



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: DEBORAH KAYE PARR MD

DATE: 02/03/2011

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1961

License Number: K5699 - Physician License

Issuance Date: 08/22/1998

Expiration Date of Physician's Annual Registration Permit: 11/30/2011

Registration Status: ACTIVE

Registration Date: 10/27/2010

Disciplinary Status: UNDER BOARD ORDER

Disciplinary Date: 06/04/2010

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
UNIV OF TEXAS MEDICAL SCHOOL, SAN ANTONIO

Medical School Graduation Year: 1997

TMB Actions and License Restrictions

The Texas Medical Board has taken the following board actions against this physician. (Also included are any formal complaints filed by TMB that are currently pending before the State Office of Administrative Hearings).

View the documents containing action taken by the Board against this individual.

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Action Date: 06/04/2010

Description: ON JUNE 4, 2010, THE BOARD AND DEBORAH K. PARR, M.D., ENTERED INTO AN AGREED ORDER PUBLICLY REPRIMANDING DR. PARR AND REQUIRING DR. PARR TO COMPLETE WITHIN ON YEAR 15 HOURS OF CME IN OPIOID DEPENDENCE AND CHRONIC PAIN, AND 15 HOURS IN CARE AND TREATMENT OF DEPRESSIVE DISORDERS; AND PAY AN ADMINISTRATIVE PENALTY OF \$10,000 WITHIN 90 DAYS. THE BOARD'S ACTION WAS BASED ON DR. PARR'S FAILURE TO MEET THE STANDARD OF CARE IN HER TREATMENT OF TWO

PATIENTS WITH SUBSTANCE ABUSE ISSUES; AND FAILURE TO PRESCRIBE DANGEROUS DRUGS IN A MANNER CONSISTENT WITH PUBLIC HEALTH AND WELFARE.

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verificic@tmb.state.tx.us

Status Code: AC **Effective Date:** 10/27/2010
Description: ACTIVE

Status Code: RB **Effective Date:** 06/04/2010
Description: UNDER BOARD ORDER

Status Code: DQ **Effective Date:** 12/30/2009
Description: DELINQUENT-NON PAYMENT

Status Code: AC **Effective Date:** 11/02/1998
Description: ACTIVE

Status Code: LI **Effective Date:** 08/22/1998
Description: LICENSE ISSUED

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: FEMALE

Place of Birth: TEXAS

Primary Practice Address:

484 TURNER DRIVE

BLGD E # 104
DURANGO , CO 81303

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **12** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **10** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

NONE

Primary Specialty

The physician reports his/her primary practice is in the area of PSYCHIATRY.

Secondary Specialty

The physician reports his/her secondary practice is in the area of ADDICTION MEDICINE.

Name, Location and Graduation Date of All Medical Schools Attended

Name: UNIV OF TEXAS HSC

Location: SAN ANTONIO TX

Graduation Date: 05/1997

Graduate Medical Education In The United States Or Canada

Program Name: UNIV OF TEXAS

Location: SAN ANTONIO, TX

Begin Date: JULY 1997

Type: RESIDENCY

End Date: AUGUST2001

Specialty: PSYCHIATRY

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

Hospital: NONE

Location: NONE

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician did not report whether he/she provided any language translation services for patients.

Medicaid Participant: The physician reports that he/she **does not** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

NONE

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses:The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

To obtain primary source verifications, click name

Description: NONE

Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

Description: None