



***New York State Board for Professional Medical Conduct***

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

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
*Commissioner  
NYS Department of Health*

Dennis P. Whalen  
*Executive Deputy Commissioner  
NYS Department of Health*

Dennis J. Graziano, Director  
*Office of Professional Medical Conduct*

*Public*

Kendrick A. Sears, M.D.  
*Chairman*

Michael A. Gonzalez, R.P.A.  
*Vice Chair*

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

April 18, 2006

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Stewart A. Kaufman, M.D.  
126 Miller Road  
Hudson, NY 12534

Re: License No. 116524

Dear Dr. Kaufman:

Enclosed is a copy of Order #BPMC 06-78 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect April 25, 2006.

**If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order to the 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: Christopher K. Dressler, Esq.  
Maynard, O'Connor, Smith & Catalinotto  
6 Tower Place  
Albany, NY 12203

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

IN THE MATTER  
OF  
STEWART A. KAUFMAN, M.D.

CONSENT  
ORDER

BPMC No. 06-78

Upon the application of (Respondent) Stewart A. Kaufman, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 4-18-06

  
KENDRICK A. SEARS, M.D.  
Chair  
State Board for Professional Medical Conduct

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

**IN THE MATTER  
OF  
STEWART A. KAUFMAN, M.D.**

**CONSENT  
AGREEMENT  
AND  
ORDER**

Stewart A. Kaufman, M.D., representing that all of the following statements are true, deposes and says:

That on or about June 27, 1973, I was licensed to practice as a physician in the State of New York, and issued License No. 116524 by the New York State Education Department.

My current address is 126 Miller Road, Hudson, New York 12534, and I will advise the Director of the Office of Professional Medical Conduct of any change of 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, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I admit guilt to the first specification, in full satisfaction of the charges against me, and agree to the following penalty:

Censure and Reprimand.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain active registration of Respondent's

license with the New York State Education, Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty days after the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Law § 6530(29).

I agree that if I am charged with professional misconduct in future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

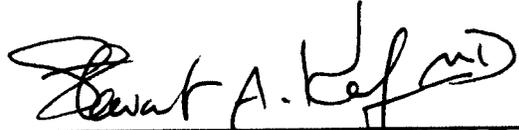
I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I stipulate that the proposed sanction and Order are authorized by Public Health Law §§ 230 and 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

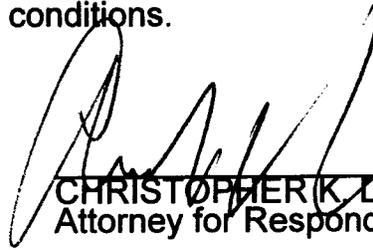
I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE March 17, 2006

  
STEWART A. KAUFMAN, M.D.  
RESPONDENT

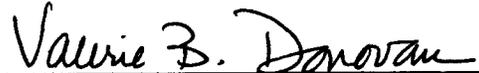
The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: March 24, 2006



CHRISTOPHER K. DRESSLER, ESQ.  
Attorney for Respondent

DATE: March 29, 2006



VALERIE B. DONOVAN  
Assistant Counsel  
Bureau of Professional Medical Conduct

DATE: April 13, 2006



DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

Exhibit A

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

**IN THE MATTER  
OF  
STEWART A. KAUFMAN, M.D.**

STATEMENT  
OF  
CHARGES

Stuart A. Kaufman, M.D., the Respondent, was authorized to practice medicine in New York State on or about June 27, 1973, by the issuance of license number 116524 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or around September 2, 2003, Respondent provided medical care to Patient A (identified in the Appendix), a female born May 1, 1918, at Columbia Memorial Hospital, Hudson, New York. Although Patient A was scheduled for, and had signed a consent form for only a left middle finger trigger release, Respondent performed a left carpal tunnel release followed by a left trigger finger release.
- B. On or around September 2, 2003, one to two hours post-surgery, Respondent had Patient A sign a "Permission for Operation and/or Procedure and Anesthesia" form authorizing Respondent to perform a left carpal tunnel release.
- C. On or around September 2, 2003, Respondent wrote in the operative report that Patient A's preoperative diagnosis included carpal tunnel syndrome, when Respondent knew that Patient A's only preoperative diagnosis was left trigger finger release and/or Respondent failed to

note in Patient A's operative report that he had performed the left carpal tunnel release in error.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**PERFORMING SERVICES NOT AUTHORIZED**

**BY THE PATIENT**

Respondent is charged with committing professional misconduct as defined in New York Education Law §6530(26) by performing professional services which have not been duly authorized by the patient, as alleged in the following:

1. The facts in Paragraphs A, B and/or C.

**SECOND SPECIFICATION**

**FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the following:

2. The facts in Paragraphs A, B and/or C.

DATED: ~~January~~ <sup>April</sup> 3, 2006  
Albany, New York

  
Peter D. Van Buren  
Deputy Counsel  
Bureau of Professional  
Medical Conduct