



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., Dr. 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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Michael A. Gonzalez, R.P.A.
Vice Chair

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

Public

November 1, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Riaz A. Lone, M.D.
6 Hanni Avenue
Sidney, NY 13838

Re: License No. 144364

Dear Dr. Lone:

Enclosed is a copy of Order #BPMC 05-249 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect November 8, 2005.

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 the 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: James F. Moran, Esq.
Aswad & Ingraham
46 Front Street
Binghamton, NY 13905

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

IN THE MATTER
OF
RIAZ LONE, M.D.

CONSENT
ORDER

BPMC NO. #05-249


Upon the application of (Respondent) RIAZ LONE, 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 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: 10-28-05


KENDRICK A. SEARS, 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
RIAZ LONE, M.D.

CONSENT
AGREEMENT
AND
ORDER

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

That on or about October 24, 1980, I was licensed to practice as a physician in the State of New York, and issued License No. 144364 by the New York State Education Department.

My current address is 6 Hanni Avenue, Sidney, New York, 13838, 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 two specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I admit the allegations set forth in the second specification, in full satisfaction of the charges against me, and agree to the following penalty:

A Censure and Reprimand.

Pursuant to §230-a (9) of the Public Health Law, I shall be placed on probation for a period of three years, subject to the terms set forth in attached Exhibit "B."

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

That Respondent shall maintain active registration of Respondent's license 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. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

I stipulate that the proposed sanction and Order are authorized by Public Health Law Sections 230 and 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct 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, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.



RIAZ LONE, M.D.
RESPONDENT

DATED 10/5/05

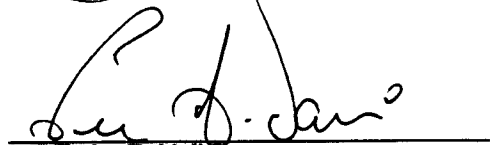
The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 10/5/05



JAMES F. MORAN, ESQ.
Attorney for Respondent

DATE: 10/11/05



LEE A. DAVIS
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 10/22/05



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

RIAZ LONE, M.D.

**STATEMENT
OF
CHARGES**

RIAZ LONE, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 24, 1980, by the issuance of license number 144364 by the New York State Education Department. Respondent is currently registered with the New York State Education Department through October 31, 2006.

FACTUAL ALLEGATIONS

A. Respondent provided medical care and treatment to Patient A (patients are identified in Appendix A, attached hereto), a male patient 67 years old when first treated, from on or about December 12, 1984 through on or about January 22, 2002 at 59 River Street, Sidney, New York 13838 as the primary care physician for Patient A. Respondent's care and treatment of Patient A deviated from accepted standards of medical care in the following respects:

1. Respondent frequently failed to perform and/or record an adequate history and physical examination of Patient A during his encounters with Patient A from on or about December 12, 1984 through on or about January 22, 2002;
2. Respondent frequently failed to record diagnostic impressions and/or record medications prescribed and/or document a diagnostic and/or a therapeutic plan in his office notes of Patient A from on or about December 12, 1984 through January 22, 2002;
3. Respondent failed to obtain and/or record an interval history of Patient A during his examination of the patient on or about October 5, 1989, following Patient A's four year absence from the care of Respondent;
4. Respondent failed to diagnose and/or record the presence of coronary heart disease following his examination of Patient A on or about

October 12 and November 8, 1989; and

5. Respondent failed to obtain a neurologic consult prior to 1996 in light of the complaints and symptoms of Patient A.

B. Respondent provided medical care and treatment to Patient B, a female patient 76 years old when first treated, from on or about September 17, 1993 through on or about July 31, 2002 at 59 River Street, Sidney, New York 13838 as the primary care physician for Patient B. Respondent's care and treatment of Patient B deviated from accepted standards of medical care in the following respects:

1. Respondent frequently failed to perform and/or record an adequate history and physical examination of Patient B during his encounters with Patient B from on or about September 17, 1993 through on or about July 31, 2002;
2. Respondent frequently failed to record diagnostic impressions and/or record medications prescribed and/or document a diagnostic and/or a therapeutic plan in his office notes of Patient B from on or about September 17, 1993 through July 31, 2002; and
3. Respondent inappropriately treated viral infections with antibiotics.

