

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

Public

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

Sue Kelly  
Executive Deputy Commissioner

February 14, 2012

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

William J. Beals, M.D.  
REDACTED ADDRESS

Re: License No. 131471

Dear Dr. Beals:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 12-21. This order and any penalty provided therein goes into effect February 21, 2012.

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

Enclosure

cc: Laura Spring, Esq.  
Sugarman Law Firm, LLP  
211 West Jefferson Street  
Syracuse, NY 13202

IN THE MATTER  
OF  
WILLIAM BEALS, M.D.

CONSENT  
ORDER

Upon the application of (Respondent) William Beals, M.D. 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: 2/14/2012

REDACTED SIGNATURE

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  
WILLIAM BEALS, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

William Beals, M.D., represents that all of the following statements are true:

That on or about July 8, 1977, I was licensed to practice as a physician in the State of New York, and issued License No. 131471 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 (Board) has charged me with four specifications of professional misconduct.

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

I agree not to contest the allegations in the third specification as it applies to paragraphs B, C, D, E, F, G, H and its subparagraphs, I, J and its subparagraphs, K, I and M, in full satisfaction of the charges against me, and agree to the following penalty:

1. Pursuant to N.Y. Pub. Health Law § 230-a(1), I shall be subject to a Censure and Reprimand.
2. Pursuant to Pursuant to N.Y. Pub. Health Law § 230-a(9), I shall be placed on probation for a period of three years, subject to the terms set forth in attached Exhibit "B."

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 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 1/26/12

REDACTED SIGNATURE

~~WILLIAM BEALS, M.D.~~  
Respondent

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

DATE: 1/24/2012

REDACTED SIGNATURE

~~LAURA L. SPRING, ESQ.~~  
Attorney for Respondent

DATE: 1/27/12

REDACTED SIGNATURE

~~VALERIE B. DONOVAN~~  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 2/10/12

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  
WILLIAM BEALS, M.D.**

**STATEMENT  
OF  
CHARGES**

William Beals, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 8, 1977, by the issuance of license number 131471 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. From around October 1993 through around August 2009, Respondent provided medical care to Patient A (patients are identified in Appendix A), an adult male with a history of major depressive disorder, anxiety disorder, hyperlipidemia and hypertension at his office at 7302 Oswego Road, Liverpool, New York. Respondent's care of Patient A deviated from accepted standards of medical care as follows:
1. From around March 1999 through around 2008, Respondent prescribed medication, including but not limited to Paxil and Trazodone, for Patient A without any face-to-face office visits with the patient.
  2. From around March 1999 through around 2009, Respondent failed to adequately monitor and evaluate Patient A's medical condition.
  3. In or around August 2009, Respondent prescribed Zyprexa and increased Patient A's Paxil dosage, to treat his increased Obsessive Compulsive Disorder (OCD) symptoms, without personally evaluating Patient A.
  4. On or around August 17, 2009, Respondent evaluated Patient A and referred him for inpatient psychiatric admission. Respondent failed to consult with a psychiatrist and/or failed to provide adequate follow up.



- B. From around September 1998 through around February 2011, Respondent provided medical care to Patient B, an adult female presenting with agoraphobia and depression, at his office. Respondent's care of Patient B deviated from accepted standards of medical care in that from around February 1999 through around February 2011, Respondent prescribed Xanax and Serzone to Patient B with only one documented office visit in 2005, and/or failed to adequately monitor and evaluate Patient B's medical condition.
- C. From around March 2005 through around January 2011, Respondent provided medical care to Patient C, an adult female presenting with Attention Deficit Hyperactivity Disorder (ADHD) and depression, at his office. Respondent's care of Patient C deviated from accepted standards of medical care in that from in or around July 2005 through around January 2011, Respondent prescribed Concerta to Patient C without any face-to-face office visits, and/or failed to adequately monitor and evaluate Patient C's medical condition.
- D. From around April 2001 through around February 2011, Respondent provided medical care to Patient D, an adult male presenting with Attention Deficit Disorder (ADD), at his office. Respondent's care of Patient D deviated from accepted standards of medical care in that Respondent prescribed Adderall and Welbutrin to Patient D with only two face-to-face office visits during this period of time, and/or failed to adequately monitor and evaluate Patient D's medical condition.

