



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

Dennis P. Whalen
Executive Deputy Commissioner of Health
Anne F. Saile, Director
Office of Professional Medical Conduct
William J. Comiskey, Chief Counsel
Bureau 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

June 30, 1999

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Laura Sarah Hobgood, M.D.
374 Union Street
Apt. No. 2
Brooklyn, NY 11231

RE: License No. 17728

Dear Dr. Hobgood:

Enclosed please find Order #BPMC 99-141 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **September 1, 1999**.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

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

Enclosure

cc: Alan Lambert, Esq.
Lifshutz, Polland & Associates, P.C.
675 Third Avenue
New York, NY 10017

Steven J. Masef, Esq.

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

IN THE MATTER
OF
LAURA SARAH HOBGOOD, M.D.

CONSENT
AGREEMENT
AND
ORDER
BPMC #99-141

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

Laura Sarah Hobgood, M.D., (Respondent) being duly sworn, deposes and says:

That on or about February 1, 1989, I was licensed to practice as a physician in the State of New York, having been issued License No. 17728 by the New York State Education Department.

My current address is 374 Union Street, Apt. No. 2, Brooklyn, New York, 11231 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I do not contest the specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

Effective September 1, 1999, my license to practice medicine in the State of New York shall be suspended for 36 months as more fully described below and I shall be required to perform 1,000 hours of Public service as otherwise set forth in § 230-a(9) of the Public Health Law:

- a) The 18 month period beginning September 1, 1999 shall be a period of actual suspension;

- b) Upon completion of the first six months of the period of actual suspension, the suspension shall be modified, but only to the extent that, I shall be permitted to practice medicine for the limited purpose of performing and completing 1,000 hours of public service;
- c) the final 18 months of the period of suspension, said suspension shall be entirely stayed;
- d) During the period of time that I am practicing medicine pursuant to the terms of paragraphs b and c, I shall be subject to the terms of probation annexed hereto as 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, Respondent shall maintain current registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possessés his/her license; and

That Respondent 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.

Respondent 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. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information related to Respondent's practice of medicine and within Respondent's 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 the licensee possesses his/her license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1999).

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.

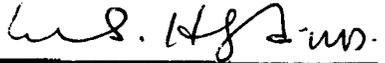
I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict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

DATED 6/10/99.

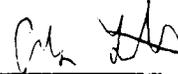

LAURA SARAH HOBGOOD, M.D.
RESPONDENT

Sworn to before me
on this day of
 1999

NOTARY

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

DATE: 9/14/99


LIFSHTZ, POLLAND & ASSOCIATES
P.C. by
ALAN LAMBERT, ESQ.
Attorney for Respondent

DATE: 6/16/99


STEVEN J. MASEF
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: June 21, 1999


ANNE F. SAILE
Director
Office of Professional
Medical Conduct

IN THE MATTER
OF
LAURA SARAH HOBGOOD, M.D.

CONSENT
ORDER

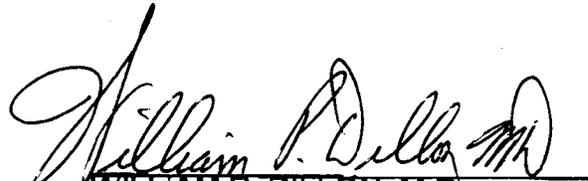
Upon the proposed agreement of Laura Sarah Hobgood, M.D.
(Respondent) for Consent Order, which application is made a part hereof, it is
agreed to and

ORDERED, that the application and the provisions thereof are hereby
adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board,
which may be accomplished by mailing, by first class mail, a copy of the Consent
Order to Respondent at the address set forth in this agreement or to
Respondent's attorney by certified mail, or upon transmission via facsimile to
Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 6/24/99


WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct

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

IN THE MATTER
OF
LAURA SARAH HOBGOOD, M.D.

STATEMENT
OF
CHARGES

LAURA SARAH HOBGOOD, M.D., the Respondent, was authorized to practice medicine in New York State on or about February 1, 1989, by the issuance of license number 177282 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. By a January 3, 1997 Judgment upon a guilty plea entered before the Criminal Court of the City of New York in and for the County Of New York, Respondent was convicted of falsifying business records in the second degree (N.Y. Penal Law §175.05 relating to a false entry made in a medical record, in order to obtain payment from the Medicaid Program). Respondent was sentenced to a conditional discharge and ordered to make restitution of \$100,000.00.

SPECIFICATION OF CHARGES

SPECIFICATION

CRIMINAL CONVICTION (N.Y.S.)

Respondent is charged with committing professional misconduct as defined in

N.Y. Educ. Law §6530(9)(a)(i)(McKinney Supp. 1999) by having been convicted of committing an act constituting a crime under New York State law as alleged in the facts of the following:

1. Paragraph A.

DATED: June 1999
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

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.
2. Respondent shall submit written notification 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.
3. 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.
4. 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.
5. 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.
6. With the exception of practice in satisfaction of the public service requirement imposed upon her, Respondent shall practice medicine only when supervised in his/her medical practice. The practice supervisor shall be on-site at all locations, unless determined otherwise by the Director of OPMC. The practice supervisor shall be proposed by Respondent and subject to the written approval of the Director. The practice supervisor shall not be a family member or personal friend, or be in a professional relationship which could pose a conflict with supervision responsibilities.
7. Respondent shall ensure that the practice supervisor is familiar with the Order and terms of probation, and willing to report to OPMC. Respondent shall ensure that the practice supervisor is in a position to regularly observe and assess Respondent's medical practice. Respondent shall cause the practice supervisor to report within 24 hours any suspected impairment,

-inappropriate behavior, questionable medical practice or possible misconduct to OPMC.

8. Respondent shall authorize the practice supervisor to have access to his/her patient records and to submit quarterly written reports, to the Director of OPMC, regarding Respondent's practice. These narrative reports shall address all aspects Respondent's clinical practice including, but not limited to, the evaluation and treatment of patients, general demeanor, time and attendance, the supervisor's assessment of patient records selected for review and other such on-duty conduct as the supervisor deems appropriate to report.
9. Respondent shall enroll in and complete a continuing education program including but not limited to the areas of medical record keeping and billing to be equivalent to at least 100 credit hours of Continuing Medical Education. Said continuing education program shall be subject to the prior written approval of the Director of OPMC and be completed within the period of probation or as otherwise specified in the Order.
10. Respondent shall perform 1000 hours of community service as required by the Consent Order. The service may be medical in nature, and delivered in a facility or with an organization equipped to provide medical services and serving a needy or medically underserved population. Neither the Respondent nor the facility/organization at which the services are rendered shall bill or receive payment or other value for services rendered by Respondent in satisfaction of the required community service. A written proposal for community service must be submitted to, and is subject to the written approval of the Director of OPMC. Community service performed prior to written approval shall not be credited toward compliance with this Order. As of the effective date of the Consent Order, Respondent may commence her community service subject to the prohibition from the practice of medicine during the first 6 months of suspension.
11. 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.