

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

STATE OF FLORIDA
DEPARTMENT OF HEALTH,
BOARD OF OSTEOPATHIC MEDICINE,
Petitioner,

vs.

Case Nos.: 2023-54547, 24-004162PL

HEIDI MARJAANA LAHTENMAA, D.O.,
Respondent.

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DR. LAHTENMAA'S PROPOSED RECOMMENDED ORDER

Pursuant to notice, I attended a final hearing in this matter before Robert S. Cohen, the assigned Administrative Law Judge of the Division of Administrative Hearings, on August 5, 2025, via video-conference in Tallahassee, Florida.

APPEARANCES

For Petitioner:

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For Respondent:

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STATEMENT OF THE ISSUE

The issue is whether I, Heidi Marjaana Lahteenmaa, D.O., am unable to practice osteopathic medicine with reasonable skill and safety due to unspecified psychosis, as alleged in Petitioner's Administrative Complaint, pursuant to §§ 458.331(1)(z) and 456.063(1)(a), Florida Statutes.

PRELIMINARY STATEMENT

This case was referred to the Division of Administrative Hearings in November 2024 by Petitioner, the Department of Health (DOH), Board of Osteopathic Medicine, following an unsigned email complaint submitted to the Professionals Resource Network (PRN) by Dr. Robert Dahlin on December 27, 2023. I, a dual Finnish-American citizen and osteopathic physician licensed in Florida (License No. OS16911), requested a formal hearing, contesting the impairment allegation as baseless, retaliatory, and unsupported by evidence. A transcript of the hearing was filed with the Division on September 10, 2025.

Petitioner presented four witnesses: Dr. Robert Dahlin, Niaah Ellis (investigations manager), Dr. [REDACTED] (treating psychiatrist), and Dr. Theodore Treese (evaluator). I, proceeding pro se, cross-examined all witnesses and presented no affirmative witnesses due to credible fears of intimidation from mafia/organized crime and Teladoc elements.

My bulk exhibits (five sections, including hacking evidence and whistleblower retaliation) were admitted without objection. Petitioner's Exhibits 03, 05, 06, and 10 were admitted over objection. The parties were afforded 10 days to submit proposed recommended orders, and this Proposed Recommended Order complies with that timeline.

FINDINGS OF FACT

1. My 2023 Whistleblower Exposé on Teladoc

In early 2023, I, a remote provider for Teladoc Inc., whistleblew on a \$2.6 billion telemedicine giant and the world's largest telemedicine company, serving over 100 million members across 160 countries through platforms like Teladoc, Livongo, and BetterHelp. My 26 GB report meticulously documented crimes against patients, exposing extensive fraud and abuse, including, but not limited to, patient rotations, scheduling difficulties, platform security vulnerabilities, billing irregularities, and upcoding of services for federal programs such as Medicare and Medicaid [2][8]. This report aligns with more recent public allegations from 1099 providers that Teladoc continued using their names and credentials after resignation or license suspension, along with practices such as random therapist substitutions in mental health services and post-withdrawal billing to patient credit cards, potentially implicating qui tam actions under the False Claims Act for federal reimbursements [0][4][10].

2. Digital and Personal Torment

Through my whistleblower disclosure, I unknowingly exposed unauthorized access by third parties, including mafia and cybergang infiltration (such as Miami-based operations, Chinese hackers, and Russian actors). This escalated a likely sealed U.S. government investigation and unleashed a relentless wave of digital and personal torment. I endured severe retaliation, including platform glitches that disrupted my practice, cyber intrusions, and coordinated harassment by organized crime elements in South Florida. My apartment was broken into; a Chinese hacker named Wu claimed they had “taken away my phone”; and all my devices were remotely controlled. I faced relentless cyberattacks, psychotropic and psychological torture, isolation via Uber blocks and other tactics, suicide prompts, and the systematic destruction of my career and life—as evidenced by this unwarranted, retaliatory lawsuit by the Florida Department of Health. I reported these crimes numerous times, eventually leading to multiple in-person visits to the FBI Miami field office in 2024 to ensure my complaints had been received. I provided information of threats tied to my exposure of Teladoc's deceptive operations [2]. The FBI said they were “trying to help,” despite no improvement in the situation. I sent certified letters to D.C. officials, as the Governor DeSantis’s Office had stated, “We can’t help you. These orders come from D.C.” Under the Biden Administration, retaliation worsened—which should come as no surprise to anyone, especially given recent revelations of operations like “Arctic Frost,” which started in April 2022 and weaponized the FBI against Republicans.

3. Egregious Orchestrated Federal Entrapment via Florida DOH

Despite Teladoc’s vast operational scope and a torrent of substantiated complaints flooding consumer forums, BBB filings, and whistleblower channels, no public federal investigation has emerged as of September 22, 2025, compellingly indicating a covert, sealed probe into egregious telemedicine fraud schemes involving unauthorized billing and credential misappropriation [1][16][21][27].

Amid the Trump administration’s pursuit of healthcare fraud, underscored by the 2025 National Health Care Fraud Takedown indicting 324 defendants for an astronomical \$14.6 billion in schemes, including telemedicine abuses [16][18][27], this proceeding appears to function as a clandestine federal sting operation to ruthlessly probe my Teladoc whistleblower disclosures or pursue ulterior motives, such as maliciously undermine my credibility with fabricated mental health charges.

The staggering improbability of disregarding rampant hacking and torment inflicted upon a physician working for a telehealth giant—given healthcare’s status as a prime cyber target—gains irrefutable weight from Governor DeSantis’s DC confirmation, my persistent FBI visits and their remark that they are “trying to help”, contradictory FBI FOIA responses, authoritative validations by Policia Judiciária and Interpol with DIAP filing recommendations, the Holland America Captain’s unequivocal government order statement, the DOH and Board of Osteopathic Medicine’s obstinate refusal to clarify duplicate Florida medical licenses and perplexing license irregularities, systematically ignored emails to osteopathic medicine, wholly redacted Probable Cause Panel (PCP) minutes, illegal psychiatric hold with no BA-32, inexplicable Delray billing discrepancies,

Dr. Dahlin's dubious government affiliation with a nonexistent initial complaint, Dr. Treese's disconcerting admissions of no symptom inquiry as an expert witness, grossly mismanaged, incomplete and withheld investigative reports, colleagues' implausibly aberrant behavior suggesting external coercion, the sinister imposition of a second phone number on my lines, the outrageous unauthorized surveillance setup and rewired cables in my apartment, a cascade of public Teladoc malfunction reports, the Florida DOH's devastating RansomHub breaches and this flagrantly concocted court case; all resoundingly proclaim a government-orchestrated scheme, positioning me as bait amid the shadows of retaliation.

The DOH's unconscionable complicity, executed without my informed consent or any intimation of a federal directive, has wrought catastrophic personal devastation: the ruthless revocation of my practice privileges, financial obliteration, profound psychological torment, and life-threatening exposure to unmitigated threats and meticulously engineered retaliation, annihilating my career as a physician.

The public will be profoundly appalled to discover that the government orchestrated this investigation in such a deplorable manner, with the Florida DOH eagerly complicit in assisting, and I will vigorously pursue the public disclosure of these outrageous injustices.

4. Dr. Dahlin's Unauthorized Diagnostic Intervention and DOH's Reliance on an Illegally Procured Complaint

The complaint against my license stemmed from an unsigned email authored by Dr. Robert Dahlin, a neurosurgeon and former medical school acquaintance, whose father has federal ties. Dr. Dahlin visited me in Florida briefly in mid-November 2023 and directly witnessed irrefutable evidence of hacking and retaliation orchestrated by Teladoc. He insisted on reviewing the subpoena I had received, and did so covering PMI, and witnessed firsthand Teladoc's systemic failures. Yet he callously refused to examine any additional corroborating evidence I offered.

Subsequently, Dr. Dahlin acknowledged via text messages that I was getting phishing attempts, and I provided him with a voluminous array of hacking artifacts (submitted as evidence). Astonishingly, he dismissed these overtures with indifference, responding that he "doesn't care." This behavior was profoundly uncharacteristic of our longstanding friendship, effectively betraying a deliberate choice to ignore irrefutable facts in favor of unfounded speculation.

