

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

February 10, 2015.

Brian Clement
Hippocrates Health Institute
1443 Palmdale Court
West Palm Beach, FL 33411

RE: DOH Case # 2014-19139

Delivered Via Hand Delivery

Dear Mr. Brian Clement:

My office is responsible for investigating allegations concerning the unlicensed practice of various healthcare fields. In November of 2014, you (Brian Clement) was reportedly representing yourself as a Medical Doctor (advertising that you are a Naturopathic Medical Doctor (NMD) without being licensed with Florida Department of Health. It was also reported that two minor children with leukemia were treated by or are being treated by you with unproven and possibly dangerous therapies.

As a result of these violations of the Florida Statutes, you will find attached to this notice a citation in the amount of \$3738.00. Detailed instructions about the application process for licensure can be found at http://www.doh.state.fl.us/mqa/initial_licensure.html.

The mission of the Department of Health is to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts. If you have any questions, please call 850-245-4640 in reference to your case number. You are also welcome to contact me at the address listed below. In addition, if you have any concerns or suggestions about our complaint process, please fill-out our *Customer Concerns or Suggestions* form at www.floridashealth.com/mqa/survey.html.

Thank you for your cooperation in this matter,

Sandra Warner
Medical Quality Assurance Investigator

Enclosures



**UNIFORM UNLICENSED ACTIVITY CITATION
FLORIDA DEPARTMENT OF HEALTH**

Issued to:	BRIAN CLEMENT	Case Number:	2014-19139
Address:	Hippocrates Health Institute 1443 Palmdale Court West Palm Beach, FL 33411	Date(s) of Violation	November 2014- Present date
Phone:	(561) 471-8876	Profession:	Medicine
E-mail Address:	info@hippocratesinst.org	Driver's License	03708504MA- DL State MO
Wk. Address	1443 Palmdale Court West Palm Beach, FL 33411	Date of Birth:	11/17/1951
Wk. Phone			

Pursuant to Section 456.065, F.S. the undersigned hereby certifies that he/she has probable cause to believe that the above referenced subject did violate the following provision(s) of law, F.S. by committing the following, including but not limited to, acts:

Practice or attempt to practice medicine without a license.

Pursuant to Section 456.065, F.S., and Rule 64B-6.003, F.A.C., the Department has set the following penalty for violations of the aforesaid provision: a fine in the amount of \$2500.00 plus costs in the amount of \$1238.00. Total due: \$3738.00.

ISSUED this 10th day of February, 2015, on behalf of the State Surgeon General of the Department of Health, by:



DOH Representative Signature

Sandra Warner

DOH Representative Printed Name

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that an original of the foregoing citation has been served upon BRIAN CLEMENT at Hippocrates Health Institute, 1443 Palmdale Court, West Palm Beach, FL 33411.

() By personal service () U.S. Certified Mail, this 10th day of February, 2015.



DOH Representative Signature

Kevin Lapham

DOH Representative Printed Name

**PLEASE READ IMPORTANT NOTICES ON PAGE TWO REGARDING
YOUR LEGAL RIGHTS TO CHALLENGE, ACCEPT OR APPEAL THIS CITATION
INSTRUCTIONS FOR RESPONDING:**

ACCEPTING THE CITATION

If you accept the citation, the total payment of the fine and costs is due within **30 days** from the date of service. To ensure proper credit regarding payment, please attach a copy of the citation with your payment and send it to:

Department of Health / Compliance Management Unit
PO Box 6320
Tallahassee, Florida, 32314-6320

DISPUTING THE CITATION

If you dispute the citation, you have **30 days** from the date of the receipt of this citation to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. The petition must be filed in accordance with Rule 28-106.2015, Florida Administrative Code. Send a copy of the petition to the following address:

Department of Health / Prosecution Services Unit
c/o Emergency Action Unit
4052 Bald Cypress Way Bin C-65
Tallahassee, Florida, 32399-3265

Failure to file a petition within 30 days shall constitute a waiver of hearing on this agency action. The citation automatically becomes a final order of the Department if you fail to respond to the citation **within 30 days of service**.

THIS CITATION DOES NOT PREVENT OTHER ADMINISTRATIVE, CIVIL OR CRIMINAL PROSECUTION INVOLVING THE SAME FACTS AS USED IN THIS AGENCY ACTION. MEDIATION IS NOT AVAILABLE.

ATTORNEY'S FEES AND COSTS

SECTION 456.065, FLORIDA STATUTES, PROVIDES THAT THE DEPARTMENT SHALL ASSESS COSTS RELATED TO THE INVESTIGATION AND PROSECUTION OF THIS CITATION. ADDITIONALLY, IF THE DEPARTMENT IS REQUIRED TO SEEK ENFORCEMENT OF THE FINAL AGENCY ACTION ORDER IN CIRCUIT COURT DUE TO FAILURE TO PAY THE CITATION AMOUNT, IT SHALL BE ENTITLED TO COLLECT ATTORNEY'S FEES AND COSTS.

APPELLATE RIGHTS

Once the citation becomes a final order of the Department, an appeal may be filed with the District Court of Appeals within 30 days of the date of the final order. One copy of the Notice to Appeal must be filed with the Clerk of the Department of Health, Central Records Unit, 4052 Bald Cypress Way, Bin C-01, Tallahassee, Florida 32399-3251. One copy of the Notice of Appeal shall also be filed with the District Court in your area or the First District Court of Appeals including a \$300 filing fee (pursuant to Section 35.22(3), Florida Statutes, within 30 days of the effective date of the final order of the Department.