



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

Anne F. Saile, 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

July 26, 2000

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Khaja Naseeruddin, M.D.
9 ½ Dolson Avenue
Middletown, NY 10940

RE: License No. 153654

Dear Dr. Naseeruddin:

Enclosed please find Order #BPMC 00-207 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **July 26, 2000.**

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, M.D., J.D.

Executive Secretary

Board for Professional Medical Conduct

Enclosure

cc: Joseph A. Catania, Jr., Esq.
c/o Drake, Sommers, Loeb, Tarshis & Catania, PLLC
One Corwin Court
PO Box 1479
Newburgh, NY 12550

Michael A. Hiser, Esq.

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

-----X
IN THE MATTER : **SURRENDER**
OF : **ORDER**
KHAJA NASEERUDDIN, M.D. : **BPMC # 00-207**
 -----X

KHAJA NASEERUDDIN, M.D., Respondent, says:

On or about March 25, 1983, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 153654 by the New York State Education Department. My business address is 9 ½ Dolson Avenue, Middletown, New York 10940.

I understand that I have been charged with Twenty Five Specifications of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit A. Pursuant to 10 NYCRR part 51.10, I do not contest Specifications of Misconduct One through Nine, and Ten through Seventeen, of the Charges (Exhibit A), in full satisfaction of all other specifications.

I am applying to the State Board for Professional Medical Conduct for an agreement to allow me to surrender my license as a physician in the State of New York and request that the Board issue this Surrender Order. I further agree to abide by the Terms of Surrender set out as Exhibit "B".

I understand that, in the event that this proposed agreement is not granted by the State Board for Professional Medical Conduct, 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 proposed agreement 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 State Board for Professional Medical Conduct shall be made without prejudice to the continuance of

any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

I agree that in the event the State Board for Professional Medical Conduct agrees with my proposal, this Order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me. I agree 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 Order to me at the address set forth above, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this agreement of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.



KHAJA NASEERUDDIN, M.D.
Respondent

AGREED TO:


Date: 7/21, 2000


JOSEPH A. CATANIA, JR., ESQ.
Attorney for Respondent

Date: July 24, 2000


MICHAEL A. HISER
Associate Counsel
Bureau of Professional
Medical Conduct

Date: July 25, 2000


ANNE F. SAILE
Director, Office of

Professional Medical Conduct

ORDER


Upon the proposed agreement of KHAJA NASEERUDDIN, M.D., to Surrender his license as a physician in the State of New York, which proposed agreement is made a part hereof, it is AGREED TO and

ORDERED, that the proposed agreement and the provisions thereof are hereby adopted; it is further

ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; 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 this Order to Respondent at the address set forth in this agreement or to Respondent's attorney, or upon transmissions via facsimile to Respondent or Respondent's attorney, whichever is earliest.

DATED: 7/25/00



William P. Dillon, M.D.
Chair
State Board for Professional
Medical Conduct

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

-----X

IN THE MATTER : STATEMENT
OF : OF
KHAJA NASEERUDDIN, M.D. : CHARGES

-----X

KHAJA NASEERUDDIN, M.D., the Respondent, was registered as a physician in New York State on March 25, 1983 by the issuance of license number 153654 by the New York State Education Department. The Respondent is currently registered as a physician for the period February 28, 1999 through March 1, 2001, with an office address of 9 ½ Dolson Avenue, Middletown, New York 10940.

FACTUAL ALLEGATIONS

A. Respondent provided medical care to Patient A, a female patient 18 years old when first seen, (patients are identified in the attached Appendix A) on several occasions from March through May, 2000, at the Respondent's medical office at 9 ½ Dolson Avenue, Middletown, New York 10940 (hereafter, "Respondent's office"). On at least two occasions, Respondent performed unchaperoned physical examinations of the patient. Respondent's care and treatment of Patient A was contrary to generally accepted standards of practice, in that:

1. Respondent, during the course of his physical examination of Patient A on May 2, 2000, touched, fondled and/or massaged both of her breasts, all without medical justification.
2. Respondent, during the course of his initial physical

EXHIBIT A

examination of Patient A on May 2, 2000, placed his ungloved fingers in her vagina while telling her "you're fine" and "you're nice", or words of similar import, all without medical justification.

3. Respondent, during the course of his physical examination of Patient A on May 11, 2000, squeezed both of her breasts, all without medical justification.
4. Respondent, during the course of his physical examination of Patient A on May 11, 2000, had the patient unbutton her pants, and then observed her vaginal area while stating "you shave down here, too" and "everything is nice", or words of similar import, all without medical justification.
5. Respondent, following his physical examination of Patient A on May 11, 2000, followed the patient to the hallway, placed his hand under her shirt and bra and pulled her breast out of her bra and began squeezing it.
6. Respondent, during the course of his purported physical examinations of Patient A noted above, represented that he was properly conducting a heart and/or lung examination, when in fact he was touching, fondling and massaging the patient's breasts and/or vaginal area for a non-medical purpose.

B. Respondent provided medical care to Patient B, a female patient 26 years old when first seen, from on or about August 1992 through March 2000, at the Respondent's office. During the patients office visits from mid 1998 onward, Respondent performed unchaperoned physical examinations of the patient. Respondent's care and treatment of Patient B was contrary to generally accepted standards of practice, in that:

1. Respondent, during the course of Patient B's office visits from approximately June 1998 through March 2000, told the patient on several occasions

that she had "nice breasts" and a "nice butt".

2. Respondent, during the course Patient B's office visits from approximately June 1998 through March 2000, told the patient that she should "do blowjobs" on her boyfriend to increase her protein intake, or words of similar import.
3. Respondent, during the course of the physical examinations he performed during the patient's office visits from approximately June 1998 through March 2000, touched, fondled and/or massaged the patient's breasts without medical justification.
4. Respondent, during the course of Patient B's office visits from approximately June 1998 through March 2000, questioned her about intimate details of her sexual experiences with her boyfriend, all without medical justification.
5. Respondent, on several occasion during the course of an office visit from approximately June 1998 through March 2000, hugged Patient B while she was on the examination table, without medical justification.
6. Respondent, on several occasions during the course of an office visit from approximately June 1998 through March 2000, slapped Patient B on the buttocks as she left.
7. Respondent, during an office visit in December 1999, hugged Patient B and kissed her on the cheek while she was in the hallway, told her "You are going to get me in trouble" or words of similar import, again suggested that she perform oral sex on her boyfriend, and then slapped her on the buttocks as she left.
8. Respondent, during the course of his purported physical examinations of Patient B, represented that he was properly conducting a heart and/or lung examination, when in fact he was touching, fondling and massaging the patient's breasts for a non-medical purpose.

C. Respondent provided medical care to Patient C, a female patient 36 years old when first seen, from on or about July 1995

through April 1999, at the Respondent's office. Patient C went to see Respondent for a physical exam on or about April 1999 complaining of, among other things, chest pain. During the time of her treatment by the Respondent, Respondent performed unchaperoned physical examinations of the patient. Respondent's care and treatment of Patient C was contrary to generally accepted standards of practice, in that:

1. Respondent, during the course of Patient C's office visits from 1996 through 1999, questioned Patient C about intimate details of her sexual experiences, including the circumstances under which she engaged in sexual intercourse with her husband, all without medical justification.
2. Respondent, during the course of the physical examination he performed on Patient C in April 1999, touched, fondled and/or massaged the patient's breasts without medical justification.
3. Respondent, following the physical examination he performed on Patient C in April 1999, attempted to hug the patient as she was standing by the examination table.
4. Respondent, during the course of his purported physical examination(s) of Patient C, represented that he was properly conducting a heart and/or lung examination, when in fact he was touching, fondling and massaging the patient's breasts for a non-medical purpose.

D. Respondent provided medical care to Patient D, a female patient 36 years old when first seen, from on or about 1993 through the Spring of 2000, at the Respondent's office, and in June 1998 at Horton Medical Center, 60 Prospect Avenue,

Middletown, New York 10940. During the time of her treatment by the Respondent, Respondent performed unchaperoned physical examinations of the patient. Respondent's care and treatment of Patient D was contrary to generally accepted standards of practice, in that:

1. Respondent, during the course of the physical examinations he performed of Patient D in 1998 through 2000, touched, fondled and/or massaged the patient's breasts without medical justification.
2. Respondent, during the patient's hospitalization at Horton Medical Center in June 1998, came to her room and questioned her in a crude and sexually explicit fashion about her sexual experiences and preferences, including "why young girls [desire anal intercourse]", or words of similar import, without medical justification.
3. Respondent, during the course of his treatment of Patient D from 1998 through 2000, questioned the patient about personal matter of a non-medical nature, including (1) if she gave massages, and (2) whether her husband purchased Victoria's Secret underwear for her, since she "would look good in them", or words of similar import.
4. Respondent, during the course of his treatment of Patient D from 1998 through 2000, represented that he was properly conducting a heart and/or lung examination, when in fact he was touching, fondling and massaging the patient's breasts for a non-medical purpose.

E. Respondent provided medical care to Patient E, a female patient 23 years old when first seen, from on or about October

1992 through February 1994, at the Respondent's office. Patient E went to see Respondent for a physical exam on February 14, 1994 to review test results relating to a recent neck examination. During this visit, Respondent performed an unchaperoned physical examination of the patient. Respondent's care and treatment of Patient E was contrary to generally accepted standards of practice, in that:

1. Respondent, during the course of his physical examination of Patient E on February 14, 1994, touched, fondled and/or massaged her breasts, while telling her that he breasts were "very nice", that he "liked them", and that she "could wear a bikini", or words of similar import, all without medical justification.
2. Respondent, during the course of his physical examination of Patient E on February 14, 1994, rubbed the patient's legs and buttocks while telling her that she looked good, and did not need to lose weight, without medical justification.
3. Respondent, during the course of the examination on February 14, 1994 and on at least one subsequent date a few weeks later, questioned Patient E about intimate details of her experience as a rape victim, including (1) the race of the attacker, (2) the size of the attacker's penis, (3) whether the patient had anal sex with the attacker, and (4) how long the attack lasted, all without medical justification.
4. Respondent, during the course of his purported physical examinations of Patient E as noted above, represented that he was properly conducting a heart and/or lung examination, when in fact he was touching, fondling and/or massaging the patient's breasts for a non-medical reason

F. Respondent, while working on the premises of Arden Hill Hospital, 4 Harriman Drive, Goshen, New York, 10294, in January of 1995, initiated unwelcome physical contact with, and

made inappropriate verbal comments to his female co-worker, Nurse F, in that without consent, he engaged in the following conduct:

1. Respondent, after Nurse F had assisted him in examining a patient, asked Nurse F how she liked to have her breasts examined, and how she liked having her legs opened when a physician examined her.
2. Respondent, after Nurse F had assisted him in examining a patient, grabbed her arm, touched her buttocks, and tried to kiss her.

G. Respondent provided medical care to Patient G, a female patient 28 years old when first seen, on several occasions between April 1996 and May 2000, at the Respondent's office. In February and March of 2000, Patient G saw the Respondent for complaints of bronchitis, and back and neck pain. On at least those occasions, Respondent performed unchaperoned physical examinations of the patient. Respondent's care and treatment of Patient G was contrary to generally accepted standards of practice, in that:

1. Respondent, during the course of his physical examination of Patient G in February 2000, pressed, squeezed and/or massaged her breasts, all without medical justification.
2. Respondent, during the course of his physical examination of Patient G in March 2000, pressed, squeezed and/or massaged her breasts, all without medical justification
3. Respondent, during the course of his purported physical examinations of Patient G noted above, represented that he was properly conducting a heart and/or lung examination, when in fact he was pressing, squeezing

and/or massaging the patient's breast for a non-medical purpose.

H. Respondent provided medical care to Patient H, a female patient 23 years old when first seen, on several occasions in September 1998 and 1999, at the Respondent's office. On both occasions, Respondent performed unchaperoned physical examinations of the patient. Respondent's care and treatment of Patient H was contrary to generally accepted standards of practice, in that:

1. Respondent, during the course of his initial physical examination of Patient H, touched, fondled and/or massaged her breasts, all without medical justification.
2. Respondent, during the course of his second physical examination of Patient H, touched, fondled and/or massaged her breasts, including for a period of time through her bra, all without medical justification.
3. Respondent, during the course of his purported physical examinations of Patient H, represented that he was properly conducting a heart and/or lung examination, when in fact he was touching, fondling and/or massaging the patient's breast for a non-medical purpose.

I. Respondent provided medical care to Patient I, a female patient 20 years old when first seen, on or about December 30, 1996, at the Respondent's office. Patient I went to see Respondent for a physical exam and with complaints of migraine headaches. Respondent performed an unchaperoned physical examination of the patient. Respondent's care and treatment of Patient I was contrary to generally accepted standards of practice, in that:

1. Respondent, during the course of his physical

examination of Patient I on December 30, 1996, touched, fondled and/or massaged both of her breasts, all without medical justification.

2. Respondent, during the course of his purported physical examinations of Patient I, represented that he was properly conducting a heart and/or lung examination, when in fact he was touching, fondling and/or massaging the patient's breasts for a non-medical purpose.

SPECIFICATIONS OF MISCONDUCT

FIRST THROUGH NINTH SPECIFICATIONS

MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20) by conduct in the practice of medicine which evidences moral unfitness to practice medicine, as alleged in the facts of:

1. The facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5 and/or A and A.6.
2. The facts in Paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, B and B.6, B and B.7 and/or B and B.8.
3. The facts in Paragraphs C and C.1, C and C.2, C and C.3 and/or C and C.4.
4. The facts in Paragraphs D and D.1, D and D.2, D and D.3 and/or D and D.4.
5. The facts in Paragraphs E and E.1, E and E.2, E and E.3 and/or E and E.4.
6. The facts in Paragraphs F and F.1 and/or F and F.2.
7. The facts in Paragraphs G and G.1, G and G.2 and/or G and G.3.

8. The facts in Paragraph H and H.1, H and H.2 and/or H and H.3.
9. The facts in Paragraph I and I.1 and/or I and I.2.

TENTH THROUGH SEVENTEENTH SPECIFICATIONS
WILFUL HARASSMENT, ABUSE, AND INTIMIDATION

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(31) by willfully harassing, abusing, or intimidating a patient(s) either physically or verbally, as alleged in the facts of the following:

10. The facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.4 and/or A and A.5.
11. The facts in Paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, B and B.6 and/or B and B.7.
12. The facts in Paragraphs C and C.1, C and C.2, and/or C and C.3.
13. The facts in Paragraphs D and D.1, D and D.2 and/or D and D.3.
14. The facts in Paragraphs E and E.1, E and E.2 and/or E and E.3.
15. The facts in Paragraphs G and G.1 and/or G and G.2.
16. The facts in Paragraph H and H.1 and/or H and H.2.
17. The facts in Paragraph I and I.1.

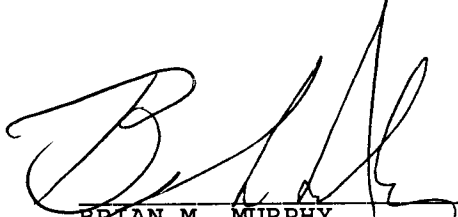
EIGHTEENTH THROUGH TWENTY-FIFTH SPECIFICATIONS
FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by New York Education Law §6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

18. The facts in Paragraph A and A.6.
19. The facts in Paragraph B and B.8.

- 20. The facts in Paragraph C and C.4.
- 21. The facts in Paragraph D and D.4.
- 22. The facts in Paragraph E and E.4.
- 23. The facts in Paragraph G and G.3.
- 24. The facts in Paragraph H.3.
- 25. The facts in Paragraph I.2.

DATED: 7/24, 2000
Albany, New York



BRIAN M. MURPHY
Chief Counsel
Bureau of Professional
Medical Conduct

APPENDIX "B" TO SURRENDER OF A MEDICAL LICENSE

1. Respondent shall immediately cease and desist from engaging in the practice of medicine in accordance with the terms of the Order. In addition, Respondent shall refrain from providing an opinion as to professional practice or its application and from representing himself as being eligible to practice medicine.
2. Respondent shall have delivered to OPMC at Hedley Park Place, 433 River Street 4th Floor, Troy, NY 12180-2299 his original license to practice medicine in New York State and current biennial registration within thirty (30) days of the effective date of the Order.
3. Respondent shall within fifteen (15) days of the Order notify his patients of the cessation of his medical practice and will refer all patients to another licensed practicing physician for their continued care, as appropriate.
4. Respondent shall make arrangements for the transfer and maintenance of the medical records of his patients. Within thirty days of the effective date of the Order, Respondent shall notify OPMC of these arrangements including the appropriate and acceptable contact person's name, address, and telephone number who shall have access to these records. Original records shall be retained for at least six years after the last date of service rendered to a patient or, in the case of a minor, for at least six years after the last date of service or three years after the patient reaches the age of majority whichever time period is longer. Records shall be maintained in a safe and secure place which is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information on the record is kept confidential and made available only to authorized persons. When a patient or and/or his or her representative requests a copy of the patient's medical record or requests that the original medical record be forwarded to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed seventy-five cents per page.) Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of their inability to pay.
5. In the event that Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall within fifteen (15) days advise the DEA in writing of the licensure action and shall surrender his DEA controlled substance privileges to the DEA. Respondent shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 to the DEA.
6. Respondent shall within fifteen (15) days return any unused New York State official prescription forms to the Bureau of Controlled Substances of the New York State Department of Health. Respondent shall cause all prescription pads bearing his name to be destroyed. If no other licensee is providing services at his practice location, all medications shall be properly disposed.
7. Respondent shall not share, occupy or use office space in which another licensee provides health care services. Respondent shall cause all signs to be removed within fifteen (15) days and stop all advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings by which his eligibility to practice is represented.
8. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered by himself or others while barred from engaging in the practice of medicine. Respondent may be compensated for the

reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of this Order.

9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and if his license is revoked, surrendered or suspended for a term of six months or more under the terms of this Order, Respondent shall divest himself of all financial interest in the professional services corporation in accordance with New York Business Corporation Law. Such divestiture shall occur within 120 days of the effective date of the Order. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within one hundred twenty (120) days of the effective date of this Order.

10. Failure to comply with the above directives may result in a civil penalty or further criminal penalties as may be authorized pursuant to the law. Under Section 6512 of the Education Law it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when such professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in section 230 a1. of the Public Health Law, which includes fines of up to \$10,000 for each specification of charges of which the Respondent is found guilty and may include revocation of a suspended license.