

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

IN THE MATTER
OF
SOFYA YURFELD, D.O.

MODIFICATION
ORDER

BPMC NO. #07-154

Upon the proposed Application for a Modification Order of SOFYA YURFELD, D.O. (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 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 by first class mail 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: 1-7-2009

Redacted Signature

KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

IN THE MATTER
OF
SOFYA YURFELD, D.O.

APPLICATION FOR
MODIFICATION
ORDER

STATE OF NEW YORK)
COUNTY OF) ss.:

SOFYA YURFELD, D.O., (Respondent) being duly sworn, deposes and says:
That on or about December 12, 2001, I was licensed to practice as a
physician in the State of New York, and issued License Number 223444 by the New
York State Education Department.

My current address is 2079 E. 24th St., Brooklyn, N.Y. 11229, 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 07-154 (Attachment I)
(henceforth "Original Order"), which was issued upon an Application For Consent
Order signed by me on July 12, 2007, (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:

Pursuant to N.Y. Pub. Health Law § 230-a(1), I shall
be subject to a Censure and Reprimand. Pursuant
to N.Y. Pub. Health Law § 230-a(3), my license to
practice medicine in New York State shall be limited
to preclude me from prescribing to family members.

Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$5,000 to be paid in two installments, as follows: \$2500 to be paid within six months of the effective date of this Order, and the balance to be paid in full within one year of the effective date of this Order. Payments must be submitted to:

Bureau of Accounts Management
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1245
Albany, New York 12237

The sanction imposed shall be modified to read as follows:

Pursuant to N.Y. Pub. Health Law § 230-a(1), I shall be subject to a Censure and Reprimand. Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$5,000 to be paid in two installments, as follows: \$2500 to be paid within six months of the effective date of this Order, and the balance to be paid in full within one year of the effective date of this Order. Payments must be submitted to:

Bureau of Accounts Management
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1245
Albany, New York 12237

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 Bureau of Professional Medical Conduct, 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: 12/16/08

Redacted Signature

~~SOFYA YURFELD, D.O.~~
RESPONDENT

The undersigned agree to Respondent's attached Application and to the proposed penalty based on its terms and conditions.

DATE: 12/17/08

Redacted Signature

~~STUART SEROTA, ESQ.~~
Attorney for Respondent

DATE: December 22, 2008

Redacted Signature

~~MARCIA E. KAPLAN~~
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 12/30/08

Redacted Signature

~~KEITH W. SERVIS~~
Director
Office of Professional Medical Conduct

ATTACHMENT I



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Richard F. Daines, M.D.
Commissioner
NYS Department of Health

Keith W. Servis
Director
Office of Professional Medical Conduct

Public

Kendrick A. Sears, M.D.
Chair

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

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

July 26, 2007

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Sofya Yurfeld, D.O.
2079 E. 24th Street
Brooklyn, NY 11229

RE: License No. 223444

Dear Dr. Yurfeld:

Enclosed is a copy of Order #BPMC 07-154 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect August 2, 2007.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order to:

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,

Redacted Signature

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

cc: Stuart Serota, Esq.
Kaufman and Serota
53 North Park Avenue, Suite 201
Rockville Centre, NY 11570

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

IN THE MATTER
OF
SOFYA YURFELD, D.O.

CONSENT
ORDER

BPMC No. #07-154

Upon the application of (Respondent) SOFYA YURFELD, D.O. 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 it is further

ORDERED, that this Consent 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.

DATE: 7-25-07

Redacted Signature

KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

**IN THE MATTER
OF
SOFYA YURFELD, D.O.**

**CONSENT
AGREEMENT
AND
ORDER**

SOFYA YURFELD, D.O., representing that all of the following statements are true, deposes and says:

That on or about December 12, 2001, I was licensed to practice as a physician in the State of New York, and issued License No. 223444 by the New York State Education Department.

My current address is 2079 E. 24th St., Brooklyn, N.Y. 11229, 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 (Board) has charged me with one specification of professional misconduct.

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

I do not contest the First Specification, Willful or Grossly Negligent Failure to Comply With Laws Governing the Practice of Medicine, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law § 230-a(1), I shall be subject to a Censure and Reprimand. Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be limited to preclude me from prescribing to

family members. Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$5,000 to be paid in two installments, as follows: \$2500 to be paid within six months of the effective date of this Order, and the balance to be paid in full within one year of the effective date of this Order. Payments must be submitted to:

Bureau of Accounts Management
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1245
Albany, New York 12237

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

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 30 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee 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 Consent 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 Consent 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 Consent Order shall constitute misconduct as defined by N.Y. Educ. 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 N.Y. Pub. 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 Consent 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. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. 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 I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent 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 7/12/07

Redacted Signature

~~SONYA YURFELD, D.O.~~
RESPONDENT

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

DATE: 7/12/07

Redacted Signature

~~STUART SEROTA ESQ.~~
Attorney for Respondent

DATE: July 17, 2007

Redacted Signature

~~MARCIA E. KAPLAN~~
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 7/23/07

Redacted Signature

~~KEITH W. SERVIS~~
Director
Office of Professional Medical Conduct

EXHIBIT "A"

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

IN THE MATTER
OF
SOFYA YURFELD, D.O.

STATEMENT
OF
CHARGES

SOFYA YURFELD, D.O., the Respondent, was authorized to practice medicine in New York State on or about December 12, 2001, by the issuance of license number 223444 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about February 6, 2006, Respondent knowingly prescribed Sonata 10 mg., a Schedule IV controlled substance, for a family member in an inappropriate manner in violation of the laws and regulations governing the practice of medicine.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

WILLFUL OR GROSSLY NEGLIGENT FAILURE TO COMPLY
WITH LAWS GOVERNING THE PRACTICE OF MEDICINE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(16) by a willful or grossly negligent failure to comply with substantial provisions of federal, state, or local laws, rules, or regulations governing the practice of medicine, as alleged in the facts of:

1. Paragraph A.

DATE: July 17, 2007
New York, New York

Redacted Signature

ROY NEMERSON
Deputy Counsel
Bureau of Professional Medical Conduct