



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*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

William P. Dillon, M.D.
Chair

Michael A. Gonzalez, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

March 13, 2003

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Steven Swersky, M.D.
461 Park Avenue, South
New York, NY 10016

RE: License No. 146497

Dear Dr. Swersky:

Enclosed please find Order #BPMC 03-71 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect March 13, 2003.

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: Harold N. Iselin, Esq.
Couch White, LLP
P.O. Box 22222
Albany, NY 12201

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

IN THE MATTER
OF
STEVEN SWERSKY, M.D.

CONSENT
ORDER

BPMC No. 03-71

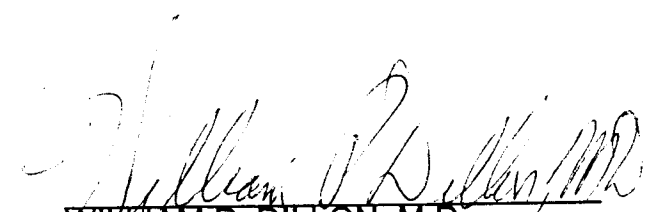
Upon the proposed agreement of STEVEN SWERSKY, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

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: 3/11/03


WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct

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

IN THE MATTER
OF
STEVEN SWERSKY, M.D.

CONSENT
AGREEMENT
AND
ORDER

STEVEN SWERSKY, M.D., representing all statements herein made to be true, deposes and says:

That on or about July 1, 1981, I was licensed to practice as a physician in the State of New York, having been issued License No. 146497 by the New York State Education Department.

My current address is 461 Park Avenue South, New York, New York, 10016, 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 admit guilt to the First Specification, in full satisfaction of the charges against me. I hereby agree to the following penalty, in addition to the terms, conditions, and penalties previously imposed pursuant to Board for Professional Medical Conduct Orders number 98-35 (attached hereto as Exhibit C, absent exhibits) and 99-93 (attached hereto as Exhibit D, absent exhibits):

Pursuant to §230-a(9) of the Public Health Law, I shall be placed on probation for a period of three years, to run consecutively with the probation to which I am currently subject, and previously imposed pursuant to Orders numbered 98-35 and 99-93, extending the period of

probation to February 20, 2006, unless extended by the tolling of any period of probation, and subject to the terms set forth in Exhibit "B," attached hereto.

Pursuant to §230-a(3) of the Public Health Law, my license to practice medicine in the state of New York shall be permanently limited so as to preclude the practice of obstetrics and surgery, and to permit only the practice of gynecology and primary care, and no other medical practice.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain active registration of Respondent's 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 will continue while the licensee possesses his/her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's

compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

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.

DATED 2/14/03



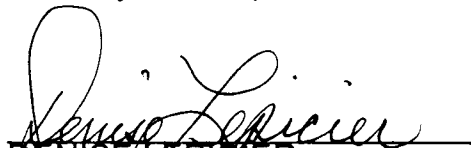
STEVEN SWERSKY, M.D.
RESPONDENT

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

DATE: 2/20/03


HAROLD ISELIN, ESQ.
Attorney for Respondent

DATE: 2/27/03


DENISE LEPIER
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 3/10/03


DENNIS J. GRAZIANO
Director
Office of Professional
Medical Conduct

EXHIBIT "A"

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

IN THE MATTER
OF
STEVEN SWERSKY, M.D.

STATEMENT
OF
CHARGES

STEVEN SWERSKY, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 1, 1981, by the issuance of license number 146497 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent entered into agreements with the Board of Professional Medical Conduct which required that Respondent be on probation until February 20, 2003, under specified terms and conditions. On or about November 20, 1998, December 9, 1999, December 15, 1999, and March 23, 2000, Respondent violated his probation, in his obstetrical practice.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

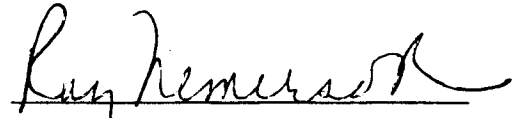
VIOLATING PROBATION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(29) by violating a term of probation, a condition, or a limitation,

imposed on the licensee pursuant to section two hundred thirty of the Public Health Law, as alleged in the facts of:

1. Paragraph A.

DATED: March 10, 2008
New York, New York

A handwritten signature in cursive script, appearing to read "Roy Nemerson", 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. Respondent acknowledges that if s/he commits professional misconduct as enumerated in New York State Education Law §6530 or §6531, those acts shall be deemed to be a violation of probation and that an action may be taken against Respondent's license pursuant to New York State Public Health Law §230(19).
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. 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].
4. 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.
5. 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.
6. 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.
7. Within thirty days of the effective date of the order, Respondent shall practice medicine only when monitored, pursuant to a monitoring plan approved by the Office of Professional Medical Conduct. Respondent shall be monitored by a licensed physician, board certified in obstetrics and gynecology, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.

- a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection of records (no fewer than 20) maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
8. All supervision requirements imposed under previous agreements entered into by the Board of Professional Medical Conduct and Respondent shall now be superseded by the monitoring terms described in this document and such monitoring terms shall apply to the probationary periods agreed to in previous orders.
 9. At least thirty days prior to Respondent's return to the practice of medicine, Respondent shall provide certified true and complete copies of all evaluation and treatment records relating to Respondent's psychological, psychiatric and/or mental health treatment whether in an in-patient, out-patient, after-care or consultation setting. These certified records shall be forwarded directly to OPMC from all treatment providers/facilities/evaluators. These records shall reflect any treatment and evaluation provided whether said treatment and evaluation occurred prior to the effective date of this order or thereafter. In addition, Respondent shall execute the authorization/release attached for all evaluation and treatment records relating to Respondent's psychological, psychiatric, and/or mental health treatment for each provider/facility/evaluator providing such treatment, and shall provide each signed release to OPMC at the time Respondent signs this agreement.
 10. Respondent shall continue in counseling or other therapy with a therapist as long as the therapist determines is necessary.
 11. Respondent shall cause the therapist to submit a proposed treatment plan and quarterly reports to OPMC certifying whether Respondent is in compliance with the treatment plan. Respondent shall cause the therapist to report to OPMC within 24 hours if Respondent leaves treatment against medical advice, or displays any symptoms of a suspected or actual relapse.
 12. Respondent shall comply with any request from OPMC to obtain an independent psychiatric evaluation by a health care professional proposed by the Respondent and approved, in writing, by the Director of OPMC.

13. Respondent shall enroll in and complete an approved, comprehensive, continuing education program in the area of record keeping. This program is subject to the Director of OPMC's prior written approval and shall be completed within the first year of the probation period after this agreement becomes effective. In addition, Respondent shall enroll in and complete continuing education courses annually during the period of probation for a minimum of 24 credit hours, which programs are subject to the Director of OPMC's prior written approval.
14. Respondent shall comply with this Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.

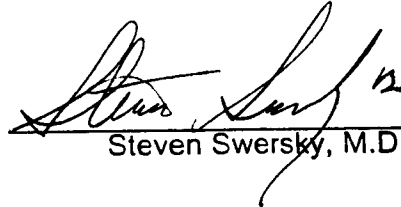
AUTHORIZATION

I, Steven Swersky, M.D., authorize each provider/facility/evaluator which has provided treatment to me for psychological, psychiatric and/or mental health treatment to disclose to the New York State Department of Health, Office of Professional Medical Conduct the following information:

**ANY AND ALL RECORDS PERTAINING TO MY EVALUATION
AND TREATMENT.**

The purpose of the disclosure authorized herein is to provide information which enables and facilitates the New York State Board for Professional Medical Conduct in its performance of duties and responsibilities pursuant to Section 230 of the New York Public Health Law.

I understand that, to the extent my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, such records cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically upon final disposition of the relevant investigation and/or proceeding by the New York State Board for Professional Medical Conduct.



Steven Swersky, M.D.

EXHIBIT "C"

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

IN THE MATTER
OF
STEVEN SWERSKY, M.D.

CONSENT
ORDER


Upon the proposed agreement of STEVEN SWERSKY, 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 take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

SO ORDERED.

DATED: 2/9/98


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
STEVEN SWERSKY, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC #98-35

STATE OF NEW YORK)
COUNTY OF) ss.:

STEVEN SWERSKY, M.D., being duly sworn, deposes and says:

That on or about July 1, 1981, I was licensed to practice as a physician in the State of New York, having been issued License No. 146497 by the New York State Education Department.

My current address is 461 Park Avenue South, New York , New York 10016, 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 five (5) specifications 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, in full satisfaction of the charges against me.

I hereby agree to the following penalty:

- a. Three year suspension of my license, which suspension shall be entirely stayed.
- b. Probation in accordance with the "Terms of Probation" attached hereto as Exhibit "B".

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.

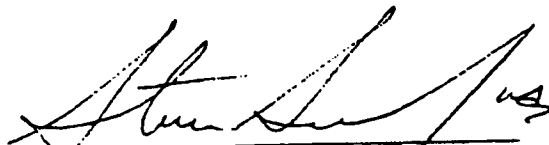
I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

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 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.


STEVEN SWERSKY, M.D.
RESPONDENT

Sworn to before me this

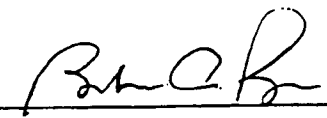
30th day of December, 1997


NOTARY PUBLIC

BARBARA A. RYAN
NOTARY PUBLIC, State of New York
No. 02RY4970663
Qualified in New York County
Commission Expires Sept. 19, 1998

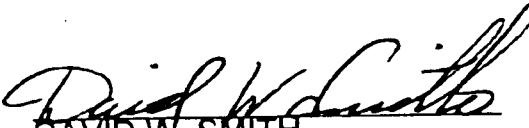
The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 12/30/97




Attorney for Respondent ESQ.

DATE: 1/30/98



DAVID W. SMITH
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: Feb. 3, 1998



ANNE F. SAILE
Director
Office of Professional
Medical Conduct

EXHIBIT "D"

NEW YORK STATE

DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
STEVEN SWERSKY, M.D.

CONSENT
ORDER


Upon the proposed agreement of Steven Swersky, 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 adopted, 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: 5/5/99


WILLIAM P. DILLON, M.D.
Chair
State Board for
Professional Medical
Conduct

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

IN THE MATTER
OF
STEVEN SWERSKY, M.D.

CONSENT
AGREEMENT
AND
ORDER
BPMC #99-93

STEVEN SWERSKY, M.D., (Respondent) says:

That on or about July 1, 1981, I was licensed to practice as a physician in the State of New York, having been issued License No. 146497 by the New York State Education Department.

My current address is 461 Park Avenue South, New York New York 10016.

I understand that the New York State Board for Professional Medical Conduct has charged me with violating the probation imposed on me by Order BPMC 98-35. A copy of the Violation of Probation Letter is annexed hereto, made a part hereof, and marked as Exhibit A.

I admit that I violated paragraph nine of the terms of probation by failing to consult with the practice supervisor prior to and during the administration of oxytocin on at least one occasion at the Beth Israel Medical Center, New York, NY between June 1, 1998, and November 12, 1998.

I agree to the following penalty:

My license to practice medicine shall be suspended for two years in addition to the

three years suspension previously imposed by Order BPMC 98-35, with the additional suspension stayed. The period of probation previously imposed by Order BPMC 98-35 shall be extended by two years until February 20, 2003, and the entire probation shall be subject to the terms and conditions attached hereto, made part hereof, and marked as Exhibit B. I further agree that I shall be fined five thousand dollars (\$5,000.00). A check for this amount payable to the Bureau of Accounts Management is included with this application.

I stipulate that failure by me to comply with the terms of probation will constitute evidence of misconduct as defined by New York State Education Law §6530(29).

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 make this application to the State Board for Professional Medical Conduct (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 4/28/99




STEVEN SWERSKY, M.D.
RESPONDENT

The undersigned agree to the attached application of the Respondent and to the proposed penalty.

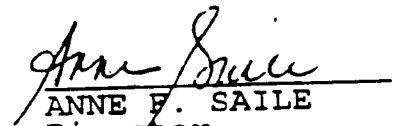
DATE: April 28, 1999


PETER T. CREAN, ESQ.
Attorney for Respondent

DATE: 4/29/99


KEVIN C ROE
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 4/29/99


ANNE F. SAILE
Director
Office of Professional
Medical Conduct