monday, 10/23, 2023 at 1:00 p.m. CST**, you are directed to appear by telephone before an Administrative Law Judge of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"). **Dial (312) 535-8110 and enter the access code of 2461 735 6836 at your scheduled time.** The purpose of the Preliminary Hearing is to set a date on which all parties expect to be prepared to proceed with their case and to rule on any preliminary motions that are presented. Your appearance on the scheduled date is mandatory and may be made personally or through an attorney admitted to practice in Illinois. To appear by telephone, call and enter the access code no later than five (5) minutes prior to the scheduled hearing and check in with the system administrator. You may be placed on hold until your case is called, and you must be immediately available when your case is called.

You are required to file a signed answer to the attached Complaint within twenty (20) days of the of the mailing date stamped on this Notice. The answer should address each numbered paragraph of the Complaint. For each paragraph, the answer should either: (1) admit the allegation in the paragraph; (2) deny the allegation in the paragraph; or (3) state under oath that you have insufficient information to admit or deny the allegation in the paragraph. Any motions presented on the above date should be emailed or mailed at least five (5) business days in advance. Your answer and/or any motions should be emailed to [FPR.ChiRecords@illinois.gov](mailto:FPR.ChiRecords@illinois.gov), or mailed to the **Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, Clerk of the Court, 555 West Monroe Street Suite 500, Chicago, Illinois 60661.**

Failure to file a signed answer may subject you to being held in default. If you are held in default, the Illinois State Medical Board may assume the allegations to be true and will issue a recommendation based upon those facts without a hearing being held. Information regarding the Department's legal authority, jurisdiction and the substantive Act involved can be found in the attached Complaint. All relevant statutes, administrative rules, and the Department's Rules of Practice in Administrative Hearings, 68 IAC 1110/et seq., are available on the Department's website at [www.idfpr.com](http://www.idfpr.com). Please be aware that you are required to maintain a current address and email address of record with the Department and may do so by selecting "Online Address Change" on the Department's website at [www.idfpr.com](http://www.idfpr.com).

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
SECRETARY MARIO TRETO, JR.

[REDACTED]

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Daniel Valentin  
 Staff Attorney | Medical Prosecutions Unit  
 Illinois Department of Financial and Professional Regulation  
 555 W. Monroe St., Suite 500  
 Chicago, Illinois 60661  
 Phone: 312-793-0073 | Email: [daniel.valentin@illinois.gov](mailto:daniel.valentin@illinois.gov)



State of Illinois        )  
                                  )  
County of Cook        )        Case No. 2019-10129

Under penalties, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that I caused the attached Notice of Preliminary Hearing and Complaint to be sent by email pursuant to Department of Professional Regulation Law, 20 ILCS 2105/2105-7, before 5:00 pm CST on the 13th day of September, 2023, to person(s) at the address(es) listed on the attached documents.

  
\_\_\_\_\_  
Affiant

**RECEIVED**

By Department of Financial and Professional Regulation Clerk of the Court at 9:09 am, Sep 13, 2023

**STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND PROFESSIONAL	)	
REGULATION of the State of Illinois,	)	
DIVISION OF PROFESSIONAL REGULATION,	)	
	)	Complainant,
	)	
	)	v.
	)	No. 2019-10129
DONALD ROBERT RADEN, M.D.,	)	
License No. 036.117225,	)	
License No. [REDACTED]	)	Respondent.

**COMPLAINT**

NOW COMES THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL REGULATION (“Department”), by its Chief of Medical Prosecutions, Brandon R. Thom, and as its COMPLAINT against DONALD ROBERT RADEN, M.D., (“Respondent”), states as follows:

**COUNT I  
(Experimental treatment  
on non-consenting patients)**

1. The Department has the power and duty to investigate the conduct of licensees and take disciplinary action in administration and enforcement of the Illinois Medical Practice Act of 1987, 225 ILCS 60/1 *et. seq.* (“Act”), and the Rules adopted by the Department in furtherance of the Act, 68 Ill. Admin. Code § 1285.20, *et seq.*
2. Respondent is the holder of a Certificate of Licensure as a Physician and Surgeon in the State of Illinois, License No. 036.117225, which is currently in “Active” status.
3. Respondent is the holder of a Controlled Substance license in the State of Illinois, License No. [REDACTED] which is currently in “Active” status.

4. The Department has jurisdiction to investigate complaints and to bring this action pursuant to 225 Illinois Compiled Statutes, Section 60/36.
5. At all relevant times herein, Respondent practiced medicine in the State of Illinois as a psychiatrist.
6. At all relevant times herein, Respondent practiced medicine at several medical clinics that he owned located in Lake Bluff, Highwood, and Chicago, within the state of Illinois.
7. On October 17, 2019, the Department received a referral from another state agency noting multiple concerns with Respondent's clinical practice as out of the scope of his training as a psychiatrist.
8. On January 5, 2021, the Department received information regarding Respondent's care and treatment of Patient K.R., including information of intravenous (IV) therapy.
9. Prior to March 2017, Patient L.S., Patient K.R., and Patient C.B., were established psychiatric patients of Respondent. Respondent was treating these patients for various psychiatric conditions with controlled substances.
10. Respondent uses "FAAOT" in his signature as an educational and professional designation to indicate he is a "fellow" from the American Academy of Ozonotherapy ("AAOT").
11. To perform ozone therapy, Respondent uses a device to generate ozone that is not approved or labeled to treat medical conditions; or is adulterated and/or misbranded be used for the treatment of medical conditions.

12. Respondent provide to his patients undergoing IV ozone therapy with a document titled “Informed Consent for the American Academy of Ozonotherapy Sponsored Study of the Safety and Efficacy of Ozone Therapy” (hereafter, “Consent Form”) which states some of the circumstances for which the patient was to receive experimental IV ozone therapy.
13. On or about July 12, 2017, Patient L.S. signed a copy of the Consent Form.
14. On or about October 16, 2017, Patient K.R. signed a copy of the Consent Form.
15. On or about November 10, 2017, Patient C.B. signed a copy of the Consent Form.
16. In the Consent Form, Respondent
- (a) classifies each patient as subject of a medical research;
  - (b) represents himself as a co-investigator of a research approved by the FDA (“Food and Drug Administration”) on the topic of safety and efficacy of ozone therapy;
  - (c) states he is performing research as a fellow and under the approval or supervision of the AAOT and the guidance of a Principle Investigator;
  - (d) classifies his IV treatment with ozone as part of a research program;
  - (e) explains that ozone therapy has additional benefits and is free of serious side effects.
17. The AAOT is not registered as an Institutional Review Board before the FDA, the Office for Human Research Protections, the Department of Health and Human Services (“DHHS”), or other Federal government entity overseeing medical research.
18. Respondent does not possess significant academic or professional experience to conduct, oversee, or participate in human research or provide medical services out of the scope of the psychiatry field.

19. Respondent failed to obtain and/or document obtaining informed consent from Patient L.S., Patient K.R. and Patient C.B. for the IV therapies with ozone.
20. Respondent excessively exposed non-consenting test subjects to severe physical harm and addiction by allowing them to have unmonitored and unrestricted access to IV ports just to provide experimental treatment that he is not qualified or legally authorized to provide.
21. The foregoing acts and/or omissions of Respondent are in violation of, and grounds for revocation, suspension, or other discipline of Respondent's Physician and Surgeon license pursuant to 225 ILCS 60/22(A), subsections (4), (5), (10), (17), (26), (31), (32), (33), (37), and (41); 68 Ill. Admin. Code 1285.240; and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL REGULATION, by Brandon R. Thom, its Chief of Medical Prosecutions, prays that the Illinois Physician and Surgeon License of DONALD ROBERT RADEN, M.D., be suspended, revoked, or otherwise disciplined.

**COUNT II**  
**(Care provided to Patient K.R.)**

- 1-6. The Department hereby adopts and realleges paragraphs 1 through 6 of Count I of this Complaint as paragraphs 1 through 6 of Count II.
7. On January 5, 2021, the Department received information regarding Respondent's care and treatment of Patient K.R.

8. From February 2013 to February 2019, Patient K.R. received continuous psychiatric care from Respondent. The patient's medical records contain about 43 documented clinical encounters or progress notes, excluding the records for the intravenous therapy visits.

7. From February 2013 to February 2019, Respondent issued or authorized prescriptions to Patient K.R. for the following controlled substances:

- a. Alprazolam (brand name: Xanax) a benzodiazepine classified as a Schedule IV controlled substance;
- b. Clonazepam (brand name: Klonopin) a benzodiazepine classified as a Schedule IV controlled substance;
- c. D-Amphetamine Salt Comb (brand name: Adderall) an amphetamine product combination classified as a Schedule II controlled substance;
- d. Diazepam (brand name: Valium) a benzodiazepine classified as a Schedule IV controlled substance;
- e. Eszopiclone (brand name: Lunesta) a sedative-hypnotic classified as a Schedule IV controlled substance;
- f. Methamphetamine (brand name: Desoxyn) a sympathomimetic amine with central nervous system (CNS) stimulant activity classified as a Schedule II controlled substance;
- g. Temazepam (brand name: Restoril) a benzodiazepine classified as a Schedule IV controlled substance;
- h. Lisdexamfetamine (brand name: Vyvanse) an amphetamine product and CNS stimulant classified as a Schedule II controlled substance;
- i. Zolpidem (brand name: Ambien) a sedative-hypnotic classified as a Schedule IV controlled substance.

