



**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

Charles J. Vacanti, M.D.  
Chair

March 19, 1997

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Sidney Veitch, M.D.  
17 Nob Hill Road  
New City, NY 10956

RE: License No. 128797

Dear Dr. Veitch:

Enclosed please find Order #BPMC 97-64 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,

Charles Vacanti, M.D.  
Chair  
Board for Professional Medical Conduct

Enclosure

cc: John J. Pilkington, Esq.  
Pilkington & Leggett  
Courthouse Square  
140 Grand Street  
White Plains, New York 10601

Kevin P. Donovan, Esq.

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

-----x

IN THE MATTER :  
OF : ORDER  
SIDNEY VEITCH, M.D. : BPMC #97-64

-----x

Upon the Application of SIDNEY VEITCH, M.D. (Respondent) for Consent Order, which Application is made a part hereof, it is

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: 13 March 1997

  
\_\_\_\_\_  
Charles J. Vacanti, M.D.  
Chairperson  
State Board for Professional  
Medical Conduct

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

-----X

IN THE MATTER : APPLICATION  
OF : FOR  
SIDNEY VEITCH, M.D. : CONSENT  
: ORDER

-----X

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER ) ss.:

SIDNEY VEITCH, M.D., being duly sworn, deposes and says:

I was licensed to practice as a physician in the State of New York, having been issued License No. 128797 by the New York State Education Department.

I am currently registered with the New York State Education Department to practice as a physician in the State of New York for the period June 1, 1996, through May 31, 1998.

I understand that the New York State Board for Professional Medical Conduct has charged me with Thirty-Six Specifications of professional misconduct.

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

I do not contest the First Specification regarding Patients C and D in full satisfaction of the charges against me.

I hereby agree to the penalty of a two year suspension of my license to practice medicine in New York State, which suspension

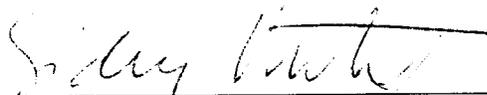
shall be stayed in its entirety conditioned on my full compliance with the Terms of Probation attached hereto as Exhibit B for a period of three years.

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.

  
\_\_\_\_\_  
SIDNEY VEITCH, M.D.  
RESPONDENT

Sworn to before me this  
5<sup>th</sup> day of March, 1997.

  
\_\_\_\_\_  
NOTARY PUBLIC

JONATHAN BATH  
Notary Public, State of New York  
No. 24-4980307  
Qualified in Kings County  
Term Expires April 15, 1998

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

-----X  
IN THE MATTER : APPLICATION  
OF : FOR  
SIDNEY VEITCH, M.D. : CONSENT  
: ORDER  
-----X

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

DATE: 5/5/97   
: SIDNEY VEITCH, M.D.  
Respondent

DATE: 5/5/97   
: JOHN J. PILKINGTON, ESQ.  
Attorney for Respondent

DATE: 3/10/97   
: KEVIN P. DONOVAN  
ASSOCIATE COUNSEL  
Bureau of Professional  
Medical Conduct

DATE: March 12, 1997

Anne Saile

ANNE F. SAILE  
DIRECTOR  
Office of Professional Medical  
Conduct

DATE: 13 March 1997

Charles J. Vacanti

CHARLES J. VACANTI, M.D.  
CHAIRPERSON  
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  
SIDNEY VEITCH, M.D. : CHARGES

-----X

SIDNEY VEITCH, M.D., the Respondent, was authorized to practice medicine in New York State on September 24, 1976, by the issuance of license number 128797 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Patient A (patients are identified in Appendix A), a 43 year old male, underwent cystoscopy and urethrotomy under general anesthesia, on or about August 23, 1989, at Butterfield Hospital, Cold Spring, New York. Respondent failed to meet acceptable standards of care, in that:

1. Respondent made notations on Patient A's record fraudulently indicating that she was present and attending Patient A when she was actually providing anesthesia services at Gynecare, in Monsey, New York.
2. On or about February 10, 1993, Respondent fraudulently stated to an investigator of the Island Peer Review Organization that she was in the immediate area of Patient A throughout the procedure.
3. Respondent fraudulently billed an insurer for performing the anesthesia services on Patient A.

