



STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

Public

Wendy E. Saunders
Chief of Staff

September 27, 2007

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Nancy Strohmeier, Esq.
NYS Department of Health
90 Church Street - 4th Floor
New York, New York 10007

Bruce M. Brady, Esq.
Callan, Koster, Brady & Brennan, LLP
One Whitehall Street
New York, New York 10004

Lawrence Glass, D.O.
25 Lenox Place
Middletown, New York 10940

RE: In the Matter of Lawrence Glass, D.O.

Dear Parties:

Enclosed please find the Determination and Order (No. 07-209) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of '230, subdivision 10, paragraph (h) of the New York State Public Health Law.

As prescribed by the New York State Public Health Law '230, subdivision 10, paragraph (i), and '230-c subdivisions 1 through 5, (McKinney Supp. 1992), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the Respondent or the Department may seek a review of a committee determination.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

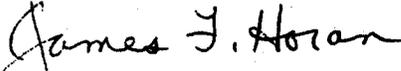
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Hedley Park Place
433 River Street, Fifth Floor
Troy, New York 12180

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,


James F. Horan, Acting Director
Bureau of Adjudication

JFH:cah

Enclosure

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

COPY

**IN THE MATTER
OF
LAWRENCE GLASS, D.O.**

**DETERMINATION
AND
ORDER**

BPMC #07-209

JOHN A. D'ANNA, Jr., M.D., M.P.H., Chairperson, **SHELDON GAYLIN, M.D.** and **JOAN MARTINEZ-McNICHOLAS.,** duly designated members of the State Board for Professional Medical Conduct, appointed by the Commissioner of Health of the State of New York pursuant to Section 230(1) of the Public Health Law, served as the Hearing Committee in this matter pursuant to Section 230(10)(e) of the Public Health Law. **CHRISTINE C. TRASKOS, ESQ.,** served as Administrative Officer for the Hearing Committee. The Department of Health appeared by **THOMAS G. CONWAY,** General Counsel, **NANCY STROHMEYER, ESQ.,** Assistant Counsel, of Counsel. The Respondent appeared by **CALLAN, KOSTER, BRADY & BRENNAN, LLP, BRUCE M. BRADY ESQ.,** of Counsel. Evidence was received and witnesses sworn and heard and transcripts of these proceedings were made.

After consideration of the entire record, the Hearing Committee submits this Determination and Order.

STATEMENT OF CHARGES

The accompanying Statement of Charges originally alleged (7) specifications of professional misconduct. However by letter dated August 3, 2007, the Petitioner (Department) withdrew factual allegations A1 and A4(a) from the Statement of Charges and the First and Second Specifications. The remaining charges included allegations of gross negligence, gross incompetence, negligence on more than one occasion, incompetence on more than one occasion and failure to maintain records. The charges are more specifically set forth in the Statement of Charges dated March 12, 2007, with amending letter dated August 3, 2007, a copy of which is attached hereto as Appendix I and made a part of this Determination and Order.

SUMMARY OF PROCEEDINGS

Notice of Hearing Date:	March 12, 2007
Pre-Hearing Conference	April 24, 2007
Hearing Dates:	May 1, 2007
	May 24, 2007
	July 12, 2007
Deliberation date:	August 14, 2007

WITNESSES

For the Petitioner:	Richard Krueger, M.D.
For the Respondent:	Lawrence Glass, D.O. Larry Siever, M.D.

FINDINGS OF FACT

1. Respondent was authorized to practice medicine in the State of New York on or about March 10, 1978 by issuance of license number 133674 by the New York State Education Department. (Ex.2)
2. Respondent graduated from the Philadelphia College of Osteopathic Medicine in 1973. In 1982, Respondent completed a residency in psychiatry at the Middletown Psychiatric Center. The following year, Respondent completed a fellowship in forensic psychiatry at New York University. (T. 189-193-194)
3. Patient A, a thirty eight year old woman, was referred to Respondent in January 2002 for medication management. Patient a told Respondent that she had been sexually molested until she was 16 years old. She told Respondent that her husband, who was twenty years older than she, had died four years before. She further stated that she had two daughters with him who were fourteen and eleven years old. (T. 19-20, 206-207; Ex. 3; p.2))
4. Patient A reported other life traumas including having been emotionally and physically abused as well as the rape of her older daughter. Patient A also told Respondent that she had been taking Remeron, Ambien, Xanax and Sezone. (T. 19, 21, 206, 208; Ex. 3; p.2)
5. Patient A did not testify at the hearing.
6. Generally, transference is a set of attitudes and behaviors that a patient brings to the physician-patient relationship in psychiatric treatment.(T. 46)
7. The definition of "transference" may differ among psychiatrists.

8. Respondents expert, Dr. Larry Siever testified that classic transference only occurs in the context of intense psychotherapy or psychoanalysis after a long association involving intense interaction. These feelings do not realistically reflect the actual interaction with the physician. These feelings might belong to a more intimate relationship such as a parent, spouse or sibling .(T. 407-408)
9. Petitioner's expert, Dr. Richard Krueger stated that transference on part of a patient can occur instantly and that it is an element of every psychiatric relationship between a doctor and patient. (T. 136, 152, 177)
10. Dr. Krueger conceded that there was "nothing in evidence" about Patient A's transference. (T. 50)
11. Shortly after Patient A came under Respondent's care, she disclosed to him that her life and the lives of her children had been threatened. (Ex. 3, p.6; T. 244-246)
12. At the time, Patient A claimed she did not know the identity of her stalker. It was only months later that Patient A disclosed the fact that this person was her former boyfriend of several years. (Ex. 3,p.7; T. 246)
13. Respondent advised Patient A to report this matter to the local and state police. (Ex. 3, p.6, T. 245) After Patient A was informed by both police agencies that there was nothing they could do, Respondent himself reported the threat to the state and local police. He also was told that nothing could be done absent an actual physical assault. (Ex. 3,p.6; T. 245)
14. Respondent assembled a group of police and fireman friends that he had worked with in the past to watch over Patient A's house. (T. 245, 247 305-06, 319) This group identified a car that was circling the house and identified the car's owner. (T.247)

15. During this time, Respondent visited Patient A in her house several times. He acknowledged that he had been in the patient's bedroom but only because it was the only air conditioned room in the house. He also stated that they were never alone in the bedroom and that others were present. (T. 248-249)
16. Respondent admits that he knew it was inappropriate and that he had crossed boundaries "the first day that I walked into her house to check out that she was ok." (T. 331)
17. Ultimately, Respondent became deeply involved with Patient A on an emotional level and he acknowledged that he "became very much infatuated with her." (T. 331) He testified that after two or three months he "was totally smitten with her and was in love with her."(T. 187, 266)
18. Respondent however denied having any type of physical or sexual relationship with Patient A. (T. 187)
19. During the course of his treatment of Patient A, Respondent spoke with Patient A on the telephone several times per day. (T. 264-265) In addition, Respondent left numerous messages which were recorded on Patient A's answering machine.(Exs. 7, 8; T. 322))
20. These recorded messages contain only the voice of Respondent and there is no record of the dates or times of the calls. (Exs. 7, 8)
21. Respondent stated that these phone calls were made sometime after his last office visit with Respondent. His office records indicate that Patient A's last office visit was on August 27, 2002. (Ex. 3, p.8; T. 321, 338)

22. Several of these messages consisted of professions of Respondent's love for Patient A and inquiries from Respondent to Patient A about the state of their personal relationship.

(Exs. 7,8)

23. Boundary violations are a transgression or a crossing of a boundary that would be defined as the limits of an appropriate therapeutic patient-doctor relationship. (T. 403)

24. It was not appropriate for Respondent to visit Patient A's home even if he was concerned for the safety of her and her family. (T. 404)

25. The messages left on Patient A's answering machine in which Respondent sought her attention and affection constitute boundary violations because they were not expressly for the purpose of the therapeutic relationship. (T.405)

26. Respondent treated Patient A for several conditions that included Post Traumatic Stress Disorder, Depression, Anxiety Disorder and R/O Personality Disorder.

27. Each of these conditions can be managed by psychotherapy and/or medication.

(T. 369-379)

28. Dr. Krueger never once stated that Respondent's treatment of Patient A's symptoms was improper, only that he did not fully document the basis for each of his diagnoses.

(T. 149-151)

29. Dr. Krueger admitted that there is enough information in the record to support the diagnosis of posttraumatic stress disorder. (T. 157)

30. Since Respondent's practice is limited to medication management, it was appropriate for him to refer Patient A to other psychiatrists for psychotherapy. (T. 90-91) Respondent documented this recommendation no less than four separate times in his record. (Ex. 3, p.

