



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

William P. Dillon, M.D.
Chair

Denise M. Bolan, R.P.A.
Vice Chair

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

June 24, 2002

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

James P. Reynolds, M.D.
1560 Portville Obi Road
Portville, NY 14770

RE: License No. 185064

Dear Dr. Reynolds:

Enclosed please find Order #BPMC 02-209 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect June 24, 2002.

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

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

IN THE MATTER
OF
JAMES P. REYNOLDS, M.D.

CONSENT AGREEMENT
AND ORDER
BPMC No. 02-209

James P. Reynolds, M.D., (Respondent) states:

That on or about March 1, 1991 I was licensed to practice as a physician in the State of New York, having been issued License No.185064 by the New York State Education Department.

My current address is 1560 Portville Obi Road, Portville, NY 14770 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 two specification(s) of professional misconduct.

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

I agree to not contest the two specification(s), in full satisfaction of the charges against me. I hereby agree to the following penalty:

My license shall be suspended for an indefinite period of no less than one year. One year after the effective date of this order and after compliance with all conditions, I may petition the State Board for

Professional Medical Conduct for a Modification Order, staying the suspension and permitting me to practice as a physician under whatever limitation(s), term(s) of probation, or further conditions the Board, in its reasonable discretion, exercised by a Committee on Professional Conduct, may impose. I understand and agree that the Committee's determination shall not be reviewable through recourse to the Administrative Review Board.

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

That, except during periods of actual suspension, I shall 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 will continue while Respondent possesses his license; and

That I 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. I 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. I shall meet with a person designated by the Director of OPMC as directed. I shall respond promptly and provide any and all documents and information within my 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 I possess my license.

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 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 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

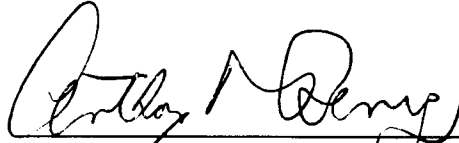
James P Reynolds

JAMES P. REYNOLDS, M.D.
Respondent

DATED 5/31/02

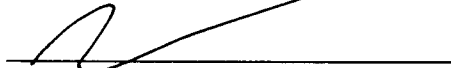
The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 6/5/02



ANTHONY M. BENIGNO
Bureau of Professional Medical Conduct

DATE: 6/19/02



DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

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

IN THE MATTER
OF
CONSENT ORDER
JAMES P. REYNOLDS, M.D.

Upon the proposed agreement of James P. Reynolds, 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 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: 6/21/02



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

EXHIBIT "B"

1. The suspension of Respondent's license shall be terminated only upon a showing to the satisfaction of a Committee on Professional Conduct of the State Board for Professional Medical Conduct (henceforth "Committee") that he has successfully complied with or completed a course of therapy and ongoing evaluation, which successful compliance or completion must include a determination by said Committee that he is no longer incapacitated for the practice as a Physician and that he is both fit and clinically competent to practice as a Physician. Respondent shall provide to the Office of Professional Medical Conduct a proposed treatment plan, for advice as to whether it is generally appropriate, but the determination of successful compliance with or completion of the course of therapy shall be made solely by the Committee, and shall include, but not be limited to, a determination that Respondent is no longer incapacitated for the active practice as a Physician.

2. Upon Respondent's request, but after the passage of the minimum period of suspension, a meeting of a Committee shall be convened for the purpose of hearing and evaluating Respondent's showing referred to in paragraph 1. The Board will make reasonable attempts to convene a Committee not later than 90 days after Respondent's request, which shall not be deemed to have been perfected until receipt, by the Director of the Office of Professional Medical Conduct, of all that is required to be provided by Respondent pursuant to the Conditions imposed upon her and pursuant to paragraph 3 below. The procedural nature of said proceeding shall be determined by the State Board for Professional Medical Conduct through the discretion of the Director of the Office of Professional Medical Conduct upon consultation with Counsel, Bureau of Professional Medical Conduct. Proceedings before said Committee shall *not* be in the nature of a *hearing* pursuant to New York Public Health Law §230, but shall instead be informal and intended only for the purpose of addressing any and all facts, evidence, information, circumstances, or issues which do or may relate to the advisability of terminating the suspension of Respondent's license. The Committee shall be given access to evidence including, but not limited to:

- a. Any and all evidence pertaining to Respondent's compliance with the Conditions imposed.
- b. Any evidence which the Director of the Office of Professional Medical Conduct or Counsel, Bureau of Professional Medical Conduct deems appropriate.

3. At the time that Respondent requests that a meeting of a Committee be scheduled, pursuant to paragraph 2, he shall provide the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299, with the following:

- a. The signed acknowledgment and curriculum vitae from the proposed sobriety monitor referred to in paragraph 5c.
- b. The signed acknowledgment and curriculum vitae from the proposed supervising physician referred to in paragraph 5d.
- c. The signed acknowledgment and curriculum vitae from the proposed health care professional referred to in paragraph 5e.
- d. Certified true and complete copies of all evaluation and treatment records relating to Respondent's substance abuse/dependence, psychological, psychiatric and/or mental health treatment whether in an in-patient, out-patient, after-care or consultation setting. These certified records shall be forwarded directly to OPMC from all treatment providers/facilities/evaluators. These records shall reflect any treatment and evaluation provided whether said treatment and evaluation occurred prior to or during the time this suspension is in effect. Such records shall include documentation of the results of all tests conducted to evaluate Respondent's fitness and clinical competence to practice medicine.
- e. Documentation of Respondent's participation in the program(s) of the Committee for Physicians' Health of the Medical Society of the State of New York or other equivalent program(s). documentation shall include but not be limited to verification of compliance and results of forensically valid alcohol/drug screening.
- f. Fully executed waivers of patient confidentiality concerning any previous and prospective treatment records.
- g. A current, independent, in-depth chemical dependency and psychiatric evaluation by a board-certified psychiatrist specializing in addiction medicine.
- h. Upon request of the Director of OPMC, Respondent shall attend, participate in and cooperate with an interview with designated personnel from the OPMC.

Provision of the aforesaid documents will not, alone, constitute a showing that Respondent is no longer incapacitated for active practice as a Physician.

4. At least fourteen (14) days prior to the scheduled date of the proceeding referred to in paragraph 2, Respondent shall provide OPMC with the following:

- a. Certified true and complete copies of records updating treatment and alcohol/drug screening since the date of the original submissions referred to in paragraph 3d.
- b. Evidence that Respondent has maintained adequate knowledge and competence to practice as a physician. Such evidence shall include documentation of continuing medical education and, if so requested by the Director of OPMC, a report of an independent evaluation of Respondent's medical knowledge and competence.

Submission of the aforesaid evidence shall not, alone, constitute a showing that Respondent is no longer incapacitated for active practice as a Physician.

5. If the Chairperson of the Committee issues an order (Order) finding that Respondent has successfully completed the prescribed course of treatment and has regained fitness and competence to practice medicine, and therefore terminating the suspension of Respondent's license, the Order shall further impose a period of probation, pursuant to New York Public Health Law §230-a, during which his practice as a Physician shall be subject to conditions imposed. Respondent's practice shall be subject to such conditions for a period of no less than five years. The minimum conditions shall include the following:

- a. Respondent shall be required to comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with his illness.
- b. At the direction of the Director of OPMC, Respondent shall submit to periodic interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding Respondent's condition and his fitness or incapacity to practice as a Physician.
- c. Respondent's sobriety will be monitored by a health care professional proposed by Respondent and approved in writing by the Director of OPMC. Said monitor shall not be a personal friend. Said monitor shall be familiar with Respondent's history of chemical dependence, with this suspension and with the terms of probation to be set forth. Said sobriety

monitor shall acknowledge his/her willingness to comply with the monitoring by executing the acknowledgment provided by OPMC.

- i. Said monitor shall see Respondent at least twice during each month.
 - ii. Said monitor shall direct Respondent to submit to unannounced tests of his blood, breath and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is positive or is refused by Respondent.
 - iii. Said monitor shall report to OPMC any noncompliance with the imposed conditions.
 - iv. Respondent shall ensure that said monitor submits to OPMC quarterly reports certifying Respondent's compliance or detailing Respondent's failure to comply with each of the conditions imposed. The reports shall include the results of all body fluid and/or breath tests for drugs and/or alcohol performed during that quarter.
 - v. Respondent shall avoid all substances which may cause positive urines such as poppy seeds/mouthwash/cough medication. Any positive test result will be considered a violation of this Order.
- d. Respondent shall be supervised in his medical practice by a licensed physician, proposed by him and approved in writing by the Director of OPMC, in accordance with the conditions contained in or annexed to the Order. Said supervising physician shall be familiar with Respondent's history of impairment and with the Order and its conditions. Said supervising physician shall supervise Respondent's compliance with the conditions of practice imposed by the Order. Said supervising physician shall be in a position regularly to observe and assess Respondent's medical practice. Said supervising physician shall acknowledge his/her willingness to comply with the supervision by executing the acknowledgment provided by OPMC.
- i. Respondent shall ensure that said supervising physician submits to OPMC quarterly reports regarding the quality of Respondent's

medical practice, any unexplained absences from work and certifying his compliance or detailing his failure to comply with each condition imposed.