- E. From around September 2000 through around February 2011, Respondent provided medical care to Patient E, an adult female presenting with ADD, at his office. Respondent's care of Patient E deviated from accepted standards of medical care in that Respondent prescribed Adderall to Patient E with no face-to-face office visits from around May 2001 through February 2011, and/or failed to adequately monitor and evaluate Patient E's medical condition.
- F. From around April 2000 through around February 2011, Respondent provided medical care to Patient F, a female child presenting with ADD, at his office. Respondent's care of Patient F deviated from accepted standards of medical care in that Respondent prescribed Adderall to Patient F with no face-to-face office visits from around October 2003 through around February 2011, failed to adequately monitor and evaluate Patient F's medical condition, and failed to adequately monitor Patient F's growth and development.
- G. From around September 2000 through around January 2011, Respondent provided medical care to Patient G, a female child presenting with ADHD, at his office. Respondent's care of Patient G deviated from accepted standards of medical care in that Respondent prescribed Adderall, Concerta, Strattera and Vyvanse to Patient G with only five face-to-face office visits from around September 2000 through around January 2011, failed to adequately monitor and evaluate Patient G's medical condition, and failed to adequately monitor Patient G's growth and development.

H. From around March 2003 through around December 2009, Respondent provided medical care to Patient H, an adult male presenting ADD and depression, at his office. Respondent's care of Patient H deviated from accepted standards of medical care in that:

1. Respondent prescribed Adderall to Patient H from around 2005 through around 2009 without any face-to-face office visits.
2. In or around 2004, Respondent treated Patient H's depression with Lexapro without adequate face-to-face office visits to adequately monitor the patient's response to the medication and/or to assess his mental status.
3. Respondent failed to adequately monitor and evaluate Patient H's medical condition.

I. From around March 2005 through around February 2011, Respondent provided medical care to Patient I, an adult female presenting with ADD, at his office. Respondent's care of Patient I deviated from accepted standards of medical care in that Respondent prescribed medications including Trazodone and Adderall to Patient I from around April 2005 through around February 2011 with no face-to-face office visits, and/or failed to adequately monitor and evaluate Patient I's medical condition.

J. From around December 1997 through around February 2011, Respondent provided medical care to Patient J, an adult male presenting ADHD and depression, at his office. Respondent's care of Patient J deviated from accepted standards of medical care in that:

1. Respondent prescribed Adderall to Patient J with no face-to-face office visits from around May 2002 through around February 2011.
2. Respondent failed to adequately monitor Patient J's medical condition with routine follow-up visits to determine the patient's response to medication, to update his medical history and/or to perform mental status evaluations.
3. Respondent failed to adequately address whether Patient J was

abusing his medication due to several reports of lost or stolen prescriptions and requests for early prescription renewals.

- K. From around January 2006 through around February 2011, Respondent provided medical care to Patient K, an adult female presenting with ADD, at his office. Respondent's care of Patient K deviated from accepted standards of medical care in that Respondent prescribed Adderall to Patient K with no face-to-face office visits from around February 2006 through February 2011, and/or failed to adequately monitor and evaluate Patient K's medical condition.
  
- L. From around December 2005 through around February 2011, Respondent provided medical care to Patient L, an adult male presenting with ADD, at his office. Respondent's care of Patient L deviated from accepted standards of medical care in that Respondent prescribed Adderall to Patient L with no face-to-face office visits from around January 2006 through around February 2011, and/or failed to adequately monitor and evaluate Patient L's medical condition.
  
- M. From around May 1995 through around February 2011, Respondent provided medical care to Patient M, an adult female presenting with Attention Deficit Disorder (ADD), at his office. Respondent's care of Patient M deviated from accepted standards of medical care in that Respondent prescribed Concerta and Adderall to Patient M with inadequate office visits during this period of time, and/or failed to adequately monitor and evaluate Patient D's medical condition.

## **SPECIFICATION OF CHARGES**

### **FIRST SPECIFICATION**

#### **GROSS NEGLIGENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

1. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, B, C, D, E, F, G, H and H.1, H and H.2, H and H.3, I, J and J.1, J and J.2, J and J.3, K, I and/or M.

### **SECOND SPECIFICATION**

#### **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:

2. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, B, C, D, E, F, G, H and H.1, H and H.2, H and H.3, I, J and J.1, J and J.2, J and J.3, K, I and/or M.

### **THIRD 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 two or more of the following:

3. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, B, C, D, E, F, G, H and H.1, H and H.2, H and H.3, I, J and J.1, J and J.2, J and J.3, K, I and/or M.

**FOURTH 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 two or more of the following:

4. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, B, C, D, E, F, G, H and H.1, H and H.2, H and H.3, I, J and J.1, J and J.2, J and J.3, K, I and/or M.

DATE: January 27, 2012  
Albany, New York

REDACTED SIGNATURE

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), Hedley Park Place, 433 River Street Suite 1000, Troy, New York 12180-2299 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. 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, who has specific expertise in Respondent's type of practice, ("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.
11. Respondent shall enroll in and successfully complete a continuing education program in the area of controlled substance prescribing, treatment and follow up of patients with psychiatric diagnoses, and psychopharmacology. 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.
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.