



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0563

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Vice Chair

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

August 4, 1999

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

William R. Morehouse, M.D.
374 Wellington Avenue
Rochester, NY 14619

RE: License No.: 116946

Dear Dr. Morehouse:

Enclosed please find Order #BPMC 99-196 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **August 4, 1999.**

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 to 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: Dennis R. McCoy
Saperston & Day, P.C.
1100 M&T Center
Three Fountain Plaza
Buffalo, NY 14203-1486

Valerie B. Donovan, Esq.

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

IN THE MATTER
OF
WILLIAM R. MOREHOUSE, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC #99-196

WILLIAM R. MOREHOUSE, M.D., (Respondent) does hereby affirm that
On or about July 26, 1973, I was licensed to practice as a physician in the
State of New York, having been issued License No. 116946 by the New York
State Education Department.

My current address is 374 Wellington Avenue, Rochester, New York
14619, 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 admit guilt to the first specification in full satisfaction of the charges
against me. I hereby agree to the following penalty:

1. A Censure and Reprimand.

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 his/her license.

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).

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.

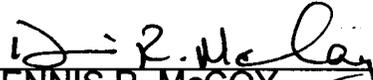
I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing 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 7/15/99


WILLIAM R. MOREHOUSE, 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: 7/19/99


DENNIS R. McCOY
Attorney for Respondent

DATE: 7/22/99


VALERIE B. DONOVAN
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: 7/29/99


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
WILLIAM R. MOREHOUSE, M.D.

CONSENT
ORDER

Upon the proposed agreement of WILLIAM R. MOREHOUSE, 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: 7/29/99


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 :
OF : STATEMENT
WILLIAM R. MOREHOUSE, M.D. : OF CHARGES

-----X

WILLIAM R. MOREHOUSE, M.D., the Respondent, was authorized to practice medicine in New York State on July 26, 1973, by the issuance of license number 116946 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 March 1999 through February 2001 with a registration address of 374 Wellington Avenue, Rochester, New York 14619-1228.

FACTUAL ALLEGATIONS

A. Respondent provided care for Patient A (patient identified in the Appendix), a female born August 5, 1957, from on or about May 1990 to on or about October, 1996, for, among other things, depression related to marital stress, at his office located at 340 Arnett Boulevard, Rochester, New York 14619. Respondent's care and treatment of Patient A failed to meet accepted standards of care in that:

1. Respondent violated appropriate and therapeutic professional boundaries with Patient A by engaging in physical contact of a sexual nature with Patient A from

in or about late 1993, through in or about September, 1996.

SPECIFICATIONS OF MISCONDUCT

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined by New York Education Law §6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of the following:

1. The facts in paragraphs A and A.1.

SECOND SPECIFICATION

MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20) by conduct in the practice of medicine which evidences moral unfitness to practice medicine, as alleged in the facts of the following:

2. The facts in paragraphs A and A.1.

DATED: *July 22*, 1999
Albany, New York

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