

**IN THE MATTER OF** \* **BEFORE THE**  
**TED ANNENBERG, L.Ac.** \* **MARYLAND BOARD**  
**Respondent.** \* **OF ACUPUNCTURE**  
**License No. U00139** \* **Case Number: 12-05**

\* \* \* \* \*

**FINAL DECISION AND ORDER**

**I. PROCEDURAL HISTORY**

Ted Annenberg, L.Ac., has been licensed to practice acupuncture since April 16, 1984, and, at all relevant times, practiced in Columbia, Maryland. This case arose out of a complaint received in May 2012 from Patient L,<sup>1</sup> a 45 year-old woman, alleging that Mr. Annenberg failed to provide her with acupuncture treatment at several acupuncture sessions. Based on Patient L's complaint, the Board of Acupuncture (the "Board") opened an investigation regarding Mr. Annenberg's acupuncture practice. In the course of the Board's investigation, Board staff interviewed Mr. Annenberg, and subpoenaed and received from Mr. Annenberg patient charts for Patient L and 11 other patients ("first production of records").<sup>2</sup> The Board submitted 11 patients' charts, excluding Patient L, to an expert, Dr. Lixing Lao, currently a Professor and Director of the School of Chinese Medicine in the University of Hong Kong, who determined that 10 of the 11 charts demonstrated no acupuncture points or needling methods and concluded that based on his review of the records, the patient charts reviewed do not appear to be within the scope of acupuncture practice. Based on the investigation and expert report,

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<sup>1</sup> For purposes of confidentiality, the patients involved in this case are referred to as Patients A-M throughout this Final Decision and Order. For clarity and consistency, the Board uses the patient identifiers A-L from the State's Exhibits. Patient M is a patient whose records were submitted by Mr. Annenberg, but who was not a subject of the investigation or charges.

<sup>2</sup> The Board's investigator states that only 10 records were requested and obtained, however, 11 records were admitted into evidence.

the Board charged Mr. Annenberg with violating Health Occupations Code Ann. § 1A-309(3), (16), and (17) which provide as follows:

**H.O. § 1A-309**

Subject to the hearing provision of § 1A-310 of this subtitle, the Board, on the affirmative vote of a majority of its full authorized membership, may deny a license to practice acupuncture to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

- (3) Is guilty of immoral or unprofessional conduct in the practice of acupuncture;
- (16) Commits any act of gross negligence, incompetence; or misconduct in the practice of acupuncture;
- (17) Engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of acupuncture [.]

On December 4, 2013, Mr. Annenberg filed a motion to extend discovery deadlines, in order to submit his expert's report and *curriculum vitae*. The Board granted Mr. Annenberg's motion on December 13, 2013, and Mr. Annenberg submitted his expert report to the State on December 16, 2013. On December 17, 2013, the State filed a Motion to Compel Discovery, claiming that the expert report submitted by Mr. Annenberg reached an opinion based on patient notes and charts that were not provided to the Board pursuant to its subpoena for patient records. On December 19, 2013, the Board granted the State's Motion, and on December 26, 2013 Mr. Annenberg provided the State with a copy of the new records ("second production of records").

Pursuant to Health Occ. § 1A-310 and the Administrative Procedure Act, Md. Code Ann., State Gov't § 10-201 *et seq.*, the Board conducted a contested case hearing on the merits of the Board's charges on November 3, 2014. Prior to the hearing, Mr.

Annenberg failed to provide the Board with a copy of the medical records that he submitted to the State during discovery.

## II. Rulings on State's Motion to Dismiss

The State made an oral *motion in limine* objecting to Respondent's introduction of the second production of records because the medical records that Respondent offered at the hearing (1) included records from after the subpoena date of August 13, 2012; (2) included altered records that were not among the records initially provided pursuant to the Board's subpoena; and (3) contained additional entries that were not part of the original records submitted to the Board. (T. 8-9.) Mr. Annenberg responded that (1) any records after 2012 could be redacted; (2) the records were not changed or altered; and (3) the records are crucial to adjudicating the case and, therefore, are relevant to the case against him. (T. 10.)

The Board admitted Mr. Annenberg's records through August 13, 2012 and excluded and redacted any records after August 13, 2012. (T. 254-55.)

## III. SUMMARY OF EVIDENCE

### A. Documents

The State submitted the following exhibits, which were admitted into evidence:

#### State's Exhibits 1-16

State's Exhibit 1: Patient L's complaint dated May 25, 2012.

State's Exhibit 2: Investigative report and transcript of an interview with Mr. Annenberg, consent forms, and other documents provided by Mr. Annenberg to the Board investigator.

State's Exhibit 3: Expert report and *curriculum vitae* of Dr. Lixing Lao.

State's Exhibit 4: Patient Medical Records for Patient A.

State's Exhibit 5: Patient Medical Records for Patient B.

- State's Exhibit 6: Patient Medical Records for Patient C.
- State's Exhibit 7: Patient Medical Records for Patient D.
- State's Exhibit 8: Patient Medical Records for Patient E.
- State's Exhibit 9: Patient Medical Records for Patient F.
- State's Exhibit 10: Patient Medical Records for Patient G.
- State's Exhibit 11: Patient Medical Records for Patient H.
- State's Exhibit 12: Patient Medical Records for Patient I.
- State's Exhibit 13: Patient Medical Records for Patient J.
- State's Exhibit 14: Patient Medical Records for Patient K.
- State's Exhibit 15: Patient Medical Records for Patient L and Mr. Annenberg's letter to the Board responding to the allegations of Patient L's complaint.
- State's Exhibit 16: Interview transcripts with Patient L and Mr. Annenberg.

### **Respondent's Exhibits A-C**

The Respondent submitted the following exhibits, which were admitted into evidence:

Resp's Exhibit A: *Curriculum vitae* of Ted Annenberg, L.Ac.

Resp's Exhibit B: *Curriculum vitae* of Giovanni Pescetto, L.Ac.

Resp's Exhibit C: Patient Medical Records for Patients A, B, C, D, F, G, H, I, K, M. (These records were redacted to exclude records after the subpoena date of August 13, 2012). Patient records were submitted for Patient E, but all of the records were redacted because the care rendered occurred after August 13, 2012.

### **B. Witness Testimony**

#### **State's Witnesses**

1. Marian Ruth, Board Investigator.
2. Lixing Lao, Ph.D, L.Ac., qualified as an expert in acupuncture.

## **Respondent's Witnesses**

1. Ted Annenberg, L.Ac.
2. Giovanni Pescetto, L.Ac., qualified as an expert in acupuncture.

## **Summary of Witness Testimony and Documentary Evidence**

### **Marian Ruth**

Marian Ruth is a Board investigator. She testified that the Board received 10 patient records from Mr. Annenberg. (T. 30.) The Board specifically asked for complete patient record charts including all patient treatment records. (T. 30.) Ms. Ruth explained the subpoena to Mr. Annenberg. (T. 38.) She explained that the subpoenas to Mr. Annenberg required him to produce any and all patient records, notes, and treatments. (T. 38; Exhibit 4.) Ms. Ruth testified that State's Exhibit 1 was Patient L's complaint received by the Board (T. 24-25), State's Exhibits 2 and 4-15 were documents and medical records obtained from Mr. Annenberg (T. 27-34), and State's Exhibit 16 were interviews of Mr. Annenberg that were part of the administrative investigation file. (T. 35-36.)

### **Dr. Lixing Lao**

Dr. Lixing Lao is a Professor and Director of the School of Chinese Medicine in the University of Hong Kong who oversees operations of the entire School of Chinese Medicine, and was previously a Professor and the Director of the Traditional Chinese Medicine Research Program at the Center for Integrative Medicine, University of Maryland School of Medicine. (T. 44-45; State's Exhibit 3.) After he was accepted by the Board as an expert, Dr. Lao testified about the scope of practice of Acupuncture, and testified about his opinion about whether the first production of records were

adequate records and whether the records demonstrated that Mr. Annenberg was practicing acupuncture. Dr. Lao testified that Acupuncture is based on the theory of Oriental medicine to harmonize or normalize the condition of physiological function of the patient to restore the physiological function by inserting needles into certain points, such as acupuncture points. (T. 52.) He testified that Acupuncture is based on the idea that there is a balance of energy in the body, and treatment allows a rebalance of energy. (T. 52.)

Dr. Lao testified that acupuncturists use Oriental medicine to diagnose a patient through the "Four Diagnoses Approach" (1) observation, (2) inquiry, (3) listening, and (4) palpation. (T. 53.) An example of this would be using a tongue diagnosis or pulse diagnosis. (T. 53.) Next, the acupuncturist determines a differentiation, such as a yin deficiency or yang deficiency. (T. 54.) And, finally, the acupuncturist should develop and implement a treatment plan to insert needles (or in some instances use thermal stimulation or electro-stimulation) in acupuncture points or meridians. (T. 54-55.) Such a plan would describe the acupuncture points or meridians that were stimulated and could include the length of time the needle would stay in the body. (T. 61.) He testified that the patient notes must include information from diagnosis, an assessment of the differentiation or deficiency, and a treatment plan discussing the acupuncture points or meridians manipulated and the method of manipulation (for example, needle, thermal, or electrical). (T. 55-56.)

Dr. Lao, next testified specifically about the records that he reviewed. He testified regarding State's Exhibits 4-14 and concluded that the patient acupuncture medical records did not contain acupuncture diagnosis, did not describe acupuncture

points or meridians used, and did not describe the procedure or needling technique. (Patient A: T. 60-61; Patient C: T. 67; Patient D: T. 68; Patient E: T. 69; Patient F: T. 71; Patient G: T. 74; Patient H: T. 76-77; Patient I: T. 77-78; Patient J: T. 79, 80; Patient K: T. 81-82.) Dr. Lao testified that only Patient B's records contained mention of acupuncture points, however, those records did not include an acupuncture diagnosis, and did not include a treatment plan or indication of whether needles were inserted in those locations. (T. 63-66.) Dr. Lao also testified that the terms used in the notes including "balanced ligamentous tension method" (T. 62), orthopedic manual therapy" (T. 62), "manual therapy" without described acupuncture points (T. 70); "counterstrain with muscle energy technique" (T. 62, 70-71), "neuroanatomical acupuncture" (T. 63), "spinal facet fixations (T. 75), and myofascial trigger points (T. 80) are not acupuncture terms.

**Ted Annenberg, L.Ac.**

Respondent, Ted Annenberg, L.Ac. testified about Patient L's complaint filed against him, claiming that he treated her with acupuncture and manual therapy using the Zero Balancing approach. (T. 166.) He also explained that he used Sanshin Meridian Therapy and Shakuju styles for her and other patients. (T. 164-65.) Mr. Annenberg explained that regarding his medical records, he experimented with different approaches including anatomical terms to make his charts more translatable to other practitioners outside "East Asian medicine." (T. 171.)

Mr. Annenberg stated that he used various terms for acupuncture points in his practice, including Japanese acupuncture with translation, alphanumeric, anatomical system used by the World Health Organization, and neuroanatomical system. (T. 173,

175.) He claimed that he was not required to use specific acupuncture terms in his records. (T. 173, 175.) He explained that osteopathic manual therapy is a term for healing by hand including shiatsu and seikatsu in Japan and also including Zero Balancing. (T. 178.) Mr. Annenberg explained that this was different than osteopathic medicine which is within the practice of Western medicine. (T. 177.)

Mr. Annenberg explained the various terms that he used including spinal facet correction (T. 181), counterstrain with muscle energy (T. 183), lumbar spine manual therapy (T. 184). On cross examination, Mr. Annenberg authenticated medical charts that made up the State's Exhibits 4-15 charts for Patients A-L, respectively. (T. 189-94.)

**Giovanni Pescetto, L.Ac.**

Giovanni Pescetto, L.Ac., is a licensed acupuncturist with a Master of Acupuncture, is a certified Zero Balancing practitioner and also teaches Zero Balancing. (T. 230-31). The Board accepted him as an expert in acupuncture. (T. 232.) Mr. Pescetto testified that, based on his review of the patient records given to him by Mr. Annenberg, Mr. Annenberg practiced within the standard of care, without misconduct or incompetence. (T. 235-36.) Mr. Pescetto testified that there are at least 10 ways to identify acupuncture points. (T. 259.) He stated that Mr. Annenberg used some Japanese terms in his records. (T. 260.) Mr. Pescetto also explained that Zero Balancing is a system for balancing the relationship of energy and structure within bones and tissue through manual therapy. (T. 262.) He explained that the terms of Osteopathic manual therapy and spinal facet correction are descriptions of parts of zero balancing. (T. 263-64). He also explained counterstrain with muscle energy technique. (T. 266.)



### **Summary of State's Exhibits**

The State introduced the complaint to the Board, documents obtained in the course of the investigation and two interviews with Mr. Annenberg and one with Patient L. (State Exhibits 1, 2, 16.) The State also introduced the CV and expert report of Dr. Lao. (State Exhibit 3.) The State introduced medical records for 12 patients (A-L) which Mr. Annenberg produced in response to the Board's subpoena. (State Exhibits 3-15). These records did not contain acupuncture diagnoses, meridians, or acupuncture points used for treatment except for one record of Patient B. The patient records largely did not include any description of needling performed on the patients.

### **Summary of Mr. Annenberg's Exhibits**

Mr. Annenberg introduced his CV and the CV of his Expert, Mr. Pescetto. (Resp. Exhibits 1, 2.) Mr. Annenberg attempted to introduce medical records containing patient histories, consent forms and initial intake forms. (T. 239-50.) Mr. Annenberg's counsel, however, determined that he had produced the wrong file that contained additional records from Mr. Annenberg that had not previously been disclosed to the Board or to the State despite the Board's Subpoena that required him to produce "any and all Patients charts, notes and records." (T. 250.) These records were not admitted to evidence. *Id.* Mr. Annenberg then moved to admit the second production of records for Patients A-I and Patients K and M. (Resp. Exhibit 3.) As discussed above, the Board admitted only the records on or before August 13, 2012 for Patients A-I and Patient K and excluded the records that occurred after that date. (T. 255). Some of these records contained acupuncture diagnoses, meridians, or acupuncture points used for treatment and some did not.

## **FINDINGS OF FACT**

### **Requirements for Acupuncture Records**

1. Adequate medical records must contain some form of acupuncture and/or oriental medicine diagnoses, such as a determination of deficiencies and a treatment plan that describes stimulation of certain meridians and/or acupuncture points to restore balance. (T. 54-55; 148.)
2. The acupuncturist should document everything he or she has done to the patient. (T. 145.)
3. An important purpose of the medical records is for a practitioner or transferred practitioner to be able to follow up to continue treatment. (T. 145.)
4. Oriental medicine diagnosis and theory or treatment describing acupuncture points or meridians should be included in medical records, not necessarily every visit, but at least most visits. (T. 148.) Preferably, documentation should include some indication of acupuncture, Oriental medicine principles, technique, and/or theories, and should indicate in the records, the points or meridians stimulated at every treatment. (T. 286.)

### **Adequacy of Mr. Annenberg's Records**

5. The first production of records did not contain sufficient references to Oriental medical diagnoses or acupuncture points stimulated regarding patients A-K. (T. 60-83; State's Exhibits 4-15.)
6. The second production of records contained some medical records that referenced acupuncture points and Oriental diagnoses and some medical records that did not. (Respondent's Exhibit 3.)

7. The medical records for Patient E, Patient F, Patient J, and Patient L do not discuss Oriental medicine diagnosis, acupuncture points, or meridians. (State's Exhibits 8, 9, 13, 15; Respondent's Exhibit 3.)

8. At least two-thirds of the medical records for Patient A, Patient I, and Patient K do not contain meridians, acupuncture points, or Oriental medicine diagnoses. (State's Exhibits 4, 12, 14; Respondent's Exhibit 3.)

9. At least half of the medical records for Patient B, Patient G, and Patient H do not contain acupuncture points, meridians, or Oriental medicine diagnoses. (State's Exhibits 5, 10, 11; Respondent's Exhibit 3.)

10. The records for these patients, Patients A, B, E, F, G, H, I, J, K, and L, where at least half of the records contain no meridians, acupuncture points, and no Oriental medicine diagnosis, are not adequate medical records.

11. The medical records for Patient C and Patient D have a mix of adequate and inadequate medical records, but a majority of the medical records produced contained acupuncture points or meridians. (State's Exhibits 6, 7; Respondent's Exhibit 3.) There is insufficient evidence that these patient records were inadequate medical records. *Id.*

12. Mr. Annenberg did not provide a compelling reason why so many of his medical records were deficient. When asked about the lack of documentation of abdominal palpation or a diagnosis, Mr. Annenberg stated that "it was just a period in the practice where I was working more by hand" (T. 198), and explained that he would get onto a "study mode where [he] just engulf[ed] [him]self in a particular aspect of the practice." (T. 199.)

13. Mr. Annenberg's medical records (aside from select records of Patient B) did not contain patient history forms, initial assessments, intake forms, informed consent forms, or notice of privacy practices. (State's Exhibits 4-15, Respondent's Exhibit 3.)

#### **Other Problems with Mr. Annenberg's Recordkeeping**

14. In August 2012, when served with a subpoena for 10 random patient charts, notes, and treatments, (State Exhibit 4), Mr. Annenberg directed the Board investigator to paper files that supposedly contained those charts and records. (T. 30, 220; State's Exhibit 5-14.)

14. Mr. Annenberg supplied printed copies of electronic charts to his expert and eventually to the prosecutor on December 26, 2013, which contained different patient records, with few records overlapping from the first production of records. (T. 222, Respondent's Exhibit 3.)

15. At the hearing before the Board, Mr. Annenberg attempted to introduce a third set of documents that contained previously unproduced documents. (T. 246-50.)

16. Mr. Annenberg's medical records often contained multiple records for the same patient and date of treatment. (Compare State Exhibits 6, 10, 11, 12, 14 to Respondent's Exhibit 3.)

17. The first version of these records that Mr. Annenberg produced to Ms. Ruth did not contain any Oriental acupuncture terms, meridians, or acupuncture points and used only western terminology. (State Exhibits 6, 10, 11, 12, 14.)

18. A second version of these records, produced to the Board after Mr. Annenberg was charged and had received Dr. Lao's expert report explaining the deficiencies of his records, had the same dates and described the same treatment, but

contained specific acupuncture points, or meridians and contained Japanese or other Oriental medicine terms. (Respondent's Exhibit 3.)

19. In many cases, the patient medical records were not signed and dated, leaving doubt as to when the different records were created. (See State's Exhibits 4, 6, 7, 8, 9, 10, 11, 12, 13, 15; Respondent's Exhibit 3.)

20. In some situations, the first production of records were signed and dated the same day or shortly after the visit, while the second production of records that contained acupuncture points or meridians were undated with no indication of when they were written. (*Compare* State's Exhibits 10, 11, 12, 14 *with* Respondent's Exhibit 3.)

### **ANALYSIS**

Acupuncture is based on the theory of Oriental medicine to harmonize or normalize the condition of physiological function of the patient to restore the physiological function by inserting needles into certain acupuncture points or meridians. (T. 52.) In other words, acupuncture is based on the idea that there is a balance of energy in the body, and treatment allows a rebalance of energy through stimulation of meridians and acupuncture points. (T. 52-53.) Both acupuncture experts explained that records are necessary and must include Oriental medicine diagnosis and a treatment plan that specifies the acupuncture points or meridians stimulated. (T. 55, 61, 148, 286.)

While both experts agree that the required documentation needed to include acupuncture points or meridians in most records, the two experts were given nearly entirely different documents to review, and, therefore, reached different conclusions.

Dr. Lao reviewed the first production of documents submitted by Mr. Annenberg in the response to the Board's subpoena; Mr. Pescetto reviewed the second production of documents (unredacted) that Mr. Annenberg produced over 18 months later. Neither expert reviewed all of the medical records admitted into evidence.

The Board used its expertise to independently review all of the medical records and to analyze Dr. Lao's and Mr. Pescetto's conclusions about the adequacy of the records. Based on its independent review of the records, the Board accepts Dr. Lao's conclusion that all of the documents in the first production of records were inadequate except possibly for one document with acupuncture points for patient B.

The Board rejects Mr. Pescetto's conclusion about the second production of records. The Board notes that nearly half the records that Mr. Pescetto analyzed to reach his conclusion were deemed inadmissible and were redacted by the Board because they were created after the date of the Board's subpoena. Additionally, some of the records on which Mr. Pescetto based his conclusion were for a patient whose records were not subpoenaed, and not at issue in this action. Because his testimony was not specifically limited to relevant records, Mr. Pescetto's expert conclusion is suspect, and the Board declines to accept his conclusion of the adequacy of the second production of records.

The Board independently reviewed all of the admitted records, and found that for Patients A, B, E, F, G, H, I, J, K, and L, at least half of the records did not contain any Oriental medicine diagnosis and did not list any acupuncture points or meridians. Based on the requirements listed by each expert, the records for these patients would

not be considered adequate medical records. Indeed, for Patients E, F, J, and L, the Board found no medical records that included meridians or acupuncture points at all.

Additionally, Mr. Annenberg's records did not include patient history forms, initial assessments, intake forms, informed consent forms, or notice of privacy practices (other than some of these forms for Patient B). These types of forms are crucial for every patient. The Board finds that Mr. Annenberg's failure to have these forms in the medical files to be a further deficiency in his medical record keeping.

In addition to the substantive deficiencies of the records, Mr. Annenberg's records were disorganized in a manner that made it impossible for him to produce the medical records to the Board. Setting aside Mr. Annenberg's failure to comply with the subpoena issued by the Board, Mr. Annenberg had at least three sets of records: one set of paper files, one set of electronic files, and a third set of files inadvertently submitted as evidence that had not previously been produced pursuant to the Board's subpoena. Mr. Annenberg's confusion about his own files and records reflects disorganization that demonstrates inadequate recordkeeping. If Mr. Annenberg needed to transfer the patient, or find a previous record, the Board has no confidence that his records would be transferred correctly and fully.

Finally, the Board concludes that Mr. Annenberg should have signed and dated his medical records. Mr. Annenberg sporadically signed and dated his records and sometimes had two versions of records. The first version of these records that Mr. Annenberg produced to Ms. Ruth did not contain any Oriental acupuncture terms, meridians, or acupuncture points and used only western terminology. In some cases these records were signed and dated shortly after the patient was seen and in other

cases they were not signed or dated. A second version of some of these records, produced to the Board after Mr. Annenberg was charged and had received Dr. Lao's expert report explaining the deficiencies of his records, had the same dates and described the same treatment, but contained specific acupuncture points or meridians and contained Japanese or other Oriental medicine terms. None of these second set of records were signed and dated, leaving doubt as to when the different records were created. The Board concludes that it is a best practice and required by the generally accepted professional standards of acupuncture for the acupuncturist to sign and date his or her medical records to clarify the date of the creation of the records.

#### **CONCLUSIONS OF LAW**

The Board concludes that Mr. Annenberg's inadequate recordkeeping violated Health Occ. § 1A-309(17). Mr. Annenberg engaged in a course of conduct that is inconsistent with generally accepted professional standards in the practice of acupuncture.

The Board concludes that Mr. Annenberg did not violate Health Occ. § 1A-309(3) (immoral or unprofessional conduct in the practice of acupuncture) or Health Occ. § 1A-309(16) (commits any act of gross negligence, incompetence, or misconduct in the practice of acupuncture).



**ORDER**

By an affirmative vote of a majority of the full authorized membership of the Board, it is hereby

**ORDERED** that the charges filed against Ted Annenberg, L.Ac., License Number U00139, under Md. Code Ann., Health Occ. § 1A-309(3) and (16) are **DISMISSED**; and it is further

**ORDERED** that the charges filed against Ted Annenberg, L.Ac., License Number U00139, under Md. Code Ann., Health Occ. § 1A-309(17) are **UPHELD**; and it is further

**ORDERED** that Ted Annenberg, L.Ac., is **REPRIMANDED**; and it is further

**ORDERED** that within **ONE (1) YEAR** from the date of this Final Decision and Order, Ted Annenberg, L.Ac., having been found to have violated Health Occ. § 1A-309(17), shall pay the costs of the hearing in this case as required by Health Occ. § 1A-310(f) and COMAR 10.26.04.14; and it is further

**ORDERED** that the Board's cost of the hearing amounts to four thousand one hundred forty eight dollars and eighty-five cents (\$4,148.85) for the following expense items under COMAR 10.26.04.14B:

(1) Services rendered by the court reporter;

(2) Transcript of the hearing record;

(3) Expenses related to the State's witnesses;

(4) Obtaining and reproducing documents and exhibits;

(5) Hearing-related per diems and expenses for Board members; and it is further

**ORDERED** that Mr. Annenberg shall pay said sum of four thousand one hundred forty eight dollars and eighty-five cents (\$4,148.85), by certified check or money order,

payable to the State Acupuncture Board of Maryland 4201 Patterson Avenue Baltimore, Maryland 21215, either as a lump sum or in monthly installments; and it is further **ORDERED** that this is a public document, pursuant to Gen. Prov. §§ 4-101—6-101 (2014).

January 22, 2015  
Date

Deneb Falabella, L.Ac.  
**Deneb Falabella, L.Ac.**  
**Board Chair**  
**Maryland State Board of Acupuncture**