

**BEFORE THE MINNESOTA
BOARD OF CHIROPRACTIC EXAMINERS**

In the Matter of
Adiel Tel-Oren, D.C.

License No. 2853

**STIPULATION AND ORDER
FOR VOLUNTARY
SURRENDER**

STIPULATION

Adiel Tel-Oren, D.C. (“Respondent”), and the Complaint Review Panel (“Review Panel”) for the Minnesota Board of Chiropractic Examiners agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Chiropractic Examiners (“Board”) is authorized pursuant to Minnesota Statutes sections 148.01 to 148.108 (2008), to license and regulate chiropractors and to take disciplinary action as appropriate.

2. Respondent holds a license from the Board to practice chiropractic in the State of Minnesota and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Order.

II.

CONFERENCE

3. On October 23, 2008, Respondent and his attorney, Todd Crabtree, Crabtree Law Firm, P.A., 610 North Main Street, Suite 300, Stillwater, Minnesota 55082, appeared before the Review Panel to discuss allegations made in an Amended Notice of Conference served on October 1, 2008. The Review Panel was represented by Careen H. Martin, Assistant Attorney General.

III.

FACTS

4. The parties agree this Stipulation and Consent Order is based upon the following facts:

a. Respondent was first licensed by the Board to practice chiropractic in Minnesota on January 12, 1991.

b. Respondent did not keep written chiropractic records justifying chiropractic treatment for the following patients. Respondent claims he primarily provides nutritional counseling, which he is duly licensed to perform as a Licensed Nutritionist in the State of Minnesota, and Respondent claims all these patients were primarily nutritional, not chiropractic patients:

i. On February 16, 2006, Respondent began treating Patient #1. The intake form for Patient #1 indicates the purpose of Patient # 1's visit to Respondent was depression, lack of interest, and anxiety. The intake form indicates Patient #1 was on numerous psychiatric medications and has a history of suicide ideation. The patient record does not include a chiropractic examination to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

ii. On June 14, 2006, Respondent began treating Patient #2. The intake form for Patient #2 indicates the purpose of Patient #2's visit to Respondent was consultation regarding amalgam removal, detoxification, and family planning. The patient record does not include a chiropractic examination to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

iii. On September 9, 2006, Respondent began treating Patient #3. The intake form for Patient #3 indicates the purpose of Patient #3's visit to Respondent was recurrent yeast infections. Respondent provided a few physical chiropractic tests on Patient #3, but the purpose of the tests is not evident in the patient record. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

iv. On May 30, 2007, Respondent began treating patient Patient #4. The intake form for Patient #4 indicates the purpose of Patient #4's visit to Respondent was digestive issues, mercury in the mouth, back pain, and knee pain. Respondent conducted a few physical chiropractic tests on Patient #4, but the purpose of the tests is not evident in the patient record. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

v. On July 11, 2007, Respondent began treating patient Patient #5. The intake form for Patient #5 indicates the purpose of Patient #5's visit to Respondent was digestive issues, painful menses, and anxiety/phobia. Respondent conducted a few physical chiropractic tests on Patient #5, but the purpose of the tests is not evident in the patient record. Patient #5 indicated she has a scoliosis, however, nothing in the patient record demonstrates any attempt by Respondent to evaluate the scoliosis. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

vi. On August 22, 2007, Respondent began treating Patient #6. The intake form for Patient #6 indicates the purpose of Patient #6's visit to Respondent was juvenile rheumatoid arthritis and knee/hip replacement. Respondent conducted a limited chiropractic examination, including a very few physical tests, but the purpose of the tests is not evident in the patient record. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

vii. On January 23, 2008, Respondent began treating patient Patient #7. The intake form for Patient #7 indicates the purpose of Patient #7's visit to Respondent was knee pain. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

viii. On February 6, 2008, Respondent began treating patient Patient #8. The intake form for Patient #8 indicates the purpose of Patient #8's visit to Respondent was fatigue. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

