



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

July 22, 2016

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Kaveh Kashani, D.O.



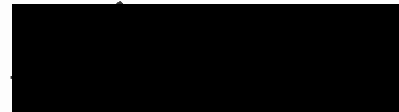
Re: License No. 244060

Dear Dr. Kashani:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 16-258. This order and any penalty provided therein goes into effect July 29, 2016.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,



Henry Spector, M.D.
Acting Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Paul Walker, Esq.
315 West 106th Street, Suite A
New York, New York 10025

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

IN THE MATTER
OF
KAVEH KASHANI, D.O.

BPMC No. 16-258
CONSENT
ORDER

Upon the application of (Respondent) KAVEH KASHANI, D.O. 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.

DATE: 7/21/2016


ARTHUR S. HENGERER, M.D.
Chair
State Board for Professional Medical Conduct

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

IN THE MATTER
OF
KAVEH KASHANI, D.O.

CONSENT
AGREEMENT

KAVEH KASHANI, D.O., represents that all of the following statements are true:

That on or about May 4, 2007, I was licensed to practice as a physician in the State of New York, and issued License No. 244060 by the New York State Education Department.

My current address is [REDACTED] and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I shall agree not to contest the allegations in full satisfaction of the charges against me, and agree to the following penalty:

- Pursuant to New York Pub. Health Law § 230-a(2), my license to practice medicine in New York State shall be suspended for three years, with the entire period stayed.
- Pursuant to N.Y. Pub. Health Law § 230-a(9), I shall be placed on probation for a period of five years subject to the terms set forth in attached Exhibit "B."

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

That Respondent shall comply with each and every penalty imposed by this Order pursuant to N.Y. Pub. Health Law § 230-a.

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ. 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 N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 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 remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5, including but not limited to the requirements that a licensee shall: report to the department all information required by the Department to develop a public physician profile for the licensee; continue to notify the department of any change in profile information within 30 days of any change (or in the case of optional information, within 365 days of such change); and, in addition to such periodic reports and notification of any changes, update his or her profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to his or her physician profile information either electronically using the department's secure web site or on forms prescribed by the department, and licensee shall attest to the truthfulness, completeness and correctness of any changes licensee submits to the department. This condition shall take effect 30 days after the Order's effective date and shall continue so long as Respondent remains a licensee in New York State. Respondent's failure to comply with this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health Law § 230, shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for failure to comply with this condition may include all penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, including but not limited to: revocation or suspension of license, Censure and Reprimand,

probation, public service and/or fines of up to \$10,000 per specification of misconduct found; and

Respondent, by making this application, asserts that Respondent does not currently practice medicine in New York State or in any setting or jurisdiction where that practice is predicated upon Respondent's New York State medical license ("New York Practice"). As a Condition of this Order, should Respondent in the future determine to commence New York Practice, Respondent shall, prior to commencing such practice, appear before the Board to prove fitness as set forth in paragraphs 3 through 6 in Exhibit B. Respondent may not commence such practice until after Respondent satisfactorily completes the terms set forth in paragraphs 3 through 6 in Exhibit B and receives the Board's approval and Director's written acknowledgment that this Condition has been satisfied, and shall be subject to any further Conditions the Board and Director may impose upon Respondent's New York Practice based on matters underlying this Consent Agreement and/or any circumstances or information known to the Board and Director at the time of Respondent's proposed commencement of New York Practice. Respondent, by making this Application, stipulates that, in the event the Respondent seeks to return to practice in New York, the Board and Director shall be authorized to impose whatever further Conditions the Director deems appropriate, and Respondent further stipulates that Respondent's failure to comply with such Conditions shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29); and

- Respondent shall comply fully with the July 8, 2015 Decision after Reconsideration of the Osteopathic Medical Board of California, Department of Consumer Affairs and any extension or modification thereof.
- Respondent shall provide a written authorization for the Osteopathic Medical Board of California, Department of Consumer Affairs 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 Decision and Order.

