



New York State Board for Professional Medical Conduct

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

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

PUBLIC

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

September 18, 1998

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Richard Allen Benson, M.D.
2573 Iris Lane
North Bellmore, New York 11710

RE: License No. 193323

Dear Dr. Benson:

Enclosed please find Order #BPMC 98-214 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **September 18, 1998**.

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.

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

Sincerely,

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

Enclosure

cc: Robert Bogan, Esq.

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

-----X

IN THE MATTER : CONSENT
OF : AGREEMENT
RICHARD ALLEN BENSON, M.D. : AND ORDER
: BPMC # 98-214

-----X

STATE OF NEW YORK)
COUNTY OF NASSAU)

RICHARD ALLEN BENSON, M.D., deposes and says:

That on or about June 25, 1993 , I was licensed to practice as a physician in the State of New York, having been issued license number 193323 by the New York State Education Department.

My current address is 249-12A Jericho Turnpike, Floral Park, New York 11001, 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 as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit A.

I hereby agree not to contest the specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

Five (5) year suspension of my medical license from the effective date of this order, such suspension to be stayed upon my obtaining approval in writing from the Director of OPMC of a supervisory physician and a health care professional proposed by me as set forth in Exhibit B, probation for five (5) years from the effective date of this Order under the Terms of Probation attached hereto and made a part hereof as Exhibit B.

I further agree that the Consent Order for which I hereby apply shall impose a condition that, except during periods of actual suspension, I maintain current registration of my 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 continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. I hereby stipulate that any failure by me to comply with such condition shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event that I am charged 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 as of the date of the personal service of this order upon me, upon mailing of this order to me at the address set forth in this agreement or to my attorney by certified mail, 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.

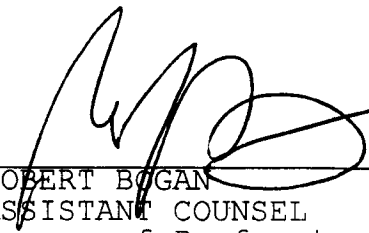
AFFIRMED:


RICHARD ALLEN BENSON, M.D.
RESPONDENT

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


DATE:

3 August 1998


ROBERT BOGAN
ASSISTANT COUNSEL
Bureau of Professional
Medical Conduct

DATE:

September 8, 1998


ANNE F. SAILE
DIRECTOR
Office of Professional
Medical Conduct

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

-----X
IN THE MATTER :
OF : CONSENT
RICHARD ALLEN BENSON, M.D. : ORDER
:
-----X


Upon the proposed agreement of RICHARD ALLEN BENSON, 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 as of the date of the personal service of this order upon Respondent, upon mailing of this 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: 9/14/98


PATRICK F. CARONE, M.D., M.P.H.
Chairperson
State Board for Professional
Medical Conduct



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

-----X

IN THE MATTER : STATEMENT
 OF : OF
 RICHARD ALLEN BENSON, M.D. : CHARGES

-----X

RICHARD ALLEN BENSON, M.D., the Respondent, was authorized to practice medicine in New York State on June 25, 1993, by the issuance of license number 193323 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for an office address at 249-12a Jericho Turnpike, Floral Park, N.Y., 11001.

FACTUAL ALLEGATIONS

1. On or about December 9, 1997 the New York State Board For Professional Medical Conduct issued an Order Of Conditions Pursuant To Section 230(13) Of The Public Health Law with respect to the Respondent, Richard Allen Benson, M.D. A copy of this Order of Conditions is attached as Exhibit 1. The Order Of Conditions set conditions on the practice of the Respondent as provided in Exhibit A of the Stipulation And Application For An Order Of Conditions Pursuant To §230(13) Of The Public Health Law and provided that "Violation(s) of those conditions, if proven and found at a Hearing pursuant to New York Public Health Law §230(10),

shall constitute professional misconduct as defined in N.Y. Educ. Law §6530(29) (McKinney Supp. 1997). _____ (Licensee must initial)."

