

**STATE OF VERMONT  
BOARD OF MEDICAL PRACTICE**

In re: David S. Brody, MD	)	
	)	Docket No. MPS 038-0425
	)	

**STIPULATION AND CONSENT ORDER**

NOW COME David S. Brody, MD and the Vermont Board of Medical Practice and agree and stipulate as follows:

1. David S. Brody, MD, (“Respondent”) of St. Johnsbury, Vermont holds Vermont medical license number 042.0008867 first issued by the Vermont Board of Medical Practice on December 1, 1993. Respondent is a physician.
2. The Vermont Board of Medical Practice (“the Board”) has jurisdiction in this matter pursuant to 26 V.S.A. §§ 1353-1354, 1370-74, and 3 V.S.A. §§ 809-814, and the Rules of the Board of Medical Practice, Section 45.1.2.

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**FINDINGS OF FACT**

3. Respondent was employed as a physician at Northeastern Vermont Regional Hospital (“NVRH”) in St. Johnsbury, Vermont from January 1, 2015 to March 19, 2025. He specialized in internal medicine.
4. The Board opened the above-captioned matter in April of 2025 after receiving a report alleging that Respondent accessed the hospital’s medical record database to view

confidential medical records for three of his relatives, who were not his patients, using his login access as a physician. This alleged conduct violates NVRH's policy protecting the privacy and confidentiality of patient information, which is a required component of compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

5. The Board assigned this matter to its South Investigative Committee ("the Committee") for investigation. The Committee's investigative findings include the following:

**I. Respondent accessed confidential medical records for three relatives on multiple occasions without an employment-related justification for doing so.**

6. NVRH received information that Respondent was viewing his relatives' protected health information without appropriate authorization. The hospital conducted a database audit as part of its investigation to determine how often Respondent accessed medical records for three relatives (hereafter "Patient 1," "Patient 2," and "Patient 3"). The audit revealed that between December 2023 and March 2025 Respondent accessed Patient 1's records on ten occasions, Patient 2's medical records on twenty-seven occasions, and Patient 3's record on 3 occasions. Respondent was not a treatment provider for these patients at the time he accessed their records.

**II. Respondent knew or should have known that it violated hospital policy and patient privacy provisions to access his relatives' medical records through the hospital's database.**

7. NVRH provided Respondent with notice he was not to access his relatives' records through the hospital's database by requiring that he sign a "Confidentiality Agreement and Acknowledgment," which he did in March of 2023. By signing the Agreement, Respondent agreed:

I will not access data for which I have no patient care, utilization review, billing, or operational responsibilities for which such access is required.

Respondent also agreed to abide by all federal, state, and local laws which protect the confidentiality of identifiable personal and medical information.

8. Respondent, like all hospital employees, was also obligated to be familiar with and follow NVRH's Privacy and Confidentiality of Patient Information Policy. It includes the following provision:

If the patient is an employee of NVRH, the employee is prohibited from viewing or accessing their own protected health information electronically or by any other means. All employees should only be accessing those patient records that they need to in order to perform their job and must request access to their own medical records through formal channels in the same manner as any other patient. This includes records of family members, including minor children, friends, and coworkers. Even if a release for this information is on file, employees are prohibited from accessing any protected health information other than what is necessary to perform their job.

9. Respondent completed a ninety-minute course in March 2024 that covered topics including HIPAA compliance and patient and employee confidentiality.

**III. Respondent accessed Patient 2's HIPAA protected records in violation of hospital policy. Patient 2 communicated to the hospital that they did not want Respondent to access those records.**

10. Patient 2 received medical care from NVRH in 2024. At the time of this treatment, Patient 2 met with an NVRH Care Manager. Patient 2 expressed concern to the Care Manager that a relative, Respondent, worked at the hospital and would know everything about Patient 2's care. In response the Care Manager explained how HIPAA protected medical information, and assured Patient 2 Respondent would not have access to any of their treatment information unless Patient 2 chose to designate Respondent as a personal representative on their HIPAA release form.

11. Patient 2 then informed the Care Manager that they wanted to update their HIPAA designation of personal representative form. On that form Patient 2 wrote that "no one" was appointed as a personal representative to receive protected health information on their behalf.

12. Respondent approached the Care Manager at the hospital later that day and asked questions about Patient 2. The Care Manager told Respondent that Patient 2 updated their HIPAA form, Respondent was not on it, and Patient 2 had specified that no one was to be a personal representative for the purpose of receiving their protected health information. The Care Manager explained to Respondent that she could not discuss Patient 2's clinical care with him for that reason.

13. Respondent viewed Patient 2's medical record seven times on that date through the hospital database.

#### **IV. The Committee has considered mitigating information.**

14. The Committee has considered in mitigation that none of Respondent's relatives have expressed to the Board a desire to see Respondent sanctioned for this conduct. The Committee accepts Respondent's statements that these relatives support him, despite his actions here.

15. The Committee further considered that Patient 1 and Patient 3 listed Respondent as a personal representative on their HIPAA forms, and Patient 2 had done so prior to the change to his form detailed above. This allowed the hospital to discuss their personal information with Respondent in person or by phone for the purpose of "communicating results, findings, and care decisions." This designation, however, did not allow Respondent to view their electronic medical records.

#### **CONCLUSIONS OF LAW**

16. The Board may find unprofessional conduct when there is a "failure to comply with provisions of federal statutes or regulations, or the statutes or rules of this or any other state, governing the practice of medicine or surgery." 26 V.S.A. § 1354(a)(27).

