



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

January 25, 2017

CERTIFIED MAIL-RECEIPT REQUESTED

Joseph Orie, M.D.



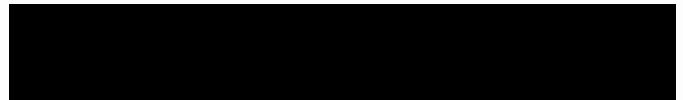
Re: License #197068

Dear Dr. Orie:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 17-027. This Order of Conditions pursuant to Public Health Law Section 230 is effective February 1, 2017.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York, 12204, telephone # 518-402-0846.

Sincerely,



Robert A. Catalano, M.D.
Executive Secretary
Board for Professional Medical Conduct

cc: James E. Eagan, Esq.
Feldman, Kieffer LLP
110 Pearl St., Suite 400
Buffalo, New York 14202

IN THE MATTER
OF
JOSEPH ORIE, M.D.

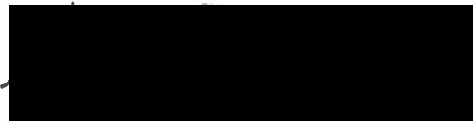
ORDER
OF CONDITIONS
PURSUANT TO
N.Y. PUB. HEALTH
LAW § 230

Upon the application of Joseph Orié, M.D. (Licensee) in the attached Stipulation and Application for an Order of Conditions Pursuant to N.Y. Pub. Health Law § 230 (Application), which is made a part of this Order of Conditions Pursuant to N.Y. Pub. Health Law § 230 (Order), it is agreed that:

- the Application and its terms are adopted; and
- this Order shall be effective upon issuance by the Board, either by mailing of a copy of this Order by first class mail to Licensee at the address in the attached Application or by certified mail to Licensee's attorney, or upon facsimile transmission to Licensee or Licensee's attorney, whichever is first.

SO ORDERED.

DATE: 1/24/2017



ARTHUR S. HENGERER, M.D.
Chair
State Board for Professional Medical Conduct

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

IN THE MATTER
OF
JOSEPH ORIE, M.D.

APPLICATION FOR
ORDER OF
CONDITIONS
PURSUANT TO
N.Y. PUB. HEALTH
LAW § 230

Joseph Orié, M.D., represents that all of the following statements are true:

That on or about September 6, 1994, I was licensed to practice as a physician in the State of New York and issued License No. 197068 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 am affiliated with the following hospitals and/or facilities: Women and Children's Hospital, Buffalo, NY; Sisters of Charity Hospital, Buffalo, NY; Olean General Hospital, Olean, NY; Mercy Hospital, Buffalo, NY; Eastern Niagara Hospital- Newfane Division, Newfane, NY; DeGraff Memorial Hospital, North Tonawanda, NY. I understand that the New York State Board for Professional Medical Conduct ("the Board") has investigated the issues set forth in attached Exhibit "A".

I request that the Board and the Director of the Office of Professional Medical Conduct ("the Director"), in reliance upon the results of the investigation to date and upon my representation that I have practiced medicine without incident for at least a year before

this Application, conclude the investigation of these issues, provided I successfully and without incident comply with the Conditions set forth below. In consideration of the Board and the Director granting this Application, and upon the Board's election not to bring disciplinary charges against me, I agree that the Board and the Director shall issue an Order of Conditions Pursuant to N.Y. Pub. Health Law § 230.

I agree that the Order shall impose the following conditions:

1. I will complete a continuing medical education course in the interpretation and assessment of echocardiograms subject to the prior written approval of the Director of the Office of Professional Medical Conduct (OPMC). The educational course shall be completed within 90 days of the effective date of this order.
2. Following the successful completion of the continuing medical education course in the interpretation of echocardiograms, the first 20 echocardiograms interpreted by me shall be submitted for review with the films or images, to a physician board certified in the appropriate medical specialty and approved in writing by the Director of OPMC. The reviewing physician shall maintain a record of each echocardiogram reviewed and shall report in writing to OPMC as to whether the interpretation of each of the 20 echocardiograms individually met the accepted standards of care. Further, the reviewing physician shall identify in writing to OPMC by patient name, date and location of the study, and any interpretation of an echocardiogram that did not meet the accepted standard of care. The reviewing physician will report to OPMC within 30 days of his or her

review of an echocardiogram, except in any instance in which my interpretation is found not meet accepted standards of care, in which event the reviewing physician shall report to OPMC in writing within 24 hours of his or her review. Pursuant to Public Health Law §230 (18) (b), I shall maintain insurance coverage with limits of no less than two million dollars per occurrence and six million dollars per policy period during the period in which these reviews of my echocardiograms are ongoing. I shall be responsible for all costs associated with the reviewing physician's responsibilities.

