

Public

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

November 26, 2013

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Scott J. Piatt, R.P.A.

REDACTED

Re: License No. 005651

Dear Mr. Piatt:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 13-394. This order and any penalty provided therein goes into effect December 3, 2013.

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: c/o Physician Monitoring Unit, NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719.

If your license is framed, please remove it from the frame and only send the parchment paper on which your name is printed. Our office is unable to store framed licenses.

If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Enclosed for your convenience is an affidavit. Please complete and sign the affidavit before a notary public and return it to the Office of Professional Medical Conduct.

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: Ralph A. Erbaio, Jr., Esq.
94 Barrett Hill Road
Lake Carmel, NY 10512

IN THE MATTER

OF

SCOTT PIATT, R.P.A.
RO-07-08-4848-A
BU-09-06-3593-C
RO-12-05-2555-A
RO-09-07-4845-A

SURRENDER

ORDER

Upon the application of SCOTT PIATT, R.P.A. to Surrender his or her license as a physician's 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 physicians 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 of License 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: 11/25/2013

REDACTED

ARTHUR S. HENGERER, M.D.

Chair

State Board for Professional Medical Conduct

IN THE MATTER
OF
SCOTT PIATT, R.P.A.
RO-07-08-4848-A
BU-09-06-3593-C
RO-12-05-2555-A
RO-09-07-4845-A

SURRENDER
OF
LICENSE
AND
ORDER

SCOTT PIATT, R.P.A., represents that all of the following statements are true:

That on or about January 3, 1997, I was licensed to practice as a physician's assistant in the State of New York, and issued License No. 005651 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 (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", which 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 physician's assistant in the State of New York on the grounds that I admit the First, Third, and Fifth Specifications (Willfully harassing, abusing, or intimidating a patient either physically or verbally), and the Ninth, Eleventh, and Thirteenth Specifications (Conduct in the practice of medicine which evidences moral unfitness to practice medicine), 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(s). OPMC shall report this action to the National Practitioner Data Bank, the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

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 11/20/13

REDACTED

SCOTT PIATT, R.P.A.
RESPONDENT

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

DATE: 11-21-13

REDACTED

RALPH A. ERBAIO, Jr., ESQ.
Attorney for Respondent

DATE: 11/22/13

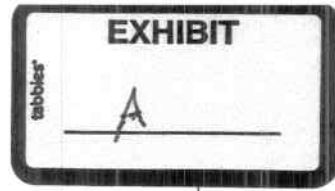
REDACTED

JOEL E. ABELOVE
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 11/22/13

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct



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

IN THE MATTER
OF
SCOTT PIATT, R.P.A.
RO-09-07-4845-A
BU-09-06-3593-C
RO-12-05-2555-A
RO-07-08-4848-A

STATEMENT
OF
CHARGES

SCOTT PIATT, R.P.A., Respondent, was authorized to practice as a Physician's Assistant in New York state on January 3, 1997, by the issuance of license number 005651 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent provided care and treatment to Patient A [patients are identified in the attached Appendix], a twenty-two-year-old female patient, at various times from February 3, 2011 through April 3, 2012, at Olean Family Health Center, Olean, New York. Respondent's care of Patient A failed to meet accepted standards of practice, in that:
 - 1. Respondent, during the time of treatment, engaged in an inappropriate personal and sexual relationship with Patient A, at various locations, including his office and residence.
 - 2. Respondent continued to prescribe medications to Patient A during the course of their personal relationship.

- B. Respondent provided care and treatment to Patient B, a twenty-four-year-old female patient, at various times from August 2008 through January 2009, at the offices of Reed Haag, M.D., Wellsville, New York. Respondent's care of Patient B failed to meet accepted standards of practice, in that:

1. Respondent, on various occasions from on or about August 2008 through January 2009, made inappropriate sexual comments to Patient B, such as words to the effect that, "You need me to be your pool boy".
2. Respondent, in October 2008, told Patient B that he wanted to bend her over the exam table and have sex.
3. Respondent, in October 2008, asked Patient B to perform oral sex on him, which she did. When Patient B stopped, Respondent stuck his hand down her pants and touched her.
4. Respondent, in visits subsequent to October 2008, continued to make sexual remarks to Patient B, including words to the effect that he would like to have an affair, and if she ever told anyone what happened, he would deny it because he didn't want his wife to find out.

C. Respondent provided care and treatment to Patient C, at various times beginning when Patient C was eleven or twelve years old, at Olean Medical Group, Olean, New York, on or about 1992, and thereafter on February 6, 2007 and February 27, 2007, at Summit Health Care, Olean, New York. Patient C later was also an employee at Olean Medical Group from May 2007 through September 2007. Respondent's care of Patient C failed to meet accepted standards of practice, in that:

1. Respondent, at various times from May 2007 through September 2007, made inappropriate comments to Patient C, such as words to the effect of telling Patient C that she had the same build as his ex-fiancée, asking Patient C if she wanted to go out for drinks after work, telling Patient C that his wife was out of town and Patient C should come over to his house to get into his hot tub with him.
2. Respondent, at various times from May 2007 through September 2007, attempted to kiss Patient C, and pulled her towards him by her hip area.

D. Respondent provided care and treatment to Patient D, a forty-three-year-old female patient, on various occasions from July 8, 2005 through December 5, 2006, at the office of Paul Kirsch, M.D., Olean, New York. Respondent's care of Patient D failed to meet accepted standards of practice, in that:

1. Respondent, on or about September 2005, asked Patient D if he could ask her a personal question regarding her breast implants, and asked to see her breasts to view her surgical scars without medical indication. Respondent lifted Patient D's breasts with his hands and commented that the scars were small.
2. Respondent, during an office visit, told Patient D that she was one of the prettiest patients.

E. Respondent provided care and treatment to Patient E, a female patient sixteen-years-old when treatment began, at various times from on or about 1998 through 2000, at Olean Medical Group, Olean, New York. Patient E also worked at Olean Medical Group, Olean, New York, at various times during 1997 through 2000. Respondent's care of Patient E failed to meet accepted standards of practice, in that:

1. Respondent, at various times from on or about October 23, 1998, through October 23, 1999, flirted with Patient E, by tickling her, bumping into her, and joking about her being sixteen years old.
2. Respondent, on or about between October 23, 1999, and Summer of 2000, engaged in sexual intercourse with Patient E, at various times at Respondent's office.
3. Respondent, on or about between October 23, 1999 and Summer of 2000, engaged in sexual intercourse with Patient E, at Respondent's residence.
4. Respondent, on or about between October 23, 1999 and Summer 2000, while Patient E was less than twenty-one years old, provided alcohol to Patient E, at Respondent's residence.

5. Respondent, between on or about between October 23, 1999 and Summer 2000, attempted to get Patient E to engage in a sexual threesome with a drug representative who came to the office.

F. Respondent provided care and treatment to Patient F, a twenty-one-year-old female patient, from June 30, 2009 through July 31, 2009, at Olean Health Center, Olean, New York. Respondent's care of Patient F failed to meet accepted standards of practice, in that:

1. Respondent, on or about July 10, 2009, treated Patient F for back pain. Respondent offered Patient F a back massage and gave her a back massage, without medical indication.
2. Respondent, on or about July 10, 2009, asked Patient F what she was doing over the weekend and if she wanted to "hang out", or words to that effect. Respondent told Patient F he would massage her back. Respondent also asked Patient F about her boyfriend and how her boyfriend would feel about Respondent hanging out with Patient F.

G. Respondent provided care and treatment to Patient G, a thirty-five-year-old female patient and student intern, from July 7, 2005 through November 22, 2005, at Summit Health Care in Olean, New York, and from June 3, 2009 through June 25, 2009, at Salamanca Family Health Center in Salamanca, New York. Respondent's care of Patient G failed to meet accepted standards of practice, in that:

1. Respondent engaged in inappropriate personal and sexual conduct with Patient G, such as making comments about how attractive she was, rubbing her back, and rubbing his face on her.
2. Respondent engaged in sexual intercourse with Patient G on multiple occasions in Respondent's office.
3. Respondent shared personal information with Patient G, such as telling Patient G that he had had a vasectomy.

H. Respondent provided care and treatment to Patient H, a twenty-five-year-old female patient, at various times from January 27, 2009, through February 7, 2009, at the office of Reed Haag, M.D., Wellsville, New York, and from June 30, 2009 through December 9, 2009, at Olean Family Health Center, Olean, New York. Respondent's care of Patient H failed to meet accepted standards of practice, in that:

1. On or about January 27, 2009, Respondent made sexually suggestive comments to Patient H, massaged her shoulders, and kissed her.
2. On or about February 7, 2009, Respondent flirted with Patient H, kissed her, and asked her where she lived. Respondent called Patient H later that day for no legitimate medical reason.

I. Respondent provided medical care and treatment to Patient I, a forty-two-year-old male patient, on June 11, 2009, at the Salamanca Family Health Center, Salamanca, New York. Patient I suffered from alcohol abuse, alcoholic cirrhosis, Wernicke's encephalopathy, and Korsakoff syndrome. Respondent's care of Patient I failed to meet accepted standards of practice, in that:

1. Respondent examined Patient I for a Commercial Drivers Fitness Determination and certified that Patient I was fit to drive a commercial vehicle, despite the fact that Patient I's history, physical condition, and ongoing medications indicated that Patient I was not fit to drive a commercial vehicle.
2. Respondent's record of examination does not reflect the documented medical record reviewed by Respondent, and thus does not accurately reflect Patient I's medical history or condition.
3. Respondent's care and treatment of Patient I, and Respondent's determination of fitness, failed to meet the standard of care, in that Patient I should have been referred for the treatment of his ongoing alcohol abuse problems; he should have been referred to a neurologist for clearance given his history of memory loss; and Respondent should have consulted and documented discussion with his

supervising physician, regarding the effects of medications on Patient I's ability to drive.

