October 25, 2013

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Jeffery Allen Prosser, M.D.
REDACTED

$$
\text { Re: License No. } 184021
$$

Dear Dr. Prosser:
Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 13-354. This order and any penalty provided therein goes into effect November 1, 2013.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone \# 212-417-4445.

Sincerely,

## REDACTED

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

## Enclosure

cc: Nicole Goldstein, Esq.
Rivas Goldstein, LLP
405 Lexington Avenue, 26th Floor
New York, NY 10174

## IN THE MATTER

OF
JEFFERY ALLEN PROSSER, M.D.

MODIFICATION
ORDER

Upon the proposed Application for a Modification Order of JEFFERY ALLEN
PROSSER 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 attomey, whichever is first.

SO ORDERED.

DATE: 10/24/2013

REDACTED<br>ARTHUR S. HENGERER, M.D.<br>Chair<br>State Board for Professional Medical Conduct

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


JEFFERY ALLEN PROSSER, M.D., represents that all of the following statements are true:

That on or about September 25, 1990, I was licensed to practice as a physician in the State of New York, and issued License No. 184021 by the New York State Education Department.

My current address is _ REDACTED

Modification Order staying the indefinite suspension of his license to practice medicine in New York.

More than twelve months have elapsed since the effective date of the Original Order, and my license to practice medicine in the State of Florida is fully restored without conditions.

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 pursuant to the Original Order shall be modified, as follows:

- Upon the effective date of this Modification Order, the indefinite suspension of Respondent's license to practice medicine in New York shall terminate in its entirety. Accordingly, Respondent shall no longer be subject to the Conditions imposed in Exhibit " $B$ " of the Original Order, "Guidelines for Closing a Medical Practice Following a Revocation, Surrender or Suspension (of six months or more) Of A Medical License."
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 understard and agree that no prior or separate written or oral communication can limit that discretion.

DATE $10 / 02 / 13$


The undersigned agree to Respondent's attached Application for Modification Order and to its proposed penalty, terms and conditions.
date: $10 / 16 / 13$

## REDACTED

Nicole goldsteln, ESQ.
Attorney for Respondent


## REDACTED

MARCIA E.KAPLAN $\quad=$
Associate Counsel
Bureau of Professional Medical Conduct

DATE: $10|24| 13$
REDACTED
KEITH W. SERVIS
Director
Office of Professional Medical Conduct

Attachment I

## IN THE MATTER

## OF

JEFFREY ALLEN PROSSER, M.D.

CONSENT ORDPER

Upon the application of (Respondent), JEFEREY ALLEN PROSSER, M.D. in the atfached Consent Agreement and Ordet, which is made a part of this Consent Orderfilis

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

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

- by maling of a copy of this Consent Ordert either by first class mailto: Respondent at the address in therattached Consent Agreement or by. certified mail to Respondents attomey, OR upon facsimile transmission to Respondent or Respondents attomey, whicheverls first

SOORDERED.

DATE $9.27 .2 n 06$
REDACTED
RENFRTCKA. SEARS WKE
Chair
State Board for Professional Medical Conduet

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


## CONSENT AGREEMENT

AND
ORDER
BPMC F O. $06-218$

JEFPREY ALLEN: PROSSER, M.D., representing that all of the following statements are true; doposes and says:

That on or about September 25, 1990. I was licensed to practice as a physician in the State or New York, and issued License No, 184021 by the Now York State Ediucation Depariment.

粹 current address is REDACTED and I Will advise the Director of the Office of Protessional Medical Conduct of any change of adoress thety (30) days, thereof.

1 understand that the New York State Board for Professional Medicat Conduct has charged ine with one (1) Specification of professional misconduct.
A.copy of the Statement of Charges, marked as Exhibit "An, is attached to. and pant of this Consent Agreement.

1 do not contest the one (1) Specification, in full satisfaction of the charges sgains me, and agree to the following penalty:

Myllcense shairibe suspended for an fidelinife period but no fess than welve months and undf.my llicense to practice medicing in the State of Floride Is fully restored wilhout corditions: I shall be subject to a condition that I comply with attached Exhibit "B," "Guidellnes For Closing a Medical Practice Following a Revocation, Surrender or Suspension (Of 6 Monthis or More) of a Medical License.

Upon compliance with all conditions of this Order, but no sooner than twelve months from the effective date of this order, I may petition the Director for a Modification Order staying the indeflitite. suspension of my license.

I understand and agree:
That any Modification Order the Director may issue, in the exercise of its reasonable diseretion, may inciude terms of probation, and/or further conditions on my practice,

That the Difector will exercise its reasonable diseretion upon my petifion for a Modification Order:

That the Director's exercise of discretion shall not be reviewable by the Administratve Revlew Board,

Ifurher agree that the Cansent Order shall impose the following conditions:

That Respondent shall romain in conthuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limfted to the requirements that a llcensee shail register, and conthue fo be registered, with the: Now York State Education Department, (excepi during periods or actual suspension), and that a licertsee shall pay all registration fees. Respondent shall not exercise the opton provided in $86502(4)$ to avold registfution and payment of fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains allcensee 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 requesis for written periodic. verification of Respondents 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 documerts and infornation within Respondent's control, as directed. This condition shall take effect upon the Board's issuarice of the Consent Order and will conthue so long as Respondent remains licensed in New. York State.

I stipulate that my fallure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Lawi\$ 6530(29):

If 1 am charged with professional misconduct in future, I herety stipulate and agree that this Application and Order, and/or related Modification Orders: shall be admitted into evidence at such proceeding as part of the Department's case-in-chlef, at the sole discretion of the Department (Petitioner).
fask ther Board to adopt this Consent Agreement.
I understand that if the Board does not adopt thils Consent Agreement, none of its terms shall Dind mo or constitute an admission of any of the acts of allegsed misconduct this Consent Agreement shall nat be used against me in any way and shall be kopt in stret confidence, and the Board's dental shall be withou* prejudtce to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Hablat 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 tr this Consent Agreement, or to my attomey by certified mail, or upon facsimile transimission to me or my attomey, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient Identities, il any, redacled. As publle documents, they may be posted on the Deparmentis wabsite.

I stipulate that the proposed sanction and Order are authorized by Public teath Law § 230 and \$230-a and that the Board for Professional Medical Gonduct and the Office of Professional Modieat Conduct have the requisite powers to carry ouf all included terms. I ask the Board to adopt this Consent Agrsement of my own free will and not under duress, compuision or restraint: in consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me fo resolve this matter without the various risks and burcens of a hearing on the merts, 1 knowingly waive my right to contest the Consent Order for which 1 apply, whether administratively or judicially, 1 agree to be bound by the Consent Otder, and ask that the Board adopt this Consent Agreament.

I understand and agree that the attomey for the Department, the Director of the Office of Professional Medical Conduct and the Chalr of the State Board for Professional Nedical Conduct each retaln 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 Fril that discration.

DATE O\&/2lOB

## REDACTED

JEFRSGNMERTPROSSER,MD.


The undsrsigned agro to Respondents atteched Consent Agreoment and tomth proposed pentify, terms and conditions.

REDACTED
DENHMS JLSTVZZIAND
DHector
Office of Professionai Medeal Conduet

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STATE OFNEW YORIK DEPARTMENT OF HEALTH
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STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

| IN THE MATTER |
| :---: |
| OF |
| JEFEERY ALUEA PROSSER, M.D. |
| GOOOEOS-2732A |

## STATEMENT

or
CHARGES

JEFFERY ALLEN PROSSER,M.B., Respondent, was authorized to pracfice medicine In New York state on September 25, 1990, by the iseuance offlcense number 184021 by the New York Státe Education Deparment.

## BAGTUAL ALLEGATIONS

A. On or about April 88 , 2006; the State of flotida, Board of Medicine (hereinafter: "Florida Board", by a Final Order (herelnatter "Florida Order"), Issued Respondenta: Letter of Concern, fined fim $\$ 12,500: 00$, required finito pay $\$ 3,889 ; 31$ oosts, to take a Lews and fules course, and a Drue Preseribing course, five ( 5 ) hours of CMt in Risk Management, and to perform seventy-five (35) bours of community service besed on practicing below the acceptable standards of ceree proscribing, dispensing, administering, mixitg or otherwise prepsing, a legend drug including any controlled subetance, other than in the course of his professional practice.
B. The conduct resuling in the Flonda Boand disciplinary action against Responderit would constute misconduct under the laws of New Yorts State, pursuant to the folfowing sections of New York state law:
4. New York Edueation Law S6630(3) (negligenca on more than one occasion); andior
2. Naw York Education Law §6530(5) (incompetence on more than one occasion).

