

New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Richard F. Daines, M.D. Commissioner NYS Department of Health James W. Clyne, Jr. Executive Deputy Commissioner Keith W. Servis, Director Office of Professional Medical Conduct Kendrick A. Sears, M.D. Chair Carmela Torrelli Vice Chair Katherine A. Hawkins, M.D., J.D. Executive Secretary

November 23, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Fred Eugene Notarnicola, M.D. REDACTED

RE: License No. 226362

Dear Dr. Notarnicola:

Enclosed is a copy of Order BPMC #10-239 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect November 30, 2010.

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

> Bureau of Accounts Management New York State Department of Health Corning Tower, Room 1717 Empire State Plaza Albany, New York 12237

> > Sincerely.

REDACTED

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

cc: Barbara Ryan, Esq. Aaronson, Rappaport, Feinstein & Deutsch, LLP 757 Third Avenue New York, NY 10017

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

OF

CONSENT

FRED EUGENE NOTARNICOLA, M.D.

BPMC No. #10-239

Upon the application of (Respondent) FRED EUGENE NOTARNICOLA, 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: 11/19/10

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 FRED EUGENE NOTARNICOLA, M.D.

CONSENT
AGREEMENT
AND
ORDER

FRED EUGENE NOTARNICOLA, M.D., represents that all of the following statements are true:

That on or about September 16, 2002, I was licensed to practice as a physician in the State of New York, and issued License No. 226362 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 understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one specification of professional misconduct.

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

I do not contest the First Specification, Practicing or Offering to Practice Beyond the Scope Permitted by Law, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$20,000.00, to be paid in full within one year of the Order's effective date, as follows: a payment of \$5000 shall be due on January 1, 2011; a payment of \$5000 shall be due on April 1, 2011; a payment of \$5000 shall be due on July 1, 2011; and a payment of \$5000 shall

be due on October 1, 2011. Payments must be submitted to:

Bureau of Accounts Management

New York State Department of Health

Empire State Plaza

Corning Tower, Room 1717

Albany, New York 12237

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.

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.

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 10/26/2010

REDACTED

FRED EUGENE NOTARNICOLA, M.D. RESPONDENT

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

DATE: 11/5/10

BARBARA A. RYAN, ESQ. Attorney for Respondent

DATE: November 5, 2016

- REDACTED

MARCIA E. KAPLAN Associate Counsel Bureau of Professional Medical Conduct

DATE: 1 19/10

REDACTED

Director
Office of Professional Medical Conduct

EXHIBIT "A"

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

IN THE MATTER

OF

FRED EUGENE NOTARNICOLA, M.D.

STATEMENT OF CHARGES

FRED EUGENE NOTARNICOLA, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 16, 2002, by the issuance of license number 226362 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. From in or about July 2001 through on or about September 16, 2002, during the period between completing his Internal Medicine residency and his obtaining a New York State medical license, Respondent practiced medicine beyond the scope permitted by law, in that, despite knowing that he was then unlicensed, he performed medical evaluations at the offices of Anthony Bertelle, M.D., including the evaluation of Patient A on two occasions in July 2002; and despite knowing that he was then unlicensed and lacked hospital privileges at Maimonides Medical Center, Brooklyn, N.Y. (the institution where he completed his residency in or about June 2001), Respondent inappropriately evaluated patients, accessed patient information, and entered notations and medical orders in patient charts and the electronic medical record system of Maimonides Medical Center.

SPECIFICATION OF CHARGES

PRACTICING OR OFFERING TO PRACTICE BEYOND THE SCOPE PERMITTED BY LAW

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(24) by practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform, or performing without adequate supervision professional services which the licensee is authorized to perform only under the supervision of a licensed professional, except in an emergency situation where a person's life or health is in danger, as alleged in the facts of:

1. Paragraph A.

DATE:

October , 2010 New York, New York

REDACTED

ROY NEMERSON
Deputy Counsel
Bureau of Professional Medical Conduct