



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: LAURIE GREENSLADE HARRIS DO **DATE:** 07/18/2015

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

Date of Birth: 1958

License Number: G9115 Full Medical License

Issuance Date: 12/04/1985

Expiration Date of Physician's Registration Permit: 02/28/2013

Registration Status: NOT ACTIVE

Registration Date: 08/31/2012

Disciplinary Status: CANCELLED BY BOARD

Disciplinary Date: 08/31/2012

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 NORTH TEXAS HLTH SCI CTR, FORT WORTH

Medical School Graduation Year: 1984

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

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

[View Board Actions](#) [Get Adobe Reader](#)

Action Date: 08/31/2012

Description: ON AUGUST 31, 2012, THE BOARD ENTERED AN ORDER OF REVOCATION, REVOKING THE TEXAS MEDICAL LICENSE OF LAURIE GREENSLADE HARRIS, D.O. THE BASIS FOR ACTION WAS DR. HARRIS'S NON-COMPLIANCE WITH A 2010 AGREED ORDER THAT REQUIRED DR. HARRIS TO PASS THE SPECIAL PURPOSE EXAMINATION (SPEX) WITHIN THREE ATTEMPTS WITHIN ONE YEAR.

Action Date: 11/14/2011

Description: ON NOVEMBER 15, 2011, THE BOARD ENTERED AN AUTOMATIC SUSPENSION ORDER REGARDING LAURIE GREENSLADE HARRIS, D.O., REQUIRING HER TO IMMEDIATELY CEASE PRACTICING AS A PHYSICIAN IN TEXAS AND SUSPENDING HER LICENSE UNTIL SHE REQUESTS IN WRITING TO HAVE THE SUSPENSION STAYED OR LIFTED AND PERSONALLY APPEARS BEFORE THE BOARD AND PROVIDES EVIDENCE THAT SHE IS IN COMPLIANCE WITH HER 2010 AGREED ORDER. THE BOARD FOUND DR. HARRIS HAS NOT PASSED THE SPEX WITHIN THE TIME SPECIFIED.

Action Date: 08/27/2010

Description: ON AUGUST 27, 2010, THE BOARD AND LAURIE GREENSLADE HARRIS, D.O., ENTERED INTO A FIVE-YEAR AGREED ORDER PUBLICLY REPRIMANDING DR. HARRIS AND RESTRICTING HER FROM TREATING ANY CHRONIC PAIN COMPLAINTS OR SUPERVISING OR DELEGATING PRESCRIPTIVE AUTHORITY TO ANY PHYSICIAN EXTENDERS. IN ADDITION, DR. HARRIS IS REQUIRED TO HAVE A PHYSICIAN MONITOR HER PRACTICE; SURRENDER HER DEA AND DPS CERTIFICATES FOR PRESCRIBING CONTROLLED SUBSTANCES; COMPLETE WITHIN ONE YEAR EIGHT HOURS OF CME IN ETHICS AND EIGHT HOURS IN MEDICAL RECORD-KEEPING; PASS WITHIN ONE YEAR AND WITHIN THREE ATTEMPTS THE SPECIAL PURPOSE EXAMINATION AS PROMULGATED BY THE FEDERATION OF STATE MEDICAL BOARDS AND THE MEDICAL JURISPRUDENCE EXAMINATION GIVEN BY THE TEXAS MEDICAL BOARD; COMPLETE AT LEAST 40 HOURS OF CME IN PAIN MANAGEMENT BEFORE REAPPLYING FOR HER DEA AND DPS REGISTRATIONS; AND PAY AN ADMINISTRATIVE PENALTY OF \$14,000 WITHIN SIX MONTHS. THE ORDER WAS BASED UPON DR. HARRIS'S INADEQUATE MEDICAL RECORDS REGARDING TREATMENT OF CHRONIC PAIN; FAILURE TO MEET THE STANDARD OF CARE; SUBMITTING AN IMPROPER BILLING STATEMENT; NONTHERAPEUTIC PRESCRIBING; AND DISPENSING DANGEROUS DRUGS IN A MANNER INCONSISTENT 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: CB

Effective Date: 08/31/2012

Description: CANCELLED BY BOARD

Status Code: NA

Effective Date: 08/31/2012

Description: NOT ACTIVE

Status Code: SB

Effective Date: 11/15/2011

Description: SUSPENDED BY BOARD

Status Code: SBA
Description: SUSPENDED, ACTIVE

Effective Date: 11/15/2011

Status Code: RB
Description: UNDER BOARD ORDER

Effective Date: 08/27/2010

Status Code: AC
Description: ACTIVE

Effective Date: 12/01/1985

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

Gender: FEMALE

Current Primary Practice Address:

1017 HWY 175
CRANDALL , TX 75114

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 **25** 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 **25** 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 FAMILY PRACTICE.

Secondary Specialty

The physician reports his/her secondary practice is in the area of FAMILY PRACTICE.

Name, Location and Graduation Date of All Medical Schools Attended

Name: TCOM

Location: FT WORTH/USA

Graduation Date: 1984

Graduate Medical Education In The United States Or Canada

NONE

Hospital Privileges

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

Hospital: DALLAS PRESBY HOSPITAL

Location: DALLAS

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

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:

Description: KAUFMAN COUNTY DOCTOR OF THE YEAR 2009

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: MEDICAL MALPRACTICE FILED IN 1994, SETTLE IN 2000 FOR \$100,000. A MEDICAL MALPRACTICE CLAIM WITH [] WAS THROW OUT OF COURT. NO NEW CLAIMS.

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

Description: NONE

To obtain primary source verifications, click name

Advanced Practice Nurse Delegation

Description: NONE

To obtain primary source verifications, click name

Summary of all License/Permit Types

Issue Date:
12/04/1985

Type:
[LICENSED PHYSICIAN](#)

[Contact Us](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Compact with Texans](#) | [Website Linking Policy](#)

Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.