



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

**PUBLIC**

July 9, 2003

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Rebecca Lee Carley, M.D.  
9 Sutherland Road  
Hicksville, New York 11801

Denise Lepicier, Esq.  
NYS Department of Health  
5 Penn Plaza – 6<sup>th</sup> Floor  
New York, New York 10001

**RE: In the Matter of Rebecca Lee Roczen, M.D.  
a/k/a Rebecca Lee Carley, M.D.**

Dear Parties:

Enclosed please find the Determination and Order (No. 03-179) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the 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.

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), "the 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.

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.

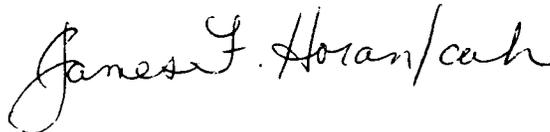
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge  
New York State Department of Health  
Bureau of Adjudication  
Hedley Park Place  
433 River Street, Fifth Floor  
Troy, New York 12180

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.

Sincerely,

A handwritten signature in cursive script that reads "James F. Horan/cah". The signature is written in dark ink and is positioned above the typed name of the signatory.

James F. Horan, Acting Director  
Bureau of Adjudication

JFH:cah  
Enclosure

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

**IN THE MATTER  
OF  
REBECCA LEE ROCZEN, M.D.  
a/k/a REBECCA LEE CARLEY, M.D.**

**DETERMINATION  
AND  
ORDER**

BPMC #03-179

**COPY**

**PATRICK F. CARONE, M.D.**, Chairperson, **RONALD A. GABEL, M.D.**, and **MS. CAROLYN C. SNIPE**, duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter pursuant to § 230(10)(e) of the Public Health Law ["PHL"]. **DENNIS T. BERNSTEIN, ESQ., ADMINISTRATIVE LAW JUDGE**, served as Administrative Officer for the Hearing Committee.

After consideration of the entire record, the Hearing Committee submits this determination.

**STATEMENT OF CHARGES**

The Statement of Charges charges the Respondent with professional misconduct by practicing the profession of medicine while impaired by mental disability (one specification), and with having a psychiatric condition which impairs the licensee's ability to practice medicine (one specification).

The charges are more specifically set forth in the Statement of Charges, a copy of which is attached to this Determination and Order as Appendix I.

## SUMMARY OF PROCEEDINGS

Notice of Hearing and Statement of Charges Dated:	May 16, 2002
Date of Service of Notice of Hearing and Statement of Charges:	May 28, 2002
Answer to Charges Dated:	June 28, 2002
Prehearing Conference Dates:	June 27, 2002 July 8, 2002
Intrahearing Conference Date:	December 20, 2002
Hearing Dates:	July 11, 2002 July 30, 2002 August 9, 2002 September 24, 2002 October 3, 2002 October 10, 2002 November 4, 2002 November 20, 2002 January 2, 2003 January 28, 2003 <sup>1</sup>
Deliberation Date:	March 9, 2003 <sup>2</sup>
Place of Hearing:	NYS Department of Health 5 Penn Plaza, 6 <sup>th</sup> Floor New York, New York
Petitioner Appeared By:	Denise Lepicier, Esq. Associate Counsel NYS Department of Health, Bureau of Professional Medical Conduct

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<sup>1</sup> On October 3, 2002 the parties waived the requirement set forth in PHL § 230(10)(f) that the last hearing day must be held within 120 days of the first hearing day (Hearing Transcript pp. 912-915).

<sup>2</sup> The Hearing Committee was unable to meet on February 18, 2003, the original date scheduled for deliberations, due to a severe snowstorm. Therefore, the deliberation date was rescheduled for March 9, 2003.

Respondent Appeared By:

Rebecca Lee Carley, M.D.  
Respondent *Pro Se*  
9 Sutherland Road  
Hicksville, N.Y. 11801

**WITNESSES**

For the Petitioner:

Rebecca Lee Carley, M.D.  
Zev Labins, M.D.  
P.O. Peter Ellison  
Dianne Deachan, Ph.D.

For the Respondent:

Lyn D. Weiss, M.D.  
Monty N. Weinstein, Psy.D.  
Rebecca Lee Carley, M.D.  
Arnold L. Gore

**FINDINGS OF FACT**

Numbers preceded by "Tr." in parenthesis refer to hearing transcript page numbers. Numbers or letters preceded by "Ex." in parenthesis refer to specific exhibits. These citations denote evidence that the Hearing Committee found persuasive in determining a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. All Hearing Committee findings were unanimous unless otherwise specified.

## FINDINGS AS TO THE RESPONDENT'S BACKGROUND

1. Rebecca Lee Roczen, M.D., a/k/a Rebecca Lee Carley, M.D. ["the Respondent"] was authorized to practice medicine in New York State on or about August 10, 1988 by the issuance of license number 175786 by the New York State Education Department (Ex. 2).
2. The Respondent graduated from medical school in 1987 and entered a residency program in general surgery at SUNY Downstate in Brooklyn, New York. The Respondent left this residency program after four years of training. She then enrolled in a physical medicine/rehabilitation residency program, which she also left prior to completion - after only two months. In addition, the Respondent has worked in a number of hospital-related positions, all of which she ultimately left because of general dissatisfaction with the staff and/or working conditions. (Tr. 17, 41-47, 226-228, 238-239, 243, 247-251, 254-258 and 282-288; Ex. 2; Ex. 6, pp. 1-3).
3. The Respondent considers herself a general practitioner in alternative medicine. More specifically, she specializes in vaccine-induced diseases. Her resume notes that her practice specialty is energy medicine. She believes that a great many diseases are caused by vaccinations and that she can "detox" or "reverse" the adverse effects of vaccinations. (Tr. 47-48 and 1846-1849; Ex. 6, p. 1).
4. The Respondent has a private office adjacent to her home, with an examining room. She takes medical histories of her patients, conducts physical examinations, and orders laboratory tests when she considers it necessary. She practices two to three days a week and has seen approximately 1,000 patients in the past four to five years, two-thirds of

whom are children. She is not affiliated with any hospital, and has not referred any of her patients for hospitalization. (Tr. 47-48 and 263-267).

