



## 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 21, 2018

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Carlo A. Filiaci, M.D.  
11 Fifth Avenue, Suite 7  
New York, New York 10003

Re: License No. 120183

Dear Dr. Filiaci:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 18-286. This order and any penalty provided therein goes into effect December 28, 2018.

**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: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,

Robert A. Catalano, M.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Alison C. O'Dwyer, Esq.  
Wilson, Elser, Moskowitz, Edelman and Dicker, LLP.  
1133 Westchester Avenue  
White Plains, New York 10604

IN THE MATTER  
OF  
CARLO A. FILIACI, M.D.

MODIFICATION  
ORDER

Upon the proposed Application for a Modification Order of CARLO A. FILIACI, M.D.  
(Respondent), which is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted and SO  
ORDERED, and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board,  
either

- by mailing of a copy of this Modification Order, either by first class to Respondent  
at the address in the attached Application or by certified mail to Respondent's  
attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,  
whichever is first.

SO ORDERED.

DATE: 12/20/2018

  
ARTHUR S. HENGERER, M.D.  
Chair  
State Board for Professional Medical Conduct



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

IN THE MATTER  
OF  
CARLO A. FILIACI, M.D.

MODIFICATION  
AGREEMENT  
AND  
ORDER

CARLO A. FILIACI, M.D., represents that all of the following statements are true:

That on or about June 12, 1974, I was licensed to practice as a physician in the State of New York, and issued License No. 120183 by the New York State Education Department.

My current address is 11 Fifth Avenue, Suite 7, New York, N.Y. 10003

I am currently subject to BPMC Order # 18-215 (Attachment I) (henceforth "Original Order"), which went into effect on October 8, 2018, and was issued upon a Consent Agreement signed by me (henceforth "Original Application"), and adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

- to permit me to surrender my license as a physician and to preclude my practice of medicine in the State of New York.
- to substitute a surrender of my license for so much of the penalty as remains for me to serve, as set forth in the Original Order (attached "Attachment I").

This Modification Order shall not modify or disturb my agreement not to contest the allegations in full satisfaction of the charges against me, as set forth in the Original Order.

- to release me from the condition set forth in the Original Order requiring that I register and continue to be registered with the New York State Education Department and pay all registration fees. By its terms, the condition continues so long as I remain a licensee in New York State; upon the effective date of this Modification Order and the surrender of my license, this condition and requirement shall cease.
- to subject me to the terms and conditions set forth in the attached document, entitled "Requirements for Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License" (henceforth "Attachment II", which is attached.)

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

I understand and agree that I shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Modification Order and in its investigations of any matters concerning my compliance with the terms of this Order, or with any investigation concerning me in the event that my license shall not remain surrendered. I shall respond in a timely manner to all OPMC requests for written periodic verification of my compliance with this Modification Order. I shall meet with a

person designated by the Director of OPMC, as directed. I shall respond promptly and provide all documents and information within my control, as directed. This condition shall take effect upon the Board's issuance of the Modification Order.

I stipulate that my failure to comply with any conditions of this Modification Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in the future, this Modification Agreement and Order, and the attached Original Order that it modifies, shall be admitted into evidence in that proceeding.

I understand and agree that, except as set forth in this agreement and in paragraph 10 of Attachment II of this Modification Order, so long as my license remains surrendered and I comply with the terms of this Modification Order, the Board will not pursue any future investigations or actions, or re-open current or prior investigations or actions, or impose any further penalties, fines, fees, terms or conditions.

I understand and agree that the Modification Agreement and Order, and all attachments, including the Original Order, 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. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that my proposed surrender of license and this Modification Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms.

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 12-18-18

  
CARLO A. FILIACI, M.D.  
RESPONDENT

Carlo Filiaci MD  
Board-Certified Psychiatrist  
NPI: 1326162765

The undersigned agree to Respondent's attached Modification Agreement and to its proposed penalty, terms and conditions.

DATE: 12/18/18

  
ALISON C. O'DWYER, ESQ  
Attorney for Respondent

DATE: December 19, 2018

  
MARCIA E. KAPLAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 12/20/18

  
KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

## ATTACHMENT I



**Department  
of Health**

**ANDREW M. CUOMO**  
Governor

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

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

October 1, 2018

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Carlo A. Filiaci, M.D.  
11 Fifth Avenue, Suite 7  
New York, New York 10003

Re: License No. 120183

Dear Dr. Filiaci:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 18-215. This order and any penalty provided therein goes into effect October 8, 2018.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,



Robert A. Catalano, M.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Alison C. O'Dwyer, Esq.  
Wilson Elser  
1133 Westchester Avenue  
White Plains, New York 10604

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

BPMC No. 18-215

IN THE MATTER  
OF  
CARLO A. FILIACI, M.D.

CONSENT  
ORDER

Upon the application of (Respondent) CARLO A. FILIACI, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and

it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board,  
either

by mailing of a copy of this Consent Order, either by first class mail to Respondent at  
the address in the attached Consent Agreement or by certified mail to Respondent's  
attorney, OR

upon facsimile transmission to Respondent or Respondent's attorney,

whichever is first.

SO ORDERED.

DATE: 9/28/2018

  
ARTHUR S. HENGERER, M.D.  
Chair  
State Board for Professional Medical Conduct



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

IN THE MATTER  
OF  
CARLO A. FILIACI, M.D.

CONSENT  
AGREEMENT

CARLO A. FILIACI, M.D., represents that all of the following statements are true:

That on or about June 12, 1974, I was licensed to practice as a physician in the State of New York, and issued License No 120183 by the New York State Education Department.

My current address is 11 Fifth Avenue, Suite 7, New York, N.Y. 10003, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

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", attached to and part of this Consent Agreement.

I agree not to contest the allegations in full satisfaction of the charges against me, and agree to the following penalty:

- Pursuant to N.Y. Pub. Health Law § 230-a(3), my license to practice medicine in New York State shall be limited to preclude the prescribing of controlled substances until I successfully complete a Clinical Competency Assessment (CCA), which shall include but not be limited to the area of controlled substance prescribing. After reviewing the CCA results and recommendations, the Director, in his sole discretion and as set forth below, may stay the License Limitation in part or in its entirety. Pursuant to N.Y. Pub. Health Law § 230-a(9), the Director may also subsequently reinstate the License Limitation in part or in its entirety, based upon all relevant facts and circumstances then known to him, including, but not limited to, those related to the current OPMC Investigation, the CCA results and recommendations, and/or related to my practice in the future.
- Pursuant to N.Y. Pub. Health Law § 230-a(9), effective immediately upon the issuance of this Consent Order, I shall be placed on probation, subject to the terms set forth in attached Exhibit "B". The period of probation shall continue for no less than 36 months after the License Limitation recited in the paragraph above is stayed. The Director, in his sole discretion, may impose additional Probation Terms and Conditions beyond those set forth in Exhibit "B", based upon all relevant facts and circumstances then known to him, including, but not limited to, those related to the current OPMC

investigation, the CCA results and recommendations, the Preceptor's reports, and my practice in the future, as well as any as are deemed by the Director to be necessary to protect the public health. The Director may also extend the period of Probation.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall obtain a clinical competency assessment (CCA) performed by a program for such assessment as directed by the Director of OPMC. Respondent shall complete the assessment to the satisfaction of the Director of OPMC, and shall cause a written report of such assessment to be provided directly to the Director of OPMC within sixty (60) days of the effective date of this Order. Respondent shall be responsible for all expenses related to the clinical competency assessment and shall provide to the Director of OPMC proof of full payment of all costs that may be charged. This Condition shall not be satisfied in the absence of actual receipt, by the Director, of such documentation, and any failure to satisfy shall constitute a violation of this Consent Order.

At the direction of the Director and within 60 days following the completion of the clinical competency assessment the Respondent shall identify a Preceptor, preferably a physician who is board certified in the same specialty, to be approved in writing, by the Director of OPMC. The Respondent shall cause the Preceptor to:

Develop and submit to the Director of OPMC for written approval a remediation plan, which addresses the deficiencies /retraining recommendations identified in the CCA. Additionally, this proposal shall establish a timeframe for completion of the remediation program.

