

November 10, 2015

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Gerard A. Cabrera, Esq.
NYS Department of Health
90 Church Street – 4th Floor
New York, New York 10007

Mona Sarrai, M.D.
c/o William L. Wood, Jr.
Wood & Scher
222 Bloomingdale Road
White Plains, New York 10605

William L. Wood, Jr.
Wood & Scher
222 Bloomingdale Road
White Plains, New York 10605

RE: In the Matter of Mona Sarrai, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. 15-268) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the 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 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
Office of Professional Medical Conduct
Riverview Center
150 Broadway - Suite 355
Albany, New York 12204

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.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (l), (McKinney Supp. 2015) and §230-c subdivisions 1 through 5, (McKinney Supp. 2015), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays penalties other than suspension or revocation until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

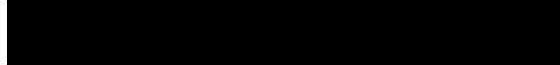
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Chief Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Riverview Center
150 Broadway – Suite 510
Albany, New York 12204

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,



James F. Horan
Chief Administrative Law Judge
Bureau of Adjudication

JFH:cah
Enclosure

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

COPY

-----X
IN THE MATTER : DETERMINATION
: :
OF : AND
: :
MONA SARRAI, M.D. : ORDER
-----X

BPMC #15-268

A Notice of Hearing and Statement of Charges, dated June 22, 2015, were served upon MONA SARRAI, M.D. ("Respondent"). ALAN KOPMAN, FACHE, Chairperson, KRISHNA R.S. GUJAVARTY, M.D., and ELISA J. WU, M.D., duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter pursuant to § 230(10)(e) of the Public Health Law of the State of New York ("Public Health Law"). WILLIAM J. LYNCH, ESQ., ADMINISTRATIVE LAW JUDGE, served as the Administrative Officer.

The Department of Health, Office of Professional Medical Conduct ("Petitioner" or "Department") appeared by RICHARD J. ZAHNLEUTER, Acting General Counsel, by GERARD A. CABRERA, ESQ., of Counsel. Respondent was represented by Wood and Scher, by WILLIAM L. WOOD, ESQ. Evidence was received, witnesses sworn and heard, and transcripts of the proceedings were made.

After consideration of the entire record, the Hearing Committee issues this Determination and Order.

PROCEDURAL HISTORY

Pre-Hearing Conference: July 9, 2015
Hearing Date: July 23, 2015
Witnesses for the Petitioner: Benjamin Cheney, M.D.
Theodore Maniatis, M.D.
Witnesses for the Respondent: William Foote, Ph.D.
Allen Thorne, M.D.
Robert Hoeffler
Mona Sarrai, M.D.
Written Submissions Received: August 28, 2015
Deliberations Held: October 1, 2015

STATEMENT OF CASE

Respondent was charged with two specifications of professional misconduct, as defined in § 6530 of the Education Law of the State of New York ("Education Law"). The charges allege that Respondent had a psychiatric condition which impaired her ability to practice medicine from approximately September 2011 until December 2013, and that she practiced the profession while impaired by a mental disability during her Staten Island University Hospital ("SIUH") employment which was terminated on August 20, 2012. A copy of the Notice of Hearing and Statement of Charges is attached to this Determination and Order as Appendix 1.

FINDINGS OF FACT

The following Findings of Fact were made after a review of the entire record in this matter. All findings and conclusions set forth below are the unanimous determinations of the Hearing Committee. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. Numbers below in parentheses refer to exhibits (denoted by the prefix "Ex.") or transcript page numbers ("T."). These citations refer to evidence found persuasive by the Hearing Committee in arriving at a particular finding.

Having heard testimony and considered documentary evidence presented by Petitioner and Respondent, the Hearing Committee hereby makes the following findings of fact:

1. Respondent was authorized to practice medicine in New York State on November 28, 2005 by issuance of license number 238371. (Department Ex. 2).

