



**Board for Professional Medical Conduct**

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

Mark R. Chassin, M.D., M.P.P., M.P.H.  
Commissioner

C. Maynard Guest, M.D.  
Executive Secretary

November 3, 1993

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Robert Leven, M.D.  
666 Greenwich Street  
New York, New York 10014

RE: License No. 123152  
Effective Date: 11/10/93

Dear Dr. Leven:

Enclosed please find Order #BPMC 93-176 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  
Empire State Plaza  
Tower Building-Room 438  
Albany, New York 12237-0756

Sincerely,

C. Maynard Guest, M.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

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

-----X  
IN THE MATTER :  
OF : ORDER  
ROBERT LEVEN, M.D. : BPMC #93-176  
-----X

Upon the application of ROBERT LEVEN, 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: 1 November 1993

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 : APPLICATION  
OF : FOR  
ROBERT LEVEN, M.D. : CONSENT  
: ORDER  
-----X

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

ROBERT LEVEN, M.D., being duly sworn, deposes and says:

That on or about March 7, 1975 I was licensed to practice as a physician in the State of New York, having been issued License No. 123152 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 January 1, 1993 through December 31, 1994 at 666 Greenwich Street, New York, New York.

I understand that the New York State Board of Professional Medical Conduct has charged me with 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 admit to the first, third, fourth, fifth, and sixth Specifications in full satisfaction of the charges against me.

I hereby agree to three years stayed suspension and three years probation.

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

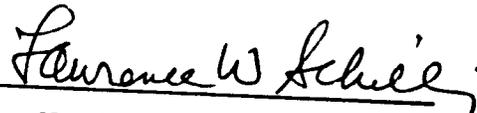
I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict 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.

  
ROBERT LEVEN, M.D.  
RESPONDENT

Sworn to before me this  
14<sup>th</sup> day of October, 19 .

  
NOTARY PUBLIC

LAWRENCE W. SCHILLING  
Notary Public, State of New York  
No. 31-4782697  
Qualified in New York County  
Commission Expires December 31, 1993

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

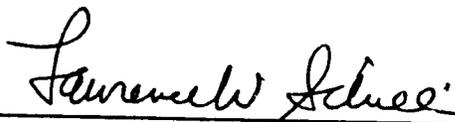
-----X  
IN THE MATTER : APPLICATION  
OF : FOR  
ROBERT LEVEN, M.D. : CONSENT  
-----X  
: ORDER

The undersigned agree to the attached application of the Respondent and to the proposed three year period of stayed suspension and probation.

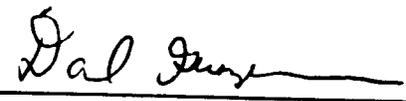
Date: Oct. 14, 1993

  
\_\_\_\_\_  
ROBERT LEVEN, M.D.  
RESPONDENT

Date: October 14 1993

  
\_\_\_\_\_  
LAWRENCE SCHILLING, ESQ.  
ATTORNEY FOR RESPONDENT

Date: October 15, 1993

  
\_\_\_\_\_  
DANIEL GUENZBURGER  
ASSISTANT COUNSEL  
BUREAU OF PROFESSIONAL  
MEDICAL CONDUCT

Date: Nov. 2, 1993

Kathleen M. Tanner

KATHLEEN M. TANNER  
DIRECTOR  
OFFICE OF PROFESSIONAL  
MEDICAL CONDUCT

Date: 1 November 1993

Charles J. Vacanti

CHARLES J. VACANTI, M.D.  
CHAIRPERSON  
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  
ROBERT LEVEN, M.D. : CHARGES  
-----X

ROBERT LEVEN, M.D., the Respondent, was authorized to practice medicine in New York State on March 7, 1975 by the issuance of license number 123152 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1993 through December 31, 1994 at 666 Greenwich Street, New York, New York 10014.

FACTUAL ALLEGATIONS

- A. On five occasions between April 27, 1988 and October 26, 1988, the Respondent treated Patient A, a 52 year old male at his office. (Patient A and all the other patients are identified in the attached Appendix). Patient A complained of insomnia. He reported a history of heavy alcohol use and currently drank three-fourths of a quart of wine a day. Although Respondent noted that Patient A had been hospitalized for psychiatric reasons for six months in 1984,

he did not record any other history related to the hospitalization.

Respondent diagnosed mixed anxiety depression. He prescribed Elavil 50 mg., H.S., and Valium 5 mg., B.I.D. Respondent's conduct deviated from medically accepted standards, in that he:

1. Failed to take and/or note an adequate history.
  2. Prescribed Valium to a patient with a history of alcohol abuse.
  3. Prescribed Valium to Patient A without instructing the patient to refrain from drinking alcohol while taking the medication.
- B. On nine occasions between May 11, 1988 and December 8, 1988, the Respondent treated Patient B, a 28 year old female, at his office. Patient B complained of insomnia and anxiety. She had a history of drug abuse. Although Respondent noted that Patient B had "eloped" from a psychiatric ward at Metropolitan Hospital in 1977, he did not record any other history related to the hospitalization.

Respondent diagnosed anxiety disorder. He initially prescribed Atarax, 50 mg., H.S., and Valium, B.I.D. On or about June 8, 1988, Respondent discontinued the Atarax and prescribed Mellaril, 10 mg., H.S. He continued treating the patient with Valium and Mellaril through December 8, 1988. Respondent's conduct deviated from medically accepted standards, in that he:

1. Failed to take and/or note an adequate history.
  2. Prescribed Valium to a patient with a history of drug abuse.
  3. Prescribed a non-therapeutic dose of Mellaril.
- C. On or about September 1, and October 27, 1988, the Respondent treated Patient C, a 29 year old male, at his office. Patient C complained of anxiety and insomnia. He had a history of drug and alcohol abuse.

Respondent diagnosed anxiety disorder. He prescribed Navane 1 mg., O.D., Atarax 50 mg., and Valium 5 mg., B.I.D. The Respondent's conduct deviated from medically accepted standards, in that he:

1. Prescribed Valium to a patient with a history of drug and alcohol abuse.
  2. Prescribed Navane without adequate indication.
  3. Prescribed a non-therapeutic dose of Navane.
- D. On seven occasions between July 20, 1988 and December 7, 1988, the Respondent treated Patient D, a 54 year old male, at his office. Patient D complained of insomnia. He gave a history of heavy alcohol and heroin use for 30 years.

The Respondent diagnosed Patient D's condition as anxiety disorder. He prescribed Sinequan 50 mg., H.S., and Valium 5 mg., B.I.D. The Respondent's conduct deviated from medically accepted standards, in that he:

1. Prescribed Valium to a patient with a history of drug and alcohol abuse.
- E. On or about October 26, 1988, the Respondent treated Patient E, a 29 year old male, at his office. Patient E complained of anxiety and insomnia. Although Respondent noted that Patient E had a 3 week psychiatric hospitalization at Jacobi Hospital in 1986, he did not record any other history related to the hospitalization.

The Respondent diagnosed anxiety disorder. He prescribed Mellaril 10 mg., H.S., and Valium 5 mg., B.I.D. The Respondent's conduct deviated from medically accepted standards, in that he:

1. Failed to take and/or note an adequate history.
2. Prescribed a non-therapeutic dose of Mellaril.

F. On or about October 27, 1988, the Respondent treated Patient F, a 21 year old male, at his office. Patient F complained of insomnia. Although he had a history of heavy alcohol use, he reported that he had abstained from alcohol since January, 1988.

Respondent diagnosed anxiety disorder. He prescribed Atarax, 50 mg., H.S., and Valium, 5 mg., B.I.D. The Respondent's conduct deviated from medically accepted standards, in that he:

1. Prescribed Valium to a patient with a history of alcohol abuse.

G. On or about October 26, 1988, the Respondent treated Patient G, a 32 year old male, at his office. Patient G complained of insomnia. He gave a history of drug and alcohol abuse, and indicated that he had recently reduced his alcohol intake to one-fourth of a quart of alcohol a day. Although Respondent noted that Patient G had a past psychiatric hospitalization, he did not record any information about the hospitalization.

Respondent diagnosed anxiety disorder. He prescribed Navane, 1 mg., O.D., Sinequan, 50 mg., H.S., and Valium 5 mg., B.I.D. Respondent's conduct deviated from medically accepted standards, in that he:

1. Prescribed Valium to a patient with a history of drug and alcohol abuse.
2. Prescribed Navane without adequate indication.
3. Prescribed a non-therapeutic dose of Navane.

H. On three occasions between September 1, 1988 and October 27, 1988, the Respondent treated Patient H, a 28 year old male, at his office. Patient H had a past history of drug abuse.

Respondent did not record a chief complaint. He diagnosed anxiety disorder and prescribed Mellaril, 10 mg., H.S. and Valium 5 mg., B.I.D. The Respondent's conduct deviated from medically accepted standards, in that he:

1. Failed to take and/or note an adequate history.
2. Prescribed Valium to a person with a history of drug abuse.
3. Prescribed a non-therapeutic dose of Mellaril.

#### **SPECIFICATION OF CHARGES**

##### **FIRST SPECIFICATION**

##### **NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with professional misconduct by reason of practicing the profession of medicine with negligence on more than one occasion within the meaning of N.Y. Educ. Law Section 6530(3) (McKinney Supp. 1993), in that Petitioner charges that Respondent committed two or more of the following:

1. The facts in Paragraphs A and A1, A2, A3; B and B1, B2, B3; C and C1, C2, C3; D and D1; E and E1, E2; F and F1; G and G1, G2, G3; and/or H and H1, H2, H3.

SECOND SPECIFICATION

PRACTICING WITH INCOMPETENCE

Respondent is charged with professional misconduct by reason of practicing the profession of medicine with incompetence on more than one occasion within the meaning of N.Y. Educ. Law Section 6530(5) (McKinney Supp. 1993), in that Petitioner charges Respondent committed two or more of the following:

2. The facts in Paragraphs A and A1, A2, A3; B and B1, B2, B3; C and C1, C2, C3; D and D1; E and E1, E2; F and F1; G and G1, G2, G3; and/or H and H1, H2, H3.

THIRD THROUGH SIXTH SPECIFICATIONS

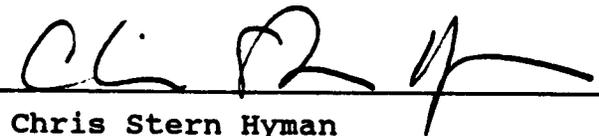
FAILING TO MAINTAIN AN ADEQUATE RECORD

Respondent is charged with professional misconduct pursuant to N.Y. Educ. Law Sec. 6530(32) (McKinney Supp. 1993),

by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, in that  
Petitioner charges:

3. The facts in Paragraphs A and A1.
4. The facts in Paragraphs B and B1.
5. The facts in Paragraphs E and E1.
6. The facts in Paragraphs H and H1.

DATED: New York, New York  
May 19, 1993



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Chris Stern Hyman  
Counsel  
Bureau of Professional Medical  
Conduct

## EXHIBIT "B"

### TERMS OF PROBATION

1. ROBERT LEVEN, M.D., during the period of probation, shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct imposed by law and by his profession;
2. That Respondent shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct, New York State Health Department, Corning Tower Building, 4th Floor, Empire State Plaza Albany, New York 12237 of any employment and practice, of Respondent's residence and telephone number, of any change in Respondent's employment, practice, residence, or telephone number within or without the State of New York;
3. Respondent shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that Respondent has paid all registration fees due and owing to the NYSED and Respondent shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by Respondent to the New York State Department of Health, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, no later than the first three months of the period of probation;
4. Respondent shall submit written proof to the NYSDOH, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, that 1) Respondent is currently registered with the NYSED, unless Respondent submits written proof that Respondent has advised DPLS, NYSED, that Respondent is not engaging in the practice of Respondent's profession in the State of New York and does not desire to register, and that 2) Respondent has paid any fines which may have previously been imposed upon Respondent by the Board or by the Board of Regents; said proof of the above to be submitted no later than the first two months of the period of probation;
5. Respondent shall comply with all terms, conditions, restrictions, to which he is subject pursuant to the order of the Board;

6. The Respondent will work only in a supervised setting, approved by the Office of Professional Medical Conduct, which may include but not be limited to an institution licensed pursuant to Article 28 of the Public Health law. Upon the Respondent's commencement of any employment requiring a license to practice medicine, the Respondent will promptly advise the Office of Professional Medical Conduct of such new employment. The Office of Professional Medical Conduct shall not unreasonably withhold its approval of such employment.
7. The Respondent will identify an appropriate supervisor or administrator in all settings, to be approved by the Office of Professional Medical Conduct, to submit reports regarding the Respondent's overall quality of medical practice.
8. Respondent will ensure that the supervising physician is familiar with Respondent's history and with the terms of probation.
9. Respondent will ensure that the supervising physician is in a position to regularly observe and assess Respondent's medical practice.
10. The Respondent will authorize the supervising physician to submit to the Office of Professional Medical Conduct quarterly reports regarding the quality of Respondent's medical practice, any unexplained absences from work, and certifying Respondent's compliance or detailing any failure to comply with each term of probation, and to immediately notify OPMC if Respondent violates any terms of this order.
11. Respondent will continue in a program of therapy, approved by the Office of Professional Medical Conduct, for as long as is necessary as determined by the treating health care professional or program.
12. The Respondent will authorize Respondent's treating health care professional or program to:
  - a. submit to the Office of Professional Medical Conduct quarterly reports certifying compliance with the treatment plan;
  - b. report to the Office of Professional Medical Conduct immediately if Respondent leaves treatment against medical advice;

c. report to the Office of Professional Medical  
Conduct any significant pattern of absences.

13. So long as there is full compliance with every term herein set forth, Respondent may continue to practice his or her aforementioned profession in accordance with the terms of probation; provided, however, that upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of the Office of Professional Medical Conduct and/or the Board may initiate a violation of probation proceeding and/or such other proceeding against Respondent as may be authorized pursuant to the Public Health Law.