



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
Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

William P. Dillon, M.D.
Chair

Denise M. Bolan, R.P.A.
Vice Chair

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

Executive Secretary

Office of Professional Medical Conduct

January 12, 2001

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Denise Dino Murphy, M.D.
11 Wedmore Road
Fairport, New York 14450

RE: License No. 197423

Dear Dr. Murphy:

Enclosed please find Order #BPMC 01-10 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect January 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: Catherine A. Gale, Esq.
Gale and Dancks
7136 E. Genesee Street
P.O. Box 97
Fayetteville, New York 13066-0097

Timothy J. Mahar, Esq.

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

IN THE MATTER

CONSENT AGREEMENT

OF

AND ORDER

BPMC No. 01-10

DENISE DINO MURPHY, M.D.

DENISE DINO MURPHY, M.D., (Respondent) states:

That on or about October 12, 1994 I was licensed to practice as a physician in the State of New York, having been issued License No. 197423 by the New York State Education Department.

My current address is 11 Wedmore Road, Fairport, New York 14450, 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 forty-two specification(s) of professional misconduct.

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

I plead no contest to specifications 22, 24, 26, 27, 29 and 31, in full satisfaction of the charges against me. I hereby agree to the following penalty:

My license shall be suspended for an indefinite period of not less than one year. One year after the effective date of this order and after compliance with all conditions (see, Exhibit B), I may petition the State Board for Professional Medical Conduct for a Modification Order, staying the suspension and permitting me to practice as a physician under whatever limitation(s), term(s) of probation, or further conditions the Board, in its reasonable discretion, exercised by a Committee on Professional Conduct, may impose. I understand and agree that the Committee's determination shall not be reviewable through recourse to the Administrative Review Board.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, I shall maintain current registration of my license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while Respondent possesses her license; and

That I 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. I 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. I shall meet with a person designated by the Director of OPMC as directed. I shall respond promptly and provide any and all documents and information within my control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while I possess my license.

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.

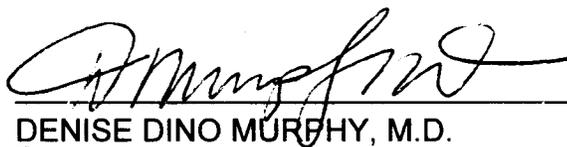
I hereby make this application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

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.

AFFIRMED

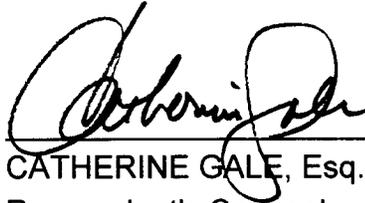


DENISE DINO MURPHY, M.D.
Respondent

DATED: 12/21, 2000

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

DATE: 12/21/00



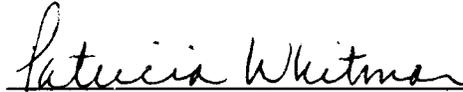
CATHERINE GALE, Esq.
Respondent's Counsel

DATE: 1/5/01



TIMOTHY J. MAHAR
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 1/9/01



~~ANNE F. SAILE~~ Patricia E. Whitman
Deputy Director
Office of Professional Medical Conduct

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

IN THE MATTER
OF
DENISE DINO MURPHY, M.D.

CONSENT ORDER

Upon the proposed agreement of DENISE DINO MURPHY, 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 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: 1/10/01


WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct

EXHIBIT A

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

-----X

IN THE MATTER : STATEMENT
OF : OF
DENISE DINO MURPHY, M.D. : CHARGES

-----X

DENISE DINO MURPHY, M.D., the Respondent, was authorized to practice medicine in New York State on October 12, 1994 by the issuance of license number 197423 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent, an anesthesiologist, provided anesthesia to Patient A during surgery performed at Park Ridge Hospital in Rochester, New York in July, 1999. Respondent's medical care of Patient A deviated from accepted standards of care in the following respects:

1. Respondent documented that Patient A received 10 mg of Percocet pre-operatively when in fact Respondent knew that Patient A had not received Percocet at that time.
2. Respondent diverted to her own use Percocet which had been falsely documented as having been given to Patient A.
3. Respondent documented that Patient A received 8 cc of Fentanyl, which if actually given in the quantity

and/or manner documented, failed to meet accepted standards. In the alternative, Respondent knew that a Patient A had not received some portion of the Fentanyl documented.

4. Respondent diverted to her own use some portion of the Fentanyl which had been allocated for Patient A's surgery.

B. Respondent provided anesthesia to Patient B during surgery performed at Park Ridge Hospital in Rochester, New York in July, 1999. Respondent's medical care of Patient B deviated from accepted standards of medical care in the following respects:

1. Respondent documented that Patient B received 10 mg of Percocet pre-operatively when in fact Respondent knew that Patient B had not received Percocet at that time.
2. Respondent diverted to her own use Percocet which had been falsely documented as having been given to Patient B.
3. Respondent documented that Patient B received 8 cc of Fentanyl during surgery, which if actually given in the quantity and/or manner documented, failed to meet accepted standards. In the alternative, Respondent knew that Patient B had not received some portion of the Fentanyl documented.
4. Respondent administered 60 mg IV of Toradol to

Patient B at approximately the time of the first incision during the 50 minute surgical procedure.

5. Respondent diverted to her own use some portion of the Fentanyl which had been allocated for Patient B's surgery.

C. Respondent provided anesthesia to Patient C during surgery performed at Park Ridge Hospital in Rochester, New York in July, 1999. Respondent's medical care of Patient C deviated from accepted standards of medical care in the following respects:

1. Respondent documented that Patient C received 10 mg. of Percocet pre-operatively, when in fact Respondent knew that Patient C had not received Percocet at that time.
2. Respondent diverted to her own use Percocet which had been falsely documented as having been given to Patient C.
3. Respondent documented that Patient C received 12 cc's of Fentanyl during surgery, which if actually given in the quantity and/or manner documented, failed to meet accepted standards. In the alternative, Respondent knew that Patient C had not received some portion of the Fentanyl documented.
4. Respondent documented that Patient C received 14 mg. of Morphine during the final 45 minutes of surgery, which if actually given to Patient C was not

medically justified, or in the alternative, if not given to the patient was fraudulently diverted by Respondent for her own use.

5. Respondent diverted to her own use some portion of the Fentanyl which had been allocated for Patient C's surgery.

D. Respondent provided anesthesia during surgery at Park Ridge Hospital in Rochester, New York in July, 1999.

Respondent's medical care of Patient D deviated from accepted standards of care in the following respects:

1. Respondent documented that Patient D received 10 mg. of Percocet pre-operatively, when in fact Respondent knew that Patient D had not received Percocet at that time.
2. Respondent diverted for her own use Percocet which had been falsely documented as having been given to the patient.
3. Respondent documented that Patient D received 8 cc's of Fentanyl during surgery in addition to an ankle block, which if actually given in the quantity and/or manner documented, failed to meet accepted standards. In the alternative, Respondent knew that Patient D had not received some portion of the Fentanyl documented.
4. Respondent diverted to her own use some portion of the Fentanyl which had been allocated for Patient

D's surgery.

E. Respondent provided anesthesia to Patient E during a surgery performed at the Park Ridge Hospital in Rochester, New York in July, 1999. Respondent's medical care of Patient E deviated from accepted standards of care in the following respects:

1. Respondent documented that Patient E received 10 mg. of Percocet pre-operatively, when in fact Respondent knew that Patient E had not received Percocet at that time.
2. Respondent diverted to her own use Percocet which had been falsely documented as having been given to Patient E.
3. Respondent documented that Patient E received 8 cc's of Fentanyl during surgery, which if actually given in the quantity and/or manner documented, failed to meet accepted standards. In the alternative, Respondent knew that Patient E had not received some portion of the Fentanyl documented.
4. Respondent diverted to her own use some portion of the Fentanyl which had been allocated for Patient E's surgery.

F. Respondent provided anesthesia to Patient F during surgery performed at Park Ridge Hospital in Rochester, New York in July, 1999. Respondent's medical care of Patient F deviated from accepted standards of care in the following respects:

1. Respondent documented that Patient F received 10 mg. of Percocet pre-operatively, when in fact Respondent knew that Patient F had not received Percocet at that time.
2. Respondent diverted to her own use Percocet which had been falsely documented as having been given to Patient F.
3. Respondent documented that Patient F received 8 cc's of Fentanyl during surgery, which if actually given in the quantity and/or manner documented, failed to meet accepted standards. In the alternative, Respondent knew that Patient F had not received some portion of the Fentanyl documented.
4. Respondent diverted to her own use some portion of the Fentanyl which had been allocated for Patient F's surgery.

G. Respondent provided anesthesia to Patient G during surgery performed at Park Ridge Hospital in Rochester, New York in July, 1999. Respondent's medical care of Patient G deviated from accepted standards of medical care in the following respects:

1. Respondent documented that Patient G received 10 mg. of Percocet pre-operatively, when in fact Respondent knew that Patient G had not received Percocet at that time.
2. Respondent diverted to her own use Percocet which had been falsely documented as having been given to Patient G.
3. Respondent documented that Patient G received 8 cc's of Fentanyl during surgery, which if actually given in the quantity and/or manner documented, failed to meet accepted standards. In the alternative, Respondent knew that Patient G had not received some portion of the Fentanyl documented.
4. Respondent diverted to her own use some portion of the Fentanyl which had allocated for Patient G's surgery.
5. Respondent documented that Patient G received 10 mg of Morphine during surgery which if given, was not medically indicated or in the alternative, if not given to the patient, was fraudulently diverted by Respondent for her own use.

H. Respondent provided anesthesia to Patient H during surgery performed at Park Ridge Hospital in Rochester, New York in August, 1999. Respondent's medical care of Patient H deviated from accepted standards of medical care in the following respects:

1. Respondent documented that Patient H received 10 mg. of Percocet pre-operatively, when in fact Respondent knew that Patient H had not received Percocet at that time.
2. Respondent diverted to her own use Percocet which had been falsely documented as having been given to Patient H.
3. Respondent documented that Patient H received 8 cc's of Fentanyl during surgery, which if actually given in the quantity and/or manner documented, failed to meet accepted standards. In the alternative, Respondent knew that Patient H had not received some portion of the Fentanyl documented.
4. Respondent diverted to her own use some portion of the Fentanyl which had been allocated for Patient H's surgery.

I. At various times, during the period from approximately March, 1999 through September, 1999 Respondent obtained Morphine from Park Ridge Hospital in Rochester, New York which she diverted to her own use in circumstances in which she falsely documented that the diverted morphine had been given to patients or had been disposed of as waste following surgical procedures.

J. At various times during the period from approximately March, 1999 through September, 1999, Respondent obtained Fentanyl from Park Ridge Hospital in Rochester, New York which she diverted to her own use in circumstances in which she

falsely documented that the diverted Fentanyl had been given to patients or had been disposed of as waste following surgical procedures.

SPECIFICATIONS

FIRST THROUGH TWENTIETH SPECIFICATIONS

FRAUDULENT PRACTICE

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(2) by reason of her practicing the profession fraudulently, in that Petitioner charges:

1. The facts set forth in paragraphs A and A.1 and/or A and A.2.
2. The facts set forth in paragraphs A and A.3 and/or A and A.4.
3. The facts set forth in paragraphs B and B.1 and/or B and B.2.
4. The facts set forth in paragraphs B and B.3 and/or B and B.5.
5. The facts set forth in paragraphs C and C.1 and/or C and C.2.
6. The facts set forth in paragraphs C and C.3 and/or C and C.5.
7. The facts set forth in paragraphs C and C.4.
8. The facts set forth in paragraphs D and D.1 and/or D and D.2.
9. The facts set forth in paragraphs D and D.3 and/or D and D.4.

10. The facts set forth in paragraphs E and E.1 and/or E and E.2.
11. The facts set forth in paragraphs E and E.3 and/or E and E.4.
12. The facts set forth in paragraphs F and F.1. and/or F and F.2.
13. The facts set forth in paragraphs F and F.3 and/or F and F.4.
14. The facts set forth in paragraphs G and G.1 and/or G and G.2.
15. The facts set forth in paragraphs G and G.3 and/or G and G.4.
16. The facts set forth in paragraphs G and G.5.
17. The facts set forth in paragraphs H and H.1 and/or H and H.2.
18. The facts set forth in paragraphs H and H.3 and/or H and H.4.
19. The facts set forth in paragraphs I.
20. The facts set forth in paragraphs J.

TWENTY-FIRST THROUGH FORTIETH SPECIFICATIONS

VIOLATION OF ARTICLE 33 OF THE PUBLIC HEALTH
LAW, SECTIONS 80.51, 80.61 AND 80.65 OF
TITLE TEN OF THE NEW YORK CODE OF RULES AND REGULATIONS

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(16) by reason of her willful or grossly negligent failure to comply with substantial provisions of

State laws, rules and regulations governing the practice of medicine, specifically Article 33 of the Public Health Law and sections 80.51, 80.61 and 80.65, among others, of Title 10 of the New York Code of Rules and Regulations, in that Petitioner charges:

21. The facts set forth in paragraphs A and A.1 and/or A and A.2.
22. The facts set forth in paragraphs A and A.3 and/or A and A.4.
23. The facts set forth in paragraphs B and B.1 and/or B and B.2.
24. The facts set forth in paragraphs B and B.3 and/or B and B.5.
25. The facts set forth in paragraphs C and C.1 and/or C and C.2.
26. The facts set forth in paragraphs C and C.3 and/or C and C.5.
27. The facts set forth in paragraphs C and C.4.
28. The facts set forth in paragraphs D and D.1 and/or D and D.2.
29. The facts set forth in paragraphs D and D.3 and/or D and D.4.
30. The facts set forth in paragraphs E and E.1 and/or E and E.2.
31. The facts set forth in paragraphs E and E.3 and/or E and E.4.
32. The facts set forth in paragraphs F and F.1. and/or F and F.2.

33. The facts set forth in paragraphs F and F.3 and/or F and F.4.
34. The facts set forth in paragraphs G and G.1 and/or G and G.2.
35. The facts set forth in paragraphs G and G.3 and/or G and G.4.
36. The facts set forth in paragraphs G and G.5.
37. The facts set forth in paragraphs H and H.1 and/or H and H.2.
38. The facts set forth in paragraphs H and H.3 and/or H and H.4.
39. The facts set forth in paragraphs I.
40. The facts set forth in paragraphs J.

FORTY-FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(3) by reason of her practicing the profession of medicine with negligence on more than one occasion, in that Petitioner charges two or more of the following:

41. The facts set forth in paragraphs A and A.3 and/or B and B.3, and/or C and B.4, C and C.3, and/or C and C.4, D and D.3, and/or E and E.3, and/or F and F.2, and/or G and G.3, and/or G and G.5, and/or H and H.3.

FORTY-SECOND SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(5) by reason of her practicing the profession of medicine with incompetence on more than one occasion, in that Petitioner charges two or more of the following:

42. The facts set forth in paragraphs A and A.3 and/or B and B.3, and/or C and B.4, C and C.3, and/or C and C.4, D and D.3, and/or E and E.3, and/or F and F.2, and/or G and G.3, and/or G and G.5, and/or H and H.3.

DATED: *January 5*, 2001
Albany, New York

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

EXHIBIT "B"

1. The suspension of Respondent's license shall be terminated only upon a showing to the satisfaction of a Committee on Professional Conduct of the State Board for Professional Medical Conduct (henceforth "Committee") that she has successfully complied with or completed a course of therapy and ongoing evaluation, which successful compliance or completion must include a determination by said Committee that she is no longer incapacitated for the practice as a Physician and that she is both fit and clinically competent to practice as a Physician. Respondent shall provide to the Office of Professional Medical Conduct a proposed treatment plan, for advice as to whether it is generally appropriate, but the determination of successful compliance with or completion of the course of therapy shall be made solely by the Committee, and shall include, but not be limited to, a determination that Respondent is no longer incapacitated for the active practice as a Physician.

2. Upon Respondent's request, but after the passage of the minimum period of suspension, a meeting of a Committee shall be convened for the purpose of hearing and evaluating Respondent's showing referred to in paragraph 1. The Board will make reasonable attempts to convene a Committee not later than 90 days after Respondent's request, which shall not be deemed to have been perfected until receipt, by the Director of the Office of Professional Medical Conduct, of all that is required to be provided by Respondent pursuant to the Conditions imposed upon her and pursuant to paragraph 3 below. The procedural nature of said proceeding shall be determined by the State Board for Professional Medical Conduct through the discretion of the Director of the Office of Professional Medical Conduct upon consultation with Counsel, Bureau of Professional Medical Conduct. Proceedings before said Committee shall *not* be in the nature of a *hearing* pursuant to New York Public Health Law §230, but shall instead be informal and intended only for the purpose of addressing any and all facts, evidence, information, circumstances, or issues which do or may relate to the advisability of terminating the suspension of Respondent's license. The Committee shall be given access to evidence including, but not limited to:

- a. Any and all evidence pertaining to Respondent's compliance with the Conditions imposed.
- b. Any evidence which the Director of the Office of Professional Medical Conduct or Counsel, Bureau of Professional Medical Conduct deems appropriate.

3. At the time that Respondent requests that a meeting of a Committee be scheduled, pursuant to paragraph 2, she shall provide the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299, with the following:

- a. The signed acknowledgment and curriculum vitae from the proposed sobriety monitor referred to in paragraph 5c.
- b. The signed acknowledgment and curriculum vitae from the proposed supervising physician referred to in paragraph 5d.
- c. The signed acknowledgment and curriculum vitae from the proposed health care professional referred to in paragraph 5e.
- d. Certified true and complete copies of all evaluation and treatment records relating to Respondent's substance abuse/dependence, psychological, psychiatric and/or mental health treatment whether in an in-patient, out-patient, after-care or consultation setting. These certified records shall be forwarded directly to OPMC from all treatment providers/facilities/evaluators. These records shall reflect any treatment and evaluation provided whether said treatment and evaluation occurred prior to or during the time this suspension is in effect. Such records shall include documentation of the results of all tests conducted to evaluate Respondent's fitness and clinical competence to practice medicine.
- e. Documentation of Respondent's participation in the program(s) of the Committee for Physicians' Health of the Medical Society of the State of New York or other equivalent program(s). Documentation shall include but not be limited to verification of compliance and results of forensically valid alcohol/drug screening.
- f. Fully executed waivers of patient confidentiality concerning any previous and prospective treatment records.
- g. A current, independent, in-depth chemical dependency and psychiatric evaluation by a board-certified psychiatrist specializing in addiction medicine.
- h. Upon request of the Director of OPMC, Respondent shall attend, participate in and cooperate with an interview with designated personnel from the OPMC.

Provision of the aforesaid documents will not, alone, constitute a showing that Respondent is no longer incapacitated for active practice as a Physician.

4. At least fourteen (14) days prior to the scheduled date of the proceeding referred to in paragraph 2, Respondent shall provide OPMC with the following:

- a. Certified true and complete copies of records updating treatment and alcohol/drug screening since the date of the original submissions referred to in paragraph 3d.
- c. Evidence that Respondent has maintained adequate knowledge and competence to practice as a physician. Such evidence shall include documentation of continuing medical education and, if so requested by the Director of OPMC, a report of an independent evaluation of Respondent's medical knowledge and competence.

Submission of the aforesaid evidence shall not, alone, constitute a showing that Respondent is no longer incapacitated for active practice as a Physician.

5. If the Chairperson of the Committee issues an order (Order) finding that Respondent has successfully completed the prescribed course of treatment and has regained fitness and competence to practice medicine, and therefore terminating the suspension of Respondent's license, the Order shall further impose a period of probation, pursuant to New York Public Health Law §230-a, during which her practice as a Physician shall be subject to conditions imposed. Respondent's practice shall be subject to such conditions for a period of no less than five years. The minimum conditions shall include the following:

- a. Respondent shall be required to comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with her illness.
- b. At the direction of the Director of OPMC, Respondent shall submit to periodic interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding Respondent's condition and her fitness or incapacity to practice as a Physician.
- c. Respondent's sobriety will be monitored by a health care professional proposed by Respondent and approved in writing by the Director of OPMC. Said monitor shall not be a personal friend. Said monitor shall be familiar with Respondent's history of chemical dependence, with this suspension and with the terms of probation to be set forth. Said sobriety monitor shall acknowledge his/her willingness to comply with the monitoring by executing the acknowledgment provided by OPMC.

- i. Said monitor shall see Respondent at least twice during each month.
 - ii. Said monitor shall direct Respondent to submit to unannounced tests of her blood, breath and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is positive or is refused by Respondent.
 - iii. Said monitor shall report to OPMC any noncompliance with the imposed conditions.
 - iv. Respondent shall ensure that said monitor submits to OPMC quarterly reports certifying Respondent's compliance or detailing Respondent's failure to comply with each of the conditions imposed. The reports shall include the results of all body fluid and/or breath tests for drugs and/or alcohol performed during that quarter.
- d. Respondent shall be supervised in her medical practice by a licensed physician, proposed by her and approved in writing by the Director of OPMC, in accordance with the conditions contained in or annexed to the Order. Said supervising physician shall be familiar with Respondent's history of impairment and with the Order and its conditions. Said supervising physician shall supervise Respondent's compliance with the conditions of practice imposed by the Order. Said supervising physician shall be in a position regularly to observe and assess Respondent's medical practice. Said supervising physician shall acknowledge his/her willingness to comply with the supervision by executing the acknowledgment provided by OPMC.
- i. Respondent shall ensure that said supervising physician submits to OPMC quarterly reports regarding the quality of Respondent's medical practice, any unexplained absences from work and certifying her compliance or detailing her failure to comply with each condition imposed.
 - ii. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.

- e. Respondent shall continue in treatment with a health care professional, proposed by Respondent and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.
 - i. Respondent shall ensure that said treating health care professional or program submits to OPMC quarterly reports certifying that Respondent is complying with the treatment.
 - ii. Said treating health care professional shall report to OPMC immediately if Respondent is noncompliant with treatment plan or demonstrates any significant pattern of absences.
 - iii. Said treating health care professional shall acknowledge his/her willingness to comply with the above-mentioned reporting by executing the acknowledgment provided by OPMC.

6. The terms set out in paragraph 5 shall be the minimum probation terms, related to Respondent's fitness to practice, to be imposed on her practice upon terminating the suspension of her license, and that other terms may be added by the Committee, and that the costs of complying with all such terms will be Respondent's responsibility. Any failure by Respondent to comply with the conditions imposed upon her practice at the time of suspension termination, may result in disciplinary action being brought against her charging professional misconduct as defined by the New York State Education Law, including but not limited to N.Y. Education Law Section 6530(29).

7. Upon any denial of Respondent's petition for suspension termination made by the Committee, Respondent shall not again request convening a Committee until a minimum period of nine months has elapsed since such denial.

8. In addition to the terms set out in paragraph 5 and any other terms added by the Committee upon the termination of Respondent's license suspension, she shall also be subject to the following standard terms of probation:

- a. Respondent shall conduct herself in all ways in a manner befitting her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by the profession of medicine.
- b. Respondent shall submit written notification of all sites of employment and/or medical practice to the New York State Department of Health addressed to

the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.

- c. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. She shall personally meet with a person designated by the Director of OPMC as requested by the Director.
- d. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is 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 section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
- e. Any period of probation shall be tolled during periods in which Respondent is not engaged in the active practice as a Physician in New York State. Respondent shall notify the Director of OPMC, in writing, if she is not currently engaged in or intends to leave the active practice as a Physician in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State. The tolling provision set forth in this paragraph may be waived by the Director of OPMC, in the Director's discretion.
- f. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and her staff at practice locations or OPMC offices.
- g. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.

- h. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.