



***New York State Board for Professional Medical Conduct***

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

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
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*NYS Department of Health*

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*Executive Deputy Commissioner*  
*NYS Department of Health*

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*Office of Professional Medical Conduct*

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*Vice Chair*

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

September 12, 2001

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Andreas Favara, M.D.  
Via Don Minzoni  
171 N 20N1  
51 20091  
Bresso, Italy

RE: License No. - Resident

Dear Dr. Favara:

Enclosed please find Order #BPMC 01-206 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect September 12, 2001.

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

Sincerely,

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

Enclosure

cc: Nicholas Giannuzzi, Esq.  
Donovan and Giannuzzi  
405 Park Avenue  
New York, NY 10022

Roy Nemerson, Esq.

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

IN THE MATTER  
OF  
ANDREAS FAVARA, M.D.

CONSENT  
ORDER

BPMC No. 01-206

Upon the proposed agreement of ANDREAS FAVARA, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 9/10/01



WILLIAM P. DILLON, 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  
ANDREAS FAVARA, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

ANDREAS FAVARA, M.D., representing all statements herein made to be true, deposes and says:

That in or about 1995 I practiced as a physician in the State of New York, as an exempt person as that term is defined by the New York State Education Law.

My current address is VIA DON ANTONI 51 20091 BRESCIA (MI) ITALY, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

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

I agree not to contest that specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

Pursuant to §230-a(6) of the Public Health Law I shall be precluded from seeking issuance of any further license to practice medicine in the State of New York, and from engaging in any further practice of medicine in the State of New York as an exempt person.

I further agree that the Consent Order for which I hereby apply

shall impose the following conditions:

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC.

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

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

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

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

continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

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

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED 7.16.2001

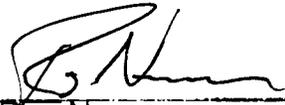
  
ANDREAS FAVARA, M.D.  
RESPONDENT

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

DATE: 8/1/01

  
NICHOLAS GIANNUZZITese.  
Attorney for Respondent

DATE: 8/29/01

  
Roy Neundorfer  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

DATE: 9/05/01

  
DENNIS J. GRAZIANO  
Director  
Office of Professional  
Medical Conduct

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

IN THE MATTER  
OF  
ANDREAS FAVARA, M.D.

STATEMENT  
OF  
CHARGES

ANDREAS FAVARA, M.D., the Respondent, engaged in the practice of medicine as an exempt person, within the meaning of the Education Law, in New York State in or about 1995 in a Residency Program at Cabrini Hospital ("Cabrini"), in New York, NY.

**FACTUAL ALLEGATIONS**

- A. During such Residency, Respondent inappropriately touched NX, a patient at Cabrini, for other than a good faith medical purpose.

**SPECIFICATION OF CHARGES**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6630(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

1. Paragraph A.

DATED: May 2001  
New York, New York

Roy Nemerson  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

"EXHIBIT A"