



Department of Health

ANDREW M. CUOMO
Governor

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

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

December 23, 2019

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Sameh S. Wahba, M.D.

Re: License No. 196839

Dear Dr. Wahba:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 19-311. This order and any penalty provided therein goes into effect January 10, 2020.

You are required to deliver your license and registration within 5 days of the effective date of the surrender provision to: c/o Physician Monitoring Unit, NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719.

If your license is framed, please remove it from the frame and only send the parchment paper on which your name is printed. Our office is unable to store framed licenses.

If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Please complete and sign the affidavit before a notary public and return it to the Office of Professional Medical Conduct.

Please direct any questions to: NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719, telephone # (518) 402-0846.

Sincerely,


Jonathan P. Curtin, M.D.
Medical Director
Physician Monitoring Program
Office of Professional Medical Conduct

Enclosure

cc: Alexander G. Bateman, Jr.
Ruskin, Moscou, Faltischek, PC.
1425 RXR Plaza
East Tower, 15th Fl.
Uniondale, New York 11556-1425

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

BPMC No. 19-311

IN THE MATTER
OF
SAMEH WAHBA, M.D.

SURRENDER
ORDER

Upon the application of (Respondent) SAMEH WAHBA, M.D., to surrender his or her
license as a physician in the State of New York, which is made a part of this Surrender Order, it
is

ORDERED, that the Surrender, and its terms, are adopted and it is further

ORDERED, that Respondent's name be stricken from the roster of physicians in the
State of New York; it is further

ORDERED, that this Order shall be effective by close of business on January 10, 2020.

SO ORDERED.

DATE: 12/21/2019


CARMELA TORRELLI
Vice 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
SAMEH WAHBA, M.D.

SURRENDER
OF
LICENSE
AND
ORDER

SAMEH WAHBA, M.D., represents that all of the following statements are true:

That on or about August 9, 1994, I was licensed to practice as a physician in the State of New York and issued License No. 196839 by the New York State Education Department.

My current address is [REDACTED]

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", which is attached to and part of this Surrender of License.

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I assert that I cannot successfully defend against at least one of the acts of misconduct alleged in full satisfaction of the charges against me.

I ask the Board to accept my Surrender of License, and I agree to be bound by all of the terms set forth in attached Exhibit "B".

I understand that, if the Board does not accept my Surrender of License, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged;

this application shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board accepts my Surrender of License, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that this Order shall take effect by close of business on January 10, 2020. The Surrender Order, this agreement, and all attached exhibits shall be public documents, with only patient identities or other confidential information, if any, redacted. As public documents, they may be posted on the Department's website(s). OPMC shall report this action to the National Practitioner Data Bank, the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I ask the Board to accept this Surrender of License, which I submit 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 Surrender of License, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I understand and agree that the attorney for the Department, 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 02/18/19



SAMEH WAHBA, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Surrender of License and Order and to its proposed penalty, terms and conditions.

DATE: 12/18/19


ALEX BATEMAN, JR, ESQ.
Attorney for Respondent

DATE: 12/18/19


LESLIE EISENBERG
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 12/19/19


PAULA M. BREEN
Acting Director
Office of Professional Medical Conduct

EXHIBIT A

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

IN THE MATTER

OF

SAMEH WAHBA, M.D.

STATEMENT

OF

CHARGES

SAMEH WAHBA, M.D., the Respondent, was authorized to practice medicine in New York State on or about August 9, 1994, by the issuance of license number 196839 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent, a board-certified psychiatrist, treated Patient A from on or about July 11, 2017 through on or about October 31, 2018. (Patient names are listed in the Appendix.) Respondent's care deviated from minimally accepted standards in that he:

1. Engaged in an inappropriate, sexualized relationship with the patient, and
2. Failed to:
 - a. perform and/or note an adequate and thorough diagnostic assessment, and/or
 - b. devise and implement an appropriate treatment plan, and/or
 - c. appropriately follow-up on and/or reassess treatment, and/or
 - d. communicate and/or collaborate with other treatment providers, and/or
 - e. adequately and appropriately follow-up on patient hospitalizations, and/or
 - f. maintain an accurate record of the evaluation and treatment rendered to the patient
3. Inappropriately:

- a. Treated the patient and/or modified treatment, without appropriate medical rationale, and/or
- b. prescribed controlled substance medications, with high risk for misuse, including but not limited to Xanax and Adderall, without appropriate medical rationale.

