

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. Commissioner NYS Department of Health

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director
Office of Professional Medical Conduct

Public

Kendrick A. Sears, M.D. Chairman

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

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

October 17, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Gail Siber, M.D. 4100 Galt Ocean Drive Apt. 405 Fort Lauderdale, FL 33308

Re: License No. 183038

Dear Dr. Siber:

Enclosed is a copy of Modification Order #BPMC 05-69 of the New York State Board for Professional Medical Conduct. This modification order and any penalty provided therein goes into effect October 24, 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

| STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT | | | |
|--|-----------------|--|--|
| IN THE MATTER | MODIFICATION | | |
| OF | ORDER | | |
| GAIL SIBER, M.D. | BPMC No. #05-69 | | |

Upon the proposed Application for a Modification Order of **GAIL SIBER, M.D.**, (Respondent) for Consent Order, that is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted SO ORDERED, and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by mailing of a copy of this Modification Order, by either first class mail, to Respondent at the address in the attached Application or certified mail to Respondent's attorney, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 10-14-05

KENDRICK A. SEARS, 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

APPLICATION TO

OF

MOFIFY CONSENT ORDER

GAIL SIBER, M.D.

BPMC No. 05-69

GAIL SIBER, M.D., (Respondent) deposes and says:

That on or about July 16, 1990, I was licensed to practice as a physician in the State of New York, having been issued License No. 183038 by the New York State Education Department.

My current address is 4100 Galt Ocean Drive, Apt. 405, Fort Lauderdale, FL 33308.

I am currently subject to COSENT ORDER BPMC No. 05-69, dated April 7, 2005, annexed hereto, made a part hereof, and marked as Exhibit I (hereinafter "Original Order"), that was issued upon a Consent Agreement and Order signed by me on March 31, 2005, (hereinafter "Agreement"), adopted by the Original Order.

I apply, hereby, to the State Board for Professional Medical Conduct for a Modification Order (hereinafter "Modification Order"), modifying the Original Order, as follows: to delete the language in the Original Order that states:

"Two (2) years probation tolled, until Respondent returns to the active practice of medicine in accordance with Exhibit B attached, hereto."

and

"That, except during periods of actual suspension, Respondent shall maintain active registration of Respondent's 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 will continue while the the licensee possess his/her license;"

substituting therefore:

"To never activate my registration to practice medicine in New York state or seek to reapply for a license to practice medicine in New York state."

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order as no new discipline was being considered by the Office of Professional Medical Conduct.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

AFFIRMED:

DATED: 10/4/05

GAIL SIBER, M.D. Respondent

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

DATE:

ROBĘR**I**/BOGAN

Associate Counsel

Bureau of Professional Medical Conduct

DATE: 12 October 2005

DENNIS J. ORAZIANO

Director

Office of Professional Medical Conduct



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.

Commissioner

NYS Department of Health

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director

Office of Professional Medical Conduct

PUBLIC

Kendrick A. Sears, M.D. Chairman

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

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

Executive Secretary

April 8, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Gail Siber, M.D. 4100 Galt Ocean Apt. 405 Ft. Lauderdale, FL 33308

Re: License No. 183038

Dear Dr. Siber:

Enclosed is a copy of Order #BPMC 05-69 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect April 15, 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,

Executive Secretary

Executive Secretary

Board for Professional Medical Conduct

Enclosure

| NEW YORK STATE STATE BOARD FOR PROFE | DEPARTMENT OF HEALTH SSIONAL MEDICAL CONDUCT | |
|---|---|----------------|
| IN THI | MATTER | CONSENT |
| | OF | ORDER |
| GAIL | SIBER, M.D. | RPMC No. 05-69 |

Upon the proposed agreement of **GAIL SIBER, M.D.** (Respondent) for Consent Order, which application is made a part hereof, it is agreed and

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

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 4-7-05

KENDRICK A. SEARS, M.D.

Chair

State Board for Professional Medical Conduct

| STATE OF NEW YORK | : | DEPARTMENT OF HEALTH |
|--------------------|----|--------------------------|
| STATE BOARD FOR PR | OF | ESSIONAL MEDICAL CONDUCT |

IN THE MATTER

CONSENT

OF

AGREEMENT

GAIL SIBER, M.D. CO-04-12-6196-A

AND ORDER

GAIL SIBER, M.D., (Respondent) deposes and says:

That on or about July 16, 1990, I was licensed to practice as a physician in the State of New York, having been issued License No. 183038 by the New York State Education Department.

My current address is 4100 Galt Ocean Drive, Apt. 405, Fort Lauderdale, FL 33308 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address within thirty (30) days thereof.

I understand that the New York State Board of Professional Medical Conduct has charged me with two (2) specifications of professional misconduct.

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

I do not contest Factual Allegations A and B(2) and the Second Specification, in full satisfaction of the charges against me. I, hereby, agree to the following penalties:

Censure and Reprimand;

Two (2) years probation tolled, until Respondent returns to the active practice of medicine in accordance with Exhibit B attached, hereto.

I further agree that the Consent Order for which I, hereby, apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain active registration of Respondent's 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 will continue while the licensee possess his/her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her licensee.

I, hereby, stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event that I am charged with professional misconduct in the future, the 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 agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement or to my attorney or upon transmission via facsimile to me or my attorney, whichever is earliest.

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.

AFFIRMED:

Respondent

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

ssociate Counsel

Bureau of Professional Medical Conduct

DATE: 5 April 2005

Office of Professional Medical Conduct

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DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

STATEMENT

OF

OF

GAIL SIBER, M.D. CO-04-12-6196-A

CHARGES

GAIL SIBER, M.D., the Respondent, was authorized to practice medicine in New York state on July 16, 1990, by the issuance of license number 183038 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about October 25, 2004, the State of New Jersey, Department of Law & Public Safety, Division of Consumer Affairs, State Board of Medical Examiners (hereinafter "New Jersey Board"), by a Consent Order, (hereinafter "New Jersey Order"), inter alia, formally reprimanded Respondent and required her to successfully complete a CME course in medical record-keeping and a pediatric review course, based on repeated acts of negligence and failure to maintain adequate medical records.
- B. The conduct resulting in the New Jersey 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/or
- 2. New York Education Law §6530(32) (failure to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, provided).

SPECIFICATIONS FIRST SPECIFICATION

Respondent violated New York Education Law §6530(9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state, in that Petitioner charges:

1. The facts in Paragraphs A and/or B.

SECOND SPECIFICATION

Respondent violated New York Education Law §6530(9)(d) by having disciplinary action taken by a duly authorized professional 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 New York state, in that Petitioner charges:

2. The facts in Paragraphs A and/or B.

DATED: March /4, 2005 Albany, New York PETER D. VAN BUREN

Deputy Counsel

Bureau of Professional Medical Conduct

EXHIBIT B Terms of Probation

- Respondent shall conduct himself in all ways in a manner befitting her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by her profession.
- 2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 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.
- 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 her staff at practice locations or OPMC offices.
- 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. Within thirty (30) days of the effective date of the 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 less 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
- 9. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he 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.