4,5,8) Dr. Krueger conceded that a referral under these circumstances was appropriate and that termination of treatment if the patient were non-compliant was also appropriate. (T. 90-91)

31. Dr. Krueger conceded that each of the medications was appropriate for the conditions being treated (PTSD-Antidepressant, Serzone and Anxiolytic/Benzodiazepine, Xanax; Depression-Antidepressant, Serzone; Anxiety Disorder-Anxiolytic/Benzodiazepine, Xanax. (T. 141-142, 151) Dr. Siever also concurred that the medications for the patient's diagnosis were appropriate. (T. 383)

32. Dr. Krueger conceded that according to the records from Eckerd Pharmacy, Respondent did not prescribe any extra medication for Patient A. (Ex. 6; T.165-166)

33. Dr. Krueger globally conceded that none of the prescriptions reflected in Respondent's records and in the pharmacy records were inappropriate given the diagnoses listed in the record. (T. 151)

34. Dr. Krueger agreed that Respondent's medication management for Patient A was not inappropriate. (T. 158)

35. Dr. Siever also testified that Respondent's treatment of Patient A was within the accepted standard of care. (T. 449)

36. Respondent admitted that his record keeping was deficient. (T. 281-282, 326-327)

CONCLUSIONS OF LAW

Respondent is charged with seven (7) specifications alleging professional misconduct within the meaning of Education Law § 6530. This statute sets forth numerous forms of conduct which constitute professional misconduct, but do not provide definitions of the various types of misconduct. During the course of its deliberations on these charges, the Hearing Committee consulted a memorandum prepared by the General Counsel for the Department of Health. This document, entitled "Definitions of Professional Misconduct Under the New York Education Law", sets forth suggested definitions for gross negligence, negligence, gross incompetence, incompetence and the fraudulent practice of medicine.

The following definitions were utilized by the Hearing Committee during its deliberations:

Negligence is failure to exercise the care that would be exercised by a reasonably prudent licensee under the circumstances.

Gross negligence is failure to exercise the care that would be exercised by a reasonably prudent physician under the circumstances, and which failure is manifested by conduct that is egregious or conspicuously bad.

Incompetence is a lack of the skill or knowledge necessary to practice the profession.

Gross incompetence is an unmitigated lack of the skill or knowledge necessary to perform an act undertaken by the licensee in the practice of medicine.

Using the above-referenced definition as a framework for its deliberations, the Hearing Committee concluded, by a preponderance of the evidence, that two (2) of the

seven (7) specifications of professional misconduct should be sustained. The rationale for the Hearing Committee's conclusions regarding each specification of misconduct is set forth below.

At the outset of deliberations, the Hearing Committee made a determination as to the credibility of various witnesses presented by the parties.

The Department offered the testimony of Richard Bohn Krueger, M.D. as their expert. Dr. Krueger is the Medical Director of the Sexual Behavior Clinic at the New York State Psychiatric Institute and Columbia University. He also maintains a private practice and is an associate clinical professor of psychiatry at Columbia University. Dr. Krueger is board certified in psychiatry and neurology and has added qualifications in addiction psychiatry.

(Ex. 9) Although highly qualified, the Hearing Committee finds that his answers were vague and that he often acted as an advocate for the Department. Dr. Krueger repeatedly demonstrated his unwillingness to directly answer straightforward questions (whenever the answer would be favorable to Respondent). For instance, when he was asked whether the prescription records showed any indication that Patient A doubled up on her medication or took more than what was prescribed, Dr. Krueger spoke only about the various medications the patient was on, intimated that the dosages were "very high," but ultimately admitted that the records did not show the patient went beyond the amount prescribed. (T. 76) A further example of Dr. Krueger's biased approach occurred toward the end of his testimony. Dr. Krueger was asked by the Hearing Committee Chairperson to identify any aspect of Respondent's treatment that did not meet medical standards. (T. 148) Dr. Krueger gave a rambling answer suggesting some criticism of Respondent. However when pressed for a

direct, simple answer, Dr. Krueger agreed that all of Respondent's prescriptions were appropriate. (T. 151)

Respondent offered the testimony of Larry Joseph Siever, M.D. who is a professor of psychiatry at Mount Sinai School of Medicine and chief of psychiatry at the James J. Peters Veteran's Medical Center in the Bronx. Dr. Siever has had extensive professional experience in the field of psychopharmacology, and the treatment of personality disorders, affective disorders and anxiety disorders. The Hearing Committee finds that Dr. Siever's background and experience are much more relevant to the issues under consideration here. Further, they note that Dr. Siever gave direct and responsive answers to all questions asked, whether those answers helped or hurt Respondent. As a result, the Hearing Committee finds Dr. Siever's expert testimony more persuasive than the Petitioner's expert.

