



Public
New York State Board for Professional Medical Conduct
433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Richard F. Daines, M.D.
Commissioner
NYS Department of Health
James W. Clyne, Jr.
Executive Deputy Commissioner
Keith W. Servis, Director
Office of Professional Medical Conduct

Kendrick A. Sears, M.D.
Chair
Carmela Torrelli
Vice Chair
Katherine A. Hawkins, M.D., J.D.
Executive Secretary

February 16, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Teresita G. Mascardo, M.D.

Redacted Address

Re: License No. 129782

Dear Dr. Mascardo:

Enclosed is a copy of BPMC #10-26 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect February 23, 2010.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order and return it to the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299

Sincerely,

Redacted Signature

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Douglas M. Nadjari, Esq.
Jacobson, Goldberg & Kulb, LLP
585 Stewart Avenue
Garden City, NY 11530

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

IN THE MATTER
OF
TERESITA G. MASCARDO, M.D.

CONSENT
ORDER

BPMC No. #10-26

Upon the application of (Respondent) TERESITA G. MASCARDO, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,

Whichever is first; and it is further

ORDERED, that one year after the effective date of this Order, Respondent's name shall be stricken from the roster of physicians in the State of New York.

SO ORDERED.

Redacted Signature

DATE: 2-12-2010

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

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

**IN THE MATTER
OF
TERESITA G. MASCARDO, M.D.**

**CONSENT
AGREEMENT AND
ORDER**

TERESITA G. MASCARDO, M.D., represents that all of the following statements are true:

That on or about February 4, 1977, I was licensed to practice as a physician in the State of New York and issued License No. 129782 by the New York State Education Department.

My current address is (Redacted Address), and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

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

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement and Order.

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York, with the surrender to take effect one year from the effective date of the Consent Order, on the grounds that I do not contest the First Specification, Having Had Disciplinary Action Taken In the State of Connecticut, in full satisfaction of the charges against me. Between the effective date of the Consent Order and the date on which my surrender of license will take effect, I agree that my license to practice medicine shall be limited pursuant to N.Y. Pub. Health Law § 230-a, to

preclude patient contact and any practice of medicine, clinical or otherwise. I shall be precluded from diagnosing, treating, operating, or prescribing for any human disease, pain, injury, deformity, or physical condition. I shall be precluded from further reliance upon my license to practice medicine to exempt me from the licensure, certification or other requirements set forth in statute or regulation for the practice of any other profession licensed, regulated or certified by the Board of Regents, Department of Education, Department of Health or the Department of State.

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

- That Respondent shall, within 30 days of the issuance of the Consent Order, notify the New York State Education Department, Division of Professional Licensing Services, that Respondent's license status is "inactive," and shall provide proof of such notification to the Director of OPMC immediately upon having done so; and
- That Respondent shall return any and all official New York State prescriptions to the Bureau of Narcotic Enforcement, and shall surrender Respondent's Controlled Substance Registration Certificate to the United States Department of Justice, Drug Enforcement Administration, within 15 days of the Order's effective date. Further, within 30 days of returning these prescriptions and surrendering the registration, Respondent shall provide documentary proof of these transaction(s) to the Director of OPMC; and
- That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order.

Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State; and

- That Respondent shall comply with all conditions set forth in attached Exhibit "B" ("Requirements for Closing a Medical Practice").

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined in N.Y. Educ. Law § 6530(29).

I agree that if I am charged with professional misconduct in the future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement, and I agree to be bound by all of its terms.

I understand that, if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this

agreement, and all attached exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I stipulate that the proposed sanction and Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the requisite powers to carry out all included terms. I ask the Board to accept this Consent Order, which I submit of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, and I agree to be bound by the Consent Order.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.



Redacted Signature

DATE 2/1/10

~~TERESITA G. MASCARDO, M.D.~~
RESPONDENT

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

DATE: 2/2/2010

Redacted Signature

DOUGLAS NADJARI, ESQ.
Attorney for Respondent

DATE: 2/5/2010

Redacted Signature

MARCIA E. KAPLAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 2/11/10

Redacted Signature

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT "A"

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

**IN THE MATTER
OF
TERESITA G. MASCARDO, M.D.**

**STATEMENT
OF
CHARGES**

TERESITA G. MASCARDO, M.D., the Respondent, was authorized to practice medicine in New York State on or about February 4, 1977, by the issuance of license number 129782 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about December 11, 2009, the State of Connecticut, Department of Public Health, took disciplinary action against Respondent upon the surrender of her license to practice as a physician and surgeon in the State of Connecticut (Connecticut license number 020161, issued to Maria T. G. Mascardo, M.D.), where the conduct resulting in the disciplinary action involving the surrender of the license (see attached Appendix "A") would, if committed in New York state, constitute professional misconduct under the laws of New York state.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