ix. On March 28, 2008, Respondent began treating Patient #9. The intake form for Patient #9 indicates the purpose of Patient #9's visit to Respondent was improve health, non-Hodgkin's lymphoma in remission. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

x. On July 4, 2008, Respondent began treating Patient #10. The intake form for Patient #10 indicates the purpose of Patient #10's visit to Respondent was general poor health, fatigue, irritability, and achiness. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

xi. On December 26, 2005, Respondent first began treating Patient #11. The intake form indicates the purpose of Patient #11's visit to Respondent was treatment for schizoaffective disorder. The patient record does not include a chiropractic examination sufficient to determine a preliminary chiropractic diagnosis, daily notes to justify chiropractic care, or chiropractic diagnosis supported by subjective or objective findings.

c. Patient #11 had four consultations with Respondent, the last one occurring June 14, 2006. On July 28, 2006, Respondent sent an email to Patient #11 stating, "I believe that your overall health has been enhanced without compromising your mental integrity, as you have reported to me a few months ago." The patient record does not include any results of reexaminations that were performed to evaluate changes in Patient #11's condition, nor did Respondent speak to Patient #11 or reexamine Patient #11 prior to opining that Patient #11's health was enhanced without compromising his mental integrity.

Respondent claims his opinion was based on Patient #11's report during the June 14 consultation and Patient #11's subsequent emails to Respondent during July and August. Respondent was scheduled to see Patient #11 at the end of September 2006 for a routine follow-up, but Patient #11 did not keep the appointment. Patient #11 suffered decompensated mental health, for which he was hospitalized in late fall 2006. Respondent claims he had no knowledge of Patient #11's medical condition during the end of August, September, and October of 2006.

d. In a written response to the Amended Notice of Conference and at the Conference with the Complaint Panel, Respondent stated he did not treat or diagnose Patient #11's schizoaffective disorder, but treated Patient #11 nutritionally and ordered laboratory tests for Patient #11 under his chiropractic license.

e. Respondent and Patient #12 first met at Respondent's restaurant in February 2007. According to Respondent, they were immediately attracted to each other, but at the time Patient #12 was residing with a boyfriend in a home they purchased together. Patient #12 met Respondent several times before she began chiropractic treatment with Respondent. Patient #12 and Respondent became friends and Patient #12 spoke to Respondent regarding her health concerns before she decided to seek treatments from Respondent. In June 2008, Respondent first began treating Patient #12 for chronic muscle and/or joint pain. According to Respondent, after the second visit, Patient #12 told Respondent she was breaking up with her boyfriend, she was about to move out of their shared home, and she had been romantically interested in Respondent during the previous 17 months. Respondent treated Patient #12 on four occasions and at the end of the fourth appointment Respondent and Patient #12 engaged in romantic hugging. Respondent asserts he immediately terminated the doctor-patient relationship in the presence of his office manager, after which Respondent and Patient #12 began a personal and sexual relationship, contemplating marriage and children. On September 1, 2008, Patient #12 moved into Respondent's apartment. The relationship between Respondent and Patient #12 ended in December 2008.

IV.

LAWS

5. The Review Panel concludes the conduct described in section III above constitutes a violation of Minnesota Statutes section 148.10, subd. 1(a)(10), (11), (18) and 1(e)(2), and Minnesota Rules 2500.5000 and 2500.6050 for purposes of this Stipulation and Order, and authorizes the Board to take disciplinary action against Respondent's license. Respondent acknowledges this conduct constitutes violations if proven by the Complaint Panel, and agrees to enter into this Stipulation and Order for purposes of settlement.

V.

ACTION

The parties agree the Board may take the following action and require compliance with the following terms:

A. Voluntary Surrender

6. The Board accepts Respondent's **VOLUNTARY SURRENDER** of his license to practice chiropractic in Minnesota. Respondent shall not engage in any act which constitutes the practice of chiropractic as defined in Minnesota Statutes section 148.01 to 148.108 and Minnesota Rules 2500.0100 to 2500.6050, and shall not imply by words, advertising, or any other conduct that Respondent is authorized to practice chiropractic in Minnesota.

7. Respondent shall surrender to the Board his chiropractic license. Respondent shall personally deliver or mail the license to the Minnesota Board of Chiropractic Examiners, c/o Dr. Larry Spicer, Executive Director, 2829 University Avenue S.E., Suite 300, Minneapolis, Minnesota 55414, within ten days of the date of this Order.

B. Reinstatement

8. Respondent states he has no desire to practice chiropractic in Minnesota. However, Respondent may petition for reinstatement of his license to practice chiropractic. Respondent's petition for reinstatement shall address whether Respondent is capable of practicing chiropractic in a fit and competent manner. If Respondent's petition for reinstatement demonstrates by a preponderance of the evidence that he is capable of practicing chiropractic in a fit and competent manner, the Complaint Panel may meet with Respondent to ensure competence and set the terms of reinstatement.

9. The Board may, at any regularly scheduled meeting following Respondent's petition for reinstatement pursuant to paragraph V.B above, take any of the following actions:

- a. Issue a chiropractic license to Respondent;
- b. Issue a chiropractic license to Respondent with limitations upon the scope of Respondent's practice and/or with conditions for Respondent's practice; or
- c. Deny Respondent's request for issuance of a chiropractic license based upon his failure to meet the burden of proof.

VI.

CONSEQUENCES FOR NONCOMPLIANCE

10. If Respondent engages in any act which constitutes the practice of chiropractic as defined in Minnesota Statutes section 148.01 to 148.108 or Minnesota Rules 2500.0100 to 2500.6050, or implies by words, advertising, or any other conduct that Respondent is authorized to practice chiropractic, the Board may in its discretion pursue additional remedy, including bringing an action in district court for injunctive relief pursuant to Minnesota Statutes section 214.11.

VII.

ADDITIONAL INFORMATION

11. Respondent waives the contested case hearing and all other procedures before the Board to which Respondent may be entitled under the Minnesota and United States constitutions, statutes, or rules.

12. Respondent waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Order, which may otherwise be available to Respondent.

13. This Stipulation and Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

14. Either party may seek enforcement of this Stipulation and Order in any appropriate civil court.

15. Respondent has read, understands, and agrees to this Stipulation and Order and has voluntarily signed the Stipulation and Order. Respondent chooses to represent himself for purposes of this Stipulation and Order, but was informed he may be represented by counsel if he so desires. Respondent knowingly and voluntarily waived his right to be represented by counsel. Respondent is aware this Stipulation and Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Respondent, the Stipulation and Order will take effect and the order as modified will be issued. If the changes are unacceptable to Respondent or the Board rejects the Stipulation and Order, it will be of no effect except as specified in the following paragraph.

16. Respondent agrees that if the Board rejects this Stipulation and Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Order or of any records relating to it.

VIII.


DATA PRACTICES NOTICES

17. This Stipulation and Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5 (2008). Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While

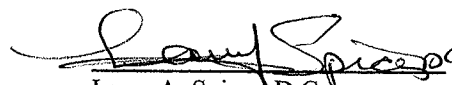
this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed health professional, and as such, is classified as confidential data pursuant to Minnesota Statutes section 13.41, subdivision 4 (2008).

18. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

For the Complaint Panel:


Adiel Tel-Oren, D.C.
Respondent

Dated: March 19, 2009

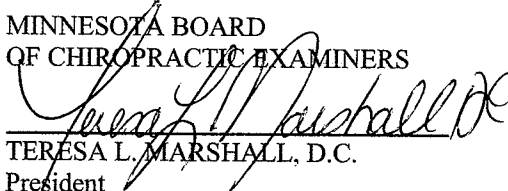

Larry A. Spicer, D.C.
Executive Director

Dated: April 9, 2009

ORDER

Upon consideration of the Stipulation, the Board accepts the **VOLUNTARY SURRENDER** of Respondent's license, and adopts all of the terms described above on this 9th day of April, 2009.

MINNESOTA BOARD
OF CHIROPRACTIC EXAMINERS


TERESA L. MARSHALL, D.C.
President