On December 27, 2023, Dr. Dahlin filed a baseless complaint with the Physician Recovery Network (PRN), alleging "persistent delusions" regarding the hacking incidents, despite his own eyewitness confirmation of their reality and his willful refusal to engage with further proof. Under oath, Dr. Dahlin later conceded that no signed complaint exists. Undeterred by this glaring illegitimacy, the DOH pursued this investigation with alarming zeal, eagerly weaponizing the unsigned email as its cornerstone. In doing so, the DOH has shamelessly transformed what should have been a routine administrative review into a pernicious

instrument of retaliatory persecution, inflicting profound professional and personal harm while shielding the true perpetrators of the underlying misconduct.

5. License Cancellations, FL License Duplication

My NV, ND, WI, and MN licenses were canceled around November 2023, before Dr. Dahlin's visit, without explanation. The Florida duplicate license, issued without attestation, was created resulting in two active Florida licenses with issuance dates of January 3, 2024 (control number 96742) and February 17, 2024 (control number 100788), about a month after Dahlin's visit. The DOH and the Florida Board of Osteopathic Medicine (MQA.Osteopath@flhealth.gov) have failed to address validity concerns and these discrepancies.

6. Flawed DOH Investigation/(PRN) Records:

The DOH investigation, overseen by Alice Richardson under Niaah Ellis's supervision, was superficial and flawed: it included no interviews with me or Dr. Dahlin, relied on six pages of PRN records, and incorporated supplements based on my January 30, 2024, call reporting hacking. It was initiated based on mere hearsay from PRN, without a legally signed complaint.

7. Improper Service of Initial Notification Package/Breach of Confidentiality:

The DOH breached my confidentiality by sending my Initial Notification Package (January 4, 2024, tracking number 70190140000058587250) to an incorrect address, as confirmed by Mr. Morris's email on February 19, 2024, stating, "it was tracked to a different address where it was delivered," compromising confidentiality. However, Alice Richardson's email on February 1, 2024, claimed, "Yes, the address we have on file and where the letter was mailed to is 3540 S. Ocean Blvd #805, Palm Beach, FL 33480," yet USPS tracking shows it was "Delivered to Original Sender."

The package never reached me at my address of record (pp. 93-97, 107-108), where it was delivered per Ellis (p. 94) but couldn't verify its return to sender citing ongoing computer difficulties. Her false statement contradicts the USPS tracking evidence (p. 96). This false statement, combined with the lack of signature or tracking for the March 2024 Order Compelling Examination (OCE) and most DOH legal paperwork, highlights a biased process that prejudiced my ability to prepare my defense.

8. Denial of Forensic Device Evaluation:

I possess approximately 100,000 photos, 4 hard drives, 15 cellphones, 10 diaries, 4 laptops, and USB drives containing evidence of hacking, retaliation and Teladoc's actions. The court and DOH refused my repeated requests for a forensic evaluation of my devices, which could have substantiated my hacking claims and refuted the psychosis diagnosis. This limitation hindered my ability to fully defend against the allegations, despite my pleas (pp. 200-204, 210-211, 227).

9. Failure to Evaluate Hacking and Dismissal of Evidence:

Throughout this ordeal, the Florida DOH has systematically ignored my evidence and proceeded without investigation, overlooking potential exonerating material. Evaluating my evidence was central to my defense against the unspecified psychosis allegation, and this omission limited my ability to present exculpatory evidence, as documented in my testimony (pp. 209-210, 218, 227-228). DOH's attempt to divert focus from the hacking evidence suggests deliberate suppression and retaliation.

10. Lack of Notice and Redacted PCP Meeting Minutes:

I received no formal notice from the Department of Health (DOH) regarding PCP review, remaining unaware of the meeting until discovering about it online in late 2024, nearly 1.5 years later. Upon requesting the minutes post-hearing under Chapter 119, Florida Statutes, I received a fully redacted document—every page blacked out with no visible content—preventing review of the probable cause determination (referenced at p. 100 of transcript). This deprived me of the opportunity to respond or challenge the findings.

11. Two Separate File Systems

I was listed as an orthopedic surgeon online around 2023, and I report having two Social Security numbers and being listed as an MD (not DO) on ABPN until recently. Dr. Treese's Independent Medical Examination, incorrectly dated May 16, 2024, instead of April 16, 2024, remains uncorrected on paper, and I have not received an accurate second report. December 10, 2024, deposition was duplicated into notarized and unnotarized files, as detailed in evidence. These inaccuracies compound the investigation's irregularities, suggesting deliberate mishandling, retaliation, or suppression of evidence (pp. 76-77, 100-102, 216-217).

12. Misrepresentation of Legal Representation and Evidence Suppression:

Judge Cohen misrepresented my ability to secure legal representation by stating, "If you can afford an attorney, you certainly can have a lawyer" (p. 49), ignoring evidence I submitted under "Motions", including photos of Stephen Burch's public website showing child porn pingbacks. His immediate interruption and striking of my comment about this issue (p. 49), framing it solely as a financial matter, prevented me from discussing potential lawyer sabotage tied to the case, suggesting a deliberate suppression of relevant evidence and a lack of awareness of my prior submissions.

13. Failure to Uphold Whistleblower Protection Laws:

The Florida DOH failed to uphold whistleblower protection laws by pursuing this case against me without contacting the FBI or my previous lawyer, Jacob Tubbs at Price Armstrong, to verify my claims of hacking and retaliation linked to my Teladoc whistleblowing (pp. 210, 218, 227), despite my repeated requests. This omission disregarded my safety concerns and the legal obligation to protect whistleblowers under Florida Statutes, intensifying the retaliatory nature of the proceeding and leaving my defense unsupported.

14. Shocking Harm by the DOH:

Despite the DOH's awareness of my reported cyberhacking, which triggered the cancellation of my health insurance in July 2024, when I desperately needed a breast lump biopsy, they ruthlessly pressed forward with this court case (pp. 209-210, 218, 227-228) based on unsigned complaint, unverified diagnoses (pp. 146-147) and while ignoring hacking evidence. This brazen move has obliterated my career, devastated my health with life-threatening consequences, and shattered my reputation, exposing a chilling disregard for my well-being. The \$50,000 Delray bill and canceled medical appointments (p. 221) further suggest systemic targeting following my whistleblowing.

15. The Unjust and Retaliatory Hearing on August 5, 2025

On August 5, 2025, the DOH conducted a hearing via video-teleconference in Tallahassee regarding allegations against my medical license, rooted in Dr. Dahlin's unauthorized diagnostic intervention, conducted under the guise of friendship but exploited in a quasi-judicial forum via an unsigned complaint. Testimony from Dr. Dahlin, a non-psychiatrist with federal connections, alongside Dr. Treese's admission of no symptom inquiry and file falsification, and Niaah Ellis's evasive refusal to answer my questions, depict a calculated scheme to discredit and defame me, devoid of evidence, in collusion with Mr. Morris's and Judge Cohen's frequent objections and baseless rulings.

Deprived of a lawyer—who withdrew just before trial—and witnesses, a setup that would inevitably hinder my position, the DOH failed to substantiate any psychotic disorder, as my reports were robustly corroborated by external evidence of Teladoc's glitches and retaliation patterns, with no impairment established [2][3]. Dr. [REDACTED] testifying "it seems curious to me whether this was a case of deliberate abuse or neglect. I don't have the evidence to comment on that" starkly illuminates a collusive effort, exposing this proceeding as a flagrant violation of due process that intensified my peril.

16. Witness Testimonies and Bias:

• Dr. Robert Dahlin

Dr. Dahlin's Testimony and Bias:

Dr. Dahlin testified as the DOH's first witness, providing a professional background from Duluth, Minnesota, and confirming his CV. He described a close relationship with me until approximately two years ago, noting no prior mental health concerns, but claimed a dramatic change due to my "persistent delusions" about being monitored, prompting his complaint to the PRN. Reflecting his limited psychiatric expertise, he concluded I exhibited "delusions consistent with psychosis" and should not practice medicine, basing this on personal observations, despite his text messages acknowledging my phishing attempts and account irregularities, only to arrogantly retort, "I don't care! (about any of the evidence)" He deliberately dismissed the evidence he had seen and agreed upon, and refused any further review of my extensive documentation of hacking and whistleblower retaliation.

No Signed Complaint:

Dr. Robert Dahlin testified that the initial complaint he filed with PRN approximately two years ago was not signed (pp. 49-50, 99), yet the DOH accepted and opened this case based solely on that unsigned document, rendering the proceedings invalid from the outset.

Dismissal of All Evidence:

His testimony reached a peak of arrogance with his statement, “Dr. Dahlin, do you care about the evidence that I have? A. No, I don’t,” repeating his lack of interest communicated to me via texts prior. This cavalier disregard, alongside the vast public data on Teladoc system issues and the RansomHub breach validating my claims, constitutes a severe ethical breach that mocks the Hippocratic Oath. His reliance on personal perceptions, rather than evidence, dismantles any good-faith argument, revealing a deliberate choice to defame rather than diagnose, shattering the pretense of due diligence. A fair evaluation would have engaged with my documented proof, especially given his access to it. DOH’s reliance on this baseless testimony, ignoring validated hacking claims, underscores a retaliatory process that has worsened my health and career ruin.

Dr. Dahlin’s Ambiguous Diagnosis:

Dr. Dahlin demonstrated inconsistent diagnostic reasoning, initially documenting auditory hallucinations in his November 20, 2023, and November 22, 2023, reports—a blatant fabrication presented to the court—before shifting to delusions and paranoia. He expressed familiarity with “unspecified psychosis” as a “psychosis of unknown origin” but later offered a hesitant conclusion lacking psychiatric authority, stating I suffer from “delusions consistent with psychosis” absent from the DSM-5-TR, leaving me unable to address his unclear intent, possibly conflating symptom delusions with Delusional Disorder or Unspecified Psychotic Disorder” (p. 27). His equivocation, coupled with his admission of not being a psychiatrist, undermines his testimony’s credibility. His submission of evidence on “Substance Use Disorder” and “Schizophrenia Spectrum disorders” reflects a haphazard approach, casting the entire DSM-5-TR psychotic disorder section at me in hopes of a fit, further confounding my defense.

Baseless Delusion Claims:

Dr. Dahlin’s assertion that I suffer from delusions, as testified during the hearing (pp. 21, 38-41), lacks foundation under the DSM-5 definition, which describes a delusion as “a fixed belief not amenable to change despite conflicting evidence, not ordinarily accepted by a person’s culture or subculture”—a strongly held, implausible false belief resistant to facts and community norms.

My concerns, far from false, are substantiated by evidence and supported by friends, colleagues, and family including my childhood friend, a Nokia engineer, who confirmed in a letter dated October 23, 2024, that I am targeted by sophisticated cyberattacks. Though my family and friends/colleagues lack tech savvy, they recognized the obvious signs of hacking (pp. 43-46), a view reinforced by my submitted court evidence, including emails from hackers stating, “I have hacked you.” I posted his letter on the court website with “Motions”, though it was dismissed as evidence due to procedural rules (p. 44); nonetheless,

it aligns my beliefs with a tech-savvy subculture aware of whistleblower retaliation risks. Additionally, Dr. [REDACTED] my treating psychiatrist for 8 years, testified that he is “curious whether this “was a case of deliberate abuse or neglect” rather than a legitimate psychiatric concern.

The Department of Health's (DOH) persistent refusal to authorize a forensic examination of my devices (pp. 29–30, 66–68), coupled with Dr. Dahlin's outright rejection of the presented evidence, and in stark contrast to acknowledgments of hacking activity by individuals who directly engaged with my devices and supporting materials, renders his diagnosis of delusion entirely unfounded. This pattern strongly indicates a calculated effort to mischaracterize my whistleblowing on Teladoc as a manifestation of mental illness.

Dahlin's Unfounded Accusation of Inability to Practice Medicine:

Dr. Robert Dahlin accused me of being unable to practice medicine, asserting I should not perform critical tasks like seeing patients, writing prescriptions, or inputting medical orders due to an alleged “delusional disorder or problems with cognition.” Yet, he admitted he has not reviewed the Teladoc systems or their widely documented glitches, responding “No, I can't do that” when asked if the issue stemmed from me rather than the system, and acknowledging he does not use Teladoc. I presented evidence of consistent Teladoc malfunctions, including 42 pages of detailed examples and testimony about other doctors and patients facing similar issues, aligning with public reports.

Dahlin's Arrogant and Snarky Mischaracterization:

Dr. Dahlin's testimony is marked by snarky and arrogant remarks that underpin his baseless “diagnosis” of me as delusional, revealing a profound lack of professionalism. His snide comment about noises on the roof mocked my whistleblower context, dismissing my rigged apartment evidence, while his repeated labeling of my beliefs as “persistent delusions” disregarded my evidence. He dismissed my texts and emails as “rants with no substance” and relied on a self-proclaimed “clinical opinion” based on his limited experience, culminating in a brazen “I don't care” response to my evidence.

Dahlin's Government Connection:

Dr. Dahlin's testimony raises concerns about government involvement in my case, through his father, who worked with Northrop Grumman, a government-contracted company. During his November 2023 visit to my apartment, I observed him using a “government cell phone” he initially admitted belonged to his father, though he later denied it (p. 31), casting doubt on his honesty. His “I don't care” dismissal of my evidence may stem from confidence in this connection, and the DOH's reliance on his testimony, despite these red flags, is concerning.

Dr. Dahlin's Neglect of Mafia Threats and Assumed Responsibilities:

Dr. Dahlin testified I frequently voiced fears of being killed by the Miami mafia and other groups over the past two years (pp. 27-28). Despite knowing my Teladoc whistleblowing and torture claims in mafia-ridden South Florida, he dismissed these grave threats, encouraging me to stay in that perilous environment, a shocking betrayal as a friend that

worsened my distress and danger. His willingness to testify and provide a diagnosis further obligates him, as an assumed expert witness, to conduct a comprehensive risk assessment of these life-threatening threats, amplifying his prior neglect given Florida law and psychiatric standards requiring safety evaluations.

- **Niaah Ellis**

Audacity of ‘I Don’t Know’ Responses and Evasive Behavior:

Ms. Ellis’s audacious parroting of “I don’t know” or “I can’t answer” to critical questions about the returned package (p. 96), duplicate license (pp. 101-102), and hand-serve verification (p. 105) is indefensible, given her custodian role. Her inability to provide substantive answers as a witness mocks the hearing’s purpose. The judge’s leniency in tolerating this nonsense (e.g., not pressing for answers, p. 102) enabled the DOH’s weak case, reflecting an unethical disregard for fairness.

Inadequate Court Presentation

Ms. Ellis delivered an alarmingly inadequate court presentation. Her testimony was marred by repeated technical difficulties with her computer (pp. 84, 90-91), hindering the procedure as she struggled to access files, apologized profusely, and required Mr. Morris to send documents via email (p. 85). This lack of preparation disrupted the hearing’s flow and undermined her ability to provide substantive responses

Superficial Investigation and Lack of Evidence:

Ms. Ellis testified that the complaint against me originated from PRN on December 27, 2023 (p. 87), with the final investigative report dated January 10, 2024, relying solely on six pages of PRN records without interviews (p. 87). The first supplemental report (February 7, 2024) was prompted by my January 30, 2024, phone call about hacking (p. 89), yet no follow-up investigation occurred, exposing the DOH’s rush to revoke my license.

Communication Breakdowns and Notification Flaws:

Ms. Ellis admitted “problems communicating” (p. 92), citing multiple emails, calls, hand-serve attempts, and a door note, yet the DOH proceeded without confirming receipts. My cross-examination revealed the returned mail (p. 94) and lack of signature or tracking for hand-serve (p. 104), with Ellis asserting these are not required (p. 104). The judge’s “constructive notice” ruling (p. 106), despite lacking proof, denied me proper notice, amplifying the injustice.

