



**Department  
of Health**

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

August 14, 2023

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

Lorelei S. Davidson, M.D.  
880 South Lake Boulevard, Suite 201  
Mahopac, New York 10543

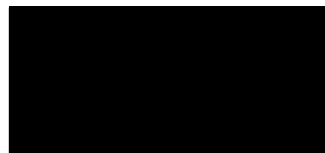
Re: License No. 206144

Dear Dr. Davidson:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 23-169. This order and any penalty provided therein goes into effect August 21, 2023.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,



David Besser, M.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Adam Silverstein, Esq.  
30 Wall Street, 8<sup>th</sup> Floor  
New York, New York 10005

**IN THE MATTER  
OF  
LORELEI DAVIDSON, M.D.**

**CONSENT  
ORDER**

Upon the application of (Respondent) Lorelei Davidson, 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.

DATE: 8/11/2023



THOMAS T. LEE, M.D.  
Interim Chair  
State Board for Professional Medical Conduct

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

**IN THE MATTER  
OF  
LORELEI DAVIDSON, M.D.**

**CONSENT  
AGREEMENT**

Lorelei Davidson, M.D., represents that all of the following statements are true:

That on or about March 18, 1997, I was licensed to practice as a physician in the State of New York and issued License No.206144 by the New York State Education Department.

My current address is 880 South Lake Blvd., Suite 201, Mahopac, NY 10543

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 assert that I cannot successfully defend against at least one act of misconduct alleged, 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 3 years, with the entire period stayed.
- Pursuant to New York Pub. Health Law § 230-a(9), I shall be placed on probation for 5 years, subject to the terms set forth in attached Exhibit "B."
- Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be limited to preclude prescribing, administering, ordering and/or dispensing controlled substances.
- Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be limited to preclude all pain management, whether chronic or acute.

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; and

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 the Licensee's profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to the Licensee's 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

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.

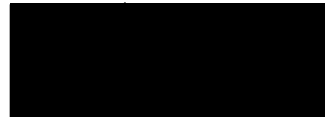
DATE 8/8/23



LORELEI DAVIDSON, M.D.  
RESPONDENT

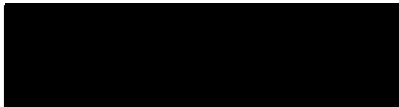
The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 8.8.23



ADAM SILVERSTEIN, ESQ.  
Attorney for Respondent

DATE: 8.9.23



CHRISTINE M. RADMAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 8/11/2023



SHELLY WANG BANDAGO  
Director  
Office of Professional Medical Conduct

IN THE MATTER  
  
OF  
  
LORELEI DAVIDSON, M.D.

STATEMENT  
  
OF  
  
CHARGES

LORELEI DAVIDSON, M.D., the Respondent, was authorized to practice medicine in New York State on or about March 18, 1997 by the issuance of license number 206144 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or about sometime in February of 2012 through on or about sometime in December of 2017, Respondent, a Physical Medicine and Rehabilitation (PM&R) physician (also known as a physiatrist) evaluated Patient A, a male patient born on March 6, 1988. Respondent deviated from the standard of care by:
1. Documenting a visit as an "Initial Examination" but failing to document and/or obtain a detailed history and an appropriate and complete physical examination for Patient A.
  2. Failing to identify or describe an adequate diagnosis or diagnoses for Patient A that would medically justify the treatment prescribed.
  3. Failing to obtain and/or document an adequate pain history on any visit for Patient A.
  4. Failing to prescribe appropriate physical therapy to Patient A for his reported lower back pain.
  5. Inappropriately and with no medical justification prescribing varying types, doses and combinations of addictive substances, including but not limited to

Opioids, to Patient A for unsupported diagnoses that do not warrant such medications, which put him at risk.

