



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Corning Tower      The Governor Nelson A. Rockefeller Empire State Plaza      Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H.  
*Commissioner*

Karen Schimke  
*Executive Deputy Commissioner*

March 31, 1995

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Stacey Mondschein, Esq.  
Assistant Counsel  
NYS Department of Health  
5 Penn Plaza-Sixth Floor  
New York, New York 10001

Anthony Scher, Esq.  
Wood & Scher  
14 Harwood Court  
Scarsdale, New York 10583

Norman Ackerman, M.D.  
50 South Middleneck Road  
Great Neck, New York 11201

**RE: In the Matter of Norman Ackerman, M.D.**

Dear Ms. Mondschein, Mr. Scher and Dr. Ackerman:

Enclosed please find the Determination and Order (No. 95-77) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate. Delivery shall be by either **certified mail or in person** to:

Office of Professional Medical Conduct  
New York State Department of Health  
Corning Tower - Fourth Floor (Room 438)  
Empire State Plaza  
Albany, New York 12237

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), and §230-c subdivisions 1 through 5, (McKinney Supp. 1992), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays all action until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by **certified mail**, upon the Administrative Review Board **and** the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

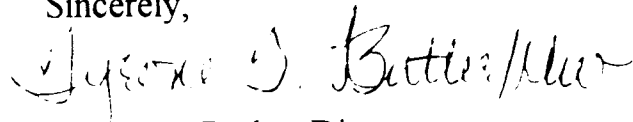
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge  
New York State Department of Health  
Bureau of Adjudication  
Empire State Plaza  
Corning Tower, Room 2503  
Albany, New York 12237-0030

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's  
Determination and Order.

Sincerely,

A handwritten signature in black ink, appearing to read "Tyrone T. Butler". The signature is written in a cursive style with a large initial 'T'.

Tyrone T. Butler, Director  
Bureau of Adjudication

TTB:nm  
Enclosure

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

-----X  
IN THE MATTER :

OF :

NORMAN J. ACKERMAN, M.D. :  
-----X

DETERMINATION

AND

ORDER

BPMC-95-77

Thea Pellman, Chairperson, Walter Farkas, M.D., and Robert Bernstein, M.D., duly designated members of the State Board for Professional Medical Conduct, appointed by the Commissioner of Health of the State of New York pursuant to Sections 230(1) of the Public Health Law, served as the Hearing Committee in this matter pursuant to Sections 230(10)(e) and 230(12) of the Public Health Law. Jane B. Levin, Esq., Administrative Law Judge, served as Administrative Officer for the Hearing Committee.

After consideration of the entire record, the Hearing Committee submits this determination.

SUMMARY OF THE PROCEEDINGS

Notice of Hearing dated:	August 25, 1994
Statement of Charges dated:	September 8, 1994
Pre-Hearing Conference:	October 26, 1994
Hearing dates:	November 1, 1994 November 8, 1994 December 5, 1994 December 19, 1994 January 4, 1995 January 11, 1995 February 7, 1995
Deliberation Date:	February 23, 1995

Place of Hearing:

NYS Department of Health  
5 Penn Plaza  
New York, N.Y.

Petitioner appeared by:

Harriet Katz, Esq.  
Acting General Counsel  
NYS Department of Health  
By: Stacey Mondschieen, Esq.  
Assistant Counsel

Respondent appeared by:

Wood & Scher  
14 Harwood Court  
Scarsdale, N.Y. 10583  
By: Anthony Scher, Esq.

### WITNESSES

#### For the Petitioner:

- 1) Patient A
- 2) Patient B
- 3) Henry C. Weinstein, M.D.
- 4) Amy Spielman

#### For the Respondent:

- 1) Norman J. Ackerman, M.D. (Respondent)
- 2) Alan Reichman, M.D.
- 3) Steven Dachtera
- 4) Virginia Santonello

### STATEMENT OF CHARGES

The Statement of Charges essentially charges the Respondent with negligence and gross negligence in the practice of medicine, with evidencing moral unfitness to practice medicine, with physical abuse of a patient, and with sexual contact by a psychiatrist with a patient.

The charges are more specifically set forth in the Statement

of Charges, a copy of which is attached hereto and made a part hereof.

### FINDINGS OF FACT

Numbers in parentheses refer to transcript page numbers or exhibits. These citations represent evidence found persuasive by the Hearing Committee in arriving at a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence.

### GENERAL FINDINGS

1. Respondent was authorized to practice medicine in the State of New York in 1957 by the issuance of license number 078738 by the New York State Education Department (Pet.'s Ex. 2).

2. The Respondent is currently registered to practice medicine with the New York State Department of Education for the period January 1, 1995 to September 30, 1997 (T. 1095).

3. Between approximately 1972 and 1981, Respondent rendered psychiatric care and treatment to Patients A and B, both individually and jointly, at locations including Respondent's office at 50 South Middleneck Road, Great Neck, N.Y. 11201. Throughout this time period, Patients A and B were husband and wife.

FINDINGS OF FACT AS TO PATIENT A

4. In or about 1975 or 1976, during Patient A's individual therapy sessions, Respondent repeatedly asked Patient A to sit on his lap during the therapy sessions. At some point, Patient A complied with Respondent's requests (T. 95, 99, 1148). Respondent admitted that Patient A sat on his lap during therapy (T. 629). In previous testimony, Respondent stated that it is not unacceptable for a therapist to permit this (Pet.'s Ex. 13 at 846-851).

5. At some point during his therapy with Patient A, Respondent directed Patient A to suck on his nipple, claiming that since she had not been nurtured when she was young this act would be similar to being nurtured by a mother. Patient A complied with Respondent's direction (T. 101-03, 1148).

6. In or about early 1979, Respondent had anal intercourse with Patient A in his office (T. 106-09, 1071-72).

7. During the act of anal sex, Patient A testified that she had felt as though she could not breathe, that everything "shattered" in her chest and face, that she was in a tremendous amount of pain, and that she was very frightened (T. 107-08, 1237).

8. After this event, Patient A testified that she was "broken" and no longer wanted to live (T. 111, 117, 120, 408).

9. In or about early 1979, Respondent engaged in oral sex with Patient A in his office (T. 110, 1069).

10. In or about 1979, Respondent repeatedly engaged Patient A in sexual intercourse (T. 111-15).

11. The sexual intercourse between Respondent and Patient A took place both in Respondent's office and in Patient A and B's marital home (T. 111-15, 1140, 1069-72; Pet.'s Ex. 13 at 1172-74).

12. On one occasion, Respondent went to Patient A's home when she was in the bathtub, joined Patient A in the bath, then commenced sexual intercourse with Patient A in the marital bed (T. 114-15, 1140; Pet.'s Ex. 13 at 1170-74).

13. During her years of therapy, Patient A had recounted to Respondent incidents of her father's abuse, such as when her father struck her with a riding crop, and how she lived her life to please her father, such as joining sports teams and quitting college in the middle of her senior year at her father's insistence to marry Patient B (T. 123-25, 131-32, 970-82, Pet.'s Ex. 13 at 812-21).

14. Dr. Weinstein testified "transference is a natural process by which a patient comes to see the psychiatrist as if the psychiatrist was an important person from the patient's past" (T. 196).

15. Dr. Weinstein also stated that if the patient had a dominant or abusive father, the transference would place the therapist in an increased position of power (T. 297-98).

16. At no time did Respondent tell or indicate to Patient A that she no longer was a patient or that her therapy was terminated (T. 25, 32, 33, 127-28, 136, 156-57, 1154-55).

17. Respondent admitted that Patient A was seen by him as a patient on January 3, 1979, and then again with her husband and son, as well as by herself, from May, 1979 through August of 1981



(T. 947, 951).

18. Even during the sexual activity, Patient A always believed that Respondent was her psychiatrist, although she was confused as to whether Respondent actually loved her or was performing sex therapy on her (T. 112-13, 115, 118, 129-30, 1156, 1166-67).

19. Patient A testified that Respondent confused and "double-talked her" when he claimed he loved her, then claimed that their relationship was sex therapy, then claimed that he would marry her, etc. Patient A tape-recorded her telephone conversations with Respondent in order to better understand the nature of the relationship (T. 535-36, 570-71; Resp.'s Ex. E, E-1, F, F-1).

20. Patient A had remained in continual therapy of some type since beginning therapy with Respondent, until her recent financial problems. However she still contacts one therapist by telephone as needed (T. 119, 126-27).

#### FINDINGS OF FACT AS TO PATIENT B

21. Patient B was seeing Respondent as a psychiatric patient and paying Respondent for medical services when Respondent was having sex with Patient A, in Patient A and B's home, as well as the office where Patient A and Patient B and their son were being treated (T. 19; Pet.'s Ex., 13 at 609; Resp.'s Ex. V).

22. Patient B received and paid all the bills for Respondent's psychiatric treatment of himself and his family

throughout their years of treatment (T. 19, 20, 563, 591; Pet.'s Ex. 6).

23. Patient A informed Patient B that she was having sex with Respondent, and that she was trying to break away from Respondent but kept being "pulled back in." This conversation occurred during a car ride in 1980 when the radio played the song "Torn Between Two Lovers," and Patient A started crying and "going wacko" (T. 38-39).

24. Patient B could not verbalize the reason he continued in therapy with Respondent after learning of the sexual activity between Respondent and his wife, but stated "it caused a lot of problems," affecting his son most of all (T. 72-73).

25. All the years of treatment with Respondent did not help Patient A and B with their marital problems. Instead Respondent's intervention negatively affected their son and their marital relationship, and was a factor in their separation (T. 26-27, 73).

#### CONCLUSIONS AS TO PATIENT A AND B

1. Respondent engaged Patient A in repeated acts of a sexual nature, and those acts were committed while Respondent was at all times the treating psychiatrist of Patients A and B, regardless of whether Patient A took a brief hiatus from therapy. Therefore, Respondent's behavior failed to meet the standard of care of the reasonably prudent psychiatrist as to Patient A, and the First Specification in the Statement of Charges is sustained as to Patient A.

2. The Committee also finds that Respondent failed in his medical and ethical duty of care to Patient B, in that he completely abused Patient B's trust, invaded Patient B's family, and continued to take money for the treatment of the members of Patient B's family, while engaging in sexual activities with his wife, Patient A. Therefore, Respondent's behavior failed to meet the standard of care of the reasonably prudent psychiatrist as to Patient B. Thus, the First Specification in the Statement of Charges is also sustained as to Patient B.

3. The actions of Respondent were particularly egregious, because of the fragile emotional condition of Patient A and the passive nature of Patient B's personality. The Respondent treated these patients over many years, and was well aware of these circumstances, as well as the difficulties experienced by Patient A's and B's son. The Committee therefore finds the Respondent guilty of gross negligence, and the Second Specification in the Statement of Charges is sustained with regard to both Patient A and B.

4. By engaging in sexual activity with Patient A while treating both her, her husband (Patient B) and their son, Respondent breached his ethical duty of care as a psychiatrist to both patients by placing his personal gratification ahead of the therapeutic welfare of his patients. Respondent is therefore guilty of immoral conduct and the Third Specification in the Statement of Charges is sustained.

5. Given the fragile and passive psychological state of

Patient A, and the issue of transference from a powerful abusive father to the powerful authority figure represented by Respondent as the treating psychiatrist, Patient A was not capable of rejecting nor consenting to the sexual advances of Respondent. Therefore Respondent is guilty of physical abuse of Patient A and the Fourth Specification in the Statement of Charges is sustained.

6. Respondent admitted to sexual contact with Patient A. Even if, theoretically, Patient A was not technically the Respondent's "patient" for a brief period in 1979, given the nature of the on-going therapy with Patient A's family members, the acts of sexual activity by this psychiatrist would still have been prohibited. The Respondent is guilty of engaging Patient A in numerous sexual acts during the course of her therapeutic relationship with him, and the Fifth Specification in the Statement of Charges is therefore sustained.

#### VOTE OF THE HEARING COMMITTEE

(All votes were unanimous.)

#### FIRST SPECIFICATION:

(Negligence on more than one occasion)

SUSTAINED as to Paragraphs A; A(1); A(6); and A(10). A(7) and A(8) are sustained as to the commission of the sexual acts in the Respondent's office, but the Committee does not conclude that the acts occurred during "therapy sessions"; A(9) is sustained as to the commission of repeated sexual acts, but not as to the specific dates.

NOT SUSTAINED as to Paragraphs A(2); A(3); A(4); A(5).

#### SECOND SPECIFICATIONS:

(Gross Negligence)

SUSTAINED as to Paragraphs A; A(1); A(6); and A(10). A(7) and A(8) are sustained as to the commission of the sexual acts in the Respondent's office, but the Committee does not conclude that the acts occurred during "therapy sessions"; A(9) is sustained as to the commission of repeated sexual acts, but not as to the specific dates.

NOT SUSTAINED as to Paragraphs A(2); A(3); A(4); A(5).

THIRD SPECIFICATION:  
(Moral Unfitness)

SUSTAINED as to Paragraphs A; A(1); A(6); and A(10). A(7) and A(8) are sustained as to the commission of the sexual acts in the Respondent's office, but the Committee does not conclude that the acts occurred during "therapy sessions"; A(9) is sustained as to the commission of repeated sexual acts, but not as to the specific dates.

NOT SUSTAINED as to Paragraphs A(2); A(3); A(4); A(5).

FOURTH SPECIFICATION:  
(Physical Abuse of a Patient)

SUSTAINED as to Paragraphs A; A(1); and A(6). A(7) and A(8) are sustained as to the commission of the sexual acts in the Respondent's office, but the Committee does not conclude that the acts occurred during "therapy sessions"; A(9) is sustained as the commission of repeated sexual acts, but not as to the specific dates.

NOT SUSTAINED as to Paragraphs A(2); A(3); A(4); A(5).

FIFTH SPECIFICATION:  
(Sexual Contact by a Psychiatrist)

SUSTAINED as to Paragraphs A; A(1); and A(6). A(7) and A(8) are sustained as to the commission of the sexual acts in the Respondent's office, but the Committee does not conclude that the acts occurred during "therapy sessions"; A(9) is sustained as the commission of repeated sexual acts, but not as to the specific dates.

NOT SUSTAINED as to Paragraphs A(2); A(3); A(4); A(5).

## DETERMINATION OF THE HEARING COMMITTEE AS TO PENALTY

Although the Hearing Committee heard conflicting testimony in this case, and many of the details have been obscured by the passage of time, there was clear evidence that Respondent inappropriately engaged Patient A in numerous sexual acts.

Respondent admitted to engaging in sexual activities with Patient A, including having her sit on his lap during therapy and having sexual relations with her in his office and her home.

Although Respondent claims that Patient A had been terminated from therapy at the time of his sexual relationship with her, there is no questions that she had been in therapy for seven years, from 1972 through January of 1979, with sessions occurring once or twice a week. Additionally, Patient A's husband, Patient B, and their son, remained in therapy throughout the period of sexual activity. Patient A resumed therapy in May 1979 and continued until of August of 1981. The Committee therefore finds that Patient A retained therapeutic ties to the Respondent during the entire time period in question, and the doctor patient relationship had never been broken.

It is evident that a strong transference and liaison from Patient A to Respondent existed prior to, during, and after the sexual activity took place. Given a history of an abusive powerful father, Patient A was rendered more vulnerable to Respondent as a father and authority figure. Respondent was well aware of Patient A's history and her vulnerability.

In addition, in his role as the therapist to Patient A's

husband, Patient B and their son, Respondent disregarded the enormous emotional and potentially harmful impact of his actions on this family, and violated their trust in him.

The Committee recognizes that these actions took place many years ago, but their consequences on these patients persist to this day. Therefore, the Committee unanimously votes that this egregious conduct warrants revocation of Respondent's license to practice medicine in the State of New York.

**ORDER**

Based upon the foregoing, IT IS HEREBY ORDERED THAT

1. Respondent's license to practice medicine in the State of New York is hereby revoked.

Dated: New York, New York  
March 15, 1995

  
**THEA PELLMAN**  
Chairperson

**WALTER FARKAS, M. D.**  
**ROBERT BERNSTEIN, M.D.**

APPENDIX I



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

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IN THE MATTER  
OF  
NORMAN ACKERMAN, M.D.  
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:  
: NOTICE  
: OF  
: HEARING

TO: NORMAN ACKERMAN, M.D.  
50 South Middleneck Road  
Great Neck, New York 11201

PLEASE TAKE NOTICE:

A hearing will be held pursuant to the provisions of N.Y. Pub. Health Law Section 230, as amended by ch. 606, Laws of 1991 and N.Y. State Admin. Proc. Act Secs. 301-307 and 401 (McKinney 1984 and 1994). The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on the 1st and 8th days of November 1994 at 10:00 in the forenoon of that day at 5 Penn Plaza, 6th Floor, New York, New York 10001 and at such other adjourned dates, times and places as the committee may direct.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. You shall appear in person at the hearing and may be represented by counsel. You have the right to produce

PLAINTIFFS  
DEFENDANT'S  
COMPANY'S  
~~DEPARTMENT'S~~  
PETITIONER'S  
RESPONDENTS

EXHIBIT 1

for identification in evidence 1d24/gc  
mr

witnesses and evidence on your behalf, to have subpoenas issued on your behalf in order to require the production of witnesses and documents and you may cross-examine witnesses and examine evidence produced against you. A summary of the Department of Health Hearing Rules is enclosed.

The hearing will proceed whether or not you appear at the hearing. Please note that requests for adjournments must be made in writing and by telephone to the Administrative Law Judge's Office, Empire State Plaza, Tower Building, 25th Floor, Albany, New York 12237, (518-473-1385), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date. Adjournment requests are not routinely granted as scheduled dates are considered dates certain. Claims of court engagement will require detailed Affidavits of Actual Engagement. Claims of illness will require medical documentation.

Pursuant to the provisions of N.Y. Pub. Health Law Section 230, as amended by ch. 606, Laws of 1991, you may file an answer to the Statement of Charges not less than ten days prior to the date of the hearing. If you wish to raise an affirmative defense, however, N.Y. Admin. Code tit. 10, Section 51.5(c) requires that an answer be filed, but allows the filing of such an answer until three days prior to the date of the hearing. Any answer shall be forwarded to the attorney for the Department of Health whose name appears below. Pursuant to Section 301(5) of the State Administrative Procedure Act, the


Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and, in the event any of the charges are sustained, a determination of the penalty or sanction to be imposed or appropriate action to be taken.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO THE OTHER SANCTIONS SET OUT IN NEW YORK PUBLIC HEALTH LAW SECTION 230-a, AS ADDED BY CH. 606, LAWS OF 1991. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: New York, New York

*August 25*, 1994

  
CHRIS STERN HYMAN  
Counsel

Inquiries should be directed to: Stacey B. Mondschein  
Assistant Counsel  
NYS Dept. of Health  
Bureau of Professional  
Medical Conduct  
5 Penn Plaza, Room 601  
New York, New York 10001

Telephone No.: 212.613.2617

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

-----X

IN THE MATTER :  
OF : STATEMENT OF  
NORMAN J. ACKERMAN, M.D. : CHARGES

-----X

NORMAN J. ACKERMAN, M.D., the Respondent, was authorized to practice medicine in New York State in 1957 by the issuance of license number 078738 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1993 through December 31, 1994.

**FACTUAL ALLEGATIONS**

A. Between approximately 1972 and 1981, Respondent rendered psychiatric care and treatment to Patients A and B, both individually and jointly, at locations including Respondent's office at 50 South Middleneck Road, Great Neck, New York 11201. Throughout this time period, Patients A and B were husband and wife. (Patients A and B are identified in the annexed appendix.)

1. Beginning in or about late 1975, and continuing for at least six months, Respondent repeatedly asked Patient A to sit on his lap during therapy sessions. In

approximately 1976, Patient A complied with Respondent's requests.

2. In or about approximately 1976, Respondent twice pulled the zipper down on Patient A's clothing during a therapy session.

3. In or about approximately 1976, during a therapy session, Respondent put his finger in Patient A's mouth and told Patient A to suck on his finger.

4. In or about approximately 1976 or 1977, during or at the end of a therapy session, Respondent gave Patient A an open mouth kiss on the lips and forced his tongue into Patient A's mouth.

5. On repeated occasions in or about approximately 1977, and continuing for at least one year, Respondent directed Patient A to recline on the couch during therapy sessions. Respondent also assumed a reclining position on the couch and touched Patient A during said therapy sessions.

6. In or about approximately 1977, Respondent requested that Patient A perform oral sex on him during a therapy session. When Patient A refused, Respondent directed

Patient A to suck on his breast nipple, which she did. Subsequently, Respondent sucked on Patient A's breast.

7. In or about approximately 1978, during a therapy session in Respondent's office, Respondent held Patient A's head, forced his penis into Patient A's mouth and ejaculated into Patient A's mouth.

8. In or about approximately late 1978 or early 1979, during a therapy session in Respondent's office, Respondent removed Patient A's clothing and inserted his penis into Patient A's rectum.

9. Between approximately 1979 and 1981, Respondent repeatedly engaged in sexual intercourse with Patient A, both in Respondent's office and in Patient A and B's home.

10. Between approximately 1975 and 1981, during which time Respondent engaged in any and/or all the acts enumerated in A(1) through A(9), Patient B remained under the care and treatment of Respondent, which included attending therapy sessions with Respondent a) individually b) together with Patient A and c) in a group setting.

## SPECIFICATIONS OF MISCONDUCT

### FIRST SPECIFICATION

#### NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Sec. 6530(3) (McKinney Supp. 1994) as to Patients A and B, in that he engaged in the negligent practice of medicine on more than one occasion. Specifically, Petitioner charges two or more of the following:

1. The facts in paragraphs A, A(1) A(2)), A(3), A(4), A(5), A(6), A(7), A(8), A(9) and/or A(10).

### SECOND SPECIFICATION

#### GROSS NEGLIGENCE

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Sec. 6530(4) (McKinney Supp. 1994) as to Patients A and B, in that he practiced the profession with gross negligence. Specifically, Petitioner charges:

2. The facts in paragraph A and A(1), A(2), A(3), A(4), A(5), A(6), A(7), A(8), A(9) and/or A(10).

### THIRD SPECIFICATION



## MORAL UNFITNESS

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Sec. 6530(20) (McKinney Supp. 1994) as to Patients A and B, in that he engaged in conduct which evidences a moral unfitness to practice medicine. Said professional misconduct was previously, and has been continuously defined as such by predecessor statutes of the State of New York and regulations of the New York State Department of Education and Board of Regents, since October 31, 1965. Specifically, Petitioner charges:

3. The facts in paragraph A and A(1), A(2), A(3), A(4), A(5), A(6), A(7), A(8), A(9) and/or A(10).

## FOURTH SPECIFICATION

### PHYSICAL ABUSE OF A PATIENT

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Sec. 6530(31) (McKinney Supp. 1994) as to Patient A, in that he willfully abused a patient physically or verbally. Said professional misconduct was previously, and has been continuously defined as such by predecessor statutes of the State of New York and regulations of

the New York State Department of Education and Board of Regents since October 1, 1977. Specifically, Petitioner charges:

4. The facts in paragraphs A, A(1), A(2), A(3), A(4), A(5), A(6), A(7), A(8), and/or A(9), to the extent those acts took place on or after October 1, 1977.

#### FIFTH SPECIFICATION

#### SEXUAL CONTACT BY A PSYCHIATRIST

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Sec. 6530(44) (McKinney Supp. 1994) as to Patient A, in that, while in the practice of psychiatry, he engaged in physical contact of a sexual nature with a patient. Said professional misconduct was previously, and has been continuously defined as such by predecessor statutes of the State of New York and regulations of the New York State Department of Education and Board of Regents since October 1, 1977. Specifically, Petitioner charges:

8. The facts in paragraphs A, A(1), A(2), A(3), A(4), A(5), A(6), A(7), A(8), and/or A(9), to the extent those acts took place on or after October 1, 1977.

DATED: New York, New York

*September 8,* 1994

A handwritten signature in black ink, appearing to read "Chris Stern Hyman", written over a horizontal line.

CHRIS STERN HYMAN  
Counsel  
Bureau of Professional Medical  
Conduct