



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 15, 2020

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Kamal Tadros, MD
Fax # (347) 542-3865

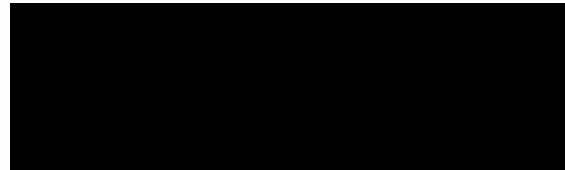
Re: License No. 196376

Dear Dr. Tadros:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 20-098. This order and any penalty provided therein goes into effect April 22, 2020.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,



Michael S. Jakubowski, M.D.
Interim Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Michael Kelton, Esq.
(718) 215-5304

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

**IN THE MATTER
OF
KAMAL TADROS, M.D.**

**MODIFICATION
ORDER**

Upon the proposed Application for a Modification Order of Kamal Tadros, M.D.
(Respondent), which is made a part of this Modification Order, it is agreed to and

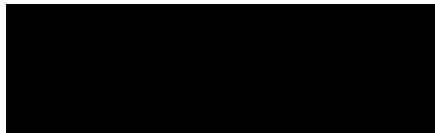
ORDERED, that the attached Application, and its terms, are adopted and SO
ORDERED, and it is further

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

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

SO ORDERED.

DATE: 4/14/20



THOMAS T. LEE, M.D.
Interim Chair
State Board for Professional Medical Conduct

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

IN THE MATTER
OF
KAMAL TADROS, M.D.

MODIFICATION
AGREEMENT
AND
ORDER

Kamal Tadros, M.D., represents that all of the following statements are true:

That on or about July 1, 1994 I was licensed to practice as a physician in the State of New York and issued License No. 196376 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 am currently subject to BPMC Order # BPMC 03-254 (Attachment I) (henceforth "Original Order"), which was issued upon an Application For Consent Order signed by me on August 19, 2003, (henceforth "Original Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

The sanction imposed in the Original Order was a license limitation, pursuant to N.Y. Pub. Health Law § 230-a(3), that Respondent shall, in the course of practicing medicine in New York State, examine and/or treat any female patient only in the presence of a chaperone.

The sanction imposed shall be modified to read as follows:

Upon the effective date of the Modification Order, the part of the sanction in the Original Order, pursuant to N.Y. Pub. Health Law § 230-a(3), which imposes a permanent license restriction requiring the presence of a chaperone when performing a physical examination and/or treating a female patient during the practice of medicine shall terminate in its entirety.

and

All remaining Terms and Conditions will continue as written in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, 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 my right 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 Department, 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 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.

DATE

04/07/2020


KAMAL TADROS, M.D.
RESPONDENT

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

DATE: 4/7/20


MICHAEL KELTON, ESQ.
Attorney for Respondent

DATE: 04/08/2020


COURTNEY BERRY
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 4/13/2020


PAULA M. BREEN
Director
Office of Professional Medical Conduct

ATTACHMENT "I"

PUBLIC

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

IN THE MATTER
OF
KAMAL TADROS, M.D.

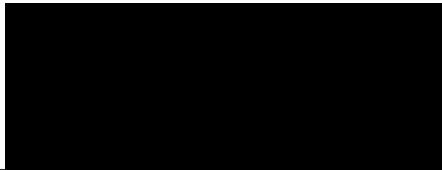
CONSENT
ORDER
BPMC No. 03-254

Upon the proposed agreement of KAMAL TADROS, 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: 9-24-03


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

914 654 7050

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

IN THE MATTER
OF
KAMAL TADROS, M.D.

CONSENT
AGREEMENT
AND
ORDER

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

That on or about July 1, 1994, I was licensed to practice as a physician in the State of New York, having been issued License No. 196376 by the New York State Education Department.

My current office address is 101-20 Lefferts Blvd., Richmond Hill, N.Y. 11419, 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 (1) 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:

Pursuant to NY Pub. Health Law Sec. 230-a(3), I shall be subject to a limitation of my license to practice medicine, in that I shall, in the course of the practice of medicine, examine and/or treat any female patient only in the presence of a chaperone. The chaperone shall be a female licensed or registered health care professional or other health care worker, shall not be a family member, personal friend, or be in a relationship with Respondent

which could pose a conflict with the chaperone's responsibilities. Respondent shall be subject to the condition that he provide the Director of the Office of Professional Medical Conduct with annual written attestations, during January of each year, stating whether he is and whether he has been in compliance with all terms and conditions of this order.

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 8/19/03


KAMAL TADROS, M.D.
RESPONDENT

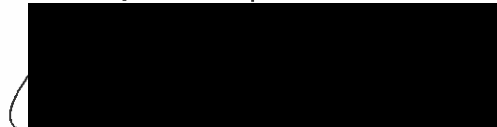
The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 9/5/03



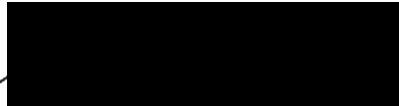
TIMOTHY MCGINN, ESQ.
Attorney for Respondent

DATE: 9/11/03



CLAUDIA MORALES BLOCH
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 9/22/03



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
KAMAL TADROS, M.D.

STATEMENT
OF
CHARGES

KAMAL TADROS, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 1, 1994, by the issuance of license number 196376 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. In the course of a purported physical examination, Respondent made inappropriate physical contact with Patient A (who is identified in the Appendix)

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

WILLFUL PATIENT HARRASSMENT, ABUSE OR INTIMIDATION

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law Sec. 6530(31) by willfully harassing, abusing, or intimidating a patient physically as alleged in the facts of the following:

1. The facts in paragraph A.

Exhibit "A"

DATED: June 2003
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct