



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

Public

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

October 21, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Kirnjot Singh, M.D.

REDACTED

Re: License No. 221209

Dear Dr. Singh:

Enclosed is a copy of Modification BPMC #08-96 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect October 28, 2010.

Sincerely,

REDACTED

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

Enclosure

cc: Lauren Bristol, Esq.
Fury, Kerley, Walsh, Matera & Cinquemani, P.C.
2174 Jackson Avenue
Seaford, NY 11783

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

IN THE MATTER
OF
KIRNJOT SINGH, M.D.

MODIFICATION
ORDER

BPMC No. #08-96

Upon the proposed Application for a Modification Order Pursuant to N.Y. Pub. Health Law § 230(10)(q) of KIRNJOT SINGH, 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 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 by first class mail 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: 10-21-2010

REDACTED

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
KIRNJOT SINGH, M.D.

APPLICATION FOR
MODIFICATION
ORDER PURSUANT
TO N.Y. PUB.
HEALTH LAW §
230(10)(q)

STATE OF INDIANA)
COUNTY OF) ss.:

KIRNJOT SINGH, M.D., (Respondent) being duly sworn, deposes and says:

That on or about May 24, 2001, I was licensed to practice as a physician in the State of New York, and issued License Number 221209 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 a Determination and Order (BPMC Order # 08-96) of the Professional Medical Conduct Administrative Review Board (Attachment I) (henceforth "Original Order"), which went into effect on November 3, 2008, and which was issued following a hearing before a Committee of the Board for Professional Medical Conduct under the expedited hearing procedures (Direct Referral hearing) in N.Y. Pub. Health Law § 230(10)(p). Pursuant to N.Y. Pub. Health Law § 230(10)(q), I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

- The sanction imposed in the Original Order was Revocation of Respondent's license.

- The sanction imposed shall be modified to read as follows:

The revocation of Respondent's license shall be stayed, and, pursuant to N.Y. Pub. Health Law § 230-a(9), Respondent shall be placed on probation for a period of three years, subject to the terms set forth in attached Attachment II (Terms of Probation). The probation 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, and as further set forth in attached Attachment II.

and

- Respondent shall, in the course of practicing medicine, regardless of location, examine and/or treat any female patient only in the presence of a chaperone, and as further set forth in Attachment III. Upon Respondent's successful completion of one year of compliance with the terms and conditions relating to the chaperone requirements imposed upon Respondent pursuant to this Order, Respondent may petition the Director for a further modification of sanction. The Director shall exercise reasonable discretion in deciding whether to grant Respondent's petition. Upon the Director's determination, exercising reasonable discretion, that the Respondent has successfully completed one year of compliance with the terms and conditions relating to the chaperone requirements imposed upon Respondent pursuant to this Order, a further Modification Order shall issue. The sanction shall then be modified to remove the stayed revocation, and to remove the Condition that Respondent shall, in the course of practicing medicine, regardless of location, examine and/or treat any female patient only in the presence of a chaperone, and to remove the Conditions imposed in Attachment III. The sanction shall then read, as follows:

- Pursuant to N.Y. Pub. Health Law § 230-a(9), Respondent shall be placed on probation for a period of three years, subject to the terms set forth in attached Attachment II (Terms of Probation). The probation 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, and as further set forth in attached Attachment II.

and

- 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 Bureau of Professional Medical Conduct, 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: _____

9-27-10

REDACTED

KIRNJOT SINGH, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Application and to the proposed penalty based on its terms and conditions.

DATE: 9-30-10

REDACTED

~~LAUREN B. BRISTOL, ESQ.~~
Attorney for Respondent

DATE: 10/20/10

REDACTED

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

ATTACHMENT I

Determination and Order (BPMC Order # 08-96) of the
Professional Medical Conduct Administrative Review Board



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STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

October 27, 2008

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Kirnjot Singh, M.D.

Redacted Address

Lauren B. Bristol
Furey, Kerley, Walsh, et al
2174 Jackson Avenue
Seaford, New York 11783

Robert Bogan, Esq.
NYS Department of Health
Office of Professional Medical Conduct
Division of Legal Affairs
433 River Street, Suite 303
Troy, New York 12180-2299

RE: In the Matter of Kirnjot Singh, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. 08-96) of the Professional Medical Conduct Administrative Review Board in the above referenced matter. This Determination and Order shall be deemed effective upon 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.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate. Delivery shall be by either **certified mail or in person** to:

Office of Professional Medical Conduct
New York State Department of Health
Hedley Park Place
433 River Street-Fourth Floor
Troy, New York 12180

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

This exhausts all administrative remedies in this matter [PHL §230-c(5)].

