

**NEW YORK**  
state department of  
**HEALTH**

Public

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

Sue Kelly  
Executive Deputy Commissioner

March 4, 2013

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Clifford R. Jacobson, M.D.

REDACTED

RE: License No. 135796

Dear Dr. Jacobson:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 13-56. This Order and any penalty provided therein goes into effect March 11, 2013.

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 2784  
Empire State Plaza  
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,

REDACTED

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

cc: Anna E. Lynch, Esq.  
Underberg & Kessler, LLP  
300 Bausch & Lomb Place  
Rochester, NY 14604

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IN THE MATTER  
OF  
CLIFFORD R. JACOBSON, M.D.

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CONSENT  
ORDER

Upon the application of, **CLIFFORD R. JACOBSON, M.D.**(Respondent), in the attached Consent Agreement, 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 or email transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 3/1/2013

REDACTED

Carmela Torrelli  
Vice Chair  
State Board for Professional  
Medical Conduct

**IN THE MATTER  
OF  
CLIFFORD JACOBSON, M.D.**

CONSENT  
AGREEMENT  
AND  
ORDER

Clifford Jacobson, M.D., represents that all of the following statements are true:

That on or about September 15, 1978, I was licensed to practice as a physician in the State of New York, and issued License No. 135796 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", attached to and part of this Consent Agreement.

I do not contest the first specification as it applies to paragraphs F and G and their respective subparagraphs, in full satisfaction of the charges against me, and agree to the following penalty:

1. Pursuant to New York Public Health Law § 230-a(2), my license to practice medicine in New York State shall be suspended for [36] months, with such suspension stayed pending my compliance with the terms of probation of probation attached as Exhibit "B."

2. Pursuant to New York Public Health Law § 230-a(9), I shall be placed on probation for thirty six [36] months, subject to the terms set forth in attached Exhibit "B."

3. Pursuant to New York Public Health Law § 230-a(3), my license to practice medicine in New York State shall be limited to prohibit me from the practice of pain management, and from the treatment of attention deficit hyperactivity disorder.

4. Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be limited to prohibit me from prescribing Schedule II opiates, and from prescribing buprenorphine and naloxone.

5. I agree to maintain a prescribing log identifying every patient for whom a controlled substance is prescribed, in a format to be pre-approved by the Director of OPMC, and I agree to implement a Psychiatric Electronic Medical Record and ICANotes.

6. Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$10,000, to be paid in full within 30 days 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 2784  
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 120 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 remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5, including but not limited to the requirements that a licensee shall : report to the department all information required by the Department to develop a public physician profile for the licensee; continue to notify the department of any change in profile information within 30 days of any change (or in the case of optional information, within 365 days of such change); and, in addition to such periodic reports and notification of any changes, update his or her profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to his or her physician profile information either electronically using the department's secure web site or on forms prescribed by the department, and licensee shall attest to the truthfulness, completeness and correctness of any changes licensee submits to the department. This condition shall take effect 30 days after the Order's effective date and shall continue so long as Respondent remains a licensee in New York State. Respondent's failure to comply with this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health Law § 230, shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for failure to comply with this condition may include all penalties for professional misconduct set forth in N.Y. Pub. Health Law §230-a, including but not limited to: revocation or suspension of license, Censure and Reprimand,

probation, public service and/or fines of up to \$10,000 per specification of misconduct found; 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. 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 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 02/21/13

REDACTED

~~CLIFFORD JACOBSON, M.D.~~  
Respondent

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

DATE: 2/21/13

REDACTED

ANNA E. LYNCH, ESQ.  
Attorney for Respondent

DATE: 2/22/13

REDACTED

VALERIE B. DONOVAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 2/28/13

REDACTED

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**

**CLIFFORD JACOBSON, M.D.**

STATEMENT  
OF  
CHARGES

Clifford Jacobson, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 15, 1978, by the issuance of license number 135796 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. From around September 2009 through around March 2011, Respondent provided medical care to Patient A (patients are identified by name in Appendix A), a male who presented to Respondent's medical office, Vanguard Psychiatric Services, 1655 Elmwood Avenue, Rochester, New York with complaints of pain. Respondent's care of Patient A deviated from accepted standards of medical care as follows:
1. Respondent inappropriately treated Patient A's complaints of pain by prescribing high doses of opiate medications without documenting an assessment of the medications' effectiveness, and/or without verifying Patient A's illness.
  2. Respondent inappropriately prescribed high doses of three classes of controlled substances to Patient A.
  3. Respondent diagnosed Patient A with multiple psychiatric illnesses without appropriately documenting symptoms that met the criteria for those disorders.