5. The Respondent has been married twice and has a 3-year-old son from her second marriage. This child is currently in foster care as a result of a court order issued by Nassau County Family Court. The Respondent alleges that the child's father sexually abused the child and that the courts and other government agencies and officials are involved in a cover-up of the alleged sexual abuse. She believes that she is being denied custody of her son because the government is conspiring to stop her from practicing her form of medicine and from informing the public about the adverse consequences of vaccinations. (Tr. 114-115, 148-149, 182 and 363-364; Exs. 4 and 5).
6. The Respondent has a lengthy history of litigation. She has represented herself in many of the cases in which she has been involved. Among the reasons she gave for her *pro se* representation are that many attorneys who have represented her have not done so properly, and that she has been financially devastated by the various court proceedings and lacks the financial resources to hire a lawyer. (Tr. 182-196 and 200-201). Additionally, she has represented herself in the instant proceedings before the Hearing Committee.

#### **FINDINGS AS TO MENTAL DISABILITY AND/OR PSYCHIATRIC CONDITION**

7. Zev Labins, M.D., a board-certified psychiatrist retained by the Petitioner, examined the Respondent on three separate occasions. Dr. Labins found the Respondent to have a delusional disorder with the presence of narcissistic and borderline personality traits. He

testified that she has delusions of persecution and grandiosity and that she believes that she is being persecuted because she is special. (Tr. 351, 361 and 508-510; Ex. 9).

8. Dr. Labins also testified that the Respondent believes that her husband sodomized their son as part of a satanic ritual because she does not vaccinate and because she cures children with autism. Dr. Labins stated that the Respondent believes that her husband was fulfilling the government's role in performing anal penetration on their child and that this penetration sends a surge of energy to the child's brain resulting in the compartmentalization of the brain. Dr. Labins also stated that the Respondent believes that the government is interested in pursuing all persons who are opposed to vaccinating children, which is part of a global government plot in collusion with the drug industry. Finally, Dr. Labins testified that the Respondent was unable to consider any other basis for what she alleged happened to her child. (Tr. 571-576).
9. A delusional disorder occurs when someone has a fixed false belief without any other apparent symptoms that would otherwise be present in other illnesses, and, characteristically, the person's behavior does not appear odd or bizarre in any way other than in those behaviors that are derivative of the delusion. (Tr. 361).
10. The Respondent has both delusions of persecution and delusions of grandiosity, *i.e.*, the Respondent believes that she is being persecuted because she has a special ability to heal autism, attention deficit hyperactivity disorder, cancer and other autoimmune disorders. (Tr. 501 and 515-519).
11. The Respondent refers to herself as "Ghandi with breasts" as well as having been stripped to the bone and being able to save the world. The Respondent has a sense of knowing something that other people do not know. There is a messianic theme to her delusional

system. (Tr. 165-166, 361-363 and 559-560; Ex 5, pp. 17 and 22). The Respondent has even compared herself to Joan of Arc. (Ex 3B, p 4).

12. The Respondent believes that the Nassau County Department of Social Services, the Office of Professional Medical Conduct ["OPMC"], the judiciary, the pharmaceutical industry, and the legislature, are all colluding to persecute her as a result of her practice of alternative medicine. (Tr. 363-364 and 840-841).
13. Dianne Deachan, Ph.D., a psychologist, administered a battery of psychological tests to the Respondent at the request of Dr. Labins (Tr. 378 and 838-839).
14. Dr. Labins did not provide Dr. Deachan with any information about the Respondent other than that the Respondent was asked to undergo a series of psychological tests in the context of her evaluation under the aegis of the OPMC. Dr. Labins did not disclose background information because he wanted to allow Dr. Deachan to proceed independently and he did not wish to influence her evaluation. (Tr. 378-379 and 839).
15. Dr. Deachan made the following findings: that the Respondent has a rigid and restricted approach to her perception and interpretation of reality; that the Respondent's cognitive style makes it difficult for her to understand or empathize with any point of view that differs from her own, often bringing her into conflict with others; and, that strong emotion fuels a need to be right rigidifying the Respondent's perceptions and beliefs and making the Respondent combative in the face of resistance to her point of view. (Tr. 584-587 and 842-845).
16. The findings of Dr. Deachan are consistent with the findings of Dr. Labins. (Tr. 379).

17. The only information Dr. Deachan had about the Respondent was the information provided to her by the Respondent (Tr. 839-840). The Respondent told Dr. Deachan that the court had ruled against her in her custody case because she was opposed to childhood immunizations. She also told Dr. Deachan that she felt that the drug companies were threatened by her work and had influenced a judge in her custody matter. (Tr. 840-841).
18. Dr. Deachan administered a Rorschach Test, a Thematic Apperception Test ["TAT"], and the Minnesota Multiphasic Number II ["MMPI"] to Respondent (Tr. 841-842).
19. Dr. Deachan observed that the Respondent demonstrated "a defensive and resistant response pattern, an avoidance and simplification of the complexity of the stimulus world." Dr. Deachan stated that this personality style would be at odds with general expectations in the world, would be involved in confrontational situations, and would distort reality due to an overcommitment to individuality. Dr. Deachan also stated that the Respondent avoided emotional stimuli, suggesting psychological constriction and that there were indications that aggression was not consciously acknowledged or processed. In addition, she testified that the Respondent demonstrated a damaged self-image, with concerns about bodily personality intactness, narcissistic overestimation of personal worth, rationalization and externalization of self-doubt, strange reasoning with examples of faulty cause and effect relationships, and that she experiences her fears as reality-based, not internally generated. Furthermore, Dr. Deachan testified that although all clinical scales were within the normal range on the MMPI, there was an elevation on the psychopathic deviant scale, with endorsed behaviors in pleasure seeking, impulsivity, proneness to rule infraction and high risk behaviors. (Tr. 842-844).

