



New York State Board for Professional Medical Conduct

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

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NYS Department of Health*

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*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

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

December 13, 2004

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Andrew C. Reyner, M.D.
140 East 28th Street
New York, NY 10016

Re: License No. 166241

Dear Dr. Reyner:

Enclosed please find Order #BPMC 04-283 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect December 20, 2004.

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 the 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: Daniel N. Arshack, Esq.
Arshack & Hajek, P.C.
225 West 57th Street
New York, NY 10019

IN THE MATTER
OF
ANDREW C. REYNER, M.D.

CONSENT
ORDER

BPMC No. 04-283

Upon the application of ANDREW C. REYNER, 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 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: 12-16-2004


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

**IN THE MATTER
OF
ANDREW C. REYNER, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

ANDREW C. REYNER, M.D., representing that all of the following statements are true, deposes and says:

That on or about May 30, 1986, I was licensed to practice as a physician in the State of New York, and issued License No. 166241 by the New York State Education Department.

My current address is 140 East 28th Street, Apt. 11-D, New York, New York 10016, 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 has charged me with Forty-Five 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 the following Third, Fourth, Sixth, Seventh, Ninth through Twelfth Specifications, and to the Forty-first Specification concerning factual allegations H.1 through H.6 and H. 8 through H. 12, in full satisfaction of the charges against me. I agree to the following penalty:

1) a suspension of my license to practice medicine in New York State for four years, during which time I shall comply with the Guidelines for Closing a Medical Practice, attached hereto as Exhibit C, following which I may return to practice only after

a) a showing to the satisfaction of a Committee of Professional Conduct of the State Board for Professional Medical Conduct that I am currently fit and competent to practice of medicine; I shall provide the Committee a current, in-depth, evaluation of my fitness to practice medicine at a facility approved in advance by the Director of the Office of Professional Medical Conduct (OPMC); if the Committee has reason to believe that the facts warrant it, they may issue an Order requiring that my return to practice be subject to conditions imposed necessary to protect the health of the people and my practice shall be subject to such conditions for a period of no less than five years;

b) successful completion of the clinical competency assessment and any necessary course of personalized continuing medical education as specified in the Terms of Probation, attached hereto as Exhibit B, however, practice of medicine may occur to the extent necessary to complete any retraining;

2) Upon my return to practice, my license shall be permanently limited such that I am prohibited from prescribing any medications;

3) Upon my return to practice, I shall be required to comply fully with the Terms of Probation attached here to as Exhibit B for a period of eight years.

I further agree that the Consent Order shall impose the following

conditions:

That Respondent shall maintain current registration of licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed 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 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 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 Order shall constitute misconduct as defined by New York State Education 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 the Public 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 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 Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

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 ask that the Board adopt this Consent Agreement.

DATE: 11/10/04


ANDREW C. REYNER, M.D.
RESPONDENT

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

DATE: 11/09/04


DANIEL N. ARSHACK, ESQ.
Attorney for Respondent

DATE: 11/26/04


KEVIN P. DONOVAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 12/5/04


DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

**IN THE MATTER
OF
ANDREW C. REYNER, M.D.**

**STATEMENT
OF
CHARGES**

ANDREW C. REYNER, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 30, 1986, by the issuance of license number 166241 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Between February 1998 and November 2001, Respondent fraudulently and/or inappropriately prescribed and/or provided Stadol, Erythromycin, Viagra, Avelox, Temazepam, Buspar and/or Lorazepam (Ativan) to Patient A (patients are identified in the attached Appendix A), without adequate history or physical examination, diagnosis, evaluation, maintaining records, and/or despite knowledge of Patient A's history of substance abuse/dependence, stealing prescriptions, forging prescriptions, and/or without knowing the intended end use of the drugs.

- B. Between January 1999 and August 2000, Respondent fraudulently and/or inappropriately provided prescriptions for Stadol in the names of Patient A's purported customers, listed as Patients B through N, without meeting them, obtaining adequate history, physical examination or diagnosis, sending the prescriptions to them, notifying them that prescriptions had been issued in their names, and/or maintaining an adequate record.

- C. Between January 1999 and August 2000, at the request of Patient A, who was not licensed to practice medicine, Respondent fraudulently and/or inappropriately provided prescriptions for Stadol in the names of Patient A's purported customers, Patients B through N, despite the fact that such medication would only be indicated for procedures performed by or under the supervision of a physician and/or that Patient A had no legal right to prescribe, possess and/or administer Stadol.
- D. Respondent fraudulently and/or inappropriately provided Patient A with prescriptions for controlled substances in the names of purported customers of Patient A or provided bulk quantities of controlled substances to Patient A even though he was aware that Patient A had a history of substance abuse/addiction.
- E. Between July 1998 and February 2001, Respondent received payments from Patient A in exchange for medications for use by Patient A, by Patient A's customers, and/or for other reasons.
- F. Around April 2000, Respondent fraudulently and/or inappropriately prescribed Stadol purportedly for use by Patient A for a demonstration on a person unknown to Respondent and/or failed to retrieve the Stadol after the demonstration never took place.
- G. On November 4, 2003, Respondent either fraudulently told personnel of OPMC that he was with Patient A at a conference in Reno, Nevada, when he prescribed Stadol for use by Patient A; or on March 23, 2004, he fraudulently told personnel of OPMC that he was not in Reno, Nevada with Patient A at the time he prescribed Stadol.

- H. On or around October 15, 2002, during an interview with personnel from the New York State Education Department, Respondent fraudulently or inappropriately:
1. failed to state that he provided prescriptions for clients of Patient A;
 2. failed to state that he provided prescriptions and controlled substances, including Stadol, to Patient A;
 3. stated that he told Patient A to obtain antidepressants from his internist, but did not state that he provided antidepressants to Patient A;
 4. stated words to the effect, or gave the impression that he was never paid for any relationship with Patient A or Entity A when he had received checks from Patient A or Entity A;
 5. stated words to the effect or gave the impression that his relationship with Patient A was as a client and/or friend only, when he also supplied medications to Patient A, supplied prescriptions to clients of Patient A and/or received payments from Patient A or Entity A;
 6. stated words to the effect or gave the impression that he was not aware of where Patient A was obtaining Stadol or he assumed Patient A was obtaining Stadol from other physicians, when Respondent was providing Stadol or prescriptions for Stadol to Patient A or for customers of Patient A;
 7. did not write his signature as usual when asked to provide exemplars of his signature or normal signature after he claimed that the signatures on prescriptions were not his, but were forgeries;
 8. stated words to the effect or gave the impression that he never wrote prescriptions for Stadol for anyone or for clients of Patient A;
 9. stated words to the effect or gave the impression that the many prescriptions for Stadol written in his name could have resulted only from Patient A stealing his prescription pads;
 10. denied that Patient C was a patient of his when he had written triplicate prescriptions for him;
 11. denied that Patient A was a patient of his when he had written triplicate prescriptions for him; and/or
 12. denied he wrote prescriptions for Stadol for Patient C, G and/or M.

- I. During an interview on November 4, 2003, with personnel from the Office of Professional Medical Conduct (OPMC), Respondent fraudulently:
1. denied receiving any checks as payment from Patient A except as reimbursement for expenses such as room service charges;
 2. denied remembering a facsimile sent to him by Patient A requesting a 100 tablet bottle of Lorazepam after another bottle had been stolen; and/or
 3. denied providing Patient A with bottles of medications.
- J. Respondent fraudulently and/or inappropriately obtained Stadol for his own use during hair removal or otherwise.
- K. Between February 1998 and November 2003, Respondent obtained acetaminophen with codeine, hydrocodone with acetaminophen, Fiorinal, butalbital, Xanax and/or alprazolam for Patient O inappropriately, in excessive amounts, without adequate history, physical examination, evaluation, diagnosis, consultation with Patient O's physicians, maintaining adequate records, and/or despite the patient's history of drug dependence/abuse.
- L. Between July 1998 and November 2003, Respondent obtained diazepam and/or phendimet for Patient P inappropriately, in excessive amounts, without adequate history, physical examination, evaluation, diagnosis, consultation with Patient P's physicians, and/or without maintaining adequate records.
- M. Between May 1998 and December 2001, Respondent obtained hydrocodone with acetaminophen, deca-durabolin and/or Lorcet for Patient Q inappropriately, in excessive amounts, without adequate history, physical examination, evaluation, diagnosis, consultation with Patient Q's physicians, and/or without maintaining adequate records.

- N. Between July 1998 and July 2003, Respondent obtained Viagra and/or ketamine for Patient R inappropriately, in excessive amounts, without adequate history, physical examination, evaluation, diagnosis, consultation with Patient R's physicians, and/or without maintaining adequate records.
- O. Respondent did not dispose of all or some of the medications listed in paragraphs K through N as stated in those paragraphs, but in some other way.
- P. Respondent fraudulently or inappropriately stated that the use of Stadol by Patient A, with a known history of controlled substance abuse/dependence, was not likely to produce dependency.
- Q. Respondent fraudulently stated words to the effect that he could not tell if it was his signature on the backs of checks payable to him from Entity A and/or on prescriptions.
- R. Respondent inappropriately prescribed Ritalin to Patient C without adequate history, physical examination, evaluation, diagnosis, establishing a physician patient relationship, and/or without maintaining records.

SPECIFICATIONS OF MISCONDUCT

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

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

1. The facts of paragraphs A, B, C, D, F, J, K, L, M, N and/or R.

SECOND SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

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

2. The facts of paragraphs A, B, C, D, F, J, K, L, M, N, P and/or R.

THIRD THROUGH THIRTEENTH SPECIFICATIONS

GROSS NEGLIGENCE

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

3. The facts of paragraph A.
4. The facts of paragraph B.
5. The facts of paragraph C.
6. The facts of paragraph D.
7. The facts of paragraph F.
8. The facts of paragraph J.
9. The facts of paragraph K.
10. The facts of paragraph L.
11. The facts of paragraph M.
12. The facts of paragraph N.
13. The facts of paragraph R.

FOURTEENTH SPECIFICATION

GROSS INCOMPETENCE

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

14. The facts of paragraphs A, B, C, D, F, J, K, L, M, N, P and/or R.

FIFTEENTH THROUGH SIXTEENTH SPECIFICATIONS

AIDING AND ABETTING AN UNLICENSED PERSON

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

15. The facts of paragraph C.
16. The facts of paragraph E.

SEVENTEENTH THROUGH THIRTY-FOURTH SPECIFICATIONS

MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as set forth in the following:

17. The facts of paragraph A.
18. The facts of paragraph B.
19. The facts of paragraph C.
20. The facts of paragraph D.
21. The facts of paragraph E.
22. The facts of paragraph F.
23. The facts of paragraph G.

24. The facts of paragraph H.
25. The facts of paragraph I.
26. The facts of paragraph J.
27. The facts of paragraph K.
28. The facts of paragraph L.
29. The facts of paragraph M
30. The facts of paragraph N.
31. The facts of paragraph O.
32. The facts of paragraph P.
33. The facts of paragraph Q.
34. The facts of paragraph R.

THIRTY-FIFTH THROUGH FORTY-FIFTH SPECIFICATIONS

FRAUD

Respondent is charged with practicing the profession fraudulently as defined in N.Y. Educ. Law § 6530(2) as set forth in the following:

35. The facts of paragraph A.
36. The facts of paragraph B.
37. The facts of paragraph C.
38. The facts of paragraph D.
39. The facts of paragraph F.
40. The facts of paragraph G.
41. The facts of paragraph H.
42. The facts of paragraph I.
43. The facts of paragraph J.
44. The facts of paragraph P.
45. The facts of paragraph Q.

DATED: Albany, New York
October 12, 2004


PETER D. VAN BUREN
DEPUTY COUNSEL

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 New York State Education Law §6530 or §6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to New York State Public Health Law §230(19).
2. Respondent shall maintain current registration of licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), 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 such 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, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action.
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. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of thirty (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 thirty (30) day period. Respondent shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period will resume and Respondent shall fulfill any unfulfilled probation terms.
6. 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 and/or hospital charts; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
7. 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.
8. Respondent shall obtain a clinical competency assessment (CCA) performed by a program for such assessment as directed by the Director of

OPMC. Respondent shall cause a written report of such assessment to be provided directly to the Director of OPMC.

9. If, after the clinical competency assessment referred to above, the Director determines that it is necessary, the Director may require that Respondent be enrolled in a course of personalized continuing medical education under the supervision of a Preceptor proposed by Respondent, preferably a physician who is board certified in the same specialty, to be approved in writing, by the Director of OPMC. The Respondent shall cause the Preceptor to:
 - a. Develop and submit to the Director of OPMC for written approval a remediation plan, which addresses the deficiencies /retraining recommendations identified in the CCA. Additionally, this proposal shall establish a time frame for completion of the remediation program of not less than three months and no longer than twelve months.
 - b. Submit progress reports at periods identified by OPMC certifying whether the Respondent is fully participating in the personalized continuing medical education program and is making satisfactory progress towards the completion of the approved remediation plan.
 - c. Report immediately to the Director of OPMC if the Respondent withdraws from the program and report promptly to OPMC any significant pattern of non-compliance by the Respondent.
 - d. At the conclusion of the program, submit to the Director of OPMC a detailed assessment of the progress made by the Respondent toward remediation of all identified deficiencies.
10. 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 practice monitor any and all records or access to the practice requested by the practice 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 of records (no fewer than 20) 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 cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - c. 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.

11. Respondent shall be solely responsible for all expenses associated with these terms, including fees, if any, for the clinical competency assessment, the personalized continuing medical education program or to the monitoring physician. Respondent shall provide to the Director of OPMC proof of full payment of all costs that may be charged. This term of probation shall not be satisfied in the absence of actual receipt, by the Director, of such documentation.
12. Respondent shall enroll in and complete a continuing education program in the area of professional ethics, subject to the Director of OPMC's prior written approval which shall be completed within the first year of the probation period.
13. Respondent shall comply with this Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or 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"

**GUIDELINES FOR CLOSING A MEDICAL PRACTICE FOLLOWING A
REVOCATION, SURRENDER OR SUSPENSION (of 6 months or more)
OF A MEDICAL LICENSE**

1. Respondent shall immediately cease and desist the practice of medicine in compliance with the terms of the Consent Order. Respondent shall not represent himself or herself as eligible to practice medicine and shall refrain from providing an opinion as to professional practice or its application.
2. Within fifteen (15) days of the Consent Order's effective date, Respondent shall notify in writing all active patients that he has ceased the practice of medicine, shall refer all patients to another licensed practicing physician for their continued care as appropriate, and shall notify the patients that he will provide a copy of their records to another treating therapist at the patient's written request. Respondent shall provide the Director with a representative copy of this letter within thirty (30) days of the effective date of the Order.
3. Within thirty (30) days of the Consent Order's effective date, Respondent shall have his or her original license to practice medicine in New York State and current biennial registration delivered to the Office of Professional Medical Conduct (OPMC) at 433 River Street Suite 303, Troy, NY 12180-2299.
4. Respondent shall arrange for the transfer and maintenance of all patient medical records. Within thirty (30) days of the Consent Order's effective date, Respondent shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate contact person, acceptable to the Director of OPMC, who shall have access to these records. Original records shall be retained for patients for at least six (6) years after the last date of service, and, for minors, at least six (6) years after the last date of service or three (3) years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall ensure that all patient information is kept confidential and is available only to authorized persons. When a patient or authorized representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or sent at 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 inability to pay.
5. Within fifteen (15) days of the Order's effective date, if Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall advise the DEA in writing of the licensure action and shall surrender his or her DEA controlled substance certificate, privileges, and any used DEA #222 U.S. Official Order Forms Schedules 1 and 2, to the DEA.
6. Within fifteen (15) days of the Order's effective date, Respondent shall return any unused New York State official prescription forms to the Bureau of Controlled Substances of the New York State Department of Health. Respondent shall have all prescription pads bearing Respondent's name destroyed. If no other licensee is providing services at his practice location, Respondent shall dispose of all medications.

7. Within fifteen (15) days of the Order's effective date, Respondent shall remove from the public domain any representation that Respondent is eligible to practice medicine, including all related signs, advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings. Respondent shall not share, occupy or use office space in which another licensee provides health care services.

8. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered (by himself or others) while barred from practicing medicine. Respondent may receive compensation for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.

9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and Respondent's license is revoked, surrendered or suspended for six (6) months or more pursuant to this Order, Respondent shall, within ninety (90) days of the Order's effective date, divest himself/herself of all financial interest in such professional services corporation in accordance with New York Business Corporation Law. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety (90) days of the Order's effective date.

10. Failure to comply with the above directives may result in civil or criminal penalties. Practicing medicine when a medical license has been suspended, revoked or annulled is a Class E Felony, punishable by imprisonment for up to four (4) years, under Section 6512 of the Education Law. Professional misconduct may result in penalties including revocation of the suspended license and/or fines of up to \$10,000 for each specification of misconduct, under Section 230-a of the Public Health Law.