

New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D.,M.P.H., Dr. P.H. Commissioner NYS Department of Health

Dennis P. Whalen Executive Deputy Commissioner NYS Department of Health

Dennis J. Graziano, Director Office of Professional Medical Conduct William P. Dillon, M.D. Chair

Denise M. Bolan, R.P.A. Vice Chair

Ansel R. Marks, M.D., J.D. Executive Secretary

December 20, 2001

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Kajal Saha, M.D. 701 Silver Lake-Scotchtown Road Middletown, New York 10941

RE: License No. 167594

Dear Dr. Saha:

Enclosed please find Order #BPMC 01-316 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect December 20, 2001.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincere

Ansel R. Marks, M.D., J.D. Executive Secretary Board for Professional Medical Conduct

Enclosure

cc: Lee S. Goldsmith, Esq.
Goldsmith and Richman, P.C.
747 3rd Avenue
New York, NY 10017

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

IN THE MATTER OF KAJAL SAHA, M.D. CONSENT ORDER

BPMC No. 01-316

Upon the proposed agreement of Kajal Saha, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 12/20/01

Chair State Board for Professional Medical Conduct

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

IN THE MATTER OF KAJAL SAHA, M.D. CONSENT AGREEMENT AND ORDER

Kajal Saha, M.D., representing all statements herein made to be true, deposes and says:

That on or about August 21, 1986, I was licensed to practice as a physician in the State of New York, having been issued License No. 167594 by the New York State Education Department.

My current address is 701 Silver Lake-Scotchtown Road, Middletown, New York 10941, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I admit guilt to the specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

Censure and Reprimand.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That Respondent shall maintain active registration of Respondent's license with the New York State

Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his/her license; and

That Respondent fully cooperated and shall continue to cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED 11/21/2001.

Kajal Kumer Saha, mD KAJAL SAHA, M.D.

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: _____

DATE: /o

DATE: 12/19/01

LEE S. GOLDSMITH, ESQ. Attorney for Respondent

NANCY STROHMEYER ASSISTANT COUNSEL Bureau of Professional Medical Conduct

DENNIS J. GRAZIANO Director Office of Professional Medical Conduct

EXHIBIT "A"	
NEW YORK STATE DEPARTMENT OF HEALT STATE BOARD FOR PROFESSIONAL MEDICAL CONDUC	H CT
IN THE MATTER	
OF	STATEMENT
KAJAL SAHA, M.D.	OF
	CHARGES

KAJAL SAHA, M.D., the Respondent, was authorized to practice medicine in New York State on or about August 21, 1986, by the issuance of license number 167594 by the New York State Education Department.

FACTUAL ALLEGATIONS

 A. On or about August 13, 1999, Respondent, a psychiatrist, performed the Annual Psychiatric Evaluation on Patient A (identified in Appendix "A".)
 Report of this evaluation had been due before Patient A's August 8 commitment anniversary and Respondent actually wrote the report in September of 1999.

1. Respondent falsely dated the signature August 13, 1999.

SPECIFICATION OF CHARGES FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

1. Paragraph A. and A.1.

DATED:	November , 2001 New York, New York			
			Roy Nemerson Deputy Counsel Bureau of Professional Medical Conduct	- -
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