Respondent took the stand on his own behalf. The Hearing Committee finds that Respondent was a believable witness. His testimony was pained and he appeared to be affected by the whole process, but managed to hold up on cross examination. The Hearing Committee further finds that Respondent's fund of medical knowledge was sufficient.

Factual Allegations A: SUSTAINED

A.1: WITHDRAWN

A.2: NOT SUSTAINED

A.3 : SUSTAINED

A.4 (a):WITHDRAWN

A.4(b) : NOT SUSTAINED

A.4 (c) : NOT SUSTAINED

A.4 (d): NOT SUSTAINED

A.5: NOT SUSTAINED

A.6: SUSTAINED

[REDACTED]

The First Specification was withdrawn by the Petitioner.

[REDACTED]

The Second Specification was withdrawn by the Petitioner.

GROSS NEGLIGENCE

The Hearing Committee finds that none of Respondent's actions rise to the level of gross negligence, hence the Third Specification is not sustained.

GROSS INCOMPETENCE

The Hearing Committee finds that none of Respondent's actions rise to the level of gross incompetence, hence the Fourth Specification is not sustained.

NEGLECT ON MORE THAN ONE OCCASION

Without the testimony of Patient A, the Hearing Committee finds insufficient evidence in the record to sustain any allegation relating to Patient A's transference.

However, by his own admission and evidence in the record, the Hearing Committee finds

that Respondent failed to adequately manage his own counter-transference with Patient A on several occasions. There was no need for Respondent to conduct surveillance at or visit Patient A at home. There was no indication that Patient A was unwilling or unable to leave her home or experiencing any emergency which would require the intervention of a mental health professional. Once Respondent became emotional in his feelings for Patient A, a reasonable prudent physician should seek supervision and speak with another psychiatrist to deal with any inappropriate feeling or attitudes he or she has towards the patient. If the physician is unable to maintain an appropriate relationship with the patient, treatment must be terminated and the patient should be referred to another physician. (T. 64, 406-407)

The Hearing Committee concurs with Dr. Siever that the post treatment recorded phone messages were also boundary violations because Respondent "wasn't calling the patient purely for the purpose of monitoring her medication or her psychiatric situation. He was calling in part out of his own needs." (T. 415) Respondent's mismanagement of his countertransference to Patient A and the attendant boundaries violations constitute a deviation from minimum accepted standards of care. As a result, the Hearing Committee sustains the Fifth Specification.

INCOMPETENCE ON MORE THAN ONE OCCASION

The Hearing Committee believes that Respondent possesses the necessary skill and knowledge to practice medicine. They find no evidence in the record to support the allegations that Respondent misdiagnosed or mistreated Patient A due to lack of skill or judgment. Therefore, the Sixth Specification is not sustained.

FAILURE TO MAINTAIN RECORDS

Respondent agreed that his record keeping was deficient during the course of his testimony. (T. 281-182, 326-327) Further, Respondent's expert also agreed that Respondent's records contained certain deficiencies. The Hearing Committee concurs and sustains the Seventh Specification.

DETERMINATION AS TO PENALTY

The Hearing Committee, pursuant to the Findings of Fact and Conclusions of Law set forth above determined by a unanimous vote that Respondent's license to practice medicine in New York State should be suspended for a period of five (5) years following the effective date of this Determination and Order. The suspension shall be stayed in its entirety and Respondent will be placed on probation with a practice monitor. Respondent will also be required to get individual therapy while on probation. The complete terms of probation are attached to this Determination and Order as Appendix II. This determination was reached upon due consideration of the full spectrum of penalties available pursuant to statute, including revocation, suspension and/or probation, censure and reprimand, the imposition of monetary penalties and dismissal in the interests of justice.

The Hearing Committee believes that the practice monitor will help identify and review patient cases that may pose a risk of inappropriate boundary crossings and promote better documentation. The Hearing Committee further believes that individual therapy will help Respondent understand the internal forces that precipitated his behavior.