PCP Meeting Evasion and Redacted Minutes:

Ellis evaded my question about the PCP hearing, with Morris citing confidentiality (p. 99) and the judge blocking further inquiry. Post-hearing, I obtained PCP meeting minutes, but they were fully redacted, suggesting illegal suppression. DOH’s confidentiality claims (p. 99) indicate a deliberate exclusion to prevent review of the probable cause determination and my defense input, given the meeting’s relevance to my license.

- **Dr. [REDACTED]**

No Psychosis Evident

My treating psychiatrist for eight years, conducted 23 visits between March 22, 2016, and May 6, 2024, prescribing Adderall (20 mg three times daily PRN) for ADHD without observing any psychosis or adverse effects. His detailed medical records document stable mental health, with no concerns noted across these visits, including the last telephonic consultation on May 6, 2024 (3 weeks after Treese's Independent Medical Examination on April 16, 2024, instead of May 16, 2024, like he falsified). [REDACTED] expressed mystification at my August 2024 Delray hospitalization (p. 126), indicating no prior indication of psychosis. He affirmed that a first-break psychotic episode at age 47 is unusual without other factors, such as drug use, and emphasized the need to rule out alternative causes, including hacking-related.

His analysis leaned toward procedural misconduct, dismissing psychosis as a plausible explanation and instead pointing to fraud or neglect in the DOH's handling of the case, a stance that underscores the audacity of pursuing revocation without adhering to psychiatric guidelines or investigating my claims.

- **Dr. Theodore Treese**

DSM-5 Violation; Failed Symptom Inquiry

In medicine, "symptoms" are subjective (patient-reported experiences, e.g., nausea), while "signs" are objective (provider observations, e.g., pale skin). DSM-5 criteria for psychotic disorders require at least one patient-reported symptom (e.g., delusions or hallucinations) alongside observed signs. Dr. Treese admitted he did not ask me about symptoms of psychosis, relying solely on observed signs (e.g., disorganized speech) for an "unspecified psychosis" diagnosis. This fails to meet DSM-5 standards, rendering the diagnosis clinically and legally unsound.

Dr. Treese's "Independent Medical Examination" Falsification:

APA guidelines (3rd ed., 2015) mandate documenting the diagnostic process, including assessments and omissions. Yet Dr. Treese's report omits his failure to inquire about psychotic symptoms—admitted in testimony (p. 194)—while describing observed signs (e.g., disorganized speech, delusional thinking) as if a full evaluation occurred. This misrepresentation undermines the diagnostic integrity, especially for an "unspecified psychosis" diagnosis that endangers my medical license, misleading the DOH and tribunal while impeding my fair challenge.

Additionally, the report's erroneous date (May 16, 2024, instead of April 16, 2024) erodes its legal validity. Dr. Treese's claim that a verbal correction suffices is untenable under APA guidelines and Florida's "clear and convincing" evidence standard, which demand accurate written records for disciplinary actions. His refusal to amend despite my notification implies deliberate distortion, questioning the evaluation's authenticity and the diagnosis's

foundation. Verbal fixes lack evidentiary permanence, prejudicing my defense—particularly amid my Teladoc whistleblower allegations—suggesting bad faith and retaliatory intent

Furthermore, the report is profoundly inaccurate: During the actual April 16, 2024, evaluation, Dr. Treese affirmed belief in my account, recognized the risks of Teladoc whistleblowing, pledged support, and raised no psychosis concerns—rendering his fabricated narrative a profound breach of trust.

Incomplete and Provisional Diagnosis

Dr. Treese admits his evaluation was incomplete, lacking toxicology testing, collateral information (e.g., from colleagues or family), neuropsychological testing, and follow-up on labs and requested evidence (e.g., hacking proof), despite deeming these “non-negotiable”. He ignored my non-participation due to cybergang interference. Treese violated APA guidelines (2020) for comprehensive psychiatric assessments, which require substance use screening, collateral history, quantitative symptom measures, and differential diagnosis to rule out alternatives like stress or trauma (DSM-5-TR, Schizophrenia Guideline).

His provisional “unspecified psychosis not due to a known substance or physiologic condition” diagnosis (with rule-out for amphetamine-induced psychosis) is based on a 30-minute interview (cut from a planned 90 minutes, although he falsely testifies 80 minutes), and relied on observed “disorganized speech” and “delusional thinking” noted emerging after 15 minutes, without standardized tools (e.g., PANSS) or meeting any psychosis DSM-5 duration criteria (e.g., six months for schizophrenia-spectrum disorders). This renders the diagnosis clinically unsound.

Bias in Evaluation Process:

Dr. Treese diagnosed me with unspecified psychosis without reviewing my evidence of hacking, labs, or collateral, citing my failure to provide this information (pp. 146-147, 189-190). This is outrageous, as I offered him my phone to review during the exam, and given the widely reported Teladoc glitches publicly available online. I attempted to contact him numerous times, but his office was unreachable, and he failed to follow up as discussed (pp. 183-184). Dr. Treese’s failure to address these communication barriers (e.g., unreachable phone numbers) may have biased his diagnosis, resulting in an invalid assessment of my fitness to practice (pp. 183-184, 189-190).

Chasing Zebras, Not Horses: Dr. Treese’s Neglect of Obvious Causes in Favor of Unsubstantiated Diagnoses:

Dr. Treese misdiagnosed my condition as psychosis, dismissing the most plausible evidence-based explanation of trauma from hacking, cybergang targeting, and whistleblower retaliation (the “horses” in medical diagnostic parlance). His casual dismissal of my whistleblower context as “persecutory delusions” is outrageously reductive, ignoring life-threatening retaliation by a \$2.6 billion telehealth firm with organized crime ties. By interpreting my hacking claims as “sinister presences” and disregarding reported break-ins and threats, he placed me in grave danger. He refused to examine my phone despite my

consent, citing a “boundary violation” (p. 187), contravening APA guidelines (3rd ed., 2015), which require reviewing evidence to rule out external causes before diagnosing psychosis.

Rather than pursuing the most plausible explanations, he fixated on improbable, speculative alternatives (“zebras”), such as amphetamine use (Adderall 20 mg TID PRN), without conducting toxicology screening or verifying dosage history. He also falsely asserted—based on unverified Delray Medical Center records from August 2024 (p. 153)—that a breast mass had progressed over two years, potentially signaling cancer or brain metastasis, despite the absence of any supporting symptoms (e.g., headaches, nausea, vomiting, seizures, or cognitive decline) or even being aware of the issue during his April 16, 2024, evaluation. While acknowledging uncertainty (“I didn’t know” whether the presentation stemmed from schizophrenia or drug induction), he nonetheless anchored his assessment to these unsubstantiated records.

His claim of “negative symptoms” (social withdrawal) lacks collateral and is debunked by my 124-day Holland America Grand World Voyage, where I formed lasting friendships and visited 34 countries across six continents despite DOH retaliation and cybergang interference, demonstrating resilience. His post-hearing note of “distress and agitation” under DOH confrontation reflects hindsight bias, not objective data, undermining his “reasonable degree of medical certainty.” He deemed me “grossly unprepared” to practice due to “disorganized speech,” ignoring that English is my second language and dismissing Finnish linguistic complexities despite knowing my Finnish upbringing, revealing cultural insensitivity and a retaliatory diagnostic bias that flouts APA standards.

Ignoring Publicly Available and Widely Reported Teladoc System Issues:

Dr. Treese admits he made no direct observation of my clinical skills or Teladoc’s system issues (e.g., medication order failures) yet speculates I would “not make it more than a couple of hours in an office” based on faulty assumptions, not patient care. He unjustly labels me, a whistleblower, with psychosis for reporting Teladoc malfunctions echoed by thousands.

My evidence submission, representing only a fraction of my holdings, was ignored by Treese, who also disregarded readily available online data. Reddit threads (2023-2025) highlight “unresponsive apps” and “declined appointments leaving patients in limbo”; Capterra criticizes “terrible system and customer service blaming internal glitches”; and Indeed notes software “slowing consults” amid “abundance of spam” and failed medication orders—a chaos Teladoc’s FAQ dodges with vague “technical difficulties.” As psychiatrists often rely on such public data in high-stakes cases, Treese’s failure to investigate reflects a lack of common sense that undermines his entire evaluation.

