



STATE OF NEW YORK DEPARTMENT OF HEALTH

Office of Public Health Coming 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

PUBLIC

June 13, 1995

RECEIVED
JUN 13 1995
OFFICE OF MEDICAL CONDUCT

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Harold Lasker, M.D.
325 Grand Central Avenue
Amityville, New York 11701-3747

Arthur J. Viviani, Esq.
600 Third Avenue
New York, New York

Silvia Pastor Finkelstein, Esq.
NYS Department of Health
5 Penn Plaza-Sixth Floor
New York, New York 10001

RE: In the Matter of Harold Lasker, M.D.

Dear Dr. Lasker, Mr. Viviani and Ms. Finkelstein:

Enclosed please find the Determination and Order (No. 95-123) 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required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate.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.

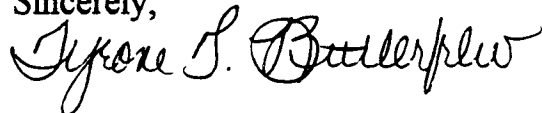
The notice of review served on the Administrative Review Board should be forwarded to:

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 cursive script that reads "Tyrone T. Butler".

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 : DETERMINATION
OF : AND
HAROLD LASKER, M.D. : ORDER**
-----X : BMC-95-123

DANIEL W. MORRISSEY, O.P., Chairperson, **GERALD ANSELL, M.D.**, and **STEVEN E. KATZ, 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 Section 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. **ELLEN B. SIMON, Esq.**, served as Administrative Officer for the Hearing Committee.

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

SUMMARY OF PROCEEDINGS

Notice of Hearing dated:	August 15, 1994
Statement of Charges Dated:	August 15, 1994
Prehearing Conference:	September 20, 1994

Hearing Dates:

October 18, 1994
October 19, 1994
November 15, 1994
December 7, 1994
December 15, 1994
December 16, 1994
December 20, 1994
December 21, 1994
January 5, 1995
January 31, 1995

Deliberation Dates:

April 21, 1995
May 2, 1995
May 4, 1995

Place of Hearings:

NYS Department of Health
5 Penn Plaza
New York, New York

Petitioner Appeared By:

Jerry Jasinski, Esq.
Acting General Counsel
NYS Department of Health
By: Silvia Pastor Finkelstein
Associate Counsel

Respondent Appeared By:

Arthur J. Viviani, Esq.
600 Third Avenue
New York, New York

WITNESSES

For the Petitioner:

Patient A
Patient B
Barbara Bradley Bolen, Ph.D.
Patient A's father
Patient A's mother
Silvia W. Olarte, M.D.

For the Respondent:

Respondent
Jovita Crasta, M.D.
Edward R. Sodaro, M.D.
Margo Lasker
Leonard H. Krinsky, Ph.D.
Joseph A. Stassi
Miriam Afkhami-Ramirez, M.D.

AFFIRMATION OF MEMBER OF THE HEARING COMMITTEE

GERALD ANSELL, M.D., a duly appointed member of the State Board for Professional Medical Conduct and of the Hearing Committee thereof designated to hear the MATTER OF HAROLD LASKER, M.D., hereby affirms that he was absent from the hearing sessions conducted on January 5, and January 31, 1995. He further affirms that he has read and considered the transcripts of the proceedings of, and the evidence received at, such hearing days prior to deliberations of the Hearing Committee on this 21st day of April, 1995.

STATEMENT OF CHARGES

The Statement of Charges essentially charges the Respondent with professional misconduct by reason of having practiced the profession of medicine with negligence on more than one occasion and with gross negligence and by willfully harassing, abusing or intimidating a patient either physically or verbally, by sexual contact between psychiatrist and patient, by engaging in conduct in the practice of medicine which evidences moral unfitness to practice the profession, and with failure to maintain accurate records.

The charges are more specifically set forth in the Statement of Charges, a copy of which is attached hereto and made a part of this Determination and Order.