The Hearing Committee did not vote to revoke Respondent's license because based upon the evidence before them, there is only one patient for which he showed misjudgment and mishandling of his feelings. They have also considered Respondent's positive track record of service to the community. The Hearing Committee believes that given proper monitoring and treatment, Respondent can continue to safely practice medicine.

Under the totality of the circumstances, the Hearing Committee concludes that this penalty is commensurate with the level and nature of Respondent's professional misconduct.

ORDER

Based upon the foregoing, **IT IS HEREBY ORDERED THAT:**

1. The Fifth and Seventh of the Specifications of Professional Misconduct, as set forth in the Statement of Charges (Petitioner's Exhibit #1) are **SUSTAINED**; and
2. The First, Second, Third, Fourth and Sixth of the Specifications of Professional Medical Misconduct against Respondent, as set forth in the Statement of Charges (Petitioner's Exhibit #1) are **NOT SUSTAINED**;
3. Respondent's license to practice medicine in New York State be and hereby is **SUSPENDED** for a period of **FIVE (5) YEARS**, said suspension to be **STAYED in its entirety**; and
4. Respondent's license shall be placed on **PROBATION** during the suspension period, and he shall comply with all Terms of Probation as set forth in Appendix II, attached hereto and made a part of this Order; and
5. This Order shall be effective upon service on the Respondent or the Respondent's attorney by personal service or by certified or registered mail.

DATED: New York, New York
Oct 25, 2007



JOHN D'ANNA, Jr. M.D., M.P.H.
(Chairperson)

SHELDON GAYLIN, M.D.
JOAN MARTINEZ-McNICHOLAS

TO: Nancy Strohmeier, Esq.
Assistant Counsel
NYS Department of Health
Bureau of Professional Medical Conduct
90 Church Street
New York, NY 10007

Bruce M. Brady, Esq.
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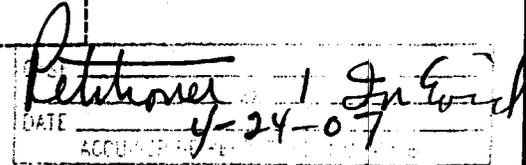
APPENDIX I

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

IN THE MATTER
OF
LAWRENCE GLASS, D.O.

NOTICE
OF
HEARING

TO: LAWRENCE GLASS, D.O.
25 Lenox Place
Middletown, New York 10940



PLEASE TAKE NOTICE:

A hearing will be held pursuant to the provisions of N.Y. Pub. Health Law §230 and N.Y. State Admin. Proc. Act §§301-307 and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on May 1, 2007, at 10:00 a.m., at the Offices of the New York State Department of Health, 90 Church Street, 4th floor, New York, New York 10007, and at such other adjourned dates, times and places as the committee may direct.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. You shall appear in person at the hearing and may be represented by counsel. You have the right to produce witnesses and evidence on your behalf, to issue or have subpoenas issued on your behalf in order to require the production of witnesses and documents, and you may cross-examine witnesses and examine evidence produced against you. A summary of the Department of Health Hearing Rules is enclosed.

The hearing will proceed whether or not you appear at the hearing. Please note that requests for adjournments must be made in writing and by telephone to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Hedley Park Place, 433 River Street, Fifth Floor South, Troy, NY 12180, ATTENTION: HON. SEAN D. O'BRIEN, DIRECTOR, BUREAU OF

ADJUDICATION, (henceforth "Bureau of Adjudication"), (Telephone: (518-402-0748), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date.

Adjournment requests are not routinely granted as scheduled dates are considered dates certain. Claims of court engagement will require detailed Affidavits of Actual Engagement. Claims of illness will require medical documentation.

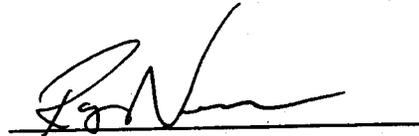
Pursuant to the provisions of N.Y. Pub. Health Law §230(10)(c), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose name appears below. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of N.Y. State Admin. Proc. Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and in the event any of the charges are sustained, a determination of the penalty to be imposed or appropriate action to be taken. Such determination may be reviewed by the Administrative Review Board for Professional Medical Conduct.

THESE PROCEEDINGS MAY RESULT IN A

DETERMINATION THAT YOUR LICENSE TO PRACTICE
MEDICINE IN NEW YORK STATE BE REVOKED OR
SUSPENDED, AND/OR THAT YOU BE FINED OR
SUBJECT TO OTHER SANCTIONS SET OUT IN NEW
YORK PUBLIC HEALTH LAW §§230-a. YOU ARE URGED
TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS
MATTER.