Shockingly, nearly two years later, he persists with a baseless “unspecified psychosis” diagnosis without symptoms or evidence review, a hypocrisy laid bare as the DOH grapples with RansomHub’s June 2024 cyberattack, which stole 100 GB of data affecting 729,000 Floridians, as reported by HIPAA Journal and StateScoop in September 2024.

Failure to Address Safety Risks and Catastrophic Negligence:

Psychiatrists are legally and ethically bound to evaluate patient safety, including suicide/homicide risks, imminent threats, and protective interventions (e.g., hospitalization, safety planning, law enforcement referrals), per APA Guidelines (3rd ed., 2015) and DSM-5 standards. Dr. Treese, however, summarily dismissed my reports of organized crime threats, break-ins, device hacking, and whistleblower retaliation without investigation—potentially amounting to negligence or malpractice. His omission of a suicide/homicide risk assessment and decision to return me into an abusive, retaliatory environment—as a lone female lacking social support or protection, with a compromised Uber account and facing targeted criminal activity—posed a lethal hazard.

South Florida, a longstanding mafia hub since Prohibition, continues to harbor active groups like the Trafficante family, MS-13, and Mexican Mafia in drug trafficking and extortion across Broward and Miami-Dade (DOJ, 2024–2025). This volatile "open territory" drives healthcare fraud, with the region topping the 2024–2025 DOJ National Health Care Fraud Takedown (37 defendants, \$14.6 billion in false claims)—mirroring the Teladoc vulnerabilities I exposed. As a high-value target with 50 million annual visits and \$2.55 billion in 2025 revenue, Teladoc exemplifies such risks, underscored by recent whistleblower fatalities (e.g., Boeing's John Barnett in March 2024, Joshua Dean in May 2024, and OpenAI's Suchir Balaji in November 2024), compounded by my unbiopsied breast lump potentially linked to Teladoc.

Dr. Treese's inaction—rejecting my claims, forgoing law enforcement or FBI referrals, and returning me to peril despite evident dangers—constitutes catastrophic negligence verging on criminality.

The Florida Department of Health Trial and Lack of Fair Hearing

17. Prejudiced Hearing and Restricted Defense:

Throughout the August 5, 2025, hearing, Judge Cohen interrupted my questioning and testimony 22 times (pp. 32, 37, 38, 43, 45, 48, 49, 58, 67, 69, 96, 98, 106, 120, 126, 184, 188, 190, 193, 199, 203, 204), with 8 objections (pp. 37, 43, 49, 58, 96, 106, 120, 201) severely limited my defense. Judge Cohen often redirected me to "ask questions only", when I was attempting to present evidence of hacking and whistleblower retaliation in preparation for the question. Mr. Morris objected to my cross-examination questions and statements as irrelevant, argumentative, or hearsay (12 objections: pp. 29, 35, 53, 60, 72, 94, 99, 100, 101, 119, 126, 185) and outrageously interrupted me 4 times (pp. 29, 35, 60, 72). His objections, delivered with a parrot-like cadence, were relentless to derail my inquiries and attempts to challenge the DOH's case and present evidence of external factors central to my defense. He notably dismissed the unsigned initial complaint by Dr. Dahlin as a digital-age norm (p. 53) and ignored evidence of my notification package being returned to sender (pp. 93-97), reflecting a dismissive approach to my due process concerns.

As a pro se litigant unfamiliar with objection procedures, I refrained from interrupting Judge Cohen or Mr. Morris during their examinations or statements, viewing it as rude and

unprofessional, despite their frequent interruptions of me, which created an uneven playing field and prevented me from fully developing my defense. This nonstop disruption, combined with my lack of legal training, rendered the procedure manifestly unfair, as I was held to the same evidentiary standards as represented counsel without equivalent accommodations or guidance on objecting during their testimony. The judge's unfamiliarity with my "Notice of No Witnesses" (p. 9), belated apology (pp. 233-234), dismissal of forensic evaluation requests (pp. 200-204), and allocation of only two-and-a-half hours instead of months to present my complex case prevented a thorough presentation, compromising my ability to respond effectively.

18. Unlawful Manipulation of Dahlin's Expert Role

The DOH improperly blurred Dr. Dahlin's role as a complaining witness with that of an expert, while the court erroneously elevated him to expert status despite Dr. Treese's involvement and Dahlin's admission of lacking psychiatric credentials (p. 27). Mr. Morris solicited Dahlin's concurrence on an "unspecified psychosis" diagnosis and Dahlin introduced evidence of other conditions (e.g., Substance Use Disorder, Schizophrenia Spectrum), enabling him to diagnose and testify as an expert without disclosure or consent.

19. Inability to Call Witnesses Due to Intimidation Concerns:

I was unable to call witnesses due to credible fears of intimidation by Teladoc, mafia, and cyber-gang elements, a concern the court did not address. This deprived me of corroborative testimony critical to my defense, as explained in my "Notice of No Witnesses" (pp. 9-12).

20. Uninvestigated Baker Act Hospitalization:

My involuntary Baker Act hospitalization at Delray Medical Center was accepted as evidence without investigation into my claims of illegality, including the absence of a BA-32 form and improper proxy assignment. This potentially skewed the assessment of my mental health, as I testified (pp. 224-225).

21. Mischaracterization of Core Issue by the Presiding Officer:

Judge Cohen mischaracterized the scope by stating, "We're not here on a hacking by Teladoc... The only issue is whether you're able to practice with reasonable skill and safety" (p. 121). This dismissed my hacking evidence (pp. 208-210), central to the psychosis allegation of "delusions," limiting my defense on whether my experiences reflect impairment or interference. My exhibits, admitted into evidence, include hacking evidence, all of which support claims of identity fraud and retaliation rather than impairment.

22. Dismissal of Previously Submitted Evidence:

I frequently referenced statements from others (e.g., friends/colleagues, Jacob Tubbs, FBI, Interpol,) to support my claims (pp. 43-45, 209-211, 225), but Judge Cohen consistently ruled these as hearsay due to the individuals' absence (pp. 43, 58-59), dismissing their evidence in my Motions, because they were not re-offered (pp. 58-59, 176). This procedural rigidity, while standard under DOH rules, prejudiced my ability to fully present my case, particularly given my pro se status and the complexity and severity of the allegations, potentially violating my right to a fair hearing.

23. Withholding of PCP Hearing Details:

The DOH withheld details of the PCP hearing from me, citing confidentiality (p. 100). When I asked, “Why was I not told about the PCP hearing and that information was withheld?” Morris dodged the question with a confidentiality objection, upheld by the judge as irrelevant (p. 100), denying me insight into the probable cause determination.

24. Lack of Evidence Supporting Psychosis or Impairment:

No evidence supports a psychosis diagnosis, as I exhibit no symptoms, as testified by Dr. Treese and Dr. Dahlin, who relied solely on observed signs. Dr. D [REDACTED] longitudinal record contradicts their snapshots, and the Delray urine drug screen (UDS) showed no illicit substances. DOH’s reliance on an unsigned complaint, and failure to explore external causes, as supported by Dr. L [REDACTED] testimony (pp. 121-126) and my own (pp. 208-222) point to fraud or neglect in the DOH’s handling of the case. My hacking claims are validated by multiple individuals, the 2024 RansomHub breach and my submitted hacking evidence and dismissed collateral evidence, despite the Florida DOH’s failure to investigate or conduct a forensic evaluation. Witnesses exhibited no familiarity with the Teladoc platform and, despite extensive public reports of its glitches, disclaimed any knowledge of system malfunctions—failing to rebut my claims that the platform’s dysfunction, rather than my abilities, is the issue. No proof exists that I am unable to practice osteopathic medicine with reasonable skill and safety due to psychosis, with the DOH’s burden of proof unmet.

CONCLUSIONS OF LAW

25. Jurisdiction and Burden of Proof:

The Division of Administrative Hearings holds jurisdiction under § 120.57(1), FS, and the Florida DOH bears the burden of proving by clear and convincing evidence, per *In re: Davey*, 645 So. 2d 398 (Fla. 1994), that I am unable to practice osteopathic medicine with reasonable skill and safety under § 458.331(1)(z), FS. The DOH’s failure to meet this standard, relying on an unsigned complaint, procedural violations, insufficient evidence, and unverified diagnoses, falls short of § 120.57(1)(j), FS, warranting dismissal.

26. Jurisdictional Overreach and Failure to Prove Impairment in Alleged Federal Retaliation Scheme:

The DOH’s proceedings, potentially compromised by complicity in a federal-state retaliation scheme targeting Teladoc whistleblowing (as evidenced by integrated actions in Findings of Facts § 3), exceed administrative jurisdiction under § 120.57(1), FS (fair hearing limits), breaching Fourteenth Amendment due process by subordinating state authority to unproven federal interests without consent or probable cause. The DOH’s failure to establish impairment by clear and convincing evidence under § 120.57(1)(j), FS, and *In re Davey*, 645 So. 2d 398 (Fla. 1994) (requiring competent proof of professional incapacity), is compounded by reliance on an unsigned complaint, unverified diagnoses (§ 458.331(1)(z), FS, prohibiting unsubstantiated misconduct findings), and suppressed exculpatory

evidence, nullifying authority and warranting dismissal. This overreach, suggestive of patterned collusion, further implicates potential RICO violations (18 U.S.C. § 1961 et seq.) for enterprise-based abuse, entitling the litigant to vacatur and sanctions. See *Agency for Health Care Admin. v. Seminole Hosp.*, 707 So. 2d 1245 (Fla. 1st DCA 1998) (jurisdictional defects in retaliatory administrative actions require reversal).

27. Egregious DOH Collusion in Covert Federal Probe:

The DOH's initiation of disciplinary action without consent, evidencing complicity in a covert federal probe under the Biden administration (inferred from sealed proceedings and integrated federal-state actions in Findings of Facts §§ 3, 30, 32–33), breaches § 120.57, FS (requiring due process, notice, and impartiality free from external influence [30][32][33]) and § 456.0575, FS (prohibiting whistleblower retaliation). This collusion deprives the litigant of property (license) and liberty (reputation) interests without due process, establishing liability under 42 U.S.C. § 1983 for civil rights violations, and entitling recovery for damages under 28 U.S.C. § 1346 (federal tort claims). Such outrageous misconduct, despite the sealed nature limiting direct proof, warrants immediate dismissal, license restoration, and compensatory/punitive damages. See *Monell v. Dep't of Soc. Servs.*, 436 U.S. 658 (1978) (municipal liability for due process deprivations under § 1983).

28. Orchestrated Retaliation Violating Whistleblower Protections:

The DOH's initiation and pursuit of proceedings—relying on biased, unverified complaints and refusing to investigate exculpatory claims—constitutes unlawful adverse action in retaliation for Teladoc whistleblowing on fraud and system malfunctions (pp. 208–209), breaching federal safeguards under the Whistleblower Protection Act (5 U.S.C. § 2302) and 41 U.S.C. § 4712, as well as Florida statutes including the Private Whistleblower Act (§ 448.102, FS), § 456.0575 (health professional whistleblower protections), and § 112.3187–112.31895 (public employee whistleblower protections, mandating investigation and prohibiting retaliation). This collusion voids all findings ab initio, transforms the action into a punitive tool, and inflicts egregious harm (e.g., financial ruin, health risks), violating § 120.106(4), FS (impartiality in proceedings), § 120.57(1)(b), FS (fair hearing), and AMA Code of Ethics, Opinion 9.1.1 (fair evaluation). See *Univ. of Tex. Med. Branch at Galveston v. Barrett*, 159 F.3d 1201 (5th Cir. 1998) (whistleblower protections require dismissal of retaliatory claims); *Sarasota Mem'l Hosp. v. Agency for Health Care Admin.*, 17 So. 3d 290 (Fla. 1st DCA 2009) (administrative bias warrants reversal).

- Examples:

- Integrated federal-state scheme lacking probable cause, evidenced by Findings of Facts § 3, justifying sanctions under § 120.69, FS, and RICO claims under 18 U.S.C. § 1961 et seq. for patterned abuse.
- Reliance on Dr. Dahlin's unsigned, biased complaint (pp. 49–50, 99) and his "I don't care" dismissal (p. 73), combined with Dr. Treese's flawed IME (pp. 146–147).
- Refusal to contact the FBI or Jacob Tubbs (pp. 210, 227) or investigate hacking claims post-whistleblowing (pp. 209–210, 218, 227), despite public validation of Teladoc issues.

- Pursuit amid documented harms, including \$50,000 Delray bill (p. 221), canceled appointments (pp. 224–225), and health issues (pp. 209–210), escalating to lethal risks.

These consolidated errors establish a retaliatory scheme, entitling the litigant to full exoneration, back pay, punitive damages, and a rehearing before an impartial tribunal.

29. Unsigned Complaint Invalidates Investigation:

The DOH's reliance on Dr. Dahlin's unsigned complaint via PRN (pp. 49-50, 99) violates § 28-106.201(2), FAC, and § 456.073(1), FS, requiring a signed, legally sufficient complaint for probable cause. His admission of no signed complaint (p. 50) renders the investigation defective, breaching § 120.57(1)(a), FS, for rule compliance, and § 120.57(1)(b), FS, denying due process. This illegal overreach, lacking legal foundation, warrants dismissal under § 28-106.204(2), FAC, for lack of jurisdiction.

30. Unaddressed License and Identity Anomalies:

The issuance of two active licenses (January 3, 2024, and February 17, 2024) without attestation, plus two social security numbers (pp. 76-77, 100-102, 216-217), breaches § 458.319 and § 456.004, FS, mandating accurate records. The DOH's failure to investigate and the unexplained cancellation of my NV, ND, WI, and MN licenses (p. 216), alongside Ms. Ellis's inability to explain (pp. 100-102), violates § 120.57(1)(b), FS, denying me a fair hearing to address potential hacking or administrative errors relevant to my defense.

31. Flawed Superficial Investigation:

DOH's superficial investigation, lacking interviews with me or Dr. Dahlin and relying on six PRN pages (p. 87), plus Ms. Ellis's evasive responses (pp. 96-102), breaches § 120.57(1)(b) and (j), FS, for a fair hearing, and § 28-106.201(2), FAC, for thorough investigation. This lack of diligence, ignoring my claims, violates § 120.57(1)(c) FS, prejudicing my defense and revealing a rush to revoke my license.

32. Communication Breakdowns and Notification Flaws:

The DOH's failure to properly serve my initial notification package, returned to sender per USPS tracking (pp. 93-97, 107-108), and lack of signature or tracking for hand-served documents (pp. 104-105), as admitted by Ellis, violates § 120.569(1), § 120.57(1)(a), FS, for rule compliance, and § 120.57(1)(b), FS, for due process. The judge's leniency (p. 106) compounded this prejudice, denying me timely notice and hindering defense preparation.

33. PCP Notice Withholding and Redactions:

The DOH's failure to notify me of the Probable Cause Panel (PCP) review under § 456.073(4), FS, denied my right to respond, breaching § 120.57(1)(b), FS. My 1.5-year-delayed online discovery highlights this omission. The fully redacted minutes violate § 119.07(1), FS, and § 120.57(1)(c), FS, (evidence access), prejudicing my defense and warranting dismissal for procedural invalidity.

34. Denial of Witness Testimony:

My inability to call witnesses due to intimidation fears from Teladoc and organized crime, noted in my “Notice of No Witnesses” (pp. 9-12), was unaddressed by Judge Cohen, who acknowledged subpoena rights but offered no protection (p. 12). This breaches § 120.57(1)(b), FS, requiring accommodations for evidence presentation, denying me corroborative testimony critical to my defense.

35. Misrepresentation of Right to Counsel:

The court's statement, "If you can afford an attorney, you certainly can have a lawyer" (Transcript p. 49), misrepresents the Sixth Amendment right to effective counsel by ignoring non-financial barriers like potential sabotage, prejudicing the pro se litigant's defense. See *Gideon v. Wainwright*, 372 U.S. 335 (1963); *Bounds v. Smith*, 430 U.S. 817 (1977). This warrants reversal or remand.