9. From February 2013 to February 2019, Respondent issued or authorized the following controlled substance prescriptions to Patient K.R in about 127 dates as it follows:

- (a) 2/11/2013 Chloral Hydrate 500mg (Somnote) cap;

- (b) 2/11/2013 Diazepam 5mg tablets;
- (c) 2/12/2013 Xanax 1mg tablets;
- (d) 2/18/2013 D-Amphetamine Salt Combo 20mg tab;
- (e) 2/18/2013 Valium 10mg tablets;
- (f) 3/13/2013 Xanax 2mg tablets;
- (g) 3/15/2013 Methylphenidate 20mg tablets;
- (h) 3/23/2013 Diazepam 10mg tablet;
- (i) 3/27/2013 D-Amphetamine Salt Combo 20mg tab;
- (j) 4/3/2013 Alprazolam 2mg tablets;
- (k) 4/11/2013 Lunesta 3mg tablets;
- (l) 4/29/2013 Alprazolam 2mg tablets;
- (m) 5/3/2013 Lunesta 3mg tablets;
- (n) 5/6/2013 D-Amphetamine Salt Combo 20mg tab;
- (o) 5/28/2013 Alprazolam 2mg tablets;
- (p) 5/28/2013 Lunesta 3mg tablets;
- (q) 5/28/2013 Alprazolam 2mg tablets;
- (r) 6/4/2013 D-Amphetamine Salt Combo 20mg tab;
- (s) 6/24/2013 Lunesta 3mg tablets;
- (t) 7/22/2013 D-Amphetamine Salt Combo 20mg tab;
- (u) 7/22/2013 Alprazolam 2mg tablets;
- (v) 7/22/2013 Lunesta 3mg tablets;
- (w) 7/22/2013 Alprazolam 2mg tablets;
- (x) 7/22/2013 Lunesta 3mg tablets;
- (y) 8/22/2013 D-Amphetamine Salt Combo 20mg tab;
- (z) 9/16/2013 Lunesta 3mg tablets;

(aa) 9/16/2013 Alprazolam 2mg tablets;  
(bb) 10/18/2013 Lunesta 3mg tablets;  
(cc) 10/18/2013 Alprazolam 2mg tablets;  
(dd) 10/20/2013 Lunesta 3mg tablets;  
(ee) 10/20/2013 Alprazolam 2mg tablets;  
(ff) 10/20/2013 Lunesta 3mg tablets;  
(gg) 10/21/2013 D-Amphetamine Salt Combo 20mg tab;  
(hh) 11/20/2013 Alprazolam 2mg tablets;  
(ii) 11/26/2013 D-Amphetamine Salt Combo 20mg tab;  
(jj) 1/7/2014 Alprazolam 2mg tablets;  
(kk) 1/16/2014 Lunesta 3mg tablets;  
(ll) 2/7/2014 D-Amphetamine Salt Combo 20mg tab;  
(mm) 3/6/2014 D-Amphetamine Salt Combo 20mg tab;  
(nn) 3/6/2014 Alprazolam 2mg tablets;  
(oo) 3/6/2014 Alprazolam 2mg tablets;  
(pp) 3/27/2014 Clonazepam 0.5mg tablets;  
(qq) 3/31/2014 Alprazolam 2mg tablets;  
(rr) 4/15/2014 Zolpidem 5mg tablets;  
(ss) 5/12/2014 D-Amphetamine Salt Combo 20mg tab;  
(tt) 5/12/2014 Methamphetamine 5mg tablets;  
(uu) 5/12/2014 Zolpidem 5mg tablets;  
(vv) 5/12/2014 Clonazepam 0.5mg tablets;  
(ww) 5/12/2014 Alprazolam 2mg tablets;  
(xx) 5/28/2014 Zolpidem 5mg tablets;  
(yy) 5/28/2014 Clonazepam 0.5mg tablets;



(zz)	6/10/2014	Alprazolam 2mg tablets;
(aaa)	6/10/2014	Zolpidem 5mg tablets;
(bbb)	6/10/2014	Clonazepam 0.5mg tablets;
(ccc)	6/10/2014	Zolpidem 5mg tablets;
(ddd)	6/10/2014	Alprazolam 2mg tablets;
(eee)	6/10/2014	Clonazepam 0.5mg tablets;
(fff)	6/12/2014	Methamphetamine 5mg tablets;
(ggg)	7/15/2014	Methamphetamine 5mg tablets;
(hhh)	7/15/2014	Eszopiclone 3mg tablets;
(iii)	7/28/2014	Alprazolam 2mg tablets;
(jjj)	7/29/2014	Alprazolam 2mg tablets;
(kkk)	7/29/2014	Alprazolam 2mg tablets;
(lll)	8/4/2014	Methamphetamine 5mg tablets;
(mmm)	8/4/2014	Eszopiclone 3mg tablets;
(nnn)	8/4/2014	Clonazepam 0.5mg tablets;
(ooo)	8/4/2014	Alprazolam 2mg tablets;
(ppp)	8/19/2014	Eszopiclone 3mg tablets;
(qqq)	8/19/2014	Alprazolam 2mg tablets;
(rrr)	8/19/2014	Clonazepam 0.5mg tablets;
(sss)	9/16/2014	Alprazolam 2mg tablets;
(ttt)	9/17/2014	Alprazolam 2mg tablets;
(uuu)	10/7/2014	Methamphetamine 5mg tablets;
(vvv)	10/14/2014	Alprazolam 2mg tablets;
(www)	10/14/2014	Eszopiclone 2mg tablets;
(xxx)	10/27/2014	Methamphetamine 5mg tablets;

(yyy)	10/27/2014	Clonazepam 1mg tablets;
(zzz)	11/11/2014	Eszopiclone 1mg tablets;
(aaaa)	11/17/2014	Clonazepam 0.5mg tablets;
(bbbb)	11/25/2014	Alprazolam 2mg tablets;
(cccc)	11/25/2014	Clonazepam 1mg tablets;
(dddd)	2/15/2015	Vyvanse 50mg capsules;
(eeee)	2/18/2015	Methamphetamine 5mg tablets;
(ffff)	4/14/2015	Methamphetamine 5mg tablets;
(gggg)	4/14/2015	Vyvanse 50mg capsules;
(hhhh)	4/21/2015	Zolpidem ER 6.25mg tablets;
(iiii)	5/6/2015	Vyvanse 70mg capsules;
(jjjj)	5/11/2015	Zolpidem 10mg tablets;
(kkkk)	6/8/2015	Vyvanse 70mg capsules;
(llll)	6/8/2015	Zolpidem 10mg tablets;
(mmmm)	7/10/2015	Zolpidem 10mg tablets;
(nnnn)	7/29/2015	Vyvanse 70mg capsules;
(oooo)	8/6/2015	D-Amphetamine Salt Combo 15mg tabs;
(pppp)	8/6/2015	Vyvanse 50mg capsules;
(qqqq)	8/6/2015	Zolpidem 10mg tablets;
(rrrr)	9/15/2015	Vyvanse 50mg capsules;
(ssss)	9/25/2015	Methamphetamine 5mg tablets;
(tttt)	9/25/2015	Alprazolam 0.5mg tablets;
(uuuu)	10/22/2015	Vyvanse 50mg capsules;
(vvvv)	10/22/2015	Clonazepam 0.5mg tablets;
(wwww)	10/22/2015	Clonazepam 0.5mg tablets;

(xxxx)	11/3/2015	Alprazolam ER 1mg tablets;
(yyyy)	11/6/2015	Clonazepam 1mg tablets;
(zzzz)	12/1/2015	Clonazepam 1mg tablets;
(aaaa)	12/1/2015	Alprazolam ER 2mg tablets;
(bbbb)	12/21/2015	Vyvanse 70mg capsules;
(cccc)	12/21/2015	D-Amphetamine Salt Combo 30mg tab;
(dddd)	12/23/2015	Clonazepam 1mg tablets;
(eeee)	12/23/2015	Alprazolam 2mg tablets;
(ffff)	12/23/2015	Alprazolam 2mg tablets;
(gggg)	12/28/2015	Alprazolam ER 2mg tablets;
(hhhh)	1/15/2016	Vyvanse 70mg capsules;
(iiii)	1/15/2016	Alprazolam 2mg tablets;
(jjjj)	1/15/2016	Clonazepam 1mg tablets;
(kkkk)	1/19/2016	Alprazolam ER 2mg tablets;
(llll)	1/19/2016	Alprazolam ER 2mg tablets;
(mmmm)	1/19/2016	Alprazolam ER 2mg tablets;
(nnnn)	2/1/2016	Methamphetamine 5mg tablets;
(oooo)	2/1/2016	Alprazolam ER 2mg tablets;
(pppp)	2/23/2016	Clonazepam 1mg tablets;
(qqqq)	3/8/2016	Vyvanse 70mg capsules;
(rrrr)	3/11/2016	Alprazolam 2mg tablets;
(ssss)	3/11/2016	Alprazolam 2mg tablets;
(tttt)	3/17/2016	Clonazepam 1mg tablets;
(uuuu)	3/17/2016	Alprazolam ER 2mg tablets;
(vvvv)	3/17/2016	Clonazepam 1mg tablets;

