## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Laura Garabedian, M.D.
79-04 256th Street
Flora Park, NY 11004-1208
RE: License No. 173511
Dear Dr. Garabedian:
Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 11-281. This Order and any penalty provided therein goes into effect November 29, 2011.

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<br>Corning Tower, Room 1717<br>Empire State Plaza<br>Albany, New York 12237

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,<br>REDACTED SIGNATURE<br>Katherine A. Hawkins, M.D., J.D.<br>Executive Secretary<br>Board for Professional Medical Conduct

cc: James D. McCarthy, Esq.
Mitchell J. Angel, PLLC
170 Old Country Road, Suite 210
Mineola, NY 11501

IN THE MATTER
OF
LAURA GARABEDIAN, M.D.

## CONSENT

 ORDERUpon the application of (Respondent) LAURA GARABEDIAN. M.D. in the attached Consent Agreement and Order, which ilis 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 attacherd Cansent Agreement or by certified mail to Respondent's attomey, OR
- upon facsimile transmission to Respondent or Respondent's attomey, whichever is first.

SO ORDERED.

DATE:


REDACTED SIGNATURE
KENDRICRA. SEARS, M.D.
Chair
State Bciard for Professional Medical Conduct

## NEW YORK STATE DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONALMEDICAL CONDUCT

| IN THE MATTER | CONSENT |
| :---: | :---: |
| OF |  |
| AGREEMENT |  |
| ANDA GARABEDIAN, M.D. |  |
| ORDER |  |

LAURA GARABEDIAN, M.D., represents that all of the following statements are true:

That on or about January 25, 1988, I wes licensed to practice as a physlclan in the State of New York, and Issued License No. 173511 by the New York State Education Department.

My current address is $79-04256^{\text {h }}$ St., Floral Park, N.Y. 11004, 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 Buard for Professional Medical Conduct (Board) has charged me with one spiscification 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 Statement of Charges, 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 $\S \S 230-\mathrm{a}(7)$ and (9), I shall be subject to a fine in the amount of $\$ 7,500,00$, to be paid in full within 30 days of the effective date of this Order. Payrnents must be submitted to:

# New York State Department of Health <br> Empire State Plaza <br> Corning Tower, Room 1717 <br> Albany, New York 12237 

I further agree that the Consent Order sinall 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 Eduisation 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 § 6602(4) to avoid re;jistration and payment of fees. This condition shall take effect 12 J days after the Consent Order's effective date and will continue ao 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 adminisiration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall responel in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Ruspondent shall meet with a person designated by the Director of OF'MC, 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 rermains licensed in New York

State.

That Respondent's failure to pay any menetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York Sitate, 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 § 171(27); State Fina $c$ Le Law § 18; CPLR § 5001; Executive Law § 32].

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 Agjreement.

I understand that if the Board does not idopt this Consent Agreement, none of lts terms shall bind me or constitute arl 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 Conisent Agreement, the Chair of the Board shall issue a Consent Order in accordanice with its terms. I agree that this Consent Order shall take effect upon Its Issuarice by the Board, elther 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 mall, 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. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction arid Consent Order are authorized by N.Y. Pub. Health Law $\S \S 230$ 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 Orcler, 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


REDACTED SIGNATURE
LAURA SARABEEDTAN,M.D. RESPONDENT

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

DATE: $11 / 10 / 11$
REDACTED SIGNATURE
JAKESTS WGCARTHY Aftorney for Respondent

DATE: $11 / 10 / 11$
REDACTED SIGNATURE
ANKAR「LEVIS
Assoclate Counsel
Bureau cif Professional Medical Conduct

RedActed SIGNATURE
KEITHVI.SERVTS
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
LAURA GARABEDIAN, M.D.

STATEMENT
OF
CHARGES

LAURA GARABEDIAN, M.D., the Responident, was authorized to practice medicine In New York State on or about January 25, 1988, by the issuance of license number 173511 by the New York State Education Department.

## FACTUAL ALLEG/TIQNIS

A. During periods in or about 2007, Respondent failed to enter appropriate documentation in the medical records for Patients $A$ and $B$ with respect to prescriptions for Concerta, a controlled substance, which Respondent prescribed for Patient A on or about Novirmber 26, 2007 and November 30, 2007, and a prescription for Oxycodone, a controlled substance, which Respondent prescribed for Patient B on ir about December 29, 2007.
B. During periads in or about 2007 and 2008, Respondent failed to file reports with the New York City Department of Health. Citywide Immunizatlon Registry, with respect to vaccinations she administered to Patient C.
C. During periods In or about 2010, Resporident failed to update her Physician Profile by listing her hospital affiliations incorrectly as Franklin Hospital, Valley Stream; Long Island Jewish Medisal Center, New Hyde Park; North

Shore University Hospital, Manhasset; anci Winthrop-University Hospital, Mineola; when her only hospital affiliation is of September 30, 2010 was with Winthrop-University Hospital, Mineola.

## SPECIFICATION OF CHARGES

... FIRST SPECIFICATION

## FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law $\S 6530(32)$ by falling to maintain a record for each patlent which accurately reflects the care and treatment of the patient, as alleged in the facts of:

1. Paragraph $\mathbf{A}$.

## SECOND AND THIRD SPECIFIGATIONS <br> FAILING TO FILEA REPORT REQUIRED BY LAW

Respondent is charged with committing piofessional misconduct as defined in N.Y. Educ. Law § 6530(21) by willfully making or filing a false report, or failing to file a report required by law or by the department of health or the education department, or wilfully impeding or obstructing f.uch filing, or inducing another person to do so, as alleged in the facts of:
2. Paragraph B.
3. Paragraph C.

DATE: $\quad \begin{aligned} & \text { October }{ }^{3}, 2011 \\ & \text { New York, New York }\end{aligned}$
REDACTED SIGNATURE
FOYNENERSDN
Deputy Counsel
Bureau of Professional Medical Conduct

