

New York State Board for Professional Medical Conduct

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

Antonia C. Novello, M.D.,M.P.H., Dr. P.H. Commissioner NYS Department of Health

Dennis P. Whalen Executive Deputy Commissioner NYS Department of Health

Dennis J. Graziano, Director Office of Professional Medical Conduct William P. Dillon, M.D. Chair

Denise M. Bolan, R.P.A. Vice Chair

Ansel R. Marks, M.D., J.D. Executive Secretary

February 2, 2001

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Laurence Jacobs, M.D. c/o Eric J. Ward, Esq. Ward, Norris, Heller and Reddy, LLP Two State Street, Suite 1000 Rochester, New York 14614

RE: License No. 132753

Dear Dr. Jacobs:

Enclosed please find Order #BPMC 01-26 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect February 2, 2001.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks.

Executive Secretary Board for Professional Medical Conduct

Enclosure

cc: Eric J. Ward, Esq. Ward, Norriss, Heller and Reddy, LLP Two State Street, Suite 1000 Rochester, New York 14614

Kevin P. Donovan, Esq.

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

IN THE MATTER

OF

LAURENCE S. JACOBS, M.D.

CONSENT AGREEMENT AND

> ORDER BPMC No. 01-26

LAURENCE S. JACOBS , M.D., (Respondent) says:

That on or about October 7, 1977, 1997, I was licensed to practice as a physician in the State of New York, having been issued License No. 132753 by the New York State Education Department.

My current address is 601 Elmwood Avenue, Rochester, New York 14642 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with two specifications of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I do not contest the first specification in full satisfaction of the charges against me. I hereby agree to the following penalty: a censure and reprimand.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain current registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED: DATED / Hannan 201

JACOBS M

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

DATE: _ 0

23/01 DATE:

DATE: 1/31/01

Attorney for Respondent

KEVIN P. DONOVAN Associate Counsel Bureau of Professional Medical Conduct

ANNE F. SAILE DENNIN J. GRAZIMO Director Office of Professional Medical Conduct

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

> IN THE MATTER OF LAURENCE S. JACOBS, M.D.

: STATEMENT : OF : CHARGES

-X

LAURENCE S. JACOBS, M.D., the Respondent, was authorized to practice medicine in New York State on October 7, 1977, by the issuance of license number 132753 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent treated Patient A (the patient is identified in the attached Appendix A), a 26 year c d woman with Graves disease, from around October 5, 1998, through January 1999, at his office located at 601 Elmwood Avenue, Rochester, New York. Respondent's care and treatment of Patient A did not meet acceptable standards of care in that Respondent failed to appropriately warn, evaluate, and/or treat Patient A for the known risk of agranulocytosis associated with the patient taking Tapazole.

SPECIFICATIONS OF MISCONDUCT

FIRST SPECIFICATION

NEGLI SENCE ON MORE THAN ONE OCCASION

Respondent is charged with practicing the profession with negligence on more than one occasion within the meaning of New York Education Law § 6530(3), in that Petitioner charges two or more of the following:

1. The facts of paragraph A.

EXHIBIT A

SECOND SPECIFICATION GROSS NEGLIGENCE

Respondent is charged with practicing the profession with gross negligence within the meaning of New York Education Law § 6530(4), in that Petitioner charges:

2. The facts of paragraph A.

DATED: January 23 2:)00 Albany, New Vork

Deputy Counsel Bureau of Professional Medical Conduct

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

IN THE MATTER

ORDER

CF

LAURENCE S JACOBS, M.D.

Upon the proposed agreement of LAURENCE S. JACOBS, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

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

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, which wer is earliest.

SO ORDERED.

DATED:

LLIAM P DI

Chair State Board for Professional Medical Conduct