

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

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NYS Department of Health

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Office of Professional Medical Conduct

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Denise M. Bolan, R.P.A. Vice Chair

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

July 23, 2002

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Andrea Dunaif,M.D. a.k.a. Andrea Tattersall 1120 North Lake Shore Drive Apartment 5A Chicago, IL 60611

RE:

License No. 139639

Dear Dr. Dunaif:

Enclosed please find Order #BPMC 02-227 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect July 23, 2002.

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 If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management New York State Department of Health Corning Tower, Room 1258 Empire State Plaza Albany, New York 12237

Sincerely

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

Executive Secretary

Board for Professional Medical Conduct

Enclosure

cc: Katherine Benesch, Esq.

Duane Morris

100 College Road West

Suite 100

Princeton, NJ 08540-6604

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

IN THE MATTER

CONSENT

OF

AGREEMENT

ANDREA E. DUNAIF, M.D., AKA ANDREA TATTERSALL AND ORDER CO-01-08-4171-A

BPMC No. 02-227

ANDREA E. DUNAIF, M.D., AKA ANDREA TATTERSALL, (Respondent) deposes and says:

That on or about September 14, 1979, I was licensed to practice as a physician in the State of New York, having been issued License No. 139639 by the New York State Education Department.

My current address is 1120 North Lake Shore Drive, Chicago IL, 60611 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address within thirty (30) days thereof.

I understand that the New York State Board of Professional Medical Conduct has charged me with one (1) specification 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 one (1) specification, in full satisfaction of the charges against me. I, hereby, agree to the following penalties:

\$1,000.00 fine.

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

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: 7/12/02

ANDREA E. DUNAIF, M.D., AKA

ANDREA TATTERSALL

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 13, 2002

KATHERINE BENESCH, Esq.

Attorney for Respondent

DATE:

ROBERT BOGAN

Associate Counsel

Bureau of Professional Medical Conduct

DATE: 19 19 2002

DENNIS J. GRAZIANO

Director

Office of Professional Medical Conduct

STATE OF NEW YORK: DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

STATEMENT

OF

OF

ANDREA E. DUNAIF, M.D., AKA ANDREA TATTERSALL CO-01-08-4171-A

CHARGES

ANDREA E. DUNAIF, M.D., AKA ANDREA TATTERSALL, the Respondent, was authorized to practice medicine in New York state on September 14, 1979, by the issuance of license number 139639 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about December 18, 1996, in the Court of Common Pleas of Lebanon County, Pennsylvania, Respondent was found guilty of Driving Under the Influence of Alcohol in violation of Section §3731(a)(1) of the Vehicle Code of Pennsylvania, a misdemeanor, Driving Under the Influence of Alcohol in violation of §3731(a)(4) of the Vehicle Code of Pennsylvania, a misdemeanor, and Fleeing or Attempting to Elude Police Officers in violation of Section §3733(a) of the Vehicle Code of Pennsylvania, a misdemeanor, and was sentenced to a \$2,750.00 fine, six (6) months probation, and inpatient treatment for no less than forty eight (48) hours.

SPECIFICATION

Respondent violated New York Education Law §6530(9)(a)(iii) by being convicted of committing an act constituting a crime under the law of another jurisdiction and which if committed within New York state, would have constituted a crime under New York state law, in that Petitioner charges:

1. The facts in Paragraph A.

DATED: **Hely 9**, 2002 Albany, New York

Deputy Counsel Bureau of Professional Medical Conduct

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

IN THE MATTER

CONSENT

OF

ORDER

ANDREA E. DUNAIF, M.D., AKA ANDREA TATTERSALL

Upon the proposed agreement of ANDREA E. DUNAIF, M.D., AKA ANDREA

TATTERSALL (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.

WILLIAM P. DILLON, M.D.

Chair

State Board for Professional Medical Conduct