

March 26, 2012

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Jonathan D. Block, M.D.

REDACTED ADDRESS

Re: License No. 209187

Dear Dr. Block:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 12-48. This order and any penalty provided therein goes into effect April 2, 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 SIGNATURE

Katherine A. Hawkins, M.D., J.D.

Executive Secretary

Board for Professional Medical Conduct

Enclosure

cc: David L. Adelson, Esq.
Kern, Augustine, Conroy & Schoppmann, P.C.
1325 Franklin Avenue, Suite 255
Garden City, NY 11530

IN THE MATTER
OF
JONATHAN BLOCK, M.D.

CONSENT
ORDER

BPMC No. 12-48

Upon the application of (Respondent) Jonathan Block, 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: 3/23/2012

REDACTED SIGNATURE

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
JONATHAN BLOCK, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

Jonathan Block, M.D., represents that all of the following statements are true:

That on or about December 17, 1997, I was licensed to practice as a physician in the State of New York, and issued License No. 209187 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 (Board) has charged me with three specifications of professional misconduct.

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

I admit to the first specification, in full satisfaction of the charges against me, and agree to the following penalty:

I shall be subject to a Censure and Reprimand, and to a three year period of conditions including a practice monitor, as set forth in the attached Exhibit "B."

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 120 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. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

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 2/29/12

REDACTED SIGNATURE
JONATHAN BLOCK, M.D.
Respondent

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

DATE: 3-5-12

REDACTED SIGNATURE

~~DAVID L. ADELSON, ESQ.~~
Attorney for Respondent

DATE: 3/14/12

REDACTED SIGNATURE

~~VALERIE B. DONOVAN~~
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 3/23/2012

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
JONATHAN BLOCK, M.D.

STATEMENT
OF
CHARGES

Jonathan Block, M.D., the Respondent, was authorized to practice medicine in New York State on or about December 17, 1997, by the issuance of license number 209187 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. From around May 2009 through around October 2009, Respondent provided medical care to Patient A (patients are identified by name in Appendix A), a male with bladder outlet obstruction, bladder instability and prostate cancer at Mohawk Valley Urology P.C., Utica, New York. Respondent's care of Patient A deviated from accepted standards of medical care as follows:
1. On or around October 14, 2009, Respondent performed a limited TURP (transurethral prostatectomy) in his office, on Patient A, and failed to adequately monitor Patient A intraoperatively or postoperatively and/or did not document adequate monitoring of Patient A.
 2. Respondent failed to maintain an adequate medical record for Patient A.
- B. From around July 2008 through around May 2010, Respondent provided medical care to Patient B, a male presenting with lower urinary tract voiding symptoms and benign prostatic hypertrophy (BPH), at Mohawk Valley Urology. Respondent's care of Patient B deviated from accepted standards of medical care as follows:

1. On or around April 21, 2009, Respondent performed a limited TURP in his office on Patient B, and failed to adequately monitor Patient B intraoperatively and/or did not document adequate monitoring of Patient B.
 2. Respondent failed to maintain an adequate medical record for Patient B.
- C. From around December 2005 through around October 2010, Respondent provided medical care to Patient C, a male presenting with lower urinary tract voiding symptoms after having failed a course of alpha blocker therapy, at Mohawk Valley Urology. Respondent's care of Patient C deviated from accepted standards of medical care as follows:
1. On or around May 20, 2009, Respondent performed a limited TURP in his office on Patient C, and failed to adequately monitor Patient C intraoperatively or postoperatively and/or did not document adequate monitoring of Patient C.
 2. Respondent failed to maintain an adequate medical record for Patient C.
- D. From around January 2004 through around February 2010, Respondent provided medical care to Patient D, a male presenting with voiding symptoms due to benign prostatic hypertrophy, at Mohawk Valley Urology. Respondent's care of Patient D deviated from accepted standards of medical care as follows:
1. On or around February 25, 2004, Respondent performed an interstitial laser coagulation (ILC) in his office, of Patient D's prostate, and failed to adequately document the medications and medication dosages given to Patient D.
 2. On or around February 3, 2010, Respondent performed a transurethral resection (TUR) of Patient D's bladder tumor under local anesthesia in his office and failed to adequately monitor Patient D intraoperatively or postoperatively and/or did not document adequate monitoring of Patient D.
 3. Respondent failed to maintain an adequate medical record for Patient D.

