



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Mark R. Chassin, M.D., M.P.P., M.P.H.
Commissioner

October 27, 1992

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Kevin C. Roe, Esq.
Associate Counsel
NYS Department of Health
Empire State Plaza
Corning Tower - Room 2429
Albany, New York 12237

Robert H. Iseman, Esq.
Iseman, Cunningham
Riester & Hyde
9 Thurlow Terrace
Albany, New York 12203

Jagadeep Parkih, M.D.
42 Trafalgar Drive
Plattsburg, New York 12901-1341

RE: In the Matter of Jagadeep Parikh, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. BPMC-92-93) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate. Delivery shall be by either **certified mail or in person** to:

Office of Professional Medical Conduct
New York State Department of Health
Corning Tower - Fourth Floor (Room 438)
Empire State Plaza
Albany, New York 12237

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must than be delivered to the Office of Professional Medical Conduct in the manner noted above.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), and §230-c subdivisions 1 through 5, (McKinney Supp. 1992), "(t)he determination of a committee on professional medical conduct may be reviewed by the administrative review board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays all action until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by **certified mail**, upon the Administrative Review Board **and** the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

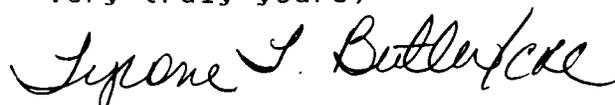
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Corning Tower - Room 2503
Empire State Plaza
Albany, New York 12237-0030

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the
Administrative Review Board's Determination and Order.

Very truly yours,

A handwritten signature in cursive script that reads "Tyrone T. Butler".

Tyrone T. Butler, Director
Bureau of Adjudication

TTB:crc
Enclosure

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

-----X
IN THE MATTER

: DETERMINATION AND

OF

: ORDER OF THE

JAGADEEP PARIKH

: HEARING COMMITTEE
-----X

ORDER NO. BPMC-92-93

The undersigned Hearing Committee consisting of **ALBERT L. BARTOLETTI, M.D., Chairperson, ARLENE B. REED-DELANEY, M.D.,** and **ANN SHAMBERGER,** was duly designated and appointed by the State Board for Professional Medical Conduct. **JONATHAN M. BRANDES, Administrative Law Judge,** served as Administrative Officer.

The hearing was conducted pursuant to the provisions of section 230(10) of the New York Public Health Law and sections 301-307 of the New York State Administrative Procedure Act to receive evidence concerning alleged violations of provisions of Section 6530 of the New York Education Law by Jagadeep Parikh, M.D. (hereinafter referred to as "Respondent"). Witnesses were sworn or affirmed and examined. A stenographic record of the hearing was made. Exhibits were received in evidence and made a part of the record.

The committee has considered the entire record in the above captioned matter and hereby renders its decision with regard to the charges of medical misconduct.

RECORD OF PROCEEDINGS

Original Notice of Hearing
and Statement of Charges dated: February 27, 1992
April 21, 1992

Statement of Charges Amended: July 8, 1992

Place of Hearing: Albany, New York

Respondent's Answer Served: None

The State Board for Professional
Medical Conduct appeared by: Kevin C. Roe, Esq.
Associate Counsel
Bureau of Professional
Medical Conduct
Room 2429
Corning Tower
Empire State Plaza
Albany, New York 12237

Respondent appeared in person
and was represented by: Iseman, Cunningham
Riester & Hyde
9 Thurlow Terrace
Albany, New York 12203

Robert H. Iseman, Esq.
of Counsel

Hearings Held on: June 3, 1992
July 2, 1992

Conferences Held: May 28, 1992
June 3, 1992
July 2, 1992

Closing Briefs received July 30, 1992

NOTE: Respondent waived the 60 day time limit set forth in
§230(10)(h) of the Public Health Law.

SUMMARY OF PROCEEDINGS

The amended Statement of Charges alleges Respondent has engaged in conduct in the practice of Medicine which evidences a

moral unfitness to practice medicine and that respondent willfully abused a patient. The allegations arise from treatment of four patients between July 17, 1989 and April 8, 1991. The allegations are more particularly set forth in the amended Statement of Charges which is attached hereto as appendix I.

Respondent filed an affidavit admitting each of the factual allegations in the Statement of Charges. The issues before the committee were limited to a consideration of the specifications and what, if any, penalty should be imposed.

