



New York State Board for Professional Medical Conduct

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

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

August 10, 1998

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Neil C. Raff, M.D.
21 Slumbar Corners
Weston, Connecticut 06883

RE: License No. 090520

Dear Dr. Raff:

Enclosed please find Order #BPMC 98-170 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **August 10, 1998.**

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.

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: Robert S. Walzer, Esq.
Robinson & Cole, LLP
695 East Main Street
Stamford, Connecticut 06904-2305

Silvia P. Finkelstein, Esq.

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

IN THE MATTER
OF
NEIL C. RAFF, M.D.

CONSENT
AGREEMENT
AND
ORDER
BPMC #98-170

STATE OF CONNECTICUT)
COUNTY OF HARTFORD) ss.:

NEIL C. RAFF, M.D., being duly sworn, deposes and says:

That on or about June 19, 1963, I was licensed to practice as a physician in the State of New York, having been issued License No. 090520 by the New York State Education Department.

My current address is 21 Slumber Corners, Weston, Connecticut, 06883, 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 one specification of professional misconduct.

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

I agree not to contest the allegations set forth in the Statement of Charges, in full satisfaction of the charges against me. I hereby agree to the following penalty:

My license shall be placed on probation for a period on one year subject to the terms and conditions set forth in Exhibit B (Terms of Probation).

I further agree that the Consent Order for which I hereby apply shall impose a condition that, except during periods of actual

suspension, I maintain current registration of my 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 continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. I hereby stipulate that any failure by me to comply with such condition shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1997).

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

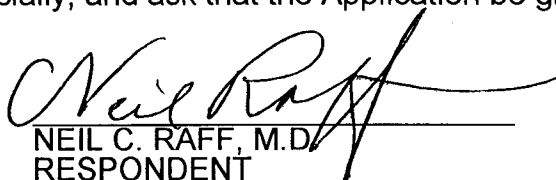
facsimile to me or my attorney, whichever is earliest.

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

7/20/98


NEIL C. RAFF, M.D.
RESPONDENT

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

DATE: July 20, 1998

Robert S. Walzer
ROBERT S. WALZER, ESQ.
Attorney for Respondent

DATE: July 22, 1998

Silvia P. Finkelstein
SILVIA P. FINKELSTEIN
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: July 30, 1998

Anne F. Saile
ANNE F. SAILE
Director
Office of Professional
Medical Conduct

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

IN THE MATTER
OF
NEIL C. RAFF, M.D.

CONSENT
ORDER


Upon the proposed agreement of NEIL C. RAFF, 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, whichever is earliest.

SO ORDERED.

DATED: July 4, 1998


Thea Graves Pellman
Vice-Chair
State Board for Professional
Medical Conduct

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

IN THE MATTER
OF
NEIL C. RAFF, M.D.

STATEMENT
OF
CHARGES

NEIL C. RAFF, M.D., the Respondent, was authorized to practice medicine in New York State on or about June 19, 1963, by the issuance of license number 090520 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about June 17, 1997, The State of Connecticut, Department of Public Health, Bureau of Regulatory Affairs, issued Consent Order entered into by Respondent and the State of Connecticut, to resolve allegations that Respondent had engaged in incompetent or negligent conduct in the practice of medicine in violation of General Statutes of Connecticut § 20-13c(4), by misinterpreting a chest x-ray dated October 5, 1991, and a repeat chest x-ray dated November 26, 1991; and by failing, between 1990 and 1993, to adequately monitor and maintain records on several of his patients. Respondent did not contest the allegations brought by the State of Connecticut but, while admitting no guilt or wrongdoing, agreed that for purposes of said or any future proceedings, the Consent Order shall have the same effect as if proven and ordered after a full hearing. The penalty agreed upon consisted of probation for a period of one year, under terms and conditions which include monthly random review of 25% of Respondent's patient records, practice supervision, and the completion of a course in the taking and interpreting of radiographs.

If committed in New York, the conduct for which Respondent was disciplined in Connecticut would constitute professional misconduct under N. Y. Educ. Law §§ 6530(3) (negligence on more than one occasion), 6530(5) (incompetence on more than one occasion and/or 6530(32) (failure to maintain accurate records).

SPECIFICATION OF CHARGES

SPECIFICATION **HAVING HAD DISCIPLINARY ACTION TAKEN**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(d)(McKinney Supp. 1998) by having his or her license to practice medicine revoked, suspended or having other disciplinary action taken, or having his or her application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered his or her license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the license would, if committed in New York state, constitute professional misconduct under the laws of New York, as alleged in the facts of the following:

1. Paragraph A

DATED: March 17, 1998
New York, New York

A handwritten signature in black ink, appearing to read 'Roy Nemerson', is written over a horizontal line.

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

Terms of Probation

1. Respondent shall conduct himself/herself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. Respondent shall comply with all the terms and conditions of the probation imposed by the Connecticut Medical Examining Board, State of Connecticut, Department of Public Health (Connecticut Board), pursuant to the order issued by said agency dated June 17, 1997.
5. Respondent shall cause the Chairman of the Connecticut Medical Examining Board, or its designee, to inform the Director of OPMC, NYSDOH, of Respondent's compliance and/or lack thereof with the terms and conditions of the probation imposed by the Connecticut Board, on a quarterly basis; and of Respondent's satisfactory or unsatisfactory completion of the probation term imposed by the Connecticut Board at the end of said term.
6. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
7. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
8. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his/her staff at practice locations or OPMC offices.

9. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
10. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.