



New York State Board for Professional Medical Conduct

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

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NYS Department of Health*

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NYS Department of Health*

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Office of Professional Medical Conduct

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Vice Chair

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

PUBLIC

April 3, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Younes Chafiiian, M.D.
45 Larch Hill Road
Lawrence, New York 11559-1926

RE: License No. 097445

Dear Dr. Chafiiian:

Enclosed please find Order #BPMC 03-89 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect April 3, 2003.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

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 1258
Empire State Plaza
Albany, New York 12237

Sincerely,

A handwritten signature in black ink, appearing to read "Ansel R. Marks". The signature is fluid and cursive, with a large initial "A" and "M".

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

Enclosure

cc: Gerard Heubel, Esq.
Bartlett, McDonough, Bastone and Monahan
81 Main Street
White Plains, New York 10601

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

IN THE MATTER
OF
YOUNES CHAFIIAN, M.D.

CONSENT
ORDER

BPMC No. 03-89

Upon the application of (Respondent) YOUNES CHAFIIAN, 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 SO ORDERED, and it is further

ORDERED, that this 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.

DATED: 4/20/03


WILLIAM P. DILLON, 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
YOUNES CHAFIAN, M.D.

CONSENT
AGREEMENT
AND
ORDER

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

That on or about May 17, 1966, I was licensed to practice as a physician in the State of New York, and issued License No. 97455 by the New York State Education Department.

My current address is 42 Larch Hill Road, Lawrence, New York 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 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 agree not to contest the one specification of misconduct, in full satisfaction of the charges against me, and agree to the following penalty:

Censure and reprimand.

Pursuant to §230-a(3) of the Public Health Law, my license to practice medicine in the state of New York shall be limited so as to preclude me from evaluating and treating patients in connection with the medical management of weight loss as it

relates to the prescribing and/or dispensing of diet medication.

I shall be subject to a fine in the amount of five thousand dollars (\$5,000.00) pursuant to §230-a(7) and (9) of the Public Health Law, to be paid in two installments of two thousand five hundred dollars (\$2,500). The first installment of \$2,500 is due within 90 days of the effective date of the order. The second and final installment is due within 180 days of the effective date of the order. Payments must be submitted to:

**Bureau of Accounts Management
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1245
Albany, New York 122371**

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain current registration of licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed 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 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 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 Order shall constitute misconduct as defined by New York State Education 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 the Public 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 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.

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 ask that the Board adopt this Consent Agreement.


DATED

1/27/2007



YOUNES CHAFIAN, M.D.
RESPONDENT

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

DATE: 3/2/03


GERARD HEUBEL, ESQ.
BARTLET, McDONOUGH, BASTONE
& MONAHAN
Attorney for Respondent

DATE: 3/25/03


DANIEL GUENZBURGER
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 3/30/03


DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

EXHIBIT A

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

IN THE MATTER
OF
YOUNES JONAS CHAFIIAN, M.D.

STATEMENT
OF
CHARGES

YOUNES JONAS CHAFIIAN, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 17, 1966, by the issuance of license number 97455 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about and between August 27, 1997 and October 5, 2000 Respondent treated Patient A with diet medication, including but not limited to the medications phentermine hydrochloride and fenfluramine hydrochloride. Respondent treated Patient A at the Long Beach Medical Group, a medical practice owned by another physician or physicians, located at 409 Lindell Avenue, Long Beach, New York. (Patient A is identified in the attached appendix.) On more than one occasion, Respondent:
1. Deviated from accepted bariatric standards by not appropriately monitoring the patient while prescribing diet medications.

SPECIFICATION OF CHARGES

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. Paragraph A and/or A1.

DATED: March 28, 2003
New York, New York



Roy Nemerson
Deputy Counsel
Bureau of Professional
Medical Conduct