The State called no witnesses. However, over Respondent's objection, a redacted statement from each of the four patients was received in evidence.

Respondent testified in his own behalf and called these witnesses:

Richard Frost, M.D.	Fact/Character Witness
Edward Bzik	Fact/Character Witness
Hal I. Rubin	Expert Witness
Stephen Nicknish, M.D.	Fact/Character Witness
Suzanne Stanton, R.N.	Fact/Character Witness
Richard Irons, M.D.	Expert Witness

SPECIAL NOTE

The Committee notes that on July 8, 1992 the factual allegations were amended. The change appears in paragraph A of the Statement of Charges. The date originally reads May 8, 1991. The charge was amended to read April 8, 1991. The Committee

further notes that in testimony some witnesses are recorded as referring to May 8 rather than April 8 (see for example B80). Where a witness is recorded as saying May 8, the Committee has read the testimony as either an error in transcription or a misstatement by the witness. Therefore, all references to May 8, 1991 are found by the Committee to be references to April 8, 1991.

SIGNIFICANT LEGAL RULINGS

The Administrative Law Judge issued instructions to the Committee with regard to the definitions of medical misconduct as alleged in this proceeding. The Administrative Law judge instructed the Panel that to sustain the First through Fourth Specifications (moral unfitness) the Committee must find that Respondent acted in a manner which violates the moral standards of the medical community, which they represent and that the violations occurred with a direct connection to Respondent's practice of medicine. With regard to the Fifth through Eighth Specifications, which allege willful abuse of a patient, the Committee was instructed that to sustain these Specifications they must find Respondent committed an inappropriate act which harmed, or was likely to harm, a patient and that he acted deliberately.

With regard to the expert testimony herein, including Respondent's, the Committee was instructed that each witness should be evaluated for possible bias and assessed according to

his or her training, experience, credentials, demeanor and credibility.

In addition to the above instructions, the Administrative Law Judge was asked to receive into the record, a copy of a Stipulation and Order regarding a then pending motion in Supreme Court, Albany County. The said Stipulation and Order with a cover letter of July 27, 1992 is received as Pleading 3.

Legal disputes arose in the parties' closing briefs:

The State objected to some of Respondent's remarks in his closing brief which was distributed to one Committee. The State argued that some of what Respondent stated amounted to a request for a missing witness instruction (see Respondent's brief pp. 6-7). The Administrative Law Judge acknowledges Respondent is not entitled to a missing witness instruction. However, the Administrative Law Judge did not interpret Respondent's remarks as such a request. Nevertheless it was pointed out to the Committee that the State was under no duty to produce expert testimony and the fact that the state produced no expert, in and of itself, should not be viewed either positively or negatively by the Committee. Rather, the Committee must decide this matter on the total record before it.

With regard to the statements by the patients, offered by the State and received over Respondent's objection, the Committee was instructed that documentary evidence is entitled to different weight than live testimony. In this case because the patients did not testify, the potential persuasive power of both

direct examination and cross examination were not available to the Committee.

The findings of fact in this decision were made after review of the entire record. Numbers in parenthesis beginning with A (A____), refer to transcript pages in the transcript of June 3. Numbers in parenthesis beginning with B (B____), refer to transcript pages of July 2. Numbers in parenthesis beginning with "EX" (Ex.____), refer to exhibits in evidence. These citations represent evidence and testimony found persuasive by the Hearing Committee in arriving at a particular finding. Evidence or testimony which conflicted with any finding of this Hearing Committee was considered and rejected. Some evidence and testimony was rejected as irrelevant. The Petitioner was required to meet the burden of proof by a preponderance of the evidence. All findings of fact made by the Hearing Committee were established by at least a preponderance of the evidence. All findings and conclusions herein were unanimous unless otherwise noted.

FINDINGS OF FACT

The Committee adopts the factual allegations in the Statement of Charges as Findings of Fact. In addition, the following facts were persuasive in forming the Conclusions of this Committee.

1. On April 8, 1991, Patient A made complaints of inappropriate touching against Respondent (Dept. Ex. 1).

2. Late the night of April 8, 1991, Respondent telephoned Dr. Bzik and admitted his conduct toward Patient A (B112-B113).

3. Shortly thereafter, Respondent admitted his misconduct to Dr. Stephen Nicknish (B140).

4. On April 23, 1991, Respondent sought evaluation and therapy from Hal J. Rubin, M.D. (A56, Ex. J). Hal I. Rubin, M.D., is the Medical Director of the Mental Health Unit at the Champlain Valley Physicians Hospital (A55). Dr. Rubin diagnosed Respondent's condition as "frotteurism," a condition found and classified in the Diagnostic and Statistical Manual of the American Psychiatric Association - III.

5. At the time the offensive conduct began, Respondent had suffered numerous significant stresses. Respondent told Dr. Rubin about the stressors which had been acting on his life (A65-A68).

6. Dr. Rubin found that contributing causes of Respondent's condition were his damaged self esteem and sense of professional loss (Ex. J., letter dated 4/23/91 from Dr. Rubin to Kevin Carroll).

7. By letter dated April 23, 1991, Dr. Rubin advised Kevin Carroll, the President of the Hospital, that Respondent could safely return to work under the condition that he continue therapy and have a chaperon when examining female patients (Ex. J., letter dated 4/23/91 from Dr. Rubin to Kevin Carroll).

8. Respondent returned to practice after the five-day

suspension with a chaperon (B113).

9. Initially, Respondent admitted to only a few incidents of patient abuse. As therapy continued, he admitted his behavior involved an approximate total of 30-50 patients (A123, A121, A65, A40, B54FF).

10. Respondent is predisposed to obsessive-compulsive behavior under stress (A72, A86-87).

11. The Golden Valley therapy and assessment have been effective in treating Respondent and helping him develop cognitive and behavioral strategies to prevent his past behavior from reoccurring (A77-78; A92).

12. Respondent has been completely compliant and adherent in carrying out recommended treatment (A79).

13. Respondent's wife and family are supportive of his rehabilitation, and this is a favorable indicator for Respondent's prognosis (A140-141).

14. Respondent was an inpatient for therapeutic purposes at Golden Valley Health Center from June 23, 1991, through July 21, 1991 (B31-32). Respondent's attending physician during his inpatient hospitalization at Golden Valley Health Center was Steven N. Barton, M.D., Ph.D. Dr. Barton concluded at the time of Respondent's discharge that he should be allowed to return to practice under certain conditions, including continued therapy and the presence of a chaperon when female patients were disrobed (Exs. J, and O).

15. From April 12, 1992, through April 17, 1992,

Respondent was an inpatient at the Golden Valley Health Center, where he received an evaluation from the Professional Assessment Unit (B.16, Exs. G and H).

16. The Golden Valley Health Center is a nationally recognized center for the treatment of psycho-sexual disorders (A146).

17. Golden Valley Health Center offers a professional assessment service, which does not include therapy or treatment, and is exclusively designed to evaluate a professional's fitness to continue practice (A.148).

18. Golden Valley Health Center also provides a therapeutic program as part of its sexual dependency unit. This unit has existed for more than five years and has treated more than 1,000 patients with psycho-sexual disorders having addictive features (A148).

19. Mrs. Parikh participated in the special family week portion of the Golden Valley Health Center therapy (B33).

20. Respondent has learned various avoidance techniques as a result of his treatment and therapy at Golden Valley Health Center (B34).

21. While at Golden Valley Health Center on both occasions, Respondent was seen by a team which included representatives of psychiatry, psychology, addiction medicine and a Master's level social worker and internal medicine specialist (A152, Ex. G, H & W).

22. All of the team members saw Respondent for

sufficient time to permit their evaluation (A152, A199). The team members had an opportunity to discuss Respondent's case and to arrive at joint conclusions and recommendations (A155).

23. Respondent was found to have provided a history which was "congruent and consistent." The assessment team "uniformly felt confident that Respondent had been compliant with all aspects of his recovery contract with the Committee on Physicians Health" (a156).

24. The Committee accepts the following recommendations by Golden Valley as their own findings:

a. Respondent is not impaired in his ability to practice medicine with reasonable skill and safety at the current time. Under a stipulated agreement with the Department of Health with a strict contract defining the boundaries of practice, and continuing therapy required, the risk of sexual misconduct is low and the public health and safety would be protected.

b. Respondent's continued practice should only be allowed in a highly supervised setting such as the emergency room and with a female licensed health care professional present when he examines female patients.

c. Respondent must continue in psychodynamic insight oriented therapy with Dr. Rubin, or a suitable successor.

d. Respondent must engage in local outpatient therapy or periodic work with a regional intensive therapy program with professionals that are experienced in the treatment of psychosexual disorders in physicians that have exploited of the

doctor-patient relationship. This treatment should continue for a period of time deemed appropriate by the specialist.

e. Respondent must continue in personal and family recovery with appropriate support groups with the local recovery community.

CONCLUSIONS

Respondent has admitted each of the factual allegations. The Committee finds that by any reasonable definition the factual allegations admitted constitute conduct in the practice of medicine which evidences moral unfitness to practice medicine. Clearly, the kind of inappropriate touching established herein, which was done for personal gratification rather than medical treatment, is both a violation of the moral standards of this community and a breach of trust conferred upon Respondent, solely by virtue of his status as a licensed physician. It must be noted that none of the victims would have been alone with Respondent, in a compromised position, but for the fact that he is a physician. Therefore, Specifications One through Four are sustained.

Likewise, based upon the facts admitted and the definition of willful abuse, the Committee sustains the Fifth through Eighth Specifications. In so doing, the Committee finds Respondent's contact with these patients, as admitted, was for personal gratification rather than medical care. It was therefore inappropriate. Even without the affidavits of the

victims, it is obvious the contact complained of was harmful to the patients.

Having sustained each of the Specifications, the Committee now turns its attention to penalty. At the outset, the Committee finds Respondent's acts were extremely serious. Respondent violated his patients physically and emotionally. It is not unfair to expect these victims to bear life-long effects from Respondent's acts. In addition to the physical and emotional damage to those patients, Respondent has undermined the credibility of his profession by betraying the trust bestowed by those patients upon Respondent solely by virtue of his professional licensure. But for his position as a physician, Respondent would have had no opportunity to harm these women.

Having so found, the Committee is nevertheless not blind to Respondent's acts of rehabilitation and contrition. The Committee finds this chain of events: When Patient A identified Respondent as an abuser, he realized that his misconduct had been discovered. At the same time that the hospital administrator and medical director were advised of the allegations by the patient against Respondent, Respondent contacted Dr. Bzik and admitted he had committed inappropriate behavior. The Committee finds this significant because while it is not an independent admission by Respondent, it is nevertheless an admission prior to an actual confrontation. The State asserts Respondent did not confess his misconduct until he was caught and that he was less than totally forthcoming when he did come forward. While this is not untrue

it is also less than fully accurate. The Committee gives Respondent credit for his admissions when he made them.

Moreover, the evidence shows Respondent has participated in a nationally recognized program of rehabilitation. He has strictly adhered to all the recommendations of his treating professionals. The Committee gave great weight to the conclusions of The Golden Valley Health Center. The Committee considers Respondent to have rehabilitative potential. Perhaps most important, the Committee finds Respondent appropriately contrite.

The Committee, in recognition of the grave nature of Respondent's violations, will order revocation of Respondent's license to practice medicine. However, in further recognition of Respondent's ongoing rehabilitation and contrition, the Committee will stay the said Revocation indefinitely in lieu of probation with extensive monitoring and a lifetime limitation on Respondent's registrations and license as set forth in detail below. While recognizing that any violation of probation is beyond the jurisdiction of this Committee, the panel nevertheless wishes to be on record that any violation of the following order should result in a summary proceeding as set forth in existing statutes.

WHEREFORE, it is hereby ordered that

THE license of Respondent Jagadeep Parikh be and is REVOKED; and it is further ordered that;

The said revocation shall be STAYED indefinitely; and

it is further ordered that said stay be contingent upon the successful adherence to the following terms of probation; Therefore it is further ordered that Respondent Jagadeep Parikh shall for a period of not less than five years be subject to the following terms of probation:

The professional performance of Respondent shall be reviewed by the random selection of office records, patient records, and hospital records, at such time intervals and in such quantity as shall be determined necessary in the sole discretion of the Director of the Office of Professional Medical Conduct or his or her designee (hereinafter referred to as "the Director").

Periodic visits by Respondent to a member of the State Board for Professional Medical Conduct, or an employee of The Board shall be required as often as deemed necessary by the Director.

Respondent shall, at his own expense, provide a physician monitor of his practice. The said monitor shall be approved by the Director and shall report to the Director and provide such reports as required by the Director at such intervals as the Director deems necessary.

Respondent shall continue in psychotherapy with Dr. Rubin or a successor approved by the Director.

Respondent shall engage in local outpatient therapy and periodic work with an intensive therapy program such as Golden Valley. The frequency of the programs shall be within the sole discretion of the Director. The content of the program(s) shall

be approved by the Director.

Respondent shall engage in family therapy as approved by the Director.

Respondent shall continue to work solely in a supervised setting such as a hospital emergency room. Respondent shall enter into a contract with any employer similar in substance to that dated June 26, 1992 between Respondent and Champlain Valley Physicians Hospital Medical Center, a copy of which is attached to and made a part of this order, as Appendix II. All such contracts shall be subject to approval by the Director.

The Director may impose such additional terms and conditions as authorized by Section 230 (18) of the Public health law as the Director, in his or her sole discretion, deems necessary to carry out the intent of this Decision and Order.

In addition, upon successful completion of the probation described in this Order, Respondent shall henceforth be subject to the following limitations on any registration or

issuance of any further license: Respondent shall practice only in a supervised setting such as a hospital or an institution and shall have a female chaparon present with him whenever he examines or treats a female patient.

DATED: Albany, New York
September , 1992

October 19, 1992

Albert J. Bartolotti, M.D.
ALBERT J. BARTOLETTI, M.D.
Chairperson

Arlene B. Reed-Delaney, M.D.
Ann Shamberger

APPENDIX I

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

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IN THE MATTER : STATEMENT
OF : OF
JAGADEEP PARIKH, M.D. : CHARGES

-----X

JAGADEEP PARIKH, M.D., the Respondent, was authorized to practice medicine in New York State on February 25, 1977 by the issuance of license number 130173 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1989 through December 31, 1992 from 42 Trafalgar Drive, Plattsburg, New York 12901-1341.

FACTUAL ALLEGATIONS

AMENDED
7/8/92
JB

APRIL

A. On or about ~~May~~ 8, 1991, Respondent treated Patient A at the emergency department of Champlain Valley Physician's Hospital Medical Center, Plattsburg, New York (CVPHMC). During the course of examination, Respondent engaged in the following physical contact with Patient A for his own sexual pleasure:

1. Respondent massaged Patient A's feet, calf, thighs, and abdomen.
2. Respondent massaged Patient A's breasts.

3. Respondent rubbed Patient A's feet on his face and placed her toes in his mouth.

B. On or about August 7, 1990, Respondent treated Patient B at the emergency department of CVPHMC. During the course of examination, Respondent engaged in the following physical contact with Patient B for his own sexual pleasure:

1. Respondent massaged Patient B's lower back, buttocks, thighs and feet.
2. Respondent had Patient B lay her head on his lap and then massaged her face.
3. Respondent placed Patient B's feet against his lips and face, and had the patient push her feet against his face.

C. On or about February 15, 1990, Respondent treated Patient C at the emergency department of CVPHMC. During the course of examination, Respondent engaged in the following physical contact with Patient C for his own sexual pleasure:

1. Respondent massaged Patient C's legs, lower back and groin area.
2. Respondent massaged Patient C's breasts and squeezed her nipples.
3. Respondent placed Patient C's feet on his chin and touched her toes with his lips.

D. On or about July 17, 1989, Respondent treated Patient D at the emergency department of CVPHMC. During the course of examination, Respondent engaged in the following physical contact with Patient D for his own sexual pleasure:

1. Respondent massaged Patient D's upper legs, buttocks and groin area.
2. Respondent placed Patient D's feet against his face and touched her foot with his lips.

SPECIFICATIONS

FIRST THROUGH FOURTH SPECIFICATIONS

MORAL UNFITNESS

Respondent is charged with engaging in conduct in the practice of medicine which evidences a moral unfitness to practice medicine in violation of New York Education Law §6530(20)(ch. 606, Laws of 1991) in that, Petitioner charges:

1. The facts in paragraphs A and A1, A2, and/or A3.
2. The facts in paragraphs B and B1, and B2 and/or B3.
3. The facts in paragraphs C and C1, C2 and/or C3.
4. The facts in paragraphs D and D1, and/or D2.

FIFTH THROUGH EIGHTH SPECIFICATIONS

WILLFULLY ABUSING A PATIENT

Respondent is charged with willfully abusing a patient physically in violation of New York Education Law §6530(31)(ch. 606, Laws of 1991) in that, Petitioner charges:

5. The facts in paragraph A and A1, A2 and/or A3.
6. The facts in paragraph B and B1, B2 and/or B2.

7. The facts in paragraph C and C1, C2 and/or C3.
8. The facts in paragraph D and D1, and/or D2.

DATED: Albany, New York
February 27, 1992

Peter D. Van Buren

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical
Conduct

APPENDIX II

EMPLOYMENT AGREEMENT

THIS AGREEMENT made this 26 day of June, 1992, by and among Champlain Valley Physicians Hospital Medical Center (herein "the Hospital"), Jagadeep M. Parikh, M.D. (herein "Parikh") and Betty Jean Munty (herein "Betty").

WHEREAS, Parikh is presently on the Attending Medical Staff of the Hospital as an emergency department physician, and

WHEREAS, the Hospital and Parikh desire to have Parikh continue his practice as an emergency department physician at the Hospital provided that the provisions of this agreement are maintained, and

WHEREAS, Parikh desires to employ Betty to act as a chaperon to be present at all times when Parikh is examining and/or treating female patients.

NOW, THEREFORE, the parties agree as follows:

1. The retention of Parikh as an emergency department physician requires that Parikh abide by the proposal of Dr. Irons with regard to the utilization of an unrelated "licensed female health care professional" who is and whose performance is acceptable to the Hospital with the full cost of that service paid by Parikh; and that his return to work is further conditioned upon Parikh's continuing his treatment, receipt by the Hospital of periodic reports as to his compliance with his treatment plan from his treating psychiatrist (including any drug therapy) and the absence of any new incidents or any other change of circumstance which in the Hospital's opinion interferes with his ability to

fully perform his job functions.

2. To implement the chaperon concept set forth above Parikh agrees as follows:

a. Parikh hires Bethy and Bethy agrees to be employed by Parikh at a rate of \$ 10⁰⁰ per hour.

b. Bethy agrees that she is an employee-at-will of Parikh and will receive no compensation or benefits other than the hourly compensation set forth above.

c. Bethy acknowledges that her duties will be strictly limited to serving as a chaperon to be in the presence of Parikh at any time that he examines and/or treats female patients, and may not perform any other clinical functions (including but not limited to assisting, instructing, or otherwise participating in patient care), and she agrees, in connection with her responsibilities as chaperon, to do and to provide the following information to the Hospital:

- (i) Attend training required by the Hospital at anytime.
- (ii) To report in writing to the Medical Director on a monthly basis the date and hours of her presence with Parikh at the at the Hospital;
- (iii) To immediately, and in any event within one hour, orally report to the Medical Director or the Administrator on call any incidents of misconduct by Parikh and, specifically, any contact with a female patient that is non-

therapeutic or not for legitimate diagnostic purposes;

- (iv) To report in writing within 24 hours to the Medical Director any incident of misconduct and, specifically, any contact with a female patient that is non-therapeutic or not for legitimate diagnostic purposes; and
- (v) To report any complaint by any patient as to the treatment or care provided by Parikh in the manner provided for in (iii) and (iv) above.
- (vi) To provide a written report every month to the Medical Director of the Hospital, advising whether or not there have been any incidents of patient contact by Parikh that were non-therapeutic or not for legitimate diagnostic purposes and to otherwise report whether Parikh's contact with female patients has been appropriate during the preceding two-week period as well as any restriction placed upon her by Parikh with regard to her reports hereunder.

d. Betty acknowledges that she is not an employee of the Hospital and not entitled to receive any compensation or benefits from the Hospital and serves as an independent contractor whose contract is solely with Parikh.

e. Betty acknowledges that she has been directed by Parikh, to report to the Hospital with respect to the discharge of her duties under the terms of this Employment Agreement.

3. Parikh agrees to release, hold harmless and indemnify the Hospital for any claims, demands, damages or causes of action arising out of or under this agreement including medical services provided by Parikh for or at the Hospital.

CHAMPLAIN VALLEY PHYSICIANS
HOSPITAL MEDICAL CENTER

By: Betty Jean Moritz

By: Jagadeep M. Parikh
Jagadeep M. Parikh, M.D.

By: Renu Kulkarni