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

# IN THE MATTER OF THERESE KHOURY, R.P.A.

SURRENDER ORDER

BPMC No. #08-62

Upon the application of (Respondent) Therese Khoury, R.P.A.. to Surrender her license as a registered physician assistant in the State of New York, which is made a part of this Surrender Order, it is

ORDERED, that the Surrender, and its terms, are adopted and it is further

ORDERED, that Respondent's name be stricken from the roster of registered physician assistants in the State of New York; it is further

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

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

whichever is first.

SO ORDERED.

Redacted Signature

DATE: 4-17-2008

KENDRICK A. SEARS, M.D. Chair State Board for Professional Medical Conduct NEW YORK STATE DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

# IN THE MATTER OF THERESE KHOURY,R.P.A.

SURRENDER of LICENSE

Therese Khoury, R.P.A., representing that all of the following statements are true, deposes and says:

That on or about December 31, 1998, I was licensed to practice as a registered physician assistant in the State of New York and issued License No. 006673 by the New York State Education Department.

My current address is Redacted Address

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 two specifications of professional misconduct.

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

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a registered physician assistant in the State of New York on the grounds that I admit guilt to the two specifications in full satisfaction of the charges against me.

I ask the Board to accept my Surrender of License, and I agree to be bound by all of the terms set forth in attached Exhibit "B".

I understand that, if the Board does not accept my Surrender of License, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged; this application 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 accepts my Surrender of License, the Chair of the Board shall issue a Surrender 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 Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Surrender 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 ask the Board to accept this Surrender of License, which I submit of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, 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 Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

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 4/8/01

Redacted Signature
THERESE KHOURY, M.D. KAR. C. RESPONDENT

The undersigned agree to Respondent's attached Surrender of License and to its proposed penalty, terms and conditions.

Redacted Signature DEBRA J. YOUNG, HSQ. | Attorney for Respondent

DATE: 4/9/08

Redacted Signature

VALERIE B. DONOVAN
Associate Counsel
Bureau of Professional Medical Conduct

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** 

THERESE KHOURY, R.P.A.

STATEMENT OF CHARGES

Therese Khoury, R.P.A., the Respondent, was authorized to practice as a Registered Physician Assistant in New York State on or about December 31, 1998, by the issuance of license number 006673 by the New York State Education Department.

#### **FACTUAL ALLEGATIONS**

- A. Respondent entered into Consent Agreement and Order, #BPMC 02-314, effective October 7, 2002, with the New York State Board for Professional Medical Conduct. In this Agreement, Respondent agreed to a five year suspension of her registration, the entirety of which was stayed conditioned upon her full compliance with the terms of a five year period of probation with impairment monitoring terms that included the requirement that Respondent remain drug and alcohol free. Respondent's probation period has been tolled over the years, and the anticipated date for the end of probation is on or around February 1, 2009.
- B. On or about November 25, 2007, November 26, 2007 and December 19, 2007, the urine drug screens collected from Respondent were positive for the presence of meprobamate, the metabolite of Soma. The Soma was not prescribed for Respondent; she obtained the Soma from the office supply cabinet from her place of work. Contrary to the terms of the Consent

Agreement and Order #BPMC 02-314, Respondent did not remain drug free during the period of probation.

C. On or around December 4, 2007, Respondent signed an Office of Professional Medical Conduct (OPMC) Compliance Declaration form and falsely stated that she was in compliance with the requirements of the Consent Agreement and Order #BPMC 02-314. Respondent thereby failed to cooperate fully with OPMC in its investigations, as required by the terms of the Consent Agreement and Order.

#### **SPECIFICATIONS OF CHARGES**

## FIRST AND SECOND SPECIFICATIONS <u>VIOLATING ANY TERM OF PROBATION OR CONDITION OR LIMITATION</u>

Respondent is charged with committing professional misconduct as defined in New York Education Law § 6530(29) by violating any term of probation or condition or limitation imposed on the licensee pursuant to section two hundred thirty of the public health law, as alleged in the following:

- 1. The facts in paragraph A and B.
- 2. The facts in paragraphs A, B and C.

DATED:

<del>March</del> , 2008 Albany, New York

Redacted Signature

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

#### **EXHIBIT "B"**

## GUIDELINES FOR CLOSING A PHYSICIAN ASSISTANT PRACTICE FOLLOWING LICENSE REVOCATION, SURRENDER OR SUSPENSION OF SIX MONTHS OR MORE

- 1. Respondent shall immediately cease the practice of providing medical services in compliance with the terms of the Surrender Order. Respondent shall not represent that Respondent is eligible to practice and shall refrain from providing an opinion as to professional practice or its application.
- 2. Within 15 days of the Surrender Order's effective date, Respondent shall notify all patients that Respondent has ceased her practice as an R.P.A., and shall refer all patients to another licensed practicing physician for continued care, as appropriate.
- 3. Within 30 days of the Surrender Order's effective date, Respondent shall deliver Respondent's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at 433 River Street Suite 303, Troy, NY 12180-2299.
- Respondent shall arrange for the transfer and maintenance of all patient medical records. Within 30 days of the Surrender Order's effective date, Respondent shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate contact person, acceptable to the Director of OPMC, who shall have access to these records. Original records shall be retained for patients for at least 6 years after the last date of service, and, for minors, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall ensure that all patient information is kept confidential and is available only to authorized persons. When a patient or authorized representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be provided promptly or sent to the patient at reasonable cost (not to exceed 75 cents per page). Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of inability to pay.
- Within 15 days of the Surrender Order's effective date, if Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall advise the DEA in writing of the licensure action and shall surrender Respondent's DEA controlled substance certificate, privileges, and any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2, to the DEA.
- 6. Within 15 days of the Surrender Order's effective date, Respondent shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. Respondent shall have all prescription pads bearing Respondent's name destroyed. If no other licensee is providing services at Respondent's practice location, Respondent shall dispose of all medications.

- 7. Within 15 days of the Surrender Order's effective date, Respondent shall remove from the public domain any representation that Respondent is eligible to practice as an R.P.A., including all related signs, advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings. Respondent shall not share, occupy or use office space in which another licensee provides health care services. Respondent is not prohibited from performing non-medical services in a building in which medical services are provided as long as her office space is separate from where the medical services are provided.
- Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered (by Respondent or others) while barred from practicing as an R.P.A. Respondent may receive compensation for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, before the Surrender Order's effective date.
- 9. 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 6 months or more pursuant to this Surrender Order, Respondent shall, within 90 days of the Surrender Order's effective date, divest all financial interest in the professional services corporation in accordance with New York Business Corporation Law. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Surrender Order's effective date.
- 10. Failure to comply with the above directives may result in civil or criminal penalties. Practicing medicine when a medical license has been suspended, revoked or annulled is a Class E Felony, punishable by imprisonment for up to 4 years, under N.Y. Educ. Law § 6512. Professional misconduct may result in penalties including revocation of the suspended license and/or fines of up to \$10,000 for each specification of misconduct, under N.Y. Pub. Health Law § 230-a.