



New York State Department of Health

Board for Professional Medical Conduct

2000 Annual Report

**Office of Professional Medical Conduct
New York State Department of Health**

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**George E. Pataki, Governor
Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner of Health**

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Office of Professional Medical Conduct**

**William P. Dillon, M.D., Chair
Board for Professional Medical Conduct**

**Denise Bolan, R.P.A., Vice Chair
Board for Professional Medical Conduct**

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

Board for Professional Medical Conduct 2000 ANNUAL REPORT

Public Health Law, Section 230(14) states:

The board shall prepare an annual report for the legislature, the governor and other executive offices, the medical profession, medical professional societies, consumer agencies and other interested persons.

The Board for Professional Medical Conduct (the Board), through the Office of Professional Medical Conduct (OPMC), investigates complaints made against physicians and physician assistants (PAs) and prosecutes those charged with misconduct. Investigations that reveal evidence of physician misconduct are referred to committees of the Board, which hear evidence and make final decisions concerning charges and, if appropriate, penalties.

Executive Summary

The close of the Millennium brought record improvements in program performance for the Board and OPMC, resulting in national recognition of New York as the premier leader of State Medical Boards. Highlights for the year include:

- Disciplinary actions by the Board for Professional Medical Conduct rose 8.5%, from a total of 329 in 1999 to 357 in 2000 – an all-time record number of final actions.
- New York State's ranking by the Public Citizen's Health Research Group Ranking of State Medical Board Disciplinary Actions in 2000 places New York 10th in the nation in serious disciplinary actions, up from 14th in 1999 and from 49th in 1991.
- The Federation of State Medical Boards' "Summary of 2000 Board Actions" places New York at the top in the most significant performance categories among large states.
- The Board issued two educational brochures: *Pain Management: A Guide for Physicians* and *Pain Management: A Guide for Patients*.
- The number of completed hearings rose by 34%, from 100 in 1999 to 134 in 2000.
- The Physician Monitoring Program (PMP) had a record caseload of 859 physicians and PAs.
- OPMC created a Medical Malpractice Surveillance Unit to evaluate and redesign medical malpractice information systems and to improve collection and utilization of information.

- OPMC has developed the capability to apply computer forensics techniques in the investigation of medical misconduct.
- The per diem rate for Medical Coordinators was increased to ensure availability of properly qualified physicians for case review.
- Redevelopment of the Case Management Information System was initiated during the year. Work activities included upgrading the capacity to store large amounts of information, including digitally scanned documents, and significant revisions to the underlying data structures. Deployment of the new system is scheduled to begin in the spring of 2002.
- Electronic reporting systems were developed to immediately notify managed care organizations in New York State of all disciplinary actions against physicians and PAs and to allow hospitals to directly report suspected cases of physician misconduct as defined in Sections 6530 and 6531 of NYS Education Law. Reports of suspected physician misconduct from hospitals have increased substantially.
- OPMC Executive staff, the Executive Secretary of the Board for Professional Medical Conduct, and selected Board Members have engaged in numerous public appearances including grand rounds, media interviews, and presentations to medical and specialty societies, bar associations, medical schools and health-related organizations.

General Program Information

Board for Professional Medical Conduct

Prior to 1976, the State Education Department was responsible for the licensing and discipline of physicians and physician assistants in New York State. In 1976, the New York State Legislature split the licensing and disciplinary processes between the Departments of Education and Health and created the Board for Professional Medical Conduct. The Health Department and the Board became responsible for investigating complaints, conducting hearings and recommending disciplinary sanctions to the State Education Department. However, the Education Department and the Board of Regents, the Education Department's governing body, were responsible for determining final sanctions in all physician discipline cases.

In 1991, the physician disciplinary process was again modified by the State Legislature. The Education Department and the Board of Regents were entirely removed from the physician disciplinary process. The Health Department and the Board were granted sole responsibility for determining final sanctions in all physician discipline cases.

There still exists the unique dichotomy in New York State of one agency, the Department of Education, issuing licenses, and another agency, the Department of Health, having disciplinary authority, including the revocation of licenses, for physicians and physician assistants. All other health care professionals (e.g., nurses, dentists, podiatrists etc.) are both licensed and disciplined by the Education Department.