Sincerely,

Redacted Signature

James F. Hōran, Acting Director
Bureau of Adjudication

JFH:djh

Enclosure

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

In the Matter of

Kirnjot Singh, M.D. (Respondent)

Administrative Review Board (ARB)

A proceeding to review a Determination by a
Committee (Committee) from the Board for
Professional Medical Conduct (BPMC)

Determination and Order No. 08-96

COPY

Before ARB Members Grossman, Lynch, Pellman, Wagle and Wilson
Administrative Law Judge James F. Horan drafted the Determination

For the Department of Health (Petitioner):
For the Respondent:

Robert Bogan, Esq.
Lauren B. Bristol, Esq.

Following a hearing below, a BPMC Committee found that the Respondent engaged in conduct in another state that would amount to professional misconduct under New York Law. The Committee voted to revoke on the Respondent's License to practice medicine in New York State (License). In this proceeding pursuant to New York Public Health Law (PHL) § 230-c (4)(a)(McKinney 2008), the Respondent argues that the Committee imposed an inappropriate penalty that is inconsistent with the Committee's findings of fact and the Respondent asks the ARB to reduce the penalty. After reviewing the hearing record and the review submissions from the parties, the ARB votes 4-1 to affirm the Committee's Determination.

Committee Determination on the Charges

The Committee conducted a hearing in this matter under the expedited hearing procedures (Direct Referral Hearing) in PHL § 230(10)(p). The Petitioner charged that the Respondent violated N. Y. Education Law (EL) §§ 6530(9)(b) & 6530(9)(d) by committing

professional misconduct, because the duly authorized professional disciplinary agency from another state, Indiana,

- found the Respondent guilty for improper professional conduct [6530(9)(b)], and/or,
- took disciplinary action against the Respondent's medical license in that state [6530(9)(d)],

for conduct that would constitute professional misconduct, if the Respondent had committed such conduct in New York. The Petitioner's Statement of Charges [Petitioner Exhibit 1] alleged that the Respondent's misconduct in Indiana would constitute misconduct if committed in New York, under the following specifications:

- failure to comply with substantial provisions under federal, state or local laws, rules or regulations governing the practice of medicine, a violation under EL § 6530(16);
- exercising undue influence over a patient, a violation under EL § 6530(17); and,
- engaging in conduct that evidences moral unfitness in the practice of medicine, a violation under EL §6530(20).

Following the Direct Referral Proceeding (Proceeding), the Committee rendered the Determination now on review. In the Proceeding, the statute limits the Committee to determining the nature and severity for the penalty to impose against the licensee, see In the Matter of Wolkoff v. Chassin, 89 N.Y.2d 250 (1996).

The evidence at the Proceeding indicated that the Medical Licensing Board of the State of Indiana (Indiana Board) entered into a Stipulation with the Respondent that placed the Respondent's Indiana medical license on indefinite probation. The Stipulation settled charges that the Respondent engaged in immoral conduct in the delivery of medical services by engaging in sexual contact with a patient in a medical office on the same date as the Respondent saw the patient for the first time. At the Proceeding, the Respondent testified that a patient came to his orthopedic practice complaining about back pain. The Respondent claimed that he discharged the

patient, that the patient came back to the Respondent's office after hours and that the Respondent and patient engaged in consensual sexual relations.

The Committee determined that the Respondent engaged in conduct that resulted in disciplinary action and misconduct findings by the Indiana Board and that the Respondent's conduct in Indiana would constitute professional misconduct in New York. The Committee voted 2-1 to revoke the Respondent's License. The Committee rejected the Respondent as a credible witness in his explanation about the encounter at issue in this case. The Committee expressed serious reservations about the putative discharge of the patient and noted that the Respondent left open the back door to his office to facilitate the after-hours rendezvous. The Committee also commented on a letter in evidence that indicated that the Respondent had been accused of boundary violations with other patients. The Committee member who dissented from the vote for revocation would have placed the Respondent on probation similar to that which the Indiana Board imposed.

Review History and Issues

The Committee rendered their Determination on June 13, 2008. The Respondent submitted a Notice of Review on June 24, 2008. On June 27, 2008, the Respondent's current counsel entered an appearance in writing on the Respondent's behalf. Counsel for both parties requested extensions subsequently in the date for filing review submissions. Counsel received the extensions. The record in the Review included the hearing record, the Respondent's brief and the Petitioner's reply brief. The record closed when the ARB received the Petitioner's reply on September 19, 2008.

The Respondent argues that the Indiana Board heard the patient in the Respondent's case and that the Indiana Board placed the Respondent on probation with the safety net of a chaperone, education and training on boundary issues. The Indiana Board also required

psychological testing and such testing revealed no issues for concern and resulted in no recommendations for therapy or treatment. The Respondent argues further that the Committee misinterpreted the letter in evidence that referred to boundary violations. In addition, the Respondent argues that the charges at the Direct Referral Hearing made no reference to any additional boundary violations. The Respondent expresses his remorse and his realization that he used bad judgment when he engaged in sexual contact with the patient in Indiana. The Respondent asks that the ARB overturn the Committee and impose a penalty against the Respondent similar to that which the Indiana Board imposed.

In reply, the Petitioner argues that the Petitioner engaged in moral misconduct and exercised undue influence over a patient. The Petitioner contends that the Committee imposed an appropriate sanction.

ARB Authority

Under PHL §§ 230(10)(i), 230-c(1) and 230-c(4)(b), the ARB may review Determinations by Hearing Committees to determine whether the Determination and Penalty are consistent with the Committee's findings of fact and conclusions of law and whether the Penalty is appropriate and within the scope of penalties which PHL §230-a permits. The ARB may substitute our judgment for that of the Committee, in deciding upon a penalty Matter of Bogdan v. Med. Conduct Bd. 195 A.D.2d 86, 606 N.Y.S.2d 381 (3rd Dept. 1993); in determining guilt on the charges, Matter of Spartalis v. State Bd. for Prof. Med. Conduct 205 A.D.2d 940, 613 NYS 2d 759 (3rd Dept. 1994); and in determining credibility, Matter of Minielly v. Comm. of Health. 222 A.D.2d 750, 634 N.Y.S.2d 856 (3rd Dept. 1995). The ARB may choose to substitute our

judgment and impose a more severe sanction than the Committee on our own motion, even without one party requesting the sanction that the ARB finds appropriate, Matter of Kabnick v. Chassin, 89 N.Y.2d 828 (1996). In determining the appropriate penalty in a case, the ARB may consider both aggravating and mitigating circumstances, as well as considering the protection of society, rehabilitation and deterrence, Matter of Brigham v. DeBuono, 228 A.D.2d 870, 644 N.Y.S.2d 413 (1996).

The statute provides no rules as to the form for briefs, but the statute limits the review to only the record below and the briefs [PHL § 230-c(4)(a)], so the ARB will consider no evidence from outside the hearing record, Matter of Ramos v. DeBuono, 243 A.D.2d 847, 663 N.Y.S.2d 361 (3rd Dept. 1997).

A party aggrieved by an administrative decision holds no inherent right to an administrative appeal from that decision, and that party may seek administrative review only pursuant to statute or agency rules, Rooney v. New York State Department of Civil Service, 124 Misc. 2d 866, 477 N.Y.S.2d 939 (Westchester Co. Sup. Ct. 1984). The provisions in PHL §230-c provide the only rules on ARB reviews.

Determination

The ARB has considered the record and parties' review submissions. We affirm the Committee's Determination that the Respondent's conduct amounted to professional misconduct and made the Respondent liable for disciplinary action against his License. Neither party challenged the Committee's Determination on that ground. We vote 4-1 affirm the Committee's Determination to revoke the Respondent's License.

The ARB agrees with the Committee that the facts present a troubling picture about the Respondent's encounter with the patient in Indiana. In one day, the patient came to the Respondent for treatment, the Respondent and the patient discussed the possibility that the patient could obtain employment at a hospital the Respondent was planning on opening, the Respondent discharged the patient and the patient returned to the office following normal working hours and engaged in sexual conduct with the Respondent. The Committee found the Respondent neither credible nor persuasive in his testimony and expressed serious reservations with the Respondent's assertion that he discharged the patient from care prior to the sexual encounter. The Committee noted that the Respondent left the back door to his office open after normal working hours to facilitate the clandestine rendezvous.

The ARB concludes that the Respondent did far more than merely exercising poor judgment. The ARB majority finds that the Respondent demonstrated moral unfitness in practice and exercised undue influence over a patient. The Respondent took advantage of the patient and the situation and he demonstrated his unfitness to hold a License in New York State. One ARB member dissented from the vote for revocation. The dissenting member would impose the same penalty against the Respondent in New York that the Indiana Board imposed in that state.

ORDER

NOW, with this Determination as our basis, the ARB renders the following ORDER:

1. The ARB affirms the Committee's Determination that the Respondent committed professional misconduct.
2. The ARB affirms the Committee's Determination to revoke the Respondent's license.

Linda Prescott Wilson
Thea Graves Pellman
Datta G. Wagle, M.D.
Stanley L. Grossman, M.D.
Therese G. Lynch, M.D.

In the Matter of Kirnjot Singh, M.D

Linda Prescott Wilson, an ARB Member affirms that she took part in the consideration of this case and that this Determination and Order represents the decision of the ARB majority in the Matter of Dr. Singh.

Dated 21 October, 2008

Redacted Signature

Linda Prescott Wilson

In the Matter of Kirnjot Singh, M.D.

Thea Graves Pellman, an ARB Member affirms that she took part in the consideration of this case and that this Determination and Order represents the decision of the ARB majority in the Matter of Dr. Singh.

