



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

July 30, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Robert A. Jakubowski, M.D.
3796 Abbott Road
Orchard Park, New York 14127

Mark Fantauzzi, Esq.
NYS Department of Health
Empire State Plaza
Corning Tower - Room 2509
Albany, New York 12237

RE: In the Matter of Robert A. Jakubowski, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No.99-190) 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required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate.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
Hedley Park Place
433 River Street - Fourth Floor
Troy, New York 12180

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 penalties other than suspension or revocation until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

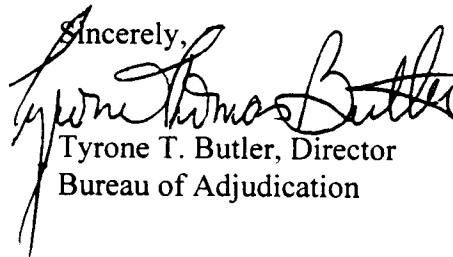
All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

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
Hedley Park Place
433 River Street, Fifth Floor
Troy, New York 12180

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,

Tyrone T. Butler, Director
Bureau of Adjudication

TTB:mla
Enclosure

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

COPY

IN THE MATTER
OF
ROBERT A. JAKUBOWSKI, M.D.

DECISION

AND

ORDER

ORDER# 99-190

MARGARET H. MCALOON, M.D., Chairperson, and **JEAN A. KRYM** and **DONALD F. BRAUTIGAM, M.D.**, duly designated members of the State Board of Professional Medical Conduct, appointed by the Commissioner of Health of the State of New York pursuant to Section 230(1) of the Public Health Law, served as the Hearing Committee in this matter pursuant to Section 230 (10)(e) of the Public Health Law.

TIMOTHY J. TROST, Esq., Administrative Law Judge, served, served as Administrative Officer for the Hearing Committee.

After consideration of the entire record, the Hearing Committee submits this Determination and Order.

SUMMARY OF THE PROCEEDINGS

Notice of Hearing and Statement of Charges:	May 28, 1999
Pre-Hearing Conference:	June 25, 1999
Hearing Date:	June 25, 1999
Place of Hearing:	Buffalo Airport Radisson 4243 Genesee Street

Buffalo, New York

Dates of Deliberation:

June 25, 1999

June 29, 1999

Petitioner appeared by:

Mark Fantauzzi, Esq.

Respondent appeared pro-se

WITNESSES

For the Petitioner:

Patient A

Patient A's attorney, James P. Verastro, Esq.

Patient A's attorney, Michael C. Scinta, Esq.

OPMC Investigator, Bruce R. Oudt

For the Respondent:

Respondent pro-se

STATEMENT OF CHARGES

The Statement of Charges, charges Respondent with six specifications of misconduct relating to Respondent's failure/refusal to provide Patient A or his authorized representatives with copies of his medical records after oral and written requests commencing in June 1997 and ending in New York State Supreme Court, Erie County, on April 29, 1999, where Respondent appeared after being held in contempt of court and finally turned over the records.

Respondent admitted the factual allegations of the charges by operation of law because he failed to file a written answer as required by PHL 230(10)(c). Respondent also

verbally admitted the factual allegations at the hearing (R, 70), declined to cross examine the State's witness and offered no evidence or witness for his defense.

FINDINGS OF FACT

1. **ROBERT A. JACUBOWSKI, M.D.**, the Respondent, was authorized to practice medicine in New York State on July 1, 1982 by the issuance of license number 150605 by the New York State Education Department. (Ex. 1)
2. On and before June 1997, Patient A (Patient A is identified in Appendix A) was Respondent's patient. (R. 13)
3. That Patient A telephoned the Respondent's office on June 4, June 30 and on unspecified days in September and November, 1999, requesting that his medical records be sent to Dr. Ruh. On June 9 and October 6, 1997, Dr. Ruh's office made written requests of the Respondent for Patient A's medical records. (R. 13-16)
4. On or about December 22 and 23, 1997, when a valid request was made of him Respondent failed to provide copies of the medical records or Patient A to an authorized representative of Patient A. (Ex. 6, R. 21, 22)
5. Respondent again failed to produce the medical records in response to a written request made on February 3, 1998, by the authorized representative A. (Ex. 7, R. 23)

6. Respondent again failed to produce the requested records in response to the May 19, 1998 correspondence of the authorized representative of Patient A. (Ex. 8, R. 24)
7. Respondent again failed to produce the request records in response to the May 19, 1998 correspondence of Patient A himself, in which Patient A recited his previous requests that his authorized representative and his then present treating physician be provided with a copy of his medial records. (Ex. 9, R. 15)
8. On or about May 26, 1998 the OPMC mailed to Respondent at his office, by certified mail, return receipt requested, a written request that the medical records of Patient A be produced to the authorized representative of Patient A. Respondent failed to produce the medical records in response to the May 26, 1998 correspondence from the OPMC. (Ex. 10, R. 29)
9. On or About June 30, 1998, the OPMC again mailed to respondent at his office, by certified mail, return receipt requested, a written direction that the medical records be provided to the authorized representative of Patient A within 10 days of the June 30, 1998 correspondence. The June 30, 1998 correspondence was returned to the OPMC on or about July 16, 1998, marked "unclaimed". Thus, Respondent again failed to produce the requested records, as directed by the OPMC. (Ex. 11, R. 30)
10. On or about August 31, 1998, Respondent was contacted personally by telephone by the Principal Medical Conduct Investigator (The Investigator) responsible for this matter, Respondent represented to the Investigator that he would produce the requested records to the authorized representative of Patient A by the week of September 7 1998. Despite his representation to the Investigator, Respondent

again failed to produce the requested records to the authorized representative of Patient A. (R. 31, 32)

11. On or about September 14, 1998, formal legal proceedings were instituted against Respondent in the New York State Supreme Court by the authorized representative of Patient A, the purpose of such proceedings being, among others, to compel him to produce the medical records pursuant to New York Public Health Law section 18. Respondent was ordered by the Supreme Court to appear at a hearing on September 24 1998. (Ex. 13, R. 38)
12. Respondent failed to appear as ordered by the Supreme Court. The Supreme Court thus issued an Order, dated October 14, 1998, directing Respondent to produce the medical records to the authorized representative of Patient A. (Ex. 14, R. 41)
13. Respondent failed to comply with the Order of the Supreme Court, dated October 14, 1998, and did not produce the requested records to the authorized representative of Patient A. (. 42)
14. As a result of Respondent's failure to comply with the Order for the production of the medical records pursuant to New York Public Health Law section 18, the Supreme Court, County of Erie, issued an Order for Civil Contempt, dated February 5, 1999, holding Respondent in Contempt of Court pursuant to New Judiciary Law section 753. The Order of the Supreme Court directed Respondent to produce the requested records with ten (10) days of the filing of the Order and also imposed certain fines and other monetary sanctions against Respondent. (Ex. 16, R. 46)
15. Respondent failed to comply with the Order for Civil Contempt, dated February 5, 1999, in all respects. (R. 50)

16. Respondent's failure to comply with the Order for Civil Contempt made necessary a subsequent motion to the Court by the authorized representative of Patient A. Which sought, among other things, to imprison Respondent for Respondent's contempt of court. On April 29, 1999, the day scheduled by the court to hear the motion regarding the potential imprisonment of Respondent, Respondent produced certain medical records to Patient A's authorized representative. (Ex. 19, R. 52)

DISCUSSION

The pattern of the failure and refusal to forward medical records to a patient, especially when those requests originate from a physician presently treating the patient is much more serious than calling it an administrative oversight. Such a failure could have life threatening implications for the patient. To obtain a copy of one's records is a basic patient right well known to every physician. The process is a routine and simple one of making copies and preparing a package for the mail but is it an event of major importance for the patient and for his care givers, agents and servants who look after the patient and take care of his business affairs.

When a patient must seek assistance from a lawyer to enforce his right to his medical records, irreparable harm has already occurred. When the lawyer's written requests are ignored and resort is had to the courts for enforcement of that right, the situation is egregious. Along the way, even the efforts of the OPMC to force compliance

went unheeded. When a physician ignores the direction of the Court the situation is unconscionable.

The first of the three verbal requests from Patient A came on June 4, 1997. (R. 12) This request was made and ignored less than one month after the entry of a consent agreement between the OPMC and the Respondent in a similar case which involved a request from the OPMC for the medical records of a patient, which requests were ignored and required resort to the Supreme Court for enforcement. Respondent received a reprimand and a \$3,000 fine in that proceeding. (Ex. 20, 20a), (R. 62) There were two written requests from Patient A's treating physician between June and November, 1997. Then came seven written requests variously from the patient, his lawyer and the OPMC, from December 1997 to October 1998. (R. 13, 29-32) Then in September resort was had to the judicial process which ended on April 29, 1999 in court where Respondent finally delivered the records. He was ordered to only pay court cost of \$335 and went home unchastised. (R. 49-52, 60) The Respondent did not contest the facts or the specifications.

The observation of the Respondent was a very important part of his determination. His diminutive stature, physical features, quiet demeanor and flat affect painted a picture of a person who might lack self-confidence. He appeared indifferent to his situation; avoided eye contact, yet did not refuse it; seemed withdrawn, yet was not unpleasant; was sometimes apologetic in a non-emotional way but failed to convince the Panel that he felt any regret or remorse. His verbal response to the charges (R. 68-72) was simply that this problem was caused by his office staff in an office with one physician and two clerical

employees. Under the circumstances this was a preposterous allegation to be made by a physician.

The Respondent did attempt an effort at amelioration by explaining that he did talk to Doctor Ruh, the physician who made two written requests (R. 69), but this explanation was vague and even unintelligible and no details were offered as to when this alleged conversation took place or when the records were sent. This entire effort consisted of only one sentence. If the Respondent had, indeed, sent all the requested records to Dr. Ruh in a timely manner, this fact might have served to totally exonerate the Respondent. If this were the case, common sense would suggest that this fact should be emphasized, detailed and repeated. Such a defense is so simple and basic as to be obvious without the suggestion or assistance of lawyer to interpose it. The explanation offered was totally unsatisfactory and without credulity. So also was his explanation that, although he knew about the repeated verbal and written requests, orders to his staff to comply went unheeded. This situation, then, goes beyond mere negligence and exhibits a willful and wanton disregard of his responsibilities. A reasonable physician surely would have taken corrective measures long before the intervention of the Supreme Court would become necessary, especially in a small, single physician operation where the mail could not possibly be over-looked or become lost inside the office unless one willfully ignored it.

CONCLUSIONS OF LAW

Regarding the Specifications, Number One alleged misconduct based on failure to allow access to patient information by qualified persons. The facts and admissions support that conclusion.

Specification #2 charges misconduct based on failure to provide medical records to a patient. Section 17 of the PHL states that a physician "MUST RELEASE" copies of medical records requested by a patient. The facts and admission support this conclusion.

Specification #3 reiterates in different words the failure to follow the State law as set forth.

Specification #4 alleges another version of the obligation of a physician to turn over medical records.

The fifth Specification cites a finding of guilt in an adjudicatory proceeding (findings of contempt for failure to honor court order to turn over medical records) which finding also constitutes professional misconduct (as specified in Specification #1, 2 and 4).

Regarding Specification Six, the Committee does not find in the facts evidence of the elements of fraud.

Specification One: SUSTAINED

Specification Two: SUSTAINED

Specification Three: SUSTAINED

Specification Four: SUSTAINED

Specification Five: SUSTAINED

Specification Six: NOT SUSTAINED

DETERMINATION

PART 1 – FINE

Regarding the penalty, the Respondent's behavior exhibited a high degree of irresponsibility. The Respondent broke the law and continuously resisted all attempts by civil authority to enforce the law until it became clear that he would lose his freedom. For Specification Five the Respondent is fined \$4,500.

