

NEW YORK
state department of
HEALTH

Public

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sue Kelly
Executive Deputy Commissioner

July 18, 2014

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Surjit Singh Dinsa, M.D.
REDACTED

Re: License No. 171965

Dear Dr. Dinsa:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 14-184. This modification order and any penalty provided therein goes into effect July 25, 2014.

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 to: c/o Physician Monitoring Unit, NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719.

If your license is framed, please remove it from the frame and only send the parchment paper on which your name is printed. Our office is unable to store framed licenses.

If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Please complete and sign the affidavit before a notary public and return it to the Office of Professional Medical Conduct.

Please direct any questions to: NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719, telephone # (518)402-0855.

Sincerely,

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

Enclosure

**IN THE MATTER
OF
SURJIT SINGH DINSA, M.D.**

**MODIFICATION
ORDER**

Upon the proposed Application for a Modification Order of SURJIT SINGH DINSA, M.D. (Respondent), which is made a part of this Modification Order, it is agreed to and ORDERED, that the attached Application, and its terms, are adopted and SO ORDERED, and it is further

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

either

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

SO ORDERED.

DATE: 7/17/2014

REDACTED

ARTHUR S. HENGERER, M.D.

Chair

State Board for Professional Medical Conduct

**IN THE MATTER
OF
SURJIT SINGH DINSA, M.D.**

CONSENT
AGREEMENT
AND
ORDER

SURJIT SINGH DINSA, M.D., represents that all of the following statements are true:

That on or about August 21, 1987, I was licensed to practice as a physician in the State of New York, and issued License No. 171965 by the New York State Education Department.

My current address is REDACTED and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC Order # BPMC 09-102 (Attachment I) (henceforth "Original Order"), which was issued upon an Application For Consent Order signed by me on April 11, 2009, (henceforth Original Application"), adopted by the Original Order. I apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows: to delete the paragraphs in the Original Order that state:

I agree to the following penalty: I shall be censured and reprimanded and my license placed on five years of probation under the terms and conditions attached as Exhibit B. I shall complete 100 hours of continuing medical education in programs approved by the Director of OPMC, in writing, prior to resumption of practice in New York State.

Substituting for the above paragraphs:

I ask the Board to accept my Surrender of License, and I agree to be bound by all of the terms set forth in attached Exhibit "B".

I understand that, if the Board does not accept my Surrender of License, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged; this application 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 accepts my Surrender of License, the Chair of the Board shall issue a Surrender 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 Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Surrender 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(s). OPMC shall report this action to the National Practitioner Data Bank, the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I ask the Board to accept this Surrender of License, 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 acceptance of this Surrender of License, 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 Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

All remaining Terms and Conditions will continue as written in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and 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 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 7/10/14

REDACTED

SURJIT SINGH DINSA, M.D.
RESPONDENT

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

DATE: 7/14/14

REDACTED

MICHAEL A. HISER
Deputy Counsel
Bureau of Professional Medical Conduct

DATE: 7/17/14

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

Attachment I

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

IN THE MATTER
OF
SURJIT SINGH DINSA, M.D.

CONSENT
ORDER

BPMC No. 09-102

Upon the application of (Respondent) SURJIT SINGH DINSA, 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 Consent 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.

SO ORDERED.

DATE: 5/29/2009

REDACTED

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

IN THE MATTER
OF
SURJIT SINGH DINSA, M.D.

CONSENT
AGREEMENT
AND
ORDER

SURJIT SINGH DINSA, M.D. representing that all of the following statements are true, deposes and says:

That on or about August 21, 1987, I was licensed to practice as a physician in the State of New York, and issued License No. 171965 by the New York State Education Department.

My current address is REDACTED 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 (Board) has charged me with 23 specifications of professional misconduct. A copy of the Statement of Charges, marked as Exhibit A, is attached to and made part of this agreement.

I do not contest the fifteenth specification (negligence on more than one occasion) of the Statement of Charges in full satisfaction of the charges against me.

I agree to the following penalty: I shall be censured and reprimanded and my licensed placed on five years of probation under the terms and conditions attached as Exhibit B. I shall complete 100 hours of continuing medical education in programs approved by the Director of OPMC, in writing, prior to resumption of practice in New York State

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

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 30 days after the consent order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent 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 Consent 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.

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

I agree that, if I am charged with professional misconduct in future, this

Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

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 alleged misconduct; 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 N.Y. Pub. 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 Consent 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 Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement 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, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent 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 4/11/09
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REDACTED
~~SURJIT SINGH DINSA, M.D.~~
RESPONDENT

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

DATE: _____

REDACTED

~~NATHAN L. DEMBIN, ESQ.~~
Attorney for Respondent

DATE: 5/21/09

REDACTED

~~KEVIN C. ROE, ESQ.~~
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 5/28/09

REDACTED

~~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
SURJIT SINGH DINSA, M.D.