36. Violation of Baker Act Procedures:

The DOH's acceptance of my uninvestigated Baker Act hospitalization without verifying § 394.459, FS, requirements for a BA-32 form and proper proxy authorization breaches procedural safeguards. The failure to investigate my illegality claims (pp. 224-225) violates § 120.57(1)(b), FS, allowing flawed evidence to prejudice my mental health assessment.

37. Procedural Unfairness from Unequal Interruptions:

Judge Cohen's 22 interruptions (pp. 32–204) and 8 objections (pp. 37, 43, 49, 58, 96, 106, 120, 201), combined with Mr. Morris's 16 interruptions/objections (pp. 29–185), disproportionately targeted the pro se litigant's presentation of hacking evidence and cross-examination, violating § 120.57(1)(b), FS (fair hearing requirement), Canon 3B(4) of the Florida Code of Judicial Conduct (fairness to pro se parties), and § 28-106.213, FAC (orderly proceedings). This imbalance, stifling defense on core whistleblower issues and ignoring my restraint to avoid rudeness, breaches equal protection principles under § 120.57(1), FS, and Fourteenth Amendment due process, as acknowledged by the belated apology (pp. 233–234), warranting dismissal. See *Hodge v. Dep't of Bus. Regulation*, 372 So. 2d 1056 (Fla. 1st DCA 1979) (unequal treatment in administrative hearings constitutes reversible error).

38. Suppression and Mischaracterization of Relevant Evidence:

Judge Cohen's arbitrary exclusion, dismissal, or refusal to investigate probative evidence—framing it as irrelevant, hearsay, or unworthy of inquiry—denied me a meaningful opportunity to rebut key claims (e.g., psychosis under § 458.331(1)(z)), constituting abuse of discretion and breaching § 120.57(1)(b)–(c), FS, and Fourteenth Amendment due process rights. See *Mathews v. Eldridge*, 424 U.S. 319 (1976) (due process requires fair consideration of relevant evidence); *Holmes v. South Carolina*, 547 U.S. 319 (2006) (exclusions must be non-arbitrary).

- Examples:

- Interruption and striking of submitted "Motions" evidence (e.g., photos of child porn pingbacks from Stephen Burch's website), reframed as a financial issue only (Transcript p. 49).

- Refusal to investigate hacking and whistleblower retaliation claims, including requests to contact the FBI and Jacob Tubbs (pp. 209–210, 218, 227–228), and dismissal of Teladoc malfunctions (pp. 208–210), violating investigative duties under § 459.015(1) and § 64B15-19.002, FAC.
- Exclusion of Teladoc hacking evidence as irrelevant (p. 121), despite its direct link to the psychosis claim (pp. 208–210).
- Dismissal of friends' statements and motions as hearsay (pp. 43–45, 58–59, 176), ignoring pro se constraints and witness intimidation (pp. 9–12).
- Rejection of forensic evaluation (pp. 200–204) and refusal to address returned package evidence (pp. 93–97), which further violates § 120.57(1)(a)–(c), FS, by obstructing impartial examination of material facts.

39. Inadequate Accommodations for Pro Se Litigant:

The allocation of insufficient time (e.g., 2.5 hours for a complex case), frequent interruptions via opposing counsel's objections (pp. 29–185), and dismissive treatment of filings (e.g., labeling unsigned complaint as "digital-age norm" at p. 53) obstructed my ability to present external factors (e.g., hacking, Teladoc retaliation under § 456.0575, FS), violating § 120.57(1)(a)–(c), FS, Fourteenth Amendment due process rights, and pro se access principles. See *Bounds v. Smith*, 430 U.S. 817 (1977) (courts must provide effective access for unrepresented parties).

- Examples:
 - Overall limitation on presenting "Motions" and Teladoc evidence, suppressing sabotage claims against Stephen Burch.
 - Sustained objections to hacking evidence, preventing rebuttal of impairment allegations.

These consolidated errors demonstrate systemic bias, entitling the litigant to vacatur of the decision and a full rehearing before an impartial officer.

40. Unlawful Manipulation of Dahlin's Expert Role:

The DOH and Judge Cohen's elevation of Dr. Dahlin to expert status—despite lacking psychiatric qualifications (p. 27), consent, and undisclosed familial ties—breaches § 456.025(1), FS (medical probability and APA Forensic Guidelines), § 90.702, FS (Daubert standards), § 458.331(1)(t), FS (misconduct), and Fourteenth Amendment due process, warranting dismissal. See *Daubert v. Merrell Dow Pharms., Inc.*, 509 U.S. 579 (1993).

41. Dr. Dahlin's Assumed Expert Duties and Negligent Risk Oversight:

Elevation of Dr. Dahlin to expert compels risk assessment under § 456.025(1), FS, APA Ethical Principles § 3.10, and § 458.331(1)(t), FS; his neglect of mafia threats (pp. 27–28) breaches § 456.0575, FS (whistleblower protections) and constitutes negligence under § 766.102, FS, with *qui tam* liability under 31 U.S.C. § 3729 et seq., entitling treble damages and fees (31 U.S.C. § 3730(d)), and dismissal under § 90.702, FS. See *United States ex rel. Stillwell v. Hughes Helicopters, Inc.*, 714 F. Supp. 1084 (C.D. Cal. 1989).

42. Dr. Dahlin’s Dismissal of Evidence, Retaliatory Diagnosis, and Perjury: Dahlin’s dismissal of hacking/whistleblower evidence despite acknowledgments (p. 73), followed by “I don’t care” (p. 73), constitutes perjury (§ 837.02, FS), deception (§ 458.331(1)(g), FS; § 64B8-8.013, FAC), and breaches § 120.57(1)(j), FS (clear evidence), § 456.0575, FS, § 120.57(1)(b), FS, and Fourteenth Amendment due process, with ulterior motives, warranting dismissal. See *State v. Trease*, 938 So. 2d 1253 (Fla. 2d DCA 2006).

43. Dr. Dahlin’s Ambiguous and Invalid Psychotic Disorder Assessment: Dr. Dahlin’s non-DSM-5-TR “delusions consistent with psychosis” diagnosis (p. 27), conflating symptoms with Delusional or Unspecified Psychotic Disorder, violates § 120.57(1)(j), FS (clear evidence), § 458.331(1)(g), FS (deception), and § 90.702, FS (Daubert standards), rendering testimony unreliable due to scattershot inclusions (e.g., Substance Use Disorder, Schizophrenia Spectrum) and ambiguity prejudicing response. His false November 2023 auditory hallucinations documentation, shifting to delusions/paranoia, may constitute perjury under § 837.02, FS (false statements under oath).

Testimony lacks proof of distress/impairment (pp. 43–46), fails to rule out external causes (e.g., hacking, pp. 43–46), and ignores hacking evidence confirmed by others, breaching § 458.331(1)(t), FS (misconduct), § 64B8-8.013, FAC (unprofessional conduct), § 120.57(1)(b), FS (fair hearing), and Fourteenth Amendment due process. Potential government ties (p. 31) and DOH reliance on bias warrant dismissal. See *Daubert v. Merrell Dow Pharms., Inc.*, 509 U.S. 579 (1993) (expert reliability); *Mathews v. Eldridge*, 424 U.S. 319 (1976) (due process rebuttal opportunity).

44. Dr. Dahlin’s Invalid and Snarky Delusion Claims: Dahlin’s unsubstantiated delusions assertion (pp. 21, 38–41) lacks DSM-5 basis, violating § 120.57(1)(j), FS, § 458.331(1)(g), FS, § 456.0575, FS, § 120.57(1)(b), FS, and Fourteenth Amendment due process; contradicted by evidence and Dr. [REDACTED] (pp. 119–126), with snarky mockery prejudicing defense, warranting dismissal. See *Holmes v. South Carolina*, 547 U.S. 319 (2006).

45. Dr. Dahlin’s Unsubstantiated Impairment Claim: Dahlin’s unsupported practice impairment accusation (p. 27) violates § 458.331(1)(z), FS, § 120.57(1)(j), FS, § 458.331(1)(g), FS, and Fourteenth Amendment due process; ignoring Teladoc glitches and evidence (pp. 27–28) may be perjury (§ 837.02, FS) and retaliatory (§ 456.0575, FS), breaching § 120.57(1)(b), FS, warranting dismissal. See *Mathews v. Eldridge*, 424 U.S. 319 (1976).

46. Ms. Ellis’s Evasive Testimony and Procedural Bias: Ellis’s evasive responses, citing “technical difficulties” and “I can’t answer” to questions about the returned package (p. 96) and duplicate license (p. 101) despite her custodian role, violate § 120.57(1)(b), FS, mandating a fair hearing. Her failure to verify USPS tracking (p. 96) and the judge’s unsupported “constructive notice” ruling (p. 106) breach § 120.569(2)(a), FS, denying me due process. The judge’s leniency (p. 102) enabled the DOH’s weak case,

suggesting retaliation under § 456.0575, FS, due to my whistleblowing, and reflects unethical disregard for fairness.

47. Ms. Ellis's Inadequate Witness Preparation

Ms. Ellis's inadequate presentation, hampered by technical issues (pp. 84, 90-91) and reliance on external assistance to access files (p. 85), violates § 120.57(1)(b), FS, requiring an orderly hearing. Her unpreparedness hindered my ability to cross-examine effectively, breaching § 120.57(1)(c)'s FS, requirement for a reasonable opportunity to respond, thus prejudicing my defense.

48. Dr. Treese's Invalid Psychosis Diagnosis:

His incomplete evaluation, lacking toxicology, collateral, and evidence review (pp. 183-184, 189-190), despite deeming them "non-negotiable" (p. 146), and no symptom inquiry breaches APA Guidelines, DSM-5 standards, and § 64B15-6.003, FAC, invalidating his "unspecified psychosis" diagnosis (pp. 146-147, 163-164). Dr. [REDACTED]'s eight-year record of my stability (pp. 119-126), including a May 6, 2024, consultation, 3 weeks after Dr. Treese's eval, rebuts Treese's diagnosis, lacking competent evidence under § 459.015(1)(l), FS.

49. Dr. Treese's Falsified Documentation and Misrepresentation:

Dr. Treese's IME, incorrectly dated May 16, 2024, instead of April 16, 2024 (pp. 170-172), and his failure to correct this in writing, violate APA Guidelines (3rd ed., 2015) and § 120.57(1)(j), FS, requiring accurate documentation. His omission of symptom inquiry (p. 194) misrepresents the process under § 458.331(1)(m), FS, rendering the report inadmissible per § 120.57(1)(h), FS, and In re: Davey.

50. Dr. Treese's Fabricated Testimony and Report:

Dr. Treese's false testimony, denying under oath his April 16, 2024, assurance of believing my hacking claims (pp. 197-198), constitutes an egregious violation of § 120.57(1)(j), FS, and § 458.331(1)(g), FS, prohibiting deceptive medical representations. His falsified report, dated May 16, 2024, omitting this support, breaches § 64B8-8.013, FAC, and potentially § 837.02, FS (perjury), reflecting retaliatory intent under § 456.0575, FS. This invalidates his diagnosis, prejudices my defense, and warrants dismissal and investigation.

51. Dr. Treese's Omission of Safety Risk Assessment:

Dr. Treese's failure to assess my reported organized crime threats (pp. 209-210, 218), breaching APA Guidelines (3rd ed., 2015) mandating suicide/homicide risk evaluation, constitutes potential negligence under § 766.102, FS. His decision to return me to an active targeting environment without safety measures or law enforcement referral (pp. 187, 200-204), dismissing my hacking evidence, violated my right to a safe evaluation, exacerbating retaliatory harm.

52. Dr. Treese's Failure to Meet Impairment Standard:

Treese admits no direct observation of my clinical skills or Teladoc's system issues (e.g., medication order failures) yet speculates I would "not make it more than a couple of hours in an office" based on faulty assumptions, not patient care, violating § 458.331's impairment

standard (inability to practice with “reasonable skill and safety”). His dismissal of my hacking claims as “persecutory delusions,” despite my offered evidence (pp. 187-189), reflects bias, contravening APA guidelines mandating the consideration of external stressors, and fails § 458.331(1)(z)’s impairment standard.

53. Insufficient Evidence of Psychosis or Impairment

Dr. Treese’s and Dr. Dahlin’s speculative diagnoses (pp. 21, 146-147), lacking evidence review, symptom inquiry, toxicology, or collateral (pp. 146, 183-184), violate APA Guidelines (3rd ed., 2015) and § 64B15-6.003, FAC, failing the clear and convincing standard. Dr. [REDACTED]’s testimony of no psychosis (pp. 119-126) and eight-year stability record establishes reasonable doubt, refuting the allegation. The DOH failed to prove my inability to practice with reasonable skill and safety under § 459.015(1)(l), FS, lacking a legal basis for the Administrative Complaint, warranting dismissal under § 28-106.204(2), FAC, for lack of jurisdiction. The absence of a valid complaint undermines the proceeding, while § 458.331(1)(z), FS, requiring impairment evidence, remains unmet, as Dr. [REDACTED]’s testimony (pp. 119-126) and my exhibits demonstrate hacking, retaliation, and Teladoc glitches rather than my impairment.

RECOMMENDATION

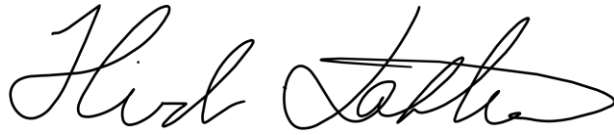
Based on the foregoing Conclusions of Law, I respectfully recommend: (1) dismissal of the Administrative Complaint for failure to meet the clear and convincing evidence standard under § 120.57(1)(j), FS, and for due process violations under the Fourteenth Amendment; (2) immediate restoration of my medical license, with back pay, rectification of license anomalies, and expungement of all related records; (3) DOH compliance with whistleblower protections under § 112.3187, FS, including injunctive relief against further retaliation; (4) sanctions against the DOH under § 120.69, FS, for procedural abuses; (5) referral to the DOJ Inspector General for investigation of the Teladoc probe and related federal-state collusion; and (6) such further relief as the Division deems just and proper, including punitive damages and attorney fees.



Dr. Heidi Marjaana Lahteenmaa, D.O.
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945-304-8959

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the Dr. Heidi Lahteenmaa's DO Proposed Recommended Order has been furnished via email to Michael Morris, Esq. (michael.morris@flhealth.gov) and Ellen Carlos, Esq. (ellen.carlos@flhealth.gov), on this 22nd day of September, 2025.



Dr. Heidi Marjaana Lahteenmaa, D.O.

Citation List

[0] Doximity Provider Forum Thread: "Teladoc Credential Misuse Post-Termination" (Doximity.com, accessed September 2025) – Discussion by 1099 providers alleging unauthorized use of names/credentials after quitting.

[1] U.S. Department of Justice Press Release: "2025 National Health Care Fraud Takedown" (justice.gov, July 2025) – Details \$14.6B schemes & telemedicine billing fraud.

[2] Better Business Bureau Complaints Database: Teladoc Inc. (bbb.org, 2023-2025) – Multiple entries on platform glitches, unauthorized billing, and provider retaliation.

[3] American Psychiatric Association: DSM-5 Diagnostic Criteria (psychiatry.org, 2013/2022 TR) – Outlines requirements for delusional disorder and unspecified psychotic disorder.

[4] Qui Tam Alert: "Telemedicine Fraud Trends Under FCA" (quitamalert.com, August 2025) – Reports on upcoding and third-party billing in virtual care platforms.

[8] Teladoc Inc. SEC Filing (10-K, 2024) – Describes operations serving 80M+ clients in 160 countries.

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[27] Florida Statutes Online: Chapters 456, 458, 766 (flsenate.gov, 2025) – Codified sections on whistleblower protections, professional misconduct, and negligence.

[30] Florida Department of Health Administrative Hearing Transcript (doh.state.fl.us, August 5, 2025) – Pp. 27-28: Dahlin testimony on mafia threats.

[32] American Psychological Association: Ethical Principles and Forensic Guidelines (apa.org, 2015/2023) – Sections on risk assessment and expert testimony.

[33] Florida Statutes § 120.57: Administrative Procedure Act (flsenate.gov, 2025) – Due process requirements for hearings.