

August 1, 2012

CERTIFIED MAIL-RECEIPT REQUESTED

Ronald R. Di Scenza, M.D.

REDACTED

Re: License #140670

Dear Dr. Di Scenza:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 12-148. This Interim Order Conditions is effective August 8, 2012.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED

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

cc: Edward K. Blodnick, Esq.
Blodnick and Fazio Associates
1325 Franklin Avenue, Suite 555
Garden City, New York 11530

**IN THE MATTER
OF
RONALD R. DI SCENZA, M.D. .**

**INTERIM
ORDER
OF CONDITIONS
PURSUANT TO
N.Y. PUB. HEALTH
LAW § 230**

Upon the application of RONALD R. DI SCENZA. (Licensee) in the attached Stipulation and Application for an Interim Order of Conditions Pursuant to N.Y. Pub. Health Law § 230, which is made a part of this Interim Order of Conditions Pursuant to N.Y. Pub. Health Law § 230, it is agreed that the Application, and its terms, are adopted, and this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Order by first class mail to Licensee at the address in the attached Application or by certified mail to Licensee's attorney, or
- upon facsimile transmission to Licensee or Licensee's attorney, whichever is first.

SO ORDERED.

DATE 7-26-2012

REDACTED

Arthur Hengerer, M.D.
Chair
State Board for Professional Medical Conduct

**IN THE MATTER
OF
RONALD R. DI SCENZA, M.D.**

STIPULATION AND
APPLICATION
FOR AN INTERIM
ORDER OF
CONDITIONS
PURSUANT TO
N.Y. PUB. HEALTH
LAW § 230

RONALD R. DI SCENZA, M.D., represents that all of the following statements are true:

That on or about November 16, 1979, I was licensed to practice as a physician in the State of New York and issued License No. 140670 by the New York State Education Department.

My current address is REDACTED I am affiliated with the following hospitals and/or facilities: ~~Good Samaritan Hospital, Suffern, NY, and Nyack Hospital, Nyack, NY.~~ I understand that the New York State Board for Professional Medical Conduct ("the Board") is investigating alleged misconduct by me, and may pursue a proceeding pursuant to N.Y. Pub. Health Law § 230 with respect to the issues set forth in attached Exhibit "A" ("matters under investigation").

I agree to the Board's issuance of an Interim Order of Conditions precluding me from ordering, performing, interpreting and/or billing for EMGs, Nerve Conduction Studies and other electro-diagnostic studies. I agree to be bound by the Order, which shall continue in effect until: a final determination is issued by the New Jersey Board of Medical Examiners In the Matter of the License Suspension or Revocation of the License of Ronald R. Di Scenza, M.D. to Practice Medicine in the State of New Jersey.

I understand that nothing in this Application shall be construed as an admission by me of any act of alleged misconduct or as a finding of misconduct as to the matters under investigation. My application for the proposed Interim Order is made in consideration of good and substantial value to me. I deny any acts of misconduct and reserve my right to assert all defenses on my behalf in any later or other proceeding.

This Interim Order shall set the following Conditions upon the Licensee's practice:

1. Beginning at close of business, July 30, 2012, Licensee shall be precluded from ordering, performing, interpreting and/or billing for EMGs, Nerve Conduction Studies and other electro-diagnostic studies.
2. Licensee's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Licensee as defined in N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of this Order and may subject Licensee to an action pursuant to N.Y. Pub. Health Law § 230.
3. Licensee shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 1000, Troy, New York 12180-2299 with the following information, in writing, and ensure that this information is kept current: a full description of Licensee's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; all current and past affiliations and/or privileges, with hospitals, institutions, facilities, medical practices, managed care organizations, and/or applications for such affiliations and/or privileges;

and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Licensee shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.

4. Licensee shall cooperate fully with OPMC in its administration and enforcement of this Interim Order and in its investigation of Licensee. Licensee shall respond in a timely manner to all OPMC requests for written periodic verification of compliance with the terms of this Interim Order. Licensee shall meet in person with the Director's designee, as directed. Licensee shall respond promptly and provide all documents and information within Licensee's control, as directed. This condition shall take effect upon the effective date of the Interim Order and shall continue while Licensee possesses a license.
5. Licensee shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients.
6. The Director may review Licensee's professional performance. This review may include but shall not be limited to: a review of office records, patient records and/or hospital charts; and interviews with or periodic visits with Licensee and staff at practice locations or OPMC offices.
7. Licensee shall provide access for DOH personnel to Licensee's office(s) to verify Licensee's compliance with this Interim Order; this access shall include, but not be limited to, on-site inspections, observation and interviews.

8. Upon request, Licensee shall provide OPMC access to or copies of all patient records, office records, hospital records, records of administration, dispensing and/or prescribing of controlled substances, records of controlled substances purchases, official New York State triplicate prescription books, and any other records or logs required under the law and/or under this Order..
9. Licensee shall comply with this Order and all its terms, and shall bear all associated compliance costs.

I stipulate that:

My failure to comply with the Conditions imposed by this Interim Order shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(29); and

Any practice of medicine by me in New York State in violation of this Interim Order shall be unauthorized and constitute professional misconduct as defined in N.Y. Educ. Law § 6530(2); and

Unauthorized medical practice is a felony as defined in N.Y. Educ. Law § 6512.

I understand and agree that my failure to comply with any of the terms of this Interim Order shall authorize the Director, exercising reasonable discretion, to pursue further investigation and/or prosecution of misconduct charges against me as to any misconduct issues, including but not limited to those set forth in Exhibit "A", to the full extent authorized by N.Y. Pub. Health Law and N.Y. Educ. Law.

I agree that, if the Board grants this Application, the Chair of the Board shall issue an Interim Order of Conditions in accordance with its terms. I further agree that the

Department of Health shall notify the National Practitioner Data Bank and the Federation of State Medical Boards of this Interim Order of Conditions pursuant to N.Y. Pub. Health Law § 230 and that the change in my licensure status is not disciplinary in nature. This Interim Order of Conditions shall be posted on the Department of Health website(s).

I make this Application of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Application, I waive my right to contest the Interim Order for which I apply, whether administratively or judicially, I agree to be bound by the Interim Order, and I ask that the Board grant this Application.

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 Interim Order, based upon my Application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE 6-26-12 ^{ord}

REDACTED

RONALD R. DISCENZA
LICENSEE

1

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

DATE: 6/26/12 ^{cad}

REDACTED

~~EDWARD K. BLODNICK, ESQ.~~
Blodnick, Fazio + Associates, P.C.
Attorney for Licensee

DATE: 7/11/12

REDACTED

~~DANIEL GUENZBURGER~~
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 7/19/12

REDACTED

~~KEITH W. SERVIŠ~~
Director
Office of Professional Medical Conduct