A huge disservice was visited upon the patient who endured almost two years of attempts to secure possession of his medical records. Although there is no means to compensate the patient within this proceeding, a significant punitive statement must be made in recognition of the egregious violation of the patient's rights. For Specification One, Two, Three and Four the Respondent shall be fined \$4,500.

The fine is payable in full within 30 days of the effective date of this Determination.

Payments must be submitted to:

Bureau of Accounts Management
NYS DOH Empire State Plaza
Corning Tower – Room 1245
Albany, New York 12237

PART 2 – SUSPENSION

Respondent's license to practice medicine is suspended as described below. As discussed previously, the Respondent's manner and appearance coupled with his apparent indifference and lackluster failure to defend these charges without the assistance of counsel, the complete lack of credibility of his explanation and the utter absurdity of the excuse itself offered by a professional person who should know better, all lead the Committee to be concerned that the Respondent is out of touch with reality which may indicate an impaired mental state. The Respondent appeared to lack insight into the seriousness of the misconduct itself and of this misconduct proceeding against him. Some of his remarks in the record also reinforce this concern. For example, on three occasions (R. 69, 70, 95) he made the point that he, himself, had to carry the records into court (on the date of the final invitation for him to do so before incarcerated) which implied that this selfless act on his part proved just how untrustworthy and irresponsible his staff really were that they had not taken care of this matter before. Aside from being a total non-sequitur, these statements seem preposterous coming from a practicing physician.

Although the Committee has no opinion or suspicion of the nature, cause or degree of impairment, the Committee has reason to believe that the Respondent may be impaired by alcohol, drugs, physical disability or mental disability, based on the evidence and the observation of the Respondent.

Accordingly, pursuant to the authority of Public Health Law Section 230(7) and after full hearing of the charges before this Committee wherein Respondent had an opportunity to be heard, the Respondent is directed to submit to a medical (including neurological) and

psychiatric examination by a physician(s) who shall be selected by the Committee with the advice of the Respondent and the OPMC. The examining physician shall be provided with a copy of the charges a transcript of the Hearing and a copy of this Determination. The physician(s) shall address the issues of impairment as raised herein and evaluate the Respondent and report to this Committee, with copies to the Respondent and the OPMC, on the existence, nature and degree of any impairment and recommend a course of therapy or treatment. The Respondent, at his own expense, may also submit to a physical and psychiatric examination by a physician chosen by himself to be reported to this Committee and the OPMC. The reports of all said consultants shall be completed and mailed within 30 days from the date of the examination of the Respondent. The Respondent shall schedule all examinations to take place within 45 days notification of the examining physician from this Committee.

The Committee shall meet to consider the reports of all consultants within 30 days after receipt thereof. The Committee shall offer the Respondent and the OPMC an opportunity to be heard on the issue of impairment at that meeting. Within 30 days thereafter, the Committee shall make a determination based on the evidence than produced as to whether the Respondent is impaired to a degree to endanger the health of the people. That determination shall be mailed Respondent within 30 days of the date of the meeting.

- A. If the Committee finds that the Respondent is not impaired, the suspension shall be terminated on the date of the determination issued after the meeting.
- B. If the Committee finds that the Respondent is impaired; EITHER,

1. The suspension shall continue in effect until the Respondent successfully completes a course of therapy or treatment of said impaired condition. The treating therapist/physician, whose selection must be approved by the OPMC, shall submit the treatment plan to the OPMC which shall include an estimate of the duration of treatment. The therapist/physician shall submit quarterly reports to the OPMC on the progress of the treatment and the condition of the Respondent.
 - (a) If and when said therapist/physician is of the opinion that the Respondent is no longer in an impaired condition the report of same shall be sent to the OPMC, after which the suspension shall terminate.
 - (b) If after the expiration of one year from the date hereof, the suspension has not been terminated according to the terms of this Determination, then, at any time thereafter during the term of the suspension, the Respondent shall be entitled to a hearing on the issue of impairment and the continuation of the suspension. Said hearing shall be in the nature of a hearing on Summary Action according to Public Health Law Section 230(12)(a) and shall follow the process;

OR:

2. It may order the Respondent to counseling or impairment monitoring, in which case the suspension shall be terminated on the date of the Determination by this Committee.

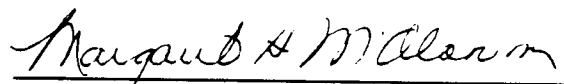
PART 3 – PROBATION

In all events, after the suspension is terminated as set forth in this Determination, the Respondent shall be placed on probation for a period of two years. In addition to the standard terms of probation attached hereto and incorporated herein, the following additional conditions are imposed:

- A. The Respondent shall submit to a quarterly review of his office records to observe, among other things, Respondent's response to requests for medical records and an annual review of random patient charts.
- B. The Committee may impose any appropriate additional conditions of probation such as counseling and impairment monitoring in its subsequent determination on the issue of Respondent's impairment.

Dated: New York, New York

July 25, 1999


MARGARET H. MCALOON, M.D.
Chairperson

JEAN A. KRYM
DONALD F. BRAUTIGAN, M.D.

Robert A. Jacobowski, M.D.
3796 Abbott Road
Orchard Park, New York 14127

Mark T. Fantauzzi, Esq.
NYS Department of Health
Empire State Plaza
Corning Tower - Room 2509
Albany, New York 12237

APPENDIX ONE

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

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IN THE MATTER : STATEMENT
OF : OF "
ROBERT A. JAKUBOWSKI, M.D. : CHARGES

-----X

ROBERT A. JAKUBOWSKI, M.D., the Respondent, was authorized to practice medicine in New York State on July 1, 1982 by the issuance of license number 150605 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On and before December 19, 1997, Patient A (Patient A is identified in Appendix A) was Respondent's patient.
1. On or about December 27, 1997, when a valid request was made of him, Respondent failed to provide copies of the medical records of Patient A to an authorized representative of Patient A.
 2. Respondent again failed to produce the medical records in response to a written request made on February 3, 1998, by the authorized representative of Patient A.

3. Respondent again failed to produce the requested records in response to the May 19, 1998 correspondence of the authorized representative of Patient A.
4. Respondent again failed to produce the requested records in response to the May 19, 1998 correspondence of Patient A himself, in which Patient A recited his previous requests that his authorized representative and his then present treating physician be provided with a copy of his medical records.
5. On or about May 26, 1998, the OPMC mailed to Respondent at his office, by certified mail, return receipt requested, a written request that the medical records of Patient A be produced to the authorized representative of Patient A. Respondent failed to produce the medical records in response to the May 26, 1998 correspondence from the OPMC.
6. On or about June 30, 1998, the OPMC again mailed to respondent at his office, by certified mail, return receipt requested, a written direction that the medical records be provided to the authorized representative of Patient A within 10 days of the June 30, 1998 correspondence. The June 30, 1998 correspondence was returned to the OPMC on or about July 16, 1998, marked "unclaimed". Thus, Respondent again failed to produce the requested records, as directed by the OPMC.

7. On or about August 31, 1998, Respondent was contacted personally by telephone by the Principal Medical Conduct Investigator (the Investigator) responsible for this matter, Respondent represented to the Investigator that he would produce the requested records to the authorized representative of Patient A by the week of September 7, 1998. Despite his representation to the Investigator, Respondent again failed to produce the requested records to the authorized representative of Patient A.
8. On or about September 14, 1998, formal legal proceedings were instituted against Respondent in the New York State Supreme Court by the authorized representative of Patient A, the purpose of such proceedings being, among others, to compel him to produce the medical records pursuant to New York Public Health Law section 18. Respondent was ordered by the Supreme Court to appear at a hearing on September 24, 1998.
9. Respondent failed to appear as ordered by the Supreme Court. The Supreme Court thus issued an Order, dated October 14, 1998, directing Respondent to produce the medical records to the authorized representative of Patient A.
10. Respondent failed to comply with the Order of the Supreme Court, dated October 14, 1998, and has not produced the requested records to the authorized representative of Patient A.

11. As a result of Respondent's failure to comply with the Order for the production of the medical records pursuant to New York Public Health Law section 18, the Supreme Court, County of Erie, issued an Order for Civil Contempt, dated February 5, 1999, holding Respondent in Contempt of Court pursuant to New York Judiciary Law section 753. The Order of the Supreme Court directed Respondent to produce the requested records within ten (10) days of the filing of the Order and also imposed certain fines and other monetary sanctions against Respondent.
12. Respondent has failed to comply with the Order for Civil Contempt, dated February 5, 1999, in all respects.
13. To date Respondent has not produced the medical records to the authorized representative of Patient A, or to Patient A.

**FIRST SPECIFICATION
FAILURE TO COMPLY WITH PUBLIC HEALTH LAW SECTION 18**

Respondent is charged with professional misconduct in violation of New York Education Law section 6530(40) by reason of his having failed to provide access by qualified persons to information of Patient A, in accordance with Public Health Law section 18, in that Petitioner charges:

1. The facts in Paragraphs A and A.1, and/or A and A.2, and/or A and A.3, and/or A and A.4, and/or A and A.10, and/or A

and A.11, and/or A and A. 12, and/or A and A.13.

**SECOND SPECIFICATION
FAILURE TO COMPLY WITH SECTION 17 OF THE PUBLIC HEALTH LAW**

Respondent is charged with professional misconduct "in violation of New York Education Law section 6530(22) by reason of his having failed to make available documents in the possession or under the control of Respondent requested by Patient A, in accordance with New York Public Health Law section 17, in that Petitioner charges:

1. The facts in Paragraphs A and A.1, and/or A and A.2, and/or A and A.3, and/or A and A.4, and/or A and A.10, and/or A and A.11, and/or A and A. 12, and/or A and A.13.

**THIRD SPECIFICATION
FAILURE TO COMPLY WITH STATE LAW GOVERNING THE PRACTICE
OF MEDICINE**

Respondent is charged with professional misconduct in violation of New York Education Law section 6530(16) by reason of his having willfully or grossly negligently failed to comply with New York Public Health Law sections 17 and/or 18, respectively, and/or otherwise by reason of his having willfully or grossly negligently failed to comply with New York State law governing the practice of medicine, in that Petitioner alleges:

1. The facts in Paragraphs A and A.1, and/or A and A.2, and/or A and A.3, and/or A and A.4, and/or A and A.10, and/or A

and A.11, and/or A and A. 12, and/or A and A.13.

**FOURTH SPECIFICATION
FAILURE TO PROVIDE PATIENT RECORDS**

Respondent is charged with professional misconduct in violation of New York Education Law section 6530(22) by reason of his having failed to make available documents in the possession or under the control of Respondent requested by a patient, in that Petitioner charges:

1. The facts in Paragraphs A and A.1, and/or A and A.2, and/or A and A.3, and/or A and A.4, and/or A and A.10, and/or A and A.11, and/or A and A. 12, and/or A and A.13.

**FIFTH SPECIFICATION
FINDING OF GUILT FOR VIOLATION OF NEW YORK STATE STAUTE**

Respondent is charged with professional misconduct in violation of New York Education Law section 6530(9)(c) by reason of his having been found guilty in an adjudicatory proceeding of violating state statutes when the violation would constitute professional misconduct pursuant to Education Law section 6530, in that Petitioner charges:

1. The facts in Paragraphs A and A.8, and/or A and A.9, and/or A and A.10 and/or A and A.11.

**SIXTH SPECIFICATION
FRAUDULENT PRACTICE**

Respondent is charged with a violation of New York Education Law section 6530(2), for his having practiced the profession of medicine fraudulently, in that Petitioner charges:

1. The facts in paragraphs A and A.5, A and A.6 and/or A and A.7.

May , 1999
Albany, New York

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct