

Public

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

March 11, 2013

CERTIFIED MAIL-RECEIPT REQUESTED

Saniav Trivedi, M.D.

REDACTED

Re: License #249122

Dear Dr. Trivedi:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 13-68. This Order Not to Practice is effective March 18, 2013.

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

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

cc: Matthew Kachergus, Esq.
Sheppard White & Kachergus, P.A.
215 Washington Street
Jacksonville, FL 32202

IN THE MATTER
OF
SANJAY TRIVEDI, M.D.

ORDER FOR
NON PRACTICE OF
MEDICINE

Upon the application and agreement of SANJAY TRIVEDI, M.D. for an Order by which SANJAY TRIVEDI, M.D. agrees to cease the practice of medicine in New York State pending the final disposition of the present Department of Health, Office of Professional Medical Conduct investigation of certain criminal charges pending in the State of Florida against SANJAY TRIVEDI, M.D., which application and agreement is made a part hereof, it is agreed to and

ORDERED, that the application and agreement and the provisions thereof are hereby adopted and so Ordered, and it is further

ORDERED, that this Order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to SANJAY TRIVEDI, M.D., or upon transmission via facsimile to SANJAY TRIVEDI, M.D., whichever is earliest.

SO ORDERED.

DATE: 3/8/2013

REDACTED

Arthur S. Hengerer, 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
SANJAY TRIVEDI, M.D.

APPLICATION FOR
AND AGREEMENT
TO
NOT PRACTICE
MEDICINE/
ORDER OF THE
BOARD

STATE OF FLORIDA)
COUNTY OF St. JOHNS) SS.:

SANJAY TRIVEDI, M.D., states:

1. That on or about June 17, 2008, I was licensed to practice as a physician in the State of New York, having been issued License No. 249122 by the New York State Education Department.
2. My current address is REDACTED and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.
3. I understand that the New York State Board for Professional Medical Conduct is investigating certain aspects of my medical practice to determine if I may have engaged in professional misconduct.
4. I voluntarily make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

5. I hereby agree to the following :

I will not engage in the practice of medicine in New York State from the effective date of this agreement until final disposition of the New York State Office of Professional Medical Conduct investigation into certain criminal charges pending against Respondent in the State of Florida.

6. I hereby stipulate that any failure by me to comply with the above condition imposed by this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

7. Further, I hereby acknowledge that any activity by me that constitutes the practice of medicine in New York State at any time after the effective date of this order, and during the pendency of the Order, shall constitute the unauthorized practice of medicine within the meaning of N.Y. Educ. Law §6512, defining a Class E felony.

8. I agree not to seek privileges or employment in New York State as a physician during the pendency of this agreement.

9. I understand that unless and until I am allowed to resume the practice of medicine in New York State under the terms of this agreement, my licensure status is "inactive" and I am not authorized to practice medicine in the State of New York. I further understand that any practice of medicine under the

authority of my New York State medical licence while my license is "inactive" shall constitute a violation of N.Y. Educ. Law Section 6530(12), regardless of the location of such practice.

10. I agree that this agreement may be made public, including notice to the National Practitioners' Data Bank, Federation of State Medical Boards, and posting on the NYS Department of Health's website.

11. I understand that unless and until I am allowed to resume the practice of medicine in New York State under the terms of this agreement, I shall notify all persons who request my medical services in New York State that I have ceased the active practice of medicine in New York State.

12. I understand that the Department of Health, Office of Professional Medical Conduct shall notify each hospital or facility at which I presently hold privileges, that I have ceased the active practice of medicine in New York State, and that my licensure status during the pendency of the agreement is inactive. I also agree that I have ceased the active practice of medicine in New York State.

13. I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me. This Application shall not be used against me in any way in any professional misconduct disciplinary proceeding.

14. I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance

by the Board, which may be accomplished by mailing, by first class mail, a copy of the Order to my attorney, or upon transmission via facsimile to my attorney, whichever is earliest.

15. I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED: _____

3/1/13

REDACTED _____

SANJAY TRIVEDI, M.D.
RESPONDENT

The undersigned agree to the attached application of the Respondent based on the terms and conditions thereof.

DATE: 3/1/13

REDACTED

SANJAY TRIVEDI M.D.
Respondent

DATE: 3/1/13

REDACTED

MATTHEW KACHEROUS, ESQ.
Counsel for Respondent

DATE: 3/4/13

REDACTED

JOEL E. ABELOVE
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 3/8/13

REDACTED

KEITH W. SERVIS
Director
Office of Professional
Medical Conduct