- ii. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.
- e. Respondent shall continue in treatment with a health care professional, proposed by Respondent and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.
- i. Respondent shall ensure that said treating health care professional or program submits to OPMC quarterly reports certifying that Respondent is complying with the treatment.
 - ii. Said treating health care professional shall report to OPMC immediately if Respondent is noncompliant with treatment plan or demonstrates any significant pattern of absences.
 - iii. Said treating health care professional shall acknowledge his/her willingness to comply with the above-mentioned reporting by executing the acknowledgment provided by OPMC.

6. The terms set out in paragraph 5 shall be the minimum probation terms, related to Respondent's fitness to practice, to be imposed on his practice upon terminating the suspension of his license, and that other terms may be added by the Committee, and that the costs of complying with all such terms will be Respondent's responsibility. Any failure by Respondent to comply with the conditions imposed upon his practice at the time of suspension termination, may result in disciplinary action being brought against him charging professional misconduct as defined by the New York State Education Law, including but not limited to N.Y. Education Law Section 6530(29).

7. Upon any denial of Respondent's petition for suspension termination made by the Committee, Respondent shall not again request convening a Committee until a minimum period of nine months has elapsed since such denial.

8. In addition to the terms set out in paragraph 5 and any other terms added by the Committee upon the termination of Respondent's license suspension, he shall

also be subject to the following standard terms of probation:

- a. Respondent shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by the profession of medicine.
- b. Respondent shall submit written notification of all sites of employment and/or medical practice 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.
- c. 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. He shall personally meet with a person designated by the Director of OPMC as requested by the Director.
- d. 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].
- e. Any period of probation shall be tolled during periods in which Respondent is not engaged in the active practice as a Physician in New York State. Respondent shall notify the Director of OPMC, in writing, if he is not currently engaged in or intends to leave the active practice as a Physician 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. The tolling provision set forth in this paragraph may be waived by the Director of OPMC, in the Director's discretion.

- f. 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 staff at practice locations or OPMC offices.
- g. 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.
- h. 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.

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

IN THE MATTER
OF
JAMES P. REYNOLDS, M.D.

STATEMENT
OF
CHARGES

James P. Reynolds, M.D., the Respondent, was authorized to practice medicine in New York State on or about March 1, 1991, by the issuance of license number 185064 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about July 25, 2000 Respondent presented and filled a forged prescription for 20 Lortab (Hydrocodeine) 5 at the Vic Vena Pharmacy in Olean, New York. The prescription had been altered by Respondent without the permission of the treating physician.
- B. Respondent suffers from major depression and panic disorder with agoraphobia.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

1. Paragraph A.

EXHIBIT A

SECOND SPECIFICATION
BEING AN HABITUAL USER OR HAVING A
PSYCHIATRIC CONDITION WHICH IMPAIRS
THE ABILITY TO PRACTICE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(8) by being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, or having a psychiatric condition which impairs the licensee's ability to practice as alleged in the facts of the following:

2. Paragraphs A and/or B.

DATED: *June 5*, 2002
Albany, New York

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



NEW YORK STATE DEPARTMENT OF HEALTH
Office of Professional Medical Conduct
Physician Monitoring Programs
Hedley Building, 4th floor
433 River Street
Troy, NY 12180-2299
Phone: (518) 402-0845
Fax: (518) 402-0790

GENERAL CRITERIA FOR PRACTICE SUPERVISORS

Practice supervisors who participate in the Physician Monitoring Program (PMP) are responsible for providing the PMP with information regarding the appropriateness of the licensee's practice of medicine, and to report on the licensee's clinical practice as well as behavior/conduct.

A practice supervisor is on premises with the licensee at his/her work location, and provides direct and concurrent supervision of the licensee. Preferably, the practice supervisor will be board-certified in the same specialty as the licensee. The practice supervisor shall:

- ▶ Not be a family member of personal friend, or be in a professional role which would pose a conflict with supervision responsibilities;
- ▶ Not be a member of the NYS Board for Professional Medical Conduct;
- ▶ Review the Order and submit an acknowledgment of such review and of willingness to serve as practice supervisor as required;
- ▶ Agree to comply with any scheduled meeting or other requirements specified in the Order;
- ▶ Directly observe the licensee, preferably daily, and document any changes. Such observation will include, but not be limited to physical and mental condition, time and attendance behavior and change in social behavior;
- ▶ Observe medical practice by reviewing charts, discussing case management and observing licensee's interaction with patients and co-workers;
- ▶ Submit complete and accurate supervision reports to the PMP in a timely manner and in the format agreed upon with PMP;
- ▶ Notify PMP staff as soon as possible of any non-compliance with supervisor recommendations, terms of probation or other conditions of the Order;
- ▶ Report to PMP any suspected impairment, inappropriate behavior, questionable medical practice or possibility of misconduct within 24 hours of becoming aware of such;
- ▶ Communicate with any other monitors/supervisors of the licensee as appropriate;
- ▶ Respond to requests for information from PMP staff.



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Fax: (518) 402-0790

PRACTICE SUPERVISOR ACKNOWLEDGMENT FORM

I have agreed to act as practice supervisor for James Reynolds, MD.

I am familiar with the licensee's history of depression and substance abuse.

I have read and am familiar with the minimum terms and conditions outlined in the Consent Order.

I have read and am familiar with the OPMC "*General Criteria For Practice Supervisors.*"

I am not a personal friend or relative of the licensee nor a member of the NYS Board for Professional Medical Conduct.

I will regularly observe and assess the licensee's medical practice.

I am prepared to direct the licensee to submit to unannounced, supervised tests of blood, breath screening and/or urine to detect the presence of drugs or alcohol and will report the results of all such tests to the Office of Professional Medical Conduct on a quarterly basis. I will report any failure or refusal to submit to testing by the licensee and any positive results to the Office of Professional Medical Conduct within twenty-four (24) hours.

I will submit quarterly reports to the Office of Professional Medical Conduct regarding the quality of the licensee's medical practice, work attendance and overall compliance with the terms and conditions of the Order. Should problems arise, or should I become aware that the licensee has violated any term of the Order, I will contact the Office of Professional Medical Conduct within twenty-four (24) hours.

NAME: _____

ADDRESS: _____

PHONE: _____

FAILURE TO REPORT TO OPMC A PHYSICIAN WHO MAY BE IMPAIRED AND/OR GUILTY OF PROFESSIONAL MISCONDUCT IS A VIOLATION OF PUBLIC HEALTH LAW AND EDUCATION LAW

SIGNATURE: _____

DATED: _____

Send completed form along with a current copy of your curriculum vitae to the Physician Monitoring Programs.



NEW YORK STATE DEPARTMENT OF HEALTH
Office of Professional Medical Conduct
Physician Monitoring Programs
Hedley Building, 4th floor
433 River Street
Troy, NY 12180-2299
Phone: (518) 402-0845
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REQUIREMENTS FOR DRUG/ALCOHOL SCREENS

- The monitor shall not be a personal friend or relative of the licensee nor a member of the NYS Board for Professional Medical Conduct.
- Screens will be random and unannounced, on a 24-hours a day, seven-days-a-week basis. there is no acceptable excuse for missing or refusing a screen. PMP must be notified within 24 hours of any such missed or refused screen.
- Collections will be observed, and strict chain of custody procedures are absolutely required.
- Licensee must report for a urine screen within four (4) hours of being contacted by the sobriety monitor.
- An across-the-board screen including alcohol, THC and all drugs of choice must be completed.
- ▶ Licensee shall avoid all substances which may cause positive urines such as poppy seeds/mouthwash/cough medication. Any positive result will be considered a violation of this Order.
- The evaluating laboratory must be accredited to provide forensically valid screening.
- In the case of positive results, a confirmatory test must be performed and the evaluating laboratory must agree to provide telephone notification to the monitor of a confirmed positive.
- Any incidence of drug/alcohol use by the licensee must be reported to this office by the monitor within 24 hours.
- In the case of a "stat" incident (e.g., change in mental status) a blood specimen may be appropriate in addition to, or instead of, a urine specimen.
- Copies of all laboratory reports must be submitted along with quarterly reports.
- All monitors must be willing to communicate with the licensee's other monitors, should the need arise.

IF THESE GUIDELINES CANNOT BE MET, THIS OFFICE WILL NOT APPROVE THE PROPOSED MONITOR.



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SOBRIETY MONITOR ACKNOWLEDGMENT FORM

I have agreed to act as sobriety monitor for James Reynolds, MD.

I am familiar with the licensee's history of depression and substance abuse.

I have read and am familiar with the minimum terms and conditions outlined in the Consent Order.

I have read and am familiar with the OPMC *"Requirements For Drug/Alcohol Screens."*

I am not a personal friend or relative of the licensee nor a member of the NYS Board for Professional Medical Conduct.

I am prepared to direct the licensee to submit to unannounced, supervised tests of blood, breath screening and/or urine to detect the presence of drugs or alcohol and I will report the results of all such tests to the Office of Professional Medical Conduct on a quarterly basis. I will report any failure or refusal to submit to testing by the licensee and any positive results to the Office of Professional Medical Conduct within twenty-four (24) hours.

I will report to the Office of Professional Medical Conduct on a quarterly basis regarding the licensee's compliance, or any pattern of non-compliance, with the terms and conditions of the Order. Should problems arise, or should I become aware that the licensee has violated any term of the Order, I will contact the Office of Professional Medical Conduct within twenty-four (24) hours

NAME: _____

ADDRESS: _____

PHONE: _____

FAILURE TO REPORT TO OPMC A PHYSICIAN WHO MAY BE IMPAIRED AND/OR GUILTY OF PROFESSIONAL MISCONDUCT IS A VIOLATION OF PUBLIC HEALTH AND EDUCATION LAW.

SIGNATURE: _____

DATED: _____

Send completed form along with a current copy of your curriculum vitae to the Physician Monitoring Programs.



NEW YORK STATE DEPARTMENT OF HEALTH
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THERAPY MONITOR/THERAPIST RESPONSIBILITIES

Therapy monitors who participate in the Physician Monitoring Program (PMP) generally determine the frequency and length of therapy needed by the monitoree, unless otherwise specified in the Order of the Board for Professional Medical Conduct. The therapy monitor shall:

- ▶ Not be a personal friend or relative of the licensee nor a member of the NYS Board for Professional Medical Conduct.
- ▶ Determine the therapy schedule.
- ▶ Adjust the therapy schedule according to the monitoree's therapy needs.
- ▶ Evaluate the monitoree's progress in recovery and report as appropriate to PMP.
- ▶ Submit complete and accurate monitoring reports in a timely manner.
- ▶ Report to PMP any symptoms of a relapse or renewed impairment within 24 hours of becoming aware of such.
- ▶ Communicate with PMP staff as appropriate.
- ▶ All monitors must be willing to communicate with the monitoree's practice and sobriety monitors/supervisors should the need arise.



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THERAPY MONITOR ACKNOWLEDGMENT FORM

I have agreed to act as therapy monitor for James Reynolds, MD.

I am familiar with the licensee's history of depression and substance abuse.

I have read and am familiar with the minimum terms and conditions outlined in the Consent Order.

I have read and am familiar with the OPMC *"Therapy Monitor/Therapist Responsibilities."*

I am not a personal friend or relative of the licensee nor a member of the NYS Board for Professional Medical Conduct.

Should the licensee refuse to submit to any test I may order for the presence of drugs or alcohol or if the test is positive, I will report the incident to the Office of Professional Medical Conduct within twenty-four (24) hours.

I will submit quarterly reports to the Office of Professional Medical Conduct regarding the licensee's compliance, or any pattern of non-compliance, with the terms and conditions of the Order. Should problems arise, or should I become aware that the licensee has violated any term of the Order, I will contact the Office of Professional Medical Conduct within twenty-four (24) hours.

I will ensure that the Office of Professional Medical Conduct is notified should the licensee drop out of treatment, refuse to abide by the treatment plan or fall into a significant pattern of absences.

NAME: _____

ADDRESS: _____

PHONE: _____

FAILURE TO REPORT TO OPMC A PHYSICIAN WHO MAY BE IMPAIRED AND/OR GUILTY OF PROFESSIONAL MISCONDUCT IS A VIOLATION OF PUBLIC HEALTH AND EDUCATION LAW.

SIGNED: _____

DATED: _____

Send completed form along with a current copy of your curriculum vitae to the Physician Monitoring Programs.