C. Respondent provided medical care and treatment to Patient C, a female patient 70 years old when first treated, from on or about August 24, 1994 through on or about September 24, 2002 at 59 River Street, Sidney, New York 13838 as the primary care physician for Patient C. Respondent's care and treatment of Patient C deviated from accepted standards of medical care in the following respects:

1. Respondent failed to perform and/or record a complete history and physical examination of Patient C for his initial encounter with the 70 year old patient on or about August 24, 1994;
2. Respondent failed to request and/or record previous physician records prior to or contemporaneous with his initial encounter with Patient C on or about August 24, 1994;
3. Respondent frequently failed to perform and/or record an adequate history and physical examination of Patient C during his encounters with Patient C from on or about August 24, 1994 through on or about

September 24, 2002;

4. Respondent frequently failed to record diagnostic impressions and/or record medications prescribed and/or document a diagnostic and/or a therapeutic plan in his office notes of Patient C from on or about August 24, 1994 through September 24, 2002;
5. Respondent made erroneous and/or unsupported diagnoses of Patient C on or about January 11, 1996 ("diverticulitis"), March 6, 1996, March 21, 1996 ("sinusitis"), June 24, 1996 ("vasculitis"), December 10, 1998 ("COPD"), April 15, 1999 ("DJD"), July 18, 2000 and March 12, 2001 ("sinusitis"); and
6. Respondent failed to diagnose and/or record angina pectoris during Patient C's office visit of March 12, 2001, describing the symptom as "sinusitis." On March 15, 2001, Patient C went to the emergency room for "chest pain." Respondent failed to obtain the records of the March 15, 2001 emergency room visit, and failed to mention the chest pain in his office record of a March 26, 2001 encounter with the patient. On May 7, 2001, Patient C was hospitalized with "angina, hypertension and hypothyroid," and subsequently a triple coronary artery bypass graft.

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) 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. The factual allegations set forth in paragraphs A. and A.1, A. and A.2, A. and A.3, A. and A.4, A. and A.5, B. and B.1, B. and B.2, B. and B.3, C. and C.1, C. and C.2, C. and C.3, C. and C.4, C. and C.5, and C. and C.6.

SECOND SPECIFICATION **FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) 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:

2. A. and A.1, and/or A. and A.2, and/or A. and A.3, and/or A. and A.4, and/or B. and B.1, and/or B. and B.2, and/or C. and C.1, and/or C. and C.2, and/or C. and C.3, and/or C. and C.4, and/or C. and C.6.

DATED: ~~October~~ ^{July} 11, 2005
Albany, New York



Peter D. Van Buren
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

Terms of Probation

1. 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 New York State Education Law §6530 or §6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to New York State Public Health Law §230(19).
2. Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that such information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but 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].
6. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of thirty (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 thirty (30) day period. Respondent shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period will 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 Exhibit "A" or are necessary to protect the public health.
7. 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 and/or hospital charts; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
8. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all

information required by State rules and regulations concerning controlled substances.

CLINICAL COMPETENCY ASSESSMENT

9. Respondent shall obtain a clinical competency assessment performed by a program for such assessment as directed by the Director of OPMC. Respondent shall cause a written report of such assessment to be provided directly to the Director of OPMC within sixty (60) days of the effective date of this Order.
 - a. Respondent shall be responsible for all expenses related to the clinical competency assessment and shall provide to the Director of OPMC proof of full payment of all costs that may be charged. This term of probation shall not be satisfied in the absence of actual receipt, by the Director, of such documentation, and any failure to satisfy shall provide a basis for a Violation of Probation proceeding.

10. At the direction of the Board and within 60 days following the completion of the clinical competency assessment (CCA) the Respondent shall identify a Preceptor, preferably a physician who is board certified in the same specialty, to be approved in writing, by the Director of OPMC. The Respondent shall cause the Preceptor to:
 - a. Develop and submit to the Director of OPMC for written approval a remediation plan, which addresses the deficiencies /retraining recommendations identified in the CCA. Additionally, this proposal shall establish a timeframe for completion of the remediation program.
 - b. Submit progress reports at periods identified by OPMC certifying whether the Respondent is fully participating in the personalized continuing medical education program and is making satisfactory progress towards the completion of the approved remediation plan.
 - c. Report immediately to the Director of OPMC if the Respondent withdraws from the program and report promptly to OPMC any significant pattern of non-compliance by the Respondent.
 - d. At the conclusion of the program, submit to the Director of OPMC a detailed assessment of the progress made by the Respondent toward remediation of all identified deficiencies.

Respondent shall be solely responsible for all expenses associated with these terms, including fees, if any, for the clinical competency assessment, the personalized continuing medical education program, or to the monitoring physician

PRACTICE MONITOR

11. Within thirty days of the effective date of this Order, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.
 - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical

practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.

- b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
 - e. Respondent shall comply with any specific conditions of monitoring to be consistent with the recommendations following the Clinical Competency Assessment evaluation and recommendations.
12. Respondent shall comply with this Order and all its terms, and shall bear all associated compliance costs. Upon Respondent's successful completion of 24 months of probation, he may petition the Director for an early termination of probation and the Director shall exercise reasonable discretion in deciding whether to grant my petition. Upon receiving evidence of noncompliance with, or 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, against Respondent.