B. Respondent treated Patient B from on or about May 6, 2015 through in or about August 18, 2015. Patient B expired on September 5, 2015. Respondent's care deviated from minimally accepted standards in that he:

1. Failed to:

- a. perform and/or note an adequate and thorough diagnostic assessment, and/or
- b. utilize non-prescription treatment modalities, and/or
- c. ensure appropriate treatment for addiction, and/or
- d. devise and implement an appropriate treatment plan, and/or
- e. appropriately utilize toxicology testing and/or respond to toxicology results, and/or
- f. appropriately follow-up on and/or reassess treatment, and/or
- g. appropriately respond to evidence of possible misuse of prescribed medications, and/or
- h. maintain an accurate record of the evaluation and treatment rendered to the patient.

2. Inappropriately:

- a. Treated the patient and/or modified treatment, without appropriate medical rationale, and/or
- b. treated for addiction without a multi-modality plan, and/or
- c. prescribed controlled substance medications, with high risk for misuse, including but not limited to Xanax, without appropriate medical rationale, and/or
- d. prescribed buprenorphine without following appropriate protocols.

C. Respondent treated Patient C (spouse of Patient D) from on or about September 29, 2009 through in or about February 23, 2016. Respondent's care deviated from minimally accepted standards in that he:

1. Failed to:
 - a. perform and/or note an adequate and thorough diagnostic assessment, and/or
 - b. devise and implement an appropriate treatment plan, and/or
 - c. appropriately follow-up on and/or reassess treatment, and/or
 - d. appropriately respond to evidence of possible misuse and/or side effects of prescribed medications, and/or
 - e. adequately and appropriately follow-up on patient hospitalizations, and/or
 - f. appropriately utilize toxicology testing and/or respond to toxicology results, and/or
 - g. maintain an accurate record of the evaluation and treatment rendered to the patient.
2. Inappropriately:
 - a. Treated the patient and/or modified treatment, without appropriate medical rationale, and/or
 - b. prescribed controlled substance medications, with high risk for misuse, without appropriate medical rationale.

D. Respondent treated Patient D (spouse of Patient C) on or about June 30, 2008, and then from on or about August 14, 2014 through in or about February 23, 2016. Respondent's care deviated from minimally accepted standards in that he:

1. Failed to:
 - a. Perform and/or note an adequate and thorough diagnostic assessment, and/or
 - b. devise and implement an appropriate treatment plan, and/or
 - c. appropriately follow-up on and/or reassess treatment, and/or

- d. appropriately respond to evidence of possible misuse and/or side effects of prescribed medications, and/or
- e. adequately and appropriately follow-up on patient hospitalizations, and/or
- f. appropriately utilize toxicology testing and/or respond to toxicology results, and/or
- g. maintain an accurate record of the evaluation and treatment rendered to the patient.

2. Inappropriately:

- a. Treated the patient and/or modified treatment, without appropriate medical rationale, and/or
- b. prescribed controlled substance medications, with high risk for misuse, without appropriate medical rationale.

E. Respondent treated Patient E from on or about December 8, 2014 through in or about September 20, 2016. Respondent's care deviated from minimally accepted standards in that he:

1. Failed to:

- a. perform and/or note an adequate and thorough diagnostic assessment, and/or
- b. devise and implement an appropriate treatment plan, and/or
- c. appropriately follow-up on and/or reassess treatment, and/or
- d. appropriately respond to evidence of possible misuse and/or side effects of prescribed medications, and/or
- e. appropriately address potentially new symptoms, including but not limited to disorganized thoughts and paranoia, and/or
- f. appropriately assess risk of self harm, and/or
- g. maintain an accurate record of the evaluation and treatment rendered to the patient.

2. Inappropriately:

- a. Treated the patient and/or modified treatment, without appropriate medical rationale, and/or
- b. prescribed controlled substance medications, with high risk for misuse, including but not limited to Xanax and Adderall, without appropriate medical rationale, and/or
- c. Prescribed Olanzapine (pimozide, an antipsychotic medication) without appropriate medical rationale, and/or
- d. Prescribed medications without considering potential side effects and/or interactions with other medications.