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully

complied with and satisfied the requirements of the Order, regardless of tolling; 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 N.Y. Educ. 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 the N.Y. Pub. 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, 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. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. 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 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.

DATE 7/14/16


KAVEH KASHANI, M.D. D.O.
RESPONDENT

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

DATE: 7/19/2016



PAUL WALKER, ESQ.
Attorney for Respondent

DATE: 7/19/16



MARC S. NASH
Senior Attorney
Bureau of Professional Medical Conduct

DATE: 7/19/16



KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT "A"

IN THE MATTER
OF
KAVEH KASHANI, M.D.

STATEMENT
OF
CHARGES

KAVEH KASHANI, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 4, 2007, by the issuance of license number 244060 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about October 18, 2012, Respondent was convicted of violating California Vehicle Code Section 23152(a), a misdemeanor, which states it is unlawful for a person who is under the influence of any alcoholic beverage to drive a vehicle. Respondent's sentence was suspended and Respondent was placed on three (3) years' informal probation where Respondent was subject to random chemical tests of his blood and was assessed a fines and costs in the amount of \$935.00.
- B. On or about January 3, 2013, Respondent was convicted of violating California Health & Safety Code Section 11368, a misdemeanor, for forging or altering a prescription or who issues or utters an altered prescription, or who issues or utters a prescription bearing a forged or fictitious signature for any narcotic drug, or who obtains any narcotic drug by any forged, fictitious, or altered prescription, or who has in possession any narcotic drug secured by a forged, fictitious, or altered prescription. Respondent's sentence was suspended and Respondent was placed

on three (3) years' probation, ordered to complete drug rehabilitation, and was assessed a fine in the amount of \$1,760.

- C. Respondent's crimes, as described above in California, would, if committed in New York State, have constituted crimes under New York State law, specifically New York Vehicle and Traffic Law § 1192(1) (Driving while ability impaired. No person shall operate a motor vehicle while the person's ability to operate such motor vehicle is impaired by the consumption of alcohol), and New York Penal Law § 170.10(5) (A person is guilty of forgery in the second degree when, with intent to defraud, deceive or injure another, he falsely makes, completes or alters a written instrument which is or purports to be, or which is calculated to become or to represent if completed a prescription of a duly licensed physician or other person authorized to issue the same for any drug or any instrument or device used in the taking or administering of drugs for which a prescription is required by law.)
- D. On or about July 8, 2015, the Osteopathic Medical Board of California, Department of Consumer Affairs, (hereinafter, "California Board") by a Decision after Reconsideration, (hereinafter, "Decision"), revoked Respondent's Osteopathic Physician and Surgeon's License; however, the revocation was stayed and Respondent's Osteopathic Physician and Surgeon's license was placed on probation for five (5) years and Respondent was subject to the following terms:
- (1) Respondent was ordered to reimburse the California Board \$4,122.50 for investigative and prosecution costs;
 - (2) Respondent was and is not permitted to prescribe, administer, dispense, order, or possess any controlled substances except for ordering or possessing medications lawfully prescribed to Respondent by another practitioner;
 - (3) Respondent was to, within 30 days of the Decision, enroll and participate in the California Board's Diversion Program until the

California Board determined that further treatment and rehabilitation was no longer necessary;

- (4) Respondent was to abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act and dangerous drugs as defined by the Business and Professions Code, or any drugs requiring a prescription except for ordering or possessing medications lawfully prescribed by another practitioner;
- (5) Respondent was and is to abstain completely from the use of alcohol beverages;
- (6) Respondent was to immediately submit to biological fluid testing;
- (7) Respondent was to take a CME course in ethics; and
- (8) Respondent was and is prohibited from engaging in solo practice.

The California Board's action were based on the Respondent's criminal convictions noted above and Respondent's drug addiction, unprofessional conduct; self-prescribing controlled substances; and forging or altering a prescription as reasons for the findings in its Decision.

E. The Conduct resulting in the California Board's disciplinary action against Respondent would constitute misconduct under the laws of New York State pursuant to the following Section of New York State Law:

1. New York Education Law § 6530(2) (Practicing the profession fraudulently or beyond its authorized scope);
2. New York Education Law § 6530(8) (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);
3. New York Education Law § 6530(9)(a)(iii) (Being convicted of committing an act constituting a crime under the law of another jurisdiction and which, if

committed within this state, would have constituted a crime under New York state law); and/or

4. New York Education Law § 6530(20) (Conduct in the practice of medicine which evidences moral unfitness to practice medicine).

SPECIFICATION OF CHARGES
FIRST AND SECOND SPECIFICATIONS

CRIMINAL CONVICTION (Other Jurisdiction)

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(a)(iii) by having been convicted of committing an act constituting a crime under the law of another jurisdiction and which, if committed within this state, would have constituted a crime under New York state law (New York Vehicle and Traffic Law § 1192(1) and New York Penal Law § 170.10(5) as alleged in the facts of the following:

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

THIRD SPECIFICATION

HAVING BEEN FOUND GUILTY OF PROFESSIONAL MISCONDUCT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. 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
constitute professional misconduct under the laws of New York State Law, in that
Petitioner charges:

The facts in Paragraphs D and E(1); D and E(2); and/or D and E(4)

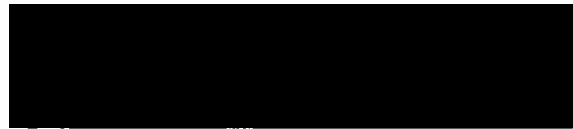
FOURTH SPECIFICATION

DISCIPLINARY ACTION IN ANOTHER STATE

Respondent violated New York State Education Law § 6530(9)(d) by having
disciplinary action taken, where the conduct resulting in the disciplinary action involving
the license would, if committed in New York State, constitute professional misconduct
under the laws of New York State Law, in that Petitioner charges:

The facts in Paragraphs D and E(1); D and E(2); and/or D and E(4)

DATE: May 21, 2016
Albany, New York



MICHAEL A. HISER
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

- 1) Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
- 2) Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- 3) Prior to returning to practice medicine in New York, Respondent must make a showing to the satisfaction of a Committee on Professional Conduct (Committee) of the State Board for Professional Medical Conduct (Board) that Respondent has successfully complied with or successfully completed a course of therapy and ongoing evaluation and is no longer incapacitated for the practice as a physician, and a Committee makes a determination that Respondent is both fit and clinically competent to practice as a physician. Respondent shall provide the Office of Professional Medical Conduct (OPMC) with a proposed treatment plan for advice as to whether it is generally appropriate; however, the determination of successful compliance with or completion of a course of therapy, and the determination that Respondent is no longer incapacitated for the active practice as a physician, shall be made solely by the Committee.
- 4) The Committee shall be convened to hear and evaluate Respondent's showing, as set forth in paragraph 3 above. The Board will make reasonable attempts to convene a Committee within 90 days of Respondent's request; however, Respondent's request shall not be perfected until the Director of OPMC receives all the required documentation, and complies with all the Conditions, set forth in paragraph 5 below. The Board shall determine the procedural nature of the proceeding through the exercise of the Director of OPMC's reasonable discretion upon consultation with Counsel, Bureau of Professional Medical Conduct (Counsel). Proceedings before a Committee shall not be in the nature of a hearing pursuant to N. Y. Pub. Health Law § 230, but shall instead be informal and intended only to address any facts, evidence, information, circumstances, or issues relating to the advisability of allowing Respondent to resume practice in New York. The Committee shall be given access to evidence including, but not limited to:
 - a) Any evidence pertaining to Respondent's compliance with the conditions imposed.

- b) Any evidence that the Director or Counsel deems appropriate.
- 5) Upon requesting that a Committee be convened, pursuant to paragraph 4, Respondent shall provide the Director of OPMC with the following:
- a) The signed acknowledgment and curriculum vitae from the proposed sobriety monitor.
 - b) The signed acknowledgment and curriculum vitae from the proposed supervising physician.
 - c) The signed acknowledgment and curriculum vitae from the proposed health care professional.
 - 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; the certified records shall be forwarded directly to OPMC by the treatment providers, facilities and evaluators. The records shall reflect all treatment and evaluation provided, and shall include the results of all tests conducted to evaluate Respondent's fitness and clinical competence to practice medicine, whether the treatment, evaluation and testing occurred before, or after the effective date of this Order.
 - 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; these waivers shall comply with the requirements of federal confidentiality laws and regulations, including but not limited to: HIPAA, Public Law 104-191, et seq., and the laws governing confidentiality of substance abuse records, at 42 U.S.C. § § 290dd-3 and ee-3 and 42 C.F.R, Part 2.
 - 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 documents listed in this paragraph shall not, alone, constitute a showing that Respondent is no longer incapacitated for active practice as a physician.

- 6) At least 14 days before the scheduled date of the proceeding referred to in paragraph 4, 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; this evidence shall include documentation of continuing medical education and, at the Director of OPMC's request, a report of an independent evaluation of Respondent's medical knowledge and competence.

Submission of the evidence listed in this paragraph shall not, alone, constitute a showing that Respondent is no longer incapacitated for active practice as a physician.

- 7) If the Chair of the Committee issues an Order finding that Respondent has successfully completed the prescribed course of treatment and is fit and competent to practice medicine, Respondent's practice as a physician shall be subject to probation for a period of five years unless extended by the Committee or the Director.
- 8) Respondent shall remain free from alcohol and all other mood altering substances other than those prescribed for Respondent's treatment by a licensed health care professional aware of Respondent's history of chemical dependency and/or mental illness. Respondent shall not self-prescribe any medications.
- 9) Respondent shall remain active in self-help groups such as, but not limited to, Narcotics Anonymous, Alcoholics Anonymous and Caduceus.
- 10) Respondent shall notify all treating physicians of Respondent's history of substance abuse. Respondent shall advise OPMC of any controlled or mood-altering substance given or prescribed by treating health care professionals.

- 11) Beginning 30 days after the effective date of the Consent Order, Respondent shall not be permitted to practice medicine except when monitored by qualified health care professional monitors: a Sobriety Monitor, a Practice Supervisor, and a Therapist, proposed by Respondent and approved, in writing, by the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine,

Within 7 days of learning an approved monitor is no longer willing or able to serve, Respondent shall submit the name of a proposed successor to the Director of OPMC. Monitors shall not be family members or personal friends or be in professional relationships that would pose a conflict with monitoring responsibilities. All monitors shall execute acknowledgment forms provided by OPMC certifying familiarity with Respondent's history of substance abuse, with this Order and its terms, and acknowledging a willingness to comply with the monitor's reporting responsibilities regarding Respondent's compliance with the terms of this Order.

- a) Respondent shall ensure that the monitors are familiar with Respondent's history of substance abuse and with the terms of this Order. Respondent shall cause the monitors to report any deviation from compliance with the terms of this Order to OPMC. Respondent shall cause the monitors to submit required reports on a timely basis.
- b) Respondent shall submit to random, unannounced observed blood, breath and/or urine screens for the presence of drugs and alcohol (hereafter "drug screen"), when requested by a monitor. The monitoring shall be on a random, unannounced, directly-observed, 7-day-a-week, 24-hour-a-day basis. Respondent shall report for a drug screen within 4 hours of being contacted by a monitor. Monitors shall report to OPMC immediately if Respondent refuses or delays a test or if a test is positive for alcohol, or any other unauthorized drug or substance. Respondent shall avoid all substances that may cause positive urine drug screens, such as poppy seeds, mouthwash or cough medicine. Any positive test result shall constitute a violation of the terms of this Order.
- c) Respondent shall meet regularly with a Sobriety Monitor. During the first 12 months of monitoring, Respondent shall cause the Sobriety Monitor to obtain drug screens at a frequency of no less than 6 times per month. If Respondent is compliant throughout the first 12-month period, subsequent drug screens shall be obtained at a frequency to be proposed by the Sobriety Monitor and approved by OPMC. Respondent shall cause the Sobriety Monitor to submit quarterly reports to OPMC certifying

Respondent's sobriety or lack of sobriety. These reports are to include forensically valid results of all drug screens performed and an assessment of self-help group (e.g., AA/NA/Caduceus) attendance and 12-step progress.

- d) Respondent shall practice only when supervised in medical practice by a licensed physician (hereafter "Practice Supervisor"). The Practice Supervisor shall be on-site at all locations, unless determined otherwise by the Director of OPMC, and shall be in a position to regularly observe and assess Respondent's medical practice. The Practice Supervisor shall oversee Respondent's compliance with the terms of practice imposed by the Order and Respondent's prescribing, administering, dispensing, inventorying, wasting and disposal of controlled substances. Respondent shall cause the Practice Supervisor to report to OPMC immediately any suspected impairment, inappropriate behavior, questionable medical practice, possible misconduct, or violation by Respondent of any of the terms of this Order. Respondent shall cause the Practice Supervisor to submit quarterly reports to OPMC regarding the quality of Respondent's medical practice and prescribing practices, any unexplained absences from work, and certifying Respondent's compliance or detailing Respondent's failure to comply with each term imposed.
 - e) Respondent shall engage and continue in therapy with a treating health care professional (hereafter "Therapist"). Respondent shall cause the Therapist to submit a proposed treatment plan and quarterly reports to OPMC certifying whether Respondent is in compliance with the treatment plan. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Respondent to Respondent's Therapist. Respondent shall cause the Therapist to report to OPMC immediately if Respondent leaves treatment against medical advice or displays any symptoms of a suspected or actual relapse. Respondent shall cause the Therapist to notify OPMC, in writing, of any termination of treatment approved by the Therapist, no less than 30 days prior to such termination.
- 12) At the direction of the Director of OPMC, Respondent shall submit to evaluations by a board-certified psychiatrist, licensed mental health practitioner or other health care professional or program designated by the Director (hereafter "Evaluator.") Respondent shall provide the Evaluator with a copy of this Order and copies of all previous treatment records. OPMC, at its discretion, may provide information or documentation from its investigative files concerning Respondent to Respondent's Evaluator. The Evaluator shall report to the Director regarding Respondent's condition and fitness or incapacity to practice

medicine. Respondent shall comply with all treatment recommendations based upon the evaluation; failure to comply with such treatment recommendations shall constitute professional misconduct.

- 13) Respondent shall enroll, or continue enrollment, in the Committee for Physician Health (CPH) and shall engage in a contract with CPH that defines the terms, conditions and duration of Respondent's recovery program. Respondent shall comply with the contract. Respondent shall give written authorization for CPH to provide the Director of OPMC with all information or documentation requested by OPMC to determine whether Respondent is in compliance with the contract and with this Order, including full access to all records maintained by CPH with respect to Respondent.
 - a) Respondent shall cause CPH to report to OPMC promptly if Respondent refuses to comply with the contract, refuses to submit to treatment or if Respondent's impairment is not substantially alleviated by treatment.
 - b) Respondent shall cause CPH to report immediately to OPMC if Respondent is regarded at any time to be an imminent danger to the public.
- 14) Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.
- 15) If a Committee denies the Respondent's petition to resume practice, the Committee will issue an Order with recommendations for the Respondent's subsequent petition.
- 16) The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.

- 17) The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
- 18) Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
- 19) Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.