The Board serves as a key resource in the state's disciplinary process and strives to make the process more responsive to the needs of both patients and physicians. Physician members of the Board are appointed by the Commissioner of Health based largely on recommendations made by medical and professional societies. The Commissioner of Health with the approval of the Governor appoints lay members of the Board. By law, the Board of Regents may appoint 20 percent of the membership of the Board.

Members of the Board fulfill several major roles in the disciplinary process. They serve on investigation, hearing and license restoration committees and on the Administrative Review Board (ARB). Hearing and restoration committees consist of two physicians and a lay member whereas the ARB consists of three physicians and two lay members. Board members also serve on a variety of committees that address procedural and emerging policy issues.

The roles of the Board and the OPMC are delineated in Public Health Law Section 230. The definitions of misconduct are found in Sections 6530 and 6531 of the Education Law.

Office of Professional Medical Conduct

The Office of Professional Medical Conduct provides staff to carry out the objectives of the Board. OPMC's mission is to protect the public through the investigation of professional discipline issues involving physicians and physician assistants. Through its disciplinary and monitoring activities, OPMC strives to deter professional misconduct and promote and preserve standards of medical practice.

The Office:

- investigates all complaints
- with assistance of counsel, prosecutes physicians formally charged with misconduct
- monitors physicians whose licenses have been restored following a temporary surrender due to incapacity by drugs, alcohol or mental impairment
- oversees the contract with the Medical Society's Committee for Physicians' Health (CPH), a non-disciplinary program to identify, refer to treatment and monitor impaired physicians
- monitors physicians and physician assistants placed on probation
- supports the activities of the 150-member Board for Professional Medical Conduct, including managing the appointment process, training, and assisting with committee work and policy development

Overview of New York's Medical Conduct Process

OPMC receives some 6,500 complaints each year. The Office investigates each of these complaints and initiates disciplinary actions against approximately 350 physicians and physician assistants annually.

Many of the complaints received involve issues over which OPMC has no authority, such as billing disputes or physician rudeness. In these instances, a physician may never even know about the complaints because they are generally not pursued. In other cases, a complaint is investigated but insufficient evidence is found to support charges of misconduct, and the investigation is concluded. Some complaints are resolved to the satisfaction of all the parties involved, and the matter is simply closed.

Many times, the issues in dispute end up being misunderstandings about an office procedure, why a test was needed or why an expected result from treatment did not occur.

Frequently, a review of the records by an investigator in tandem with one of OPMC's staff medical coordinators can resolve the issue by identifying the cause of the misunderstanding and explaining the issues to the complainant. Other times, a practicing physician may be unaware of requirements, such as providing requested medical records, and once advised, the complaint is resolved.

When someone does file a complaint with OPMC that appears to involve possible misconduct, the physician will be notified either by letter or through a phone call. Generally, unless specifically stated otherwise, a letter requesting patient records is an indicator that a complaint has been filed against a physician and an investigation is underway. An investigator may call and say there is a complaint and ask for records or to discuss the matter.

State Public Health Law requires OPMC to keep confidential the names of any individuals who file complaints. Often the source of a complaint may not be the patient whose medical records are requested, but rather a friend, relative or health care worker. Sometimes patient medical records are requested because a health facility has reported to OPMC, as required by law, that it has taken disciplinary action against a physician.

While the law protects the identity of the complainant, it also preserves a physician's right to be heard. State Public Health Law requires that a physician be given the opportunity to be interviewed by OPMC staff to provide an explanation of the issues under investigation if the matter is going to be referred to the Board. This interview may be conducted in person or over the telephone, and the physician may have an attorney present.

In many cases, even if the matter does not result in a referral to the Board, the physician is contacted to provide a response to the issues in the complaint. When cases are not referred to the Board it is because insufficient evidence was found to proceed or the issues were out of its jurisdiction. Physicians who had been contacted in such cases are advised by letter that the matter is closed.

When an investigation finds evidence that appears to indicate that misconduct has occurred, it is presented to an investigation committee of the Board for review. If the investigation committee, consisting of two physicians and a lay member drawn from the Board, finds sufficient evidence to support misconduct charges, the matter is voted to a hearing. Physicians whose cases are voted to hearing are served with the charges, and a date for a hearing is established.

The committee can also order nondisciplinary administrative warnings or consultations. If the committee finds there is not sufficient evidence to support charges, the physician receives a closure letter indicating the investigation has concluded. Committee members may also recommend to the Commissioner of Health that a physician's practice be summarily suspended because he or she poses an imminent danger to the public health.

If the case is voted to a hearing, or the commissioner orders a summary suspension, another three-member panel is drawn from the Board. The panel includes two physicians and a lay member. A hearing is much like a trial, although in this case the Board panel serves as the jury and may also ask questions. An administrative law judge is present to assist the panel on legal issues. The state's case is presented by a staff attorney. Physicians generally also choose to be represented by counsel. At the hearing, evidence is presented and testimony may be given by witnesses for both sides.

Public Health Law requires that hearings start within 60 days of the service of charges or in cases of summary suspension, the hearing must commence within 10 days of the service of charges. The last hearing day must be held within 120 days of the first hearing day. The hearing panel's decision must be issued within 60 days of the last hearing day. Changes in these timeframes can be made by agreement of both sides.

A hearing panel may decide to dismiss some or all of the charges against a physician. If the panel sustains charges, penalties can range from a censure and reprimand to revocation. The panel may also suspend or annul a physician's license, limit his or her practice, order retraining, levy a fine or require public service. Revocations, actual suspensions and license annulments are immediately made public and penalties immediately go into effect.

Other penalties are not made public until the period for requesting an appeal has passed and, if there is an appeal, disciplinary action is stayed until there is a resolution. Either side may appeal the decision of a hearing panel to the Administrative Review Board (ARB) of the Board.

The five-member ARB is comprised of three physicians and two lay members drawn from the Board. Notices of appeal must be filed within 14 days of the service of a hearing committee decision. Both parties have 30 days from the service of the notice of appeal to file briefs and then another seven days to file a response to the briefs. There are no appearances or testimony in the appeals process. During an appeal, revocations, actual suspensions and annulments are not stayed. However, other penalties are stayed until the ARB acts.

The ARB reviews whether or not the determination and penalty of the hearing committee are consistent with the hearing panel's findings and whether the penalty is appropriate. The ARB must issue a written determination within 45 days after the submission of briefs.

The Year in Review

Board Activities

Special Board Committees

As part of its continuing efforts to educate members of the Board, staff and the public, William P. Dillon, M.D., Board Chair, appointed two special committees of the Board to develop policy statements and educational brochures related to two areas of special concern to the Board, pain management and telemedicine.

In October 2000, the pain management committee developed a policy statement on pain management and issued two educational brochures: *Pain Management: A Guide for Physicians* and *Pain Management: A Guide for Patients*.

These publications emphasize that effective pain control is part of quality medical practice and a right of the people of New York State. The information provided is intended to dispel the myths associated with the use of narcotics for the treatment of pain including long-term chronic pain. The difference between physical dependency, which may be a normal consequence of sustained opioid use, and addiction is also addressed in the educational brochures.

In the spring of 2000, Dr. Dillon appointed a special committee to develop an ethics statement regarding the practice of telemedicine and use of technology in medicine. This advisory committee statement will serve as a guide to the Board when assessing medical practices using telemedicine. While advances in electronic technologies offer opportunities and great promise for improving the delivery of health care, they also present challenges in assuring that accepted standards of medical practice are maintained.

In developing its statement, the committee examined closely the potential challenges that technology and, in particular, telemedicine pose to the integrity and confidentiality of the physician-patient relationship and to the legal and ethical tenets governing medicine. An ethics statement is planned for release in 2001.

In November 1999, a committee of the Board was appointed to review the OPMC medical expert program and make recommendations to the Board for improvements. Medical expert consultants are engaged by OPMC and the Board as part of an investigative and legal team. Medical experts review patient medical records, research current standards and write detailed opinions which provide direction and guidance to staff investigators and attorneys. More than 750 qualified medical expert consultants are on call for case reviews and are also available to provide testimony at hearings.

The committee's recommendations were presented to the Board in the summer of 2000 and found that the current medical expert program has been highly successful in achieving its goals. However, it did find that low reimbursement fees are an obstacle to recruiting and maintaining medical expert reviewers. The current fee schedule has been in place for over a quarter of a century without an increase. Based on the committee's findings, OPMC submitted a request to increase the reimbursement fees for pre-hearing consultation and for testimony at hearings. Approval for a fee increase was granted and will be effective July 2001.

Regional Training

Staff from OPMC conducted five regional workshops aimed at assuring that Board members have the necessary information and resources to effectively perform their duties. The workshops were conducted in New York City, Albany and Rochester and focussed on processes and issues specific to disciplinary hearings.

The small sessions allowed for interactive groups and incorporated such topics as witness questioning, witness credibility and penalty determinations. This approach was a departure from our past training workshops wherein the entire Board, at its annual meeting, would gather and address broad training issues and other business matters. The new approach was met with overwhelming approval because it allowed each member to actively participate and address individual concerns and questions. Based on the success of the regional workshops, they will be conducted every two years.

National Recognition

The Federation of State Medical Boards of the United States, at its annual meeting, appointed four members of New York's Board for Professional Medical Conduct to serve on select committees. Thea Graves Pellman was elected for a three-year term to the Editorial Committee, and William P. Dillon, M.D. was elected to the Nominating Committee, a one-year post. Michael R. Golding, M.D. was appointed to the Finance Committee, and the Rev. Daniel Morrissey, who currently serves on the Board of Directors, was appointed to chair a special committee on communication.

Performance Measures

Program performance improved during 2000 with the number of cases prosecuted, final actions by the Board, and number of cases monitored increasing. OPMC 2000 program performance highlights include:

- Disciplinary actions by the Board for Professional Medical Conduct rose 8.5%, from a total of 329 in 1999 to 357 in 2000 – an all-time record number of final actions.
- New York State's ranking by the Public Citizen's Health Research Group Ranking of State Medical Board Disciplinary Actions in 2000 places New York 10th in its analysis, up from 14th in 1999 and from 49th in 1991.
- The Federation of State Medical Boards' "Summary of 2000 Board Actions" places New York at the top in the most significant performance categories among large states.
- The number of completed hearings rose by 34%, from a total of 100 in 1999 to 134 in 2000.
- The Case Resolution Unit (CRU) handles misconduct complaints from the New York City, Long Island and New Rochelle regions that do not require field work. The CRU achieved a 12% increase in productivity in 2000. In addition to the productivity improvement, CRU and field offices enhanced scrutiny of cases involving medical malpractice verdicts and hospital referrals.
- The number of investigations completed in 2000 was 5,939, a decrease from 6,732 in 1999 (74% and 78% of the total caseload, respectively). Anecdotally, cases under investigation are becoming increasingly complex and require a greater amount of investigative time and resources.
- The Physician Monitoring Programs (PMP) had a record caseload of 859 physicians and PAs. The PMP includes probation, retraining, and the impaired physicians programs.
- Eighty-seven cases were opened against physicians and PAs for additional acts of misconduct following a Board Order. This represents a nearly three-fold increase since 1997.

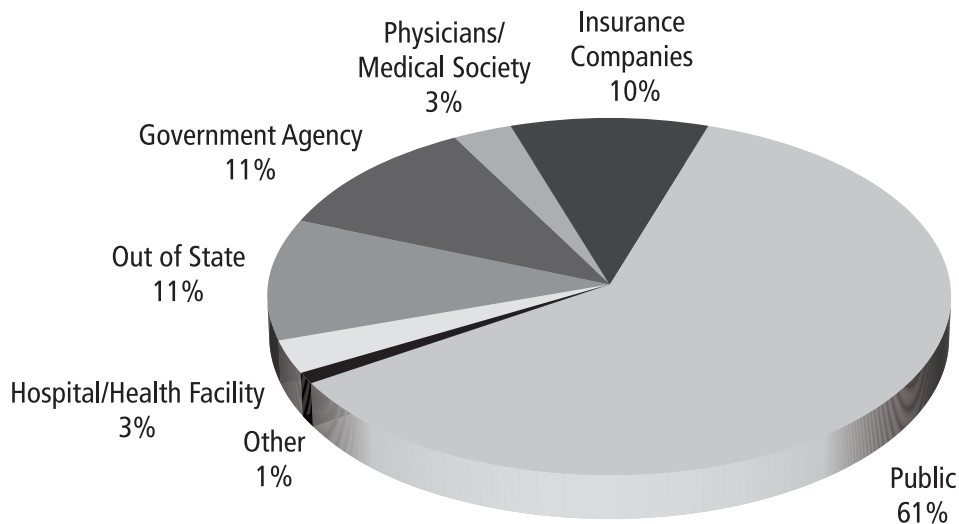
Investigative Capabilities

2000 was a year of continued enhancement in OPMC's investigative capabilities, involving all aspects of the Office's resources. Highlights include:

- A Medical Malpractice Surveillance Unit was created to evaluate and redesign medical malpractice information systems and to improve collection and utility of information.
- Medical malpractice data stored on the Department's mainframe computer are now available for the newly formed Medical Malpractice Surveillance Unit in a local area network database. This allows the Unit to run queries on the data for investigative purposes and will also serve as the infrastructure to improve the entire medical malpractice data collection system.
- An online database is now available to staff which provides the most up-to-date resource for verification of physician board certification.
- Internet-based resources for prescription drug information are now available to investigators and support staff.
- The per diem rate for Medical Coordinators was increased to ensure availability of properly qualified physicians for case review.
- Work activities to reengineer the Case Management Information System were initiated during the year 2000. This includes upgrading the capacity to store large amounts of information including digitally scanned documents, and significant revisions to the underlying data structures. The work is scheduled to be completed in spring 2002 and the system fully deployed in all regions of the State by spring 2003.
- The capability to apply computer forensics techniques in the investigation of medical misconduct was fully developed this year. The use of computer forensics enables the Office to maintain the integrity of the evidence gathered and results in faster, more accurate, and even more voluminous data from physicians who are either reticent or who refuse to provide required records.

Communication and Outreach

- OPMC has improved its ability to respond to inquiries from the public and expanded efforts to educate and foster better communication with stakeholders. The vast majority of complaints received by OPMC continue to be received from the public. Although complaints from physicians and health facilities continue to represent a small percentage of complaints received, they are an important source of serious cases of misconduct. The following chart depicts the source of complaints for program year 2000.



Highlights of significant communication and outreach activities during the year include:

- An electronic reporting system was established to notify managed care organizations (MCOs) in New York State of all disciplinary actions against physicians and physician assistants. This initiative enables MCOs to quickly identify participating providers who can no longer practice medicine.
- Enhancements continue to be made to the OPMC website (<http://www.health.state.ny.us/nysdoh/opmc/main.htm>) to make the medical conduct process more accessible to the public. The current site provides Board Determinations and Orders and a listing of all physicians, physician assistants and specialist assistants who have been disciplined from 1992 to the present. As of the end of 2000, there were approximately 2,425 board orders posted on the public website, 453 of which were scanned during the year 2000. The website also provides annual reports, the latest brochures, answers to "Frequently Asked Questions," the OPMC complaint form and a link to the State Education Department website, which includes licensing information. The site continues to be the most frequently visited section on the Department's website. Planned improvements to the OPMC website include: real time posting of Board Determinations and Orders and improved search capabilities.
- OPMC supports an e-mail system to assist the public in communicating with the program. OPMC received 664 e-mail requests for information and assistance in 2000, representing a 20% increase over requests received in 1999.
- OPMC continues to operate a toll-free number which has increased the availability of program services to the public and introduced a toll-free number for Board members in 2000.

- An electronic reporting system was established in 2000 to allow hospitals to directly report suspected cases of physician misconduct. Reports have increased substantially since its inception.
- OPMC Executive staff, the Executive Secretary of the Board for Professional Medical Conduct and selected Board members have engaged in numerous public appearances including grand rounds, media interviews, and presentations to medical and specialty societies, bar associations, medical schools and health-related organizations.
- **Board.Net**, a website designed expressly to serve the needs of the members of the Board for Professional Medical Conduct, went on-line late in 1999. The website provides the Office of Professional Medical Conduct with a “high speed” avenue to communicate with its large and widely dispersed Board members. Board.Net received both the Administrators in Medicine “Best of Boards Award for Outstanding Best Practices and Innovation” and the NYS Forum for Information Resource Management’s Best Practices Award (Management Category). Best Practices Awards are given annually to a limited number of New York State and local government agencies in recognition of their efforts to improve government services through the use of effective information management. Board actions, relevant court decisions, publications, policy and hearing manuals, travel forms, etc. are all available from the site.

2000 Summary Statistics

Office of Professional Medical Conduct

SUMMARY STATISTICS

YEAR	1996	1997	1998	1999	2000
Complaints Received	5151	5782	6440	6690	6106
Investigations Completed	4527	6453	6359	6732	5939
Licensees Referred for Charges	350	320	354	384	388
Administrative Warnings/ Consultations	90	126	103	96	121
Summary Suspensions *	20	12	32	23	43

DISCIPLINARY ACTIONS

Surrender	97	93	100	100	97
Revocation	87	81	59	61	47
Suspension	88	92	90	93	105
Censure and Reprimand/Probation	17	33	29	28	34
Censure and Reprimand/Other	17	37	34	39	64
Dismiss	5	6	7	8	10

SUBTOTAL **311** **342** **319** **329** **357**

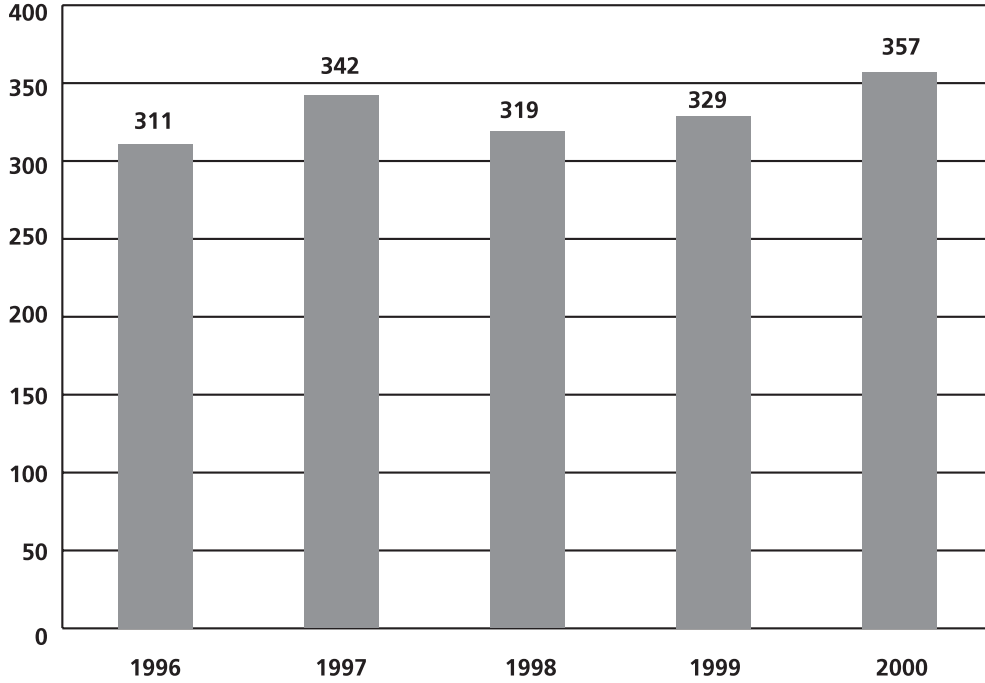
Temporary/Permanent Surrenders	23	23	28	27	25
Monitoring Agreements	6	6	22	24	29

TOTAL ACTIONS **340** **371** **369** **380** **411**

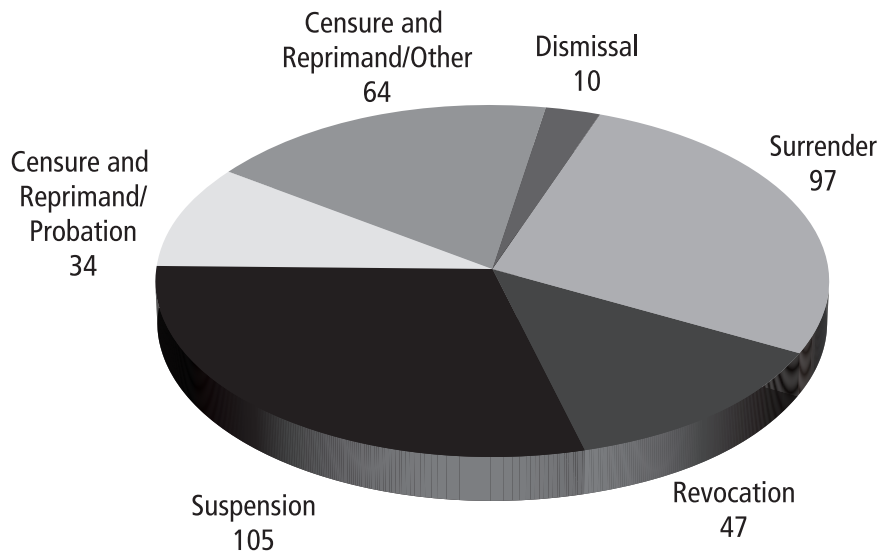
* In 1996, Public Health Law 230 was amended to permit a summary suspension when a licensee has pleaded or been found guilty or convicted of committing an act constituting a felony under New York State Law or federal law, or the law of another jurisdiction which, if committed within this state, would have constituted a felony under New York State law, or when the duly authorized professional agency of another jurisdiction has made a finding substantially equivalent to a finding that the practice of medicine by the licensee in that jurisdiction constitutes an imminent danger to the health of its people....

Board for Professional Medical Conduct

Final Disciplinary Actions

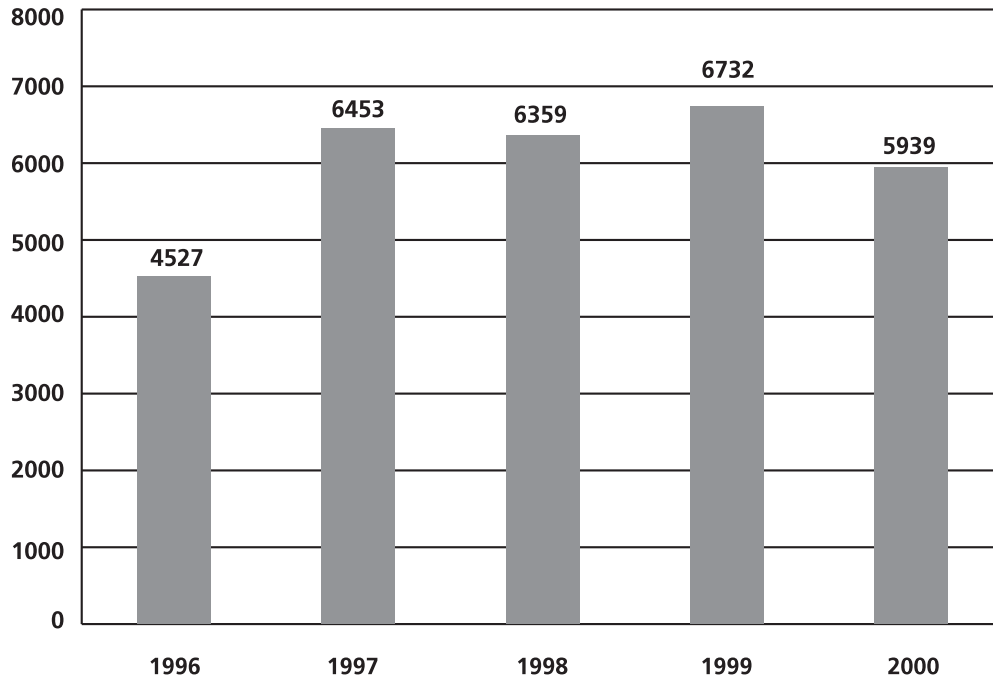


Final Disciplinary Actions by Sanction-2000



Office of Professional Medical Conduct

Investigations Completed



OPMC Website and Complaint Form

Professional Misconduct & Physician Discipline

New York State Department of Health

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Professional Misconduct and Physician Discipline



The Office of Professional Medical Conduct (OPMC) is responsible for investigating complaints about physicians, physician assistants and specialist assistants. The Office also monitors practitioners who have been placed on probation.

The Office serves as staff to the Board for Professional Medical Conduct which is comprised of some 200 physicians and lay members. Board members are responsible for the adjudication of cases and for developing direction and policy regarding medical conduct issues.

Frequently Asked Questions (FAQs)

[FAQs](#) - Learn more about New York's medical conduct system.

Disciplinary Actions

This section provides a listing of all physicians, physician assistants and specialist assistants who have been disciplined since 1992.

Using this Section:

Search by Name: This site employs a search engine to find professionals by name. After clicking on "Search by Name" below, please read the instructions on the search page carefully to successfully use this feature.

DOH also posts Board for Professional Medical Conduct Determinations and Orders. The Orders must be found through the "Search by Name" feature. The orders are available in Portable Document Format (PDF) and require a free reader. Individuals unable to access the information in this format should contact us at the address below.

[Search by Name](#)

Monthly Reports: You may also review each month's disciplinary actions by clicking on "Monthly Reports." Monthly reports are now being updated each week as disciplinary actions become publicly releasable. Check back often for the latest additions.

[Monthly Reports](#)

For information about physicians disciplined prior to 1992:

Call: 1-800-663-6114 (Monday-Friday 8 a.m.- 5 p.m.)

Write: NYS Department of Health, OPMC, 433 River St., Suite 303, Troy, N.Y. 12180.

(The Department of Health presents the information on this Web Site as a service to the public. The Department has attempted to ensure that the information is as accurate as possible. However, the Department makes no warranty or guarantee concerning the accuracy or reliability of the content of this Web Site. No posted information or materials provided are intended to constitute legal or medical advice. Before considering taking any action, confirm information by contacting OPMC at the address above.)

To File a Complaint

If you wish to file a complaint, please review the following brochure before printing and filling out a complaint form: [How to Choose the Right Physician - How to Tell Us if You Don't](#).

If you have a complaint or need information about professionals **other than physicians, physician assistants or specialist assistants**, please contact the New York State Education Department.

Other Useful Information:

Brochures

Do I Have a Right to See My Medical Records?
Fraud in Medicine
How to Choose the Right Physician - **How to Tell Us if You Don't**
Understanding New York's Medical Conduct Program
Reference Information: Registered Physician Assistant
Policy Statement on Physician Sexual Misconduct
Annual Reports
Press Releases

Relevant New York State Statutes
Laws Compliments of the NYS Senate

Public Health Law

Section 230. **State board for professional medical conduct; proceedings.**
Section 230-a. **Penalties for professional misconduct.**
Section 230-a. **Infection control standards.**
Section 230-b. **Disciplinary proceedings for physician's assistants and specialist's assistants.**
Section 230-c. **Administrative review board for professional medical conduct.**
Section 18. **Access to patient records.**
Health Facilities Series: **Reasonable Charge for Copies of Health Care Records/Patient Information**

Education Law

Section 6530. **Definitions of professional misconduct.**
Section 6531. **Additional definition of professional misconduct, limited application.**
Section 6532. **Enforcement, administration and interpretation of this article.**

Send questions or comments to: oprnc@health.state.ny.us

Revised: December 2001



**New York State Department of Health
Office of Professional Medical Conduct**

COMPLAINT FORM

*Please print and complete and return to the Office of Professional Medical Conduct,
433 River St., Suite 303, Troy, NY, 12180-2299
(THIS FORM WILL NOT BE SENT ELECTRONICALLY.)*

— See instructions —

All reports of misconduct are kept confidential and are protected from disclosure according to New York State Public Health Law, Sections 230(10)(a)(v) and 230(11)(a). Any person who reports or provides information to the Board for Professional Medical Conduct in good faith, and without malice, shall not be subject to an action for civil damages or other relief as the result of making the report according to Section 230(11)(b).

INFORMATION ABOUT YOU

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Day (____) _____ Evening (____) _____

(If you do not have a daytime telephone number, please provide a number where a message can be left for you during the day).

PHYSICIAN OR PHYSICIAN ASSISTANT

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Day (____) _____ Evening (____) _____

COMPLAINT

Describe your complaint as completely as you can. Please sign and date the form.

Patient's Name _____

Date of Birth ____/____/____

Social Security Number ____ - ____ - ____

When did this happen? _____

Where did this happen? _____

Have you filed a complaint with anyone else? Yes _____ No _____

If yes, with whom? _____

Names of Witnesses _____

Description _____

Signature _____ Date _____

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State of New York
George E. Pataki, Governor
Department of Health
Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner