



**Department  
of Health**

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

November 29, 2019

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Samuel M. Maryles, M.D.  


Re: License No. 228769

Dear Dr. Maryles:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 19-298. This order and any penalty provided therein goes into effect December 6, 2019.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,

  
Jonathan P. Curtin, M.D.  
Medical Director  
Physician Monitoring Program  
Office of Professional Medical Conduct

Enclosure

cc: Barbara Ryan, Esq.  
Aaronson, Rappaport, Feinstein & Deutsch, LLP.  
600 Third Avenue  
New York, New York 10016

IN THE MATTER  
OF  
SAMUEL MARYLES, M.D.

MODIFICATION  
ORDER

Upon the proposed Application for a Modification Order of SAMUEL MARYLES, 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: 11/27/2019

  
Carmela Torrelli  
Vice Chair  
State Board for Professional Medical Conduct

**IN THE MATTER  
OF  
SAMUEL MARYLES, M.D.**

**MODIFICATION  
AGREEMENT  
AND  
ORDER**

SAMUEL MARYLES, M.D., represents that all of the following statements are true:

That on or about June 16, 2003, I was licensed to practice as a physician in the State of New York and issued License No. 228769 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 # 07-24 (Attachment I) (henceforth "Original Order"), a Consent Order that went into effect on February 9, 2007, and was issued upon a Consent Agreement signed by me (henceforth "Original Application"), adopted by the Original Order. 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 included but was not limited to:

1. a Censure and Reprimand;
2. three years of probation in accordance with the terms set out in Exhibit B of the Original Order, including a practice monitor;

3. a continuing medical education program ("CME") in the area of Emergency Medicine;
4. a clinical competency assessment ("CCA"); and
5. an educational preceptor.

The sanction imposed shall be modified to read as follows:

- From the effective date of this Modification Agreement, the probation and its terms, the CME program, the CCA, and the preceptor imposed by the Original Order shall terminate in its entirety. Exhibit "B" of the Original Order shall no longer be of any effect;

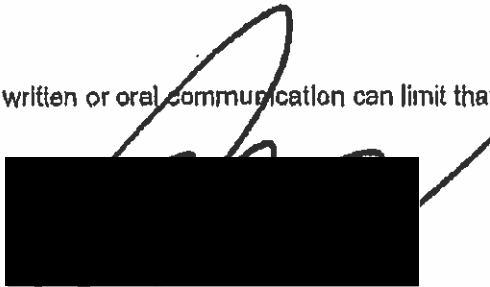
and

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 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.

A handwritten signature in black ink is written over a solid black rectangular redaction box. The signature appears to be 'S. Maryles'.

DATE \_\_\_\_\_

SAMUEL MARYLES, M.D.  
RESPONDENT

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

DATE: October 28, 2019

  
BARBARA A. RYAN, ESQ.  
Attorney for Respondent

DATE: 10/30/19

  
GERARD A. CABRERA  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 11/26/2019

  
*PA* PAULA M. BREEN  
Acting Director  
Office of Professional Medical Conduct

**ATTACHMENT I**



**New York State Board for Professional Medical Conduct**

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0861

Kendrick A. Sears, M.D.  
Chair

Donnie J. Graziano, Director  
Office of Professional Medical Conduct

Michael A. Gonzalez, R.P.A.  
Vice Chair

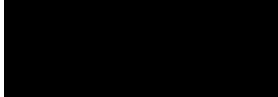
Ansel R. Marks, M.D., J.D.  
Executive Secretary

*Public*

February 2, 2007

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Samuel Maryles, M.D.



Re: License No. 228769

Dear Dr. Maryles:

Enclosed is a copy of Order #BPMC 07-24 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect February 9, 2007.

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 the Board for Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180.

Sincerely,



Ansel R. Marks, M.D., J.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

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



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

IN THE MATTER  
OF  
SAMUEL MARYLES, M.D.

CONSENT  
ORDER

BPMC No. #07-24

Upon the application of (Respondent) SAMUEL MARYLES, 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: 2-1-07

  
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  
SAMUEL MARYLES, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

SAMUEL MARYLES, M.D., representing that all of the following statements are true, deposes and says:

That on or about June 16, 2003, I was licensed to practice as a physician in the State of New York, and issued License No. 228769 by the New York State Education Department.

My current address is Stamford Hospital, Emergency Dept., 30 Shelburne Road, Stamford, Ct 06904, 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 seven 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 do not contest the first specification to the extent it cites the factual allegations set forth in Paragraphs A and B, and the second and third specifications, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law § 230-a(1), I shall be subject to a Censure and Reprimand.

Pursuant to § 230-a(9) of the Public Health Law, I shall be placed on probation for a period of 36 months, subject to the

terms set forth in 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 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(2b).

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 1/15/07



SAMUEL MARYLES, M.D.  
RESPONDENT

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

DATE: 1/29/07

  
BARBARA RYAN, ESQ.  
Attorney for Respondent

DATE: 1/30/07

  
DIANNE ABELOFF  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 31 January 2007

  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

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

IN THE MATTER  
OF  
SAMUEL MARYLES, M.D.

STATEMENT  
OF  
CHARGES

SAMUEL MARYLES, M.D., the Respondent, was authorized to practice medicine in New York State on or about June 16, 2003, by the issuance of license number 228760 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or about July 21, 2003, Patient A (Patients are identified in the attached Appendix) presented to the Emergency Room at Lutheran Medical Center, complaining of right flank pain and right scrotal pain since morning. Respondent's care of Patient A deviated from accepted medical conduct in that Respondent failed to appropriately investigate and follow-up on this complaint.
- B. On or about November 30, 2003, Patient B presented to the Emergency Room at Lutheran Medical Center, Brooklyn, New York, with a main complaint of acute onset of abdominal pain in the suprapubic area associated with pain on urination. Respondent's care of Patient B deviated from accepted medical conduct in that Respondent failed to appropriately investigate and follow-up on this complaint.

**EXHIBIT "A"**

- C. In the State of Connecticut, on the dates in 2004 and 2005 set forth in Appendix A, Respondent deviated from medical standards in the care of Patients C through F in inappropriately discharging patients from the emergency room without appropriately following-up each patient's complaint or, in the alternative, without appropriately noting the identity and involvement, if any, of other physicians responsible for such follow-up.

**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 Paragraph A, B, and/or C.

**SECOND THROUGH SEVENTH SPECIFICATION**

**FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

- 2. The facts in Paragraph A.
- 3. The facts in Paragraph B.
- 4. The facts in Paragraph C with respect to Patient C.
- 5. The facts in Paragraph C with respect to Patient D.
- 6. The facts in Paragraph C with respect to Patient E.
- 7. The facts in Paragraph C with respect to Patient F.



DATE: January 30, 2007  
New York, New York



ROY NEMERSON  
Deputy Counsel  
Bureau of Professional Medical Conduct

**EXHIBIT "B"****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 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 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.

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 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.

#### CLINICAL COMPETENCY ASSESSMENT

9. Respondent shall obtain a clinical competency assessment performed by a program for such assessment as directed by the Director of OPMC. Respondent shall cause a written report of such assessment to be provided directly to the Director of OPMC within sixty (60) days of the effective date of this Order.
  - a. Respondent shall be responsible for all expenses related to the clinical competency assessment and shall provide to the Director of OPMC proof of full payment of all costs that may be charged. This term of probation shall not be satisfied in the absence of actual receipt, by the Director, of such documentation, and any failure to satisfy shall provide a basis for a Violation of Probation proceeding.
  - b. At the direction of the Director and within 60 days following the completion of the clinical competency assessment (CCA) the Respondent shall identify a Preceptor, preferably a physician who is board certified in the same specialty, to be approved in writing, by the Director of OPMC. The Respondent shall cause the Preceptor to:
    - i. Develop and submit to the Director of OPMC for written approval a remediation plan, which addresses the deficiencies /retraining recommendations identified in the CCA. Additionally, this proposal shall establish a timeframe for completion of the remediation program.
    - ii. Submit progress reports at periods identified by OPMC certifying whether the Respondent is fully participating in the personalized continuing medical education program and is making satisfactory progress towards the completion of the approved remediation plan.
    - iii. Report immediately to the Director of OPMC if the Respondent withdraws from the program and report promptly to OPMC any significant pattern of non-compliance by the Respondent.
    - iv. At the conclusion of the program, submit to the Director of OPMC a detailed assessment of the progress made by the Respondent toward remediation of all identified deficiencies.

Respondent shall be solely responsible for all expenses associated with these terms, including fees, if any, for the clinical competency assessment, the personalized continuing medical education program, or to the monitoring physician

**PRACTICE MONITOR**

10. Within thirty days of the effective date of the order, Respondent shall practice medicine in New York State 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 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 enroll in and complete a continuing education program in the area of Emergency Medicine. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within the first year of the probation period.
12. 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.