2. Respondent began employment at Community Health Services in Hartford, Connecticut as a primary care physician in May 2007. She left that employment in February 2008 because she felt that her supervisor gave her a negative evaluation "for being defensive." She began seeing a therapist during this period of employment. (Department Ex. 3; Respondent Ex. B).

3. Respondent began employment at Putnam Hospital Center in Carmel, New York as a hospitalist in March 2008. She had conflict with

her supervisor and left that facility in April 2009. She continued seeing her therapist in Hartford, Connecticut. (Department Ex. 3; Respondent Ex. B).

4. Respondent began employment at Phelps Memorial Hospital in Sleepy Hollow, New York as a hospitalist in May 2009. Her employment by Phelps Memorial Hospital ended in February 2011 when a private group, Hospitalist Solution, PLLC, assumed that function at the facility. Respondent was then employed by the private hospitalist group until June 2011. (Respondent Ex. B).

5. In approximately April 2011, Respondent began seeing a therapist in New York City and began treatment by a psychiatrist, Dora Zaretsky, M.D. Dr. Zaretsky prescribed Prozac and other psychotropic medications to Respondent. (T: 21; Department Ex. 3; Respondent Ex. B).

6. In September 2011, Respondent began employment as a hospitalist at SIUH. Respondent experienced interpersonal difficulties at SIUH from the beginning of her employment. (T. 22; Department Ex. 3, 4; Respondent Ex. B, J).

7. Respondent agreed to work at SIUH's outpatient clinic to cover shifts previously handled by Robert Wetz, M.D., the Residency Director of Internal Medicine. While working at the clinic, Respondent experienced a high level of stress which she related to patient complaints made against her because she was limiting narcotics

prescriptions and requiring drug testing. (T. 22, 179-182; Department Ex. 3; Respondent Ex. J).

8. At her request, SIUH relieved Respondent of those clinic responsibilities. Respondent, however, felt that her removal from the clinic was too abrupt and that Dr. Wetz was "the cause of all her problems." On approximately March 7, 2012, Respondent wrote Dr. Wetz's name on an allergy bracelet and wore it at the facility. Dr. Wetz complained to the Department Chairman who counselled Respondent regarding her inappropriate behavior. Respondent agreed to remove the allergy bracelet and seek assistance from the employee health division. (T. 22, 66-67, 182-184; Department Ex. 3; Respondent Ex. B).

9. Respondent became convinced that her landlord's family was deliberately making noise while she was at home in order to harass her. She stopped paying rent, and the matter was brought to housing court. (T. 23-24; Department Ex. 3).

10. In early April 2012, Respondent was arrested for assaulting her landlord's son (who also worked at SIUH) and attempting to break his laptop. (T. 24, 69-70, 184-185; Respondent Ex. B).

11. In early April 2012, Respondent engaged in a "heated discussion" with the family of a patient who was seeking admission to the hospital. (T.68-69)

12. SIUH suspended Respondent for two weeks with pay on April 10, 2012. (T. 70-71, 184-185).

13. When Respondent returned from her suspension, she began working at SIUH's south site. On approximately May 7, 2012, Respondent engaged in a heated argument with a nurse on one of the patient floors regarding a policy change being adopted concerning the prescription of a medication. (T. 73-74, 185-186; Department Ex. 3).

14. On May 9, 2012, SIUH placed Respondent on administrative suspension. (T. 74; Department Ex. 3, 4).

15. On May 21, 2012, Respondent entered into a "Last Chance" agreement with SIUH in which she acknowledged that she had engaged in "inappropriate, disruptive and/or aggressive conduct towards co-workers and/or in the presence of patients." Respondent agreed to several conditions which included complying with a psychiatric treatment program approved by the Committee for Physicians' Health of the Medical Society of the State of New York ("CPH"), obtaining a physician to serve as her practice monitor at SIUH, and refraining from initiating a lawsuit against anyone at SIUH (T. 74-80; Department Ex. 3, 4).

16. CPH referred Respondent to Frank Dowling, M.D., for an evaluation. In a report dated July 5, 2012, Dr. Dowling's psychiatric diagnosis included probable Major Depression, recurrent, and probable comorbid dysthymia (T. 186; Department Ex. 3; Respondent Ex. B, J).

17. On July 12, 2012, CPH concluded that it was safe and appropriate for Respondent to return to the practice of medicine. (Department Ex. 3; Respondent Ex. D).

18. No one at SIUH wanted to serve as Respondent's practice monitor, but the Medical Director, Theodore Maniatis, M.D., who had a high regard for Respondent's medical skills and had previously seen successful outcomes for physicians with CPH intervention agreed to serve in that capacity. (T. 80-91).

19. Respondent was angered by SIUH's actions which she perceived as unfair so she initiated a lawsuit against Dr. Maniatis and the Director of Human Resources at SIUH. (T. 78-79, 193; Department Ex. 3).

20. On August 20, 2012, SIUH determined that Respondent's filing of a lawsuit violated the terms of her LCA. Therefore, SIUH terminated her employment. Months later, Respondent's lawsuits were dismissed as meritless. (T. 79, 91; Department Ex. 3, 4).

21. In September 2012, Respondent stopped seeing her psychiatrist who had decided to put her on an antipsychotic medication. (T. 194; Respondent Ex. B).

22. On December 6, 2012, CPH rescinded its approval of Respondent's return to practice based on her failure to cooperate with the monitoring plan. (Respondent Ex. D).

23. Respondent began employment with American Comprehensive Healthcare Medical Group in Brooklyn, New York in December 2012. (T. 195; Respondent Ex. A).

24. In March 2013, the New York State Board for Professional Medical Conduct advised Respondent that it was conducting an investigation. (Respondent Ex. B).

25. In June 2013, Respondent began treatment by a different psychiatrist, Xu Chen, M.D., and saw a new therapist weekly. (Department Ex. 3; Respondent Ex. B).

26. Respondent made a suicide attempt in September 2013. She purchased and poured gasoline on her head, but she did not ignite the gasoline and instead took a shower to remove it. (T. 196-197; Respondent Ex. B)

27. Two weeks after the suicide attempt, Respondent sought treatment at Richmond University Medical Center. She was deemed a danger to herself or others and was admitted to Bayley Seton Hospital for inpatient psychiatric care where she remained hospitalized for ten days. (T. 197; Respondent Ex. B).

28. In September 2013, Respondent went to a police station to file a complaint regarding her former landlord's son who she alleged had just stopped his car abruptly while driving in front of her on the highway. According to Respondent, the police would not take her complaint so she "started yelling and screaming." When the police were attempting to remove her from the station, Respondent tried to bite one of the police officers. She was arrested, remained incarcerated for two

days and then was to taken to a hospital for a psychiatric evaluation. (T, 202; Respondent Ex. B).

29. Respondent left her employment with American Comprehensive Healthcare Medical Group in November 2013. (T. 198; Respondent Ex. A, B).

30. OPMC referred Respondent to a psychiatrist, Benjamin B. Cheney, M.D., for an evaluation. On December 27, 2013, Dr. Cheney interviewed and examined Respondent. He reviewed over 25 documents including other IME's and medical records, spoke with 10 people familiar with Respondent, and had a follow up interview by telephone with Respondent on January 26, 2014. Dr. Cheney's impression was a bipolar diagnosis and the possibility of a primary psychotic illness. (T. 38-40; Department Ex. 3).

31. Dr. Cheney determined that Respondent's judgment during the period while she practiced medicine at SIUH was impaired. Her belief that her landlord was persecuting her did not seem based in reality and she also seemed to misperceive the intentions of the staff and administration at SIUH. He opined that this impairment raised the potential for problems with her patient involvement. (T. 32-33; Department Ex. 3).

32. Dr. Cheney concluded that the treatment recommendations for Respondent were similar regardless of whether she had a medication induced bipolar disorder, bipolar disorder, or a schizophrenia-spectrum

illness; she required psychotherapy and ongoing mood stabilization and antipsychotic medication. (T. 17-20, 52; Department Ex. 3).

33. Dr. Cheney's prognosis for Respondent was that she would be able to safely return to the practice of medicine if appropriate treatment and monitoring were in place. (T. 48).

34. In February 2014, Respondent obtained employment with the Indian Health Service in New Mexico at the Acoma-Canoncito-Laguna Hospital ("ACL"). She used her Pennsylvania license to obtain this employment since the Indian Health Service is within the federal system. She disclosed the pending investigation in New York and asked for a referral to the New Mexico Monitored Treatment Program ("MTP"). (T. 173-174; Respondent Ex. B).

35. In April 2014, Respondent began treatment in New Mexico with a psychiatrist, Susan Danto, M.D., and a psychologist, Joe Alexander, Ph.D. (T. 176; Respondent Ex. B).

36. ACL terminated Respondent's employment for a four month period in May 2014 because she had conflicts with her patients. In one instance, Respondent claimed a patient who refused to leave the clinic without a prescription for narcotics "pissed [her] off" so Respondent called the police. (T. 200-201; Respondent Ex. B).

37. Dan Collins, M.D., a psychiatrist associated with the New Mexico MTP performed an assessment of Respondent on May 16, 2014 and diagnosed Major Depressive Disorder, Recurrent, in full remission. Dr.

Collins initial assessment of Respondent was that she was not impaired. (Respondent Ex. B).

38. During Memorial Day weekend in May 2014, Respondent boarded a flight to New York City. When she moved from her assigned seat to vacant seat near an exit sign, the flight attendant told her that she would be required to pay an additional \$85 to occupy that seat. When Respondent would not pay the additional fee, the plane returned to the tower and Respondent was escorted from the plane. (Respondent Ex. B).

39. On May 30, 2014, Respondent applied for a New Mexico medical license, and voluntarily disclosed that the New York State Board was conducting an investigation. (T. 171).

40. Respondent's attorney requested a psychiatric evaluation of Respondent by Gerald S. Fredman, M.D. Dr. Fredman's psychiatric diagnosis in July 2014 was Major Depressive Disorder, Recurrent, in Remission. He felt that Respondent was able to practice medicine without restrictions provided that she continue to receive combined psychotherapy and medication management. (Respondent Ex. B).

41. By stipulation dated December 30, 2014, the New Mexico Medical Board determined that Respondent was safe to practice medicine if subject to terms and conditions that included compliance with the recommendations, terms and conditions required by MTP; waiver of confidentiality regarding information gathered by MTP, the submission of quarterly reports to the Board by MTP, and granting the New Mexico

Medical Board the discretion to summarily suspend Respondent's medical license if the New Mexico Board had reasonable cause to believe Respondent had violated the terms of the stipulation (T. 171-177, 199-200; Respondent Ex. L).

42. Allen Thorne, M.D. administratively supervised Respondent at ACL from September 2014 to March 2015. Dr. Thorne opined that Respondent was a well-trained physician who demonstrated excellent internal medicine skills. However, Dr. Thorne acknowledged that Respondent had conflicts with hospital staff who she thought were "lazy" and patients who she thought were "fat or addicted to drugs." (T. 143-148).

43. Respondent is scheduled to resume employment in New Mexico in September 2015, subject to compliance with mandated monitoring and treatment conditions. (T. 198).

CONCLUSIONS OF LAW

As required by Public Health Law § 230(10)(f), the Hearing Committee based its conclusions on whether the Department met its burden of establishing that the allegations contained in the Statement of Charges were more probable than not. When the evidence was equally balanced or left the Hearing Committee in such doubt as to be unable to decide a controversy either way, then the judgment went against the Department (See Prince, Richardson on Evidence § 3-206 [R. Farrell 11th

ed. 1995])). Having considered the complete record in this matter, the Hearing Committee concluded that the Department proved both charges against Respondent by a preponderance of the evidence. The Hearing Committee made these conclusions of law pursuant to the factual findings listed above, and all conclusions resulted from a unanimous vote of the Hearing Committee.

The Department presented the testimony of Benjamin Cheney, M.D., who conducted a thorough psychiatric evaluation of Respondent in December 2013. Dr. Cheney was thoughtful and knowledgeable, and the Hearing Committee gave his testimony great weight in reaching its conclusion that Respondent was impaired during the period of her employment at SIUG and that she could safely return to the practice of medicine only if appropriate treatment and monitoring were in place.

The Department also presented the testimony of Theodore Maniatis, M.D., who is the Medical Director of SIUH. Dr. Maniatis appeared knowledgeable about strategies for appropriately addressing employment issues and appeared to have been compassionate in his dealing with Respondent. His account of the events leading to Respondent's termination by SIUH was reasonable and consistent. He volunteered to serve as Respondent's practice monitor at SIUH because no one else was willing to assume that responsibility, yet Respondent perceived his agreement to perform that function as an imposition. The Hearing Committee found his testimony reliable and credible.

Respondent offered the testimony of William Foote, Ph.D. Dr. Foote appeared to be a well-qualified professional who provided information regarding Respondent's performance on psychological testing. Dr. Foote's testimony was consistent with the Hearing Committee's conclusion that Respondent should be required to receive psychiatric treatment as a condition of her continued practice of medicine.

Respondent also provided the testimony of Allen Thorne, M.D. Dr. Thorne testified that he supervised Respondent for approximately seven months. Dr. Thorne stated that he received many complaints about Respondent from her patients and coworkers. Although Dr. Thorne appeared to share Respondent's position on some of these conflicts, he felt that her manner of communicating with her patients and coworkers was inappropriate.

Respondent's fiancé, Robert Hoeffler, testified concerning the support system that Respondent has in New Mexico where she has been welcomed into his family and made supportive friendships.

Respondent testified about the workplace disputes and physical altercations that occurred while she was employed at SIUH. She demonstrated only a limited awareness of the extent to which her mental disability had impaired her ability to accurately perceive and respond to the actions of her coworkers and patients. Respondent acknowledged that the conflicts she experienced at SIUH manifested themselves again in New Mexico, yet she appeared to maintain a belief that the crux of

these problems was merely that she is a blunt person. Although Respondent accepts the fact that she has a psychiatric illness, she continues to blame others for her conduct and still lacks sufficient insight regarding the extent to which her psychiatric disability has impaired her practice of medicine.

Respondent stated that she plans to remain in New Mexico and that she is defending this action in New York State because a report of this Determination will be forwarded to the National Practitioner's Data Bank. Respondent requested that the charges be dismissed pointing to the fact that she has established a support network and home in New Mexico, enrolled in a treatment and monitoring program, and obtained employment and licensure. However, that argument neglects the fact that a dismissal of this action would allow Respondent to resume the practice of medicine in New York State with none of the mandated treatment and monitoring requirements imposed by the State of New Mexico.

Instead, the Hearing Committee accepts the prognosis of the Department's expert, Dr. Cheney, who determined that Respondent would be able to safely return to the practice of medicine only if appropriate psychiatric treatment and monitoring were in place. Dr. Cheney stated that the treatment recommendations for Respondent were similar regardless of the specific psychiatric diagnosis; she required both psychotherapy and medication.

The Hearing Committee considered the full spectrum of penalties available pursuant to statute, including revocation, suspension and/or probation, censure and reprimand, and the imposition of monetary penalties. Based upon the complete record in this matter, the Hearing Committee concluded that Respondent's license to practice medicine in New York State should be suspended for a period of three months. After the period of suspension, Respondent should be placed on probation for a period of five years with terms that provide for monitoring and Respondent's compliance with a psychiatric treatment plan.

ORDER

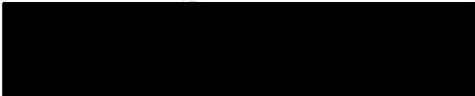
Based upon the foregoing, **IT IS HEREBY ORDERED THAT:**

1. The two specifications of professional misconduct set forth in the Statement of Charges are SUSTAINED;
2. Respondent's license to practice medicine in the State of New York is wholly suspended for a period of three months commencing on the effective date of this Determination and Order
3. At the end of the suspension period, Respondent is placed on **PROBATION FOR A PERIOD OF FIVE YEARS** and must comply with the **TERMS OF PROBATION** annexed hereto as Attachment A. The probation period shall toll until Respondent resumes the practice of medicine in New York State and shall toll again whenever Respondent is not engaged in active

medical practice in New York State for a period of 30 consecutive days or more.

4. This Determination and Order shall be effective upon service. Service shall be either by certified mail upon the Respondent at her last known address and such service shall be effective upon receipt or seven days after mailing by certified mail, whichever is earlier, or by personal service and such service shall be effective upon receipt.

DATED: November 5th, 2015
New York, New York


ALAN KOPMAN, FACHE (CHAIR)

KRISHNA R.S. GUJAVARTY, M.D.
ELISA J. WU, M.D.

ATTACHMENT A

Terms of Probation

1. Respondent shall not practice medicine while on probation in New York State unless and until a board-certified psychiatrist who has been proposed by Respondent and approved, in writing, by the Director of OPMC, has submitted a current in-depth evaluation which indicates that Respondent can safely engage in the practice of medicine and the psychiatrist has developed a treatment plan approved by OPMC which is ready to be implemented.

2. Respondent shall meet with the psychiatrist as frequently as recommended in the treatment plan but at least on a monthly basis.

3. Respondent shall meet with a therapist as frequently as recommended by the psychiatrist in the treatment plan.

4. Respondent shall comply with any medication recommendations made by the psychiatrist in the treatment plan.

5. Respondent shall ensure that the psychiatrist submits quarterly reports to OPMC, certifying that Respondent is in compliance with the treatment plan.

6. The psychiatrist shall immediately report to OPMC any suspected impairment, inappropriate behavior and/or any failure by Respondent to comply with the treatment plan.

7. The psychiatrist must agree to comply with these terms by executing an acknowledgement form provided by OPMC.

8. Respondent shall be monitored at any place of employment within New York State by a work site monitor who is proposed by Respondent and approved, in writing, by OPMC. Respondent shall maintain a current release of information for OPMC and the worksite monitor to communicate any concerns regarding her employment and the practice of medicine. The work site monitor must agree to comply with these terms by executing an acknowledgement form provided by OPMC.

9. Respondent shall inform the Director of OPMC of all treatment providers. Respondent shall provide the Director of OPMC with, and ensure to keep current and effective, fully executed waivers of patient confidentiality concerning any prior or prospective evaluation and treatment record. These waivers shall comply with the requirements of federal confidentiality laws and regulations, including but not limited to HIPAA, Public Law 104-191, et seq., and the laws governing confidentiality of substance abuse records, at 42 U.S.C. § 290dd-2 and 42 C.F.R., Part 2.

10. 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 Education Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to Public Health Law § 230(19).

11. Respondent shall maintain active registration of her license with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.

12. Respondent shall provide the Director of the Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Menands, New York 12204 with the following information, in writing, and ensure that this information is kept current: a full description of her 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.

13. Respondent shall cooperate fully with and respond in a timely manner to OPMC requests to provide written periodic verification of Respondent's compliance with these terms. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.

14. 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 the Determination and Order or as are necessary to protect the public health.

15. 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.

16. Respondent shall comply with these probationary 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.

APPENDIX I

IN THE MATTER
OF
MONA SARRAI, M.D.

NOTICE
OF
HEARING

TO: Mona Sarrai, M.D.
c/o William L. Wood, Jr.
Wood & Scher
Attorneys at Law
222 Bloomingdale Road
White Plains, New York 10605

PLEASE TAKE NOTICE:

A hearing will be held pursuant to the provisions of N.Y. Pub. Health Law §230 and N.Y. State Admin. Proc. Act §§301-307 and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on July 23, 2015, at 10:00 a.m., at the Offices of the New York State Department of Health, 90 Church Street, 4th Floor, New York, N.Y. 10007, and at such other adjourned dates, times and places as the committee may direct.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. You shall appear in person at the hearing and may be represented by counsel who shall be an attorney admitted to practice in New York state. You have the right to produce witnesses and evidence on your behalf, to issue or have subpoenas issued on your behalf in order to require the production of witnesses and documents, and you may cross-examine witnesses

DEPT EXH 1

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and examine evidence produced against you. A summary of the Department of Health Hearing Rules is enclosed.

YOU ARE HEREBY ADVISED THAT THE ATTACHED CHARGES WILL BE MADE PUBLIC FIVE BUSINESS DAYS AFTER THEY ARE SERVED.

Department attorney: Initial here_ 

The hearing will proceed whether or not you appear at the hearing. Please note that requests for adjournments must be made in writing and by telephone to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Riverview Center, 150 Broadway - Suite 510, Albany, NY 12204-2719, ATTENTION: HON. JAMES HORAN, DIRECTOR, BUREAU OF ADJUDICATION, (henceforth "Bureau of Adjudication"), (Telephone: (518-402-0748), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date. Adjournment requests are not routinely granted as scheduled dates are considered dates certain. Claims of court engagement will require detailed Affidavits of Actual Engagement. Claims of illness will require medical documentation.

Pursuant to the provisions of N.Y. Pub. Health Law §230(10)(c), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose name appears below. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the

DEPT EXH 1


deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of N.Y. State Admin. Proc. Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and in the event any of the charges are sustained, a determination of the penalty to be imposed or appropriate action to be taken. Such determination may be reviewed by the Administrative Review Board for Professional Medical Conduct.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET OUT IN NEW YORK PUBLIC HEALTH LAW §§230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATE June 22 2015

New York, NY



Roy Nemeison
Deputy Counsel
Bureau of Professional Medical Conduct

Inquiries should be directed to:
Gerard A. Cabrera, Associate Counsel
Bureau of Professional Medical Conduct

DEPT EXH 1

4

IN THE MATTER
OF
MONA SARRAI, M.D.

STATEMENT
OF
CHARGES

MONA SARRAI, M.D., the Respondent, was authorized to practice medicine in New York State on or about November 28, 2005, by the issuance of license number 238371 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent had a psychiatric disorder from on or about September of 2011 through on or about December of 2013, which impaired Respondent's ability to practice medicine. On or about December 27, 2013, Respondent was diagnosed with medication-induced bipolar disorder with psychotic features.

- B. On dates prior to her termination on August 20, 2012, Respondent practiced medicine as a hospitalist at North Shore-Long Island Jewish Health System, Staten Island University Hospital, while impaired as set forth in Paragraph A.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

HAVING A PSYCHIATRIC CONDITION WHICH IMPAIRS THE ABILITY TO PRACTICE

Respondent is charged with committing professional misconduct as defined in N.Y. Education Law § 6530 (8), by having a psychiatric condition which impairs the licensee's ability to practice, as alleged in the facts set forth in:

1. Paragraph A.

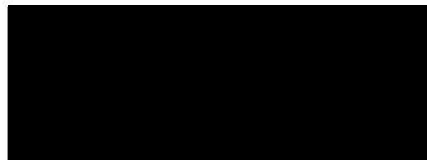
SECOND SPECIFICATION

PRACTICING WHILE IMPAIRED

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(7), by practicing the profession while impaired by mental disability, as alleged in the facts of the following:

2. Paragraph B.

DATE: June 22, 2015
New York, New York



Roy Nemerson
Deputy Counsel
Bureau of Professional Medical Conduct