

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Paul Fox, M.D.  
License No.: 029514

Petition No. 2012-241

**VOLUNTARY SURRENDER**

Paul Fox, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice medicine and surgery. I presently hold license number 029514.
4. I hereby voluntarily surrender my license to practice medicine in the State of Connecticut.
5. While admitting no guilt or wrongdoing, I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2012-241 shall not be contested before the Department or Connecticut Medical Examining Board ("Board"). I further understand that any such application must be made to the Department which shall have discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and file in Petition Number 2012-241 are public documents and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this surrender of my license is an event that is reportable to the National Practitioner Data Bank, will appear on my physician profile pursuant to Connecticut General Statutes 20-13j, and is public information.
9. Within ten days of the Department's execution of this document, I agree to surrender my state and federal Controlled Substance Registrations to the issuing authorities.
10. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2012-241.

11. I understand that I have the right to consult with an attorney prior to signing this affidavit.
12. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
13. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect or apply to any claim of civil liability that might be brought against me.
14. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

  
 Paul Fox, M.D.

Subscribed and sworn to before me this 13<sup>th</sup> day of July 2012.

P.Y.M. Yeung, JP  
 #5164  
 HAMILTON  
 Justice of the Peace for New Zealand Notary Public  
 Commissioner of Superior Court

Accepted: Wendy H. Furniss  
 Wendy H. Furniss  
~~Jennifer Filippone, Section Chief~~  
~~Practitioner Licensing and Investigations~~  
 Healthcare Quality and Safety Branch

7/16/12  
 Date