STATEMENT
OF
CHARGES

SURJIT SINGH DINSA, M.D., the Respondent, was authorized to practice medicine in New York State on August 21, 1987, by the issuance of license number 171965 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent treated Patient A from June 2002 to December 2006 at his office in Poughkeepsie, NY. Respondent's care and treatment of Patient A failed to meet accepted standards, in that:
 - 1. Respondent failed to obtain and/or document complete and/or timely history.
 - 2. Respondent failed to perform and/or document adequate and/or timely mental status examination(s).
 - 3. Respondent failed to order and/or obtain appropriate laboratory studies.
 - 4. Respondent failed to perform and/or document an adequate assessment of suicidal risk.
 - 5. Respondent inappropriately prescribed Oxycodone, Percocet, Zanaflex, Retin A, and/or Viagra outside the scope of his psychiatric practice and without medical consultation.
 - 6. Respondent failed to maintain an accurate medical record for Patient A.

- B. Respondent treated Patient B from June 2002 to December 2006 at his office. Respondent's care and treatment of Patient B failed to meet accepted standards, in that:
 - 1. Respondent failed to obtain and/or document complete and/or timely history.

2. Respondent failed to perform and/or document adequate and/or timely mental status examination(s).
3. Respondent failed to order and/or obtain appropriate laboratory studies.
4. Respondent failed to order and/or obtain appropriate laboratory work-up prior to initiating lithium treatment.
5. Respondent failed to schedule and/or perform adequate followup after lithium treatment was initiated in September 2004.
6. Respondent failed to perform and/or document an adequate assessment of homicidal/suicidal ideation reported by the patient's therapist in December 2004.
7. Respondent failed to maintain an accurate medical record for Patient B.

C. Respondent treated Patient C from July 2005 to October 2007 at his office. Respondent's care and treatment of Patient C failed to meet accepted standards, in that:

1. Respondent failed to obtain and/or document complete and/or timely history.
2. Respondent failed to perform and/or document adequate and/or timely mental status examination(s).
3. Respondent failed to order and/or obtain appropriate laboratory studies.
4. Respondent failed to adequately evaluate/assess complaints of anxiety, heart palpitations and allergic reaction to Luvox.
5. Respondent failed to maintain an accurate medical record for Patient C.

D. Respondent treated Patient D from 2002 to 2007 at his office. Respondent's care and treatment of Patient D failed to meet accepted standards, in that:

1. Respondent failed to obtain and/or document complete and/or timely history.
2. Respondent failed to perform and/or document adequate and/or timely mental status examination(s).
3. Respondent failed to order and/or obtain appropriate laboratory studies.
4. Respondent prescribed Amoxicillin without referral to or consultation with the primary care physician.

5. Respondent failed to maintain an accurate medical record for Patient D.

E. Respondent treated Patient E from October 2004 to April 2006 at his office. Respondent's care and treatment of Patient E failed to meet accepted standards, in that:

1. Respondent failed to obtain and/or document complete and/or timely history.
2. Respondent failed to perform and/or document adequate and/or timely mental status examination(s).
3. Respondent failed to order and/or obtain appropriate laboratory studies.
4. Respondent failed to adequately consult with the previous treating psychiatrist.
5. Respondent failed to maintain an accurate medical record for Patient E.

F. Respondent treated Patient F from March 2004 to September 2006 at his office. Respondent's care and treatment of Patient F failed to meet accepted standards, in that:

1. Respondent failed to obtain and/or document complete and/or timely history.
2. Respondent failed to perform and/or document adequate and/or timely mental status examination(s).
3. Respondent failed to order and/or obtain appropriate laboratory studies.
4. Respondent failed to consult with the primary care physician.
5. Respondent failed to adequately monitor blood pressure.
6. Respondent inappropriately prescribed Effexor.
7. Respondent failed to adequately evaluate complaints of tachycardia/palpitations and/or obtain appropriate consultation(s).
8. Respondent increased the dosage of Welbutrin in January 2006 without adequate medical justification.
9. Respondent failed to adequately monitor depakote levels.
10. Respondent prescribed Symbyax without adequate medical justification

11. Respondent failed to maintain an accurate medical record for Patient F.

G. Respondent treated Patient G from September 2004 to December 2007 at his office. Respondent's care and treatment of Patient G failed to meet accepted standards, in that:

1. Respondent failed to obtain and/or document complete and/or timely history.
2. Respondent failed to perform and/or document adequate and/or timely mental status examination(s).
3. Respondent failed to order and/or obtain appropriate laboratory studies.
4. Respondent failed to adequately consult with the previous treating physicians.
5. Respondent inappropriately prescribed methadone for addiction.
6. Respondent failed to order and/or obtain drug screens.
7. Respondent failed to order and/or obtain EKG testing.
8. Respondent prescribed Fioricet without adequate medical indication.
9. Respondent failed to maintain an accurate medical record for Patient G.