6. Providing addictive medications to Patient A who reported a history of substance abuse.
  7. Inappropriately prescribing varying types, doses and combinations of addictive substances, including but not limited to Opioids, to Patient A repeatedly on dates when no medical visit(s) and/or documented interactions between doctor and patient occurred.
  8. Prescribing Methadone to Patient A without appropriate pre-screening.
  9. Failing to appropriately document and/or obtain appropriate follow-up information and physical examinations for Patient A.
  10. Failing to adequately follow-up on the treatments prescribed for Patient A.
  11. Failing to consistently check and/or document the New York State database for Patient A's prescribed controlled substance medications.
  12. Failing to consistently perform appropriate compliance checks on Patient A.
  13. Failing to maintain a record that accurately and adequately reflects the evaluation and treatment of Patient A.
- B.** On or about sometime in January of 2012 through on or about sometime in March of 2018, Respondent evaluated Patient B, a male patient and Patient A's older brother, who was born on February 15, 1985. Respondent deviated from the standard of care by:
1. Failing to perform and/or document an initial office visit for Patient B and further failing to ever obtain and/or document a detailed history and an appropriate and complete physical examination for him, documenting only apparent re-visits.
  2. Failing to identify or describe an adequate diagnosis or diagnoses for Patient B that would medically justify the treatment prescribed.
  3. Failing to obtain and/or document an adequate pain history on any visit for Patient B.

4. Failing to prescribe appropriate physical therapy to Patient B for his reported lower back pain.
5. Inappropriately and with no medical justification prescribing varying types, doses and combinations of addictive substances, including but not limited to Opioids, to Patient B for unsupported diagnoses that do not warrant such medications, which put him at risk.
6. Providing addictive medications to Patient B who reported a history of substance abuse.
7. Failing to appropriately document and/or obtain appropriate follow-up information and physical examinations for Patient B.
8. Failing to adequately follow-up on the treatments prescribed for Patient B.
9. Failing to consistently check and/or document the New York State database for Patient B's prescribed controlled substance medications.
10. Failing to consistently perform appropriate compliance checks on Patient B.
11. Failing to maintain a record that accurately and adequately reflects the evaluation and treatment of Patient B.

C. On or about April 30, 2012 through on or about June 26, 2018, Respondent evaluated Patient C, a male patient and Patient A and Patient B's father, who was born on May 28, 1953. Respondent deviated from the standard of care by:

1. Failing to perform and/or document an initial office visit for Patient C and further failing to ever obtain and/or document a detailed history and an appropriate and complete physical examination for him, documenting only apparent re-visits.
2. Failing to identify or describe an adequate diagnosis or diagnoses for Patient C that would medically justify the treatment prescribed.
3. Failing to obtain and/or document an adequate pain history on any visit for Patient C.
4. Failing to prescribe appropriate physical therapy to Patient C for his reported lower back pain.

5. Inappropriately and with no medical justification prescribing varying types, doses and combinations of addictive substances, including but not limited to Opioids, to Patient C for unsupported diagnoses that do not warrant such medications, which put him at risk.
6. Inappropriately prescribing varying types, doses and combinations of addictive substances, including but not limited to Opioids, to Patient C repeatedly on dates when no medical visit(s) and/or interactions between doctor and patient occurred.
7. Providing addictive medications to Patient C who reported a history of substance abuse.
8. Prescribing Methadone to Patient C without appropriate pre-screening.
9. Failing to appropriately document and/or obtain appropriate follow-up information and physical examinations for Patient C.
10. Failing to adequately follow-up on the treatments prescribed for Patient C.
11. Failing to consistently check and/or document the New York State database for Patient C's prescribed controlled substance medications.
12. Failing to consistently perform appropriate compliance checks on Patient C.
13. Failing to maintain a record that accurately and adequately reflects the evaluation and treatment of Patient C.

D. On or about January 24, 2012 through on or about December 31, 2015, Respondent evaluated Patient D, a male patient born on April 1, 1977.

Respondent deviated from the standard of care by:

1. Failing to perform and/or document an initial office visit for Patient D and further failing to ever obtain and/or document a detailed history and an appropriate and complete physical examination for him, documenting only apparent re-visits.
2. Failing to identify or describe an adequate diagnosis or diagnoses for Patient D that would medically justify the treatment prescribed.

3. Failing to obtain and/or document an adequate pain history on any visit for Patient D.
4. Failing to prescribe appropriate physical therapy to Patient D for his reported lower back pain.
5. Inappropriately and with no medical justification prescribing varying types, doses and combinations of addictive substances, including but not limited to Opioids, to Patient D for unsupported diagnoses that do not warrant such medications, which put him at risk.
6. Prescribing Methadone to Patient D without appropriate pre-screening.
7. Failing to appropriately document and/or obtain appropriate follow-up information and physical examinations for Patient D.
8. Failing to adequately follow-up on the treatments prescribed for Patient D.
9. Failing to consistently check and/or document the New York State database for Patient D's prescribed controlled substance medications.
10. Failing to consistently perform appropriate compliance checks on Patient D.
11. Failing to maintain a record that accurately and adequately reflects the evaluation and treatment of Patient D.

**SPECIFICATION OF CHARGES**  
**FIRST THROUGH FOURTH SPECIFICATIONS**

**GROSS NEGLIGENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

1. Paragraph A and/or each of its subparagraphs, except A (13).
2. Paragraph B and/or each of its subparagraphs, except B (11).
3. Paragraph C and/or each of its subparagraphs, except C (13).
4. Paragraph D and/or each of its subparagraphs, except D (11).

**FIFTH THROUGH EIGHTH SPECIFICATIONS**

**NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

5. Paragraph A and each of its subparagraphs.
6. Paragraph B and each of its subparagraphs.
7. Paragraph C and each of its subparagraphs.
8. Paragraph D and each of its subparagraphs.

**NINTH THROUGH TWELFTH SPECIFICATIONS**

**GROSS INCOMPETENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:



9. Paragraph A and/or each of its subparagraphs, except A (13).
10. Paragraph B and/or each of its subparagraphs, except B (11).
11. Paragraph C and/or each of its subparagraphs, except C (13).
12. Paragraph D and/or each of its subparagraphs, except D (11).

**THIRTEENTH THROUGH SIXTEENTH SPECIFICATIONS**

**INCOMPETENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

13. Paragraph A and each of its subparagraphs.
14. Paragraph B and each of its subparagraphs.
15. Paragraph C and each of its subparagraphs.
16. Paragraph D and each of its subparagraph.

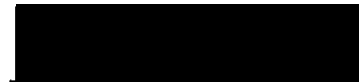
**SEVENTEENTH THROUGH TWENTIETH SPECIFICATIONS**

**FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, as alleged in the facts of:

17. Paragraph A and A (13).
18. Paragraph B and B (11).
19. Paragraph C and C (13).
20. Paragraph D and D (11).

DATE: May 23, 2023  
New York, New York



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HENRY WEINTRAUB  
Chief Counsel  
Bureau of Professional Medical Conduct

## EXHIBIT "B"

### **Terms of Probation**

- 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) Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but 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 § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
- 4) 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.
- 5) 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.
- 6) 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.

- 7) 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.

#### PRACTICE SUPERVISOR

- 8) No more than 30 days after the Consent Order's effective date, Respondent shall not be permitted to practice medicine except when monitored by a Practice Supervisor proposed by Respondent and subject to the Director of OPMC's written approval. No more than 30 days after learning that an approved supervisor is no longer willing or able to serve or no more than 30 days after having been notified by the Director that a supervisor has been discharged for cause, which shall include but not be limited to the inadequacy of the supervisor's reports and/or performance, Respondent shall have an approved successor in place, subject to the Director's written approval. Upon approval, the new supervisor shall perform the duties described in Paragraphs a-c below. Regardless of the reason necessitating a replacement, if the Director does not approve Respondent's proposed new supervisor, Respondent shall immediately cease the practice of medicine, unless notified by the Director, in writing, of an extension, which may be granted at the Director's discretion. In that event, Respondent shall propose another supervisor, which the Director has 30 days to approve or disapprove until a replacement supervisor is accepted. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.
- a) The practice supervisor shall be on-site at all locations, unless determined otherwise by the Director of OPMC. The practice supervisor shall be proposed by Respondent and subject to the written approval of the Director. The practice supervisor shall not be a family member or personal friend or be in a professional relationship which could pose a conflict with supervision responsibilities.
- b) Respondent shall ensure that the practice supervisor is familiar with the Order and terms of probation, and willing to report to OPMC. Respondent shall ensure that the practice supervisor is in a position to regularly observe and assess Respondent's medical practice. Respondent shall cause the practice supervisor to report within 24 hours any suspected impairment, inappropriate behavior, questionable medical practice or possible misconduct to OPMC.
- c) Respondent shall authorize the practice supervisor to have access to Respondent's patient records and to submit quarterly written reports, to the Director of OPMC, regarding Respondent's practice. These narrative reports shall address all aspects of Respondent's clinical practice including, but not

limited to, the evaluation and treatment of patients, general demeanor, time and attendance, the supervisor's assessment of patient records selected for review and other such on-duty conduct as the supervisor deems appropriate to report.

- 9) Respondent shall enroll in and successfully complete continuing education as directed by the Office of Professional Medical Conduct, subject to the Director of OPMC's prior written approval.
- 10) 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.