



*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.  
*Commissioner*  
*NYS Department of Health*  
Dennis P. Whalen  
*Executive Deputy Commissioner*  
*NYS Department of Health*  
Anne F. Saile, Director  
*Office of Professional Medical Conduct*

**PUBLIC**

William P. Dillon, M.D.  
*Chair*  
Denise M. Bolan, R.P.A.  
*Vice Chair*  
Ansel R. Marks, M.D., J.D.  
*Executive Secretary*

December 21, 1999

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Donald Wells, M.D.  
160 Allens Creek Road  
Rochester, NY 14618

RE: License No.: 107180

Dear Dr. Wells:

Enclosed please find Order #BPMC 99-318 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **December 21, 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: Steven J. Seidman, Esq.  
Brighton Campus Park  
Suite E  
2024 West Henrietta Road  
Rochester, NY 14623

Valerie Donovan, Esq.

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

IN THE MATTER  
OF  
DONALD A. WELLS, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER  
BPMC# 99-318

DONALD A. WELLS, M.D., (Respondent) does hereby affirm that

On or about September 28, 1979, I was licensed to practice as a physician in the State of New York, having been issued License No. 107180 by the New York State Education Department.

My current business address is 160 Allens Creek Road, Rochester, New York 14618, 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 six specifications of professional misconduct.

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

I admit guilt to the six specifications. I hereby agree to the following penalty:

A Censure and Reprimand.

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

That, except during periods of actual suspension, Respondent shall maintain current registration of Respondent's license with the New York State Education Department Division of Professional

Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his license.

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

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under

duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:

DATED 12/10/99

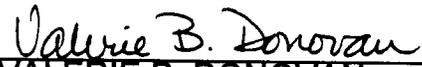
Donald A. Wells, M.D.  
DONALD A. WELLS, M.D.  
Respondent

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

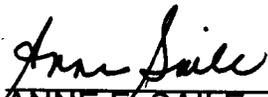
DATE: 12/16/99

  
\_\_\_\_\_  
STEVEN J. SEIDMAN  
Attorney for Respondent

DATE: 12/14/99

  
\_\_\_\_\_  
VALERIE B. DONOVAN  
Assistant Counsel  
Bureau of Professional  
Medical Conduct

DATE: 12/16/99

  
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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  
DONALD A. WELLS, M.D.

CONSENT  
ORDER

Upon the proposed agreement of DONALD A. WELLS, 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: 12/16/99

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

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

-----X  
IN THE MATTER : STATEMENT  
OF : OF  
DONALD A. WELLS, M.D. : CHARGES  
-----X

DONALD A. WELLS, M.D., the Respondent, was authorized to practice medicine in New York State on September 28, 1979, by the issuance of license number 107180 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. From in or about April 1995 through in or about December 1995, Respondent treated Patient A (patients are identified in Appendix A), in his office located at 160 Allens Creek Road, Rochester, New York. Respondent's care of Patient A did not meet acceptable standards of care in that:

1. Respondent allowed [REDACTED] Respondent's RN, to evaluate, diagnose and/or prescribe medications (Alprazolam, Flurazepam and Buspar) for Patient A.
2. Respondent never personally met or spoke with Patient A.
3. Respondent provided pre-signed blank prescription forms to Susan Lennon, RN for her use in prescribing medications to Patient A.

B. From in or about April 1995 through in or about December 1995, Respondent treated Patient B in his office located at 160 Allens Creek Road, Rochester, New York. Respondent's care of Patient B did not meet acceptable standards of care in that:

1. Respondent allowed Susan Lennon, Respondent's RN, to evaluate, diagnose, and prescribe medications (Prozac and Buspar) for Patient B.
2. Respondent never personally met or spoke with Patient B.
3. Respondent provided pre-signed blank prescription forms to Susan Lennon, RN for her use in prescribing medications to Patient B.

C. From in or about April 1995 through in or about December 1995, Respondent treated Patient C in his office located at 160 Allens Creek Road, Rochester, New York. Respondent's care of Patient A did not meet acceptable standards of care in that:

1. Respondent allowed Susan Lennon, Respondent's RN, to evaluate, diagnose, and prescribe medications (Alprazolam and Buspar) for Patient C.
2. Respondent never personally met or spoke with Patient C.
3. Respondent provided pre-signed blank prescription forms to Susan Lennon, RN for her use in prescribing medications to Patient C.

### SPECIFICATIONS OF MISCONDUCT

#### FIRST THROUGH THIRD SPECIFICATIONS

##### DELEGATING RESPONSIBILITIES TO NON-QUALIFIED PERSON

The Respondent is charged with delegating professional responsibilities to a person when he knows or has reason to know that such person is not qualified by training or licensure to perform them within the meaning of N.Y. Educ. Law § 6530(25) in that the Petitioner charges the following:

1. The facts in paragraphs A and A.1, A and A.2 and/or A and A.3.
2. The facts in paragraphs B and B.1, B and B.2 and/or B and B.3.
3. The facts in paragraphs C and C.1, C and C.2 and/or C and C.3.

FOURTH THROUGH SIXTH SPECIFICATIONS  
AIDING OR ABETTING AN UNLICENSED PERSON  
TO PERFORM ACTIVITIES REQUIRING A LICENSE

The Respondent is charged with permitting, aiding or abetting an unlicensed person to perform activities requiring a license within the meaning of N.Y. Educ. Law § 6530(11) in that the Petitioner charges the following:

4. The facts in paragraphs A and A.1, A and A.2 and/or A and A.3.
5. The facts in paragraphs B and B.1, B and B.2 and/or B and B.3.
6. The facts in paragraphs C and C.1, C and C.2 and/or C and C.3.

DATED: *Dec 13*, 1999  
Albany, New York

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