FINDINGS OF FACT

Numbers in parenthesis refer to transcript pages or exhibits, and they denote evidence that the Hearing Committee found persuasive in determining a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence.

GENERAL FINDINGS

1. Harold Lasker, M.D., the respondent, was authorized to practice medicine in New York on July 31, 1969 by the issuance of license number 104306 by the New York State Education Department [Dept.'s Exhibit (hereinafter Ex.) 3].
2. Respondent is currently registered with the New York State Education Department to practice medicine from 325 Grand Central Avenue, Amityville, New York 11701-3747 (Ex. 3).
3. At all times herein mentioned, respondent was a psychiatrist affiliated with Brunswick Hospital Center ("Brunswick"), 366 Broadway, Amityville, New York 11701, and was medical director of Brunswick's psychiatric unit [Transcript pages (hereafter T.) 1359-60]. In the course of his employment by Brunswick, Respondent maintained an outpatient practice and also treated admitted patients (T. 1365-66).
4. From in or about the summer of 1988 through December, 1988, Respondent hugged and kissed Patient A in the course of therapy sessions (T. 72-73, 76 and 84-86).

5. Respondent was not, during the latter half of 1988, Patient A's therapist. As her psychopharmacologist, with responsibility for administering, managing and monitoring her medication, Respondent maintained an accurate medical record for Patient A which included, for each approximately monthly visit, a statement about her general level of functioning, whether there was evidence of any side effects of her medication, and a listing of the medicines prescribed (Ex. 8 at 18-28, 29-33; T. 1302-1303).
6. Respondent was not routinely supervised in his administrative role as medical director of Brunswick's psychiatric unit. Neither was he supervised in his clinical practice (T. 1359-60, 1362-66).
7. Respondent hugged staff members at Brunswick and used inappropriate language there (T. 1421-23, 1427-28).
8. Respondent treated Patient B between on or about February 10, 1989 and April 7, 1989 in the course of her in-patient admission at Brunswick (Ex. 6).
9. Respondent was in New York City on March 3, 4, and 5; on vacation in Mexico between March 17 and March 27; and in Atlantic City, New Jersey between March 31 and April 2, 1989 [Respondent's Exhibits (hereafter Ex.) O, P, and Q; T. 1024-35, 1194].
10. Patient B received electroconvulsive shock therapy ("ECT") on March 15, 17, 20, 22, 24, 27, and 31, 1989 (Ex. 6 at 109, 112, 119, 126, 132, 140, 146, 151).

11. Patient B was on the closed ward at Brunswick between March 15 and 17 and between March 23 and 29 (Ex. 6 at 108-110, 116, 148, 181; Ex. S).
12. Patient B was on the open ward at Brunswick between March 18 and 22 and between March 30 and April 7 on which latter date she was discharged (Ex. 6 at 116, 131, 149-170).
13. At the time of the assaults alleged by Patient B, Respondent was about 55 and-a-half years old (Ex. 2; T. 992).

CONCLUSIONS AS TO PATIENT A

The Hearing Committee found the testimony of Patient A not to be sufficiently credible to prove the charges by a preponderance of the evidence, with one exception. Principal among the reasons for that finding is Patient A's apparent inability to differentiate fact from fiction. Some examples follow:

1. During Patient A's third hospitalization, in October 1988, she reported being admitted to Brunswick because her depression had worsened (T. 70-71). However, when questioned about that on both direct and cross-examination, Patient A could recall nothing of her time in the hospital (T. 84-85, 124-25). Her hospital records show no report by Patient A of any abuse or mistreatment by the Respondent (Ex. 11 at 4), and she explicitly stated that there had been no precipitating event for that hospitalization that she could recall (T. 70-71). Moments later, however, she described her trauma over the Fall 1988 attempted suicide of one of the men in the group home at which she was then working (T. 71-72). This clear

contradiction is evidence of Patient A's unreliability as a witness.

2. Another example of the internal inconsistency of Patient A's testimony: She initially reported having been mugged by a man (T. 110-111, 114, 155-157; Ex. 9 at 10) and later described that incident as a rape (T. 154), yet no injury or other evidence of rape was recorded by the hospital emergency room where she was seen (Ex. 9 at 10-13a).
3. On direct examination, Patient A testified that once, as she was walking on the street, Respondent passed her in his car, and stopped, after which she put her head into the car to see what he wanted. She testified that he then grabbed her head and started kissing her and pushed his tongue into her mouth (T. 77-79).

Respondent, when questioned about that incident, testified differently: he stated that he had been driving in broad daylight, in traffic, in front of the Brunswick outpatient building where his office was, and that he had seen Patient A walking in a trancelike state, with her arms out. He testified that because he was concerned, he had stopped his car and rolled down the automatic window. Respondent further testified that at that point, he called to Patient A to ask whether she was all right, and she tried to climb into the passenger side of the car through that open window. He added that in his car there was a console between the two front seats, and he could not reach across to the passenger window from the driver's seat. Instead, he testified, he tried to push Patient A back and told her to return to the admitting receptionist and ask to see Dr. Miriam Ramirez (T. 1142-47, 1367-68). Dr. Ramirez corroborated that on the same day she saw Patient A in the waiting room near the receptionist (T. 1726-27, 1734, 1736, 1754).

4. Patient A also reported fear of being killed by her parents (Ex. 10 at 47). The testimony of both of her parents, however, persuades the Hearing Committee that that fear was unfounded (T. 676-688, 698-699, 705-706, 708-717, 725, 727-732, 734-736, 753-756, 757-758, 763-764). Moreover, Patient A's hospital record contains the note by a psychiatric intern that she reported having "a good father" (Ex. 5 at 11).

5. There are, in addition, many references in hospital progress notes to Patient A's trances, waxy catatonia, and withdrawal and to her being in a fetal position (Ex. 11 at 11a and at 32, 33, 35, 36a, and 41ff). In fact, one neurological consultant noted "episodes of altered state of consciousness" (Ex. 4 at 306), and Dr. Ramirez testified that Patient A couldn't tolerate even minor stress and was overwhelmed by actual stress and by routine activities of daily living (Ex. 4 at 171).

In summary, the Hearing Committee observed that Patient A was extremely fragile. It clearly took all of her energy to give even the incoherent, contradictory, and confusing testimony that she offered, and the Hearing Committee appreciates the extreme difficulty of her testifying before it. The Committee unanimously concludes, however, that Patient A's testimony was not sufficiently credible to support the charges alleged by a preponderance of the evidence.

There is one exception, however, and it is an important one. The Hearing Committee does conclude that sometimes in the course of Patient A's treatment by Respondent, he hugged and kissed her during therapy sessions. This is the only issue on which the Hearing Committee finds the testimony of Patient A to be more credible than that of the Respondent. There are two reasons for this exception:

(a) Paragraph A and part of Paragraph A.1 of the Statement of Charges were excepted from the Hearing Committee's overall findings because they were supported, although indirectly, by the testimony of Jovita Crasta, M.D. (T. 1421-28). Dr. Crasta described Respondent's customary familiar behavior with Brunswick hospital staff. Such behavior was consistent with Patient A's description of Respondent's familiarity with her during some of her therapy sessions.

(b) In addition, the Hearing Committee observed, during ten days of hearing, numerous examples of Respondent's condescending manner, attitude of superiority, and sense of entitlement in the course of the testimony (T. 1357, 1387-88 *inter alia*). Because of that observed behavior, and in light of Dr. Crasta's testimony, the Hearing Committee does not accept Respondent's denial of the alleged hugging and kissing. All three Committee members observed as well Respondent's almost cavalier disdain for those who questioned his professionalism at Brunswick (T. 1469-73). This conclusion by the Hearing Committee cannot entirely be documented by references to the transcript, but the behavior that supports it was observed clearly and frequently during the presentation of Respondent's case.

CONCLUSIONS AS TO PATIENT B

From the outset, Patient B's testimony contained glaring and substantial implausibilities and contradictions. Several examples follow:

1. Patient B alleged that Respondent assaulted her on two separate occasions. During the first alleged assault, she asserted, he ejaculated twice, once vaginally and once orally, within as brief a period of time as five minutes (T. 308-309, 316-319). Her testimony about the second assault was the Respondent raped her vaginally and then orally, ejaculating both times within a total of about five minutes (T. 308-309, 316-319). Dr. Silvia W. Olarte, the Department's expert witness, testified that a 56-year old man who had recently ejaculated would need "a long period [of time]" to achieve another ejaculation (T. 897-899). That testimony is supported by Exhibit N, *The New Sex Therapy*, by Helen Singer Kaplan, M.D., Ph.D., [pages 104-109]. Patient B's account of the two assaults rests upon what the Hearing Committee finds to be a virtually impossible physiological phenomenon. Furthermore, no corroborating evidence or testimony was offered to add to Patient B's credibility.

The Hearing Committee notes that the Statement of Charges alleges that Respondent sodomized Patient B. However, no evidence of such sodomy was presented at the hearing.

Accordingly, the Hearing Committee concludes that there is not a preponderance of credible evidence to support that the alleged assaults occurred as charged.

2. As an example of conflicting testimony, Patient B testified that the alleged assaults occurred only after she had begun to receive ECT (T. 271), but within just a few minutes, she contradicted herself by saying that one of those assaults occurred before ECT therapy began (T. 274-75). Patient B's testimony was confused and contradictory with regard to the important question of a possible causal connection between the ECT and the alleged assaults.
3. Further examples of Patient B's lack of credibility as a witness relate to Findings of Fact numbers 9, 11, and 12. Patient B's testimony on these matters of fact is extremely confusing and very difficult to summarize. Testimony from other witnesses on questions raised by Patient B's testimony--for example, as to Finding of Fact number 9--renders Patient B's

claims virtually impossible. Their testimony is also difficult to summarize. To the Hearing Committee, these inconsistencies were only further indication of the lack of probative value of Patient B's own testimony.

VOTE OF THE HEARING COMMITTEE

The Hearing Committee votes unanimously as follows:

FIRST THROUGH SECOND SPECIFICATION:

(Gross negligence)

SUSTAINED AS TO PARAGRAPH A, part of PARAGRAPH A.1 (sometime hugging and kissing in the course of therapy sessions), and PARAGRAPH B;

NOT SUSTAINED AS TO PARAGRAPHS A.2, A.3, A.4, AND A.5

THIRD SPECIFICATION:

(Negligence on more than one occasion)

SUSTAINED AS TO PARAGRAPH A, part of PARAGRAPH A.1(sometimes hugging and kissing in the course of therapy sessions), and PARAGRAPH B;

NOT SUSTAINED AS TO PARAGRAPHS A.2, A.3, A.4, A.5, B.1, OR B.2.

FOURTH THROUGH FIFTH SPECIFICATIONS:

(Willfully harassing, abusing, or intimidating a patient either physically or verbally)

SUSTAINED AS TO PARAGRAPH A, part of PARAGRAPH A.1 (sometimes hugging and kissing in the course of therapy sessions), and **PARAGRAPH B;**

NOT SUSTAINED AS TO PARAGRAPHS A.2, A.3, A.4, B.1, or B.2.

SIXTH THROUGH SEVENTH SPECIFICATIONS:

(Sexual contact between psychiatrist and patient)

SUSTAINED AS TO PARAGRAPH A, part of PARAGRAPH A.1 (sometimes hugging and kissing in the course of therapy sessions), and **PARAGRAPH B;**

NOT SUSTAINED AS TO PARAGRAPHS A.2, A.3, A.4, B.1, OR B.2.

EIGHTH THROUGH NINTH SPECIFICATIONS

(Engaging in conduct in the practice of medicine which evidences moral unfitness to practice the profession)

SUSTAINED AS TO PARAGRAPH A, part of PARAGRAPH A.1 (sometimes hugging and kissing in the course of therapy sessions), and **PARAGRAPH B;**

NOT SUSTAINED AS TO PARAGRAPHS A.2, A.3, A.4, B.1, OR B.2.

TENTH SPECIFICATION:

(Failure to maintain accurate records)

SUSTAINED AS TO PARAGRAPH A;

NOT SUSTAINED AS TO PARAGRAPH A.5.

The Hearing Committee recognizes its obligation to convey the importance of what it alone could observe at the hearings and understands that no transcript can fulfill that responsibility. The Hearing Committee is aware that it is not sustaining grave charges at the same time that it does sustain and recommend a penalty for what may seem to be a matter of slight significance.

Therefore, the Hearing Committee emphasizes the seriousness it attaches to the specifications of PARAGRAPH A and part of PARAGRAPH A.1 (sometimes hugging and kissing in the course of therapy sessions) which it sustains. As participants in this long and complex hearing, the Hearing Committee underlines the connection it makes between what it sustains and its observation of Respondent's demeanor and attitude. The Hearing Committee feels strongly that Respondent's survival of traumatic experiences in Vietnam (T. 1357, e.g.) left him with a sense of divine protection and entitlement. That, together with his freedom from supervision at Brunswick resulted in an insensitive and patronizing manner of practicing medicine. The Hearing Committee also feels that Dr. Crasta's observation of Respondent's general behavior at Brunswick, including his habit of visiting inpatients late in the evening, supports the Hearing Committee's concern with the demeanor it had observed in the course of ten hearing days.

The Hearing Committee further feels that the Office of Professional Medical Conduct would be remiss in allowing Respondent to conclude that he was without fundamental fault in his practice of medicine. The grave specific charges against him were substantially not proved, but it is the unanimous determination of the Hearing Committee that what it sustains is indicative of a serious lack of appropriate professional behavior in Respondent's medical practice.

DETERMINATION OF THE HEARING COMMITTEE AS TO PENALTY

Having seriously considered and weighed all other possible penalties, the Hearing Committee unanimously determines that the Respondent should be censured and reprimanded. This penalty represents the determination of the Hearing Committee, as does its unanimous vote not to sustain all other specifications.

ORDER

Based upon the foregoing, **IT IS HEREBY ORDERED THAT:**

1. Respondent is censured and reprimanded.

DATED: New York, New York

June 2, 1995

Daniel W. Morrissey, O.P.
DANIEL W. MORRISSEY, O.P.
(Chairperson)

GERALD ANSELL, M.D.
STEVEN E. KATZ, M.D.

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

IN THE MATTER
OF
HAROLD LASKER, M.D.

STATEMENT
OF
CHARGES

HAROLD LASKER, M.D., the Respondent was authorized to practice medicine in New York State on July 31, 1969, by the issuance of license number 104306 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 from 325 Grand Central Avenue, Amityville, New York 11701-3747.

FACTUAL ALLEGATIONS

A. Respondent, a psychiatrist, treated Patient A from in or about August 1985 until in or about March, 1989, on an in-patient and out-patient basis, at Brunswick Hospital Center, 366 Broadway, Amityville, New York 11701. At all times herein mentioned, Respondent was Director of Psychiatry at the afore-mentioned institution. (The identity of Patient A is disclosed in the annexed Appendix).

1. From in or about the Summer of 1988 through December, 1988, on numerous occasions, Respondent hugged and kissed Patient A on the mouth at the end of therapy sessions.
2. On one of those occasions, in or about October, 1988, at the end of a therapy session, Respondent fondled Patient A's breasts.
3. On another occasion, during a therapy session, Respondent told Patient A to lie down on the desk and fondled her breasts and pelvic area.
4. In or about December, 1988, at the end of a therapy session, Respondent turned off the lights, opened his zipper, and put his penis in Patient A's mouth.
5. Respondent failed to maintain a medical record for Patient A which accurately represents Patient A's treatment, condition and/or diagnoses.

B. Respondent treated Patient B between in or about February 19, 1989 and April 7, 1989 in the course of an in-patient admission at Brunswick Hospital Center, 366 Broadway, Amityville, New York 11701. (The identity of Patient B is disclosed in the annexed appendix).

1. On one occasion, in the late evening, Respondent came to Patient B's room. Respondent barricaded the door with a chair and ordered Patient B to get undressed and lie on the bed. Patient B told him that she was scared. Respondent responded that if she did not shut up and lie down on the bed he was going to hit her. Respondent pulled his pants and underwear down around his ankles and got on top of Patient B pinning her arms back. Patient B pleaded with Respondent not to do this. Respondent again threatened to hit her and placed his body on top of Patient B. Respondent forced sexual intercourse on Patient B while pinning her arms down. After he withdrew his penis, Respondent forced Patient B to manipulate his penis and then sodomized Patient B against her will.

2. On another occasion, during the same hospitalization, Respondent came to Patient B's room late in the evening and again barricaded the door with a chair. Respondent forced Patient B down on the bed and had sexual intercourse with her against her will. Respondent then forced Patient B to manipulate his penis with her hand. After he forced his penis into her mouth, there was a loud noise outside in the hallway. Respondent immediately withdrew his penis and ran out of the room.

SPECIFICATION OF CHARGES

FIRST THROUGH SECOND SPECIFICATIONS

GROSS NEGLIGENCE

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law section 6530(4) (McKinney Supp. 1994), by practicing the profession with gross negligence, in that Petitioner charges:

1. The facts in paragraph A, A.1, A.2, A.3 and/or A.4.
2. The facts in paragraph B, B.1, and/or B.2.

THIRD 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) by practicing the profession with negligence on more than one occasion, in that Petitioner charges at least two of the following:

3. The facts in paragraph A, A.1, A.2, A.3, A.4, A.5, B, B.1, and/or B.2.

FOURTH THROUGH FIFTH SPECIFICATIONS

WILLFULLY HARASSING, ABUSING OR INTIMIDATING A
PATIENT EITHER PHYSICALLY OR VERBALLY

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6530(31) (McKinney, Supp. 1994), by willfully harassing, abusing or intimidating a patient either physically or verbally, in that Petitioner charges:

4. The facts in paragraph A, A.1, A.2, A.3 and/or A.4.
5. The facts in paragraph B, B.1, and/or B.2.

SIXTH THROUGH SEVENTH SPECIFICATIONS

SEXUAL CONTACT BETWEEN PSYCHIATRIST AND PATIENT

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law Section 6530(44) (McKinney Supp. 1994), by engaging in physical contact of a sexual nature with a patient, in that Petitioner charges:

6. The facts in paragraph A, A.1, A.2, A.3 and/or A.4.
7. The facts in paragraph B, B.1, and/or B.2.

EIGHTH THROUGH NINTH SPECIFICATIONS

ENGAGING IN CONDUCT IN THE PRACTICE OF MEDICINE WHICH EVIDENCES MORAL UNFITNESS TO PRACTICE THE PROFESSION

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law section 6530(20) (McKinney, Supp. 1994), by engaging in conduct in the practice of medicine which evidences moral unfitness to practice the profession, in that Petitioner charges:

8. The facts in paragraph A, A.1, A.2, A.3, and/or A.4.
9. The facts in paragraph B, B.1 and/or B.2.

TENTH SPECIFICATION

FAILURE TO MAINTAIN ACCURATE RECORDS

Respondent is charged with professional misconduct within the meaning of N.Y. Educ. Law section 6530(32) (McKinney Supp. 1994), by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, in that Petitioner charges:

10. The facts in Paragraph A and A.5.

DATED: NEW YORK, NEW YORK
August 15, 1994



CHRIS STERN HYMAN
Counsel
Bureau of Professional
Medical Conduct