20. While Dr. Deachan did not have enough information to make an Axis I diagnoses, on Axis II Dr. Deachan saw the Respondent as having a narcissistic personality disorder (Tr. 845).
21. P.O. Peter Ellison, a Nassau County police officer assigned to the Nassau County Department of Social Services, had observed the Respondent's behavior at the Nassau County Department of Social Services Offices in Mineola, New York ["the DSS Offices"] on various occasions (Tr. 772).
22. P.O. Ellison testified about an incident that occurred while the Respondent was visiting with her son on July 5, 2000 at the DSS Offices. He stated that the visit was abruptly ended and the Respondent was asked to leave the building when she violated a court order that prohibited her from discussing certain issues with her son. P.O. Ellison observed that when the Respondent was asked to leave the building, she became very agitated, belligerent, and that she started yelling. Furthermore, the Respondent told P.O. Ellison that he was part of a conspiracy and she warned him and his partner, P.O. Chen, that they "were both going to get" theirs. (Tr. 776-778).
23. P.O. Ellison testified about a second incident at the DSS Offices that occurred on August 2, 2000. During this incident the Respondent began screaming at P.O. Ellison that she was going to get that "fucking" Garber (Tr. 783). The Respondent was referring to Karen Garber, an assistant director of child services (Tr. 778).
24. Finally, P.O. Ellison testified about an incident that occurred on September 6, 2000 while the Respondent was visiting her son at the DSS Offices. During this visit the Respondent again violated the court order that prohibited her from discussing certain issues with her son. After the Respondent refused to stop talking about these issues, her visit was

terminated and she was escorted out of the building. As P.O. Ellison and his partner were escorting the Respondent out of the building, "she became very, very agitated, very hostile, and at one point she began to throw herself against a plate glass window." She screamed that P.O. Ellison was trying to kill her; threw herself against the plate glass window again; asked for someone to help her; and, claimed to have been pregnant. The Respondent was taken to Nassau County Medical Center by ambulance and was accompanied by P.O. Ellison and his partner. When they arrived at the hospital the Respondent continued to have outbursts of screaming, yelling, cursing P.O. Ellison, and threatening his children. She also told P.O. Ellison, in effect, that he should have anal sex with Karen Garber and have demon children. A short time later, after she had calmed down, the Respondent urinated and defecated on herself and told P.O. Ellison to clean it up. (Tr. 778-782, 804-812 and 821-822; Ex E).

25. Lyn D. Weiss, M.D., current Chairman and Program Director of Physical and Rehabilitation Medicine at Nassau University Medical Center, was the Respondent's program director in the rehabilitation residency program that the Respondent entered in July 1993 (Tr. 923-924, 926 and 947). Dr. Weiss testified about several events involving the Respondent that occurred while the Respondent was in this program.
26. Dr. Weiss stated that the Respondent took a two-month leave of absence after attending the program for only one month (Tr. 932-933).
27. Dr. Weiss also stated that while completing a written final evaluation for the Respondent she checked "no" in answering the question whether she believed the Respondent was emotionally stable. Dr. Weiss believed, back then, that the Respondent's behavior was erratic and that the Respondent was emotionally unstable. Dr. Weiss cited several

examples of the Respondent's behavior that led her to this belief. These examples include the following: the Respondent stated that she did not want to attend mandatory lectures because she did not feel they applied to her; the Respondent did not want to attend mandatory journal club; the Respondent wanted to pay someone else to cover her calls during the residency program; the Respondent wanted to come in late and leave early, at will; and, the Respondent also did not want to accept responsibility for more than one admission a day and argued with the attending physicians. (Tr. 931-932, 936-939 and 951-953).

28. Dr. Weiss believed that the Respondent was having emotional problems as a result of the Respondent's reported business problems and Dr. Weiss twice offered the Respondent psychiatric counseling (Tr. 941-943).
29. In addition, Dr. Weiss testified that the Respondent requested an extension of her leave of absence and, when her request was denied, the Respondent came back for a few days and then handed in her resignation (Tr. 945 and 957-958).
30. Finally, the Respondent's behavior before the Hearing Committee during the instant proceedings was frequently inappropriate and, at times, bizarre. For example, the Respondent repeatedly demonstrated either an unwillingness or an inability to focus on the central issues upon which the misconduct specifications were based. Throughout the proceedings, the Respondent failed to appreciate, understand, and follow the directions of the Administrative Law Judge. Her behavior often appeared to be belligerent or defiant. Furthermore, she accused the Hearing Committee of being part of the government's conspiracy to silence her regarding the adverse effects of vaccinations and her successful treatment of autism using alternative medicine techniques.

**FINDINGS AS TO IMPAIRMENT OF THE PRACTICE OF MEDICINE**  
**AND/OR ABILITY TO PRACTICE MEDICINE**

31. The Respondent's delusions interfere with her practice of medicine because inherent to her delusions is a rigidity of thinking which involves the need to integrate all information into her preformed belief system. This need is intrinsically incompatible with the safe and effective practice of medicine because medicine involves being able to continuously reevaluate an initial diagnosis and consider differential diagnoses. The process of diagnosis requires the suspension of conclusions pending the accumulation of data. The Respondent believes that she already knows the answers before she begins to gather data. The Respondent believes that she is right, that she has special knowledge, and that her purpose on earth is to save others. (Tr. 364-365, 513-514, 521-528 and 587-588).
32. Derivative of the Respondent's sense that she has special knowledge and that she is right is the notion that rules do not apply to her. This notion, at times, impairs her ability to maintain appropriate therapeutic boundaries in the physician-patient relationship. (Tr. 365-368).
33. Finally, the Respondent has a continuous persistent impairment, which, in itself, is sufficient to render her unsafe to practice medicine (Tr. 589-590). [2-1 vote].

## CONCLUSIONS OF LAW

The Hearing Committee makes the following conclusions, pursuant to the Findings of Fact listed above. All conclusions resulted from a unanimous vote of the Hearing Committee unless otherwise specified.

The Respondent did practice the profession while impaired by mental disability. The Petitioner has proved by a preponderance of the evidence that the Respondent practiced the profession of medicine while impaired by a mental disability. [2-1 vote].<sup>3</sup>

The Respondent does have a psychiatric condition which impairs the licensee's ability to practice. The Petitioner has proved by a preponderance of the evidence that the Respondent has a psychiatric condition which impairs the Respondent's ability to practice medicine. [2-1 vote].<sup>4</sup>

## DISCUSSION

In reaching its findings and its conclusions derived therefrom, the Hearing Committee conducted a thorough evaluation of the testimony of each of the witnesses who testified at the hearing and an extensive review of the documents admitted into evidence. With regard to the testimony presented, the witnesses were assessed according to their training, experience, credentials, demeanor and credibility. In its evaluation of the testimony of each witness, the Hearing Committee considered the possible bias or motive of the witness as well as

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<sup>3</sup> While the finding that the Respondent suffers from a mental disability was unanimous, the finding of impairment was not. Unlike the majority, the dissenting member of the Hearing Committee was not convinced that the mental disability impairs the Respondent's ability to practice medicine.

<sup>4</sup> See note 3, *supra*.

whether the testimony of the witness was supported or contradicted by other independent objective evidence.

### **Discussion of the Witnesses**

The Petitioner relies primarily upon the medical testimony of Zev Labins, M.D., and Dianne Deachan, Ph.D., and the factual testimony of P.O. Peter Ellison, in its efforts to establish its case against the Respondent. Dr. Labins testified about the psychiatric evaluation of the Respondent that he performed and the findings that he ultimately made. Dr. Deachan testified about the psychological tests that she administered to the Respondent and the findings that she made. On the other hand, P.O. Ellison testified about three separate incidents involving the Respondent. In addition, the Petitioner called the Respondent as a witness in support of its direct case.

Dr. Zev Labins was presented as an expert in the field of psychiatry. Dr. Labins is board-certified in psychiatry. He is also a Fellow of the American Academy of Psychoanalysis and a Fellow of the American Psychiatric Association. (Ex. 9).

Dr. Labins went to medical school at Université de Rouen, France, where he received his M.D. degree. He completed an internship and a residency in psychiatry at Rouen Psychiatric Center, France (1979-1981). He continued his post-graduate training at Maimonides Medical Center, Brooklyn, N.Y. (1981-1982) and at Roosevelt Hospital, New York, N.Y., where he served as a resident and chief resident in psychiatry (1982-1985). He also received psychoanalytic training at William Alanson White Institute, New York, N.Y. (1985-1990) and received a Certificate in Psychoanalysis. (Ex. 9).

Dr. Labins has been engaged in the private practice of psychiatry since 1985. He has had academic appointments in the area of psychiatry at various institutions including Columbia University, College of Physicians and Surgeons, New York, N.Y.; Albert Einstein College of Medicine, Bronx, N.Y.; Psychoanalytic Psychotherapy Study Center, New York, N.Y.; and, William Alanson White Institute of Psychiatry, Psychoanalysis and Psychology, New York, N.Y. He has also served as Chief Psychiatrist of the Center for Psychological Services at Columbia University, New York, N.Y., and, as an attending psychiatrist, staff psychiatrist, and Clinical Director of Community Support Services for Psychiatry at St. Luke's-Roosevelt Hospital, New York, N.Y. In addition, Dr. Labins has an impressive list of professional organizations that he belongs to, committees that he has served on, and presentations that he gave. (Ex. 9).

The Hearing Committee found Dr. Labins to be a very convincing and highly credible witness. He was straightforward, non-evasive, extremely knowledgeable and his testimony was balanced and unbiased. His credentials were quite impressive and he demonstrated a far-reaching command of the field of psychiatry.

Following the testimony of Dr. Labins, the Petitioner presented P.O. Peter Ellison, a Nassau County police officer. P.O. Ellison has been a Nassau County police officer for ten years and is currently assigned to the Nassau County Department of Social Services. (Tr. 772). The Hearing Committee found P.O. Ellison to be honest, sincere, straightforward, non-evasive and without a motive to lie. The Hearing Committee believed him and found his testimony credible.

The final witness presented by the Petitioner was Dr. Dianne Deachan, a psychologist with a doctorate in clinical psychology. Dr. Deachan received a Ph.D. in clinical

psychology from Adelphi University and a Master's in Social Work from Columbia University. She was also in a post-doctoral training program in psychoanalysis and psychotherapy at New York University, which she expected to complete in May of 2003. (Tr. 838).

Dr. Deachan had been previously employed at Columbia-Presbyterian Hospital, where she supervised doctoral level students in psychological assessment in psychotherapy. She is currently in private practice. In addition, she is an adjunct clinical professor at Adelphi University and supervises doctoral level students in psychotherapy and psychological assessment. (Tr. 839).

The Hearing Committee found Dr. Deachan to be a highly qualified psychologist with an impressive background. She was straightforward, non-evasive and her testimony was balanced and unbiased. In addition, she appeared honest, sincere and without a motive to lie. The Hearing Committee found her to be a very credible witness.

The Respondent's case relies primarily on the medical testimony of Monty N. Weinstein, Psy.D., and the factual testimony of Lyn D. Weiss, M.D., Arnold L. Gore and the Respondent.

Dr. Lyn D. Weiss, the Respondent's first witness, is the current Chairman and Program Director of Physical and Rehabilitation Medicine at Nassau University Medical Center. She was also the Respondent's program director in the rehabilitation residency program that the Respondent entered in July 1993. (See finding 25, *supra*).

Dr. Weiss was called as a witness by the Respondent for the purpose of impeaching certain evidence that was brought out during the Petitioner's direct case. However, instead of supporting the Respondent's version of certain events that occurred while the Respondent participated in the rehabilitation residency program, Dr. Weiss' testimony, in effect,

supported the findings of Dr. Labins and Dr. Deachan. (See findings 26 through 29, *supra*).

The Hearing Committee found Dr. Weiss to be a credible witness with a good background. She was straightforward, non-evasive and did not appear to have a motive to lie.

Following the testimony of Dr. Weiss, the Respondent presented Dr. Monty N. Weinstein. While Dr. Weinstein was presented as an expert and permitted to state his opinion as to various medical issues upon which the current charges are based, it is questionable whether the opinions he expressed were within the scope of his expertise.

