

**IN THE MATTER  
OF  
NISAR PIRACHA, M.D.**

**CONSENT  
ORDER**

# 09-57

Upon the application of Nisar Piracha, 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: 3/27/09

Redacted Signature

KENDRICK A. SEARS, 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  
NISAR PIRACHA, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

Nisar Piracha, M.D., represents that all of the following statements are true:

That on or about March 4, 1988, I was licensed to practice as a physician in the State of New York, and issued License No. 173856 by the New York State Education Department.

My current address is Redacted Address

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 fifteen specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I admit guilt to paragraphs A.1 and D.2(a) of the eighth specification, in full satisfaction of the charges against me, and agree to the following penalty:

My license to practice medicine will be suspended for a period of six (6) months. The period of suspension will begin on April 1, 2009. I shall comply with the terms of Exhibit D.

Upon the completion of the six month actual suspension of my medical license, my medical license shall be on probation for a period of three years and subject to the terms set forth in Exhibit B.

As of the effective date of this order, I shall at all times when I am practicing medicine, examine and/or treat female patients only in the presence of a chaperone as set forth in Exhibit C. This will be a permanent restriction on my medical license.

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.

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 3/5/09

Redacted Signature

NISAR PIRACHA, M.D.  
RESPONDENT

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

DATE: MARCH 11, 2009

Redacted Signature

~~BRIAN J. WEIDNER, ESQ.~~  
Brown & Tarantino, LLC  
Attorneys for Respondent

DATE: 3/16/09

Redacted Signature

~~TIMOTHY J. MAHAR~~  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 3/24/09

Redacted Signature

~~KEITH W. SERVIS~~  
Director  
Office of Professional Medical Conduct

IN THE MATTER  
OF  
NISAR PIRACHA, M.D.

NISAR PIRACHA, M.D., the Respondent, was authorized to practice medicine in New York State on or about March 4, 1988, by the issuance of license number 173856 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. Respondent provided medical care to Patient A, a 17 year old female, at Olean General Hospital from on or about April 14, 2004 through on or about April 17, 2004. Respondent's treatment of and/or conduct toward Patient A deviated from accepted standards, in that:
1. Respondent performed a bimanual evaluation of Patient A's pelvic organs which failed to meet accepted medical standards, and/or Respondent failed to adequately evaluate Patient A for an infection of her pelvic organs.
  2. Respondent, on or about April 17, 2004, came to Patient A's hospital room. Respondent engaged in the following conduct toward Patient A:
    - (a) Respondent made a comment or comments about Patient A's underwear, which comment or comments were inappropriate and/or had no legitimate medical purpose.
    - (b) Respondent told Patient A that she was a beautiful girl, or words to such effect.
    - (c) Respondent made comments concerning the manner in which Patient A kissed her boyfriend and concerning Patient A engaging in sexual activity with her boyfriend, which comments

were inappropriate and/or had no legitimate medical purpose, and/or failed to meet accepted medical standards.

3. Respondent failed to maintain an adequate medical record for Patient A.
- B. Respondent provided medical care to and performed outpatient surgery on Patient B, a twenty year old male, at Olean General Hospital on or about March 16, 2004. Respondent provided pre-operative and post-operative medical care to Patient B at Respondent's office in Olean, New York. Respondent met Patient B's mother, when she accompanied Patient B for his pre-operative and/or surgical care from Respondent. At various times after Patient B's surgery, Respondent telephoned Patient B's mother, and started one or more conversations by inquiring as to how Patient B was progressing since surgery. Respondent engaged in the following conduct:
1. Respondent, on one or more occasions, called Patient B's mother at home and told her that he wanted to date her, or words to such effect.
  2. Respondent told Patient B's mother that another medical professional had said that Patient B's mother should date Respondent because Patient B's mother and Respondent would be good for each other.
- C. Respondent provided medical care to and performed surgery on Patient C at Olean General Hospital on or about November 2003 Respondent operated on Patient C's left breast. Respondent provided pre-operative and post-operative medical care to Patient C at Respondent's office in Olean, New York. Respondent engaged in the following conduct toward Patient C:
1. During a post-operative examination at Respondent's office, Respondent looked at Patient C's uncovered right breast, without adequate medical indication.

2. Respondent called Patient C on one or more occasions at home and/or at her work, which calls had no medical purpose.
- D.
1. On or about April 21, 2004, and following Respondent's treatment of Patient A, Respondent met with the following members of the Olean General Hospital senior administrative staff: the President of the Medical Staff, the Chief of Surgery and the Vice-President for Medical Affairs. Respondent at that time agreed to the following "[Respondent] must always have a female nurse or other appropriate clinical staff present during any and all interactions with female patients at Olean General Hospital".
  2. Respondent provided medical care to Patient D, a 31 year old female, at Olean General Hospital from on or about May 2, 2005 through May 5, 2005. Respondent's medical care of Patient D included performing an appendectomy procedure on May 2, 2005. Respondent's care of Patient D deviated from accepted medical standards as follows:
    - a. On or about May 4, 2005, Respondent examined Patient D, a female patient, in the Olean General Hospital, without a chaperone present. Respondent's examination of Patient D was a violation of the agreement that all of Respondent's interactions with female patients at Olean General Hospital would be attended by a female nurse or other appropriate clinical staff.
    - b. Respondent failed to appropriately dispose of the examining glove he used in the examination of Patient D.
    - c. Respondent's examination of Patient D was reported by the nursing staff to the hospital's administration. On or about May 11, 2005, Respondent discussed with a nurse manager of the hospital a report that had recently been made to the hospital's administration regarding his examination of female patients and the use of chaperones. Respondent stated to

nurse manager , "I can make things very miserable for someone" or used words to that effect.

- d. Respondent failed to maintain an adequate medical record for Patient D.
- E. Respondent provided medical care to and performed surgery on Patient E, a female patient, at Olean General Hospital and at his offices from on or about December 11, 2003 to February 12, 2004. Respondent's treatment of and/or conduct towards Patient E deviated from accepted standards of care, in that:
1. During an examination of Patient E at Olean General Hospital for complaints of abdominal pain, Respondent made a comment about Patient E's breasts which was not appropriate.
- F. Respondent while traveling in his vehicle was stopped by a law enforcement officer. Respondent misrepresented to the officer that he had been called to the hospital for an emergency. Respondent requested a nurse at the hospital to misrepresent to the officer that he had been called to the hospital. Respondent knew that he had not been called to the hospital.
- G. On or about April 18, 2002 and on or about May 16, 2002, Respondent submitted to the New York State Department of Health or to its agent updated information to his New York State Physician Profile. Paragraph 11 of each of Respondent's submissions inquires as to whether any malpractice award payments were made on Respondent's behalf during the past 10 years? Respondent was further instructed that in the event of such payments, he was required to provide the following information about his malpractice history per event:
- the type of award (settlement or arbitration)
  - the date payment was awarded or the date claim was closed
  - the payment amount in settlement of action or claim
  - zip code or county and state of the location where the event occurred

- name of the malpractice insurance carrier; or an indication if Respondent was self-insured

In Respondent's April 18, 2002 and May 16, 2002 submissions Respondent identified a single malpractice settlement payment of \$355,000.00 made on January 18, 1995. Respondent signed each of the submissions above the following affirmation:

Under the penalties of perjury, I declare and affirm that the statements made in this profile, including accompanying documents, are true, complete and correct.

Respondent's submissions deviated from accepted standards in that:

1. Respondent's April 18, 2002 profile submission failed to record a \$19,500.00 settlement payment made on his behalf on or about March 27, 1997 as a medical malpractice award, and/or Respondent failed to record any of the related information regarding that settlement as required by paragraph 11 of the profile submission.
2. Respondent's April 18, 2002 profile submission failed to record a \$475,000.00 settlement payment made on his behalf on or about February 28, 2002 as a medical malpractice award and/or Respondent failed to record any of the related information regarding that settlement as required by paragraph 11 of the profile submission.
3. Respondent in his April 18, 2002 profile submission affirmed that the statements made in the profile were true, complete and correct, when Respondent knew that the statements were not true and/or complete and/or correct, and/or Respondent should have known that the statements made in the profile were not true and/or complete and/or correct.
4. Respondent's May 16, 2002 profile submission failed to record a \$19,500.00 settlement payment made on his behalf on or before

March 27, 1997 as a medical malpractice award and/or Respondent failed to record any of the related information regarding that settlement as required by paragraph 11 of the profile submission.

5. Respondent's May 16, 2002 profile submission failed to record a \$475,000.00 settlement payment made on his behalf on or before February 28, 2002 as a medical malpractice award and/or Respondent failed to record any of the related information regarding that settlement as required by paragraph 11 of the profile submission.
6. Respondent in his May 16, 2002 profile submission affirmed that statements made in the profile were true, complete and correct, when Respondent knew and/or should have known that the statements made in the profile were not true and/or complete and/or correct.

## SPECIFICATION OF CHARGES

### FIRST THROUGH FIFTH SPECIFICATIONS

#### CONDUCT EVIDENCING MORAL UNFITNESS

Respondent is charged with professional misconduct by reason of his committing conduct in the practice of medicine that evidences moral unfitness to practice medicine in violation of New York Education Law § 6530(20) in that Petitioner charges:

1. The facts in paragraph A and A.2(a) and/or A.2(b) and/or A.2(c).
2. The facts in paragraphs B and B.1 and/or B.2.
3. The facts in paragraphs C and C.1 and/or C.2.
4. The facts in paragraphs D and D.2 (c).
5. The facts in paragraphs E and E.1.

### SIXTH SEVENTH SPECIFICATIONS

#### HARASSING, ABUSING OR INTIMIDATING A PATIENT PHYSICALLY AND/OR VERBALLY

Respondent is charged with professional misconduct by reason of his willfully harassing, abusing or intimidating a patient physically and/or verbally, in violation of New York Education Law §6530(31), in that Petitioner charges:

6. The facts in paragraph A and A.2(a) and/or A.2(b) and/or A.2(c).
7. The facts in paragraphs C and C.1 and/or C.2.

### EIGHTH SPECIFICATION

#### NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct by reason of his practicing medicine with negligence on more than one occasion in violation of New York Education Law §6530(3), in that Petitioner charges:

8. The facts in paragraph A and A.1, and/or A.2(c); C and C.1; and/or D and D.2(a), and/or D and D.2(b), and/or E and E.1.

## NINTH SPECIFICATION

### FAILURE TO USE INFECTION CONTROL PRACTICES

Respondent is charged with professional misconduct by reason of his failure to use scientifically accepted barrier precautions and infection control practices as established by the Department of Health pursuant to §230-a of the Public Health Law, in violation of Education Law §6530(47) in that Petitioner charges:

9. The facts in paragraphs D and D.2(b).

## TENTH THROUGH TWELFTH SPECIFICATIONS

### FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession of medicine fraudulently in that Petitioner charges:

10. The facts in paragraphs A and A.2(c).
11. The facts in paragraph F.
12. The facts in paragraphs G and G.1, and/or G and G.2, and/or G and G.3, and/or G and G.4, and/or G and G.5, and/or G and G.6.

## THIRTEENTH SPECIFICATION

### FALSE REPORTING

Respondent is charged with committing professional misconduct as defined by New York Education Law §6530(21) by willfully making or filing a false report or failing to file a report required by law or by the Health Department of Health or inducing another person to do so, in that Petitioner charges:

13. The facts in paragraphs G and G.1, and/or G and G.2, and/or G and G.3, and/or G and G.4, and/or G and G.5, and/or G and G.6.

**FOURTEENTH THROUGH FIFTEENTH SPECIFICATIONS**

**RECORD KEEPING**

Respondent is charged with committing professional misconduct as defined by New York Education 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 facts of:

14. The facts in paragraph A and A.3.
15. The facts in paragraph D and D.2(d).

DATED: March 16, 2009  
Albany, New York

Redacted Signature

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 303, 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 complete a continuing education program in the area of physician boundary issues with patients. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed by the end of the first 30 days of the probation period.
11. Respondent shall be subject to a behavior monitor in his medical practice. The behavior monitor shall be proposed by Respondent and subject to the written approval of the Director of OPMC. The behavior monitor shall not be a family member or personal friend, or be in a professional relationship which could pose a conflict with supervision responsibilities. The behavior monitor should be a licensed or certified health care professional with experience dealing with professional behavior issues. The behavior monitor shall report quarterly to OPMC. These narrative reports shall address Respondent's on-duty conduct and other matters regarding Respondent's practice of medicine as the behavior monitor deems appropriate to report and as may be requested by OPMC. Respondent shall ensure that the behavior monitor is familiar with the terms and conditions of the Order and willing to report to OPMC. Respondent shall ensure that the behavior monitor is in a position to regularly observe and assess Respondent's behavior in his medical practice and to have access to patients and staff working with Respondent. The behavior monitor shall report within 24 hours any suspected inappropriate behavior and/or patient or staff complaints regarding behavior, or possible misconduct to OPMC.
12. 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.
  - 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.

13. 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.

**EXHIBIT "C"****Chaperone**

1. Respondent shall, in the course of practicing medicine in New York State, examine and/or treat any female patient only in the presence of a chaperone. The chaperone shall be a licensed or registered health care professional or other health care worker, shall not be a family member, personal friend, or be in a professional relationship with Respondent which could pose a conflict with the chaperone's responsibilities. The chaperone shall be proposed by Respondent and subject to the written approval of the Director of OPMC.
2. Prior to the approval of any individual as chaperone, Respondent shall cause the proposed chaperone to execute and submit to the Director of OPMC an acknowledgment of the chaperone's agreement to undertake all of the responsibilities of the role of chaperone. Said acknowledgment shall be made upon a form provided by and acceptable to the Director. Respondent shall provide the chaperone with a copy of the Order and all of its attachments and shall, without fail, cause the approved chaperone to:
  - a. Report quarterly to OPMC regarding the chaperoning of Respondent's practice.
  - b. Report within 24 hours any failure of Respondent to comply with the Order, including, but not limited to, any failure by Respondent to have the chaperone present when required, any sexually suggestive or otherwise inappropriate comments by Respondent to any patient, and any actions of a sexual nature by Respondent in the presence of any patient.
  - c. Confirm the chaperone's presence at each and every examination and treatment of a female patient by Respondent, by placing the chaperone's name, title and date in the patient record for each and every visit, and by maintaining a separate log, kept in the chaperone's own possession, listing the patient name and date of visit for each and every patient visit chaperoned.
  - d. Provide copies of the log described in paragraph c, above, to OPMC at least quarterly and also immediately upon the Director's request.
3. The terms in Paragraph 2 and subparagraphs 2a through 2d shall apply to Respondent's office practice. In any other setting in which Respondent will be examining and/or treating a female, including but not limited to a hospital or nursing home, Respondent shall propose to OPMC a chaperone plan for each such setting in which Respondent will be practicing, which plan(s) shall be subject to the approval of OPMC. Respondent will not examine and/or treat females in any such setting until an approved chaperone plan is in place.
4. The requirement for a chaperone shall be a permanent restriction on Respondent's license to practice medicine in New York State.

## EXHIBIT "D"

### Requirements for Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State or under his or her New York license in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing himself as being eligible to practice medicine.
2. Licensee shall have delivered to the Office of Professional Medical Conduct (OPMC) at Hedley Park Place, 433 River Street 4th Floor, Troy, NY 12180-2299 his original license to practice medicine in New York State and current biennial registration within five (5) days of the effective date of the Order.
3. Licensee shall within fifteen (15) days of the Order notify his patients of the cessation or limitation of the licensee's medical practice and will refer all patients to another licensed practicing physician for their continued care, as appropriate. Licensee shall notify each health care plan with which the licensee contracts or is employed, and each hospital where he or she has privileges in writing of the cessation or limitation of the licensee's medical practice. Licensee shall, within 45 days of the effective date of the Order shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation or limitations of licensee's medical license.
4. Licensee shall make arrangements for the transfer and maintenance of the medical records of his or her patients. Within thirty days of the effective date of the Order, Licensee shall notify OPMC of these arrangements including the appropriate and acceptable contact person's name, address, and telephone number who shall have access to these records. Original records shall be retained for at least six years after the last date of service rendered to a patient or, in the case of a minor, for at least six years after the last date of service or three years after the patient reaches the age of majority whichever time period is longer. Records shall be maintained in a safe and secure place, which is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information on the record is kept confidential and made available only to authorized persons. When a patient or and/or his or her representative requests a copy of the patient's medical record or requests that the original medical record be forwarded to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed seventy-five cents per page.) Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of their inability to pay.
5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate, Licensee shall within fifteen (15) days advise the DEA in writing of the licensure action and shall surrender any DEA controlled substance privileges issued pursuant to your NYS license to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 to the DEA.
6. Licensee shall within fifteen (15) days return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. Licensee shall cause all prescription pads bearing his name to be destroyed. If no other licensee is providing services at his practice location, all medications shall be properly

disposed.

7. Within 15 days of the Consent Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings whether in telephone directories, internet or otherwise, professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by himself or others while barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of this Order.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine and if his license is revoked, surrendered or suspended for a term of six months or more under the terms of this Order, Licensee shall divest himself of all financial interest in the professional services corporation in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety (90) days of the effective date of this Order.
10. Failure to comply with the above directives may result in a civil penalty or further criminal penalties as may be authorized pursuant to the law. Under Section 6512 of the Education Law it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when such professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in section 230 a1. of the Public Health Law, which includes fines of up to \$10,000 for each specification of charges of which the Licensee is found guilty and may include revocation of a suspended license.