2. Respondent initialled the applicable portion of the quoted portion set forth in Paragraph 1 above.

3. Respondent was required, by paragraph 9, of Exhibit A set forth in Paragraph 1 above, to be supervised in his medical practice by a licensed physician, proposed by himself as the licensee and approved in writing by the Director of OPMC. The supervising physician was required to execute an acknowledgement indicating willingness to comply with the supervision and to submit quarterly reports. To date, Respondent has not obtained, supervising physicians at his Office, Hospital or Consulting practices, has not submitted acknowledgements from these physicians, and has continued to practice medicine.

SPECIFICATION

HAVING VIOLATED A CONDITION OF § 230 ORDER

Respondent is charged with professional misconduct under N.Y. Educ. Law Sec. 6530(29) by reason of his having violated a condition imposed upon him pursuant to Section 230 of the Public Health Law, in that Petitioner charges:

1. The facts in paragraph 1,2, and/or 3.

DATED: *September 3*, 1998
Albany, New York

Peter D. Van Buren
PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct



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

IN THE MATTER
OF
RICHARD ALLEN BENSON, M.D.

STIPULATION AND
APPLICATION
FOR AN ORDER
OF CONDITIONS
PURSUANT TO
§230(13) OF THE
PUBLIC HEALTH LAW

STATE OF NEW YORK)

ss.:

COUNTY OF)

RICHARD ALLEN BENSON, M.D., being duly sworn, deposes and says:

That on or about June 25, 1993, I was licensed to practice as a physician in the State of New York, having been issued License No. 193323 by the New York State Education Department.

My current residence is 2573 Iris Lane, North Bellmore, NY 11710, my office address is 249-12a Jericho Turnpike, Floral Park, NY 11001, 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 investigated allegations and specifications of professional misconduct on my part relating to my impairment by psychiatric condition.

I am currently unimpaired.

I hereby request that the State Board for Professional Medical Conduct and the Director of the Office of Professional Medical Conduct, in reliance upon the

results of its investigation to date, and upon my current fitness to practice, as I have set forth and sworn to above, decline to bring misconduct charges against me based upon my incapacity to practice as set forth above. In consideration of the granting by the Board and the Director of the Office of Professional Medical Conduct of this application, I hereby apply for and consent to the issuance by the Chairperson of the Board of an Order which will have the full force and effect of an Order of Restoration issued pursuant to New York Public Health Law §230(13)(McKinney Supp. 1997). Such Order shall remain in effect for a period of five years and shall set *Conditions* upon my practice as set forth in Exhibit "A", which is attached to this Application. Violation(s) of those conditions, if proven and found at a Hearing pursuant to New York Public Health Law §230(10), shall constitute professional misconduct as defined in N.Y. Educ. Law §6530(29)(McKinney Supp. 1997). RB (Licensee must initial).

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 any professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the

initiation or 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 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 thereof, I knowingly waive any right I may have to contest the Order for which I hereby apply, whether administratively or judicially, agree to be bound by the order, and ask that the Application be granted.

Richard Allen Benson

RICHARD ALLEN BENSON, M.D.
Licensee

Sworn to before me this

6th day of Oct, 1997

Nancy Sblendorio
NOTARY PUBLIC



NANCY SBLENDORIO
Notary Public, State of New York
No. 0198474397
Qualified in Richmond County
Commission Expires May 31, 1999

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

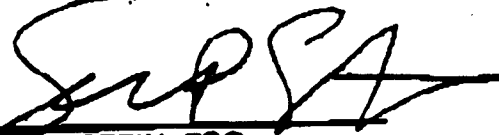
IN THE MATTER
OF
RICHARD ALLEN BENSON

STIPULATION AND
APPLICATION
FOR AN ORDER
OF CONDITIONS
PURSUANT TO
§230(13) OF THE
PUBLIC HEALTH LAW

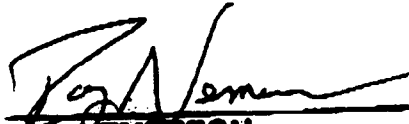
The undersigned agree to the attached application of the Licensee and to the issuance of the proposed Order of Conditions Pursuant to §230(13) of the Public Health Law.

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

DATE: 11/6/97


SETH STEIN, ESQ.
Attorney for Respondent

DATE: 11/6/97


ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

DATE: 11/7/97

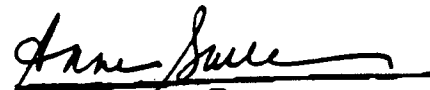

ANNE F. SALE
Director
Office of Professional
Medical Conduct

EXHIBIT A

1. Respondent shall conduct himself/herself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his/her staff at practice locations or OPMC offices.
5. Respondent shall maintain legible and complete medical records which

- accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
6. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.
 7. Licensee shall comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with his or her illness.
 8. At the direction of the Director of OPMC, Licensee shall submit to periodic interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding Licensee's condition and fitness or incapacity to practice medicine.
 9. Licensee shall be supervised in his or her medical practice by a licensed physician, proposed by Licensee and approved in writing by the Director of OPMC, in accordance with the conditions contained in or annexed to the Order.
 - a. Said supervising physician shall be familiar with Licensee's history of mental illness and with the Order and its conditions.
 - b. Said supervising physician shall supervise Licensee's compliance with the conditions of practice imposed by the Order.

- c. Said supervising physician shall be in a position regularly to observe and assess Licensee's medical practice.
 - d. Said supervising physician shall acknowledge his/her willingness to comply with the supervision by executing the acknowledgement provided by OPMC.
 - e. Said supervising physician shall submit to OPMC quarterly reports regarding the quality of Licensee's medical practice, any unexplained absences from work and certifying Licensee's compliance or detailing Licensee's failure to comply with each condition imposed.
 - f. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.
10. Licensee shall continue in treatment with a health care professional, proposed by Licensee and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.
- a. Licensee's treating health care professional or program shall submit to OPMC quarterly reports certifying that Licensee is complying with the treatment.
 - b. Said treating health care professional shall report to OPMC immediately if Licensee is noncompliant with his or her treatment plan or if Licensee demonstrates any significant pattern of absences.
 - c. Said treating health care professional shall acknowledge his/her willingness to comply with the above-mentioned reporting by executing the acknowledgement provided by OPMC.
11. Licensee shall comply with all terms, conditions, restrictions, and limitations to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of

noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate any proceeding against Licensee as may be authorized pursuant to the law.

AUTHORIZATION

I, RICHARD ALLEN BENSON, M.D., authorize all programs in which I have received evaluation, care, and/or treatment for psychiatric conditions to disclose to the New York State Department of Health, Office of Professional Medical Conduct the following information:

ANY AND ALL RECORDS PERTAINING TO MY
EVALUATION AND TREATMENT.

The purpose of the disclosure authorized herein is to provide information which enables and facilitates the New York State Board for Professional Medical Conduct in its performance of duties and responsibilities pursuant to Section 230 of the New York Public Health Law.


RICHARD ALLEN BENSON, M.D.

9/15/97
DATE

PRACTICE SUPERVISOR

ACKNOWLEDGEMENT

I have agreed to act as RICHARD ALLEN BENSON'S (Licensee's) practice supervisor.

I am familiar with the Licensee's history of mental illness.

I am familiar with the minimum terms outlined in the Restoration Order/Temporary Surrender/Voluntary Agreement.

I am not a personal friend or relative of the Licensee.

I will regularly observe and assess the Licensee's medical practice.

I am prepared to direct the Licensee to submit to unannounced, supervised tests of blood, breathalyser and/or urine to detect the presence of drugs or alcohol and will report the results of all such tests to the Office of Professional Medical Conduct on a quarterly basis. I will report any failure or refusal to submit to testing by the Licensee and any positive results within twenty-four (24) hours.

I will submit quarterly reports to the Board regarding the quality of the Licensee's medical practice, work attendance, and overall compliance with the terms and conditions of the Restoration Order/Voluntary Agreement. Should problems arise, or should I become aware that the Licensee has violated any term of the Restoration Order/Voluntary Agreement, I will contact the Office of Professional Medical Conduct within twenty-four (24) hours.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNED: _____

DATED: _____

THERAPY

ACKNOWLEDGMENT

I have agreed to act as Dr. _____ 's therapy monitor.

I am familiar with Dr. _____ 's history of _____

I am familiar with the minimum terms outlined in the _____

I am not a personal friend or relative of Dr. _____

Should I order Dr. _____ to submit to any test for the presence of drugs or alcohol and should he refuse or if the test is positive, I will report the incident to the Office of Professional Medical Conduct within twenty-four (24) hours.

I will submit quarterly reports to the Board for Professional Medical Conduct regarding Dr. _____ 's compliance or any pattern of non-compliance with the terms and conditions of the _____. Should problems arise, or should I become aware that Dr. _____ has violated any term of the _____, I will contact the Office of Professional Medical Conduct within (24) hours.

I will ensure the Office of Professional Medical Conduct is notified should Dr. _____ drop out of treatment or should he fall into a significant pattern of absences.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNED: _____

DATED: _____

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

IN THE MATTER
OF
RICHARD ALLEN BENSON, M.D.

ORDER
OF CONDITIONS
PURSUANT TO
§230(13) OF THE
PUBLIC HEALTH LAW

Upon the proposed agreement of RICHARD ALLEN BENSON, 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 take effect as of the date of the personal
service of this order upon Respondent, upon receipt by Respondent of this order
via certified mail, or seven days after mailing of this order by certified mail,
whichever is earliest.

SO ORDERED.

DATED: 12/9/97

Patrick F. Carone, M.D.
PATRICK F. CARONE, M.D., M.P.H.
Chairperson
State Board for Professional
Medical Conduct

EXHIBIT "B"

1. Respondent shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his profession.

2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.

3. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.

4. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his staff at practice locations or OPMC offices.
5. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
6. Respondent shall comply with all terms, conditions, restrictions, limitations, and penalties to which he is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.
7. Licensee shall comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with his illness.
8. At the direction of the Director of OPMC, Licensee shall submit to periodic interviews with, and evaluations by, a

board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding Licensee's condition and fitness or incapacity to practice medicine.

9. Licensee shall be supervised in his medical practice by a licensed physician, proposed by Licensee and approved in writing by the Director of OPMC, in accordance with the conditions contained in or annexed to the Order.
 - a. Said supervising physician shall be familiar with Licensee's history of mental illness and with the Order and its conditions.
 - b. Said supervising physician shall supervise Licensee's compliance with the conditions of practice imposed by the Order.
 - c. Said supervising physician shall be in a position regularly to observe and assess Licensee's medical practice.
 - d. Said supervising physician shall acknowledge his/her willingness to comply with the supervision by executing the acknowledgement provided by OPMC.
 - e. Said supervising physician shall submit to OPMC quarterly reports regarding the quality of Licensee's medical practice, any unexplained absences from work and certifying Licensee's compliance or detailing Licensee's failure to comply with each condition imposed.

- f. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.
10. Licensee shall continue in treatment with a health care professional, proposed by Licensee and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.
- a. Licensee's treating health care professional or program shall submit to OPMC quarterly reports certifying that Licensee is complying with the treatment.
 - b. Said treating health care professional shall report to OPMC immediately if Licensee is noncompliant with his treatment plan or if Licensee demonstrates any significant pattern of absences.
 - c. Said treating health care professional shall acknowledge his/her willingness to comply with the above-mentioned reporting by executing the acknowledgment provided by OPMC.
11. Licensee shall comply with all terms, conditions, restrictions, and limitations to which he is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate any proceeding against Licensee as may be authorized pursuant to the law.