



# Department of Health

ANDREW M. CUOMO  
Governor

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

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

March 10, 2016

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Gail Ford, D.O.  


Michael Hiser, Esq.  
NYS Department of Health  
ESP-Corning Tower-Room 2515  
Albany, New York 12237

**RE: In the Matter of Gail Ford, D.O.**

Dear Parties:

Enclosed please find the Determination and Order (No. 16-082) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine together with the registration certificate. Delivery shall be by either certified mail or in person to:

Office of Professional Medical Conduct  
New York State Department of Health  
Office of Professional Medical Conduct  
Riverview Center  
150 Broadway - Suite 355  
Albany, New York 12204

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2015) and §230-c subdivisions 1 through 5, (McKinney Supp. 2015), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays penalties other than suspension or revocation until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.


The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Chief Administrative Law Judge  
New York State Department of Health  
Bureau of Adjudication  
Riverview Center  
150 Broadway – Suite 510  
Albany, New York 12204

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,

  
James F. Horan  
Chief Administrative Law Judge  
Bureau of Adjudication

JFH:cah  
Enclosure



by a probationary term of five years, with conditions, is appropriate.

### **BACKGROUND**

This proceeding was commenced pursuant to Public Health Law § 230(10)(p), which provides for an expedited hearing when a licensee is charged solely with a violation of Educ. Law § 6530(9). The Respondent is charged with professional misconduct pursuant to Educ. Law § 6530(9)(b), "having been found guilty of professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state", and § 6530(d), "having (her) license to practice medicine revoked, suspended or having other disciplinary action taken..." where the conduct resulting in the disciplinary action taken against her license to practice medicine would, if committed in the state of New York, constitute professional misconduct under the laws of the state of New York. Copies of the Notice of Referral Proceeding and the Statement of Charges are attached to this Determination and Order as Appendix I.

This case is based on a Final Decision and Order of the New Hampshire Board of Medicine ("New Hampshire Board") dated July 15, 2014, finding Respondent knowingly provided false information on her license renewal application by making false affirmative statements and failing to disclose material facts in her answers to questions related to her history of emotional, mental, or physical illness, whether she had been subject to an investigation related to her medical practice and reported to the National Practitioner's Databank, and whether she had entered into an agreement with a licensing agency. Whether the New Hampshire Board's findings are misconduct here hinges on whether the underlying conduct would constitute professional misconduct in New York. The Department charges that had Respondent's conduct occurred in New York, it would have constituted practicing the profession fraudulently, a willful failure to comply with substantial provisions of state

laws governing the practice of medicine, and the willful making or filing of a false report required by law or the Department or the Educ. Department, as defined in Educ. Law §§ 6530(2), 6530(16), and 6530(21), respectively. [Ex. 1, 4].

### **FINDINGS OF FACT**

These Findings of Fact were made by the Hearing Committee after a review of the record in this matter. Under PHL § 230(10), the Department had the burden of proving its case by a preponderance of the evidence. The references in brackets refer to exhibits ["Ex."] and testimony ["T."]. The following findings and conclusions are the unanimous determinations of the Hearing Committee:

1. Gail Ford, D.O., the Respondent, was authorized to practice medicine on December 23, 1991, by the issuance of license number 187908 by the Educ. Department. [Ex. 1, 3].
2. On March 1, 2013, the Respondent entered into a stipulation with the Idaho State Board of Medicine ("Idaho Board"), resulting from complaints involving her professional practice at an Idaho medical center, agreeing not to practice medicine or surgery until a final determination was made regarding whether her physical and mental impairments affected her ability to practice medicine. In an Order dated March 20, 2013, the Idaho Board accepted the Respondent's voluntary surrender of her Idaho medical license to resolve professional misconduct allegations against her. [Ex. 4, T. 28-29].
3. In a medical license renewal application in the state of New Hampshire dated June 13, 2013, the Respondent answered "no" to questions asking whether she had entered into any agreement with a licensing body, whether she suffered from had any "emotional disturbance or mental or physical illness," whether she had been "reported to the National Practitioner's Data Bank..." whether she had ever been "the subject of an investigation...regarding the practice of medicine" and

whether she ever had any hospital privileges “suspended, limited or denied other than for medical records violations.” The Respondent answered “yes” to the question whether she had “surrendered...a license to practice medicine in any state other than New Hampshire” but she never enclosed, as part of her answer, the required documents to support that answer. [Ex. 4].