- E. From around June 2009 through around August 2010, Respondent provided medical care to Patient E, a male presenting with elevated serum prostate-specific antigen (PSA) level, at Mohawk Valley Urology. Respondent's care of Patient E deviated from accepted standards of medical care as follows:
1. On or around July 22, 2009 Respondent performed a TURP in his office on Patient E, and failed to adequately monitor Patient E intraoperatively or postoperatively and/or did not document adequate monitoring of Patient E.
 2. In or around February 2010, Respondent fulgurated Patient E's first tumor, a papillary tumor, without performing a biopsy and/or failed to obtain a pathology report.
 3. Respondent failed to maintain an adequate medical record for Patient E.
- F. From around August 21, 2006 through around August 2010, Respondent provided medical care to Patient F, a male presenting with a scrotal mass and moderate to severe voiding symptoms, at Mohawk Valley Urology. Respondent's care of Patient F deviated from accepted standards of medical care as follows:
1. On or around April 29, 2009 Respondent performed a TURP in his office on Patient F, and failed to adequately monitor Patient F intraoperatively or postoperatively and/or did not document adequate monitoring of Patient F.
 2. Respondent failed to maintain an adequate medical record for Patient F.
- G. From around March 2009 through around March 2010, Respondent provided medical care to Patient G, a male presenting with bladder outlet obstruction, at Mohawk Valley Urology. Respondent's care of Patient G deviated from accepted standards of medical care as follows:
1. On or around January 20, 2010 Respondent performed a TURP in his office on Patient G, and failed to adequately monitor Patient G intraoperatively or postoperatively and/or did not document adequate

monitoring of Patient G.

2. Respondent failed to maintain an adequate medical record for Patient G.

H. From around February 2006 through around September 2010, Respondent provided medical care to Patient H, a male presenting with lower urinary tract symptoms, at Mohawk Valley Urology. Respondent's care of Patient H deviated from accepted standards of medical care as follows:

1. On or around October 21, 2009, Respondent performed a limited TURP in his office on Patient H, and failed to adequately monitor Patient H intraoperatively or postoperatively and/or did not document adequate monitoring of Patient H.
2. Respondent failed to maintain an adequate medical record for Patient H.

I. From around July 2005 through around July 2010, Respondent provided medical care to Patient I, a male presenting with lower urinary tract voiding symptoms, at Mohawk Valley Urology. Respondent's care of Patient I deviated from accepted standards of medical care as follows:

1. On or around August 20, 2008, Respondent performed right extracorporeal shock wave therapy (ESWL) on Patient I without adequate medical indication.
2. On or around December 9, 2009 Respondent performed a limited TURP in his office on Patient I, and failed to adequately monitor Patient I intraoperatively or postoperatively and/or did not document adequate monitoring of Patient I.
3. Respondent failed to maintain an adequate medical record for Patient I.

J. From around May 2004 through around September 2010, Respondent provided medical care to Patient J, a male presenting with lower urinary tract voiding symptoms, at Mohawk Valley Urology. Respondent's care of Patient J deviated from accepted standards of medical care as follows:

1. On or around August 4, 2004, Respondent treated Patient J with an interstitial laser coagulation of the prostate. Respondent failed to

adequately monitor Patient J, failed to adequately document the medications given to Patient J, and/or failed to document specific cystoscopic findings.

2. On or around February 8, 2006, Respondent treated Patient J with an interstitial laser coagulation of the prostate. Respondent failed to adequately monitor Patient J and/or failed to adequately document the medications given to Patient J.
 3. Respondent failed to maintain an adequate medical record for Patient J.
- K. From around August 2005 through around August 2010, Respondent provided medical care to Patient K, a male presenting for the evaluation and management of nephrolithiasis, at Mohawk Valley Urology. Respondent's care of Patient K deviated from accepted standards of medical care as follows:
1. On or around June 29, 2007, Respondent failed to adequately diagnostically evaluate Patient K's left ureter.
 2. On or around June 2, 2010, Respondent performed a limited TURP in his office on Patient K without adequate medical indication.
 3. On or around June 2, 2010, Respondent failed to adequately monitor Patient K intraoperatively or postoperatively and/or did not document adequate monitoring of Patient K.
 4. Respondent failed to maintain an adequate medical record for Patient K.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more

of the following:

1. The facts in paragraphs A and A.1, B and B.1, C and C.1, D and D.1, D and D.2, E and E.1, E and E.2, F and F.1, G and G.1, H and H.1, I and I.1, I and I.2, J and J.1, J and J.2, K and K.1, K and K.2, and/or K and K.3.

SECOND SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

2. The facts in paragraphs A and A.1, B and B.1, C and C.1, D and D.1, D and D.2, E and E.1, E and E.2, F and F.1, G and G.1, H and H.1, I and I.1, I and I.2, J and J.1, J and J.2, K and K.1, K and K.2, and/or K and K.3.

THIRD SPECIFICATION

RECORD KEEPING

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(32) by reason of his failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, in the

Petitioner charges the following:

3. The facts in paragraphs A and A.2, B and B.2, C and C.2, D and D.3, E and E.3, F and F.2, G and G.2, H and H.2, I and I.3, J and J.3, K and K.4.

DATE: *March 14*
January 14, 2012
Albany, New York

REDACTED SIGNATURE

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

EXHIBIT "B"

Terms of Conditions

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of the terms of conditions and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
2. Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent 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 Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but 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 § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
6. The condition period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the condition period shall resume and Respondent shall fulfill any unfulfilled terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.

7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
8. Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
9. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
10. Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, who has specific expertise in Respondent's type of practice, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.
 - 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 selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information 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 quarterly, in writing, 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.
11. Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.