SPECIFICATION OF CHARGES

**FIRST THROUGH EIGHTH SPECIFICATIONS
WILLFULLY HARASSING, ABUSING OR INTIMIDATION**

Respondent is charged with committing professional misconduct as defined in New York Education Law §6530(31) by willfully harassing, abusing, or intimidating a patient either physically or verbally, as alleged in the facts of:

1. The facts in Paragraphs A and A.1, and/or A and A.2.
2. The facts in Paragraphs B and B.1, B and B.2, B and B.3, and/or B and B.4.
3. The facts in paragraphs C and C.1, and/or C and C.2.
4. The facts in paragraphs D and D.1, and/or D and D.2.
5. The facts in paragraphs E and E.1, E and E.2, E and E.3, E and E.4, and/or E and E.5.
6. The facts in paragraphs F and F.1, and/or F and F.2.
7. The facts in paragraphs G and G.1, G and G.2, and/or G and G.3.
8. The facts in paragraphs H and H.1, and/or H and H.2.

**NINTH THROUGH SIXTEENTH SPECIFICATIONS
MORAL UNFITNESS**

Respondent is charged with committing professional misconduct as defined in New §6530(20) by engaging in conduct in the practice of medicine which evidences moral unfitness to practice medicine as a physician's assistant as alleged in the facts of the following:

9. The facts in Paragraphs A and A.1, and/or A and A.2.
10. The facts in Paragraphs B and B.1, B and B.2, B and B.3, and/or B and B.4.
11. The facts in paragraphs C and C.1, and/or C and C.2.
12. The facts in paragraphs D and D.1, and/or D and D.2.
13. The facts in paragraphs E and E.1, E and E.2, E and E.3, E and E.4, and/or E and E.5.
14. The facts in paragraphs F and F.1, and/or F and F.2.
15. The facts in paragraphs G and G.1, G and G.2, and/or G and G.3.
16. The facts in paragraphs H and H.1, and/or H and H.2.

SEVENTEENTH SPECIFICATION
NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Education Law §6530(3) by practicing the profession of medicine as a physician's assistant with negligence on more than one occasion as alleged in the facts of two or more of the following:

17. The factual allegations in paragraphs A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, D and D.1, D and D.2, E and E.1, E and E.2, E and E.3, E and E.4, E and E.5, F and F.1, F and F.2, G and G.1, G and G.2, G and G.3, H and H.1, H and H.2, I and I.1, I and I.2, and/or I and I.3.

EIGHTEENTH SPECIFICATION
INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in New §6530(5) by practicing the profession of medicine as a physician's assistant with incompetence on more than one occasion as alleged in the facts of two or more of the following:

18. The factual allegations in paragraphs A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, D and D.1, D and D.2, E and E.1, E and E.2, E and E.3, E and E.4, E and E.5, F and F.1, F and F.2, G and G.1, G and G.2, G and G.3, H and H.1, H and H.2, I and I.1, I and I.2, and/or I and I.3.

NINETEENTH THROUGH TWENTY-SEVENTH SPECIFICATIONS
GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in New §6530(4) by practicing the profession of medicine as a physician's assistant with gross negligence on a particular occasion as alleged in the facts of the following:

19. The facts in Paragraphs A and A.1, and/or A and A.2.
20. The facts in Paragraphs B and B.1, B and B.2, B and B.3, and/or B and B.4.
21. The facts in paragraphs C and C.1, and/or C and C.2.
22. The facts in paragraphs D and D.1, and/or D and D.2.
23. The facts in paragraphs E and E.1, E and E.2, E and E.3, E and E.4, and/or E and E.5.
24. The facts in paragraphs F and F.1, and/or F and F.2.
25. The facts in paragraphs G and G.1, G and G.2, and/or G and G.3.

26. The facts in paragraphs H and H.1, and/or H and H.2.
27. The facts in paragraphs I and I.1, I and I.2, and/or I and I.3.

TWENTY-EIGHTH SPECIFICATION
GROSS INCOMPETENCE

Respondent is charged with committing professional misconduct as defined in New §6530(6) by practicing the profession of medicine as a physician's assistant with gross incompetence on a particular occasion as alleged in the facts of the following:

28. The facts in paragraphs I and I.1, I and I.2, and/or I and I.3.

TWENTY-NINTH SPECIFICATION
FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in New York Education Law §6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

29. The factual allegations in paragraphs A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, D and D.1, D and D.2, E and E.1, E and E.2, E and E.3, E and E.4, E and E.5, F and F.1, F and F.2, G and G.1, G and G.2, G and G.3, H and H.1, H and H.2, I and I.1, I and I.2, and/or I and I.3.

DATED: September 25 2013
Albany, New York

REDACTED

MICHAEL A. HIGER
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

Requirements for Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within 5 days of the Order's effective date, Licensee shall deliver Licensee's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. Within 15 days of the Order's effective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact person who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, 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 include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's 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 promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.

5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within 15 days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender Licensee's DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
6. Within 15 days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
7. Within 15 days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment for up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges

of which the Licensee is found guilty, and may include revocation of a suspended license.