(wwwww)	3/17/2016	Alprazolam ER 2mg tablets;
(xxxxx)	4/1/2016	Alprazolam ER 2mg tablets;
(yyyyy)	4/15/2016	Methylphenidate 20mg tablets;
(zzzzz)	4/15/2016	Clonazepam 1mg tablets;
(aaaaa)	4/15/2016	Alprazolam ER 2mg tablets;
(bbbbb)	4/15/2016	Clonazepam 1mg tablets;
(ccccc)	4/24/2016	Clonazepam 2mg tablets;
(ddddd)	6/9/2016	Clonazepam 2mg tablets;
(eeeee)	6/9/2016	Clonazepam 2mg tablets;
(fffff)	6/15/2016	Methamphetamine 5mg tablets;
(ggggg)	8/4/2016	Clonazepam 2mg tablets;
(hhhhh)	8/4/2016	Clonazepam 2mg tablets;
(iiiiii)	8/25/2016	Zolpidem 10mg tablets;
(jjjjj)	9/12/2016	Alprazolam ER 2mg tablets;
(kkkkk)	9/12/2016	Clonazepam 2mg tablets;
(lllll)	9/12/2016	Zolpidem 10mg tablets;
(mmmmm)	9/12/2016	Clonazepam 2mg tablets;
(nnnnn)	9/30/2016	Alprazolam ER 2mg tablets;
(ooooo)	9/30/2016	Zolpidem 10mg tablets;
(ppppp)	10/7/2016	Clonazepam 2mg tablets;
(qqqqq)	10/7/2016	Zolpidem 10mg tablets;
(rrrrr)	10/7/2016	Zolpidem 10mg tablets;
(sssss)	10/7/2016	Clonazepam 2mg tablets;
(ttttt)	10/7/2016	Clonazepam 2mg tablets;
(uuuuu)	11/1/2016	Alprazolam ER 2mg tablets;

(vvvvvv)	11/1/2016	Alprazolam ER 2mg tablets;
(wwwwww)	11/1/2016	Alprazolam ER 2mg tablets;
(xxxxxx)	12/5/2016	Alprazolam ER 2mg tablets;
(yyyyyy)	12/5/2016	Temazepam 30mg capsules;
(zzzzzz)	12/20/2016	Zolpidem 10mg tablets;
(aaaaaa)	12/23/2016	Clonazepam 2mg tablets;
(bbbbbb)	12/23/2016	Zolpidem 10mg tablets;;
(cccccc)	12/23/2016	Clonazepam 2mg tablets
(dddddd)	2/12/2017	Zolpidem 10mg tablets;
(eeeeee)	2/15/2017	Alprazolam ER 2mg tablets;
(ffffff)	2/15/2017	Zolpidem 10mg tablets;
(gggggg)	3/5/2017	Alprazolam ER 2mg tablets;
(hhhhhh)	3/15/2017	Clonazepam 2mg tablets;
(iiiiii)	3/15/2017	Clonazepam 2mg tablets;
(jjjjjj)	3/20/2017	Alprazolam ER 2mg tablets;
(kkkkkk)	3/20/2017	Alprazolam ER 2mg tablets;
(llllll)	3/28/2017	Alprazolam ER 2mg tablets;
(mmmmmm)	4/14/2017	Zolpidem 10mg tablets;
(nnnnnn)	4/18/2017	Zolpidem 10mg tablets;
(oooooo)	5/15/2017	Zolpidem 10mg tablets;
(pppppp)	5/15/2017	Zolpidem 10mg tablets;
(qqqqqq)	5/15/2017	Zolpidem 10mg tablets;
(rrrrrr)	5/18/2017	Clonazepam 2mg tablets;
(ssssss)	5/18/2017	Clonazepam 2mg tablets;
(tttttt)	6/29/2017	Alprazolam ER 2mg tablets;

(uuuuuuu)	6/29/2017	Alprazolam ER 2mg tablets;
(vvvvvvv)	7/12/2017	Clonazepam 2mg tablets;
(wwwwwww)	8/9/2017	Zolpidem 10mg tablets;
(xxxxxxx)	8/9/2017	Clonazepam 2mg tablets;
(yyyyyyy)	8/9/2017	Alprazolam ER 2mg tablets;
(zzzzzzz)	8/9/2017	Clonazepam 2mg tablets;
(aaaaaaaa)	8/9/2017	Zolpidem 10mg tablets;
(bbbbbbbb)	8/29/2017	Alprazolam ER 2mg tablets;
(ccccccc)	8/29/2017	Alprazolam ER 2mg tablets;
(ddddddd)	10/5/2017	Alprazolam ER 2mg tablets;
(eeeeeee)	10/5/2017	Zolpidem 10mg tablets;
(ffffff)	10/5/2017	Clonazepam 2mg tablets;
(ggggggg)	10/5/2017	Clonazepam 2mg tablets;
(hhhhhhh)	10/5/2017	Zolpidem 10mg tablets;
(iiiiiii)	10/5/2017	Alprazolam ER 2mg tablets;
(jjjjjjj)	11/4/2017	Methamphetamine 5mg tablets;
(kkkkkkk)	12/11/2017	Zolpidem 10mg tablets;
(lllllll)	12/12/2017	Clonazepam 2mg tablets;
(mmmmmmm)	1/5/2018	Alprazolam 1mg tablets;
(nnnnnnn)	1/16/2018	Alprazolam ER 2mg tablets;
(ooooooo)	1/18/2018	Alprazolam ER 2mg tablets;
(ppppppp)	1/18/2018	Alprazolam ER 2mg tablets;
(qqqqqqq)	1/18/2018	Alprazolam ER 2mg tablets;
(rrrrrrr)	1/26/2018	Zolpidem 10mg tablets;
(sssssss)	1/26/2018	Zolpidem 10mg tablets;

(ttttttt)	1/26/2018	Zolpidem 10mg tablets;
(uuuuuuuu)	2/5/2018	Alprazolam ER 2mg tablets;
(vvvvvvvvv)	2/5/2018	Alprazolam 2mg tablets;
(wwwwwww)	3/16/2018	Alprazolam 2mg tablets;
(xxxxxxx)	3/16/2018	Alprazolam 2mg tablets;
(yyyyyyyy)	3/29/2018	Zolpidem 10mg tablets;
(zzzzzzzz)	3/29/2018	Zolpidem 10mg tablets;
(aaaaaaaa)	3/29/2018	Zolpidem 10mg tablets;
(bbbbbbbbb)	5/30/2018	Alprazolam ER 2mg tablets;
(cccccccc)	5/30/2018	Alprazolam ER 2mg tablets;
(dddddddd)	5/30/2018	Alprazolam ER 2mg tablets;
(eeeeeeee)	6/4/2018	Alprazolam 2mg tablets;
(fffffffff)	6/5/2018	Alprazolam 2mg tablets;
(ggggggggg)	6/6/2018	Alprazolam ER 0.5mg tablets;
(hhhhhhhhh)	6/6/2018	Alprazolam ER 0.5mg tablets;
(iiiiiiii)	6/20/2018	Alprazolam ER 1mg tablets;
(jjjjjjjj)	6/22/2018	Methamphetamine 5mg tablets;
(kkkkkkkkk)	7/30/2018	Zolpidem 10mg tablets;
(lllllllll)	8/28/2018	Alprazolam 2mg tablets;
(mmmmmmmmm)	8/28/2018	Zolpidem 10mg tablets;
(nnnnnnnnn)	9/11/2018	Alprazolam ER 2mg tablets;
(oooooooo)	9/11/2018	Alprazolam ER 2mg tablets;
(ppppppppp)	9/27/2018	Zolpidem 10mg tablets;
(qqqqqqqqq)	10/12/2018	Methamphetamine 5mg tablets;
(rrrrrrrr)	10/12/2018	Alprazolam 2mg tablets;

(ssssssss)	10/12/2018	Alprazolam ER 2mg tablets;
(tttttttt)	10/12/2018	Zolpidem 10mg tablets;
(uuuuuuuu)	11/6/2018	Alprazolam ER 2mg tablets;
(vvvvvvvv)	11/6/2018	Alprazolam 2mg tablets;
(wwwwwww)	11/6/2018	Alprazolam ER 0.5mg tablets;
(xxxxxxxx)	11/26/2018	Zolpidem 10mg tablets;
(yyyyyyyy)	12/24/2018	Methamphetamine 5mg tablets;
(zzzzzzzz)	12/24/2018	Zolpidem 10mg tablets;
(aaaaaaaa)	12/24/2018	Alprazolam 2mg tablets;
(bbbbbbbb)	12/24/2018	Zolpidem 10mg tablets;
(cccccccc)	1/15/2019	Alprazolam ER 0.5mg tablets;
(dddddddd)	1/15/2019	Alprazolam ER 2mg tablets;
(eeeeeeee)	1/21/2019	Alprazolam 2mg tablets.

10. On or about February 11, 2013, Patient K.R., who was 25-year-old at the time, first saw Respondent at his clinical facility located in Lake Bluff, Illinois. At this clinical encounter, Respondent noted in the medical records his concerns with the patient current high doses of medication and her known history of cocaine and heroin addiction.

11. On or about September 19, 2013, the Northbrook Police Department arrested Patient K.R. after she had a car accident while driving under the influence of Alprazolam and other prescription drugs.

12. On or about September 30, 2013, Patient K.R. was charged before the Second Municipal District of the Circuit Court of Cook County with driving under the influence (DUI) of



controlled substances in violation of 625 ILCS 5/11-501(a), subsections (4) and (6). The charges were unrelated to drunk driving, alcohol use, or illegal drug possession.

13. On or about August 29, 2014, Patient K.R. pled guilty to the referenced DUI charges, and the District of the Circuit Court of Cook County sentenced the patient to two (2) years of conditional discharge subject to the successful completion of a drug rehabilitation program.
14. On or about February 18, 2015, Respondent prescribed Methamphetamine to Patient K.R. after remarking that she did a “wonderful job” upon the patient finishing a detoxification and rehabilitation program that were focused in addressing the patient’s substance abuse disorder.
15. From May 2015 to April 2016, Patient K.R. resided and worked in the State of Colorado.
16. From May 2015 to April 2016, Respondent treated Patient K.R. without meeting the patient in person or referring the patient to a qualified mental healthcare provider that is licensed to practice in the State of Colorado.
17. From May 2015 to April 2016, Respondent issued or authorized about 46 prescriptions to Patient K.R., including about 24 controlled substance prescriptions, that were filled in the State of Colorado.
18. From May 2015 to April 2016, Respondent issued or authorized about 8 prescriptions to Patient K.R. that were filled in the State of Tennessee.

19. From May 2015 to April 2016, Respondent was not licensed to practice medicine in the State of Tennessee, and his Colorado Physician License DR.0043075 was in "Expired" status.
20. On or about August 19, 2016, Patient K.R. conditional discharge was terminated by the Second District of the Circuit Court of Cook County. At the time she was taking more prescription Alprazolam than before the DUI arrest and subsequent rehabilitation program.
21. On or about April 3, 2017, Respondent contacted Patient K.R. via text message to inform her that after a conference, he believed her therapeutic answer was IV therapy. Respondent did not document this clinical encounter or clinical criteria for recommending IV therapy.
22. On or about April 11, 2017, Respondent enrolled Patient K.R. to start ozone therapy "in roughly two weeks." No informed consent form was documented at the time, nor a discernible clinical criteria or treatment plan for IV ozone therapy.
23. Shortly after April 11, 2017, Respondent either ordered or referred Patient K.R. to another provider to undergo a PICC line placement and instructed the patient to start antibiotics in anticipation for IV therapy. Respondent did not document the circumstances behind the referenced PICC line placement.
24. A PICC line is a thin tube that is inserted in the patient through a vein in the arm and passed through to the larger veins near the patient's heart.
25. By December 4, 2017, Patient K.R. had a right subclavian port implanted ("SC port") at Respondent's request so the patient could continue with the IV therapies. There is no documentation of this clinical encounter, or any progress note explaining when the prior

PICC line was removed, when this SC Port was placed in the patient or by whom and under which circumstances, and what measures Respondent had in place to ensure patient safety. No risk/benefit assessment or effective controls to protect this patient with a history of substance abuse from misusing these IV devices were documented.

26. A SC Port is an implanted device that allows repeated access to the subclavian vein.
27. A SC Port is reserved for medical treatments such as chemotherapy, blood transfusions, and hemodialysis.
28. Only board-certified and specifically trained physicians, such as palliative care physicians, hematologists, oncologists, intensivists, or emergency physicians, are properly skilled and qualified to provide treatment through an SC Port or PICC line, and to supervise adequately trained healthcare staff with access these devices.
29. Patients with a history of addiction or substance abuse may improperly misuse a PICC line or an SC Port to abuse from substances by injecting them directly.
30. On or about December 4, 2017, Respondent ordered Patient K.R. to request an SC Port study because the port was not functioning. There is no documentation of this clinical encounter and the reasons for requesting exploration.
31. On or about March 3, 2018, Respondent ordered Patient K.R. to request another SC Port study. There is no documentation of this clinical encounter and the reasons for requesting exploration of the SC Port.

32. On or about April 2, 2018, Respondent first documented an IV therapy for Patient K.R. No physical examination, symptoms, chief complains, or treatment plans were documented in this or any other clinical encounter for the patient's IV records.
33. On February 24, 2019, Patient K.R. died. The cause of death was probable cardiac arrhythmia. The manner of death was natural. Patient K.R. was 31 years old.
34. Physicians cannot assume responsibility for delivery of patient care that the physician is not properly qualified or competent to render. 68 Ill. Admin. Code 1285.240(a)(1)(B).
35. Respondent deviated from the accepted standards of care, ethics, and professionalism in his treatment of Patient K.R.
- a. Respondent did not possess the required training, skills, and qualifications to treat and diagnose the non-psychiatric conditions of this patient with reasonable competency, skill, safety, and efficacy.
  - b. Respondent did not possess the required training, skills, and qualifications to treat and diagnose Patient K.R. drug addiction and substance abuse disorder.
  - c. Respondent failed to treat and diagnose Patient K.R. with the reasonable care, skill, or knowledge that would ordinarily use under similar circumstances by a psychiatrist.
  - d. Respondent used his Illinois prescribing privileges and the corresponding DEA Registration to expose Patient K.R. and the people of Colorado to the risks of unlicensed medical practice and unauthorized controlled substance prescriptions.
  - e. Respondent failed to create or maintain timely, legible, accurate, and complete medical records of the psychiatric care and the IV therapies he provided to Patient K.R.
  - f. Respondent provided psychiatric care to Patient K.R. without documenting accurate clinical encounters, a clinical rationale for treatment and diagnosis, controlled substance prescriptions, proper psychiatric assessment, diagnostic mental status

examination, neurologic examination, a DSM5 differential diagnosis, a discernible treatment plan with therapeutical objectives, or an assessment of the patient's potential for self-harm or harm to others.

- g. Respondent provided experimental IV treatment to Patient K.R. without documenting accurate clinical encounters, accurate information of IV therapies, health complications, reference to IV port studies, copies of referrals and laboratory orders, reasons for referrals and laboratory orders, reasons for the patient to undergo PICC Line and SC Port placement, date or circumstances behind SC Port placement surgery, incidents of infection at the PICC line and SC Port sites, names and qualifications of the healthcare staff providing blood transfusion, blood product compounding information, substance compounding information, qualifications and methods of storing the compounds made at the IV clinic, medical research notes, or reasoning behind treatment with a substance that the US Food and Drug Administration ("FDA") prohibits for medical use.

36. A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner. 21 CFR 1306.04; 77 Ill. Admin. Code 3100.380(a).

37. A prescription may not be issued for the dispensing of narcotic drugs listed in any Schedule to a narcotic drug dependent person for the purpose of continuing his or her dependence upon such drugs. 77 Ill. Admin. Code 3100.380(b).

38. Pursuant to Section 304 of the Illinois Controlled Substance Act ("CSA"), controlled substance prescribers are responsible for providing effective controls against the diversion of controlled substances. 720 ILCS 570/304.

39. As a measure against the diversion of controlled substances, prescribers are responsible of carefully monitoring patients for:

- a. physical dependence;
- b. severe withdrawal symptoms;
- c. substance abuse disorder and addiction;
- d. signs, symptoms, and aberrant behaviors suggestive of abuse, addiction, misuse, and diversion.

40. Respondent's care of Patient K.R. with controlled substances deviated from applicable legal standards and medically accepted therapeutic purposes:

- a. Through the course of care, Respondent treated Patient K.R. without a controlled substance treatment agreement, prescription monitoring, ordering drug screens, monitoring for aberrant behaviors, referring the patient to an addiction specialist, or providing effective controls against abuse, addiction, misuse, or diversion of controlled substances.
- b. Through the course of care, Respondent overprescribed controlled substances to Patient K.R. without a medically acceptable therapeutic purpose and in a manner that was not clinically indicated by the patient history, symptoms, or diagnostic tests.
- c. Through the course of care, Respondent prescribed controlled substances to a narcotic drug dependent person for the purpose of continuing her dependence upon such drugs.
- d. Respondent ignored, disregarded, or failed to recognize Patient K.R.'s signs and aberrant behaviors indicative of dependence, withdrawal, and addiction. Respondent also ignored other providers that communicated their concerns with the patient's drug-seeking behavior, the controlled substance treatment, and IV therapies.
- e. Respondent failed to create or maintain timely, legible, accurate, and complete medical records of the controlled substances he prescribed to Patient K.R.

- f. Respondent's prescription practices materially contributed to Patient K.R.'s intoxication that led to her arrested for a substance-related DUI on 9/19/2013.
- g. Respondent restarted Patient K.R. on controlled substances after she completed a rehabilitation without consulting the rehabilitation program, referring the patient to an addiction specialist, consulting the case with an addiction specialist, or providing a clinical rationale for prescribing controlled substances.
- h. Respondent treated Patient K.R. while she resided and worked in the State of Colorado from May 2015 to April 2016 without having an active medical license in that state and without referring the patient to licensed healthcare provider.
- i. Respondent's unlicensed practice and failure to refer Patient K.R. to Colorado stopped the patient from connecting with a qualified local provider that could disrupt the patient's dependence to the substances Respondent was prescribing.
- j. The inappropriate text messages and personal relationship between Respondent and Patient K.R. further impacted his medical judgment and enabled the patient to seek more controlled substances from him on demand.
- k. Respondent exposed Patient K.R. to severe physical harm and addiction by allowing granting her unmonitored and unrestricted access to her bloodstream through a PICC Line and SC Port that he ordered to treat the patient intravenously with a medical procedure that the patient did not consent and Respondent is unqualified to provide or supervise.

41. The foregoing acts and/or omissions of Respondent are in violation of, and grounds for revocation, suspension, or other discipline of Respondent's Physician and Surgeon license pursuant to 225 ILCS 60/22(A); subsections (4), (5), (10), (17), (26), (31), (32), (33), (37), and (41); 68 Ill. Admin. Code 1285.240; 720 ILCS 570/304; and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL REGULATION, by Brandon R. Thom, its Chief of Medical Prosecutions, prays that the Illinois Physician and Surgeon License of DONALD ROBERT RADEN, M.D., be suspended, revoked, or otherwise disciplined.

**COUNT III**  
**(Care provided to Patient L.P.)**

- 1-6. The Department hereby adopts and realleges paragraphs 1 through 6 of Count I of this Complaint as paragraphs 1 through 6 of Count III.
1. On January 26, 2021, the Department received information regarding Respondent's care and treatment of a minor, Patient L.P.
  2. From October 2014 to October 2020, Patient L.P. received continuous psychiatric care from Respondent. The patient's medical records contain about 29 documented progress notes. The patient did not receive IV therapy.
  3. On or about January 19, 2021, Patient L.P. presented at Lurie Childrens Hospitals after his parents were concerned with Respondent's treatment and/or diagnosis of memory fog, mold mitigation, and auto-immune encephalitis.
  4. Physicians cannot assume responsibility for delivery of patient care that the physician is not properly qualified or competent to render. 68 Ill. Admin. Code 1285.240(a)(1)(B).
  5. Respondent deviated from the accepted standards of care, ethics, and professionalism in his treatment of Patient L.P. for the following reasons:



- (a) Respondent provided psychiatric treatment and nutritional care to a developing child for about 6 years while only seeing the patient in person once.
  - (b) Respondent did not possess the required training, skills, and qualifications to treat and diagnose non-psychiatric conditions with reasonable competency, skill, safety, and efficacy.
  - (c) Respondent did not possess the required training, skills, and qualifications to provide nutritional guidance or primary care with reasonable competency, skill, safety, and efficacy.
  - (d) Respondent's medical records for the patient does not contain primary forms and/or adequate documentation of medical history, family medical history, social history, medication history, and treatment plans established by other physicians. Language disorder diagnosis suggested a special education or special needs child, a situation that Respondent did not follow-up correctly.
  - (e) There is no adequate documentation of clinical encounters. Medications were not properly reconciled in the medical records as well. Multiple providers appeared to have provided treatment or prescriptions, and the records do not properly reflect who saw the patient at Respondent's clinic. There is also lack of documented informed consent and assent from the patient and parents/guardians for psychiatric treatment of an infant and child.
  - (f) Respondent provided no discernible or acceptable clinical rationale for diagnosing and continuously treating the patient for a psychiatric condition.
6. The foregoing acts and/or omissions of Respondent are in violation of, and grounds for revocation, suspension, or other discipline of Respondent's Physician and Surgeon license pursuant to 225 ILCS 60/22(A); subsections (5), (10), (17), (26), (31), (33), (37), and (41); 68 Ill. Admin. Code 1285.240; 720 ILCS 570/304; and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL

REGULATION, by Brandon R. Thom, its Chief of Medical Prosecutions, prays that the Illinois Physician and Surgeon License of DONALD ROBERT RADEN, M.D., be suspended, revoked, or otherwise disciplined.

**COUNT IV**  
**(Care provided to a family member, M.R.)**

- 1-6. The Department hereby adopts and realleges paragraphs 1 through 6 of Count I of this Complaint as paragraphs 1 through 6 of Count IV.
7. At all times relevant herein, Patient M.R. was Respondent's wife.
8. From February 2015 to June 2022, Respondent issued or authorized prescriptions to M.R. for non-controlled medications and Clonazepam (brand name: Klonopin), a benzodiazepine classified as a Schedule IV controlled substance.
9. Respondent issued the referenced prescriptions to Patient M.R., without creating or keeping medical records during the usual course of his professional practice at his place of medical practice.
10. The foregoing acts and/or omissions of Respondent are in violation of, and grounds for revocation, suspension, or other discipline of Respondent's Physician and Surgeon license pursuant to 225 ILCS 60/22(A); subsections (5), (26), (37) and (41); 68 Ill. Admin. Code 1285.240; 720 ILCS 570/304; and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL REGULATION, by Brandon R. Thom, its Chief of Medical Prosecutions, prays that the Illinois

Physician and Surgeon License of DONALD ROBERT RADEN, M.D., be suspended, revoked, or otherwise disciplined.

**COUNT V**  
**(Care provided to a family member, D.M.)**

- 1-6. The Department hereby adopts and realleges paragraphs 1 through 6 of Count I of this Complaint as paragraphs 1 through 6 of Count V.
7. At all times relevant herein, Patient D.M. was Respondent's mother-in-law.
8. At all times relevant herein, Patient D.M. was Mara Raden's mother.
9. At all times relevant herein, Mara Raden had authorized access to patient files from Respondent as the co-owner or manager of Respondent's clinics.
10. At all times relevant herein, Respondent supervised Dr. Melissa Musec, who worked for him at his clinic.
11. From November 2013 to October 2022, Respondent issued or authorized prescriptions to D.M. for non-controlled medications and Alprazolam (brand name: Xanax), a benzodiazepine classified as a Schedule IV controlled substance.
12. From June 2022 to February 2023, Dr. Melissa Musec issued or authorized prescriptions to D.M. for non-controlled medications, and for Alprazolam and Clonazepam (brand name: Klonopin), both classified as a Schedule IV controlled substances.
13. Some of these controlled substance prescriptions issued by Dr. Musec were sent and filled in the states of New York and Florida.

14. Dr. Musec was not licensed to practice medicine or authorized to prescribe controlled substances in the states of New York or Florida at all times relevant herein.

15. The foregoing acts and/or omissions of Respondent are in violation of, and grounds for revocation, suspension, or other discipline of Respondent's Physician and Surgeon license pursuant to 225 ILCS 60/22(A); subsections (5), (26), (37) and (41); 68 Ill. Admin. Code 1285.240; 720 ILCS 570/304; and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL REGULATION, by Brandon R. Thom, its Chief of Medical Prosecutions, prays that the Illinois Physician and Surgeon License of DONALD ROBERT RADEN, M.D., be suspended, revoked, or otherwise disciplined.

**COUNT VI**  
**(Care provided to supervised staff)**

1-6. The Department hereby adopts and realleges paragraphs 1 through 6 of Count I of this Complaint as paragraphs 1 through 6 of Count VI.

7. At all times relevant herein, Patient L.O. was a psychologist that worked for Respondent at one or more of Respondent's clinics.

8. From March 2019 to October 2021, Respondent issued or authorized prescriptions to L.O. various for non-controlled medications and D-Amphetamine salt combo (brand name: Adderall), a stimulant classified as a Schedule II controlled substance.

9. The foregoing acts and/or omissions of Respondent are in violation of, and grounds for revocation, suspension, or other discipline of Respondent's Physician and Surgeon license

pursuant to 225 ILCS 60/22(A); subsections (5), (26), (37) and (41); 68 Ill. Admin. Code 1285.240; 720 ILCS 570/304; and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL REGULATION, by Brandon R. Thom, its Chief of Medical Prosecutions, prays that the Illinois Physician and Surgeon License of DONALD ROBERT RADEN, M.D., be suspended, revoked, or otherwise disciplined.

**COUNT VII**  
**(Treatment of patients with hormones)**

- 1-6. The Department hereby adopts and realleges paragraphs 1 through 6 of Count I of this Complaint as paragraphs 1 through 6 of Count VII.
7. From 2020 to 2022, Respondent prescribed testosterone to Patient J.K., Patient Z.S., and Patient M.W.
8. Respondent is not a board-certified or trained endocrinologist.
9. Respondent is not qualified to prescribe hormones or provide treatment with hormones as a board-certified psychiatrist.
10. A physician cannot assume responsibility for delivery of patient care that the physician is not properly qualified or competent to render. 68 Ill. Admin. Code 1285.240(a)(1)(B).
11. The foregoing acts and/or omissions of Respondent are in violation of, and grounds for revocation, suspension, or other discipline of Respondent's Physician and Surgeon license

pursuant to 225 ILCS 60/22(A); subsections (4) and (5), 68 Ill. Admin. Code 1285.240; and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL REGULATION, by Brandon R. Thom, its Chief of Medical Prosecutions, prays that the Illinois Physician and Surgeon License of DONALD ROBERT RADEN, M.D., be suspended, revoked, or otherwise disciplined.

**COUNT VIII**  
**(Aiding and abetting unauthorized practice of medicine)**

- 1-6. The Department hereby adopts and realleges paragraphs 1 through 6 of Count I of this Complaint as paragraphs 1 through 6 of Count VIII.
7. Respondent has registered before the Illinois Secretary of State various business entities with the purpose of providing medical services in the State of Illinois, including experimental treatment with IV therapies.
8. Mara Raden is registered as the manager, or has otherwise acted like a manager, director, owner, or co-owner of various of the business entities or clinics in which Respondent provides medical services.
9. Mara Raden publicly identifies as the Medical Director and co-owner of Respondent's clinics.
10. Medical Director is a commonly known as a leadership and management position within a clinical setting or hospital that is solely reserved for licensed physicians.

11. Mara Ivy Mahler (a.k.a. Mara Raden) is a non-physician pharmacist who is not licensed to practice medicine or prescribe drugs in the State of Illinois.
12. Respondent aided and abetted Mara Raden, Raden Wellness, and/or other unauthorized business entities in the unlicensed practice of a profession regulated under the Medical Practice Act.
13. As a licensed physician, Respondent has a legal duty to ensure that this his clinics meet the applicable licensing, credentialing, and legal requirements of the Department, the Office of the Secretary of State, the Medical Practice Act of 1987, the Business Corporation Act of 1983, and the Medical Corporation Act.
14. The foregoing acts and/or omissions of Respondent are in violation of, and grounds for revocation, suspension, or other discipline of Respondent's Physician and Surgeon license pursuant to 225 ILCS 60/22(A); subsections (5), (11), (14), (26), (31), and (32); 68 Ill. Admin. Code 1285.240; and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, DIVISION OF PROFESSIONAL REGULATION, by Brandon R. Thom, its Chief of Medical Prosecutions, prays that the Illinois Physician and Surgeon License of DONALD ROBERT RADEN, M.D., be suspended, revoked, or otherwise disciplined.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
SECRETARY MARIO TRETO, JR.

  
Chief of Medical Prosecutions Brandon R. Thom

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(225 ILCS 60/22) (from Ch. 111, par. 4400-22)  
(Section scheduled to be repealed on January 1, 2027)

Sec. 22. Disciplinary action.

(A) The Department may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as the Department may deem proper with regard to the license or permit of any person issued under this Act, including imposing fines not to exceed \$10,000 for each violation, upon any of the following grounds:

(1) (Blank).

(2) (Blank).

(3) A plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States of any crime that is a felony.

(4) Gross negligence in practice under this Act.

(5) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public.

(6) Obtaining any fee by fraud, deceit, or misrepresentation.

(7) Habitual or excessive use or abuse of drugs defined in law as controlled substances, of alcohol, or of any other substances which results in the inability to practice with reasonable judgment, skill, or safety.

(8) Practicing under a false or, except as provided by law, an assumed name.

(9) Fraud or misrepresentation in applying for, or procuring, a license under this Act or in connection with applying for renewal of a license under this Act.

(10) Making a false or misleading statement regarding their skill or the efficacy or value of the medicine, treatment, or remedy prescribed by them at their direction in the treatment of any disease or other condition of the body or mind.

(11) Allowing another person or organization to use their license, procured under this Act, to practice.

(12) Adverse action taken by another state or jurisdiction against a license or other authorization to practice as a medical doctor, doctor of osteopathy, doctor of osteopathic medicine, or doctor of chiropractic, a certified copy of the record of the action taken by the other state or jurisdiction being prima facie evidence thereof. This includes any adverse action taken by a State or federal agency that prohibits a medical doctor, doctor of osteopathy, doctor of osteopathic medicine, or doctor of

chiropractic from providing services to the agency's participants.

(13) Violation of any provision of this Act or of the Medical Practice Act prior to the repeal of that Act, or violation of the rules, or a final administrative action of the Secretary, after consideration of the recommendation of the Medical Board.

(14) Violation of the prohibition against fee splitting in Section 22.2 of this Act.

(15) A finding by the Medical Board that the registrant after having his or her license placed on probationary status or subjected to conditions or restrictions violated the terms of the probation or failed to comply with such terms or conditions.

(16) Abandonment of a patient.

(17) Prescribing, selling, administering, distributing, giving, or self-administering any drug classified as a controlled substance (designated product) or narcotic for other than medically accepted therapeutic purposes.

(18) Promotion of the sale of drugs, devices, appliances, or goods provided for a patient in such manner as to exploit the patient for financial gain of the physician.

(19) Offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any human condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the Department.

(20) Immoral conduct in the commission of any act including, but not limited to, commission of an act of sexual misconduct related to the licensee's practice.

(21) Willfully making or filing false records or reports in his or her practice as a physician, including, but not limited to, false records to support claims against the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

(22) Willful omission to file or record, or willfully impeding the filing or recording, or inducing another person to omit to file or record, medical reports as required by law, or willfully failing to report an instance of suspected abuse or neglect as required by law.

(23) Being named as a perpetrator in an indicated report by the Department of Children and Family Services under the Abused and Neglected Child Reporting Act, and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act.

(24) Solicitation of professional patronage by any corporation, agents, or persons, or profiting from those representing themselves to be agents of the licensee.

(25) Gross and willful and continued overcharging for professional services, including filing false statements for collection of fees for which services are not rendered, including, but not limited to, filing such false statements for collection of monies for services not rendered from the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

(26) A pattern of practice or other behavior which demonstrates incapacity or incompetence to practice under this Act.

(27) Mental illness or disability which results in

the inability to practice under this Act with reasonable judgment, skill, or safety.

(28) Physical illness, including, but not limited to, deterioration through the aging process, or loss of motor skill which results in a physician's inability to practice under this Act with reasonable judgment, skill, or safety.

(29) Cheating on or attempting to subvert the licensing examinations administered under this Act.

(30) Willfully or negligently violating the confidentiality between physician and patient except as required by law.

(31) The use of any false, fraudulent, or deceptive statement in any document connected with practice under this Act.

(32) Aiding and abetting an individual not licensed under this Act in the practice of a profession licensed under this Act.

(33) Violating State or federal laws or regulations relating to controlled substances, legend drugs, or ephedra as defined in the Ephedra Prohibition Act.

(34) Failure to report to the Department any adverse final action taken against them by another licensing jurisdiction (any other state or any territory of the United States or any foreign state or country), by any peer review body, by any health care institution, by any professional society or association related to practice under this Act, by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.

(35) Failure to report to the Department surrender of a license or authorization to practice as a medical doctor, a doctor of osteopathy, a doctor of osteopathic medicine, or doctor of chiropractic in another state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society, while under disciplinary investigation by any of those authorities or bodies, for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.

(36) Failure to report to the Department any adverse judgment, settlement, or award arising from a liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.

(37) Failure to provide copies of medical records as required by law.

(38) Failure to furnish the Department, its investigators or representatives, relevant information, legally requested by the Department after consultation with the Chief Medical Coordinator or the Deputy Medical Coordinator.

(39) Violating the Health Care Worker Self-Referral Act.

(40) (Blank).

(41) Failure to establish and maintain records of patient care and treatment as required by this law.

(42) Entering into an excessive number of written collaborative agreements with licensed advanced practice registered nurses resulting in an inability to adequately collaborate.

(43) Repeated failure to adequately collaborate with a licensed advanced practice registered nurse.

(44) Violating the Compassionate Use of Medical

Cannabis Program Act.

(45) Entering into an excessive number of written collaborative agreements with licensed prescribing psychologists resulting in an inability to adequately collaborate.

(46) Repeated failure to adequately collaborate with a licensed prescribing psychologist.

(47) Willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act.

(48) Being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act.

(49) Entering into an excessive number of written collaborative agreements with licensed physician assistants resulting in an inability to adequately collaborate.

(50) Repeated failure to adequately collaborate with a physician assistant.

Except for actions involving the ground numbered (26), all proceedings to suspend, revoke, place on probationary status, or take any other disciplinary action as the Department may deem proper, with regard to a license on any of the foregoing grounds, must be commenced within 5 years next after receipt by the Department of a complaint alleging the commission of or notice of the conviction order for any of the acts described herein. Except for the grounds numbered (8), (9), (26), and (29), no action shall be commenced more than 10 years after the date of the incident or act alleged to have violated this Section. For actions involving the ground numbered (26), a pattern of practice or other behavior includes all incidents alleged to be part of the pattern of practice or other behavior that occurred, or a report pursuant to Section 23 of this Act received, within the 10-year period preceding the filing of the complaint. In the event of the settlement of any claim or cause of action in favor of the claimant or the reduction to final judgment of any civil action in favor of the plaintiff, such claim, cause of action, or civil action being grounded on the allegation that a person licensed under this Act was negligent in providing care, the Department shall have an additional period of 2 years from the date of notification to the Department under Section 23 of this Act of such settlement or final judgment in which to investigate and commence formal disciplinary proceedings under Section 36 of this Act, except as otherwise provided by law. The time during which the holder of the license was outside the State of Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Department.

The entry of an order or judgment by any circuit court establishing that any person holding a license under this Act is a person in need of mental treatment operates as a suspension of that license. That person may resume his or her practice only upon the entry of a Departmental order based upon a finding by the Medical Board that the person has been determined to be recovered from mental illness by the court and upon the Medical Board's recommendation that the person be permitted to resume his or her practice.

The Department may refuse to issue or take disciplinary action concerning the license of any person who fails to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or

interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied as determined by the Illinois Department of Revenue.

The Department, upon the recommendation of the Medical Board, shall adopt rules which set forth standards to be used in determining:

- (a) when a person will be deemed sufficiently rehabilitated to warrant the public trust;
- (b) what constitutes dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public;
- (c) what constitutes immoral conduct in the commission of any act, including, but not limited to, commission of an act of sexual misconduct related to the licensee's practice; and
- (d) what constitutes gross negligence in the practice of medicine.

However, no such rule shall be admissible into evidence in any civil action except for review of a licensing or other disciplinary action under this Act.

In enforcing this Section, the Medical Board, upon a showing of a possible violation, may compel any individual who is licensed to practice under this Act or holds a permit to practice under this Act, or any individual who has applied for licensure or a permit pursuant to this Act, to submit to a mental or physical examination and evaluation, or both, which may include a substance abuse or sexual offender evaluation, as required by the Medical Board and at the expense of the Department. The Medical Board shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation, or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing. The Medical Board or the Department may order the examining physician or any member of the multidisciplinary team to provide to the Department or the Medical Board any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Medical Board or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the licensee, permit holder, or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee, permit holder, or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee, permit holder, or applicant ordered to undergo an

evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of any individual to submit to mental or physical examination and evaluation, or both, when directed, shall result in an automatic suspension, without hearing, until such time as the individual submits to the examination. If the Medical Board finds a physician unable to practice following an examination and evaluation because of the reasons set forth in this Section, the Medical Board shall require such physician to submit to care, counseling, or treatment by physicians, or other health care professionals, approved or designated by the Medical Board, as a condition for issued, continued, reinstated, or renewed licensure to practice. Any physician, whose license was granted pursuant to Section 9, 17, or 19 of this Act, or, continued, reinstated, renewed, disciplined, or supervised, subject to such terms, conditions, or restrictions who shall fail to comply with such terms, conditions, or restrictions, or to complete a required program of care, counseling, or treatment, as determined by the Chief Medical Coordinator or Deputy Medical Coordinators, shall be referred to the Secretary for a determination as to whether the licensee shall have his or her license suspended immediately, pending a hearing by the Medical Board. In instances in which the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Medical Board within 15 days after such suspension and completed without appreciable delay. The Medical Board shall have the authority to review the subject physician's record of treatment and counseling regarding the impairment, to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

An individual licensed under this Act, affected under this Section, shall be afforded an opportunity to demonstrate to the Medical Board that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

The Medical Board, in determining mental capacity of an individual licensed under this Act, shall consider the latest recommendations of the Federation of State Medical Boards.

The Department may promulgate rules for the imposition of fines in disciplinary cases, not to exceed \$10,000 for each violation of this Act. Fines may be imposed in conjunction with other forms of disciplinary action, but shall not be the exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury to a patient. Any funds collected from such fines shall be deposited in the Illinois State Medical Disciplinary Fund.

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine.

(B) The Department shall revoke the license or permit issued under this Act to practice medicine or a chiropractic physician who has been convicted a second time of committing any felony under the Illinois Controlled Substances Act or the Methamphetamine Control and Community Protection Act, or who has been convicted a second time of committing a Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A person whose license or permit is revoked under this subsection B shall be prohibited from practicing medicine or treating human ailments without the use of drugs and without operative surgery.

(C) The Department shall not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license or permit issued under this Act to practice medicine to a physician:

(1) based solely upon the recommendation of the physician to an eligible patient regarding, or prescription for, or treatment with, an investigational drug, biological product, or device;

(2) for experimental treatment for Lyme disease or other tick-borne diseases, including, but not limited to, the prescription of or treatment with long-term antibiotics;

(3) based solely upon the physician providing, authorizing, recommending, aiding, assisting, referring for, or otherwise participating in any health care service, so long as the care was not unlawful under the laws of this State, regardless of whether the patient was a resident of this State or another state; or

(4) based upon the physician's license being revoked or suspended, or the physician being otherwise disciplined by any other state, if that revocation, suspension, or other form of discipline was based solely on the physician violating another state's laws prohibiting the provision of, authorization of, recommendation of, aiding or assisting in, referring for, or participation in any health care service if that health care service as provided would not have been unlawful under the laws of this State and is consistent with the standards of conduct for the physician if it occurred in Illinois.

(D) (Blank).

(E) The conduct specified in subsection (C) shall not trigger reporting requirements under Section 23, constitute grounds for suspension under Section 25, or be included on the physician's profile required under Section 10 of the Patients' Right to Know Act.

(F) An applicant seeking licensure, certification, or authorization pursuant to this Act and who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that the action would have constituted professional misconduct in this State; however, nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of the applicant and making a determination regarding the licensure, certification, or authorization to practice a profession under this Act.

(G) The Department may adopt rules to implement the changes made by this amendatory Act of the 102nd General Assembly.

(Source: P.A. 102-20, eff. 1-1-22; 102-558, eff. 8-20-21; 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23; 103-442, eff. 1-1-24.)

**42 Ill. Reg. 12978**

Volume 42, Issue 27, July 6, 2018

## NOTICE OF ADOPTED AMENDMENT

**Reporter**

42 Ill. Reg. 12978 \*

**2018** > **IL - Illinois Register** > **2018** > **July** > **July 6,**  
 > **DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**

**Notice**

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Added: **Text highlighted in green****Agency**

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DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

**Administrative Code Citation**

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[68 Ill. Adm. Code 1285](#)**Text**

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1) Heading of the Part: Medical Practice Act of 1987

2) Code Citation: [68 Ill. Adm. Code 1285](#)

3)	Section Number:	Adopted Action:
	1285.240	Amendment

4) Statutory Authority: Implementing the Medical Practice Act of 1987 [225 ILCS 60] and the Patients' Right to Know Act [225 ILCS 61] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

5) Effective Date of Rule: July 6, 2018

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes. Please see Section 1285.240(a)(3).

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.



- 9) Date Notice of Proposal published in the Illinois Register: 41 Ill. Reg. 14870; December 8, 2017
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: There are no differences between the proposed version and the adopted version of this rule.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? None were made.
- 13) Will this rulemaking replace any emergency rule currently in effect? No
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The Executive Order establishing the Governor's Opioid Prevention and Intervention Task Office, mandates IDFPR to establish opioid **[\*12979]** prescribing guidelines. This rule is consistent with the efforts of the agencies in the State of Illinois in addressing the opioid epidemic. This will promote the effective treatment and recovery of individuals with opioid use disorder.
- 16) Information and questions regarding this adopted rule shall be directed to:

Department of Financial and Professional Regulation

Attention: Craig Cellini

320 West Washington, 3rd Floor

Springfield IL 62786

217/785-0813

fax: 217/557-4451

**[\*12980]**

## Regulations

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### **TITLE 68: PROFESSIONS AND OCCUPATIONS**

#### **CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**

#### **SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS**

#### **PART 1285 MEDICAL PRACTICE ACT OF 1987**

#### **SUBPART A: MEDICAL LICENSING, RENEWAL AND RESTORATION PROCEDURE**

##### Section

- 1285.20** Six Year Post-Secondary Programs of Medical Education
- 1285.30** Programs of Chiropractic Education
- 1285.40** Approved Postgraduate Clinical Training Programs
- 1285.50** Application for Examination
- 1285.60** Examinations
- 1285.70** Application for a License on the Basis of Examination
- 1285.80** Licensure by Endorsement

- 1285.90 Temporary Licenses
- 1285.91 Visiting Resident Permits
- 1285.95 Professional Capacity Standards for Applicants Having Graduated More Than 2 Years Prior to Application
- 1285.100 Visiting Professor Permits
- 1285.101 Visiting Physician Permits
- 1285.105 Chiropractic Physician Preceptorship (Repealed)
- 1285.110 Continuing Medical Education (CME)
- 1285.120 Renewals
- 1285.130 Restoration and Inactive Status
- 1285.140 Granting Variances

**SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS**

## Section

- 1285.200 Medical Disciplinary Board
- 1285.205 Complaint Committee
- 1285.210 The Medical Coordinator
- 1285.215 Complaint Handling Procedure
- 1285.220 Informal Conferences
- [\*12981] 1285.225 Consent Orders
- 1285.230 Summary Suspension
- 1285.235 Mandatory Reporting of Impaired Physicians by Health Care Institutions
- 1285.240 Standards
- 1285.245 Advertising
- 1285.250 Monitoring of Probation and Other Discipline and Notification
- 1285.255 Rehabilitation
- 1285.260 Fines
- 1285.265 Subpoena Process of Medical and Hospital Records
- 1285.270 Inspection of Physical Premises
- 1285.275 Failing to Furnish Information
- 1285.280 Mandatory Reporting of Persons Engaged in Post-Graduate Clinical Training Programs

**SUBPART C: GENERAL INFORMATION**

## Section

- 1285.305 Physician Profiles
- 1285.310 Public Access to Records and Meetings
- 1285.320 Response to Hospital Inquiries
- 1285.330 Rules of Evidence
- 1285.335 Physician Delegation of Authority

**1285.336** Use of Lasers**1285.340** Anesthesia Services in an Office Setting

**AUTHORITY:** Implementing the Medical Practice Act of 1987 [225 ILCS 60] and the Patients' Right to Know Act [225 ILCS 61] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

**SOURCE:** Adopted at 13 Ill. Reg. 483, effective December 29, 1988; emergency amendment at 13 Ill. Reg. 651, effective January 1, 1989, for a maximum of 150 days; emergency expired May 31, 1989; amended at 13 Ill. Reg. 10613, effective June 16, 1989; amended at 13 Ill. Reg. 10925, effective June 21, 1989; emergency amendment at 15 Ill. Reg. 7785, effective April 30, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 13365, effective September 3, 1991; amended at 15 Ill. Reg. 17724, effective November 26, 1991; amended at 17 Ill. Reg. 17191, effective September 27, 1993; expedited correction at 18 Ill. Reg. 312, effective September 27, 1993; amended at 20 Ill. Reg. 7888, effective May 30, 1996; amended at 22 Ill. Reg. 6985, effective April 6, 1998; amended at 22 Ill. Reg. 10580, effective June 1, 1998; amended at 24 Ill. Reg. [\*12982] 3620, effective February 15, 2000; amended at 24 Ill. Reg. 8348, effective June 5, 2000; amended at 26 Ill. Reg. 7243, effective April 26, 2002; amended at 28 Ill. Reg. 5857, effective March 29, 2004; amended at 29 Ill. Reg. 18823, effective November 4, 2005; amended at 31 Ill. Reg. 14069, effective September 24, 2007; amended at 33 Ill. Reg. 4971, effective March 19, 2009; emergency amendment at 35 Ill. Reg. 14564, effective August 12, 2011, for a maximum of 150 days; amended at 35 Ill. Reg. 19500, effective November 17, 2011; amended at 38 Ill. Reg. 15972, effective August 1, 2014; amended at 40 Ill. Reg. 3503, effective March 4, 2016; amended at 42 Ill. Reg. 12978, effective July 6, 2018.

**SUBPART B: MEDICAL DISCIPLINARY PROCEEDINGS****Section 1285.240** Standards**a)** Dishonorable, Unethical or Unprofessional Conduct

**1)** In determining what constitutes dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, the Disciplinary Board shall consider whether the questioned activities:

- A)** Are violative of ethical standards of the profession (such as safeguard patient confidence and records within the constraints of law; respect the rights of patients, colleagues and other health professionals; observe laws under the Act and pertaining to any relevant specialty; to provide service with compassion and respect for human dignity);
- B)** Constitute a breach of the physician's responsibility to a patient;
- C)** Resulted in assumption by the physician of responsibility for delivery of patient care that the physician was not properly qualified or competent to render;
- D)** Resulted in a delegation of responsibility for delivery of patient care to persons who were not properly supervised or who were not competent to assume such responsibility;
- E)** Caused actual harm to any member of the public; or
- [\*12983] F)** Are reasonably likely to cause harm to any member of the public in the future.

**2)** Questionable activities include, but are not limited to:

- A)** Being convicted of any crime an essential element of which is larceny, embezzlement, obtaining money, property or credit by false pretenses or by means of a confidence game, dishonesty, fraud, misstatement or moral turpitude;
- B)** Delegating patient care responsibility to any individual when the physician has reason to believe that the person may not be competent;
- C)** Misrepresenting educational background, training, credentials, competence, or medical staff memberships;

- D) Failing to properly supervise subordinate health professional and paraprofessional staff under the licensee's supervision and control in patient care responsibilities; or
- E) Committing of any other act or omission that breaches the physician's responsibility to a patient according to accepted medical standards of practice.

**3) THE DIVISION HEREBY INCORPORATES BY REFERENCE THE "MODEL POLICY ON THE USE OF OPIOID ANALGESICS IN THE TREATMENT OF CHRONIC PAIN", FEDERATION OF STATE MEDICAL BOARDS, APRIL 2017, 400 FULLER WISER ROAD, SUITE 300, EULESS TX 76039. NO LATER AMENDMENTS OR EDITIONS ARE INCLUDED.**

**b) Immoral Conduct**

- 1) Immoral conduct in the commission of any act related to the licensee's practice means conduct that:
  - A) Demonstrates moral indifference to the opinions of the good and respectable members of the profession;
  - [\*12984]** B) Is inimical to the public welfare;
  - C) Abuses the physician/patient relationship by taking unfair advantage of a patient's vulnerability; and
  - D) Is committed in the course of the practice of medicine.
- 2) In determining immoral conduct in the commission of any act related to the licensee's practice, the Disciplinary Board shall consider, but not be limited to, the following standards:
  - A) Taking advantage of a patient's vulnerability by committing an act that violates established codes of professional behavior expected on the part of a physician;
  - B) Unethical conduct with a patient that results in the patient engaging in unwanted personal, financial or sexual relationships with the physician;
  - C) Conducting human experimentation or utilizing unproven drugs, medicine, surgery or equipment to treat patients, except as authorized for use in an approved research program pursuant to rules of the Illinois Department of Public Health authorizing research programs ( [77 Ill. Adm. Code 250.130](#)) or as otherwise expressly authorized by law;
  - D) Committing an act, in the practice of persons licensed under the Act, of a flagrant, glaringly obvious nature, that constitutes conduct of such a distasteful nature that accepted codes of behavior or codes of ethics are breached;
  - E) Committing an act in a relationship with a patient so as to violate common standards of decency or propriety; or
  - F) Any other behavior that violates established codes of physician behavior or that violates established ethical principles commonly associated with the practice of medicine.

**[\*12985]** c) In determining what constitutes gross negligence, the Disciplinary Board shall consider gross negligence to be an act or omission that is evidence of recklessness or carelessness toward or a disregard for the safety or well-being of the patient, and that results in injury to the patient.

(Source: Amended at 42 Ill. Reg. 12978, effective July 6, 2018)

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(720 ILCS 570/304) (from Ch. 56 1/2, par. 1304)

Sec. 304. (a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance or purchase, store, or administer euthanasia drugs may be denied, refused renewal, suspended, or revoked by the Department of Financial and Professional Regulation, and a fine of no more than \$10,000 per violation may be imposed on the applicant or registrant, upon a finding that the applicant or registrant:

(1) has furnished any false or fraudulent material information in any application filed under this Act; or

(2) has been convicted of a felony under any law of the United States or any State relating to any controlled substance; or

(3) has had suspended or revoked his or her Federal registration to manufacture, distribute, or dispense controlled substances or purchase, store, or administer euthanasia drugs; or

(4) has been convicted of bribery, perjury, or other infamous crime under the laws of the United States or of any State; or

(5) has violated any provision of this Act or any rules promulgated hereunder, or any provision of the Methamphetamine Precursor Control Act or rules promulgated thereunder, whether or not he or she has been convicted of such violation; or

(6) has failed to provide effective controls against the diversion of controlled substances in other than legitimate medical, scientific or industrial channels.

(b) The Department of Financial and Professional Regulation may limit revocation or suspension of a registration to the particular controlled substance with respect to which grounds for revocation or suspension exist.

(c) The Department of Financial and Professional Regulation shall promptly notify the Administration, the Department and the Illinois State Police or their successor agencies, of all orders denying, suspending or revoking registration, all forfeitures of controlled substances, and all final court dispositions, if any, of such denials, suspensions, revocations or forfeitures.

(d) If Federal registration of any registrant is suspended, revoked, refused renewal or refused issuance, then the Department of Financial and Professional Regulation shall issue a notice and conduct a hearing in accordance with Section 305 of this Act.

(Source: P.A. 97-334, eff. 1-1-12; 97-813, eff. 7-13-12.)

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(20 ILCS 2105/2105-130)

Sec. 2105-130. Determination of disciplinary sanctions.

(a) Following disciplinary proceedings as authorized in any licensing Act administered by the Department, upon a finding by the Department that a person has committed a violation of the licensing Act with regard to licenses, certificates, or authorities of persons exercising the respective professions, trades, or occupations, the Department may revoke, suspend, refuse to renew, place on probationary status, fine, or take any other disciplinary action as authorized in the licensing Act with regard to those licenses, certificates, or authorities. When making a determination of the appropriate disciplinary sanction to be imposed, the Department shall consider only evidence contained in the record. The Department shall consider any aggravating or mitigating factors contained in the record when determining the appropriate disciplinary sanction to be imposed.

(b) When making a determination of the appropriate disciplinary sanction to be imposed on a licensee, the Department shall consider, but is not limited to, the following aggravating factors contained in the record:

- (1) the seriousness of the offenses;
- (2) the presence of multiple offenses;
- (3) prior disciplinary history, including actions taken by other agencies in this State, by other states or jurisdictions, hospitals, health care facilities, residency programs, employers, or professional liability insurance companies or by any of the armed forces of the United States or any state;
- (4) the impact of the offenses on any injured party;
- (5) the vulnerability of any injured party, including, but not limited to, consideration of the injured party's age, disability, or mental illness;
- (6) the motive for the offenses;
- (7) the lack of contrition for the offenses;
- (8) financial gain as a result of committing the offenses; and
- (9) the lack of cooperation with the Department or other investigative authorities.

(c) When making a determination of the appropriate disciplinary sanction to be imposed on a licensee, the Department shall consider, but is not limited to, the following mitigating factors contained in the record:

- (1) the lack of prior disciplinary action by the Department or by other agencies in this State, by other states or jurisdictions, hospitals, health care facilities, residency programs, employers, insurance providers, or by any of the armed forces of the United States or any state;

- (2) contrition for the offenses;
  - (3) cooperation with the Department or other investigative authorities;
  - (4) restitution to injured parties;
  - (5) whether the misconduct was self-reported; and
  - (6) any voluntary remedial actions taken.
- (Source: P.A. 100-286, eff. 1-1-18.)