Submit progress reports at periods identified by OPMC certifying whether the Respondent is fully participating in the personalized continuing medical education program and is making satisfactory progress towards the completion of the approved remediation plan

Report immediately to the Director of OPMC if the Respondent withdraws from the program and report promptly to OPMC any non-compliance by the Respondent.

At the conclusion of the program, and at any time prior to the conclusion, as Preceptor deems appropriate, submit to the Director a detailed assessment of the progress made by the Respondent toward remediation of all identified deficiencies, a recommendation regarding the need for any further remediation or training, and any recommendation regarding advisable restrictions, if any, on Respondent's future medical practice.

Respondent shall be solely responsible for all expenses associated with the terms and conditions of this Consent Order, including fees, if any, for the clinical competency assessment, the personalized continuing medical education program, the Practice Monitor, or otherwise associated with the monitoring, and as further set forth in Exhibit "B".

That Respondent shall comply with each and every penalty imposed by this Order pursuant to N.Y. Pub. Health Law § 230-a.

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ. Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5, including but not limited to the requirements that a licensee shall: report to the department all information required by the Department to develop a

public physician profile for the licensee; continue to notify the department of any change in profile information within 30 days of any change (or in the case of optional information, within 365 days of such change); and, in addition to such periodic reports and notification of any changes, update his or her profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to his or her physician profile information either electronically using the department's secure web site or on forms prescribed by the department, and licensee shall attest to the truthfulness, completeness and correctness of any changes licensee submits to the department. This condition shall take effect 30 days after the Order's effective date and shall continue so long as Respondent remains a licensee in New York State. Respondent's failure to comply with this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health Law § 230, shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for failure to comply with this condition may include all penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, including but not limited to: revocation or suspension of license, Censure and Reprimand, probation, public service and/or fines of up to \$10,000 per specification of misconduct found; and

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Respondent shall meet with a person designated by the Director of OPMC,

as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement 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 N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first.



The Consent 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. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, 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 Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent 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 9/13/15

10

  
CARLO A. FILIACI, M.D.  
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 9/19/18

  
ALISON C. O'DWYER, ESQ.   
Attorney for Respondent

DATE: September 20, 2018

  
MARCIA E. KAPLAN   
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 9/28/18

For


  
KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

EXHIBIT "A"  
NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

OF

CARLO A. FILIACI, M.D.

STATEMENT  
OF  
CHARGES

CARLO A. FILIACI, M.D., the Respondent, was authorized to practice medicine in New York State on or about June 12, 1974, by the issuance of license number 120183 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. During periods in or about 2000-2017, Respondent failed to render and/or note appropriate care and treatment to Patients A-F and prescribed medications, including controlled substances, inappropriately to these patients.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

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:

1. Paragraph A.

*Spencer*  
DATE: August 20, 2018  
New York, New York



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Henry Weintraub  
Chief Counsel  
Bureau of Professional Medical Conduct

## EXHIBIT "B"

### **Terms of Probation**

- 1) Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
- 2) Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
- 3) Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses (Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32).
- 4) The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.
- 5) The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
- 6) Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
- 7) All terms and conditions imposed upon Respondent with respect to participating in, cooperating with, and successfully completing a clinical competency assessment

(CCA), and complying with all recommendations and related terms and conditions of this Order, are also Terms of Probation.

- 8) Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.
  - a) Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
  - b) Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
  - c) Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
  - d) Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
- 9) Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
- 10) Respondent shall enroll in and successfully complete a continuing education program as directed by the Office of Professional Medical Conduct. This continuing education program is subject to the Director of OPMC's prior written approval. This program shall be successfully completed within the first 90 days of the probation period unless Respondent obtains, in writing, the Director's prior authorization to exceed that 90 day period. The Director, for good cause shown by Respondent prior to the expiration of such 90 day period, shall have full discretion to deny or grant such extension.

- 11) Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.



## **ATTACHMENT II**

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. Within 15 days of the Order's effective date, 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 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 45 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 persons 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 fifteen (15) days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender his/her 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. Licensee shall destroy all prescription pads bearing Licensee's name. 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 of 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.