

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

*Public*

Howard A. Zucker, M.D., J.D.  
Acting Commissioner of Health

Sally Dreslin, M.S., R.N.  
Executive Deputy Commissioner

December 8, 2014

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

Aiman Michael Abboud, D.O.  
1009 Brighton Beach Avenue  
Suite 3  
Brooklyn, NY 11235

Re: License No. 232699

Dear Dr. Abboud:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 14-299. This order and any penalty provided therein goes into effect December 15, 2014.

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: Amy Kulb, Esq.  
Jacobson, Goldberg & Kulb, LLP  
585 Stewart Avenue, Suite 720  
Garden City, NY 11530

IN THE MATTER  
OF  
AIMAN MICHAEL ABBOUD, D.O.

CONSENT  
ORDER

Upon the application of (Respondent) AIMAN MICHAEL ABBOUD, D.O. 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: 12/6/2014

REDACTED

ARTHUR S. HENGERER, 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  
AIMAN MICHAEL ABBOUD, D.O.

CONSENT  
AGREEMENT

AIMAN MICHAEL ABBOUD, D.O., represents that all of the following statements are true:

That on or about June 8, 2004, I was licensed to practice as a physician in the State of New York, and issued License No. 232699 by the New York State Education Department.

My current address is 1004 Brighton Beach Ave, Brooklyn, NY 11235

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 specification of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I assert that I cannot successfully defend against at least one of the acts of misconduct alleged, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be limited, as follows: Respondent shall examine and/or treat all female patients only in the presence of a chaperone, as further 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 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 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. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling, 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 11/30/14

REDACTED

AIMAN MICHAEL ABOUD, D.O.  
RESPONDENT



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

DATE 12/3/14

REDACTED

AMY KULB, ESQ.  
Attorney for Respondent

DATE Dec 3, 2014

REDACTED

MARCIA E KAPLAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE 12/5/14

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

AIMAN MICHAEL ABOUD, D.O.

STATEMENT

OF

CHARGES

AIMAN MICHAEL ABOUD, D.O., the Respondent, was authorized to practice medicine in New York State on or about June 8, 2004, by the issuance of license number 232699 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A On or about March 9, 2009, Respondent committed boundary violations in the course of his examination of Patient A

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**WILLFULLY HARASSING, ABUSING OR  
INTIMIDATING A PATIENT EITHER PHYSICALLY OR VERBALLY**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by willfully harassing, abusing or intimidating a patient physically and/or verbally, as alleged in the facts of:

1. Paragraph A.

*December 5*  
DATE: ~~November~~ 2014  
New York, New York

REDACTED

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ROY NEMERSON  
Deputy Counsel  
Bureau of Professional Medical Conduct

## EXHIBIT "B"

### CONDITIONS

- 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 this Consent Order and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19)
- 2) 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.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) Respondent shall, in the course of practicing medicine in New York State, examine and/or treat all female patients only in the presence of a chaperone. The chaperone shall be a licensed or registered health care professional or other health care worker, shall not be a family member, personal friend, or be in a professional relationship with Respondent which could pose a conflict with the chaperone's responsibilities. The chaperone shall be proposed by Respondent and subject to the written approval of the Director of OPMC.
- 7) Prior to the approval of any individual as chaperone, Respondent shall cause the proposed chaperone to execute and submit to the Director of OPMC an acknowledgment of the chaperone's agreement to undertake all of the responsibilities of the role of chaperone. Said acknowledgment shall be made upon a form provided by and acceptable to the Director. Respondent shall provide the chaperone with a copy of the Order and all of its attachments and shall, without fail, cause the approved chaperone to:

- a) Report quarterly to OPMC regarding the chaperoning of Respondent's practice.
  - b) Report within 24 hours any failure of Respondent to comply with the Order, including, but not limited to, any failure by Respondent to have the chaperone present when required, or any inappropriate conduct, whether verbal or physical, by Respondent in the presence of any patient.
  - c) Confirm the chaperone's presence at each and every examination and treatment of a female patient by Respondent, by placing the chaperone's name, title and date in the patient record for each and every visit, and by maintaining a separate log, kept in the chaperone's own possession, and signed by the chaperone, listing the patient name and date of visit for each and every patient visit chaperoned.
  - d) Provide copies of the log described in paragraph c, above, to OPMC at least quarterly and also immediately upon the Director's request.
- 8) Respondent shall enroll in and successfully complete a continuing education program. This continuing education program shall be subject to the Director of OPMC's prior written approval and shall be successfully completed within the first 90 days of the probation period.
- 9) 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 such proceeding as may be authorized by law, against Respondent.