HAVING HAD DISCIPLINARY ACTION TAKEN

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(d) by having his her license to practice medicine revoked, suspended or having other disciplinary action taken, or having his or her

application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered his or her license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the license would, if committed in New York state, constitute professional misconduct under the laws of New York state, as alleged in the facts of the following:

1. Paragraph A.

DATE:

Feb 5
January, 2010
New York, New York

Redacted Signature

ROY NEMERSON
Deputy Counsel
Bureau of Professional Medical Conduct

APPENDIX "A"

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

Re: Maria T.G. Mascardo, M.D.
License Number 020161

Petition No. 2009-20091469
2007-0328-001-048
2007-0809-001-136
2007-1218-001-217

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

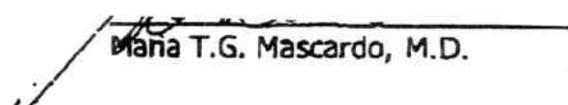
Maria T.G. Mascardo, M.D., being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Connecticut Department of Public Health (hereinafter "the Department") to practice as a physician and surgeon. I presently hold license number 020161.
4. I hereby voluntarily surrender my license to practice as a physician and surgeon in the State of Connecticut.
5. While I deny the allegations contained in the petition numbers referenced below, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, I will not contest the allegations contained in Petition Numbers 2009-20091469, 2007-0328-001-048, 2007-0809-001-136, and 2007-1218-001-217. I further understand that any such application must be made to the Department which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Numbers 2009-20091469, 2007-0328-001-048, 2007-0809-001-136, and 2007-1218-001-217 are public documents, and I am executing this affidavit to terminate the proceedings in the above-referenced petitions.

8. I understand that this surrender of my license is an event that is reportable to the National Practitioner Data Bank, will appear on my physician profile pursuant to Connecticut General Statutes 20-13j, and is public information. I also understand that this surrender constitutes disciplinary action and will be so classified in public disclosures and reporting, including, but not limited to, the reporting to the National Practitioner Data Bank.
9. Concurrent with my execution of this document, I agree to execute a voluntary surrender of my state and federal Controlled Substance Registrations and return my registrations to the issuing authorities.
10. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition Nos. 2009-20091469, 2007-0328-001-048, 2007-0809-001-136, and 2007-1218-001-217.
11. I have consulted with an attorney prior to signing this affidavit.
12. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
13. I understand that the purpose of this agreement is to terminate the pending matters against my license and is not intended to affect any civil liability or defense.

14. I have reviewed Regulations of Connecticut State Agencies §§ 19a-14-42 and 19a-14-44, and I agree to fully comply with these sections, and I also agree to provide the Department a certified document specifying the location at which patient health records will be stored for a period of time of at least five years, and I understand that I must provide the procedure that has been established for patients, former patients or their authorized representatives to secure access to such health records. The individual letter to patients required by of Connecticut State Agencies § 19a-14-44 must include the procedure that has been established for patients, former patients or their authorized representatives to secure access to such health records.

Redacted Signature


Maria T.G. Mascardo, M.D.

Subscribed and sworn to before me this 11th day of December, 2009.



Redacted Signature


Notary Public
Commissioner of Superior Court

JACOB M. SCALZO
NOTARY PUBLIC

NOTARY PUBLIC LICENSE NO. 1411

Accepted: Redacted Signature M.S. December 11, 2009
~~Jennifer Filippone, Section Chief~~
~~Practitioner Licensing and Investigations~~
> Healthcare Systems Branch

EXHIBIT "B"

Requirements for Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License

1. Licensee shall cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, and shall refrain from providing an opinion as to professional practice or its application, and from representing that Licensee is eligible to practice medicine, in accordance with the terms of this Order.
2. Within 5 days of the effective date of the surrender of her license, Licensee shall deliver her original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Hedley Park Place, 433 River Street 4th Floor, Troy, NY 12180-2299.
3. Within 15 days of the Order's effective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall maintain her patient records in accordance with governing law, and as further set forth in this paragraph. Upon the surrender of her license, Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact persons who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.
5. If Licensee holds a Drug Enforcement Administration (DEA) certificate, within 15 days of the Consent Order's effective date, Licensee shall advise the DEA in writing of the licensure action and shall surrender to the DEA any DEA controlled substance privileges issued pursuant to Licensee's New York license. Licensee shall promptly surrender to the DEA any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2.

6. Within 15 days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. Licensee shall destroy all prescription pads bearing Licensee's name. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
7. Within 15 days of the Consent Order's effective date, Licensee shall remove from the public domain any representation that Licensee is engaged in the active practice of medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others after the effective date of this Consent Order. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Consent Order's effective date.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges of which the Licensee is found guilty, and may include revocation of a suspended license.