## SPECIPIGATION

Respondent violated New York Education Law $\S 6530(9)$ (d) by having disciplinary action taken by a duly authorized professional difsipilinary agency of another state, where the conduct resulting in the disclplinary action would, if committed in New York State, constitute professional misconduct under the faws New York state, int that Petitioner charges.

1. The facts in Paragraphs: $A$ and/or $B$.
REDACTED
PETER D, VAN BUREN
Deputy Counsel
Bureat of Professional Medical Conduct

## EXHIBIT "8"

## GUIDELINES FOR CLOSING A MEDICAL PRACTICE FOLLOWHG A REVOGATION, SURRENDER OR SUSPENSTON (of SIX months or more) OF A MEDICAL LICENSE

1. Respondent shall immediately cease the practice of medicine in compliance with the terms of the consent Order. Respondent shall not represent himself or herself as eligible to practice medicine and shall refrain from providing an opinion as to professional practice or its application.
2. Within 15 days of the Consent Order's effective date, Respondent shall notify all patients that he or she has ceased the practice of medicine, and shall refer all patients to another licensed practicing physician for their continued care, as appropriate.
3. Whin thity days of the Consent Order's effective date, Respondent shall have his or her original Heense to practice medicine in Nev York State and current biennial regstration deliverec to the Office of Professional Medical Conduct (APMC) at 433 River Street Suite 303 Troy, NY 12180-2299.
4. Respondent shall amange for the transfer and maintenance of all patient medical records. Within thiry daye of the Consent Order's effective date: Respondent shall notify OPMG of thise arrangements, including the name, eddress, and telephione rumber of an appropriate contact person, acceptable to the Diractor of OPMC, who shall have access to theserecords. Origirial records shall beretained for petients for at least six years attor the last date of service, and for minors, atleast slx years after the last date of senvics of theee years after the patient reaches the age of majority, whichevertime period is longer. Records shall be maintained in a safe and secure place that is reasonably accessifle to former patiente. The arrangements shal ensure that all patient information $\mathrm{S}^{2}$ kept confidential and Is ayaliable only to autiorized persons. When a patient or authorized representathe requests a:copy of the patients medical record, or requests that the origlnat miedical record be sent to another heatth care provider a copy of the record shall be promptly provided or sent at teasonable cost ta the patiant (not to exceed 75 cents per page.) Radographic, sonographic and like materiale shall be provided at cost. A gualified person shall not be denled access to patientinformation solely because of mablity to pay:
5. Within 18 days of the Order's effective oate, Respondent shatl retum any unused NeW York State offcial prescription forms to the Bureau of Narcotic Enforcement of the Now York State Department of Health. Respondent shall have all prescription pads beathg Respondent's name destroyed. If ho other licansee is provlding servicos ai Respondent's. practice location. Respondent shall dispose of all medications.
6. Within 15 days of the Order's effective date. Respondent shall remove from the public doman any representation thal Respondent is eligible to practice medicine, Noluding all related signs, advertisements, proiessional listings whemer in feleptrane dfectorles or otherwise, professional stationery or billngs Respondent stail not share, occupy or use office space in which another licensee provides health care services.
7. Respondent shall not charge, receive of share any fee or distribution of dividends for professional services rendered (by himself of others) while barred from pracicing modicine. Respondent may receive compensiation for the reasonable value of services lawfully rendered, and disoursements incurred on a patients bohalf, prior to the Order's effective date.
8. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and Respondent's license. is revoked, surrendered or suspended for six months of more pursuant to thls Order, Respondent shall, within ninety days of the Order's effective date, divest himselffherself of all financial interest in such professional services corporation in accordance with New York Business Corporation Law. If Rospondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety days of the Order's effective date.
9. Fallure to oomply with the above directives may result in civll or criminal penalties. Practicing modicine when a medical license has been suspended, peyoked or annulled is a Class E Felony, punishable by imprisonment for up to four years, under $\$ 6512$ of the Education Law. Professional misconduct may result in ponatiles including revocation of the suspended license and or fines of xip to $\$ 10,000$ for each specification of misconduct, under \$ 230-a of the Public Health Law.
