



New York State Board for Professional Medical Conduct

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

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NYS Department of Health*

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Office of Professional Medical Conduct

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Vice Chair

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

PUBLIC

June 10, 2004

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Viswanathan Kasi Tallury, M.D.
208 Ivy Lane
Englewood, NJ 07631

Corrected Letter

Re: License No. 110073

Dear Dr. Tallury:

Enclosed please find Order #BPMC 04-123 of the New York State Board for Professional Medical Conduct. This order supersedes the previous temporary surrender and goes into effect June 17, 2004.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Wilfred T. Friedman, Esq.
Friedman and Mahdavian
The Bar Building
36 West 44th Street, Suite 816
New York, NY 10036

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

IN THE MATTER

OF

VISWANATHAN KASI TALLURY, M.D.

**CONSENT
ORDER**

BPMC No. 04-123

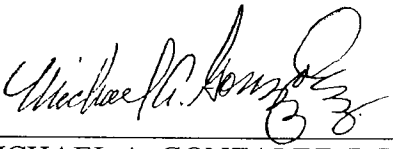
Upon the proposed agreement of **VISWANATHAN KASI TALLURY, M.D.**,
(Respondent) for Consent Order, which application is made a part hereof, it is agreed and

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: 6/3/04



MICHAEL A. GONZALEZ, R.P.A.
Vice Chair
State Board for Professional
Medical Conduct

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

IN THE MATTER	CONSENT
OF	AGREEMENT
VISWANATHAN KASI TALLURY, M.D.	AND ORDER

VISWANATHAN KASI TALLURY, M.D., (Respondent) being duly sworn deposes and says:

That on or about August 17, 1971, I was licensed to practice as a physician in the State of New York, having been issued License No. 110073 by the New York State Education Department.

My current address is 208 Ivy Lane, Englewood, NJ 07631, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I am currently subject to a Temporary Surrender of License, approved October 2, 1998, annexed, hereto, made a part hereof, and marked as Exhibit 1 (hereinafter "Temporary Surrender").

I apply, hereby, for a Consent Order, to supersede the above described Temporary Surrender, and agree to the following sanction:

I shall never activate my registration to practice medicine in New York state or seek to reapply for a license to practice medicine in New York state.

I am not, by this Order, prohibited from practicing medicine in any other jurisdiction, where that practice is not predicated on my New York state license to practice medicine.

The Modification Order to be issued will not constitute a disciplinary action against me, but will supersede the Temporary Surrender.

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 that I am charged with professional misconduct in the future, the 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: 5.21.04



VISWANATHAN KASI TALLURY, 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: May 21, 2004


WILFRED T. FRIEDMAN
Attorney for Respondent

DATE: 24 May 04


ROBERT BOGAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 01 June 04


DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

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

IN THE MATTER
OF
VISWANATHAN KASI TALLURY, M.D.

TEMPORARY
SURRENDER
OF
LICENSE

STATE OF NEW YORK)
COUNTY OF New York) ss.:

VISWANATHAN KASI TALLURY, M.D., being duly sworn, states:

1. On or about August 17, 1971, I was licensed to practice medicine in the State of New York. I hold license number 110073. I am currently not licensed as a physician in any jurisdiction other than New York State, with the exception of: (list the jurisdictions and license numbers or write "NONE") New Jersey

2. My current home address is 836A GRANT AVENUE ~~200 Winston Road~~, Cliffside Park, N J 07010. I will advise the Director of the Office of Professional Medical Conduct (OPMC) within 30 days of any change in my address.

3. I am at present incapacitated for the active practice of medicine due to substance abuse.

4. My incapacity has not resulted in harm to any patient.

5. I hereby surrender my license document and my registration certificate to the State Board for Professional Medical Conduct (the Board), pursuant to New York Public Health Law Section 230(13) (McKinney Supp. 1998).

6. Prior to submitting this Temporary Surrender document, I maintained privileges or an affiliation at GRACEY SQUARE HOSPITAL ~~Both Israel Hospital (North)~~ and Lenox Hill Hospital

7. I maintain no privileges or affiliations with any other hospital.

8. I understand that unless and until my license is restored to me, my licensure status is "inactive" and I am not authorized to practice medicine. I further

understand that any practice of medicine while my license is "inactive" shall constitute a violation of N.Y. Educ. Law Section 6530(12) (McKinney Supp. 1998), regardless of the location of such practice.

9. Unless and until my license is restored to me, I shall notify all persons who request my medical services that I have temporarily withdrawn from the practice of medicine. I understand that the Department of Health shall notify hospitals and other health care facilities where I have privileges, the Federation of State Medical Boards, the Federal National Practitioner Databank, and other parties inquiring as to my licensure status, that I have temporarily surrendered my medical license and registration pursuant to Pub. Health Law Sec. 230(13), that my license is currently "inactive," and that my temporary surrender of license and change in licensure status is not disciplinary in nature.

10. This temporary surrender shall not be an admission of permanent disability or of professional misconduct, and shall not be used as evidence of a violation of N.Y. Educ. Law Sections 6530(7) and/or (8) (McKinney Supp. 1998) unless I practice medicine while my license is "inactive", regardless of the location of any such practice.

11. I understand that my license shall be restored to me only upon a showing to the satisfaction of a Committee of Professional Conduct of the State Board for Professional Medical Conduct that I am no longer incapacitated for the active practice of medicine.

12. I understand that upon my request, a meeting of a committee of the Board shall be convened for the purpose of my making the showing referred to in paragraph 11. The Board will make reasonable attempts to convene a committee not later than 90 days after the Director of OPMC receives my request, which *must* include all that is required to be provided by me pursuant to paragraph 13 below. Failure by me to provide such material will delay the convening of a committee.

13. At the time that I request that a meeting of a committee of the Board be

scheduled, pursuant to paragraph 12, I will provide the Director of OPMC, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299, with the following:

- a. The signed acknowledgement from the sobriety monitor referred to in paragraph 15b.
- b. The signed acknowledgement from the supervising physician referred to in paragraph 15c.
- c. The signed acknowledgement from the health care professional referred to in paragraph 15d.
- d. Certified true and complete copies of records of all evaluations and treatment, relating to my impairment, whether that evaluation and treatment occurred prior to or during the time this surrender is in effect. These records should include the results of all urine/blood/breathalyzer tests conducted to detect the presence of drugs/alcohol.
- e. Fully executed waivers of patient confidentiality concerning any previous and prospective evaluation and treatment records.
- f. An independent current in-depth chemical dependency evaluation by a health care professional in a licensed facility and, upon the direction of the Director of OPMC, an independent, complete psychiatric evaluation by a board certified psychiatrist.
- g. My attendance at, participation in, and cooperation with an interview conducted by personnel of OPMC, upon the request of the Director thereof.
- h. A Compliance Report from the Medical Society of the State of New York - Committee on Physicians' Health, if I have been a participant in any activity or program thereof.

Provision of the aforesaid documents does not constitute a showing that I am no longer incapacitated for the active practice of medicine.

14. At the proceeding referred to in paragraph 12, I will provide the committee, at a minimum, with the following:

- a. Certified true and complete records of treatment in a residential rehabilitation or day-treatment program or intensive treatment in an out-patient service.
- b. Evidence of compliance with the terms of a continuing after-care out-patient treatment plan that addresses the major problems associated with my illness.

The aforesaid evidence must be submitted to the Office of Professional Medical Conduct no later than fourteen days prior to the scheduled proceeding. Failure to timely submit any item of such evidence may, in the discretion of the Committee, result in preclusion of such evidence or an adjournment of said proceeding to a later date, in order to provide the Committee with a full opportunity to review such evidence. Such adjournment shall be to a date no earlier than fourteen days after submission of the required evidence to the Office of Professional Medical Conduct, but may be to a later date determined by the members of the Committee. Submission of the aforesaid evidence does not constitute a showing that I am no longer incapacitated for the active practice of medicine.

15. If the Chairperson of the committee issues an order (Order) restoring my license, the Order shall include a period during which my practice of medicine shall be subject to conditions imposed pursuant to New York Public Health Law §230(13)(a). My practice shall be subject to such conditions for a period of no less than two years. The minimum conditions will be the following:

- a. I will remain drug and alcohol free.
- b. My sobriety will be monitored by a health care professional, proposed by me and approved in writing by the Director of

OPMC, in accordance with the conditions of restoration set forth in or annexed to the Order. Said monitor shall acknowledge his/her willingness to comply with the monitoring by executing the acknowledgement provided by OPMC, and referred to in paragraph 13(a).

- i. Said monitor shall be familiar with my history of alcoholism, with this temporary surrender, and with the conditions of practice set forth in or annexed to the Order. Said monitor shall not be my treating physician.
- ii. Said monitor shall see me at least twice during a quarter.
- iii. Said monitor shall direct me to submit to unannounced tests of my blood, breath, and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is refused by me or is positive.
- iv. Said monitor shall report to OPMC any noncompliance with the imposed conditions.
- v. Said monitor shall not be a personal friend.
- vi. Said monitor shall submit to OPMC quarterly reports either certifying my compliance, or detailing my failure to comply, with each of the conditions imposed. The reports shall include the results of all body fluid and/or breath tests for drugs and/or alcohol performed during that quarter

- c. I will be supervised in my medical practice by a licensed physician, proposed by me and approved in writing by the Director of OPMC, in accordance with the conditions contained in or annexed to the Order. Said supervising physician shall be familiar with my history of alcoholism and with the Order and its conditions. Said supervisor shall supervise my compliance with the conditions of practice imposed by the Order. Said supervising physician shall be in a position regularly to observe and assess my medical practice. Said supervising physician shall acknowledge his/her willingness to comply with the supervision by executing the acknowledgement provided by OPMC, and referred to in paragraph 13(b).**
- i. Said supervising physician shall have the authority to direct me to submit to unannounced tests of my blood, breath, and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is refused by me or is positive.**
 - ii. Said supervising physician shall submit to OPMC quarterly reports regarding the quality of my medical practice, any unexplained absences from work and certifying my compliance or detailing my failure to comply with each condition imposed.**
 - iii. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.**

- d. I will continue in treatment with a health care professional proposed by me and approved in writing by the Director of OPMC, for as long as the health care professional determines it is necessary.
- i. My treating health care professional shall submit to OPMC quarterly reports certifying that I am complying with the treatment.
 - ii. Said treating health care professional shall report to OPMC immediately if I am noncompliant with my treatment plan, or if I demonstrate any significant pattern of absences.
 - iii. Said treating health care professional shall acknowledge his/her willingness to comply with the above-mentioned reporting by executing the acknowledgement provided by OPMC and referred to in paragraph 13(c).
- e. At the direction of the Director of OPMC, I will submit to evaluations by a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding my condition and my fitness or incapacity to practice medicine.

16. I agree that the terms set out in paragraph 15 are the minimum conditions to be imposed on my practice upon restoration of my license, and that other terms may be added by the Committee at the time of license restoration, and that the costs of complying with all such terms will be my responsibility. I understand that any failure by me to comply with the conditions imposed upon my practice at the time of license restoration, may result in disciplinary action being brought against me

charging professional misconduct as defined by the New York State Education Law, including but not limited to N.Y. Educ. Law Section 6530(29) (McKinney Supp. 1998). That section defines professional misconduct to include "violating any... condition... imposed on the licensee pursuant to section two hundred thirty of the public health law."

17. I hereby agree to submit signed statements to the Director of OPMC, on an annual basis, certifying that I have not practiced medicine, in any location, at any time subsequent to this surrender of my license, utilizing forms to be supplied to me by OPMC.

18. In the event that a committee of the Board issues an Order restoring my license or denying my application for restoration of license, the Department of Health shall notify all parties notified of my temporary surrender of license, withdrawal from practice, and change in licensure status to "inactive" (see paragraph 9 above) of the Order granting restoration of my license or denying my petition for restoration.


VISWANATHAN KASI TALLURY, M.D.

Sworn to before me this


18th day of Sept, 1998.

WILFRED T. FREEDMAN
NOTARY PUBLIC, State of New York
No. 31-4994 126
Qualified in New York County

NOTARY PUBLIC

Accepted: October 2 1998 John Smith

for: NEW YORK STATE BOARD FOR
PROFESSIONAL MEDICAL CONDUCT

Dated:

CERTIFICATION OF ABSTENTION FROM MEDICAL PRACTICE

I, VISWANATHAN KASI TALLURY, M.D., in compliance with the terms of my temporary surrender of my New York State license to practice medicine, pursuant to N.Y. Public Health Law Section 230(13), have at all times during the calendar year 199__ (specify year), abstained from the practice of medicine in all locations, both within and outside New York State.

VISWANATHAN KASI TALLURY, M.D.

DATE

AUTHORIZATION

I, VISWANATHAN KASI TALLURY, M.D., authorize all programs in which I have enrolled as an alcohol or drug abuse patient 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 WITH REGARD TO
ALCOHOL AND/OR DRUG ABUSE.**

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.



VISWANATHAN KASI TALLURY, M D

**PRACTICE SUPERVISOR
ACKNOWLEDGEMENT**

I have agreed to act as VISWANATHAN KASI TALLURY'S (Licensee's) practice supervisor.

I am familiar with the Licensee's history of chemical dependence.

I am familiar with the minimum terms outlined in the Restoration Order/Temporary Surrender/Voluntary Agreement.

I am not a personal friend or relative of the Licensee.

I will regularly observe and assess the Licensee's medical practice.

I am prepared to direct the Licensee to submit to unannounced, supervised tests of blood, breathalyzer and/or urine to detect the presence of drugs or alcohol and will report the results of all such tests to the Office of Professional Medical Conduct on a quarterly basis. I will report any failure or refusal to submit to testing by the Licensee and any positive results within twenty-four (24) hours.

I will submit quarterly reports to the Board regarding the quality of the Licensee's medical practice, work attendance, and overall compliance with the terms and conditions of the Restoration Order/Voluntary Agreement. Should problems arise, or should I become aware that the Licensee has violated any term of the Restoration Order/Voluntary Agreement, I will contact the Office of Professional Medical Conduct within twenty-four (24) hours.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNED: _____

DATED _____