New York State Board for Professional Medical Conduct
433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

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

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director
Office of Professional Medical Conduct

PUBLIC

Kendrick A. Sears, M.D.
Chairman

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

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

December 16, 2004

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Patricia A. Steen, R.P.A.
24 Marion Avenue
Wynantsville, NY 12195

Re: License No. 002706

Dear Ms. Steen:

Enclosed please find Modification Order #BPMC 00-320 of the New York State Board for Professional Medical Conduct. This modification order and any penalty provided therein goes into effect December 23, 2004.

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 the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

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

IN THE MATTER OF PATRICIA A. STEEN, R.P.A.	MODIFICATION ORDER BPMC No. 00-320

Upon the proposed Application for a Modification Order of **PATRICIA A. STEEN, R.P.A.**, (Respondent) for Consent Order, that is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted SO ORDERED, and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by mailing of a copy of this Modification Order, by either first class mail, to Respondent at the address in the attached Application or certified mail to Respondent's attorney, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 12-15-2004

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

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

IN THE MATTER OF PATRICIA A. STEEN, R.P.A.	APPLICATION TO MODIFY CONSENT AGREEMENT AND ORDER BMPC 00-320

PATRICIA A. STEEN, R.P.A., (Respondent) deposes and says:

That on or about July 1, 1985, I was licensed to practice as a physician assistant in the State of New York, having been issued License No. 002706 by the New York State Education Department.

My current address is 24 Marion Avenue, Wynantskill, NY 12195.

I am currently subject to Consent Order dated March November 14, 2000 annexed hereto, made a part hereof, and marked as Exhibit I (hereinafter "Original Order"), that was issued upon an Consent Agreement and Order signed by me on October 27, 2000, (hereinafter "October 27, 2000, Order"), adopted by the Original Order.

I apply, hereby, to the State Board for Professional Medical Conduct for a Modification Order (hereinafter "Modification Order"), modifying the Original Order, as follows: to delete the language in the Original Order that states:

A. My license shall be suspended for an indefinite period of no less than one year. One year after the effective date of this Order and after compliance with all conditions, I may petition the State Board for Professional Medical Conduct for a Modification Order, staying the suspension and permitting me to practice as a physician assistant under whatever limitation(s), term(s) or probation, or further conditions the Board, in its reasonable discretion, exercised by a Committee on professional Conduct, may impose. I understand and agree that the Committee's determination shall not be reviewable through course of the Administrative Review Board. Specifically,

upon my submission of certain minimum evidence of my fitness and competence as set forth in Exhibit "B," which is annexed hereto, and made a part hereof, I may request a modification of such sanction as further set forth in Exhibit "C," which is annexed hereto, and made a part hereof."

B. A term of probation of no less than five (5) years with the terms and conditions set forth in Exhibits "B" and "C," commencing after my license to practice as a physician assistant has been restored by the Board. The Board will make reasonable attempts to convene a Committee no later than ninety (90) days after my written request, which shall not be deemed to have been perfected until receipt by the Director of the Office of Professional Medical Conduct, of all that is required to be provided by me pursuant to Exhibit "B."

That, except during periods of actual suspension, I shall maintain current registration of my 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 Respondent possesses her license; and

substituting therefore:

"I shall never activate my registration to practice medicine in New York state or seek to reapply for a license to practice medicine in New York state."

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

AFFIRMED:

DATED: 11/29/4

PATRICIA H. STEEN, R.P.A.
Respondent

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

DATE: 12/7/04

ROBERT BOGAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 13 December 2004

DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

New York State Board for Professional Medical Conduct
433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner
NYS Department of Health
Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health
Anne F. Saile, Director
Office of Professional Medical Conduct

William P. Dillon, M.D.
Chair

Denise M. Bolan, R.P.A.
Vice Chair

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

November 16, 2000

RECEIVED
Physician Monitoring
NOV 16 2000
Office of Professional
Medical Conduct

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Patricia H. Steen, R.P.A.
24 Marin Avenue
Wynantskill, NY 12195

RE: License No. 002706

Dear Ms. Steen:

Enclosed please find Order #BPMC 00-320 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect November 16, 2000.

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: Catherine A. Gale, Esq.
Gale and Dancks, LLC
7136 E. Genesee St.,
P.O. Box 97
Fayetteville, NY 13066-0097

Barry C. Plunkett, Esq.

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

IN THE MATTER OF PATRICIA A. STEEN, R.P.A.	CONSENT AGREEMENT AND ORDER Np. BPMC 00-320

PATRICIA A. STEEN, R.P.A., (Respondent) states:

That on or about July 1, 1985, I was licensed to practice as a physician assistant in the State of New York, having been issued License No. 002706, by the New York State Education Department. I consented to the temporary surrender of my license on or about
December 7, 1999 pursuant to New York Public Health Law, §230(13) and that my license is currently inactive.

My current address is 24 Marin Avenue, Wynantskill, New York 12195, 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 (hereafter "Board) has charged me with two (2) specifications of professional misconduct. A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit A.

I hereby make application for a Consent Order to dispose of this matter and to that end, I agree (i) not to contest the Second Specification set forth in Exhibit "A" to the extent that it is premised on Factual Allegations A and A.1; (ii) that this no contest is in

full satisfaction of all of the charges and specifications of professional misconduct against me, and; (iii) I specifically deny the First Specification set forth in Exhibit "A" to the extent that it is premised on Factual Allegations A and A.1.

I hereby agree to not contest the Board's imposition of the following penalty and agree to accept the following penalty in all respects:

A. My license shall be suspended for an indefinite period of no less than one year. One year after the effective date of this Order and after compliance with all conditions, I may petition the State Board for Professional Medical Conduct for a Modification Order, staying the suspension and permitting me to practice as a physician assistant under whatever limitation(s), term(s) of probation, or further conditions the Board, in its reasonable discretion, exercised by a Committee on professional Conduct, may impose. I understand and agree that the Committee's determination shall not be reviewable through recourse to the Administration Review Board. Specifically, upon my submission of certain minimum evidence of my fitness and competence as set forth in Exhibit "B," which is annexed hereto, and made a part hereof, I may request a modification of such sanction as further set forth in Exhibit "C," which is annexed hereto, and made a part hereof.

B. A term of probation of no less than five (5) years with the terms and conditions set forth in Exhibits "B" and "C," commencing after my license to practice as a physician assistant has been restored by the Board. The Board will make reasonable attempts to convene a Committee no later than ninety (90) days after my written request, which shall not be deemed

to have been perfected until receipt by the Director of the Office of Professional Medical Conduct, of all that is required to be provided by me pursuant to Exhibit "B."

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, I shall maintain current registration of my 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 Respondent possesses her license; and

That I shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. I shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. I shall meet with a person designated by the Director of OPMC as directed. I shall respond promptly and provide any and all documents and information within my control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while I possess my 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

PATRICIA A. STEEN, R.P.A.
Respondent

DATE 10/27/00

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

DATE: 10/30/00

CATHERINE A. GALE, ESQ.
Respondent's Counsel

DATE: 11/1/00

BARRY C. PLUNKETT
Associate Counsel
Bureau of Professional Medical Conduct

DATE: November 7, 2000

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 PATRICIA A. STEEN, R.P.A.	CONSENT ORDER

Upon the proposed agreement of PATRICIA A. STEEN, R.P.A (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 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: 11/14/00

WILLIAM P. DILLON, M.D.
Chair
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
PATRICIA A. STEEN, R.P.A.	:	CHARGES

----------X

PATRICIA STEEN, R.P.A., Respondent, was authorized to practice medicine as a physician assistant in New York State on July 1, 1985, by the issuance of license number 002706, by the New York State Education Department. Respondent is currently registered with the New York State Education Department to practice medicine as a physician assistant with a registration address of 24 Marvin Avenue, Wynantskill, New York 12195. Respondent consented to a temporary surrender of her license on or about December 7, 1999, pursuant to N.Y. Public Health Law §230(13) and her license is currently inactive.

FACTUAL ALLEGATIONS

A. Respondent, during the period between approximately January 1997 through June 1999, on more than one occasion, issued numerous telephone prescriptions for Flexeril and/or Ultram. Respondent identified/listed herself as the named patient on the prescriptions and A.O.-S., M.D. (Doctor is

identified in Appendix A) as the ordering physician, when in fact the prescriptions were not given to Respondent by Dr. A.O.-S., M.D. and/or the prescriptions were filled by Respondent for her own use without documentation of medical necessity or justification for the prescriptions in a medical record.

1. Respondent, during the period between approximately January 1997 through June 1999, was not a patient of Dr. A.O.-S. nor was she authorized by Dr. A.O.-S. to issue these prescriptions to herself, and she self-prescribed on more than one occasion the medications Flexeril and/or Ultram without documented medical necessity or justification for these prescriptions.

SPECIFICATIONS

FIRST SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with professional misconduct in violation of New York Education Law § 6530(2) by reason of her having practiced the profession of medicine fraudulently, in that Petitioner charges:

1. The facts in Allegations A and A.1.

SECOND SPECIFICATION

IMPROPER RECORDS

Respondent is charged with professional misconduct in violation of New York Education Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, in that Petitioner charges:

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

DATED: November 1, 2000
Albany, New York

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

EXHIBIT B

1. The suspension of Respondent's license shall be terminated only upon a showing to the satisfaction of a Committee on Professional Conduct of the State Board for Professional Medical Conduct (henceforth "Committee") that she has successfully complied with or completed a course of therapy and ongoing evaluation, which successful compliance or completion must include a determination by said Committee that she is no longer incapacitated for the practice as a Physician Assistant and that she is both fit and clinically competent to practice as a Physician Assistant. Respondent shall provide to the Office of Professional Medical Conduct a proposed treatment plan, for advice as to whether it is generally appropriate, but the determination of successful compliance with or completion of the course of therapy shall be made solely by the Committee, and shall include, but not be limited to, a determination that Respondent is no longer incapacitated for the active practice as a Physician Assistant.

2. Upon Respondent's request, but after the passage of the minimum period of suspension, a meeting of a Committee shall be convened for the purpose of hearing and evaluating Respondent's showing referred to in paragraph 1. The Board will make reasonable attempts to convene a Committee not later than 90 days after Respondent's request, which shall not be deemed to have been perfected until receipt, by the Director of the Office of Professional Medical Conduct, of all that is required to be provided by Respondent pursuant to the Conditions imposed upon her and pursuant to paragraph 3 below. The procedural nature of said proceeding shall be determined by the State Board for Professional Medical Conduct through the discretion of the Director of the Office of Professional Medical Conduct upon consultation with Counsel, Bureau of Professional Medical Conduct. Proceedings before said Committee shall *not* be in the nature of a *hearing* pursuant to New York Public Health Law §230, but shall instead be informal and intended only for the purpose of addressing any and all facts, evidence, information, circumstances, or issues which do or may relate to the advisability of terminating the suspension of Respondent's license. The Committee shall be given access to evidence including, but not limited to:

a. Any and all evidence pertaining to Respondent's compliance with the Conditions imposed.

b. Any evidence which the Director of the Office of Professional Medical Conduct or Counsel, Bureau of Professional Medical Conduct deems appropriate.

3. At the time that Respondent requests that a meeting of a Committee be scheduled, pursuant to paragraph 2, she shall provide the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299, with the following:

a. The signed acknowledgment from the sobriety monitor referred to in paragraph 5c.
b. The signed acknowledgment from the supervising physician referred to in paragraph 5d.
c. The signed acknowledgment from the health care professional referred to in paragraph 5e.
d. Certified true and complete copies of records of all evaluation and treatment, relating to her impairment, whether that evaluation and treatment occurred prior to or during the time this suspension is in effect. These records shall include documentation of the results of all tests conducted to evaluate Respondent's fitness and her clinical competence to practice medicine. Such records shall include documentation of her participation in the program(s) of the Committee for Physicians' Health of the New York State Medical Society, or other equivalent program(s).
e. Fully executed waivers of patient confidentiality concerning any previous and prospective treatment records.
f. An independent current psychiatric evaluation by a board certified psychiatrist. Also, upon request of the Director of OPMC, a current in-depth chemical dependency evaluation by a health care professional in a licensed facility.
g. Respondent's attendance at, participation in, and cooperation with an interview conducted by personnel of OPMC, upon the request of the Director thereof.

Provision of the aforesaid documents will not, alone, constitute a showing that Respondent is no longer incapacitated for active practice as a Physician Assistant.

4. At the proceeding referred to in paragraph 2, Respondent shall provide the committee, at a minimum, with the following:

a. Certified true and complete records of all psychiatric, psychological, and/or any other mental health treatment, evaluation, and/or testing, whether in an out-patient, in-patient, office, consultation setting.

b. Evidence of compliance with the terms of a continuing after-care out-patient treatment plan that addresses the major problems associated with her illness.

c. Evidence that Respondent has maintained adequate knowledge and competence to practice as a physician assistant. Such evidence shall include documentation of continuing medical education and, if so requested by the Director of OPMC, a report of an independent evaluation of Respondent's medical knowledge and competence.

Submission of the aforesaid evidence shall not, alone, constitute a showing that Respondent is no longer incapacitated for active practice as a Physician Assistant.

5. If the Chairperson of the Committee issues an order (Order) finding that Respondent has successfully completed the prescribed course of treatment and has regained fitness and competence to practice medicine, and therefore terminating the suspension of Respondent's license, the Order shall further impose a period of probation, pursuant to New York Public Health Law §230-a, during which her practice as a Physician Assistant shall be subject to conditions imposed. Respondent's practice shall be subject to such conditions for a period of no less than five years. The minimum conditions shall include the following:

a. Respondent shall be required to comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with her illness.

b. At the direction of the Director of OPMC, Respondent shall submit

to periodic interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding Respondent's condition and her fitness or incapacity to practice as a Physician Assistant.

c. Respondent's sobriety will be monitored by a health care professional proposed by Respondent and approved in writing by the Director of OPMC. Said monitor shall not be a personal friend. Said monitor shall be familiar with Respondent's history of chemical dependence, with this suspension and with the terms of probation to be set forth. Said sobriety monitor shall acknowledge his/her willingness to comply with the monitoring by executing the acknowledgment provided by OPMC.

   i. Said monitor shall see Respondent at least twice during each month.

   ii. Said monitor shall direct Respondent to submit to unannounced tests of her blood, breath and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is positive or is refused by Respondent.

   iii. Said monitor shall report to OPMC any noncompliance with the imposed conditions.

   iv. Respondent shall ensure that said monitor submits to OPMC quarterly reports certifying Respondent's compliance or detailing Respondent's failure to comply with each of the conditions imposed. The reports shall include the results of all body fluid and/or breath tests for drugs and/or alcohol performed during that quarter.

d. Respondent shall be supervised in her medical practice as a physician assistant by a licensed physician, proposed by her and approved in writing by the Director of OPMC, in accordance with the conditions contained in or annexed to

the Order. Said supervising physician shall be familiar with Respondent's history of impairment and with the Order and its conditions. Said supervising physician shall supervise Respondent's compliance with the conditions of practice imposed by the Order. Said supervising physician shall be in a position regularly to observe and assess Respondent's medical practice as a physician assistant. Said supervising physician shall acknowledge his/her willingness to comply with the supervision by executing the acknowledgment provided by OPMC.

i. Respondent shall ensure that said supervising physician submits to OPMC quarterly reports regarding the quality of Respondent's medical practice, any unexplained absences from work and certifying her compliance or detailing her failure to comply with each condition imposed.

ii. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.

e. Respondent shall continue in treatment with a health care professional, proposed by Respondent and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.

i. Respondent shall ensure that said treating health care professional or program submits to OPMC quarterly reports certifying that Respondent is complying with the treatment.

ii. Said treating health care professional shall report to OPMC immediately if Respondent is noncompliant with treatment plan or

demonstrates any significant pattern of absences.

iii. Said treating health care professional shall acknowledge his/her willingness to comply with the above-mentioned reporting by executing the acknowledgment provided by OPMC.

6. The terms set out in paragraph 5 shall be the minimum probation terms, related to Respondent's fitness to practice, to be imposed on her practice upon terminating the suspension of her license, and that other terms may be added by the Committee, and that the costs of complying with all such terms will be Respondent's responsibility. Any failure by Respondent to comply with the conditions imposed upon her practice at the time of suspension termination, may result in disciplinary action being brought against her charging professional misconduct as defined by the New York State Education Law, including but not limited to N.Y. Educ. Law Section 6530(29).

7. Upon any denial of Respondent's petition for suspension termination made by the Committee, Respondent shall not again request convening a Committee until a minimum period of nine months has elapsed since such denial.

8. In addition to the terms set out in paragraph 5 and any other terms added by the Committee upon the termination of Respondent's license suspension, she shall also be subject to the following standard terms of probation:

a. 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 the profession of medicine.

b. Respondent shall submit written notification of all sites of employment and/or medical practice to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 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.

c. 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. She shall personally meet with a person designated by the Director of OPMC as requested by the Director.

d. 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].

e. Any period of probation shall be tolled during periods in which Respondent is not engaged in the active practice as a Physician in New York State. Respondent shall notify the Director of OPMC, in writing, if she is not currently engaged in or intends to leave the active practice as a Physician 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. The tolling provision set forth in this paragraph may be waived by the Director of OPMC, in the Director's discretion.

f. 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.

g. 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.

h. Respondent shall comply with all terms, conditions, restrictions, limitations 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.

EXHIBIT C

TERMS OF PROBATION

My practice shall be subject to the following terms of probation for a period of no less than five (5) years:

1. I will remain drug and alcohol free with the exception of prescribed drugs that are part of an approved therapeutic regimen.

2. I will comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with my illness.

3. At the direction of the Director of OPMC, I will submit to periodic interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding my condition and my fitness or incapacity to practice medicine.

4. My sobriety will be monitored by a health care professional proposed by me and approved in writing by the Director of OPMC.

a. Said monitor shall be familiar with my history of chemical dependence, with this suspension and with the terms of probation to be set forth.

b. Said monitor shall see me at least twice during each month.

c. Said monitor shall direct me to submit to unannounced tests of my blood, breath and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is refused by me or is positive.

d. Said monitor shall report to OPMC any noncompliance with the imposed conditions.

e. Said monitor shall not be a personal friend.

f. Said monitor shall submit to OPMC quarterly reports certifying my compliance or detailing my failure to comply with each of the conditions imposed. The reports shall include the results of all body fluid and/or breath tests for drugs and/or alcohol performed during that quarter.

5. I will be supervised in my medical practice as a physician assistant by a licensed physician, proposed by me and approved in writing by the Director of OPMC. Said supervising physician shall be familiar with my history of chemical dependency, with this suspension and with the terms of probation to be set forth. Said supervising physician shall supervise my compliance with the conditions of practice to be imposed. Said supervising physician shall be in a position regularly to observe and assess my medical practice as a physician assistant.

a. Said supervising physician shall have the authority to direct me to submit to unannounced tests of my blood, breath, and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is refused by me or is positive.

b. Said supervising physician shall submit to OPMC quarterly reports regarding the quality of my medical practice, any unexplained absences from work and certifying my compliance or detailing my failure to comply with each condition imposed.

c. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.

6. I will continue in treatment with a health care professional, proposed by me and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.

a. My treating health care professional or program shall submit to OPMC quarterly reports certifying that I am complying with the treatment.

b. Said treating health care professional shall report to OPMC immediately if I am noncompliant with my treatment plan or if I demonstrate any significant pattern of absences.

7. I agree that in addition to the terms set out in paragraphs 1-6 and any other terms imposed by the Committee, I shall also be subject to the following standard terms of probation:

a. I shall conduct myself in all ways in a manner befitting my professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by my profession.

b. I shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, 433 River Street, Suite 303, Troy, NY 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.

c. I shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of my compliance with the terms of this Order. I shall personally meet with a person designated by the Director of OPMC as requested by the Director.

d. The period of probation shall be tolled during periods in which I am not engaged in the active practice of medicine as a physician assistant in New York State. I shall notify the Director of OPMC, in writing, if I am not currently engaged in or intend to leave the active practice of medicine as a physician assistant in New York State for a period of thirty (30) consecutive days or more. I 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 my return to practice in New York State. The tolling provision set forth in this paragraph may be waived by the Director of the OPMC, at the Director's discretion.

e. My 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 me and my staff at practice locations or OPMC offices.

f. I 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. I agree that the preceding terms shall be the minimum probation terms, related to my fitness to practice, to be imposed on my practice, and that other terms may be added by the Committee at the time of termination of my suspension, and that the costs of complying with all such terms will be my responsibility. I understand that any failure by me to comply with the conditions imposed upon my practice at the time of termination of my suspension may result in further disciplinary action being brought against me charging professional misconduct as defined by the New York State Education law, including but not limited to N.Y. Educ. Law §6530(29). That section defines professional misconduct to include "violating any... condition... imposed on the licensee pursuant to §230 of the Public Health Law".