



Barbara A. DeBuono, M.D., M.P.H.  
Commissioner of Health

*New York State Board for Professional Medical Conduct*

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

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

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STATE OF NEW YORK )  
                          ) SS:  
COUNTY OF BROOME )



LLOYD ALLEN FASSETT, M.D., states:

1. 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.

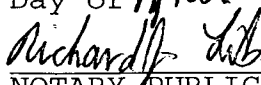
5. I hereby agree to the following penalty:
  - a. My license to practice medicine shall be permanently limited, pursuant to Public Health Law §230-a, to preclude patient contact and any practice of clinical medicine. I shall be precluded from diagnosing, prescribing, operating or treating for any human condition.
  - b. I shall also be precluded from reviewing the medical 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.

6. 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.

  
 LLOYD ALLEN FASSETT, M.D.  
 RESPONDENT  
 By MRS. CHARLOTTE B. FASSETT,  
 ATTORNEY - IN-FACT [General  
 Power of Attorney Attached]  


Sworn to me before this 23


Day of April, 1998

  
 NOTARY PUBLIC

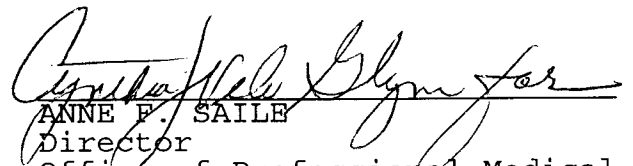
RICHARD J. LIBOUS  
 Notary Public, State of New York  
 No. 4817413  
 Residing in Broome County  
 Commission Expires 9/30/98

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

DATE: 4/29/98

  
ANNE F. SAILE  
Director  
Office of Professional Medical  
Conduct

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

-----X

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

-----X

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.

**E X H I B I T 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: *April 13*, 1998  
Albany, New York

*Peter D. Van Buren*  
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 5(b) 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 in-depth 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.



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.

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 hereof 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 February, 1998

(YOU SIGN HERE:)



(Signature of Principal)

Lloyd Fassett

ACKNOWLEDGEMENT

STATE OF NEW YORK COUNTY OF BROOME ss.:  
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. SMYK  
Notary Public, State of New York

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The undersigned, an attorney admitted to practice in the courts of New York State, certifies that this document has been compared with the original and found to be a true and exact copy.

Date: 2/3/98

TO

DURABLE  
Power of Attorney  
Statutory Short Form

Dated