



New York State Board for Professional Medical Conduct

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

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

November 18, 1997

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Karl Gallegos, M.D.
1215 Balley Reserve Drive
Kennesaw, Georgia 30144

RE: License No. 137403

Dear Dr. Gallegos:

Enclosed please find Order #BPMC 97-281 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

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

Sincerely,

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

Enclosure

cc: Daniel Guenzburger, Esq.

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

IN THE MATTER
OF
KARL GALLEGOS, M.D.

CONSENT
AGREEMENT
AND
ORDER
BPMC #97-281

STATE OF GEORGIA)
COUNTY OF *COBB*) ss.:

KARL GALLEGOS, M.D., being duly sworn, deposes and says:

That on or about March 2, 1979, I was licensed to practice as a physician in the State of New York, having been issued License No. 137403 by the New York State Education Department.

1251 Bally Drive,

My current address is ~~1669 Phoenix Parkway~~, Atlanta, Georgia 30349, 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 two specifications of professional misconduct.

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

I agree not to contest the allegations of the First and Second Specifications, in full satisfaction of the charges against me. I hereby agree to the following penalty:

As provided by New York Public Health Law §230-a(2), my license to practice medicine in the State of New York shall be suspended wholly, until I successfully complete a course of therapy or treatment prescribed by the Board. I understand and hereby agree that my *successful completion of the prescribed course of treatment shall be determined in the sole reasonable discretion of the State Board for Professional Medical Conduct*, exercise by a Committee on Professional Conduct, after I have met a burden of proof and persuasion in a proceeding as set forth in this agreement. I understand and agree that the Committee's exercise of such discretion shall not be reviewable through recourse to the Administrative Review Board. Specifically, upon my submission of certain minimum evidence of completion of a prescribed course of therapy, as set forth in Exhibit B, attached hereto, I may request a modification of such sanction, as further set forth in Exhibit B.

I further agree that the Consent Order for which I hereby apply shall impose a condition that, except during periods of actual suspension, I maintain current registration of my 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 (30) days after the effective date of the Consent Order and continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. I hereby stipulate that any failure by me to comply with such condition shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp. 1997).

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 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.

Karl Gallegos
KARL GALLEGOS, M.D.
RESPONDENT

Sworn to before me this

27 day of *Nov*, 1997

[Signature]
NOTARY PUBLIC

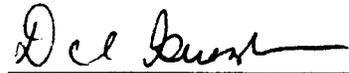
John M Osrrander

MY COMMISSION EXPIRES AUG. 14, 2000

Page 4 of Consent Agreement & order.

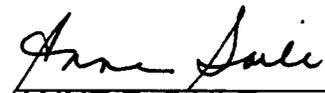
The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 10/31/97



DANIEL GUENZBURGER
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: 11/4/97



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
KARL GALLEGOS, M.D.

CONSENT
ORDER

Upon the proposed agreement of KARL GALLEGOS, 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 take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

SO ORDERED.

DATED: 11/11/97


PATRICK F. CARONE, M.D., M.P.H.
Chairperson
State Board for Professional
Medical Conduct

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

IN THE MATTER
OF
KARL GALLEGOS, M.D.

STATEMENT
OF
CHARGES

KARL GALLEGOS, M.D., the Respondent, was authorized to practice medicine in New York State on or about March 2, 1972, by the issuance of license number 137403 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about January 9, 1997, the Respondent consented to a suspension of his Georgia medical license until further order of the Georgia State Board of Medical Examiners. Respondent admitted that in August, 1996 he became unable to practice medicine by reason of the abuse of alcohol and that such conduct violated the Georgia Administrative Procedure Act §50-13-13(a)(4).

SPECIFICATION OF CHARGES

**FIRST SPECIFICATION
HAVING BEEN FOUND GUILTY OF
PROFESSIONAL MISCONDUCT**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(b)(McKinney Supp. 1997) by having been found guilty of

improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state (namely N.Y. Educ. Law §§ 6530(8)("Being an habitual abuser of alcohol")) as alleged in the facts of the following:

1. Paragraph A.

SECOND SPECIFICATION
HAVING HAD DISCIPLINARY ACTION TAKEN

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(d)(McKinney Supp. 1997) by having his or her license to practice medicine revoked, suspended or having other disciplinary action taken, or having his or her application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered his or her license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the license would, if committed in New York state, constitute professional misconduct under the laws of New York state (namely N.Y. Educ. Law §6530(8)("being an habitual abuser of alcohol")) as alleged in the facts of the following:

2. Paragraph A.

DATED: November , 1997
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

Terms of Probation

1. I request, agree, and understand that the suspension of my license shall be terminated only upon a showing to the satisfaction of a Committee on Professional Conduct of the State Board for Professional Medical Conduct (henceforth "Committee") that I have successfully completed the course of therapy prescribed by the Board, which successful completion must include a determination by said Committee that I am no longer incapacitated for the active practice of medicine and that I am both fit and competent to practice medicine. I shall provide to the Office of Professional Medical Conduct a proposed treatment plan, for advice as to whether it is generally appropriate, but I understand that the determination of successful completion of the course of therapy shall be made solely by the Committee, and shall include, but not limited to, a determination that I am no longer incapacitated for the active practice of medicine.
2. I request, agree, and understand that upon my request a meeting of a Committee shall be convened for the purpose of my making the showing referred to in Paragraph 1. The Board will make reasonable attempts to convene a Committee no later than 90 days after my request, which shall not be deemed to have been perfected until receipt, by the Director of the Office of Professional Medical Conduct, of all that is required to be provided by me pursuant to Paragraph 3 below. I understand and agree that proceedings before said Committee shall not be in the nature of a hearing pursuant to New York Public Health Law §230, but shall, instead, be informal and intended only for the purpose of addressing any and all facts, evidence, circumstances, or issues which do or may relate to the advisability of terminating the suspension of my license. I understand and agree that the procedural nature of said proceeding shall be determined by the State Board for Professional Medical Conduct through the discretion of the Office of Professional Medical Conduct, Impaired Physicians Unit.
3. I request, agree, and understand that at the time that I request that a meeting of a Committee be scheduled, pursuant to Paragraph 2, I will provide the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, New York 12180-2299, with the following:
 - a. The signed acknowledgement from the supervising physician referred to in Paragraph 5c.
 - b. The signed acknowledgement from the health care professional referred to in Paragraph 5d.
 - c. Certified true and complete copies of records of all evaluation and treatment, relating to my impairment, whether that evaluation and treatment occurred prior to or during the time this surrender is in effect. These records shall include documentation of the results of all urine/blood/breath tests conducted to detect the presence of drugs and/or alcohol.

- d. Fully executed waivers of patient confidentiality concerning any previous and prospective treatment records.
- e. An independent current psychiatric evaluation by a board certified psychiatrist. Also, upon request of the Director of the OPMC, a current in-depth chemical dependency evaluation by a health care professional in a licensed facility.
- f. My attendance at, participation in, and cooperation with an interview conducted by personnel of OPMC, upon the request of the Director thereof.

Provision of the aforesaid documents does not constitute a showing that I am no longer incapacitated for the active practice of medicine.

- 4. At the proceeding referred to in Paragraph 2, I will provide the Committee, at a minimum, with the following:
 - a. Certified true and complete records of all psychiatric, psychological, and/or any other mental health treatment, evaluation, and/or testing, whether in an out-patient, in-patient, office, consultant setting.
 - b. Evidence of compliance with the terms of a continuing after-care out-patient treatment plan that addresses the major problems associated with my illness.
 - c. Evidence that I have maintained adequate knowledge and competence to practice as a physician. Such evidence shall include documentation of continuing medical education and, if so requested by the Director of OPMC, a report of an independent evaluation of my medical knowledge and competence.

Submission of the aforesaid evidence does not constitute a showing that I am no longer incapacitated for the active practice of medicine.

- 5. I request, agree, and understand that if the Chairperson of the Committee issues an order ("Order") finding that I have successfully completed the prescribed course or treatment, thereby terminating the suspension of my license, the Order shall further impose a period of probation, pursuant to New York Public Health law §230-a, during which my practice of medicine shall be subject to conditions imposed. My practice shall be subject to such conditions for a period of no less than five (5) years. The minimum conditions will be the following:
 - a. I will comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with my illness.
 - b. At the direction of the Director of OPMC, I will submit to periodic interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding my condition

- and my fitness or incapacity to practice medicine.
- c. I will be supervised in my medical practice by a licensed physician, proposed by me and approved in writing by the Director of OPMC, in accordance with the conditions contained in or annexed to the Order. Said supervising physician shall be familiar with my history of mental illness and with the Order and its conditions. Said supervising physician shall be in a position regularly to observe and assess my medical practice. Said supervising physician shall acknowledge his/her willingness to comply with the supervision by executing the acknowledgement provided by OPMC, and referred to in Paragraph 13(a).
 - i. Said supervising physician shall submit to OPMC quarterly reports regarding the quality of my medical practice, any unexplained absences from work and certifying my compliance or detailing my failure to comply with each condition imposed.
 - ii. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.
 - d. I will continue in treatment with a health care professional, proposed by me and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.
 - i. My treating health care professional or program shall submit to OPMC quarterly reports certifying that I am complying with the treatment,
 - ii. Said treating health care professional shall report to OPMC immediately if I am non-compliant with my treatment plan or if I demonstrate any significant pattern of absences.
 - (1) Said treating health care professional shall acknowledge his/her willingness to comply with the above-mentioned reporting by executing the acknowledgement provided by OPMC and referred to in Paragraph 13(b).
6. I agree that the terms set out in Paragraph 5 shall be the minimum probation terms, related to my fitness to practice, to be imposed on my practice upon restoration of my license, and that other terms may be added by the Committee at the time of license restoration, and that the costs of complying with all such terms will be my responsibility. I understand that any failure by me to comply with the conditions imposed upon my practice at the time of license restoration, may result in disciplinary action being brought against me charging professional misconduct as defined by the New York State Education Law, including but not limited to N.Y. Educ. Law §6530(29)(McKinney Supp. 1997). That section defines professional misconduct to include "violating any... condition... imposed on the licensee pursuant to section two hundred thirty of the public health law.
7. I agree that upon any denial of license restoration made by the Committee, I shall not again request convening of a Committee until a minimum period

- of six months has elapsed since such denial.
8. I agree that in addition to the terms set out in Paragraph 5 and any other terms imposed by or added by the Committee upon restoration of my license, I shall also be subjected to the following standard terms of probation:
- a. I shall conduct myself in all ways in a manner befitting my professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by my profession.
 - b. I shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
 - c. I shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.
 - d. 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].
 - e. The period of probation shall be tolled during periods in which I am not engaged in the active practice of medicine in New York State. I shall notify the Director of OPMC, in writing, if I am not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. I shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State. The tolling provision set forth in this paragraph may be waived by the Director of the OPMC, in the Director's discretion.
 - f. My professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with me and my staff at practice locations or OPMC offices.
 - g. I shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The

medical records shall contain all information required by State rules and regulations regarding controlled substances.

- h. I shall comply with all terms, conditions, restrictions, limitations and penalties to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.

KARL GALLEGOS, M.D.
RESPONDENT

Sworn to before me this
day of , 19 .

NOTARY PUBLIC