4. Respondent prescribed Adderall for Patient A without documenting evidence that Patient A suffered from Attention Deficit Hyperactivity Disorder (ADHD).

5. Respondent failed to obtain medical records from Patient A's previous providers.

B. From around February 2011 through around April 2011, Respondent provided medical care to Patient B, a male who presented to Respondent's medical office with complaints of lower back pain. Respondent's care of Patient B deviated from accepted standards of medical care as follows:

1. Respondent diagnosed Patient B with a pain disorder without obtaining the patient's previous records.

2. Respondent inappropriately prescribed an opiate medication for managing Patient B's complaints of pain without obtaining the patient's previous records.

3. Respondent failed to document Patient B's ADHD symptoms, and inappropriately prescribed controlled substances for treatment of ADHD.

C. From around October 2010 through around March 2011, Respondent provided medical care to Patient C, a female who presented to Respondent's medical office with complaints of fibromyalgia and lower back pain. Respondent's care of Patient C deviated from accepted standards of medical care as follows:

1. Respondent inappropriately treated Patient C's complaints of fibromyalgia and lower back pain with opioids without first recommending other options.

2. Respondent failed to perform adequate initial and interval assessments to support his diagnosis of Fibromyalgia, and/or failed to monitor the effectiveness of the treatment he prescribed.

3. Respondent failed to document diagnostic criteria to support the multiple psychiatric diagnoses he made for Patient C, who denied having any psychiatric history.

D. From around August 2010 through around June 2011, Respondent provided medical care to Patient D, a male who presented to Respondent's medical office with complaints of anxiety and Ankylosing Spondylitis. Respondent's care of Patient D deviated from accepted standards of medical care as follows:

1. Respondent failed to obtain information from Patient D's previous treatment providers to support his physical and psychiatric diagnoses for Patient D.

2. Respondent failed to obtain Patient D's physical parameters until eight months after initiation of treatment.

3. Respondent prescribed high doses of opiate pain medications for Patient D and failed to refer Patient D to a medical or pain management specialist.

4. Respondent diagnosed Patient D as suffering from Generalized Anxiety Disorder, Obsessive Compulsive Disorder, and ADHD, without documenting whether the symptoms met DSM-IV or other diagnostic criteria, and/or inappropriately prescribed only Oxycontin DAW and an over-the-counter analgesic for Patient D.

E. From around April 2010 through around March 2011, Respondent provided medical care to Patient E, a male who presented to Respondent's medical office with complaints of back pain, anxiety, and depression. Respondent's care of Patient E deviated from accepted standards of medical care as follows:

1. Respondent failed to adequately evaluate Patient E's symptoms to support his prescription of high dosages of opioid pain medications for medical treatment.

2. Respondent failed to consider treating Patient E's high levels of pain with appropriate non-opioid pain medications, physical therapy and/or failed to obtain a surgical consult.

3. Respondent failed to communicate with Patient E's primary care physician regarding the physical causes of Patient E's high levels of pain.

F. From around April 2010 through around April 2011, Respondent provided medical care to Patient F, a male who presented to Respondent's medical office with pain disorder, ADHD, Anxiety Disorder and Opiate Dependence. Respondent's care of Patient F deviated from accepted standards of medical care as follows:

1. Respondent failed to adequately assess Patient F for addiction or substance abuse, or request the patient's psychiatric or addiction records, despite Patient F coming to Respondent for Suboxone treatment.

2. Respondent treated Patient F for complaints of back, knee and ankle pain, without documenting an evaluation of Patient F for pain and/or he failed to request historical medical records or radiologic studies for Patient F.

3. Respondent failed to appropriately address Patient F's reports of increasing levels of pain.

4. Respondent failed to adequately evaluate Patient F's medical history, medical records, or tests prior to prescribing stimulants to Patient F to treat ADHD.

G. From around April 2010 through around April 2011, Respondent provided medical care to Patient G, a male who presented to Respondent's medical office with a history of opiate dependence and anxiety. Respondent's care of Patient G deviated from accepted standards of medical care as follows:

1. Respondent failed to perform urine drug tests/urine drug screens on Patient G.
2. Respondent inappropriately prescribed an opioid to Patient G, while treating Patient G for opioid dependence with Suboxone/Subutex.
3. Respondent prescribed Xanax and Halcion to Patient G without consulting with Patient G's internist.
4. Respondent certified Patient G as totally and completely disabled without documenting appropriate evidence.
5. Respondent failed to maintain a medical record that accurately reflected his evaluation and treatment of Patient G.

H. On or around October 28, 2011, Respondent provided medical care to Patient H, a male who presented to Respondent's medical office with complaints of depression and panic attacks. Respondent's care of Patient H deviated from accepted standards of medical care as follows:

1. Respondent prescribed clonazepam and Adderall to Patient H without documenting an evaluation that met the DSM-IV criterion for ADHD.
2. Respondent failed to obtain previous treatment records for Patient H to rule out physical illness prior to making his psychiatric diagnosis of new onset symptoms of depression and anxiety.
3. Respondent failed to document an assessment of Patient H for substance abuse prior to prescribing controlled substances.
4. Respondent inappropriately prescribed stimulants for Patient H.

I. From around September 2010 through around January 2012, Respondent provided medical care to Patient I, a female who presented to Respondent's medical office with complaints of chronic

pain. Respondent's care of Patient I deviated from accepted standards of medical care as follows:

1. Respondent diagnosed Patient I with fibromyalgia, idiopathic thrombocytopenic purpura (ITP), and migraines without obtaining any previous diagnostic medical information.
2. Respondent diagnosed Patient I with multiple psychiatric illnesses without appropriately documenting the symptoms that met the DSM-IV criteria for those disorders.
3. Respondent inappropriately prescribed opioid therapy for Patient I's diagnoses of Fibromyalgia, ITP and/or Migraines without consulting with Patient I's primary care provider.

### **SPECIFICATION OF CHARGES**

#### **FIRST SPECIFICATION**

##### **NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

1. Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, B and B.1, B and B.2, B and B.3, C and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, D and D.4, E and E.1, E and E.2, E and E.3, F and F.1, F and F.2, F and F.3, F and F.4, G and G.1, G and G.2, G and G.3, G and G.4, G and G.5, H and H.1, H and H.2, H and H.3, H and H.4, I and I.1, I and I.2, and/or I and I.3.

#### **SECOND SPECIFICATION**

##### **INCOMPETENCE ON MORE THAN ONE OCCASION**



Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

2. Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, B and B.1, B and B.2, B and B.3, C and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, D and D.4, E and E.1, E and E.2, E and E.3, F and F.1, F and F.2, F and F.3, F and F.4, G and G.1, G and G.2, G and G.3, G and G.4, G and G.5, H and H.1, H and H.2, H and H.3, H and H.4, I and I.1, I and I.2, and/or I and I.3.

### **THIRD THROUGH ELEVENTH SPECIFICATIONS**

#### **GROSS INCOMPETENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

3. Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5.
4. Paragraphs B and B.1, B and B.2, B and B.3.
5. Paragraphs C and C.1, C and C.2, C and C.3.
6. Paragraphs D and D.1, D and D.2, D and D.3, D and D.4
7. Paragraphs E and E.1, E and E.2, E and E.3.
8. Paragraphs F and F.1, F and F.2, F and F.3, F and F.4.
9. Paragraphs G and G.1, G and G.2, G and G.3, G and G.4, G and G.5.
10. Paragraphs H and H.1, H and H.2, H and H.3, H and H.4.
11. Paragraphs I and I.1, I and I.2, I and I.3.

**TWELFTH SPECIFICATION**

**FAILURE TO MAINTAIN RECORDS**

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

12. Paragraphs A and A.1, A and A.2, A and A.5, B and B.3, C and C.3, and G and G.4, G and G.5, H and H.1, H and H.2, H and H.3, I and I.2.

DATE: February 22, 2013  
Albany, New York

REDACTED

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PETER D. VAN BUREN  
Deputy Counsel  
Bureau of Professional Medical Conduct

## EXHIBIT "B"

### **Terms of Probation**

- 1) Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
- 2) Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
- 3) Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
- 4) Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- 5) Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, 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 Finance Law § 18; CPLR § 5001; Executive Law § 32].
- 6) The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and

Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.

- 7) The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
- 8) Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
- 9) Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
- 10) Respondent shall enroll in and successfully complete a continuing education program in the area of pharmacology with a focus on treatment of anxiety and depression. This continuing education program is subject to the Director of OPMC's prior written approval and shall be successfully completed within the first 90 days of the probation period.
- 11) Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.
  - a) Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.

- b) Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
  - c) Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
  - d) Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
- 12) Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.