



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

May 24, 2000

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Joy Lynette Black, M.D.  
57 Overhill Road  
Middletown, New York 10940

RE: License No. 186221

Dear Dr. Black:

Enclosed please find Order #BPMC 00-163 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect May 24, 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,

A handwritten signature in black ink, appearing to read "Ansel R. Marks". The signature is fluid and cursive, with a large initial "A" and "M".

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

Enclosure

cc: Gerald D. D'Amelia Esq.  
P.O.Box 15056  
Albany, New York 12212-5056

Valarie Donovan, Esq.

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

**IN THE MATTER**  
**OF**  
**JOY L. BLACK, M.D.**

CONSENT  
AGREEMENT  
AND  
ORDER  
BPMC # 00-163

JOY L BLACK , M.D., (Respondent) says:

That on or about July 15, 1991, I was licensed to practice as a physician in the State of New York, having been issued License No. 186221 by the New York State Education Department.

My current address is 57 Overhill Road, Middletown, New York 10940, 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".

*the first specification in full satisfaction of all the charges.*

I admit guilt to ~~the specifications~~. I hereby agree to the following penalty:

*VBD  
GOD*

1. Censure and Reprimand;
2. Compliance with the records request of Patient A; and
3. A fine of ~~ten~~ <sup>five</sup> thousand dollars (~~\$10,000~~ <sup>\$5,000</sup>), payable in full within ~~thirty (30)~~ <sup>one year</sup> ~~days~~ of the effective date of this Order. Payments must be submitted to:

*VBD  
GOD*

Bureau of Accounts Management  
New York State Department of Health  
Empire State Plaza  
Corning Tower, Room 1245  
Albany, New York 12237

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 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 her license.

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 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).

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 5/16/2000

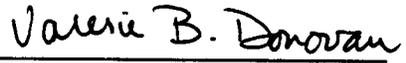
Joy L. Black MD  
JOY L. BLACK, M.D.  
RESPONDENT

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

DATE: 5/16/00

  
Gerald D. D'Amela, ESQ.  
Attorney for Respondent

DATE: 5/16/00

  
VALERIE B. DONOVAN  
Assistant Counsel  
Bureau of Professional  
Medical Conduct

DATE: May 17, 2000

  
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**  
**JOY L. BLACK, M.D.**

CONSENT  
ORDER

Upon the proposed agreement of JOY L. BLACK, 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: \_\_\_\_\_

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

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

-----X  
IN THE MATTER : STATEMENT  
OF : OF  
JOY L. BLACK, M.D. : CHARGES  
-----X

JOY L. BLACK, M.D., the Respondent, was authorized to practice medicine in New York State on July 15, 1991, by the issuance of license number 186221 by the New York State Education Department. Respondent is currently registered with the New York State Education Department to practice medicine. Her current address is 57 Overhill Road, Middletown, New York 10940.

**FACTUAL ALLEGATIONS**

- A. Respondent treated Patient A (patient is identified in Appendix A) from on or about ~~December, 1997~~ <sup>April</sup> ~~April, 1998~~, through on or about ~~December~~, 1998, at her office located at 225 Dolson Avenue, Middletown, New York.
1. From in or about December, 1998, when Patient A made a valid request to Respondent for a copy of her medical records, until the present, Respondent has failed to release Patient A's medical record to Patient A and/or to her subsequent treating physician, in violation of New York Public Health Law §18.
  2. Respondent failed to maintain a record which adequately reflects the care, treatment and evaluation of Patient A.

**SPECIFICATIONS OF MISCONDUCT**

FIRST SPECIFICATION  
FAILURE TO PROVIDE ACCESS

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law § 6530(40), in that she failed to provide access by a qualified person to patient information in accordance with standards set forth in New York Public Health Law § 18, in that Petitioner charges:

1. The facts in Paragraphs A and A.1.

SECOND SPECIFICATION  
INADEQUATE RECORDS

Respondent is charged with failing to maintain a record for her patient which accurately reflects the evaluation and treatment of the patient, in violation of New York Education Law § 6530(32), in that Petitioner charges:

2. The facts in Paragraphs A and A.2.

DATED: *Mar 22* 2000  
Albany, New York

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