

# 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

Kendrick A. Sears, M.D. Chair

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

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

November 21, 2006

# CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Liviu Chindris, M.D. 321 N. Madison Avenue Monrovia, CA 91016

Re: License No. 216478

Dear Dr. Chindris:

Enclosed is a copy of Modification Order #BPMC 06-215 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect November 28, 2006.

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

NEW YORK STATE  STATE BOARD FOR PROFESSIO			
IN THE MAT	TER	MODIF	CATION
OF		ORDER	
LIVIU CHIND	RIS, M.D.	BPMC No.	#06-215

Upon the proposed Application for a Modification Order of LIVIU CHINDRIS, 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: 11-19-06

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** 

**MODIFY CONSENT ORDER** 

LIVIU CHINDRIS, M.D.

**BMPC No. 06-215** 

LIVIU CHINDRIS, M.D., (Respondent) deposes and says:

That on or about December 16, 1999, I was licensed to practice as a physician in the State of New York, having been issued License No. 216478 by the New York State Education Department.

My current address is 321 N. Madison Avenue, Monrovia, CA 91016.

I am currently subject to CONSENT ORDER BPMC No. 06-215, dated September 14, 2006, 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 August 8, 2006, (hereinafter "August 8, 2006, 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:

- "Respondent shall comply fully with the May 18, 2006, Decision of the Division of Medical Quality, Medical Board of Carolina, Department of Consumer Affairs, (hereinafter "California Board"), and any extension or modification thereof."
- "Respondent shall provide a written authorization for the California Board to provide the Director of OPMC with any/all information or documentation as requested by OPMC to enable OPMC to determine whether Respondent is in compliance with the California Order."
- "Respondent shall submit semi-annually a signed Compliance Declaration to the Director of OPMC, which truthfully attests whether Respondent has been in compliance with the California Order during the declaration period specified."

- "Should Respondent return to the practice of medicine in New York State or in any other jurisdiction where that practice is predicated upon Respondent's New York State medical license to practice prior to the successful completion of the conditions imposed by the State of California, Respondent shall provide ninety (90) days notice in writing, to the Director, OPMC. The Director in his sole discretion, may impose whatever limitations, or further conditions, he deems appropriate."
- "That Respondent shall remain in continuous compliance with all requirements of New York Education Law §6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department, (except during periods of actual suspension), and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in New York Education Law §6502(4) to avoid registration and payment of 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"

#### substituting therefore:

"I shall 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.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, 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 my right 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.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct, and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed Agreement and Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

<b>AFFIRMED</b>	Α	۲	r	ı	к	Ν	1	ᆫ	υ	•
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DATED: ///3/06

LIVIU CHINDRIS, 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:

ROBERT BOGAN

Associate Counsel

**Bureau of Professional Medical Conduct** 

DATE: 16 Kburnels 2006 DENMS

DENNIS J. GRAZIANO

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

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Office of Professional Medical Conduct

Kendrick A. Sears, M.D. Cheir

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

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

September 15, 2006

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Liviu Chindris, M.D. 321 N. Madison Avenue Monrovia, CA 91016

Re: License No. 216478

Dear Dr. Chindris:

Enclosed is a copy of Order #BPMC 06-215 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect September 22, 2006.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this 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 OF NEW YORK : DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

#### IN THE MATTER

CONSENT

OF

**AGREEMENT** 

# LIVIU CHINDRIS, M.D. CO-06-06-3355-A

AND ORDER

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

That on or about December 16, 1999, I was licensed to practice as a physician in the State of New York, and issued License No. 216478 by the New York State Education Department.

My current address is 321 N. Madison Avenue, Monrovia, CA 91016, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address thirty (30) days, thereof.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with two (2) 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 do not contest the two (2) Specifications, in full satisfaction of the charges against me, and agree to the following penalty:

Censure and Reprimand;

Respondent shall comply fully with the May 18, 2006, Decision of the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs, (hereinafter "California Board"), and any extension or modification thereof.

Respondent shall provide a written authorization for the California Board to provide the Director of OPMC with any/all information or documentation as requested by OPMC to enable OPMC to determine whether Respondent is in compliance with the California Order.

Respondent shall submit semi-annually a signed Compliance Declaration to the Director of OPMC, which truthfully attests whether Respondent has been in compliance with the California Order during the declaration period specified.

Should Respondent return to the practice of medicine in New York State or in any other jurisdiction where that practice is predicated upon Respondent's New York State medical license to practice prior to the successful completion of the conditions imposed by the State of California, Respondent shall provide ninety (90) day notice in writing, to the Director, OPMC. The Director in his sole discretion, may impose whatever limitations, or further conditions, he deems appropriate.

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

That Respondent shall remain in continuous compliance with all requirements of New York Education Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in New York Education Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 30 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee 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 Consent 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 Consent 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 Consent Order shall constitute misconduct as defined by New York 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 New York 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 Consent 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, 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 Consent Order, this or upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I stipulate that the proposed sanction and Consent Order are authorized by New York Public Health Law §§ 230 and 230-a, and that the Board and OPMC 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 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 I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

AFFIRMED:

DATED: 08/28/06

LIVIU CHINDRIS, M.D.

Respondent

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

DATE: 12 CAUSE DOC

ROBERT BOGAN

Bureau of Professional Medical Conduct

DATE: 14 Justonies Zook

DENNIS J. GRAZIANO

Director

Office of Professional Medical Conduct

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

IN THE MATTER

STATEMENT

**OF** 

OF

LIVIU CHINDRIS, M.D. CO-06-06-3355-A

**CHARGES** 

LIVIU CHINDRIS, M.D., Respondent, was authorized to practice medicine in New York State on December 16, 1999, by the issuance of license number 216478 by the New York State Education Department.

## **FACTUAL ALLEGATIONS**

- A. On or about May 18, 2006, the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs (hereinafter "California Board"), by a Decision (hereinafter "California Decision"), Publicly Reprimanded Respondent and required him to successfully complete a medical record-keeping course, a four (4) day "end of life" conference, and a seven (7) day internal medicine conference, based on inadequate/inaccurate recordkeeping and failure to appropriately examine, diagnose, and treat a patient who was acutely and terminally ill whose acute condition was potentially reversible with simple interventions.
- B. The conduct resulting in the California 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 State Education Law §6530(4) (gross negligence); and/or
- 2. New York State 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 State Education Law §6530(9)(d) by having his license to practice medicine revoked or having other disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation or other disciplinary action would, if committed in New York state, constitute professional misconduct under the laws of New York state, in that the Petitioner charges:

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

DATED: August 17,2006

PETER D. VAN BUREN

**Deputy Counsel** 

**Bureau of Professional Medical Conduct** 

NEW YORK STATE	DEPARTMENT OF HEALTH
STATE BOARD FOR PROFE	ESSIONAL MEDICAL CONDUCT

IN THE MATTER

CONSENT

OF

ORDER

LIVIU CHINDRIS, M.D.

BPMC No. #06-215

Upon the application of (Respondent), LIVIU CHINDRIS, 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 Consent 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: 9-14-206

Chair

State Board for Professional Medical Conduct