Exhibit A

B. Patient B, a 25 year old female, presented at Gynecare, Monsey, New York, on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan and Lidocaine for the procedure.

Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient B.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient B or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient B's cardiac status.
4. Respondent failed to create an anesthesia record for Patient B which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient B after her surgery was completed.
6. Respondent inappropriately left Patient B unconscious in the post-anesthesia care unit (PACU) to administer anesthesia to another patient without adequate evaluation of Patient B, without assuring that Patient B was breathing adequately, and/or without assuring that Patient B was being appropriately monitored in the PACU.

C. Patient C, a 29 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient C.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient C or administer it properly.

3. During anesthesia, Respondent failed to appropriately monitor or document Patient C's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient C which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient C after her surgery was completed.
6. Respondent inappropriately left Patient C "asleep" in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient C, without assuring that Patient C was breathing adequately, and/or without assuring that Patient C was being appropriately monitored in the PACU.
7. Respondent signed or authorized signature of a health insurance claim form which stated: "Gen Anesthesia (0 hrs 45 mins)" and "12 units", when she knew or should have known that either or both statements were false.

D. Patient D, a 16 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient D.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient D or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient D's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient D which adequately showed the timing

of the patient's vital signs, the timing and dosage of drugs administered.

5. Respondent failed to perform or document an adequate evaluation of Patient D after her surgery was completed.
6. Respondent inappropriately left Patient D "asleep" in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient D, without assuring that Patient D was breathing adequately, and/or without assuring that Patient D was being appropriately monitored in the PACU.

E. Patient E, a 19 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient E.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient E or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient E's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient E which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient E after her surgery was completed.
6. Respondent inappropriately left Patient E in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient E, without assuring that Patient E was breathing adequately, and/or without assuring that Patient E was being appropriately monitored in the PACU.

F. Patient F, a 34 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient F.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient F or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient F's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient F which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient F after her surgery was completed.
6. Respondent inappropriately left Patient F "asleep" in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient F, without assuring that Patient F was breathing adequately, and/or without assuring that Patient F was being appropriately monitored in the PACU.

G. Patient G, a 35 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan and Lidocaine for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient G.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient G or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient G's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient G which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient G after her surgery was completed.
6. Respondent inappropriately left Patient G in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient G, without assuring that Patient G was breathing adequately, and/or without assuring that Patient G was being appropriately monitored in the PACU.

H. Patient H, a 26 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient H.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient H or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient H's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient H which adequately showed the timing

of the patient's vital signs, the timing and dosage of drugs administered.

5. Respondent failed to perform or document an adequate evaluation of Patient H after her surgery was completed.
6. Respondent inappropriately left Patient H "asleep" in the PACU without adequate evaluation of Patient H, without assuring that Patient H was breathing adequately, and/or without assuring that Patient H was being appropriately monitored in the PACU.

I. Patient I, a 15 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan and Lidocaine for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient I.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient I or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient I's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient I which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient I after her surgery was completed.
6. Respondent inappropriately left Patient I "asleep" in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient I, without assuring that Patient I was breathing adequately, and/or without assuring that Patient I was being appropriately monitored in the PACU.

J. Patient J, a 27 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan and Lidocaine for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient J.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient J or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient J's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient J which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient J after her surgery was completed.
6. Respondent inappropriately left Patient J in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient J, without assuring that Patient J was breathing adequately, and/or without assuring that Patient J was being appropriately monitored in the PACU.
7. Respondent signed or authorized signature of a health insurance claim form which stated: "Gen Anesthesia (0 hrs 45 mins)" and "12 units", when she knew or should have known that either or both statements were false.

