

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

May12, 1998

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Jonathan Schwartz, M.D. 2 Spruce Street, Apt. 6K Great Neck, New York 11021

RE: License No. 133413

Dear Dr. Schwartz:

Enclosed please find Order #BPMC 98-89 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect May 12, 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: T. Lawrence Tabak, Esq.
Kern, Augustine, Conroy & Schoppmann, PC
420 Lakeville Road
Lake Success, New York 11042

Jean Bresler, Esq.

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

IN THE MATTER

OF

JONATHAN KESS SCHWARTZ, M.D.

PARTIAL LICENSE SURRENDER AND CONSENT AGREEMENT / ORDER OF THE BOARD BPMC #98-89

STATE OF NEW YORK) COUNTY OF NASSAU)

JONATHAN KESS SCHWARTZ, M.D., being duly sworn, deposes and says:

That on or about January 13, 1978, I was licensed to practice as a physician in the State of New York, having been issued License No. 133413 by the New York State Education Department.

My current address is 83-40 Woodhaven Blvd., Glendale, NY 11385, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

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

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

I do not contest the specifications, in full satisfaction of the charges against me. I hereby agree to the following penalty:

> My license to practice medicine shall be immediately and permanently limited, pursuant to N.Y. Public Health Law §230-a(3), partially surrendering such license so as to preclude any and all performance of the following procedures, phaloplasties, penile lengthening, penile augmentation, penile

enhancement, penile reconstruction, repair of phaloplasties, placement of penile implants, chordee repair, coagulation and or severance of penile ligaments, placement of grafts on the penis, removal of grafts from the penis, and any similar procedures, and precluding any involvement or participation in the advertising, scheduling, and performance of such procedures, and in any way sharing or participating in fees generated by the performance of such procedures.

Furthermore, that aspect of my license that is not hereby surrendered shall be subject to a three year period of suspension. Such suspension shall be stayed on the mandatory condition, to be imposed by the State Board for Professional Medical Conduct pursuant to N.Y. Public Health Law §230, requiring that:

- I shall provide to the Designee of the Director of the Office of Professional Medical Conduct such access to medical, business, and financial records, and to any medical office or facility at which I practice, for the purpose of ensuring my compliance with the terms of this Order.
- I shall submit annual signed, notarized written statements, during June of each year, stating truthfully whether or not I have refrained from performing the procedures, and engaging in the activities that are proscribed by this order throughout the prior period of one year or, in the

statement due in June of 1998, whether I have so refrained during the period between the issuance of the Order and the date of the statement.

I agree that these conditions will remain in effect so long as I am licensed to practice medicine in the State of New York.

I further agree that the 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.

I hereby stipulate that any failure by me to comply with any of the above Conditions imposed by this Order shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1997).

> Further, I hereby acknowledge that any performance of the proscribed medical procedures by me at any time after the effective date of this order shall constitute the unauthorized practice of medicine within the meaning of N.Y. Educ. Law §6512, defining a Class E felony.

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 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 Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED: DATED April 29, 1998

JONATHAN KESS SCHW RESPONDENT ARTZ M.D. 4

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

DATE: April 29, 1998

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T. LAWRENCE TABAK, ESQ. Attorney for Respondent

DATE: 4/30/98

DATE: May

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Associate Counsel Bureau of Professional Medical Conduct

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NNE F. SĂILE Director / Office of Professional Medical Conduct

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

IN THE MATTER

OF

JONATHAN KESS SCHWARTZ, M.D.

ORDER OF PARTIAL LICENSE SURRENDER AND CONSENT AGREEMENT

Upon the proposed agreement of JONATHAN KESS SCHWARTZ, M.D. (Respondent) to partially surrender his license, limiting his practice of medicine pursuant to N.Y. Public Health Law §230-a(3) and 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: 1/04 6,1998

PATRICK F. CARONE, M.D., M.P.H. Chairperson State Board for Professional Medical Conduct

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

IN THE MATTER

OF

JONATHAN KESS SCHWARTZ, M.D.

STATEMENT OF CHARGES

JONATHAN KESS SCHWARTZ, M.D., the Respondent, was authorized to practice medicine in New York State on or about January 13, 197**9**, by the issuance of license number 133413 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Between 1994 and 1997, Respondent performed elective cosmetic surgical procedures including phaloplasties, penile lengthening, penile augmentation, penile enhancement, coagulation of penile ligaments, placement of dermal grafts and removal of grafts from the penis on the patients whose identities are set forth in Appendix "A". Such procedures are experimental in nature, and are not accepted as safe and efficacious by the American Board of Urology. Respondent performed these procedures in an unsafe manner. Respondent's performance of every such procedure constituted a separate act of negligence.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3)(McKinney Supp. 1998) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. Paragraph A.

SECOND SPECIFICATION UNWARRANTED TREATMENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(35)(McKinney Supp. 1998) by performing treatment not warranted by the condition of each patient, as alleged in the facts of:

2. Paragraph A.

DATED: April , 1998 New York, New York

> ROY NEMERSON Deputy Counsel Bureau of Professional Medical Conduct