



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

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director
Office of Professional Medical Conduct

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Chairman

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Vice Chair

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

PUBLIC

January 11, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Raj Kumar Mahajan, M.D.

REDACTED

REVISED COVER LETTER – CORRECTED EFFECTIVE DATE

Re: License No. 190331

Dear Dr. Mahajan:

Enclosed please find Order #BPMC 05-02 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect January 10, 2005.

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,

REDACTED

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

Executive Secretary

Board for Professional Medical Conduct

Enclosure

cc: Sharif Mahadavian, Esq.
Friedman and Mahadavian, P.C.
36 West 44th Street, Suite 816
New York, NY 14905

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

**IN THE MATTER
OF
RAJ KUMAR MAHAJAN, M.D.**

CONSENT
ORDER
BPMC No. 05-02

Upon the application of RAJ KUMAR MAHAJAN, 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: 1-4-2005

REDACTED

KENDRICK A. SEARS, M.D.

Chair

State Board for Professional Medical Conduct

**IN THE MATTER
OF
RAJ KUMAR MAHAJAN, M.D.**

CONSENT
AGREEMENT
AND
ORDER

RAJ KUMAR MAHAJAN, M.D., representing that all of the following statements are true, deposes and says:

That on or about September 8, 1992, I was licensed to practice as a physician in the State of New York, and issued License No. 190331 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 ten specifications of professional misconduct.

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

I agree not to contest the ninth specification, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to §230-a(2) of the Public Health Law, my license to practice medicine in the State of New York shall be suspended for a period of 36 months, with the first month to be served as a period of actual suspension beginning the 10th day of January, 2005, and with the last 35 months of said suspension to be stayed conditioned on my full compliance, for a probationary period of three years, with the terms and conditions of Probation appended 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 12/21/2004

REDACTED

RAJ KUMAR MAHAJAN, M.D.
Respondent

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

DATE: 12/23/04

REDACTED

SHARIF MAHDAVIAN
Attorney for Respondent

DATE: 12/27/04

REDACTED

VALERIE B. DONOVAN
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 12/31/04

REDACTED

DENNIS L. GRAZIANO
Director
Office of Professional Medical Conduct

Exhibit "A"

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

IN THE MATTER
OF
RAJ KUMAR MAHAJAN, M.D.

STATEMENT
OF
CHARGES

RAJ KUMAR MAHAJAN, M.D., Respondent, was authorized to practice medicine in New York State on September 8, 1992, by the issuance of license number 190331 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent provided medical treatment at his office practice to Patient A (patients are identified in Appendix A, attached hereto), a female born in 1968, from around 1997 through around June, 2003. Respondent's care and treatment of Patient A failed to meet acceptable standards of care in that:
1. From around October, 2002 through around June, 2003, Respondent engaged in an inappropriate physical and sexual relationship with Patient A, with whom he had a co-existing social relationship.
 2. On around October 11, 2002, Respondent treated Patient A at his office and failed to document the visit in Patient A's medical record.
- B. Respondent, around 1999 through around 2002, provided medical treatment at his office practice to Patient B, a female employee. Respondent's care and treatment of Patient B

failed to meet acceptable standards of care in that Respondent performed inappropriate gynecological and physical exams on Patient B for no legitimate medical purpose.

- C. Respondent, on or around September 21, 2001, provided medical treatment at his office practice to Patient C, a female born in 1968. Respondent's care and treatment of Patient C failed to meet acceptable standards of care in that Respondent performed an inappropriate gynecological examination of Patient C for no legitimate medical purpose.
- D. Respondent, around March 19, 2002, provided medical treatment at his office practice to Patient D, a female born in 1970. Respondent's care and treatment of Patient D failed to meet acceptable standards of care in that Respondent performed an inappropriate gynecological examination of Patient D for no legitimate medical purpose.

SPECIFICATION OF CHARGES

FIRST THROUGH FOURTH SPECIFICATIONS

MORAL UNFITNESS

Respondent is charged with professional misconduct by reason of his committing conduct in the practice of medicine that evidences moral unfitness to practice medicine in violation of New York Education Law §6530(20), in that Petitioner charges:

1. The facts in paragraphs A and A.1.
2. The facts in paragraph B.
3. The facts in paragraph C.
4. The facts in paragraph D.

FIFTH THROUGH EIGHTH SPECIFICATIONS
HARASSING OR ABUSING A PATIENT PHYSICALLY
AND/OR VERBALLY

Respondent is charged with professional misconduct by reason of his willfully harassing, abusing, or intimidating a patient either physically or verbally, in violation of New York Education Law §6530(31), in that Petitioner charges:

5. The facts in paragraphs A and A.1.
6. The facts in paragraph B.
7. The facts in paragraph C.
8. The facts in paragraph D.

NINTH AND TENTH SPECIFICATIONS
NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct by reason of his practicing medicine with negligence on more than one occasion in violation of New York Education Law § 6530(3), in that Petitioner charges:

9. The facts in paragraphs A and A. 1, and A and A.2.
10. The facts in paragraphs B, C and/or D.

DATED:

December 27, 2004
Albany, New York

REDACTED
PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

Terms of Probation

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 probation 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 probation 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 probation period will resume and Respondent shall fulfill any unfulfilled probation 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.
9. Respondent shall, in the course of practicing medicine in New York State, examine and/treat any female patient only in the presence of a chaperone. The chaperone shall be a licensed or registered health care professional or other health care worker, shall not be a family member, personal friend, or be in a professional relationship with Respondent which could pose a conflict with the chaperone's responsibilities. The chaperone shall be

proposed by Respondent and subject to the written approval of the Director of OPMC.

10. Prior to the approval of any individual as chaperone, Respondent shall cause the proposed chaperone to execute and submit to the Director of OPMC an acknowledgment of the chaperone's agreement to undertake all of the responsibilities of the role of chaperone. Said acknowledgment shall be made upon a form provided by and acceptable to the Director. Respondent shall provide the chaperone with a copy of the Order and all of its attachments and shall, without fail, cause the approved chaperone to:
 - a. Report quarterly to OPMC regarding the chaperoning of Respondent's practice.
 - b. Report within 24 hours any failure of Respondent to comply with the Order, including, but not limited to, any failure by Respondent to have the chaperone present when required, any sexually suggestive or otherwise inappropriate comments or behavior by Respondent to any patient.
 - c. Confirm the chaperone's presence at each and every examination and treatment of a female patient by Respondent, by placing the chaperone's name, title and date for each and every visit in a separate log, kept in the chaperone's own possession, listing the patient name and date of visit for each and every patient visit chaperoned.
 - d. Provide copies of the log described in paragraph c, above, to OPMC at least quarterly and also immediately upon the Director's request.
11. Respondent shall be subject to a Behavior Monitoring Program in his medical practice for a period of three (3) years. A behavior monitor shall be proposed by Respondent and subject to the written approval of the Director of OPMC. The behavior monitor shall not be a family member or personal friend, or be in a professional relationship which could pose a conflict with supervision responsibilities. The behavior monitor should be a licensed or certified health care professional with experience dealing with professional behavior issues. The Behavior Monitor Program shall include, but not be limited to, completion of the Patient Satisfaction Questionnaire, attached as Exhibit "B.1", by patients being seen in Respondent's medical practice. Respondent shall distribute this form to all patients seen in his medical practice. The behavior monitor will collect all survey forms from a designated staff member during site visits to the office, and will review the forms and submit quarterly written reports to the Director of OPMC. These narrative reports shall address the information compiled on the forms, Respondent's on-duty conduct, and other matters regarding Respondent's practice as the behavior monitor deems appropriate to report, and as may be requested by OPMC. The Director of OPMC and the behavior monitor shall have full access to the information collected in the Behavior Monitoring Program and access to staff and other monitors to the extent necessary for monitoring.
12. Respondent shall ensure that the behavior monitor is familiar with the Order and terms of probation, and willing to report to OPMC. Respondent shall ensure that the behavior monitor is in a position to regularly observe and assess Respondent's behavior in his office practice. The behavior monitor shall report within 24 hours any suspected impairment, inappropriate behavior, patient or staff complaints regarding behavior, or possible misconduct to OPMC.
13. Respondent shall engage and continue in therapy with a therapist in accordance with a treatment plan approved by the Director, OPMC.
14. Respondent shall cause the therapist to submit a proposed treatment plan and quarterly reports to OPMC certifying whether Respondent is in compliance with the treatment plan.

Respondent shall cause the therapist to report to OPMC within 24 hours if Respondent leaves treatment against medical advice, or displays any symptoms of a suspected or actual relapse.

15. Respondent shall comply with any request from OPMC to obtain an independent psychiatric/chemical dependency evaluation by a health care professional proposed by the Respondent and approved, in writing, by the Director of OPMC.
16. 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.
17. 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 a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.

EXHIBIT "B.1"

PATIENT SATISFACTION QUESTIONNAIRE

As part of this office's dedication to the provision of high quality care in a comfortable and courteous environment, this questionnaire has been developed to assess the physician and staff's efforts in obtaining this goal. We value your honest opinion about how we are doing and would appreciate your feedback. Please circle the answer which best applies to each question regarding your office visit today. Please be honest and include any additional comments that you feel may benefit us in improving the delivery of your care. Thank you for taking the extra time to complete this survey prior to leaving the office. You may decline to complete this form, and be assured that any negative statements will not effect the rendering of your care by Dr. Raj Mahajan and his office staff. After completing this form please **return it to the receptionist**.

Age _____

Date _____

Time of Office Visit _____

Please rate Dr. Mahajan's performance in the following areas:

- | | | | | |
|----|--|-----|----|------------|
| 1. | The physician understood the nature of my problems and addressed them appropriately. | Yes | No | Don't Know |
| 2. | The physician made me and/or my family members feel at ease. | Yes | No | Don't Know |
| 3. | The physician conducted my examination in a professional and appropriate manner. | Yes | No | Don't Know |
| 4. | A chaperone was present at all times during the examination. | Yes | No | Don't Know |

Please rate the OFFICE STAFF in the following areas:

- | | | | | |
|----|--|-----|----|------------|
| 1. | The office staff was helpful with my care. | Yes | No | Don't Know |
| 2. | The office staff protected my confidentiality. | Yes | No | Don't Know |
| 3. | The doctor and staff supported a harassment-free and caring environment. | Yes | No | Don't Know |

Please add any additional comments that you feel would help us to improve your care and make you feel more at ease during the course of your office visit.

Patient's Initials