

STATE OF RHODE ISLAND

**DEPARTMENT OF HEALTH
DIVISION OF HEALTHCARE QUALITY AND SAFETY
CENTER FOR PROFESSIONAL BOARDS AND LICENSING
BOARD OF PHYSICAL THERAPY**

IN THE MATTER OF: MEGAN CHOUINARD

LICENSEE NO.: PTA01291

COMPLAINT ID #: C24-0115A

CONSENT ORDER

Pursuant to R. I. Gen. Laws §§ 5-40-1 *et seq.* (Physical Therapy Statute) and 216-RICR-40-05-13 (Physical Therapy Regulations), the Physical Therapy Board (the “Board”) has investigated Complaint No. C23-0341 (the “Complaint”) alleging Megan Chouinard (“Respondent”) violated the Physical Therapy Statute and the American Physical Therapy Association (APTA) Code of Ethics (2010), incorporated by reference in the Physical Therapy Regulations.

After review and consideration by the Board with respect to the allegations of unprofessional conduct of Respondent, the following are and shall constitute

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. That Respondent is a Physical Therapist Assistant licensed to practice in the State of Rhode Island under Physical Therapist Assistant, License Number PTA01291.
2. That on or about January 8, 2024, Respondent made and filed billing reports for patients she did not treat on that day.
3. That the conduct described in the Complaint and in Paragraph 2 above constitutes unprofessional conduct pursuant to the Physical Therapy Statute, the Physical Therapy Regulations, and the APTA Code of Ethics (2010) because the Respondent filed false reports in the practice of Physical Therapy.
4. That Respondent admits to the jurisdiction of the Board and hereby agrees to remain under the jurisdiction of the Board.
5. That Respondent has read this Consent Order and understands this Consent Order shall become binding once signed by Respondent and the Board.
6. That Respondent understands the purpose of this Consent Order is solely to resolve the Complaint.

7. That Respondent hereby acknowledges and waives:
 - a) The right to have an administrative hearing on this matter;
 - b) The right to represent oneself or be represented by an attorney of Respondent's own choosing at said hearing;
 - c) The right to present testimony, evidence and witnesses on Respondent's behalf;
 - d) The right to cross-examine witnesses presented by the Board;
 - e) The right to further procedural steps except for those specifically contained herein;
 - f) The right to take an appeal from the terms of this Consent Order; and
 - g) Any objection that this Consent Order will (i) be reported to the National Practitioner Data Bank, (ii) become a permanent part of Respondent's record maintained by RIDOH and a part of the public record of this proceeding, or (iii) be posted on RIDOH's public website.

ACCORDINGLY AND BASED ON THE FOREGOING

The Board and Respondent hereby agree to the following disposition of this Complaint:


9. Respondent is hereby issued the sanction of a Probation, starting the day this Consent Order is last executed (the "Effective Date").
 - a) Commencing with the Effective Date: Respondent's Physical Therapist Assistant license will be subject to 3 years period of probation and Respondent's license shall reflect the status "Active Probation." Respondent may apply for release from Probation after having served 2 years of Probation.
 - b) The probationary period will abate for the duration of any period in which Respondent ceases to be employed as a Physical Therapist Assistant.
 - c) Respondent will notify the RI Department of Health (RIDOH) of any lapse in employment and the probation period will be extended until the required employment as a Physical Therapist Assistant is completed.
 - d) Respondent must provide RIDOH with the name and address of the new employer(s) and the reason for said change.
 - e) Respondent shall complete 6 hours of continuing education on the topics of Ethics and Billing conducted in person or with live access to the presenter. Respondent shall submit evidence to RIDOH via DOH.PRCCompliance@health.ri.gov that 6 hours of continuing education have been completed no later than 3 months after the Effective Date.
 - f) Respondent must assure that his Employment Supervisor ('Supervisor') provides a monthly attestation, in a form acceptable to RIDOH, that Respondent's billing statements are accurate.
 - g) Respondent must obtain a Clinical Peer Supervisor ('Peer Supervisor'), approved by RIDOH, and assure that Peer Supervisor provides monthly reports, in a form acceptable to RIDOH.
 - h) Respondent must see a Psychotherapist ('Therapist'), approved by RIDOH, at least monthly, for at least 6 months of Probation following the Effective Date. Respondent must assure that monthly reports, in a form acceptable to RIDOH, be submitted by the Therapist.
 - i) Any monthly reports required above must be submitted to RIDOH via DOH.PRCCompliance@health.ri.gov by the 15th of the following month. When Respondent complies with the laws and regulations governing the practice of Physical Therapist Assistant

during the period of probation and with the requirements of this Consent Order, Respondent may apply to RIDOH for an unrestricted license to practice as a Physical Therapist Assistant.

- j) Respondent shall abide by all legal requirements provided in R. I. Gen. Laws §§ 5-40-1 *et seq.* (Physical Therapy Statute) and 216-RICR-40-05-13 (Physical Therapy Regulations).

10. Respondent acknowledges that:

- a) This Consent Order is an agreement between Respondent and the Board;
- b) The Board is relying upon Respondent's compliance with these terms and conditions as an inducement to enter into this Consent Order; and
- c) Any violation of, or failure to adhere to, the terms of this Consent Order shall constitute unprofessional conduct and grounds for immediate discipline on the underlying violation. It shall subject Respondent to further disciplinary action at the discretion of the Board, including but not limited to Suspension or Revocation.



MEGAN CHOUINARD
LICENSEE NO.: PTA01291



WENDY BALTZER FOX
CHAIR, BOARD OF PHYSICAL THERAPY

Date Signed:

5/13/2024

Date Signed:

5.28.24