Dated: 10-24-08 2008

Redacted Signature

Thea Graves Pellman

In the Matter of Kirnjot Singh, M.D.

Stanley L. Grossman, an ARB Member affirms that he took part in the consideration of this case and that this Determination and Order represents the decision of the ARB majority in the Matter of Dr. Singh.

Dated: October 23, 2008

Redacted Signature

Stanley L. Grossman, M.D.

In the Matter of Kirnlot Singh, M.D.

Therese G. Lynch, M.D., an ARB Member affirms that she took part in the consideration of this case and that this Determination and Order represents the decision of the ARB majority in the Matter of Dr. Singh.

Dated: October 23, 2008

Redacted Signature

Therese G. Lynch, M.D.

ATTACHMENT II

Terms of Probation

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 probation 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 303, 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 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. Respondent shall, in the course of practicing medicine in New York State, examine and/or treat any female patient only in the presence of a chaperone. The chaperone shall be a licensed or registered health care professional or other health care worker, and shall not be a family member, personal friend, or be in a professional relationship with Respondent that could pose a conflict with the chaperone's responsibilities. The chaperone shall be proposed by Respondent and subject to the written approval of the Director of OPMC.
7. Prior to the approval of any individual as chaperone, Respondent shall cause the proposed chaperone to execute and submit to the Director of OPMC an acknowledgment of the chaperone's agreement to undertake all of the responsibilities of the role of chaperone. Said acknowledgment shall be made upon a form provided by and acceptable to the Director. Respondent shall provide the chaperone with a copy of the Modification Order and all of its attachments and shall, without fail, cause the approved chaperone to:

- a. Report quarterly to OPMC regarding the chaperoning of Respondent's practice.
 - b. Report within 24 hours any failure of Respondent to comply with the Order, including, but not limited to, any failure by Respondent to have the chaperone present when required, any sexually suggestive or otherwise inappropriate comments by Respondent to any patient, and any actions of a sexual nature by Respondent in the presence of any patient.
 - c. Confirm the chaperone's presence at each and every examination and treatment of a female patient by Respondent, by placing the chaperone's name, title and date in the patient record for each and every visit, and by maintaining a separate log, kept in the chaperone's own possession, listing the full patient name and date of visit for each and every patient visit chaperoned.
 - d. Provide copies of the log described in paragraph c, above, to OPMC at least quarterly and also immediately upon the Director's request.
8. The probation 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 probation period shall resume and Respondent shall fulfill any unfulfilled probation 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.
9. 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.
10. 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.
11. 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.
12. Respondent shall enroll in and complete a continuing education program. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within the first 90 days of the probation period.

13. After successful completion of one year of probation in New York, Respondent may petition the Director and the Chairperson of the Board for further modification or termination of the terms of probation imposed pursuant to this Order.
14. Respondent shall comply with this Modification 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.

ATTACHMENT III

Conditions

1. Respondent shall, in the course of practicing medicine both within and outside New York State, examine and/or treat any female patient only in the presence of a chaperone. The chaperone shall be a licensed or registered health care professional or other health care worker, and shall not be a family member, personal friend, or be in a professional relationship with Respondent that could pose a conflict with the chaperone's responsibilities. The chaperone shall be proposed by Respondent and subject to the written approval of the Director of OPMC.
2. Prior to the approval of any individual as chaperone, Respondent shall cause the proposed chaperone to execute and submit to the Director of OPMC an acknowledgment of the chaperone's agreement to undertake all of the responsibilities of the role of chaperone. Said acknowledgment shall be made upon a form provided by and acceptable to the Director. Respondent shall provide the chaperone with a copy of the Modification Order and all of its attachments, and shall, without fail, cause the approved chaperone to:
 - a. Report quarterly to OPMC regarding the chaperoning of Respondent's practice, and advise the Director whether or not Respondent has been completely compliant with the terms and conditions relating to the chaperone requirements imposed upon Respondent pursuant to this Order.
 - b. Report within 24 hours any failure of Respondent to comply with the Order, including, but not limited to, any failure by Respondent to have the chaperone present when required, any sexually suggestive or otherwise inappropriate comments by Respondent to any patient, and any actions of a sexual nature by Respondent in the presence of any patient.
 - c. Confirm the chaperone's presence at each and every examination and treatment of a female patient by Respondent, by placing the chaperone's name, title and date in the patient record for each and every visit, and by maintaining a separate log, kept in the chaperone's own possession, listing the full patient name and date of visit for each and every patient visit chaperoned.
 - d. Provide copies of the log described in paragraph c, above, to OPMC at least quarterly and also immediately upon the Director's request. For patients seen outside New York, the full name of the patient shall be redacted, and the initials of the patient shall be provided to OPMC instead of the full patient name.