

State of New Hampshire
Board of Medicine
Concord, New Hampshire

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NH BOARD

In the Matter of:
George M. Nowak, M.D.
License No. 9167
(Adjudicatory Proceedings)

PRELIMINARY AGREEMENT FOR PRACTICE RESTRICTIONS

The New Hampshire Board of Medicine ("Board") granted George M. Nowak, M.D. ("Respondent") a State of New Hampshire license to practice medicine on May 4, 1994. Respondent holds license number 9167.

Respondent enters into a Preliminary Agreement with the Board as follows:

1. Recognizing that I am currently under investigation by the Board and that Acumen Assessments recently made a number of recommendations regarding my fitness to practice medicine, I, George M. Nowak, M.D., hereby voluntarily agree to abide by all of the conditions of practice set forth in paragraphs two (2) through nine (9) in this agreement until further notice of the Board.
2. I agree to enter into a monitoring contract with New Hampshire Professionals Health Program (NHPHP), within fifteen (15) days of the effective date of this agreement, for whatever period deemed necessary by NHPHP.
3. I agree to maintain a NHPHP approved psychotherapy treatment provider for weekly visits for at least six (6) months following the effective date of this agreement, followed by bi-monthly appointments for a time deemed appropriate by those who are treating me in

coordination with NHPHP. I further agree to participate in any follow-up treatment recommended by the Keystone Center.

4. I agree to (a) refrain from conducting psychotherapy with female patients, with the exception of my two existing female patients (who are both over the age of sixty (60)); (b) refrain from conducting Suboxone treatment with any new female patients for more than emergency services at addiction recovery services for no longer than a three (3) week period; (c) not see any female medication management patients for more than 15-20 minutes for follow-up appointments and 60-90 minutes for initial medication consultations; (d) always have a receptionist in the office while I am working, but that in the rare event that the receptionist needs to leave the office expectantly, I must contact NHPHP as soon as I know if the receptionist needing to leave and may keep scheduled appointments as to not disrupt patient care; and (e) not provide after office hours visits, home visits, or emergency interventions.

5. I agree to consult with a provider about an alternative antidepressant trial, such as Prozac, as well as a trial of Naltrexone. I further agree to abide by any recommendations made by the provider regarding these trials.

6. I agree to practice at all times in full accordance with any applicable federal, state, local, organizational, and professional regulations, as well as any applicable ethical guidelines and best practices.

7. I agree to remain abstinent from all substances of abuse.

8. I agree that investigators from the Board and/or the New Hampshire Attorney General's Office may make unannounced visits to my place(s) of employment and/or where medical records of my patients are stored, during regular business hours, in order to monitor

compliance with the terms of this agreement. This monitoring may include, but is not limited to, the review of a random sample of the records of my patients and speaking with office staff.

9. For as long as this agreement is in effect, I agree to furnish a copy of this agreement to any company or entity for which I use my medical license or any company or entity for which I apply for work which requires a medical degree and/or medical license or directly or indirectly involves patient care.

10. I understand that the breach of any terms or conditions of this agreement shall constitute unprofessional conduct pursuant to RSA 329:17, VI (d), and a sufficient basis for disciplinary action by the Board.

11. I admit to no violations of RSA 329:17, VI or any other laws, statutes or regulations.

12. Due to the current ongoing status of the investigation, I retain the right to request a hearing on the matters underlying this Preliminary Agreement for Practice Restrictions.


13. Understanding that these restrictions shall remain until further order of the Board, I hereby specifically waive any statute of limitations, laches, or other statutory or regulatory time limitations defenses, which might then be available as to any potential misconduct allegations related to the nature of the Board's ongoing investigation.

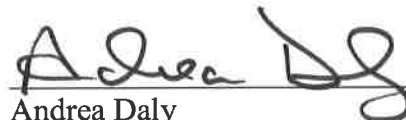
14. I further understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.

15. I voluntarily enter into this agreement with the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

FOR RESPONDENT

Date: 12/14/15


George M. Nowak, M.D.
Respondent



Andrea Daly
Counsel for Respondent

FOR THE BOARD

This Preliminary Agreement is hereby accepted in accordance with the binding terms and conditions set forth above.

Date: 1/4/2016


(Signature)


Name
Authorized Representative of the
New Hampshire Board of Medicine