Dr. Weinstein has a lengthy educational background. He has received several postgraduate degrees, including an M.S. in counseling in psychology from St. John's University, an M.P.A. from New York University, and a Psy.D. from Heed University. He has also attended various continuing education programs held at Ackerman Institute of Marriage and Family Therapy, Harvard Department of Psychiatry, Cambridge Institute, and Harvard Medical School. (Tr. 1034-1043; Ex. A14).

Although Dr. Weinstein has a diverse professional background, the core of his practice is family therapy (Tr. 1082). He holds several licenses from different states, including a Florida license for Family Therapy and Psychotherapy, a Georgia license for Marriage and Family Therapy, and a North Carolina license for Marriage and Family Therapy. (Tr. 987-988 and 1070-1071; Ex. A14). In addition, Dr. Weinstein has been affiliated with various institutions and organizations, belongs to numerous professional associations, and has extensive experience in testifying before various courts and other forums. (Ex. A14).

Dr. Weinstein is currently employed by Family Therapy Institute, Inc., Roswell, Georgia ["the Institute"], where he serves as Director. In addition, several attorneys, paralegals and physicians are affiliated with the Institute. The Institute provides a multidisciplinary

comprehensive approach to family therapy. (Tr. 992 and 1068-1069; Ex. A14).

Dr. Weinstein also spends a substantial portion of his time traveling around the country and testifying as a professional witness (Tr. 996, 1023-1028, 1082 and 1215; Ex. A14). He has been qualified as an expert in the area of family therapy, family psychology, parental alienation, and the deliverance of mental health services (Tr. 992-993).

The Hearing Committee was not impressed with Dr. Weinstein's testimony and had various concerns about his credibility. The information listed in his *Curriculum Vitae* appears embellished and, at times, misleading. For example, while describing his education Dr. Weinstein lists "1996-2001: 200 hours-Advanced training-Harvard Department of Psychiatry-Cambridge Institute, Harvard Medical School." (Ex. A14). The implication is that he participated in a regular academic program at Harvard. However, it was revealed that the programs he attended at Harvard were only Continuing Education courses (Tr. 1041-1043).

Additionally, the Hearing Committee has questions about the Doctor of Psychology degree that Dr. Weinstein received at Heed University, which is chartered in Wisconsin and the Virgin Islands (Ex. A14). First, it is unclear whether Heed University was accredited by any of the higher educational accrediting bodies (Tr. 1043-1044). Secondly, it appears that Dr. Weinstein obtained his doctorate degree by merely completing six independent projects in family therapy and by undergoing psychoanalysis (Tr. 1044-1045; Ex. A14).

While Dr. Weinstein may be an expert in the area of family therapy, the Hearing Committee believes that he lacks the requisite expertise to provide an expert opinion as to whether the Respondent suffers from a mental disability and/or psychiatric illness. Dr. Weinstein doesn't have a New York State license to practice psychology. Moreover, although he has practiced in the New York area, he is not licensed in any discipline in New York State. (Tr.

1050-1051; Ex. A14).

Furthermore, there has been no convincing evidence presented to the Hearing Committee that Dr. Weinstein ever performed a full formal psychological evaluation of the Respondent. Nevertheless, in 1999 the Respondent engaged Dr. Weinstein to evaluate her for the following purposes: to determine whether she would benefit from family therapy; to help her gain accessibility to her child; and, to render an opinion as an expert in the field of family therapy that would be submitted to the Nassau County Family Court. (Tr. 1360-1363). However, the evaluation that was ultimately performed by Dr. Weinstein for the limited purposes for which he was engaged did not constitute a comprehensive psychological evaluation of the Respondent.

In addition, the Hearing Committee observed that Dr. Weinstein was evasive, argumentative and offered minimal factual evidence. He was a difficult witness to pin down and he frequently avoided questions that he didn't want to answer. For example, when asked to comment about the Respondent's behavior during his testimony, he attempted to avoid the question by asserting the misplaced claim that it would be unethical for him to give an opinion of the Respondent's behavior during the hearing. After this claim was rejected by the Administrative Law Judge and he was directed to answer the question, he reluctantly stated that there were times that the Respondent was not focused on the issue, was anxious, and not functioning to her full capabilities. (Tr. 1375-1378). Another example occurred while he was being questioned about the Institute. More specifically, he refused to disclose the corporate structure of the Institute by invoking his right against self-incrimination under the Fifth Amendment. (Tr. 1089-1090).

After the completion of the testimony of Dr. Weinstein, the Respondent presented Arnold L. Gore. Mr. Gore, who had previously been a supervisor with the New York City Department of Social Services, is a consumer advocate for the promotion of consumer health alternatives (Tr. 1492-1493 and 1542).

The Hearing Committee found that although Mr. Gore sincerely believes in the merits of alternative medicine, he is unqualified to evaluate the Respondent's state of mental health and her ability to practice medicine (Tr. 1533-1534). His testimony was mostly irrelevant to the issues which are the subject of this hearing and of limited value, at best, to the Hearing Committee.

The final and most important witness to testify in support of the Respondent's case, was the Respondent herself. The Respondent is a general practitioner in alternative medicine, specializing in vaccine-induced diseases. She practices two to three days a week out of a private office adjacent to her home. (See findings 3 and 4, *supra*).

The Respondent was not a credible witness. The Hearing Committee found that her testimony was self-serving, frequently confusing and often evasive. She repeatedly demonstrated either an unwillingness or an inability 1) to focus on the issues which are the subject of this hearing, and, 2) to follow the directions of the Administrative Law Judge. For example, throughout the hearing the Respondent was repeatedly admonished by the Administrative Law Judge that she would not be permitted to relitigate the child custody case in Nassau County Family Court that had been decided against her. Although the admonitions were clear and precise, they were continuously ignored by the Respondent throughout the course of the entire hearing.

Additionally, the Respondent's behavior throughout the hearing was troubling. More specifically, her behavior was erratic and accompanied by frequent outbursts. It often exceeded permissible boundaries. She was argumentative and frequently made inappropriate accusations against the various witnesses who testified against her, the attorney for the Petitioner, the Administrative Law Judge, and the members of the Hearing Committee. At times it seemed that she was unable to control her behavior.

Finally, the Hearing Committee has serious concerns about the Respondent's veracity. On numerous occasions the Respondent would recharacterize the previous testimony of a witness in order to conform such testimony to her own particular view of the facts. In addition, when confronted with an inconsistent statement that she had previously made, she would often change her testimony in order to be consistent with the prior statement. The Respondent also had a tendency to selectively use facts. While facts in support of her particular point of view are included in her testimony, facts that tend to disprove her point of view are routinely omitted.

#### **Discussion of the Practice of Alternative Medicine**

The Hearing Committee is aware that the Respondent's medical practice is limited to alternative medicine. The Hearing Committee also recognizes the existence of the current debate within the medical community over issues concerning the practice of alternative medicine. However, the Hearing Committee understands that it is not its role to resolve this medical debate, but rather to answer the questions raised in the Statement of Charges. Consequently, the Hearing Committee confined itself to the resolution of the questions raised in the Statement of Charges and it did not allow the fact that the Respondent practices alternative medicine enter into its deliberations or influence its determinations.

## **Discussion of the Charges**

At the outset of this discussion, the Hearing Committee wishes to explain its understanding and use of the term “mental disability”, which appears in Factual Allegations A and A1 and in the First Specification of the Statement of Charges. The Hearing Committee has broadly interpreted this term to include “psychiatric illness”. Consequently, a finding of “psychiatric illness” falls within the definition of “mental disability” as used by the Hearing Committee.

While the Hearing Committee unanimously believes that the Respondent has suffered and continues to suffer from a mental disability, only a majority of the Hearing Committee is convinced that this mental disability has impaired and continues to impair the Respondent’s ability to practice medicine. The dissenting member of the Hearing Committee believes that the Petitioner has failed to prove by a preponderance of the evidence that the Respondent’s mental disability actually impairs her ability to practice medicine.

The majority view is that the Respondent’s impairment involves a rigidity of thinking that does not permit her to approach problems and/or situations with an open mind. The majority believes that this rigid thinking extends into her professional life and renders her incapable of exercising the open-minded judgment required to evaluate and diagnose medical disorders and to arrive at appropriate conclusions regarding optimal therapy.

Finally, the three members of the Hearing Committee unanimously agree that the Respondent's behavior and testimony during the hearing support the diagnosis of delusional disorder with grandiosity and suggest that the Respondent approaches patient care with a rigidly pre-defined concept and that she discounts environmental evidence that is inconsistent with her rigid beliefs.

**VOTE OF THE HEARING COMMITTEE**

**(All votes were unanimous unless otherwise specified)**

**Factual Allegations**

A	Sustained	[2-1 vote] <sup>5</sup>
A1	Sustained	

**Specifications**

1 <sup>st</sup> Specification	Practicing while Impaired by Mental Disability	
	Sustained	[2-1 vote] <sup>6</sup>
2 <sup>nd</sup> Specification	Having a Psychiatric Condition which Impairs the Ability to Practice	
	Sustained	[2-1 vote] <sup>7</sup>

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<sup>5</sup> See note 3, *supra*.

<sup>6</sup> See note 3, *supra*.

<sup>7</sup> See note 3, *supra*.

## DETERMINATION AS TO PENALTY

The Hearing Committee, pursuant to the Findings of Fact and Conclusions of Law set forth above, unanimously determines that the Respondent's license to practice medicine in the State of New York should be suspended for a period of five years ["the suspension"].

In addition, the Respondent should obtain a current objective in-depth psychiatric evaluation to be performed by a board-certified psychiatrist ["the evaluating psychiatrist"] proposed by the Respondent and approved, in writing, by the Director of the Office of Professional Medical Conduct ["the Director"]. A copy of the report of the evaluating psychiatrist ["the evaluation report"] should be submitted directly to the Director within sixty (60) days of the effective date of the Order, unless the Director approves an extension in writing. The Respondent should comply with any and all recommendations appearing in the evaluation report.

Moreover, within thirty (30) days of the submission of the evaluation report to the Director as provided for above, unless the Director approves an extension in writing, the Respondent should engage in therapy to be conducted by a board-certified psychiatrist ["the treating psychiatrist"] proposed by the Respondent and approved, in writing, by the Director, which should be in accordance with the recommendations set forth in the evaluation report and should continue for as long as the treating psychiatrist deems necessary. The Respondent should cause the treating psychiatrist to submit a proposed treatment plan and quarterly reports to the Director certifying whether the Respondent is in compliance with the treatment plan. The Respondent should also cause the treating psychiatrist to report to the Director within 24 hours if the Respondent leaves treatment against medical advice, or displays any symptoms of a

suspected or actual relapse.

Furthermore, at any time after the Respondent has successfully completed one full year of therapy and the treating psychiatrist deems that the Respondent is fit to practice medicine, upon the Director's receipt of a report from the treating psychiatrist stating that the Respondent is fit to practice medicine, then, in such event, the suspension imposed above is to be stayed and the Respondent is to be placed on probation for the unexpired balance of the five-year period of the suspension.

Finally, the terms of probation should include a requirement for a Practice Supervisor, a requirement that the Respondent continue in therapy with the treating psychiatrist for as long as the treating psychiatrist deems necessary, and that the Respondent comply with all the recommendations included in the evaluation report. The complete terms of probation are attached to this Determination as Appendix II.

This determination was reached after due and careful consideration of the full spectrum of penalties available pursuant to PHL § 230-a, including revocation, suspension and/or probation, censure and reprimand, and the imposition of monetary penalties. The Hearing Committee's selection of a specific penalty was made after a thorough evaluation of the underlying acts of misconduct and the question of whether the public is placed at risk by the Respondent. The Hearing Committee also conducted a thorough examination of the Respondent's testimony and demeanor during the hearing.

The Hearing Committee unanimously believes that the Respondent is ill and that she needs professional help. The Hearing Committee also believes that in view of all the circumstances, a five-year suspension along with a psychiatric evaluation, therapy, and, if the Respondent is found fit to practice medicine, a stay of the suspension, connected to probation

with a requirement for a Practice Supervisor, constitutes an appropriate penalty.