SPECIFICATIONS

FIRST THROUGH SEVENTH SPECIFICATIONS

GROSS NEGLIGENCE

Respondent is charged with gross negligence in violation of New York Education Law §6530(4) in that, Petitioner charges:

1. The facts in Paragraphs A and A.1, A.2, A.3, A.4, A.5, and/or A.6.
2. The facts in Paragraphs B and B.1, B.2, B.3, B.4, B.5, B.6, and/or B.7.
3. The facts in Paragraphs C and C.1, C.2, C.3, C.4, and/or C.5.
4. The facts in Paragraphs D and D.1, D.2, D.3, D.4, and/or D.5.

5. The facts in Paragraphs E and E.1, E.2, E.3, E.4, and/or E.5.
6. The facts in Paragraphs F and F.1, F.2, F.3, F.4, F.5, F.6, F.7, F.8, F.9, F.10, and/or F.11.
7. The facts in paragraphs G and G.1, G.2, G.3, G.4, G.5, G.6, G.7, G.8, and/or G.9.

EIGHTH THROUGH FOURTEENTH SPECIFICATIONS

GROSS NEGLIGENCE

Respondent is charged with gross negligence in violation of New York Education Law §6530(6) in that, Petitioner charges:

8. The facts in Paragraphs A and A.1, A.2, A.3, A.4, A.5, and/or A.6.
9. The facts in Paragraphs B and B.1, B.2, B.3, B.4, B.5, B.6, and/or B.7.
10. The facts in Paragraphs C and C.1, C.2, C.3, C.4, and/or C.5.
11. The facts in Paragraphs D and D.1, D.2, D.3, D.4, and/or D.5.
12. The facts in Paragraphs E and E.1, E.2, E.3, E.4, and/or E.5.
13. The facts in Paragraphs F and F.1, F.2, F.3, F.4, F.5, F.6, F.7, F.8, F.9, F.10, and/or F.11.
14. The facts in paragraphs G and G.1, G.2, G.3, G.4, G.5, G.6, G.7, G.8, and/or G.9.

FIFTEENTH SPECIFICATION

NEGLECT ON MORE THAN ONE OCCASION

Respondent is charged with negligence on more than one occasion in violation of New York Education Law §6530(3) in that, Petitioner charges two or more of the following:

15. The facts in Paragraphs A and A.1, A.2, A.3, A.4, A.5, A.6; B and B.1, B.2, B.3, B.4, B.5, B.6, B.7; C and C.1, C.2, C.3, C.4, C.5; D and D.1, D.2, D.3, D.4, and/or D.5; E and E.1, E.2, E.3, E.4, E.5; F and F.1, F.2, F.3, F.4, F.5, F.6, F.7, F.8, F.9, F.10, F.11; and/or G and G.1, G.2, G.3, G.4, G.5, G.6, G.7, G.8, G.9.

SIXTEENTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with incompetence on more than one occasion in violation of New York Education Law §6530(5) in that, Petitioner charges two or more of the following:

16. The facts in Paragraphs A and A.1, A.2, A.3, A.4, A.5, A.6; B and B.1, B.2, B.3, B.4, B.5, B.6, B.7; C and C.1, C.2, C.3, C.4, C.5; D and D.1, D.2, D.3, D.4, and/or D.5.; E and E.1, E.2, E.3, E.4, E.5; F and F.1, F.2, F.3, F.4, F.5, F.6, F.7, F.8, F.9, F.10, F.11; and/or G and G.1, G.2, G.3, G.4, G.5, G.6, G.7, G.8, G.9.

SEVENTEEN THROUGH TWENTY-THIRD SPECIFICATIONS

RECORDKEEPING

Respondent is charged with failing to maintain records which accurately reflect evaluation and treatment in violation of New York Education Law §6530(32) in that, Petitioner charges:

17. The facts in Paragraphs A and A.6;
18. The facts in Paragraphs B and B.6
19. The facts in Paragraphs C and C.5.
20. The facts in Paragraphs D and D.5;
21. The facts in Paragraphs E and E.5
22. The facts in Paragraphs F and F.11.
23. The facts in Paragraphs G and G.9.

DATED: *Nov. 17*, 2008

Albany, New York

REDACTED

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

EXHIBIT B
Terms of Probation

1. Respondent shall conduct himself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice shall 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 or change.
3. The period of probation shall be tolled during any periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent is not currently engaged in the practice of medicine. Respondent shall notify the Director prior to any change in that status and shall notify the Director at least 90 days prior to the resumption of practice in New York State.
4. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his staff at practice locations or OPMC offices.
5. 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.
6. Beginning thirty days after the effective date of this order, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.
 - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a random selection of no less than 25 records maintained by Respondent, including patient records, prescribing information, hospital and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report monthly during the first six months of probation and then quarterly to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.

7. Respondent shall enroll in and complete 50 hours of continuing medical education during each year of the period of probation. The continuing medical education programs shall be subject to the Director of OPMC's prior written approval and shall include courses in record keeping and appropriate prescribing practices.
8. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he is subject pursuant to the order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to law.

EXHIBIT "B"

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

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within 5 days of the Order's effective date, Licensee shall deliver Licensee's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
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 make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, 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. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within fifteen (15) days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender his/her DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
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 Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice 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 while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the 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.