F. Respondent treated Patient F from on or about January 2, 2013 through in or about June 9, 2016. Respondent's care deviated from minimally accepted standards in that he:

- 1. Failed to:
 - a. perform and/or note an adequate and thorough diagnostic assessment, and/or
 - b. devise and implement an appropriate treatment plan, and/or
 - c. appropriately follow-up on and/or reassess treatment, and/or
 - d. adequately and appropriately follow-up on patient hospitalizations, and/or
 - e. appropriately respond to evidence of possible misuse and/or side effects of prescribed medications, and/or
 - f. maintain an accurate record of the evaluation and treatment rendered to the patient.
- 2. Inappropriately:
 - a. Treated the patient and/or modified treatment, without appropriate medical rationale, and/or
 - b. prescribed controlled substance medications, with high risk for misuse, including but not limited to Klonopin, without appropriate medical rationale.

G. Respondent treated Patient G from on or about April 16, 1998 through in April 15, 1999 and then from on or about July 2, 2001 through in or about June 29, 2016.

Respondent's care deviated from minimally accepted standards in that he:

1. Failed to:

- a. perform and/or note an adequate and thorough diagnostic assessment, and/or
- b. devise and implement an appropriate treatment plan, and/or
- c. appropriately follow-up on and/or reassess treatment, and/or
- d. appropriately respond to evidence of possible side effects of prescribed medications, and/or
- e. appropriately address potentially new symptoms, including but not limited to issues with short term memory, and/or
- f. appropriately utilize toxicology testing and/or respond to toxicology results, and/or
- g. maintain an accurate record of the evaluation and treatment rendered to the patient.

2. Inappropriately:

- a. Treated the patient and/or modified treatment, without appropriate medical rationale, and/or
- b. prescribed controlled substance medications, with high risk for misuse, without appropriate medical rationale.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

1. Paragraph A and A(1).

SECOND SPECIFICATION

GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

2. Paragraph A and its subparagraphs and/or Paragraph B and its subparagraphs and/or Paragraph C and its subparagraphs and /or Paragraph D and its subparagraphs and/or Paragraph E and its subparagraphs and/or Paragraph F and its subparagraphs and/or Paragraph G and its subparagraphs.

THIRD SPECIFICATION

GROSS INCOMPETENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

3. Paragraph A and its subparagraphs and/or Paragraph B and its subparagraphs and/or Paragraph C and its subparagraphs and/or Paragraph D and its subparagraphs and/or Paragraph E and its subparagraphs and/or Paragraph F and its subparagraphs and/or Paragraph G and its subparagraphs.

FOURTH - TENTH SPECIFICATIONS

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

4. Paragraph A and its subparagraphs.
5. Paragraph B and its subparagraphs.
6. Paragraph C and its subparagraphs.
7. Paragraph D and its subparagraphs.

8. Paragraph E and its subparagraphs.
9. Paragraph F and its subparagraphs.
10. Paragraph G and its subparagraphs.

ELEVENTH - SEVENTEENTH SPECIFICATIONS

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

11. Paragraph A and its subparagraphs.
12. Paragraph B and its subparagraphs.
13. Paragraph C and its subparagraphs.
14. Paragraph D and its subparagraphs.
15. Paragraph E and its subparagraphs.
16. Paragraph F and its subparagraphs.
17. Paragraph G and its subparagraphs.

EIGHTEENTH – TWENTY FOURTH SPECIFICATIONS

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 evaluation and treatment of the patient, as alleged in the facts of:

18. Paragraph A and A(2)(f).
19. Paragraph B and B(1)(h).
20. Paragraph C and C(1)(g).
21. Paragraph D and D(1)(g).
22. Paragraph E and E(1)(g).
23. Paragraph F and F(1)(f).
24. Paragraph G and G(1)(g).

DATE: September 3, 2019
New York, New York


Henry Weintraub
Chief Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

Requirements for Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within 5 days of the Order's effective date, Licensee shall deliver Licensee's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. By close of business on January 10, 2020, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice and shall refer all patients to another licensed practicing physician and/or a licensed psychiatric Nurse Practitioner for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 30 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact person who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.
5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within 15 days of the Order's

effective date, advise the DEA, in writing, of the licensure action and shall surrender Licensee's DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.

6. Within 15 days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
7. Within 15 days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment for up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges of which the Licensee is found guilty and may include revocation of a suspended license.