



***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.  
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NYS Department of Health

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Executive Deputy Commissioner  
NYS Department of Health

Dennis J. Graziano, Director  
Office of Professional Medical Conduct

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

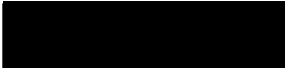
Ansel R. Marks, M.D., J.D.  
Executive Secretary

**PUBLIC**

October 10, 2003

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Bozena Rozum-Slota, M.D.



Re: License No. 208938

Dear Dr. Rozum-Slota:

Enclosed please find Order #BPMC 03-270 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect October 17, 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 the 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: Stephen L. Lockwood, Esq.  
Lockwood and Golden  
1412 Genesee Street  
Utica, NY 13502

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

IN THE MATTER  
OF  
BOZENA ROZUM-SLOTA, M.D.

CONSENT  
ORDER

BPMC No. 03-270

Upon the application of (Respondent) Bozena Rozum-Slota, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and SO ORDERED, and it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, Whichever is first.

SO ORDERED.

DATED: 10/9/03

  
Vice Chair  
State Board for Professional Medical Conduct

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

IN THE MATTER  
OF  
BOZENA ROZUM-SLOTA, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

Bozena Rozum-Slota, M.D., representing that all of the following statements are true, deposes and says:

That on or about November 17, 1997, I was licensed to practice as a physician in the State of New York, and issued License No. 208938 by the New York State Education Department.

My current address is [REDACTED] and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

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

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I admit the Thirteenth Specification [Failing to Maintain Accurate Records], in full satisfaction of the charges against me, and agree to the following penalty:

That I shall receive a censure and reprimand; that prior to practicing medicine outside of the speciality of pathology, I will undergo an evaluation of my clinical skills at a program subject to the approval of the Director of OPMC; that my practice of medicine outside of the speciality of pathology shall be subject to monitoring for 3 years, and that I shall otherwise be subject

to and comply with the conditions attached hereto as Exhibit "B".

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain current registration of licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first.

I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

DATED 9/15/03



BOZENA ROZUM-SLOTA, M.D.  
RESPONDENT

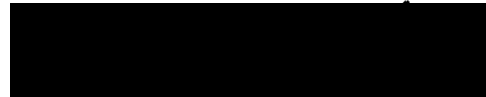
The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 9/17/03



STEPHEN L. LOCKWOOD, ESQ.  
Attorney for Respondent

DATE: 9/19/03



MICHAEL A. HISER  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 10/07/03



DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

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

EXHIBIT A

IN THE MATTER  
OF  
BOZENA ROZUM-SLOTA, M.D.

STATEMENT  
OF  
CHARGES

Bozena Rozum-Slota, M.D., the Respondent, was authorized to practice medicine in New York State on or about November 17, 1997, by the issuance of license number 208938 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. Respondent provided medical care to Patient A [patient identities are set forth only on the attached Appendix, to preserve confidentiality], a nine year old boy with a diagnosis of autism and chronic diarrhea, among others, at her office at the Alternative Healing Center, Geddes Plaza, 527 Charles Street, Syracuse, New York 13209 [hereafter, "Respondent's office"]. Respondent treated the patient at various times between October, 1999, and November, 1999. Respondent's care of the patient was below minimally accepted standards in that:
1. Respondent failed to obtain an adequate history of the patient, and/or document that she had done so.
  2. Respondent failed to perform an adequate physical examination of the patient, and/or document that she had done so.
  3. Respondent, despite failing to document the basis on which the diagnosis of "autism" was made, or by whom, proceeded with an alternative secretin therapy for the patient.
  4. Respondent failed to document any communication with the physicians providing ongoing care for this severely impaired patient.
  5. Respondent, despite planning to obtain a "one month secretin antibody", failed to do so and/or failed to follow up with the



patient's family regarding the patient's progress.

B. Respondent provided medical care to Patient B, an eighty-nine year old female, at Respondent's office, at various times from April 1999 to April 2000. Respondent's care of the patient was below minimally accepted standards in that:

1. Respondent failed to obtain an adequate history of the patient, and/or document that she had done so.
2. Respondent failed to perform an adequate physical examination of the patient, and/or document that she had done so.
3. Respondent, despite overseeing the provision of chelation therapy for the patient for at least 12 months/18 months, only saw the patient on one occasion, which was inadequate medical supervision of such therapy.
4. Respondent, despite overseeing the provision of chelation therapy for the patient for at least 12 months/18 months, only ordered laboratory testing on two occasions, which was inadequate follow-up for such an elderly patient.
5. Respondent failed to communicate with the patient's primary care physician, and/or document such communication.
6. Respondent failed to document if or how the patient's hyperlipidemia was being managed, or by who.

C. Respondent provided medical care to Patient C, a twenty-seven year old male, at Respondent's office at various times from October 1999 to December 1999. Respondent's care of the patient was below minimally accepted standards in that:

1. Respondent failed to obtain an adequate history of the patient, and/or document that she had done so.

2. Respondent failed to perform an adequate physical examination of the patient, and/or document that she had done so.
3. Respondent, diagnosed the patient as having "lead toxicity" without adequate medical indication, and/or without documenting such indication.
4. Respondent, diagnosed the patient as having "GI candidiasis" without adequate medical indication, and/or without documenting such indication.
5. Respondent, diagnosed the patient as having "amino acid deficiency" without adequate medical indication, and/or without documenting such indication.
6. Respondent sought to treat the patient's diagnosed "lead toxicity" with chelation therapy, without adequate medical indication, and/or without documenting such indication.
7. Respondent sought to treat the patient's diagnosed "depression" with chelation therapy, without adequate medical indication.
8. Respondent failed to adequately follow up on the treatment she began for the patient's diagnosed medical conditions, and/or document such adequate follow up.

D. Respondent provided medical care to Patient D, a seventy year old female, at Respondent's office at various times from July 2000 to October 2000. Respondent's care of the patient was below minimally accepted standards in that:

1. Respondent failed to perform an adequate physical examination of the patient, including height and weight, head or neck exam, or neurological exam, and/or document that she had done so.
2. Respondent sought to treat the patient's diagnosed "Parkinson's disease" with intravenous glutathione, without ascertaining how the patient's illness was progressing with standard treatment, and/or without documenting such indication.
3. Respondent failed to adequately follow up on the treatment she began for the patient's diagnosed medical conditions, and/or document such adequate follow up.

E. Respondent provided medical care to Patient E, a sixty-one year old male, at Respondent's office at various times from November 1999 to at least June 2000. Respondent's care of the patient was below minimally accepted standards in that:

1. Respondent failed to obtain an adequate history of the patient, and/or document that she had done so.
2. Respondent failed to perform an adequate physical examination of the patient, including height and weight, evaluation of peripheral pulses, or the presence or absence of peripheral edema, and/or document that she had done so.
3. Respondent sought to treat the patient's diagnosed "peripheral vascular disease" with chelation therapy, without adequate medical indication, and/or without documenting such indication.
4. Respondent ordered the patient to be treated with intravenous hydrogen peroxide, without adequate medical indication.
5. Respondent failed to adequately follow up on the treatment she began for the patient's diagnosed medical conditions, and/or document such adequate follow up.

### **SPECIFICATION OF CHARGES**

#### **FIRST THROUGH FIFTH SPECIFICATIONS**

#### **GROSS NEGLIGENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

1. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, and/or A and A.5.
2. The facts in paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, and/or B and B.6.

3. The facts in paragraphs C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, C and C.6, C and C.7, and/or C and C.8.
4. The facts in paragraphs D and D.1, D and D.2, and/or D and D.3.
5. The facts in paragraphs E and E.1, E and E.2, E and E.3, E and E.4, and/or E and E.5.

### **SIXTH THROUGH TENTH SPECIFICATIONS**

#### **GROSS INCOMPETENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

6. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, and/or A and A.5.
7. The facts in paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, and/or B and B.6.
8. The facts in paragraphs C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, C and C.6, C and C.7, and/or C and C.8.
9. The facts in paragraphs D and D.1, D and D.2, and/or D and D.3.
10. The facts in paragraphs E and E.1, E and E.2, E and E.3, E and E.4, and/or E and E.5.

**ELEVENTH SPECIFICATION**  
**NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3) 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:

11. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, B and B.6, C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, C and C.6, C and C.7, C and C.8, D and D.1, D and D.2, D and D.3, E and E.1, E and E.2, E and E.3, E and E.4, and/or E and E.5.

**TWELFTH SPECIFICATION**  
**INCOMPETENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

12. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, B and B.1, B and B.2, B and B.3, B and B.4, B and B.5, B and B.6, C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, C and C.6, C and C.7, C and C.8, D and D.1, D and D.2, D and D.3, E and E.1, E and E.2, E and E.3, E and E.4, and/or E and E.5.

**THIRTEENTH SPECIFICATION**  
**FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

13. The facts in paragraphs A and A.1, A and A.2, A and A.4, A and A.5, B and B.1, B and B.2, B and B.5, B and B.6, C and C.1, C and C.2, C and C.3, C and C.4, C and C.5, C and C.6, C and C.8, D and D.1, D and D.2, D and D.3, E and E.1, E and E.2, and/or E and E.5.

DATED: September 19, 2003  
Albany, New York

  
Peter D. Van Buren  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

## EXHIBIT "B"

### Terms of Conditions

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by New York State Education Law §6530 or §6531 shall constitute a violation of these terms of condition and may subject Respondent to an action pursuant to New York State Public Health Law §230(19).
2. Respondent shall maintain current registration of licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that such information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but 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].
6. The conditions period shall toll when Respondent is not engaged in active medical practice in New York State for a period of thirty (30) consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive thirty (30) day period. Respondent shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon Respondent's return to active practice in New York State, the conditions period will resume and Respondent shall fulfill any unfulfilled condition terms.
7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records and/or hospital charts; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.

8. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.

### CLINICAL COMPETENCY ASSESSMENT

9. Respondent shall inform the Director in writing of her intent to engage in the practice of medicine outside the specialty of pathology. Such notice shall include, among other information, the specialty area of practice. Failure to notify the Director in writing will result in a violation of the Order. Prior to engaging in the practice of medicine outside of her speciality area, Respondent shall obtain a clinical competency assessment performed by a program for such assessment as directed by the Director of OPMC. Within 45 days of such assessment, Respondent shall cause a written report of such assessment to be provided directly to the Director of OPMC. Respondent shall comply with all recommendations for retraining contained in such assessment as directed by the Director of OPMC.
- a. Respondent shall be responsible for all expenses related to the clinical competency assessment and shall provide to the Director of OPMC proof of full payment of all costs that may be charged. This term of condition shall not be satisfied in the absence of actual receipt, by the Director, of such documentation, and any failure to satisfy this requirement shall be a violation of the Order.

### CONTINUING MEDICAL EDUCATION

10. In addition to completing any retraining recommendations, Respondent shall enroll in and complete a continuing education program (CME) in the area of medical record keeping and for each of the three years of monitoring described below, complete a minimum of fifty (50) credit hours in the area of Internal / General Medicine. Should the Respondent's practice of medicine include complementary and alternative medical therapies, Respondent shall be required to annually attend and complete a minimum of twenty (20) Category 1 CME hours in the area of complementary / alternative medical therapies per year. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within the monitoring period, unless the Order specifies otherwise.



## PRACTICE MONITOR

11. Respondent shall practice medicine outside the specialty of pathology only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. To the extent that Respondent engages in the practice of medicine that also includes complementary and alternative medical therapies, the Director may, at his discretion, also require the use of a second monitor who has appropriate background and expertise in such therapies. Such monitor shall also oversee the Respondent's medical practice for a period of three years.
  - a. Respondent shall make available to the monitor(s) any and all records or access to the practice requested by the monitor(s), including on-site observation. The practice monitor(s) shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records 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(s) 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(s).
  - c. Respondent shall cause the practice monitor(s) 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.
12. 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 any proceeding authorized by law, against Respondent.