17. Respondent failed to comply with federal HIPAA requirements when he used his privileges as a physician to access NVRH's medical record database for the purpose of viewing protected health information he was not authorized to access. He also violated his employer's policies which required compliance with HIPAA, i.e. 45 C.F.R. § 164.306(a)(1) and 42 U.S.C. § 1320d-6, of which he was provided notice. His compliance failures violated 26 V.S.A. § 1354(a)(27).

18. The Board may find that “conduct that evidences an unfitness to practice medicine” constitutes unprofessional conduct. 26 V.S.A. § 1354(a)(7).

19. Respondent engaged in conduct that evidences unfitness to practice medicine when he failed to respect patient privacy by accessing NVRH’s medical record database to view protected health information he was not authorized to access. He did so in violation of his employer’s policies governing HIPAA compliance, of which he was provided notice. The Board has considered the mitigating factors described above, however, and decided that the resolution agreed to by the parties in this Stipulation presents a measured and appropriate response.

20. Consistent with Respondent’s cooperation with the Board, he agrees that if the State were to file charges against him it could satisfy its burden at a hearing and a finding adverse to him could be entered by the Board, pursuant to 26 V.S.A. §§ 1354(a)(7) and (a)(27).

21. Respondent agrees that the Board will enter as its facts and conclusions in this matter Paragraphs 1 through 28 herein and further agrees that this is an adequate basis for the Board actions set forth in this agreement. Any representations by Respondent in this document are made solely for the purposes set forth in this Stipulation and Consent Order.

22. Therefore, in the interest of Respondent’s desire to fully and finally resolve the matter presently before the Board, he has determined that he shall enter into this instant agreement with the Board. Respondent enters no further admission here, but to

resolve this matter without further time, expense and uncertainty, he has concluded that this agreement is acceptable and in the best interest of the parties.

23. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. He acknowledges and agrees that at all times and in all communications and proceedings related to this matter before the Board he has had the right to be represented by counsel. Respondent has carefully reviewed and considered this Stipulation and Consent Order.

24. Respondent agrees and understands that by executing this document he is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of his own to contest any allegations by the State.

25. The parties agree that upon their execution of this Stipulation and Consent Order, and pursuant to its terms, the above-captioned matter shall be resolved by the Board. Thereafter, the Board will take no further action as to this matter absent non-compliance with the terms and conditions of this agreement by Respondent.

26. This Stipulation and Consent Order is conditioned upon its acceptance by the Vermont Board of Medical Practice. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, he shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects

any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, it shall be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.

27. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in his permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to the Federation of State Medical Boards Board Action Databank and the National Practitioner Data Bank. In exchange for the actions by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.

28. The parties jointly agree that, should this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions of this agreement.

## **ORDER**

WHEREFORE, based on the foregoing and the consent of Respondent, the Board enters as its facts and conclusions in this matter Paragraphs 1 through 28 above. It is hereby ORDERED that:

1. Respondent shall be REPRIMANDED for the conduct above.



2. Respondent's medical license shall be CONDITIONED as follows:
  - a. Respondent shall successfully complete two AMA PRA Category 1 continuing medical education ("CME") courses on the following topics: (1) HIPAA compliance and patient confidentiality and (2) medical ethics and professional boundaries. The CME courses must be completed no later than one (1) year after this Stipulation is approved by the Board. Respondent shall seek prior approval, in writing, from the Committee for the chosen CME courses. The medical ethics course must be a live in-person or live interactive course offered remotely and shall be eight or more credits. Upon successful completion of the CME courses, Respondent shall provide the Committee with proof of attendance. Respondent shall also provide the Committee with a brief written narrative of the CME courses which will document what he learned from the courses, and how he will apply that knowledge to his practice. Respondent shall provide proof of attendance and the written narratives to the Committee. Respondent shall be solely responsible for all costs associated with meeting this CME requirement.
  - b. Respondent shall pay a \$500 administrative penalty consistent with 26 V.S.A. § 1374(b)(2)(A)(iii). Payment shall be made to the "State of Vermont Board of Medical Practice," and shall be sent to the Vermont Board of Medical Practice office, at the following address: Vermont

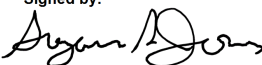
Board of Medical Practice, 280 State Drive, Waterbury VT 05671-8320.

Payment shall be due no later than one (1) month after this


Stipulation and Consent Order is approved by the Board.

## SIGNATURES


Dated at \_\_\_\_\_, Vermont, this \_\_\_\_ day of \_\_\_\_\_, 2025.

Signed by:  
 10/31/2025  
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Suzanne Jones, PA-C  
Chair, South Investigative Committee  
Vermont Board of Medical Practice

Dated at Montpelier, Vermont, this \_\_\_\_ day of \_\_\_\_\_, 2025.


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 10/31/2025  
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*Approval as to legal form*  
Megan Campbell, Esquire  
Assistant Attorney General  
Vermont Attorney General's Office  
109 State Street  
Montpelier, VT 05609-1001

Dated at \_\_\_\_\_, Vermont, this \_\_\_\_ day of \_\_\_\_\_, 2025.

Signed by:  
 10/31/2025  
3CF36A71790B494...  
David S. Brody, MD

**AS TO DAVID S. BRODY, MD  
APPROVED AND ORDERED  
VERMONT BOARD OF MEDICAL PRACTICE**

Signed on Behalf of the Vermont Board of Medical Practice

By:   
Matthew Greenberg, MD  
Acting Chair  
Vermont Board of Medical Practice

Vote documented in the Vermont Board of Medical Practice meeting minutes,  
dated \_\_12/03\_\_ 2025.

**Dated:** \_\_12/03/2025\_\_