4. In a Final Decision and Order dated July 15, 2014, the New Hampshire Board of Medicine “New Hampshire Board” found that the Respondent engaged in professional misconduct as a result of her violation of New Hampshire laws by “providing false information on her license renewal application in the form of making false affirmative statements and/or failing to disclose material facts” and suspended her medical license indefinitely. [Ex. 4].

### **VOTE OF THE HEARING COMMITTEE**

#### **FIRST SPECIFICATION**

The Hearing Committee concluded that the evidence supports sustaining the charge that the Respondent committed misconduct as defined in Educ. Law § 6530(9)(d).

VOTE: Sustained (3-0)

#### **SECOND SPECIFICATION**

The Hearing Committee concluded that the evidence supports sustaining the charge that the Respondent committed misconduct as defined in Educ. Law § 6530(9)(b).

VOTE: Sustained (3-0)

### **CONCLUSIONS OF LAW**

The Respondent admitted at the hearing that she provided incorrect answers on the renewal application in March of 2013 but she testified that her conduct was the result of an acute flare-up of post-traumatic stress disorder (“PTSD”), which had not yet been diagnosed at the time she provided

the answers. The Hearing Committee considered that the Respondent's therapist, Mr. Stahn, did not begin treating the Respondent for PTSD until April of 2015, which was more than two years after the New Hampshire renewal application was submitted. Although Mr. Stahn testified that PTSD can cause "anxiety," which can "preclude a person from bringing information to the forefront that is necessary," and it can affect the "ability to accurately access information," the Hearing Committee did not believe that the condition was to blame for the Respondent's untruthful answers. [T. 26, 31-32, 35-38, 53-54].

The Hearing Committee noted that in letters dated June and November of 2013, the Respondent was capable of taking the time to provide details to the New Hampshire Board explaining that she answered "no" to questions involving her medical practice in Idaho and her history of emotional, mental, or physical disturbances because to answer "yes" made her feel "like a criminal." Also, she elaborated on the toll the license surrender in Idaho took on her medical practice and she explained that the surrender was "due to physical concerns." Although she responded to one question regarding the license surrender truthfully, she failed to complete the answer by providing the New Hampshire Board with required documentation to support it. [Ex. 4, T. 36-37, 56].

The Hearing Committee considered that medical license renewal applications are used as a tool to assess veracity and they are required in order to gather updated and accurate information from physicians. At the hearing, the Respondent rationalized her untruths, in part, by attributing them to the New Hampshire Board's interpretation of her answers as "misinformation at the time," which the Hearing Committee believed diminished the sincerity of her admissions. In addition to the PTSD symptoms, the Respondent attributed her incorrect answers to other factors, such as excessive stress at her job, too many work hours, and poor sleep. The Respondent's excuses for her poor decision-making represented to the Hearing Committee the serious nature of her dysfunction. [T. 26, 66-67].



The Hearing Committee unanimously concludes that the Findings of Fact and Specifications of Misconduct contained in the Statement of Charges were established by a preponderance of the evidence. The Hearing Committee concluded that Respondent's conduct, had it occurred in New York, would have amounted to practicing the profession fraudulently, a willful failure to comply with substantial provisions of state laws governing the practice of medicine and a willful making or filing of a false report required by law or by the Department of Health, as defined in Educ. Law §§ 6530(2), 6520(16), and 6520(21), respectively. The Hearing Committee considered the full spectrum of penalties available by statute, including revocation, suspension and/or probation, censure and reprimand, and the imposition of monetary penalties, and found that the sustained specifications demonstrate the Respondent's lack of insight and introspection into her conduct.

The Hearing Committee concluded that pursuant to PHL § 230-a(2)(e), the Respondent's license should be suspended for a minimum timeframe of 12 months, which will be an actual suspension, and the suspension can only be lifted upon the Respondent satisfying a condition to appear for a hearing pursuant to PHL § 230(7)(a), for the purpose of having a Committee ("Evaluation Committee") determine if a physical or psychiatric examination of the Respondent is necessary. If the Evaluation Committee finds that an examination is necessary, then the provisions under PHL § 230(7)(a) will control the process thereafter. The Evaluation Committee will designate the physician to conduct the examination with input from the Office of Professional Medical Conduct ("OPMC") and the Respondent. Also, the Respondent can choose to have a physician of her choice conduct a separate examination for the Evaluation Committee to review. The Evaluation Committee will review the report from the physician it designated to conduct the examination and, if applicable, the report from the Respondent's examining physician, and then make a determination.