K. Patient K, a 27 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan and Lidocaine for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient K.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient K or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient K's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient K which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient K after her surgery was completed.
6. Respondent inappropriately left Patient K in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient K, without assuring that Patient K was breathing adequately, and/or without assuring that Patient K was being appropriately monitored in the PACU.

L. Patient L, a 34 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan and Lidocaine for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient L.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient L or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient L's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient L which adequately showed the timing:

of the patient's vital signs, the timing and dosage of drugs administered.

5. Respondent failed to perform or document an adequate evaluation of Patient L after her surgery was completed.
6. Respondent inappropriately left Patient L in the PACU and returned to administer anesthesia to another patient without adequate evaluation of Patient L, without assuring that Patient L was breathing adequately, and/or without assuring that Patient L was being appropriately monitored in the PACU.

M. Patient M, a 15 year old female, presented at Gynecare on or about October 9, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia of Diprivan and Lidocaine for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient M.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient M or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient M's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient M which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent failed to perform or document an adequate evaluation of Patient M after her surgery was completed.
6. Respondent inappropriately left Patient M in the PACU without adequate evaluation of Patient M, without assuring that Patient M was breathing adequately, and/or without assuring that Patient M was being appropriately monitored in the PACU.

N. Patient N, a 25 year old female, presented at Gynecare on or about September 18, 1993, for a termination of pregnancy procedure. Respondent provided anesthesia for the procedure. Respondent failed to meet acceptable standards of care, in that:

1. Respondent failed to perform or record an adequate preoperative assessment of Patient N.
2. Respondent failed to determine the appropriate dose of Diprivan for Patient N or administer it properly.
3. During anesthesia, Respondent failed to appropriately monitor or document Patient N's cardiac status, oxygen saturation, and blood pressure.
4. Respondent failed to create an anesthesia record for Patient N which adequately showed the timing of the patient's vital signs, the timing and dosage of drugs administered.
5. Respondent used an inadequately sized intravenous catheter in Patient N during the procedure and/or administered inadequate amounts of fluid to Patient N following the drop in her blood pressure.

#### SPECIFICATIONS OF MISCONDUCT

##### FIRST SPECIFICATION

#### PRACTICING THE PROFESSION WITH NEGLIGENCE

#### ON MORE THAN ONE OCCASION

The Respondent is charged with practicing the profession with negligence on more than one occasion within the meaning of New York Education Law § 6530(3) (McKinney Supp. 1997) in that Petitioner charges two or more of the following:

1. The facts of paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, B and B.6, C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, C and C.6, D and D.1, D and D.2, D and D.3, D and D.4, D and D.5, D and D.6, E and E.1, E and E.2, E and E.3, E and E.4, E and E.5, E and E.6, F and F.1, F and F.2, F and F.3, F and F.4, F and F.5, F and F.6, G and G.1, G and G.2,

G.3, G and G.4, G and G.5, G and G.6, H and H.1, H and H.2, H and H.3, H and H.4, H and H.5, H and H.6, I and I.1, I and I.2, I and I.3, I and I.4, I and I.5, I and I.6, J and J.1, J and J.2, J and J.3, J and J.4, J and J.5, J and J.6, K and K.1, K and K.2, K and K.3, K and K.4, K and K.5, K and K.6, L and L.1, L and L.2, L and L.3, L and L.4, L and L.5, L and L.6, M and M.1, M and M.2, M and M.3, M and M.4, M and M.5, M and M.6, N and N.1, N and N.2, N and N.3, N and N.4, and/or N and N.5.

## SECOND SPECIFICATION

### PRACTICING THE PROFESSION WITH INCOMPETENCE

#### ON MORE THAN ONE OCCASION

The Respondent is charged with practicing the profession with incompetence on more than one occasion within the meaning of New York Education Law § 6530(5) (McKinney Supp. 1997) in that Petitioner charges two or more of the following:

2. The facts of paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, B and B.6, C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, C and C.6, D and D.1, D and D.2, D and D.3, D and D.4, D and D.5, D and D.6, E and E.1, E and E.2, E and E.3, E and E.4, E and E.5, E and E.6, F and F.1, F and F.2, F and F.3, F and F.4, F and F.5, F and F.6, G and G.1, G and G.2, G and G.3, G and G.4, G and G.5, G and G.6, H and H.1, H and H.2, H and H.3, H and H.4, H and H.5, H and H.6, I and I.1, I and I.2, I and I.3, I and I.4, I and I.5, I and I.6, J and J.1, J and J.2, J and J.3, J and J.4, J and J.5, J and J.6, K and K.1, K and K.2, K and K.3, K and K.4, K and K.5, K and K.6, L and L.1, L and L.2, L and L.3, L and L.4, L and L.5, L and L.6, M and M.1, M and M.2, M and M.3, M and M.4, M and M.5, M and M.6, N and N.1, N and N.2, N and N.3, N and N.4, and/or N and N.5.

## THIRD THROUGH FIFTEEN SPECIFICATIONS

### GROSS NEGLIGENCE

The Respondent is charged with practicing the profession with gross negligence within the meaning of New York Education Law § 6530(4) (McKinney Supp. 1997) in that Petitioner charges:

3. The facts of paragraphs B and B.1, B and B.2, B and

- B.3, B and B.4, B and B.5 and/or B and B.6.
4. The facts of paragraphs C and C.1, C and C.2, C and C.3, C and C.4, C and C.5 and/or C and C.6.
  5. The facts in paragraphs D and D.1, D and D.2, D and D.3, D and D.4, D and D.5 and/or D and D.6.
  6. The facts in paragraphs E and E.1, E and E.2, E and E.3, E and E.4, E and E.5 and/or E and E.6.
  7. The facts in paragraphs F and F.1, F and F.2, F and F.3, F and F.4, F and F.5 and/or F and F.6.
  8. The facts in paragraphs G and G.1, G and G.2, G and G.3, G and G.4, G and G.5 and/or G and G.6.
  9. The facts in paragraphs H and H.1, H and H.2, H and H.3, H and H.4, H and H.5 and/or H and H.6.
  10. The facts in paragraphs I and I.1, I and I.2, I and I.3, I and I.4, I and I.5 and/or I and I.6.
  11. The facts in paragraphs J and J.1, J and J.2, J and J.3, J and J.4, J and J.5 and/or J and J.6.
  12. The facts in paragraphs K and K.1, K and K.2, K and K.3, K and K.4, K and K.5 and/or K and K.6.
  13. The facts in paragraphs L and L.1, L and L.2, L and L.3, L and L.4, L and L.5 and/or L and L.6.
  14. The facts in paragraphs M and M.1, M and M.2, M and M.3, M and M.4, M and M.5 and/or M and M.6.
  15. The facts in paragraphs N and N.1, N and N.2, N and N.3, N and N.4, and N and/or N and N.5.

SIXTEENTH SPECIFICATION

GROSS INCOMPETENCE

The Respondent is charged practicing the profession with gross incompetence within the meaning of New York Education Law § 6530(6) (McKinney Supp. 1997) in that Petitioner charges:

16. The facts of paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, B and B.6, C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, C and C.6, D and D.1, D and D.2, D and D.3, D and D.4, D and D.5, D and D.6, E and E.1, E and E.2, E and E.3, E and E.4, E and E.5, E and E.6, F and F.1, F and F.2, F and F.3, F and

F.4, F and F.5, F and F.6, G and G.1, G and G.2, G and G.3, G and G.4, G and G.5, G and G.6, H and H.1, H and H.2, H and H.3, H and H.4, H and H.5, H and H.6, I and I.1, I and I.2, I and I.3, I and I.4, I and I.5, I and I.6, J and J.1, J and J.2, J and J.3, J and J.4, J and J.5, J and J.6, K and K.1, K and K.2, K and K.3, K and K.4, K and K.5, K and K.6, L and L.1, L and L.2, L and L.3, L and L.4, L and L.5, L and L.6, M and M.1, M and M.2, M and M.3, M and M.4, M and M.5, M and M.6, N and N.1, N and N.2, N and N.3, N and N.4, and/or N and N.5.

SEVENTEENTH THROUGH NINETEENTH SPECIFICATIONS

FRAUD

Respondent is charged with practicing the profession fraudulently within the meaning of New York Education Law § 6530(2) (McKinney Supp. 1997) [formerly N.Y. Educ. Law § 6509 (2)] in that Petitioner charges:

17. The facts of paragraphs A and A.1, A and A.2 and/or A and A.3.
18. The facts of paragraphs C and C.7.
19. The facts of paragraphs J and J.7.

TWENTIETH THROUGH TWENTY-SECOND SPECIFICATIONS

MORAL UNFITNESS

Respondent is charged with conduct in the practice of medicine which evidences moral unfitness to practice medicine within the meaning of New York Education Law § 6530(20) (McKinney Supp. 1997) [formerly N.Y. Educ. Law § 6509(9) and 8 NYCRR 29.1(b)(5)] in that Petitioner charges:

20. The facts of paragraphs A and A.1, A and A.2, and/or A and A.3.
21. The facts of paragraphs C and C.7.
22. The facts of paragraphs J and J.7.

TWENTY-THIRD THROUGH THIRTY-SIXTH SPECIFICATIONS

INADEQUATE RECORDS

Respondent is charged with failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient within the meaning of New York Education Law § 6530(32) (McKinney Supp. 1997) in that Petitioner charges:

23. The facts of paragraphs A and A.1.
24. The facts of paragraphs B and B.1, B and B.3, B and B.4 and/or B and B.5.
25. The facts of paragraphs C and C.1, C and C.3, C and C.4 and/or C and C.5.
26. The facts in paragraphs D and D.1, D and D.3, D and D.4 and/or D and D.5.
27. The facts in paragraphs E and E.1, E and E.3, E and E.4 and/or E and E.5.
28. The facts in paragraphs F and F.1, F and F.3, F and F.4 and/or F and F.5.
29. The facts in paragraphs G and G.1, G and G.3, G and G.4 and/or G and G.5.
30. The facts in paragraphs H and H.1, H and H.3, H and H.4 and/or H and H.5.
31. The facts in paragraphs I and I.1, I and I.3, I and I.4 and/or I and I.5.
32. The facts in paragraphs J and J.1, J and J.3, J and J.4 and/or J and J.5.
33. The facts in paragraphs K and K.1, K and K.3, K and K.4 and/or K and K.5.
34. The facts in paragraphs L and L.1, L and L.3, L and L.4 and/or L and L.5.
35. The facts in paragraphs M and M.1, M and M.3, M and M.4 and/or M and M.5.
36. The facts in paragraphs N and N.1, N and N.3, and/or N and N.4.

DATED: *January 15* , 1997  
Albany, New York

*Peter D. Van Buren*  
PETER D. VAN BUREN  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

EXHIBIT "B"

TERMS OF PROBATION

1. Respondent shall conduct herself in all ways in a manner befitting her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by her profession;
2. Respondent shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct (OPMC), New York State Department of Health, Hedley Park Place, 4th Floor, 433 River Street, Troy, New York 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;
3. Respondent 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.
4. 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].
5. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is 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. Respondent 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.
6. Respondent's 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 Respondent and her staff at practice locations or OPMC offices.

7. Respondent 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.
8. Respondent shall practice medicine only in a hospital licensed by New York State.
9. Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.
  - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection of 25% of the records of cases of Respondent. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
  - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
  - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
  - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
10. Respondent shall comply with all terms, conditions, restrictions, and penalties to which 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.