DATED: New York, New York
March 12, 2007



ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

Inquiries should be directed to: Nancy Strohmeier
Assistant Counsel
Bureau of Professional Medical Conduct
90 Church Street, 4th Floor
New York, New York 10007
(212) 417-4109

IN THE MATTER
OF
LAWRENCE GLASS, D.O.

STATEMENT
OF
CHARGES

LAWRENCE GLASS, D.O., the Respondent, was authorized to practice medicine in New York State on or about March 10, 1978, by the issuance of license number 133674 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about and between January 2002 and August 27, 2002, Respondent, a psychiatrist, treated Patient A (who is identified in the attached appendix) who was a thirty eight year-old female at the outset of treatment. Respondent's treatment of Patient A deviated from minimum accepted standards of medical care in that:

[REDACTED]

[REDACTED]

with drawn by Petitioner
(see letter dated 8/3/07) CT

2. Respondent failed to adequately manage and monitor Patient A's transference;
3. Respondent failed to adequately manage his own counter-transference to Patient A;
4. Respondent failed to adequately evaluate and/or treat Patient A's symptoms of:

[REDACTED]

Withdrawn by Petitioner
(see letter dated 8/3/07) CT

- b. Depression;
- c. Anxiety disorder;
- d. Personality disorder;

negligence on a particular occasion as alleged in the facts of the following:

3. Paragraph A and its subparagraphs [REDACTED] A2, and/or A3;

FOURTH SPECIFICATION

GROSS INCOMPETENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

4. Paragraph A and its subparagraphs [REDACTED] A2, and/or A3;

FIFTH SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

5. Paragraph A and its subparagraphs;

SIXTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

6. Paragraph A and its subparagraphs;

SEVENTH 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 facts of:

7. Paragraph A and its subparagraph A6.

DATE: March 12, 2007
New York, New York



Roy Nemerson
Deputy Counsel
Bureau of Professional Medical Conduct



STATE OF NEW YORK DEPARTMENT OF HEALTH

90 Church Street New York, New York 10007

Richard F. Daines, M.D.
Commissioner

Telephone: 212-417-4450
Facsimile: 212-417-4392

August 3, 2007

Hon. Christine C. Traskos, Esq.
Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
433 River Street
Troy, New York 12180-2299
VIA ELECTRONIC MAIL

RE: Lawrence Glass, D.O.

Dear Judge Traskos:

Attached separately to this electronic mail message is a copy of the Department's Proposed Findings of Fact, Conclusions of Law and Sanction in the above-referenced matter. At this time, the Department is withdrawing the factual allegations contained in paragraphs A1 and A4(a) in the Statement of Charges from the Hearing Committee's consideration. The Department is also withdrawing the First and Second Specifications in the Statement of Charges from the Committee's consideration.

I will be out of the office on Monday and Tuesday, August 6th and 7th. In my absence, you may direct any questions concerning this matter to Roy Nemerson at the telephone number listed above.

Very truly yours,

Nancy Strohmeier
Assistant Counsel
Bureau of Professional Medical Conduct

cc: Bruce Brady, Esq.

APPENDIX II

Terms of Probation

1. Respondent shall conduct himself/herself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession. Respondent acknowledges that if s/he commits professional misconduct as enumerated in New York State Education Law §6530 or §6531, those acts shall be deemed to be a violation of probation and that an action may be taken against Respondent's license pursuant to New York State Public Health Law §230(19).
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, 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. If applicable, 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 his/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. Within thirty (30) days of the effective date of the Order, 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 (no less than 10%) of the records maintained by Respondent, including patient records, prescribing information and office records. This shall apply to all records even if Respondent is not being paid for his services. 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.

9. Respondent shall practice only when monitored by a **qualified therapist** proposed by Respondent and approved, in writing, by the Director of OPMC. Monitors shall not be family members or personal friends, or be in professional relationships which would pose a conflict with monitoring responsibilities.

10. Respondent shall cause the therapist to report any deviation from compliance with the terms of this Order to OPMC. Respondent shall cause the therapist to submit required reports on a timely basis.

11. Respondent shall engage and continue in therapy in accordance with a treatment plan approved by the Director of OPMC.

12. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he or 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.