

1 were prescribed; however, the dosages and intervals were not specified. There was no
2 urine drug test obtained.

3 6. By June of 2008, MR had no change in his symptoms or exam. Respondent
4 documented that the current medications were refilled and did not specify the medication,
5 dose or dosing intervals. There was no urine drug test obtained. Respondent's progress
6 notes of the next six office visits were identical and there was no urine drug test obtained.

7 7. In June of 2009, Respondent documented an office visit with similar notes
8 from prior visits, but included two additional sentences. MR reported that several years
9 ago he was prescribed Ritalin and that it helped his overall energy level. He requested a
10 re-trial of the medication. Unspecified fatigue was added to Respondent's list of diagnoses
11 and there was no documentation of the dose or dosing interval of Ritalin. No urine drug
12 test was done at this visit.

13 8. Respondent's medical record for the remaining ten visits returned to an
14 identical copy of the previous notes that did not list medication doses, dosing intervals, or
15 the current medications being refilled. Additionally, there were no urine drug tests
16 performed. In August of 2010, Respondent noted that MR reported symptoms consistent
17 with low testosterone. Respondent added decreased testosterone to the assessment.
18 There were no labs ordered to measure MR's testosterone levels and Androgel was
19 dispensed.

20 9. The Medical Consultant (MC) found that Respondent prescribed controlled
21 substances including Percocet, Ritalin, Ambien and Androgel to MR over the course of
22 four years in the absence of past medical record review, updated imaging or other
23 diagnostic testing to substantiate the appropriateness of the prescribing. The MC found
24 that the office notes were copies of each other, with no information regarding medications,
25 dosages, or monitoring for compliance. The MC observed that frequent early refills of

1 Percocet, and doubling of Percocet and Ritalin quantities in August of 2011 were noted on
2 the pharmacy survey and Respondent failed to address this anywhere in the medical
3 records.

4 10. The standard of care when prescribing long term controlled substances
5 requires a PA to review past medical records and to adequately monitor for compliance.

6 11. Respondent deviated from the standard of care by prescribing long term
7 controlled substances in the absence of review of past medical records and in the absence
8 of adequate monitoring for compliance.

9 12. The standard of care when prescribing controlled substances requires a PA
10 to perform an adequate work up or consider a multidisciplinary approach.

11 13. Respondent deviated from the standard of care by prescribing controlled
12 substances in the absence of adequate work up or consideration of a multidisciplinary
13 approach.

14 14. The standard of care requires a PA to maintain adequate medical records.

15 15. Respondent deviated from the standard of care by failing to maintain
16 adequate medical records.

17 16. The potential harm of prescribing long term controlled substances in the
18 absence of review of past medical records and in the absence of adequate monitoring for
19 compliance includes abuse, addiction, diversion, accidental overdose, and death.

20 17. The potential harm of prescribing controlled substances in the absence of
21 adequate work up or consideration of multidisciplinary approach includes failure to
22 properly diagnose and treat the underlying condition causing the symptoms.

23 18. The potential harm of inadequate medical records includes inability of a
24 subsequent provider to identify the treatment plan and adequately take over care.

25

1 e. In the event Respondent should leave Arizona to reside or perform health
2 care tasks outside the State or for any reason should Respondent stop performing
3 health care tasks in Arizona, Respondent shall notify the Executive Director in
4 writing within ten days of departure and return or the dates of non-performance
5 within Arizona. Non-performance is defined as any period of time exceeding thirty
6 days during which Respondent is not engaging in the performance of health care
7 tasks. Periods of temporary or permanent residence or performance of health care
8 tasks outside Arizona or of non-performance of health care tasks within Arizona,
9 will not apply to the reduction of the probationary period:

10
11 DATED AND EFFECTIVE this 28TH day of FEBRUARY, 2012.

12
13 ARIZONA REGULATORY BOARD OF
14 PHYSICIAN ASSISTANTS

15
16 By 
17 Lisa S. Wynn
18 Executive Director

19 **CONSENT TO ENTRY OF ORDER**

20 1. Respondent has read and understands this Consent Agreement and the
21 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
22 acknowledges he has the right to consult with legal counsel regarding this matter.

23 2. Respondent acknowledges and agrees that this Order is entered into freely
24 and voluntarily and that no promise was made or coercion used to induce such entry.

25 3. By consenting to this Order, Respondent voluntarily relinquishes any rights
to a hearing or judicial review in state or federal court on the matters alleged, or to

1 challenge this Order in its entirety as issued by the Board, and waives any other cause of
2 action related thereto or arising from said Order.

3 4. The Order is not effective until approved by the Board and signed by its
4 Executive Director.

5 5. All admissions made by Respondent are solely for final disposition of this
6 matter and any subsequent related administrative proceedings or civil litigation involving
7 the Board and Respondent. Therefore, said admissions by Respondent are not intended
8 or made for any other use, such as in the context of another state or federal government
9 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
10 any other state or federal court.

11 6. Upon signing this agreement, and returning this document (or a copy
12 thereof) to the Board's Executive Director, Respondent may not revoke the consent to the
13 entry of the Order. Respondent may not make any modifications to the document. Any
14 modifications to this original document are ineffective and void unless mutually approved
15 by the parties.

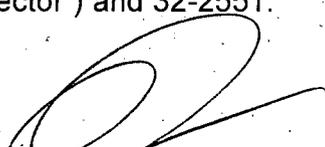
16 7. This Order is a public record that will be publicly disseminated as a formal
17 disciplinary action of the Board and will be reported to the National Practitioner's Data
18 Bank and on the Board's web site as a disciplinary action.

19 8. If any part of the Order is later declared void or otherwise unenforceable, the
20 remainder of the Order in its entirety shall remain in force and effect.

21 9. If the Board does not adopt this Order, Respondent will not assert as a
22 defense that the Board's consideration of the Order constitutes bias, prejudice,
23 prejudgment or other similar defense.

24 10. Any violation of this Consent Agreement constitutes unprofessional conduct
25 and may result in disciplinary action. A.R.S. § § 32-2501(21)(dd) ("[v]iolating a formal

1 order, probation agreement or stipulation issued or entered into by the board or its
2 executive director") and 32-2551.

3
4 
5 Aaron C. Rodarte, P.A.

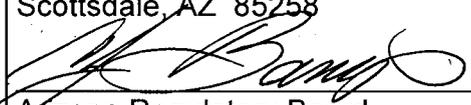
DATED: 12-17-2012

6
7 EXECUTED COPY of the foregoing mailed
8 this 27th day of July, 2012 to:

9 Aaron C. Rodarte, P.A.
10 Address of Record

11 ORIGINAL of the foregoing filed
12 this 27th day of July, 2012 with:

13 Arizona Regulatory Board of Physician Assistants
14 9545 E. Doubletree Ranch Road
15 Scottsdale, AZ 85258

16 
17 Arizona Regulatory Board
18 of Physician Assistants Staff
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