

September 28, 2012

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Arthur C. Chandler III, M.D.
REDACTED

Re: License No. 211077

Dear Dr. Chandler:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 12-202. This order and any penalty provided therein goes into effect October 5, 2012.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Wayne E. Cousin, Esq.
Gordon & Silber
355 Lexington Avenue
New York, NY 10017-6603

IN THE MATTER
OF
ARTHUR C. CHANDLER III, M.D.

CONSENT
ORDER

Upon the application of ARTHUR C. CHANDLER III, M.D. (Respondent) in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and

it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR

upon facsimile transmission to Respondent or Respondent's attorney,

whichever is first.

SO ORDERED.

DATE: 9/26/2012

REDACTED

ARTHUR S. HENGERER, M.D.

Chair

State Board for Professional Medical Conduct

**IN THE MATTER
OF
ARTHUR C. CHANDLER III, M.D.**

CONSENT
AGREEMENT
AND
ORDER

ARTHUR C. CHANDLER III, M.D., represents that all of the following statements are true:

That on or about July 1, 1998, I was licensed to practice as a physician in the State of New York, and issued License No. 211077 by the New York State Education Department.

My current address is REDACTED, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I do not contest the Ninth Specification, in full satisfaction of the charges against me, and agree to the following penalty:

- Pursuant to N.Y. Pub. Health Law § 230-a(2), a three year stayed suspension shall be imposed on my medical license and I shall be placed on probation for a period of five (5) years, subject to the terms set forth in attached Exhibit "B."

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order.

Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents

and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on

the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE

9/5/12

REDACTED

ARTHUR C. CHANDLER III, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 9/19/12

REDACTED

WAYNE E. COUSIN, ESQ.
Gordon & Silber
Attorneys for Respondent

DATE: 9/21/12

REDACTED

TIMOTHY J. MAHAR
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 9/26/2012

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

IN THE MATTER

OF

ARTHUR C. CHANDLER III, M.D.

STATEMENT

OF

CHARGES

ARTHUR C. CHANDLER III, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 1, 1998, by the issuance of license number 211077 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent provided medical care to Patient A at Columbia Memorial Hospital, Hudson, New York from February 23, 2008 until Patient A's death on the same date for chest pain, among other conditions. Respondent's medical care of Patient A deviated from accepted standards of care in the following respects:
1. Respondent failed to adequately and/or timely evaluate Patient A for acidosis.
 2. Respondent failed to adequately interpret or assess one or more of Patient A's EKGs.
 3. Respondent failed to adequately diagnose Patient A's condition.
 4. Respondent failed to adequately treat Patient A's condition.
 5. Respondent failed to obtain a timely cardiology consult.
 6. Respondent failed to adequately assess Patient A's laboratory values.
 7. Respondent failed to maintain an adequate medical record for Patient A.

B. Respondent provided medical care to Patient B during his admissions to Columbia Memorial Hospital on July 23, 2008 and August 5, 2008 for complaints of increasing jaundice and abdominal pain. Respondent's medical care of Patient B deviated from accepted standards of care as follows:

1. Respondent failed to adequately assess Patient B's laboratory values during the July 23, 2008 admission.
2. Respondent failed to adequately diagnose Patient B's condition during the July 23, 2008 admission.
3. Respondent failed to adequately treat Patient B's condition during the July 23, 2008 admission.
4. Respondent failed to maintain an adequate medical record for Patient B.

C. Respondent provided medical care to Patient C at Columbia Memorial Hospital during the period from July 26, 2008 through July 28, 2008 for complaints of blurred and/or reduced vision in the right eye, among other conditions. Respondent's medical care of Patient C deviated from accepted standards of care in the following respects:

1. Respondent failed to adequately diagnose Patient C's condition and/or failed to develop adequate differential diagnoses of Patient C's condition.
2. Respondent failed to adequately evaluate and/or treat Patient C.
3. Respondent failed to order an ophthalmology consult for Patient C during the admission and/or failed to transfer Patient C to a hospital with ophthalmology

consults available and/or failed to order an ophthalmology consult for Patient C within 48 hours of her discharge from the hospital.

4. Respondent failed to maintain an adequate medical record for Patient C.

D. On or about March 4, 2010, Respondent was convicted of violating New York State Vehicle and Traffic Law §1212, Reckless Driving, a misdemeanor offense in People of the State of New York v. Arthur C. Chandler, Rhinebeck Village Court, Criminal Part.

E. On or about April 30, 2010, Respondent renewed, on-line his New York State Medical License Registration. Question no. 1 on the renewal application posed the following question to Respondent:

Have you been found guilty after trial, or pleaded guilty, no contest or nolo contendere to a crime (felony or misdemeanor) in any court?

Respondent answered "No" to question no. 1. Respondent's answer was false.

Respondent knew or in the exercise of reasonable care should have known that he had been convicted of a misdemeanor offense (Vehicle and Traffic Law §1212) in the Rhinebeck Village Court, Criminal Part on or about March 4, 2010.

F. For the period including April 6, 1980 through the present, Respondent has been a habitual abuser of alcohol. Respondent's history of habitual abuse of alcohol includes one or more of the following incidents:

1. On or about April 6, 1980, Respondent was arrested and charged with, among other things, driving a motor vehicle while intoxicated.

2. On or about February 23, 2001, Respondent, who was on-call to the emergency department of Benedictine Hospital, responded to the hospital's emergency department approximately 2 hours after first being contacted to care for a patient. Respondent arrived at the hospital and began caring for the patient with difficulty. The odor of alcohol was detected on Respondent's breath. Respondent was advised to transfer the care of the patient he was to care for to another physician. Respondent did transfer care of the patient to another physician.
3. On or about October 4, 2009, Respondent was arrested and charged with driving a motor vehicle while intoxicated. Respondent's blood alcohol was measured at 0.08 grams %.

SPECIFICATION OF CHARGES
FIRST THROUGH EIGHTH SPECIFICATIONS

GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the following paragraphs of the Factual Allegations:

1. The facts as alleged in paragraphs A and A.1.
2. The facts as alleged in paragraphs A and A.2.
3. The facts as alleged in paragraphs A and A.3.
4. The facts as alleged in paragraphs A and A.4.
5. The facts as alleged in paragraphs A and A.5.
6. The facts as alleged in paragraphs B and B.1.
7. The facts as alleged in paragraphs B and B.2.
8. The facts as alleged in paragraphs B and B.3.

NINTH SPECIFICATION
NEGLIGENCE ON MORE THAN ONE OCCASION

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

9. The facts as alleged in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, A and A.7, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C.3 and/or C and C.4.

TENTH THROUGH SEVENTEENTH SPECIFICATIONS

GROSS INCOMPETENCE

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

10. The facts as alleged in paragraphs A and A.1.
11. The facts as alleged in paragraphs A and A.2.
12. The facts as alleged in paragraphs A and A.3.
13. The facts as alleged in paragraphs A and A.4.
14. The facts as alleged in paragraphs A and A.5.
15. The facts as alleged in paragraphs B and B.1.
16. The facts as alleged in paragraphs B and B.2.
17. The facts as alleged in paragraphs B and B.3.

EIGHTEENTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

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

18. The facts as alleged in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, A and A.7, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C.3 and/or C and C.4.

NINETEENTH THROUGH TWENTY-FIRST SPECIFICATIONS

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the following paragraphs of the Factual Allegations:

19. The facts as alleged in paragraphs A and A.7.
20. The facts as alleged in paragraphs B and B.4.
21. The facts as alleged in paragraphs C and C.4.

TWENTY-SECOND SPECIFICATION

CONVICTION OF A CRIMINAL ACT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(a)(i), having been convicted of committing an act constituting a crime under New York State law as alleged in the following paragraph of the Factual Allegations:

22. The facts as alleged in paragraph D.

TWENTY-THIRD SPECIFICATION

FRAUD IN THE PRACTICE OF MEDICINE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(2) by having practiced the profession fraudulently as alleged in the following paragraphs of the Factual Allegations:

23. The facts as alleged in paragraph E.

TWENTY-FOURTH SPECIFICATION

FILING A FALSE REPORT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(21) in that Respondent willfully made or filed a false report required by the Education Department as alleged in the following paragraph of the Factual Allegations:

24. The facts as alleged in paragraph E.

TWENTY-FIFTH SPECIFICATION

MORAL UNFITNESS IN THE PRACTICE OF MEDICINE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20) in that Respondent engaged in conduct in the practice of medicine which evidences moral unfitness as alleged in the following paragraph of the Factual Allegations:

25. The facts as alleged in paragraph E.

TWENTY-SIXTH SPECIFICATION

HABITUAL ABUSE OF ALCOHOL

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(8) by reason of being a habitual abuser of alcohol as alleged in the following paragraph of the Factual Allegations:

26. The facts as alleged in paragraph F.

TWENTY-SEVENTH SPECIFICATION

PRACTICING WHILE IMPAIRED

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(7) by reason of his having practiced medicine while impaired by alcohol as alleged in the following paragraphs of the Factual Allegations:

27. The facts as alleged in paragraphs F and F.2

DATE:

Sept
May 21, 2012
Albany, New York

REDACTED

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

EXHIBIT "B"

Terms of Probation

- 1) Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
- 2) Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
- 3) Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 1000, Troy, New York 12180-2299 with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
- 4) Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- 5) Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but 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 § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
- 6) The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional

requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.

- 7) The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
- 8) Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
- 9) Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
- 10) Respondent shall enroll in and successfully complete a continuing education program in the area of interpreting electrocardiograms. This continuing education program is subject to the Director of OPMC's prior written approval and shall be successfully completed within the first 90 days of the probation period.
- 11) Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.
 - a) Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b) Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c) Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.

- d) Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
- 12) Respondent shall remain free from alcohol and all other mood altering substances other than those prescribed for Respondent's treatment by a licensed health care professional aware of Respondent's history, if any, of chemical dependency and mental illness. Respondent shall not self-prescribe any medications.
- 13) Respondent shall remain active in self-help groups such as, but not limited to, Narcotics Anonymous, Alcoholics Anonymous and Caduceus.
- 14) Respondent shall notify all treating physicians of any history of substance abuse. Respondent shall advise OPMC of any controlled or mood-altering substance given or prescribed by treating physicians.
- 15) Within 30 days of the Consent Order's effective date, Respondent shall practice only when monitored by qualified health care professional monitors: a Sobriety Monitor, a Practice Supervisor and a Therapist. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.

All monitors shall be proposed by Respondent and approved, in writing, by the Director of OPMC before Respondent may practice after the effective date of this Order. Within 7 days of learning the approved monitor is no longer willing or able to serve, Respondent shall submit the name of a proposed successor to the Director of OPMC. Monitors shall not be family members or personal friends or be in professional relationships that would pose a conflict with monitoring responsibilities. All monitors shall execute acknowledgment forms provided by OPMC certifying familiarity with Respondent's history of substance abuse, with this Order and its terms, and acknowledging a willingness to comply with the monitor's reporting responsibilities regarding Respondent's compliance with the terms of this Order.

- a) Respondent shall ensure that the monitors are familiar with Respondent's history of substance abuse and with the terms of this Order. Respondent shall cause the monitors to report any deviation from compliance with the terms of this Order to OPMC. Respondent shall cause the monitors to submit required reports on a timely basis.
- b) Respondent shall submit to random, unannounced observed blood, breath and/or urine screens for the presence of drugs and alcohol (hereafter "drug screen"), when requested by a monitor. The monitoring shall be on a random, unannounced, directly-observed, 7-day-a-week,

24-hour-a-day basis. Respondent shall report for a drug screen within 4 hours of being contacted by a monitor. Monitors shall report to OPMC immediately if Respondent refuses or delays a test or if a test is positive for alcohol, or any other unauthorized drug or substance. Respondent shall avoid all substances that may cause positive urine drug screens, such as poppy seeds, mouthwash or cough medicine. Any positive test result shall constitute a violation of the terms of this Order.

- c) Respondent shall meet regularly with a Sobriety Monitor. During the first 12 months of monitoring, the Sobriety Monitor shall obtain drug screens at a frequency of no less than 6 times per month. If Respondent is compliant throughout the first 12-month period, subsequent drug screens shall be obtained at a frequency to be proposed by the Sobriety Monitor and approved by OPMC. The Sobriety Monitor shall submit quarterly reports to OPMC certifying Respondent's sobriety or lack of sobriety. These reports are to include forensically valid results of all drug screens performed and an assessment of self-help group (e.g., AA/NA/Caduceus) attendance and 12-step progress.
- d) Respondent shall practice only when supervised in medical practice by a licensed physician (hereafter "Practice Supervisor"). The Practice Supervisor shall be on-site at all locations, unless determined otherwise by the Director of OPMC, and shall be in a position to regularly observe and assess Respondent's medical practice. The Practice Supervisor shall oversee Respondent's compliance with the terms of practice imposed by the Order and Respondent's prescribing, administering, dispensing, inventorying, wasting and disposal of controlled substances. The Practice Supervisor shall report to OPMC immediately any suspected impairment, inappropriate behavior, questionable medical practice, possible misconduct, or violation by Respondent of any of the terms of this Order. The Practice Supervisor shall submit quarterly reports to OPMC regarding the quality of Respondent's medical practice and prescribing practices, any unexplained absences from work, and certifying Respondent's compliance or detailing Respondent's failure to comply with each term imposed.
- e) Respondent shall engage and continue in therapy with a treating health care professional (hereafter "Therapist"). Respondent shall cause the Therapist to submit a proposed treatment plan and quarterly reports to OPMC certifying whether Respondent is in compliance with the treatment plan. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Respondent to Respondent's Therapist. The Therapist shall report to OPMC immediately if Respondent leaves treatment against medical advice or displays any

symptoms of a suspected or actual relapse. The Therapist shall provide 30 days written notice to OPMC, Physician Monitoring Program, prior to discontinuing Respondent's therapy.

- 16) At the direction of the Director of OPMC, Respondent shall submit to evaluations by a board-certified psychiatrist, licensed mental health practitioner or other health care professional or program designated by the Director (hereafter "Evaluator.") Respondent shall provide the Evaluator with a copy of this Order and copies of all previous treatment records. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Respondent to Respondent's Evaluator. The Evaluator shall report to the Director regarding Respondent's condition and fitness or incapacity to practice medicine. Respondent shall comply with all treatment recommendations based upon the evaluation; failure to comply with such treatment recommendations shall constitute professional misconduct.
- 17) Respondent shall enroll, or continue enrollment, in the Committee for Physician Health (CPH) and shall engage in a contract with CPH that defines the terms, conditions and duration of Respondent's recovery program. Respondent shall comply with the contract. Respondent shall give written authorization for CPH to provide the Director of OPMC with all information or documentation requested by OPMC to determine whether Respondent is in compliance with the contract and with this Order, including full access to all records maintained by CPH will respect to Respondent.
 - a) Respondent shall cause CPH to report to OPMC promptly if Respondent refuses to comply with the contract, refuses to submit to treatment or if Respondent's impairment is not substantially alleviated by treatment.
 - b) Respondent shall cause CPH to report immediately to OPMC if Respondent is regarded at any time to be an imminent danger to the public.
- 18) Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.