



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

May 6, 2002

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Nancy Strohmeier, Esq.
NYS Department of Health
5 Penn Plaza – 6th Floor
New York, New York 10001

Nathan L. Dembin, Esq.
Nathan Dembin & Associates
225 Broadway
New York, New York 10007

Julio Castellanos, M.D.
611 West 177th Street
New York, New York 10033

RE: In the Matter of Julio Castellanos, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. 02-131) 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.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine together with the registration certificate. Delivery shall be by either certified mail or in person to:

Office of Professional Medical Conduct
New York State Department of Health
Hedley Park Place
433 River Street - Fourth Floor
Troy, New York 12180

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

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 licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays penalties other than suspension or revocation until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

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.

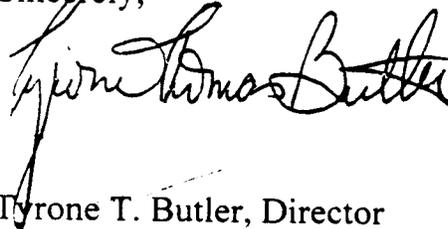
The notice of review served on the Administrative Review Board should be forwarded to:

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,

A handwritten signature in black ink, appearing to read "Tyrone T. Butler". The signature is written in a cursive style with a large, sweeping initial "T".

Tyrone T. Butler, Director
Bureau of Adjudication

TTB:cah
Enclosure

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

-----X

IN THE MATTER

OF

ORDER #

BPMC #02-131

JULIO CASTELLANOS, M.D.

-----X

COPY

DETERMINATION AND ORDER OF THE HEARING COMMITTEE

The undersigned Hearing Committee consisting of **FRANK IAQUINTA M.D.**, Chairperson, **RICHARD ASHLEY, M.D.**, and **DIANE BONANNO**, were duly designated and appointed by the State Board for Professional Medical Conduct. **MARY NOE** served as Administrative Officer. The hearing was conducted pursuant to the provisions of Sections 230 (10) of the New York Public Health Law and Sections 301-307 of the New York State Administrative Procedure Act to receive evidence concerning alleged violations of provisions of Section 6530 of the New York Education Law by **JULIO CASTELLANOS M.D.** (hereinafter referred to as "Respondent"). Witnesses were sworn or affirmed and examined. A stenographic record of the hearing was made. Exhibits were received in evidence and made a part of the record.

SUMMARY OF PROCEEDINGS

Place of Hearing: NYS Department of Health
5 Penn Plaza
New York, N.Y.

Pre-Hearing Conferences: February 1, 2001

Hearing dates: March 13, 2002
March 20, 2002

Date of Deliberation: March 20, 2002
April 27, 2002

Petitioner appeared by: NYS Department of Health
by: Nancy Strohmeyer, Esq. Associate Counsel

Respondent appeared: Nathan Dembin & Associates
225 Broadway
New York, N.Y. 10007
by Nathan L. Dembin, Esq.

WITNESSES

For the Department: Annette Palk
Zev Labins, M.D.

For the Respondent: Dr. Julio Castellanos
Beatrice Hernandas, Interpreter
John Hayes
Laurence Westreich, M.D.

SIGNIFICANT LEGAL RULINGS

The Committee has considered the entire record in the above captioned matter and hereby renders its decision with regard to the charges of medical misconduct.

FINDINGS OF FACT

1. The Respondent was authorized to practice medicine in New York State on or about March 16, 1965, by the issuance of license number A093888 by the New York State Education Department.(Pet. Exh. 4)

2. Respondent was born in Cuba in 1934 and pursued his medical studies there from 1954 to 1956. Respondent left Cuba in 1956, resumed his medical studies at the University of Paris, Sorbonne and received his medical degree in 1963. (T. 30 - 31; Pet. Exh 4)

3. Respondent performed a general surgical internship at the State University of New York, Upstate Medical Center in Syracuse, New York from 1963 to 1964. He then moved to New York City where he engaged in a urology residency from 1964 through 1968. (T. 31; Pet. Exh. 4)

4. In February 1972, Respondent obtained board certification in urology. (T. 31)

5. From 1986 to the present, Respondent has engaged solely in a clinical urology practice, where he is the only physician. He presently has no hospital privileges nor accepts any insurance. In the course of his practice, Respondent performs cystoscopies, transrectal biopsies, transrectal sonograms of the prostate and urethral dilatations. (T. 32 - 34, 36 - 37, 420 - 421)

6. After an accident in 1974, Respondent started taking benzodiazepines. During that year, Respondent spoke with Dr. Hector Wiltz, a psychiatrist who maintained an office in the same building as Respondent's office. Dr. Wiltz prescribed Dalmane in fifteen milligram doses. After the initial prescription, Respondent testified he obtained Dalmane for personal use from office samples. (T. 102-04, 107,08)

7. Dalmane is a benzodiazepine that is most commonly prescribed as a sleep inducing agent. A physician prescribing Dalmane for a sleep disturbance should obtain a detailed sleep history from the patient, a physical examination and routine blood tests such as a complete blood count and blood chemistry profile. (T. 225 - 226)

8. Dalmane is not appropriate for long-term use because a person taking it can develop tolerance to and dependence upon the drug, thus needing to increase intake of the drug to attain the same result. (T. 227)

9. In 1986, Dr. Wiltz prescribed Ativan two milligram dosages on two occasions for Respondent. After that, Respondent took Ativan from his office stock. Until 1997, the Respondent failed to maintain a record of his use. (T. 433)

10. Respondent continues to take Ativan from his office stock currently for sleep problems. He is not under any other physician's care or supervision for the use of this medication. (T. 100, 111)

11. Ativan is a benzodiazepine which is commonly used for short term treatment of anxiety. A patient can develop a tolerance to and dependence on Ativan, consequently the drug is inappropriate for long-term use for treatment of anxiety or sleep disorders. (T. 230-232)

12. In early 1998, Respondent also took Ambien. He was unable to recall the dosage he took, but it was either five or ten milligrams. He was also unable to recall if he has taken any Ambien since April 1998. (T. 106)

13. Ambien is a benzodiazepine agonist whose only appropriate clinical indication is as a sleep inducer. Ambien induces sedation like a benzodiazepine without causing muscle relaxation. Ambien is not appropriate for long term use, and the medical and physical consequences of such misuse are identical to benzodiazepines. (T. 233-236)

14. Benzodiazepines are alcohol agonists, which act on the same receptors as alcohol, thus producing the same or similar effects as alcohol. (T. 233-34, 240)

15. Respondent began consuming alcoholic beverages as a teenager, and consumed wine almost every day of his life since age of sixteen. (Pet. Exh 7, p.1; Res. Exh B. p. 2)

16. Respondent also drank rum or scotch with meals. He could drink four or five drinks, each drink being equivalent to one inch of liquor in the bottom of a glass and would then pass out. This happened at Respondent's home. (T. 135-136; Res. Exh. B p.3)

17. On April 25, 1998, Respondent went to his basement, drank whisky and then blacked out. He fell and dislocated his shoulder and broke his arm. (T. 131; Pet. Exh. 6) An ambulance arrived at his home at approximately 10:00 p.m., and Respondent told the ambulance attendants that he fell due to his drinking. (Pet. Exh. 6, pp. 7, 8) When he reached the emergency room at Jacobi Medical Center, Respondent told both the admitted nurse and his treating physician that he had fallen and injured himself while drinking alcohol. (Pet. Exh. 6 p. 3, 5)

18. Respondent and his wife spoke with emergency room physician concerning treatment. The physician's note indicates "Pt needs referral for ETOH treatment." (Pet. Exh. 6, p. 2)

19. In his first conversation with Jacobi's social worker Marni Confino, Respondent denied that he abused prescription drugs, but stated that he used Ativan for "sleeping problems." Respondent admitted to Ms. Confino that he abused alcohol and had been "cutting down on his own over the past year and is now using 1/10th" the alcohol he had in the past. (Pet. Exh. 6, p. 10)

20. Marni Confino notes on the "Continuing Intervention" form "With much encouragement from his family, Dr. Castellanos called the Committee for Physician's Health...and admitted that he has a problem. With the assistance of the Committee, Dr. Castellanos was referred to a private residential treatment program in Pennsylvania." (Pet. Exh. 6, p. 10) Ms. Confino's note continues to state: "As part of his agreement with the Committee, Dr. Castellanos had to agree to immediately stop working. He will also be subject to monitoring and drug tests for the next five years." (Pet. Exh. 6, p. 11)

21. Respondent's blood sample collected approximately three and one-half hours after he entered Jacobi's emergency room revealed that his blood alcohol content was 276 mg/dL. (T. 246; Pet. Exh. 6, p. 13)

22. A person with no tolerance to alcohol, with this blood level, would induce a comatose state or could even be lethal. The Respondent, who was alert and oriented times three, with a blood alcohol level of 276mg/dL has developed a tolerance for alcohol or alcohol agonists by consuming them for a sustained period of time in increasingly larger doses. (T. 251-252, 269)

23. Alcohol in the blood stream has a half life of one hour, that is half the alcohol at any given point in time will be eliminated from the body an hour later. (T. 247)

24. Respondent testified he entered Marworth, a residential detoxification and rehabilitation facility in Pennsylvania on April 30, 1998. Upon his admission, Respondent testified he was interviewed by an admitting nurse, gave urine samples and was place on Librium in twenty-five milligram doses four times a day, Buspar and Trazodone. (T. 52-57-58, Res. Exh. B p. 2 - 3) The morning after his admission, Respondent was examined by a house physician. (T. 53)

25. Respondent signed a contract with CPH concerning sobriety monitoring and practice monitoring on May 4, 1998. On that day, Respondent was taken off Librium. (T. 113-114)

26. Librium is typically prescribed in a residential detoxification program to ease symptoms of alcohol withdrawal. Librium is a benzoiazepine with virtually no use in modern medicine other than detoxification. (T. 242, 289)

27. Respondent testified that while at Marworth, he was evaluated by Dr. Ida Gemsemer, a neuropsychologist, who performed neurological and psychological testing on Respondent. Dr. Gemsemer concluded that Respondent suffered from dementia or organic brain syndrome. (T. 67 - 71, Pet. Exh. 7 p. 1)

28. While Respondent was home in the Bronx on a weekend pass, which began on June 4, 1998, he decided to leave Marworth against the determination of the treatment team. Respondent was discharged against medical advise on June 10, 1998. (T. 74)

29. Several months after Respondent left Marworth, in November 1998, he was evaluated by Wilfred Van Gorp, Ph.D., a neurophychologist. Respondent told Dr. Van Gorp that he experienced a "slow decline" in his memory over the previous decade, and that in the months since he left Marworth, he was suffering from problems with attention and concentration.

30. Dr. Van Gorp administered several cognitive functioning tests to Respondent, and Respondent performed very poorly on those relating to memory. (Pet. Exh. 7)

31. Dr. Van Gorp's impressions designates on Axis I: Alcohol Withdrawal Delirium, in Full Remission; Alcohol Dependence, in Full Remission. (Pet. Exh. 7 p. 5)

32. The Respondent's type of memory loss is directly affected by alcohol use disorders. (T. 287)

33. The Respondent's performance on Dr. Van Gorp's test indicated a borderline, below normal score in memory. This is clearly an abnormal result in terms of memory. (T. 287 - 288)

DISCUSSIONS

The Department's witness, Annette Palk is a senior medical conduct investigator with the Office of Professional Medical Conduct. On July 7, 1999, she interviewed the Respondent and his attorney at the time. She made notes from the interview, which she read prior to testifying. (Respondent's Exhibit B; T. 143) Ms. Palk testified that the Respondent was unable to remember the last names of several of his office employees. (T. 129) He described the incident that occurred on April 1998 stating that he passed out and woke up at Jacobi Hospital with a fractured humerus. (T. 131 - 132) The Respondent told Ms. Palk that he did not want to find out if he was an alcoholic, he wanted to try and get some help to stop drinking and he couldn't stop on his own. (T. 132) The Respondent said when he drank, he found he didn't have a tolerance for alcohol and that after drinking four to five whiskeys he would pass out while at home. (T. 135, 136) He refused to sign a release of information from Marworth and CPH and told Ms. Palk that he believed that they had enough information. (T. 142)

Dr. Zev Labins, a board certified psychiatrist testified for the Department. His did not have an opportunity to conduct an in-person evaluation. (T. 213) Dr. Labins based his opinion on Respondent's own statement in the documents provided to him (Pet. Exh. 6, 7, T. 216, 217, 218), he concluded the Respondent has a history of significant use of alcohol and benzodiazepines. (T. 214) Dr. Labins testified that the significant use of alcohol and prescription drugs would have a likely effect on the Respondent's thought process, his emotional process, his behavioral process and his level of consciousness on a sustained basis. (T. 224) Petitioner's Exhibit 6 indicated that the Respondent's blood alcohol level was 276 milligrams per decaliter. Dr. Labins testified that only a person who consumed large quantities of alcohol or increasingly higher doses to alcohol agonists

(i.e. ativan, T. 230) can tolerate a reading of 276 milligrams per decaliter. Dr. Van Gorp's report indicates a below normal score on memory that is directly affected by alcohol use disorders. (T. 287, 288)

The Panel found both Ms. Palk and Dr. Labins' testimony credible.

Respondent's witness, John Hayes, testified that he is a member of Alcoholics Anonymous (AA) and the Respondent attends meetings three times a week with him. (T. 308) The Respondent has a positive attitude and contributes to the meetings. (T. 310) The first step at AA is to admit to one's alcoholism. Mr. Hayes is not the Respondent's sponsor. (T. 315)

Respondent's expert witness was Laurence Westreich, M.D., a board certified psychiatrist. He testified that after he met with the Respondent for one and one half hours, his impression was that the Respondent had a serious problem with alcohol on the one occasion when the Respondent fell and dislocated his shoulder and he was frightened by that and attended AA meetings. (T. 334) He found no indication of habitual abuse of alcohol; (T. 344-5), prescription drugs, (T. 341); and no evidence of memory deficits. (T. 344) Dr. Westreich stated that there are two possible reasons to prescribe Librium: first, to prevent the onset of withdrawal, second, the need to document for third-party payors to pay for the hospitalization. (T. 345) Dr. Westreich did not see the records from the Respondent's stay at Marworth, (T. 363, 377) and did not perform a drug or alcohol screening as part of his examination. (T. 378)

The Panel found Dr. Westreich's testimony to be biased and without merit. He opined the possibility of insurance fraud for the prescription for Librium from a treatment facility, yet later testified that the treatment was appropriate for the Respondent. (T. 377) Dr. Westreich examined the Respondent two weeks prior to the hearing, for the purpose of addressing the allegations, and yet failed to perform drug or alcohol screening (T. 377 - 379) and failed to obtain Respondent's

records at Marworth, which may have given him additional insight into the Respondent's condition. (T. 363, 377) When Dr. Westreich was asked about the alcohol levels in the Respondent's blood,(276), he testified that "He must have drank some amount of alcohol in the past in order to get his liver to be able to metabolize it that well."(T. 385)

Both the Department and Respondent's counsel called the Respondent as their witness. The Respondent testified on two separate days. The Respondent's testimony is replete with inconsistencies of his own testimony as well as information he provided to Ms. Palk and Jacobi Medical Center. (T. 413, T. 465; Exh. 7 p. 5; T. 449; T. 43, T. 466-467; T. 40; T. 88; T. 447) The following are some examples of inconsistencies the Panel found.

1. The Respondent was asked if he drank alcohol prior to his accident in April 1998.. He responded a) "I used to drink very little. I took maybe little rum with Coca-Cola."(T. 40, 41);
b) "Two or three drinks a week, three....Maximum four."(T. 86);
c) "CASTELLANOS said he might have one rum or scotch with ice or some wine with meals, but he found that he could not tolerate alcohol." (Resp. Exh. B p. 3)
d) "CASTELLANOS stated that after drinking four or five whiskies or rums (about one inch in the bottom of a glass).... (Resp. Exh. B p. 3)
2. The Respondent testified that when he fell in April 1998 he lost consciousness (T. 41, 42); yet the hospital record indicates that when the ambulance arrived the chief complaint was "I hurt my arm." and he is alert/oriented. (Pet. Exh. 6 p. 7)
3. The Respondent testified that except for the one incident in April 1998, he never lost consciousness. (T. 43) Ms. Palk's report based on her interview with the Respondent, stated "CASTELLANOS stated that after drinking four or five whiskies or rums (about one inch in the bottom of a glass), he would pass out. (Resp. Exh. B p. 3)

4. At the hearing, when the Respondent was asked, "Had you ever discussed with any other doctor or medical professional getting help for your alcohol use?" he states "No. I didn't. I didn't know I have this, this kind of problem." (T. 45) The hospital record indicates on April 28, 1998, "However, he denied prescription drug abuse, but admitted to abusing alcohol." (Pet. Exh. 6 p. 10)

5. The Respondent testified that he wrote a letter requesting a change of address on his triplicate prescriptions yet received the prescriptions with his family name, "Julio C. Rodriguez." (T. 423-424)

The Panel attempted to address these inconsistencies with the Respondent on the last day of hearing. The Respondent's only response was that in every instance it was a misunderstanding. (T. 407, 475, 476, 477, 479, 500) Respondent's counsel raised the question of the Respondent's ability to hear and any language barrier, however, the Respondent testified to this Panel that the inconsistencies were a misunderstanding. (T. 28, 494) The Respondent had a Spanish interpreter present for every day of the hearing, however she interpreted only one sentences throughout the entire hearing. (T. 458-459)

The Panel found incomprehensible the Respondent reasoning that because of the one time that he abused alcohol, he entered a drug/alcohol treatment facility (T. 80), attends Alcoholics Anonymous meetings from three to seven times a week (T. 439) and goes for enzymes and liver function tests every year. (T. 425 - 426) The Panel did not believe the Respondent's testimony that the drug/alcohol treatment facility prescribed Librium 25 milligrams four times a day without indication, as the Respondent testified. (T. 57)

The Panel was most troubled by the Respondent's use of Ativan. Respondent was unclear how long he took Ativan to sleep (T. 99), that he took the Ativan from the office supply (T. 102) and kept no records of his use until he spoke with Ms. Palk. (T. 448)

The Panel did not find the Respondent a credible witness. The Panel recognizes that the one incident the Department has documented of alcohol abuse is not sufficient for a finding of habitual abuser of alcohol, however, the Panel has inferred from the level of alcohol tolerance (Pet. Exh. 6), the Respondent's in-patient treatment at the drug/alcohol facility, the involvement of CPH and the Respondent's attendance at Alcoholics Anonymous meetings that the Respondent was a habitual abuser of alcohol.

The Panel finds the Respondent's testimony regarding his use of Ativan, Ambien and Dalmane not credible. The Respondent, by his own testimony continues to use Ativan from his office stock. (T. 100, 435, 101, 102) There is no way of determining the Respondent's use of Ativan since he fails to keep a general ledger of all the Ativan used in his office. (T. 462) Respondent testified that it is written in each patient's chart and therefore for an accounting you might have to look through 10,000 charts. (T. 463) Ativan is not appropriately used on a long-term basis for sleep disturbance. (T. 232) Based on the testimony provided, the Panel concludes that the Respondent was and continues to be a habitual abuser of controlled substances.

The Panel considered all possible penalties. The Panel reviewed the testimony and all the exhibits. Based on the Respondent's continued use of Ativan (T. 100, 101, 102, 435), Dr. Van Gorp's report of borderline memory (T. 287 - 288, Pet. Exh. 7) and the Respondent's diagnosis of dementia (T. 67 - 71, Pet. Exh. 7) the Panel has determined the penalty to be license revocation.

DETERMINATION OF THE HEARING COMMITTEE

Factual Allegations:

A - sustained

Specification of Charges:

First Specification: Being a Habitual user

1. Paragraph A - sustained

DETERMINATION OF THE HEARING COMMITTEE AS TO PENALTY

The Hearing Committee, unanimously, after giving due consideration to all the penalties available have determined that the Respondent's license to practice medicine in the state of New York should be REVOKED.

ORDER

IT IS HEREBY ORDERED:

1. The Respondent's license to practice medicine in the state of New York is **REVOKED**.
2. This ORDER shall be effective upon service on the Respondent or the Respondent's attorney by personal service or registered mail.

DATED: Lake Success, New York
May 6, 2002


FRANK E. IAQUINTA, M.D.
Chairperson

RICHARD ASHLEY, M.D.
DIANE BONANNO

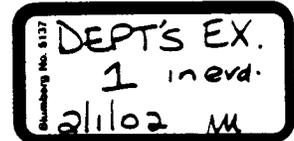
APPENDIX I

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

IN THE MATTER
OF
JULIO CASTELLANOS, M.D.

NOTICE
OF
HEARING

TO: JULIO CASTELLANOS, M.D.
611 WEST 177th STREET
NEW YORK, NEW YORK 10033



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 February 6, 2002, at 10:00 a.m., at the Offices of the New York State Department of Health, 5 Penn Plaza, New York, New York 10001, 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. TYRONE BUTLER, DIRECTOR, BUREAU OF

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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 (McKinney Supp. 2001) 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
December 14, 2001



Roy P. Nemerson
Deputy Counsel
Bureau of Professional
Medical Conduct

Inquiries should be directed to: Nancy Strohmeyer
Assistant Counsel
Bureau of Professional
Medical Conduct
5 Penn Plaza
New York, New York 10001
9212) 268-6806

SECURITY NOTICE TO THE LICENSEE

The proceeding will be held in a secure building with restricted access. Only individuals whose names are on a list of authorized visitors for the day will be admitted to the building

No individual's name will be placed on the list of authorized visitors unless written notice of that individual's name is provided by the licensee or the licensee's attorney to one of the Department offices listed below.

The written notice may be sent via facsimile transmission, or any form of mail, but must be received by the Department **no less than two days prior to the date** of the proceeding. The notice must be on the letterhead of the licensee or the licensee's attorney, must be signed by the licensee or the licensee's attorney, and must include the following information:

Licensee's Name _____ Date of Proceeding _____

Name of person to be admitted _____

Status of person to be admitted _____
(Licensee, Attorney, Member of Law Firm, Witness, etc.)

Signature (of licensee or licensee's attorney) _____

This written notice must be sent to either:

New York State Health Department
Bureau of Adjudication
Hedley Park Place
433 River Street, Fifth Floor South
Troy, NY 12180
Fax: 518-402-0751

IN THE MATTER
OF
JULIO CASTELLANOS, M.D.

STATEMENT
OF
CHARGES

JULIO CASTELLANOS, M.D., the Respondent, was authorized to practice medicine in New York State on or about March 16, 1965, by the issuance of license number 093888 by the New York State Education Department. Respondent is currently registered to practice medicine with the New York State Department of Education for the period of September 2001 through August 2003.

FACTUAL ALLEGATIONS

- A. During a period of time continuing at least until April 1998, Respondent was a habitual abuser of alcohol and/or controlled substances including, but not limited to, prescription drugs.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

BEING AN HABITUAL USER

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(8) by being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, or having a psychiatric condition which impairs the licensee's ability to practice as alleged in the facts of the following:

1. Paragraph A.

DATED: December 4, 2001
New York, New York



ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct