



*New York State Board for Professional Medical Conduct*

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

Antonia C. Novello, M.D., M.P.H.  
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*NYS Department of Health*

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*Executive Deputy Commissioner*  
*NYS Department of Health*

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*Office of Professional Medical Conduct*  
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*Bureau of Professional Medical Conduct*

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*Vice Chair*

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

August 3, 1999

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Martin Savitz, M.D.  
55 Old Turnpike Road  
Nanuet, NY 10954

RE: License No.: 106421

Dear Dr. Savitz:

Enclosed please find Order #BPMC 99-195 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **August 3, 1999.**

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

Sincerely,

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

Board for Professional Medical Conduct

Enclosure

cc: Robert I. Miller, Esq.  
Law Offices of James A. Steinberg, Esq.  
27 Garden Street  
PO Box 632  
Poughkeepsie, NY 12602

David W. Smith, Esq.

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

IN THE MATTER  
OF  
MARTIN HAROLD SAVITZ, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER  
BPMC #99-195

STATE OF NEW YORK )  
COUNTY OF ) ss.:

MARTIN HAROLD SAVITZ, M.D., being duly sworn, deposes and says:

That on or about July 1, 1970, I was licensed to practice as a physician in the State of New York, having been issued License No. 106421 by the New York State Education Department.

My current address is 55 Old Turnpike Road, Nanuet, New York 10954, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with four (4) specifications of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I agree not to contest the allegations, in full satisfaction of the charges against me.

I hereby agree to the following penalty:

- a. A Censure and Reprimand.
- b. Probation in accordance with the "Terms of Probation" attached hereto as Exhibit "B".

I further agree that the Consent Order for which I hereby apply shall impose a condition that, except during periods of actual suspension, I maintain current registration of my license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. I hereby stipulate that any failure by me to comply with such condition shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1997).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

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, such Application shall not be used against me in any way and shall be kept in strict

confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

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 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, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

*Martin H Savitz*  
MARTIN HAROLD SAVITZ, M.D.  
RESPONDENT

Sworn to before me this

19 day of June 1999

*Seymour Dubbs*  
NOTARY PUBLIC

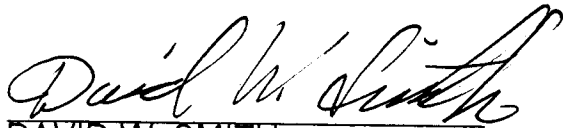
SEYMOUR DUBBS  
Notary Public, State of New York  
No. 1029350  
Qualified in Rockland County 99  
Commission Expires Aug. 31, 1999

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

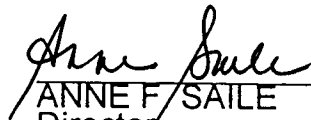
DATE: June 21, 1999

  
ROBERT T. MILLER, ESQ.  
Attorney for Respondent

DATE: 7/12/99

  
DAVID W. SMITH  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: July 28, 1999

  
ANNE F. SAILE  
Director  
Office of Professional  
Medical Conduct

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

IN THE MATTER  
OF  
MARTIN HAROLD SAVITZ, M.D.

CONSENT  
ORDER

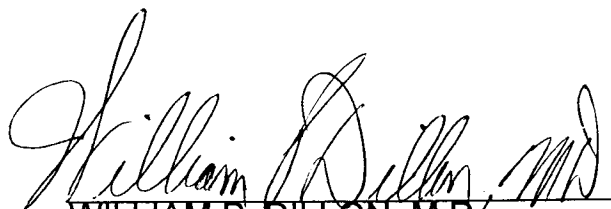
Upon the proposed agreement of MARTIN HAROLD SAVITZ, M.D.,  
(Respondent) for Consent Order, which application is made a part hereof, it is  
agreed to and

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

ORDERED, that this order shall take effect as of the date of the personal  
service of this order upon Respondent, upon receipt by Respondent of this order  
via certified mail, or seven days after mailing of this order by certified mail,  
whichever is earliest.

SO ORDERED.

DATED: 2/29/99

  
WILLIAM P. DILLON, M.D.  
Chairperson  
State Board for Professional  
Medical Conduct

EXH. "A"

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

IN THE MATTER  
OF  
MARTIN HAROLD SAVITZ, M.D.

STATEMENT  
OF  
CHARGES

MARTIN HAROLD SAVITZ, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 1, 1970, by the issuance of license number 106421 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. In or about November, 1996, Respondent treated Patient A for epidural hematoma at Nyack Hospital, Nyack, New York.
1. Respondent performed a procedure on Patient A which was inadequate to remove the epidural hematoma.
  2. When a post-operative CT scan revealed to Respondent that such hematoma had not been removed, Respondent failed to adequately follow up, evaluate or treat such condition or note such follow-up, evaluation or treatment, if any.
  3. Respondent inappropriately failed to note in his discharge summary that the hematoma had not changed in size after the operation.

DRAFT

DRAFT

B. In or about December 1994, Respondent treated Patient B for an intracerebellar hemorrhage with acute hydrocephalus at Nyack Hospital, Nyack, New York.

1. Respondent inadequately treated Patient B's condition with a burr hole and needle placement.
2. Respondent inadequately performed both a ventricular shunt and a revision of such shunt.

DRAFT

C. In or about October, 1997, Respondent treated Patient C for right intracerebral hemorrhage at Nyack Hospital, Nyack, New York.

1. Respondent inappropriately performed two needle aspirations on Patient C.
2. Respondent failed twice to drain adequate blood from Patient C's head.
3. Such procedures were inappropriately performed in the CT scan room of the hospital when, in fact, they should have been performed in the operating room under sterile conditions.



D. In or about December, 1996, Respondent treated Patient D for a herniated disc at Nyack Hospital, Nyack, New York.

1. Respondent inappropriately performed an arthroscopic discectomy on Patient D.

DRAFT

E. Between January and February, 1993, Respondent treated Patient E for a herniated disc at Good Samaritan Hospital, Suffern, New York.

1. Respondent inappropriately performed a laminectomy on Patient E.
2. Prior to such procedure Respondent failed to do proper diagnostic work-ups or note such work-ups, if any.
3. Respondent inappropriately failed to record in the patient chart the side of Patient E that was operated upon.
4. Patient E developed severe problems after the operation including neurological deficit and severe pain. Respondent failed to follow up, evaluate or treat such conditions or note such follow-up, evaluation or treatment, if any.

DRAFT

DRAFT

**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)(McKinney Supp. 1999) 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. Paragraphs A and A1-3; B and B1-2; C and C1-3; D and D1; and/or E and E1-4.

**SECOND SPECIFICATION**

**INCOMPETENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(5)(McKinney Supp. 1999) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

2. Paragraphs A and A1-3; B and B1-2; C and C1-3; D and D1; and/or E and E1-4.

**THIRD AND FOURTH SPECIFICATIONS**  
**FAILURE TO MAINTAIN RECORDS**

DRAFT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(82)(McKinney Supp. 1999) 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:

3. Paragraphs A and A2-3.
4. Paragraphs E and E2-4.

DATED: January 1999  
New York, New York

DRAFT

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ROY NEMERSON  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

## EXHIBIT "B"

### Terms of Probation

1. Respondent shall conduct himself/herself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is 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 section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
5. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
6. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his/her staff at practice locations or OPMC offices.
7. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.

8. Respondent shall practice medicine only when supervised in such practice. There shall be a practice supervisor on-site at all affiliated hospital locations. The practice supervisor shall be proposed by Respondent and subject to the written approval of the Director. The practice supervisor shall not be a family member or personal friend, or be in a professional relationship which could pose a conflict with supervision responsibilities.
  - Respondent shall ensure that the practice supervisor is familiar with the Order and terms of probation, and willing to report to OPMC. Respondent shall ensure that the practice supervisor is in a position to regularly observe and assess Respondent's medical practice. Respondent shall cause the practice supervisor to report within 24 hours any suspected impairment, inappropriate behavior, questionable medical practice or possible misconduct to OPMC.
  - Respondent shall cause the practice supervisor to directly observe Respondent's medical practice. In addition, Respondent must consult with the practice supervisor prior to and during the performance of any operations.
  - Respondent shall authorize the practice supervisor to have access to his patient records and to submit quarterly written reports to the Director of OPMC, regarding Respondent's practice including verification of Respondent's compliance with the approved supervision plan. These narrative reports shall address all aspects of Respondent's clinical practice including, but not limited to, the evaluation and treatment of patients, detailed case description of any case found to not meet the established standard of care, the supervisor's assessment of patient records selected for review and Respondent's general demeanor, time and attendance, and other such on-duty conduct as the supervisor deems appropriate to report.
9. The term of this probation shall be three (3) years from the effective date of the Order.
10. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.

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

-----X

IN THE MATTER

OF

**AFFIDAVIT**

MARTIN HAROLD SAVITZ, M.D.

-----X

STATE OF NEW YORK     )  
                                  ) SS:  
COUNTY OF DUTCHESS    )

MARTIN HAROLD SAVITZ, M.D., being duly sworn, deposes and says:

My current address is 30 Old Phillips Hill Road, New City, New York, 10956.

Pursuant to the Consent Agreement in force between myself and the New York State Department of Health, State Board for Professional Medical Conduct, this is to confirm that I am not presently engaged in the active practice of medicine in New York State and do not expect to resume the active practice of medicine in New York State at any time.

However, if I do return to practice in New York State I shall notify the Director of the Office of Professional Medical Conduct prior to any change in my practice status, as required by the terms of probation.

Martin H Savitz  
Martin Harold Savitz, M.D.

Sworn to before me  
this 18 day of JUNE, 1999.

Seymour Dubbs  
Notary Public

SEYMOUR DUBBS  
Notary Public, State of New York  
No. 1029350  
Qualified in Rockland County  
Commission Expires Aug. 31, 1999