

New York State Board for Professional Medical Conduct

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

Barbara A. DeBuono, M.D., M.P.H. Commissioner of Health Patrick F. Carone, M.D., M.P.H. Chair Ansel R. Marks, M.D., J.D. Executive Secretary

May 7, 1998

## **CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Lloyd A. Fassett, M.D. c/o Charlotte B. Fassett Billygoat Strut Alley 935 River Road Binghamton, New York 13901

## RE: License No. 092796

Dear Dr. Fassett:

Enclosed please find Order #BPMC 98-82 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect May 14, 1998.

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.

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: E. Marta Sachey, Esq. STATE OF NEW YORK : DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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IN THE MATTER : CONSENT AGREEMENT AND OF : SURRENDER OF LLOYD ALLEN FASSETT, M.D. : CLINICAL PRIVILEGES BPMC #98-82

STATE OF NEW YORK ) SS: COUNTY OF BROOME )

LLOYD ALLEN FASSETT, M.D., states:

- I was licensed to practice as a physician in New York State on August 11, 1964 having been issued license number 092796 by the New York State Education Department.
- 2. I was last registered with the New York State Education Department to practice as a physician in New York State for the period ending April 30, 1998 with a registration address of 15 Riverside Drive, Johnson City, New York 13790.
- 3. I understand the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct as set forth in the Statement of Charges annexed hereto, made a part hereof and marked "Exhibit A."
- 4. I agree not to contest the specification of professional misconduct set forth in the Statement of Charges in full

satisfaction of the charges.

- 5. I hereby agree to the following penalty:
  - a. My license to practice medicine shall be permanently limited, pursuant to Public Health Law §230-a, to preclude patient contact and any practice of clinical medicine. I shall be precluded from diagnosing, prescribing, operating or treating for any human condition.
  - I shall also be precluded from reviewing the medical b. records of any person for whatever purposes, including, without limitation, workers' compensation, insurance claims and disability claims. This limitation shall continue unless and until the Director of the New York State Department of Health's Office of Professional Conduct [hereafter "Director"] shall determine, in her sole reasonable discretion, that I am competent to review such medical records. I understand and agree that the Director's exercise of such discretion shall not be reviewable by the Administrative Review Board. Specifically, upon my submission of certain minimum evidence of my competence to review such medical records, as set forth in Exhibit B, attached hereto, I may request a modification of this limitation on my license, as further set forth in Exhibit B.

- I hereby make this Application to the Board and request that it be granted.
- 7. 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.
- 8. 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.
- 9. I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.

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RESPONDENT By MRS. CHARLOTTE B. FASSETT, ATTORNEY - IN-FACT [General Power of Attorney Attached] Charlance Drasself D.O.A

Sworn to me before this Day of , 1998 **RICHARD J. LIBOUS** Notary Public, State of New York No. 4817413 Residing in Brocme County **Commission Expires** 

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

DATE: 4-27-98

E. MARTA SACHEY Associate Counsel Bureau of Professional Medical Conduct

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Office of Professional Medical Conduct

DATE: 4/29/98

STATE OF NEW YORK : DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT .....X IN THE MATTER : OF : CONSENT LLOYD ALLEN FASSETT, M.D. : ORDER .....X

Upon the proposed agreement of LLOYD ALLEN FASSETT, M.D. (Respondent) for Consent Order, which Application is made a part hereof, it is agreed to and

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

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

SO ORDERED.

DATED: \_5/5/98

PATRICK F. CARONE, M.D., M.P.H. Chairperson State Board for Professional Medical Conduct

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

1	IN THE	MATTER		:	STATEMENT
	OF			:	OF
LLOYD	ALLEN	FASSETT,	M.D.	:	CHARGES

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LLOYD ALLEN FASSETT, M.D., the Respondent, was authorized to practice medicine in New York State on August 11, 1964 by the issuance of license number 092796 by the New York State Education Department. Respondent is currently registered with the New York State Education Department to practice medicine for the period ending April 30, 1998 with a registration address of 15 Riverside Drive, Johnson City, New York 13790.

### FACTUAL ALLEGATIONS

A. Respondent provided medical care to Patient A [patients are identified in the Appendix] from approximately February 2, 1996 through February 4, 1996 at Lourdes Hospital, Binghamton, New York [hereafter "Lourdes Hospital"]. Respondent's care of Patient A did not conform to accepted standards of medical care in that Respondent failed to initiate appropriate treatment and/or secure a cardiac consultation for Patient A's potential unstable angina.

EXHIBIT A

- B. Respondent provided medical care to Patient B from approximately December 27, 1995 through January 4, 1996 at Lourdes Hospital. Respondent's care of Patient B did not conform to accepted standards of medical care in that Respondent failed to adequately assess and/or treat Patient B's hyperglycemia and/or chest pain syndrome and/or secure a cardiac consultation for Patient B's chest pain syndrome.
- C. Respondent provided medical care to Patient C at various times from approximately 1989 through 1996 at Respondent's office. Respondent's care of Patient C did not conform to accepted standards of medical care in that Respondent failed to appropriately manage Patient C's diabetes.

#### SPECIFICATION

Respondent is charged with professional misconduct under N.Y. Education Law §6530(3) by reason of his practicing the profession of medicine with negligence on more than one occasion in that Petitioner charges that Respondent committed two or more of the following:

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

DATED: Albany, New York

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

#### EXHIBIT B

- 1. I agree and understand that the limitation of my license which precludes me from reviewing the medical records of any person, as is more fully set forth in Paragraph 5(b) of this Consent Agreement, shall be terminated only upon a showing to the satisfaction of the Director of the New York State Department of Health Office of Professional Medical Conduct [hereafter "Director"] that I am competent to review such records.
- 2. I agree and understand that at the time I request the Director to terminate the limitation of my license which precludes me from reviewing the medical records of any person, as is more fully set forth in Paragraph 59b) of this Consent of Agreement, I will provide the Director of the Office of Professional Medical Conduct, Hedley Park Place, 433 River Street, Suite 303, Troy, New York, a current indepth written report of a neurological and physical examination by a board certified physician, licensed in New York State, and a written evaluation by said physician as to my ability to competently review medical records. I further agree and understand that in the sole reasonable discretion of the Director I may be required to personally appear before the Director and/or her designee with regard to the aforesaid request.

# **DURABLE GENERAL POWER OF ATTORNEY** NEW YORK STATUTORY SHORT FORM

# THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME DISABLED OR INCOMPETENT

Caution: This is an important document. It gives the person whom you designate (your "Agent") broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. These powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully in New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of power of attorney. This document does not authorize anyone to make medical or other health care decisions. You may

execute a health care proxy to do this. If there is anything about this form that you do not understand, you should ask a lawyer to explain it

to you.

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THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

Lloyd Fassett, Billygoat Strut Alley at 935 River Road, Binghamton, NY 13901 do hereby appoint: 1. (insert your name and address)

Charlotte B. Fassett, Billygoat Strut Alley at 935 River Road, Binghamton, NY 13 (If I person is to be appointed agent, insert the name and address of your agent above)

(If 2 or more persons are to be appointed agents by you insert their names and addresses above)

(If more than one agent is designated, CHOOSE ONE of the following two choices by putting my attorney(s)-in-fact TO ACT your initials in ONE of the blank spaces to the left of your choice:)

| Each agent may SEPARATELY act.

] All agents must act TOGETHER.

(If neither blank space is initialed, the agents will be required to act TOGETHER)

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New Yorl General Obligations Law to the extent that I am permitted by law to act through an agent:

(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the followin lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the let of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED fo matters that are included in that subdivision. Alternatively, the letter corresponding to each power yo wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then pu your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the power so indicated.) 1 (M)making gifts to my spouse, children

[ ] (A) real estate transactions;		[	] (M)making gills to my spouse, endowned and more remote descendants,
t	] (B) chattel and goods transactions;		and parents, not to exceed in the
(	<ol> <li>(C) bond, share and commodity transactions;</li> </ol>		aggregate \$10,000 to each of such persons in any year;
r	1 (D) banking transactions;	Į	] (N) tax matters;
ſ	(E) business operating transactions;	۱	1 (O) all other matters
۱ ۲	] (F) insurance transactions;	l	] (P) full and unqualified authority to n attorney(s)-in-fact to delegate any
1	] (G) estate transactions;	1/6	or all of the foregoing powers to any person or persons whom my
[	] (II) claims and litigation;	1	any person or persons whom my attorney(s)-in-fact shall select;
[	] (1) personal relationships and affairs;	•	1 (Q) each of the above matters identif
ſ	] (J) benefits from military service;	ſ	by the following letters:
[	] (K) records, reports and statements;		A-P
[	] (L) retirement benefit transactions;		
			a storney only

the and limitations may be included in the statutory short form durable power of attorney only

This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence. If every agent named above is unable or unwilling to serve, I appoint

#### (insert name and address of successor)

to be my agent for all purposes hereunder.

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To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hercof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

This Durable General Power of Attorney may be revoked by me at any time.

In Witness Whereof, I have hereunto signed my name this 3rd day of (YOU SIGN HERE:) (Signature of Principal) Lloyd Fassett ACKNOWLEDGEMENT STATE OF NEW YORK COUNTY OF BROOME \$5.: On February 3, 1998 before me personally came Lloyd Fassett to me known, and known to me to be the individual described in, and who executed the foregoing instrument, and he acknowledged to me that he executed the same. STEPHEN D. SMYN of New York Publisher's Note: This document is printed on 100% cotton paper. Unlike or provention of the state of New York turning brittle and brown with age. Insist on genuine Blumberg forms to ensure the longevity of this important document. The publisher maintains property rights in the layout, graphic design and typestyle of this form as well as in the company's trademarked logo and name. Reproduction of blank copies of this form without the publisher's permission is prohibited. Such unauthorized use may constitute a violation of law or of professional ethics rules. However, once a form has been filled in, photocopying is permitted. The undersigned, an attorney arbeitted to practice in the courts of New York State, certifles that this document has been compared with the original and found to be a true and exact copy. Statutory Short Forn

Dated