NEW YORK state department of



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

HEALTH

Sue Kelly **Executive Deputy Commissioner**

March 18, 2014

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Stacey Lee Hiles, M.D.

REDACTED

Re: License No. 249599

Dear Dr. Hiles:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 14-58. This order and any penalty provided therein goes into effect March 25, 2014.

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

Enclosure

cc:

John McPhilliamy, Esq.

Ahmuty, Demers & McManus

200 I.U. Willets Road Albertson, NY 11507

> **HEALTH.NY.GOV** facebook.com/NYSDOH twitter.com/HealthNYGov

NEW YORK STA	BPMC No. 14-58	
	IN THE MATTER	CONSENT
	OF	ORDER
	STACEY HILES, M.D.	

Upon the application of **STACEY HILES, M.D.,** (Respondent), in the attached Consent Agreement, that 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 or email transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATED: 3/17/2014

REDACTED

ARTHUR S. HENGERER, M.D. Chair
State Board for Professional
Medical Conduct

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

IN THE MATTER

CONSENT

OF

AGREEMENT

STACEY HILES, M.D. CO-13-02-0517-A

STACEY HILES, M.D., (Respondent), representing that all of the following statements are true, deposes and says:

That on or about July 21, 2008, I was licensed to practice medicine in the State of New York and issued license number 249599 by the New York State Education Department.

My current address is REDACTED , and I will advise the Director (Director) of the Office of Professional Medical Conduct (OPMC) of any change of my address within thirty (30) days, thereof.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one (1) 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 Specification, and I agree:

That I shall receive a Censure and Reprimand; and I further agree

to never activate my registration to practice medicine as a physician in New York State. [Limitation on registration or issuance of any further license pursuant to Public Health Law Section 230-a(6)].

I stipulate that my failure to comply with any conditions of the Consent Order shall constitute misconduct as defined by New York Education Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and the Consent 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 New York Public Health Law.

issue a Consent Order in accordance with its terms. I agree that the 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 or email transmission to me or my attorney, whichever is first. The Consent Order, this Consent 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 of Health website.

I stipulate that the proposed sanction and Consent Order are authorized by New York
Public 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, administratively and/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, OPMC, and the Chair of the Board each retain complete discretion either to enter into the proposed Consent 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.

AFFIRMED:

DATED: 3/63/14

REDACTED

STACEY HILES, M.D. Respondent

	The undersig	ned agree to	Respondent's	attached Co	nsent Agreem	ent and to its
propose	ed penalty, te	rms and con-	ditions.			

DATE: Marel 3, 2014

REDACTED

JOHN A. MCPHILLIAMY, Esq. Attorney for Respondent

DATE: March of 2014

REDACTED

PAUL TSUI
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 3 1414

REDACTED

Director

Office of Professional Medical Conduct

EXHIBIT A

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

IN THE MATTER

STATEMENT

OF

OF

STACEY HILES, M.D. CO-13-02-0517-A

CHARGES

STACEY HILES, M.D., Respondent, was authorized to practice medicine in New York State on July 21, 2008, by the issuance of license number 249599 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about January 10, 2013, the State of Washington, Department of Health, Medical Quality Assurance Commission (hereinafter "Washington Board"), by a Stipulation to Informal Disposition (hereinafter "Washington Order"), inter alia, placed Respondent on probation for one (1) year, required her to complete at least four (4) hours of Category 1 Continuing Medical Education in the area of medical record keeping, required her to complete Continuing Medical Education on opioid prescribing, maintain complete medical records, comply with all aspects of pain management rules, submit to a practice review and ordered her to pay costs based upon her failure to maintain adequate medical records for treatments specifically on two patients.
- B. The conduct resulting in the Washington Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York state law:
 - 1. New York Education Law §6530(3) (negligence on more than one occasion); and
- 2. New York Education Law §6530(32) (failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient).

SPECIFICATION

Respondent violated New York Education Law §6530(9)(d) by having disciplinary action taken by a duly authorized disciplinary agency of another state, where the conduct resulting in the disciplinary action would, if committed in New York state, constitute professional misconduct under the laws of New York State, in that Petitioner charges:

The facts in Paragraphs A and B.

DATED: JAN. 103, 2014 Albany, New York

REDACTED

MICHAEL A. HISER
Deputy Counsel
Bureau of Professional Medical Conduct