



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

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NYS Department of Health*

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Office of Professional Medical Conduct

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Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

June 29, 2000

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Howard Tanenbaum, M.D.
Center for Sight
349 Northern Boulevard
Albany, NY 12204

RE: License No. 158307

Dear Dr. Tanenbaum:

Enclosed please find Order #BPMC 00-194 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **June 29, 2000.**

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 1258
Empire State Plaza
Albany, New York 12237

Sincerely,

REDACTED

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Brendan F. Baynes, Esq.
D'Agostino, Krackeler, Baynes & Macguire, P.C.
The Sage Mansion
16 Sage Estate
Menands, NY 12204

Joseph Cahill, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
HOWARD TANENBAUM, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC No. 00-194

Howard Tanenbaum, M.D., (Respondent) says:

That on or about May 25, 1984, I was licensed to practice as a physician in the State of New York, having been issued License No. 158307 by the New York State Education Department.

My current address is Center for Sight, 349 Northern Boulevard, Albany, New York 12204, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with three specifications of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I admit guilt to the single specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

1. A fine of \$5,000 payable sixty (60) days from the date of issuance of the Consent Order.
2. Respondent's license shall be limited as follows: Respondent shall not prescribe medications to any members of his family.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain current registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his/her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 2000).

Any civil penalty not paid by the date prescribed herein shall be subject to all

provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law section 18; CPLR Section 5001; Executive Law Section 32].

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:

DATED 5/26/00

REDACTED

HOWARD TANENBAUM, M.D.
Respondent

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 6/8/00

REDACTED

BRENDAN P. BAYNES
Attorney for Respondent

DATE: 6-14-2000

REDACTED

JOSEPH H. CAHILL
Associate Counsel
Bureau of Professional Medical Conduct

DATE: June 16, 2000

REDACTED

ANNE F. SAILE
Director
Office of Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

OF

HOWARD TANENBAUM, M.D.

CONSENT
ORDER

Upon the proposed agreement of Howard Tanenbaum, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 6/20/00

REDACTED

~~WILLIAM P. DILLON, M.D.~~
Chair
State Board for Professional
Medical Conduct

EXHIBIT A

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER	:	STATEMENT
OF	:	OF
HOWARD TANENBAUM, M.D.	:	CHARGES

-----X

HOWARD TANENBAUM, M.D., Respondent, was authorized to practice medicine in New York State on May 25, 1984, by the issuance of license number 158307 by the New York State Education Department. Respondent is currently registered with the New York State Education Department to practice medicine with a registration address of Center for Sight, 349 Northern Boulevard, Albany, New York 12204.

FACTUAL ALLEGATIONS

A. Respondent, from approximately January 1997 through November 1998, wrote prescriptions for Tylenol #3 for his wife, Patient A. Patient A, a physician, complained of back pain and migraine headaches. Respondent failed to document and/or adequately assess the patient's signs and symptoms as they related to the issuance of these prescriptions.

SPECIFICATIONS

FIRST SPECIFICATION

FAILURE TO MAINTAIN ACCURATE RECORDS

Respondent is charged with failing to maintain a record for each patient which accurately reflected the evaluation and treatment of the patient in violation of N.Y. Education Law §6530(2), in that Petitioner charges the facts in the sole factual allegation.

DATED: *June 14*, 2000

Albany, New York

REDACTED

~~PETER D. VAN BUREN~~
Deputy Counsel
Bureau of Professional
Medical Conduct