If the Committee finds that there is no need for an examination, then the suspension ends,



but the Hearing Committee imposes a period of probation of five years to begin immediately, pursuant to PHL § 230-a, during which the Respondent's practice as a physician shall be subject to conditions, as provided in the Terms of Probation (Appendix II). The period of the probation shall be tolled while the Respondent is not engaged in the practice of medicine within the state of New York. The Respondent must provide 90 days' notice should she decide to return to New York to practice medicine and shall recommence the practice of medicine within the state of New York only upon the approval of the director of the OPMC and after appearing for a hearing before the Evaluation Committee, pursuant to PHL § 230(7)(a).

### **ORDER**

#### **IT IS HEREBY ORDERED THAT:**

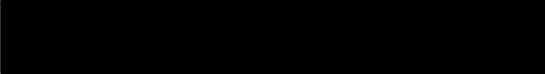
1. The specifications of professional misconduct, as set forth in the Statement of Charges (Appendix I), are **SUSTAINED**;
2. The Respondent's license to practice medicine is suspended for a minimum of 12 months, with the entire timeframe an actual suspension. The suspension can only be lifted upon the Respondent satisfying the condition to appear for a hearing before an Evaluation Committee, pursuant to PHL § 230(7)(a), as stated in the Conclusions of Law above. If the Committee finds that there is no need for an examination, the suspension ends but a period of five years of probation will begin immediately, subject to the conditions provided in the Terms of Probation (Appendix II) and tolled while the Respondent is not engaged in the practice of medicine in the state of New York;
3. The Respondent must provide 90 days' notice should she decide to return to New York to practice medicine and shall recommence the practice of medicine within the state of New York only upon the approval of the director of the OPMC and after an Evaluation Committee renders a

determination or lifts the suspension, as stated in the Conclusions of Law above and pursuant to PHL § 230(7)(a);

4. The Respondent must comply with the terms of this Determination and Order and all the Terms of Probation attached to this Determination and Order; and

5. This Order shall be effective upon service on the Respondent in accordance with the requirements of PHL § 230(10)(h).

DATED: Albany, New York  
March 5, 2016

  
Mary E. Rappazzo, M.D. *MR*  
Chairperson

David F. Irvine, DHSc, P.A.  
Samuel F. Bosco, M.D.

TO: Gail Ford, D.O.  


Michael Hiser, Esq.  
Deputy Counsel  
New York State Department of Health  
Bureau of Professional Medical Conduct  
Corning Tower Building – Room 2512  
Empire State Plaza  
Albany, New York 12237

APPENDIX I

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

IN THE MATTER  
OF  
GAIL FORD, D.O.

NOTICE OF  
REFERRAL  
PROCEEDING

TO: Gail Ford, D.O.



PLEASE TAKE NOTICE THAT:

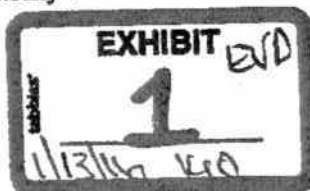
An adjudicatory proceeding will be held pursuant to the provisions of N.Y. Pub. Health Law §230(10)(p) and N.Y. State Admin. Proc. Act §§301-307 and 401. The proceeding will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct (Committee) on December 16, 2015, at 10:30 a.m., at the offices of the New York State Department of Health, Riverview Center, 150 Broadway, Suite 510, Menands (Albany), NY 12204-2719.<sup>1</sup>

At the proceeding, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the proceeding will be made and the witnesses at the proceeding will be sworn and examined.

You may appear in person at the proceeding and may be represented by counsel who shall be an attorney admitted to practice in New York state. You may produce evidence or sworn testimony on your behalf. Such evidence or sworn testimony shall be strictly limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. Where the charges are based on the conviction of state law crimes in other jurisdictions, evidence may be offered which would show that the conviction would not be a crime in New York State. The Committee also may limit the number of witnesses whose testimony will be received, as well as the length of time any witness will be permitted to testify.

If you intend to present sworn testimony, the number of witnesses and an estimate of the time necessary for their direct examination must be submitted to the New York State

<sup>1</sup> For GPS purposes, enter "Menands", not "Albany".



Department of Health, Division of Legal Affairs, Bureau of Adjudication, Riverview Center, 150 Broadway - Suite 510, Albany, NY 12204-2719, ATTENTION: HON. JAMES HORAN, DIRECTOR, BUREAU OF ADJUDICATION (Telephone: (518-402-0748), (henceforth "Bureau of Adjudication") as well as the Department of Health attorney indicated below, no later than twenty days prior to the scheduled date of the Referral Proceeding, as indicated above.

Pursuant to the provisions of N.Y. Pub. Health Law §230(10)(p), you shall file a written answer to each of the charges and allegations in the Statement of Charges not later than ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose name appears below. You may file a written brief and affidavits with the Committee. Six copies of all papers you submit must be filed with the Bureau of Adjudication at the address indicated above, no later than fourteen days prior to the scheduled date of the Referral Proceeding, and a copy of all papers must be served on the same date on the Department of Health attorney indicated below. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of N.Y. State Admin. Proc. Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

**YOU ARE HEREBY ADVISED THAT THE ATTACHED CHARGES WILL BE MADE PUBLIC FIVE BUSINESS DAYS AFTER THEY ARE SERVED.**

Department attorney: Initial here 


The proceeding may be held whether or not you appear. Please note that requests for adjournments must be made in writing to the Bureau of Adjudication, at the address indicated above, with a copy of the request to the attorney for the Department of Health, whose name appears below, at least five days prior to the scheduled date of the proceeding. Adjournment requests are not routinely granted. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation. Failure to obtain an

attorney within a reasonable period of time prior to the proceeding will not be grounds for an adjournment.

The Committee will make a written report of its findings, conclusions as to guilt, and a determination. Such determination may be reviewed by the administrative review board for professional medical conduct.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET OUT IN NEW YORK PUBLIC HEALTH LAW §§230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York  
September 16, 2015

  
MICHAEL A. HISER  
Deputy Counsel  
Bureau of Professional Medical Conduct

Inquiries should be addressed to:

Michael A. Hiser  
Deputy Counsel  
Bureau of Professional Medical Conduct  
Corning Tower - Room 2512  
Empire State Plaza  
Albany, NY 12237  
(518) 473-4282



IN THE MATTER

OF

GAIL FORD, D.O.

STATEMENT  
OF  
CHARGES

Gail Ford, D.O., the Respondent, was authorized to practice medicine in New York State on or about December 23, 1991, by the issuance of license number 187908 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. By the Final Decision and Order dated July 15, 2014, the New Hampshire Board of Medicine ("New Hampshire Board") issued a "Final Decision and Order". The New Hampshire Board took disciplinary action against the licensee for her knowingly providing false information on her license renewal application in the form of making false affirmative statements and/or failing to disclose material facts. The material facts that Respondent failed to accurately respond to involved her answers to questions on the license renewal application dated on or about June 13, 2013 wherein Respondent denied that she had entered into an agreement with a licensing body for any reason, where she denied she had any emotional disturbance or mental or physical illness which impaired her ability to practice medicine, where she denied that she had been reported to the National Practitioner's Databank, and where she denied that she had been subject of an investigation regarding the practice of medicine, among others. Respondent's answers as aforesaid were untrue.

B. The conduct for which Respondent was to have been disciplined by the New Hampshire Board would, if committed in New York State, constitute professional misconduct under the laws of New York State, as follows:

1. New York Education Law §6530(2) (practicing the profession fraudulently); and/or
2. New York Education Law §6530(16) (a willful failure to comply with substantial provisions of state laws governing the practice of medicine); and/or
3. New York Education Law §6530(21) (willfully making or filing a false report required by law or by the Department of Health or by the Education Department).

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct as alleged in the facts of the following:


1. The facts in paragraphs A and B.

SECOND SPECIFICATION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(d) by having his or her license to practice medicine revoked, suspended or having other disciplinary action taken, or having his or her application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered his or her license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the license would, if committed in New York state, constitute professional misconduct as alleged in the facts of the following:

2. The facts in paragraphs A and B.

DATE: September 21, 2015  
Albany, New York

  
MICHAEL A. HISER  
Deputy Counsel  
Bureau of Professional Medical Conduct

## APPENDIX II

## TERMS OF PROBATION

1. If the Evaluation Committee, pursuant to PHL § 230(7)(a), determines that the suspension is lifted, which can only occur after an actual suspension of at least 12 months, a period of five years of probation shall begin, pursuant to PHL §230-a, during which the Respondent's practice as a physician shall be subject to conditions imposed for a period of no less than five years. The minimum conditions shall include the following:
  - a. The Respondent shall be required to comply with the terms of a continuing after-care treatment plan addressing any major problems associated with the Respondent's condition.
  - b. At the direction of the director of the OPMC, the Respondent shall submit to period interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the director. This practitioner shall report to the director regarding the Respondent's condition.
  - c. The Respondent's medical practice shall be supervised by a licensed physician ("practice supervisor") proposed by the Respondent and approved, in writing, by the director or the OPMC. The supervising physician shall be familiar with the Respondent's history of impairment and with the order and its conditions. The supervising physician shall supervise the Respondent's compliance with the conditions of practice imposed by the Determination and Order. The supervising physician shall be in a position to regularly observe and assess the Respondent's medical practice. The supervising physician shall oversee the Respondent's prescribing, administering, dispensing, inventorying and wasting of controlled substances. The supervising physician shall acknowledge willingness to comply with the supervision terms by executing the acknowledgment provided by the OPMC.
    - i. The Respondent shall ensure that the supervising physician submits quarterly reports to the OPMC regarding the quality of the Respondent's medical practice, any unexplained absences from work, and

- certifying the Respondent's compliance with each condition imposed, or detailing, if applicable, the Respondent's failure to comply.
- ii. The supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to the OPMC.
- d. The Respondent shall continue in treatment with a health care professional or program proposed by the Respondent and approved, in writing, by the director of the OPMC, for as long as the health care professional determines it is necessary.
- i. The Respondent shall ensure that the health care professional submits quarterly reports to the OPMC certifying that the Respondent is in compliance with treatment, or detailing the Respondent's failure to comply.
  - ii. The health care professional shall report to the OPMC immediately if the Respondent is non-compliant with the treatment plan or demonstrates any significant pattern of absences.
  - iii. The health care professional shall acknowledge willingness to comply with the reporting requirements with respect to treatment by executing the acknowledgement provided by the OPMC.
- e. The licensee shall provide the director of the OPMC with, and ensure to keep current and effective, fully executed waivers of patient confidentiality concerning any prior or prospective evaluation and treatment records; these waivers shall comply with the requirements of federal confidentiality laws and regulations, including but not limited to: HIPAA, Public Law 104-191, et. seq., and the laws governing confidentiality of substance abuse records, at 42 U.S.C. §§ 290dd-3 and ee-3 and 42 C.F.R., Part 2.
2. The terms set forth in paragraph (1) are the minimum probation terms related to fitness to practice to be imposed on the Respondent upon the termination of the Respondent's license

suspension, and other terms may be added by the Evaluation Committee. All compliance costs shall be the Respondent's responsibility. The Respondent's failure to comply with any condition imposed at the time of suspension termination may result in disciplinary action against the Respondent with charges of professional misconduct as defined by the Educ. Law, including, but not limited to, Educ. Law § 6530(29).

3. In addition to the terms set out in paragraph (1), the Respondent shall also be subject to the following standard terms of probation:
  - a. The Respondent's conduct shall conform to moral and professional standards of conduct and governing law.
  - b. Any civil penalty not paid by the Respondent by the prescribed date shall subject the Respondent to all legal provisions pertaining to debt collection, including the imposition of interest, late payment charges and collection fees, referral of the debt to the New York State Department of Taxation and Finance for collection, and the non-renewal of permits or licenses. [Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
  - c. The probation period shall toll when the Respondent is not engaged in active medical practice in the state of New York for a period of 30 consecutive days or more. The Respondent shall notify the director of OPMC, in writing, if the Respondent is not currently engaged in, or intends to leave, active medical practice in the state of New York for a consecutive 30-day period. The Respondent shall then notify the director again at least 14 days before returning to active practice. Upon the Respondent's return to active practice in the state of New York, the probation period shall resume and the Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the director may impose as reasonably necessary to protect the public health.
  - d. The Respondent's professional performance may be reviewed by the director of the OPMC. This review may include, but shall not be limited to, a review of office records, patient records, hospital charts, and/or electronic records, as well as interviews and/or periodic visits with the Respondent and staff at practice locations or the OPMC offices.
  - e. The Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. The Respondent shall ensure



education, training and oversight of all office personnel involved in medical care, with respect to these practices.

- f. The Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical record shall contain all information required by state rules and regulations regarding controlled substances.
- g. The Respondent shall comply with the Determination and Order and all the associated terms, conditions, restrictions, limitations and penalties and shall be responsible for all associated compliance costs. Upon receiving evidence of non-compliance with the Determination and Order, or any violation of its terms, the director of the OPMC and/or the Board may initiate a violation of probation proceeding and/or any other proceeding against the Respondent authorized by law.