

New York State Board for Professional Medical Conduct

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

Richard F. Daines, M.D. Commissioner NYS Department of Health

Keith W. Servis

Director

Office of Professional Medical Conduct

Public

Kendrick A. Sears, M.D. Chair

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

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

June 20, 2007

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Vida Tavafothi Vida, M.D. 32 Brodie Road Wayne, NJ 07470

Re: License No. 116014

Dear Dr. Vida:

Enclosed is a copy of Modification Order #BPMC 98-288 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect June 27, 2007.

Sincerely,

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

Executive Secretary

Board for Professional Medical Conduct

Enclosure

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

IN THE MATTER

MODIFICATION

OF

ORDER

VIDA TAVAFOTHI VIDA, M.D.

BPMC No. 98-288

Upon the proposed Application for a Modification Order of **VIDA TAVAFOTHI VIDA**, **M.D.**, (Respondent) for Consent Order, that is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted SO ORDERED, and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by mailing of a copy of this Modification Order, by either first class mail, to Respondent at the address in the attached Application or certified mail to Respondent's attorney, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 6-19-07

KENDRICKA. SEARS, N

Chair

State Board for Professional Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT	
- CONTROL CONTROL CONDOCT	APPLICATION TO
IN THE MATTER	MODIFY CONSENT
OF	AGREEMENT AND ORDER
VIDA TAVAFOTHI VIDA, M.D.	BPMC #98-288

VIDA TAVAFOTHI VIDA, M.D., (Respondent) deposes and says:

That on or about April 16, 1973, I was licensed to practice as a physician in the State of New York, having been issued License No. 116014 by the New York State Education Department.

My current address is 32 Brodie Rd., Wayne, NJ 07470.

I am currently subject to CONSENT ORDER, dated December 2, 1998, annexed hereto, made a part hereof, and marked as Exhibit I (hereinafter "Original Order"), that was issued upon a Consent Agreement and Order signed by me on November 18, 1998, (hereinafter "Agreement"), adopted by the Original Order.

I apply, hereby, to the State Board for Professional Medical Conduct for a Modification Order (hereinafter "Modification Order"), modifying the Original Order, as follows: to delete the paragraphs in the Original Order that state:

- 1. A permanent restriction on my license prohibiting me from performing breast augmentation by lipo-injection.
- 2. A period of probation of five years during which my medical practice will be supervised and during which I must comply with the terms and conditions as set forth in Exhibit "B".

"That, except during period of actual suspension, Respondent shall maintain current 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 this 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; and"

substituting therefore:

1. That I will 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.

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

I understand and agree that the attorney for the Bureau of Professional Medical Conduct, the Director of the Office of Professional Medical Conduct, and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed Agreement and Modification Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

AFFIRMED:

DATED: 6-6-07

VIDA TAVAFOTHI VIDA, M.D.

Respondent

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

DATE: 11 June 2007

ROBERT BOGAN

Associate Counsel

Bureau of Professional Medical Conduct

DATE: 6/18/07

KETH W. SERVIS

Director

Office of Professional Medical Conduct



"Yyhibit

New York State Board for Professional Medical Conduct

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

Dennis P. Whalen Executive Deputy Commissioner of Health Anne F. Saile, Director Office of Professional Medical Conduct William J. Comiskey, Chief Counsel **Bureau 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

December 7, 1998

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Vida T. Vida, M.D. 32 Bodie Road Wayne, New Jersey 07470

> License No. 116014 RE:

Dear Dr. Vida:

Enclosed please find Order #BPMC 98-288 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect December 7, 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 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:

Valerie B. Donovan, Esq.

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

IN THE MATTER

OF

VIDA TAVAFOTHI VIDA, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC #98-288

VIDA TAVAFOTHI VIDA, M.D., (Respondent) says:

That on or about April 26, 1973, I was licensed to practice as a physician in the State of New York, having been issued License No. 116014 by the New York State Education Department.

My current address is 32 Bodie Road, Wayne, New Jersey 07470, 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 specification. I hereby agree to the following penalty:

- 1. A permanent restriction on my license prohibiting me from performing breast augmentation by lipo-injection.
- 2. A period of probation of five years during which my medical practice will be supervised and during which I must comply with the terms and conditions as set forth in Exhibit "B".

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 current 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 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; 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.

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 1998).

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 11-18-98

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

DATE: 11-18-98

Attorney for Respondent

DATE: 11/20/98

Assistant Counsel
Bureau of Professional
Medical Conduct

Office of Professional Medical Conduct

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

IN THE MATTER

OF

VIDA TAVAFOTHI VIDA, M.D.

CONSENT ORDER

Upon the proposed agreement of VIDA TAVAFOTHI VIDA, 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: 12/2/98

WILLIAM P. DILLON, M.D.

Board for Professional Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT : STATEMENT IN THE MATTER OF OF

VIDA TAVAFOTHI VIDA, M.D. : CHARGES

VIDA TAVAFOTHI VIDA, M.D., the Respondent, was authorized to practice medicine in New York State on April 26, 1973, by the issuance of license number 116014 by the New York State Education Department. Respondent is currently registered with the New York State Education Department to practice medicine.

FACTUAL ALLEGATIONS

- On August 31,1998, Respondent entered into a Consent Order with the Sate of New Jersey Department of Law and Public Safety, Division of Consumer Affairs, State Board of Medical Examiners [hereinafter Board] in which the Board reprimanded Respondent for performing breast augmentation by lipo-injection. The Board also ordered Respondent to cease and desist from performing breast augmentation by lipo-injection. Furthermore, in this Order, the Board determined that breast augmentation by lipo-injection, as practiced by Respondent was an unsafe and dangerous procedure.
- B. The conduct which Respondent admitted and/or was disciplined for in New Jersey would, if committed in New York

Exhibit A

State, constitute professional misconduct, namely: practicing the profession with gross negligence on a particular occasion, N.Y. Educ. Law § 6530(4) and practicing the profession with gross incompetence, N.Y. Educ. Law § 6530(6).

SPECIFICATION OF MISCONDUCT

FIRST SPECIFICATION

DISCIPLINARY ACTION BY ANOTHER STATE

Respondent is charged with professional misconduct within the meaning of New York Education Law \$6530(9)(d) in that she had disciplinary action taken against her by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the disciplinary action would, if committed in New York State, constitute professional misconduct under the laws of New York State, in that Petitioner charges:

1. The facts of paragraphs A and B.

DATED: Novlutte 23, 1998
Albany. New York

PETER D. VAN BUREN

Deputy Counsel

Bureau of Professional Medical Conduct

EXHIBIT "B"

Terms of Probation

- 1. Respondent shall conduct herself in all ways in a manner befitting her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by 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.
- 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.
- 4. 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 her staff at practice locations or OPMC offices.
- 5. 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.
- 6. Respondent shall practice medicine only when supervised in her medical practice. The practice supervisor shall be on-site at all locations, unless determined otherwise by the Director of OPMC. The practice supervisor shall be proposed by Respondent and subject to the written approval of the Director. The practice supervisor shall not be a family member or personal friend, or be in a professional relationship which could pose a conflict with supervision responsibilities.
- 7. Respondent shall ensure that the practice supervisor is familiar with the Order and terms of probation, and willing to report to OPMC. Respondent shall ensure that the practice supervisor is in a position to regularly observe and assess Respondent's medical practice. Respondent shall cause the practice supervisor to report within 24 hours any suspected impairment, inappropriate behavior, questionable medical practice or possible misconduct to OPMC.

- 8. Respondent shall authorize the practice supervisor to have access to her patient records and to submit quarterly written reports, to the Director of OPMC, regarding Respondent's practice. These narrative reports shall address all aspects Respondent's clinical practice including, but not limited to, the evaluation and treatment of patients, general demeanor, time and attendance, the supervisor's assessment of patient records selected for review and other such on-duty conduct as the supervisor deems appropriate to report.
- 9. 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.