The Hearing Committee recognizes that its primary responsibility is to protect the public and it firmly believes that it is fulfilling this responsibility by imposing this particular penalty. The penalty imposed is designed to address the needs of the Respondent and to afford sufficient protections to the public.

The Hearing Committee acknowledges Dr. Labins' pessimistic prognosis, but it believes that the Respondent deserves the benefit of psychiatric treatment, which, apparently, she has never had. To achieve this result, the Respondent is to be evaluated by the evaluating psychiatrist and to then undergo therapy conducted by the treating psychiatrist. However, for this plan to work, it is up to the Respondent to avail herself of this opportunity and to cooperate with both psychiatrists.

Under this plan the Respondent is permitted to practice medicine during the period of the suspension if, and only if, the treating psychiatrist determines that she is fit to practice. In such event, she is permitted to practice under the strict conditions of probation and under the oversight of a Practice Supervisor. While probation provides continuing supervision over a period of time, straight probation, although useful, is not enough. It needs to be supplemented by a more comprehensive form of oversight. A Practice Supervisor would provide the necessary comprehensive oversight, thereby assuring the safety of the public.

The Hearing Committee notes that the Respondent was not charged with any acts of negligence. Additionally, there is no indication that the Respondent lacks the requisite knowledge or skill necessary to provide appropriate medical care to the public. The Hearing Committee is hopeful that, with the benefit of therapy, the Respondent will overcome the adverse effects of her illness. Therefore, given the totality of the circumstances regarding this matter, the

Hearing Committee believes that the revocation of the Respondent's medical license is not warranted.

In conclusion, the Hearing Committee believes that in the event the Respondent is found fit to practice medicine and is allowed to practice medicine under the strict conditions it is imposing, the public is sufficiently protected and the Respondent can provide an important service to the community.

## ORDER

Based upon the foregoing, **IT IS HEREBY ORDERED THAT:**

1. The 1<sup>st</sup> and 2<sup>nd</sup> Specifications of professional misconduct, as set forth in the Statement of Charges (Appendix I), are **SUSTAINED**; and

2. The Respondent's license to practice medicine in the State of New York is hereby **SUSPENDED** for a period of five years ["the suspension"]; and

3. The Respondent shall obtain a current objective in-depth **PSYCHIATRIC EVALUATION** to be performed by a board-certified psychiatrist ["the evaluating psychiatrist"] proposed by the Respondent and approved, in writing, by the Director of the Office of Professional Medical Conduct ["the Director"] who has offices at Hedley Park Place, 433 River Street, Suite 303, Troy, New York 12180. A copy of the report of the evaluating psychiatrist ["the evaluation report"] shall be submitted directly to the Director within sixty (60) days of the effective date of this Order, unless the Director approves an extension in writing. The Respondent shall comply with any and all recommendations appearing in the evaluation report; and

4. Within thirty (30) days of the submission of the evaluation report to the Director as provided for in Paragraph 3 above, unless the Director approves an extension in writing, the Respondent shall engage in **THERAPY** to be conducted by a board-certified psychiatrist ["the treating psychiatrist"] proposed by the Respondent and approved, in writing, by the Director, which shall be in accordance with the recommendations set forth in the evaluation report and shall continue for as long as the treating psychiatrist deems necessary. The Respondent shall cause the treating psychiatrist to submit a proposed treatment plan and

quarterly reports to the Director certifying whether the Respondent is in compliance with the treatment plan. The Respondent shall also cause the treating psychiatrist to report to the Director within 24 hours if the Respondent leaves treatment against medical advice, or displays any symptoms of a suspected or actual relapse; and

5. At any time after the Respondent has successfully completed one full year of therapy and the treating psychiatrist deems that the Respondent is fit to practice medicine, upon the Director's receipt of a report from the treating psychiatrist stating that the Respondent is fit to practice medicine, then, in such event, the suspension imposed in Paragraph 2 above shall be **STAYED** and the Respondent shall be placed on **PROBATION** for the unexpired balance of the five-year period of the suspension; and

6. The **TERMS OF PROBATION** shall include a requirement for a **PRACTICE SUPERVISOR**, a requirement that the Respondent continue in therapy with the treating psychiatrist for as long as the treating psychiatrist deems necessary, and that the Respondent comply with all the recommendations included in the evaluation report; and

7. The Respondent shall comply with all **TERMS OF PROBATION** as set forth in Appendix II, which is attached hereto and made part of this Order; and

8. This **ORDER** shall be effective upon service on the Respondent which shall be either by certified mail at the Respondent's last known address (to be effective upon receipt or seven days after mailing, whichever is earlier) or by personal service (to be effective upon receipt).

**Dated: Massapequa, New York**  
**July 6, 2003**



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**PATRICK F. CARONE, M.D.**  
**Chairperson**

**RONALD A. GABEL, M.D.**  
**CAROLYN C. SNIPE**

**TO: REBECCA LEE CARLEY, M.D.**  
Respondent *Pro Se*  
9 Sutherland Road  
Hicksville, N.Y. 11801

**DENISE LEPICIER, ESQ.**  
Associate Counsel  
Bureau of Professional Medical Conduct  
5 Penn Plaza, 6<sup>th</sup> Floor  
New York, N.Y. 10001

# **APPENDIX I**

APPENDIX I

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

IN THE MATTER  
OF  
REBECCA LEE ROCZEN, M.D., a.k.a.  
REBECCA LEE CARLEY

STATEMENT  
OF  
CHARGES

REBECCA LEE ROCZEN, M.D., also known as REBECCA LEE CARLEY, M.D., the Respondent, was authorized to practice medicine in New York State on or about August 10, 1988, by the issuance of license number 175786 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. From a time unknown to the Department of Health until and including the present, Respondent has suffered from a mental disability which impairs the Respondent's ability to practice medicine.
1. Respondent has practiced medicine, and continues to practice medicine, while suffering from a mental disability.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**  
**PRACTICING WHILE IMPAIRED**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(7) by practicing the profession while impaired by a mental disability as alleged in the facts of the following:

1. Paragraph A and paragraph A1.

**SECOND SPECIFICATION**  
**HAVING A PSYCHIATRIC CONDITION WHICH**  
**IMPAIRS THE ABILITY TO PRACTICE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(8) by having a psychiatric condition which impairs the licensee's ability to practice as alleged in the facts of the following:

2. Paragraph A.

DATED: May/6, 2002  
New York, New York



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Roy Nemerson  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

## APPENDIX II

### TERMS OF PROBATION

1. The 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 her profession. The Respondent acknowledges that if she commits professional misconduct as enumerated in New York State Education Law §6530 or §6531, those acts shall be deemed to be a violation of probation and that an action may be taken against the Respondent's license pursuant to New York State Public Health Law §230(19).
2. The Respondent shall submit written notification to the New York State Department of Health addressed to the Director, Office of Professional Medical Conduct ("OPMC"), Hedley Park Place, 433 River Street Suite 303, Troy, New York 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.
3. The Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of the Respondent's compliance with the terms of this Order. The Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. 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].
5. The period of probation shall be tolled during periods in which the Respondent is not engaged in the active practice of medicine in New York State. The Respondent shall notify the Director of OPMC, in writing, if the Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. The 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 the Respondent's return to practice in New York State.

6. The 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 the Respondent and her staff at practice locations or OPMC offices.
7. The 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.
8. The Respondent shall practice medicine only when supervised in her medical practice and shall not practice medicine until a Practice Supervisor has been approved. The Practice Supervisor shall be on-site at all locations, unless determined otherwise by the Director of OPMC. The Practice Supervisor shall be proposed by the Respondent and subject to the written approval of the Director. The Practice Supervisor shall not be a family member or personal friend, or be in a professional relationship which could pose a conflict with supervision responsibilities.
  - a. The Respondent shall ensure that the Practice Supervisor is familiar with the Order and terms of probation, and willing to report to OPMC. The Respondent shall ensure that the Practice Supervisor is in a position to regularly observe and assess the Respondent's medical practice. In connection therewith, the Respondent shall authorize the Practice Supervisor to have access to her patient records. The Respondent shall cause the Practice Supervisor to review the Respondent's practice regarding the prescribing, administering, dispensing, inventorying, and disposal of controlled substances.
  - b. The Respondent shall cause the Practice Supervisor to report within 24 hours any suspected impairment, inappropriate behavior, questionable medical practice or possible misconduct to OPMC.
  - c. The Respondent shall cause the Practice Supervisor to submit quarterly reports to the Director of OPMC regarding the quality of the Respondent's medical practice, including the evaluation and treatment of patients, physical and mental condition, time and attendance or any unexplained absences from work, prescribing practices, and compliance or failure to comply with any term of probation.
9. The Respondent shall continue in therapy with a board-certified psychiatrist for as long as the psychiatrist deems necessary in accordance with the requirements set forth in Paragraph 4 of the Order to which these terms of probation are attached.
10. The Respondent shall comply with all the recommendations included in the evaluation report prepared by a board-certified psychiatrist pursuant to Paragraph 3 of the Order to which these terms of probation are attached.

11. The 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 the Respondent as may be authorized pursuant to the law.



**NEW YORK STATE DEPARTMENT OF HEALTH**  
**Office of Professional Medical Conduct**  
**Physician Monitoring Programs**  
**Hedley Building, 4th floor**  
**433 River Street**  
**Troy, NY 12180-2299**  
**Phone: (518) 402-0845**  
**Fax: (518) 402-0790**

**GUIDELINES FOR CLOSING A MEDICAL PRACTICE FOLLOWING A  
REVOCATION, SURRENDER OR SUSPENSION OF A MEDICAL LICENSE**

1. Respondent shall immediately cease and desist from engaging in the practice of medicine (in New York State) in accordance with the terms of the Order. In addition, Respondent shall refrain from providing an opinion as to professional practice or its application and from representing himself as being eligible to practice medicine.
2. Respondent shall have delivered to OPMC at Hedley Park Place, 433 River Street 4th Floor, Troy, NY 12180-2299 his original license to practice medicine in New York State and current biennial registration within five (5) days of the effective date of the Order.
3. Respondent shall within fifteen (15) days of the Order notify his patients of the cessation of his medical practice and will refer all patients to another licensed practicing physician for their continued care, as appropriate.
4. Respondent shall make arrangements for the transfer and maintenance of the medical records of his patients. Within thirty days of the effective date of the Order, Respondent shall notify OPMC of these arrangements including the appropriate and acceptable contact person's name, address, and telephone number who shall have access to these records. Original records shall be retained for at least six years after the last date of service rendered to a patient or, in the case of a minor, for at least six years after the last date of service or three years after the patient reaches the age of majority whichever time period is longer. Records shall be maintained in a safe and secure place which is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information on the record is kept confidential and made available only to authorized persons. When a patient and/or his or her representative requests a copy of the patient's medical record or requests that the original medical record be forwarded to another health care provider, a copy of the record shall be promptly provided or forwarded at a 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 their inability to pay.

5. In the event that Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall within fifteen (15) days advise the DEA in writing of the licensure action and shall surrender his DEA controlled substance privileges to the DEA. Respondent shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 to the DEA.
6. Respondent shall within fifteen (15) days 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 cause all prescription pads bearing his name to be destroyed. If no other licensee is providing services at his practice location, all medications shall be properly disposed.
7. Respondent shall not share, occupy or use office space in which another licensee provides health care services. Respondent shall cause all signs to be removed within fifteen (15) days and stop all advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings by which his eligibility to practice is represented.
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 engaging in the practice of medicine. Respondent may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of this Order.
9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and if his license is revoked, surrendered or suspended for a term of six months or more under the terms of this Order, Respondent shall divest himself of all financial interest in the professional services corporation in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety (90) days of the effective date of this Order.
10. Failure to comply with the above directives may result in a civil penalty or further criminal penalties as may be authorized pursuant to the law. Under Section 6512 of the Education Law it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when such professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in section 230 et al. of the Public Health Law, which includes fines of up to \$10,000 for each specification of charges of which the Respondent is found guilty and may include revocation of a suspended license.