That Licensee 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. Licensee 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 Order's effective date and shall continue at all times until the conclusion of the period of Practice Conditions, regardless of tolling; and

That Licensee shall remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.6, 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 Licensee's profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to Licensee's 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 Licensee remains a licensee in New York State.

Licensee'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 Licensee 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 Licensee'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. Licensee 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 Licensee 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 Licensee shall cooperate fully with the Office of Professional Medical Conduct ("OPMC") in its administration and enforcement of this Order and in its investigation of Licensee. Licensee shall respond in a timely manner to all OPMC requests for written periodic verification of compliance with the terms of this Order, meet in person with the Director's designee, and respond promptly and provide all documents and information within Licensee's control to OPMC, as directed. This Condition shall take effect upon the Order's effective date and shall continue while Licensee possesses a license in New York; and

I stipulate that my failure to comply with the conditions imposed by this order, if proven and found at a hearing pursuant to N. Y. Pub. Health Law § 230(10), shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(29). I agree that if I am charged with professional misconduct in future, this Application and Order shall be admitted into evidence in that proceeding.

I understand that nothing in this Application shall be construed as an admission by me of any act of alleged misconduct or as a finding of misconduct as to those issues referred to in Exhibit "A". I deny any acts of misconduct and reserve my right to assert all defenses I may have in any later or other proceeding.

I understand and agree that my failure to comply with, successfully complete, or satisfy any of the material conditions of this Order, and/or any unsatisfactory report by the practice monitor (if any), shall vest the Director with the authority, in the exercise of reasonable discretion, to vacate this agreement and shall permit the Director to pursue further investigation and/or prosecution of misconduct charges against me as to the issues set forth in Exhibit "A" to the full extent authorized by the Public Health Law and the Education Law.

I understand that an Order issued upon this Application does not bar prosecution for professional misconduct based upon allegations of violations of N.Y. Educ. Law § 6530 unrelated to the issues set forth in Exhibit "A", whether those alleged violations occurred before or after this Application. The Director may, at such time, also direct counsel to prepare charges that include allegations as to the issues set forth in Exhibit "A".

I agree that, if the Board grants this Application, the Chair of the Board shall issue an Order of Conditions in accordance with its terms. I further agree that the Department of Health shall notify the National Practitioner Data Bank and the Federation of State Medical Boards of this Order of Conditions pursuant to N.Y. Pub. Health Law § 230 and that the change in my licensure status is not disciplinary in nature. This Order of Conditions (with

the exception of Exhibit "A," which shall remain a part of the Investigative files of the Office of Professional Medical Conduct within the meaning of N.Y. Pub. Health Law § 230(10)(a)(v)] shall be posted on the Department of Health website(s).

I make this Application 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 Application, I waive my right to contest the Order for which I apply, whether administratively or judicially, I agree to be bound by the Order, and I ask that the Board grant this Application.

I understand and agree that the attorney for the Department of Health, 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

1/11/17


JOSEPH ORIE, M.D.
LICENSEE

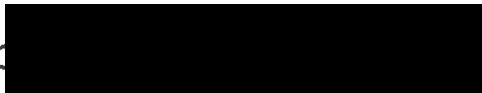
The undersigned agree to Licensee's attached Order of Conditions and to its proposed terms and conditions.

DATE: 1-11-17



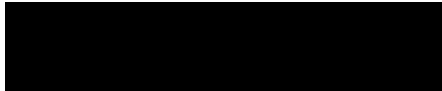
JAMES E. EAGAN, ESQ.
Feldman Klofner, LLP
Attorneys for Licensee

DATE: 1/12/17



TIMOTHY J. MAHAR
Bureau of Professional Medical Conduct

DATE: 1/22/17



KEITH W. SERVIS
Director
Office of Professional Medical Conduct