



New York State Board for Professional Medical Conduct

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

Kendrick A. Sears, M.D.
Chair

Keith W. Servis, Director
Office of Professional Medical Conduct

Michael A. Gonzalez, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

Public

February 13, 2007

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

John Halpenny, M.D.
20 Elm Street
Suite 6
Hornell, New York 14843

Re: License No. 194702

Dear Dr. Halpenny:

Enclosed is a copy of Order #BPMC 06-09 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect February 20, 2007.

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

Sincerely,

REDACTED

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

Enclosure

cc: Richard S. Tubiolo, Esq.
Hirsch & Tubiolo, P.C.
100 Reynolds Arcade Building
16 East Main Street
Rochester, New York 14614-1796

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

IN THE MATTER
OF
JOHN HALPENNY, M.D.

MODIFICATION
ORDER

BPMC No. #06-09

Upon the proposed Application for a Modification Order of JOHN HALPENNY, M.D. (Respondent), which is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application and its terms are adopted and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by mailing of a copy of this Modification Order by first class mail to Respondent at the address in the attached Application or by certified mail to Respondent's attorney, OR upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 2-13-07

REDACTED

KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

IN THE MATTER
OF
JOHN HALPENNY, M.D.

APPLICATION FOR
MODIFICATION
ORDER

JOHN HALPENNY, M.D. (Respondent), being duly sworn, deposes and says:

That on or about January 7, 1994, I was licensed to practice as a physician in the State of New York, and issued License No. 194702 by the New York State Education Department.

My current address is 20 Elm Street, Suite 6, Hornell, New York 14843, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC Order # 06-09 (Attachment I) (henceforth "Original Order"), which was issued upon an Application For Consent Order signed by me on December 28, 2005, (henceforth "Original Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

- The sanction imposed in the Original Order was:

an eighteen month suspension of my license to practice medicine in New York, stayed, and probation for a period of three years in accordance with the terms of probation attached hereto as Exhibit B; further, my license shall be limited so that I shall not engage in the practice of chronic pain management.

The sanction imposed shall be modified to read as follows:

I may provide short term pain management associated with acute injury and routine post-operative pain; I shall refer all other pain management issues to other physicians;

I shall have an eighteen month suspension of my license to practice medicine in New York, all stayed; and

I shall be on probation for a period of three years from the effective date of the Original Order in accordance with the Terms of Probation attached to the Original Order as Exhibit B.

All remaining Terms and Conditions will continue as written in the Original Order.

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

I understand and agree that the attorney for the Bureau of Professional Medical Conduct, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and 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: 1/26/07

REDACTED

JOHN HALPENNY, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Application and to the proposed penalty based on its terms and conditions.

DATE: 1/28/07

REDACTED

RICHARD S. TUBIOLLO
Attorney for Respondent

DATE: 1/29/07

REDACTED

KEVIN P. DONOVAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 2/8/07

REDACTED

Keith W. Servis
Director
Office of Professional Medical Conduct