

AGENDA
CONNECTICUT MEDICAL EXAMINING BOARD
Tuesday, August 16, 2022 at 1:30 PM

Department of Public Health
410 Capitol Avenue, Hartford Connecticut

CALL TO ORDER

I. APPROVAL OF MINUTES

June 21, 2022

II. OPEN FORUM

III. UPDATES

- A. Chair Updates
 - Board Issues
- B. DPH Updates

IV. NEW BUSINESS

Proposed Memorandum Of Decision
Nimrod Lavi, MD - Petition No. 2016-619

V. OFFICE OF LEGAL COMPLAINE

- A. Farhaad R. Riyaz, M.D. Petition No. 2022-206
Presentation of Motion for Summary Suspension – Craig Sullivan, Staff Attorney, DPH
- B. Paul Aiello, M.D. - Petition No. 2020-383
Presentation of Consent Order – Aden Baume, Staff Attorney, DPH
- C. Patrick F. Albergo, M.D. Petition No. 2021-1011
Presentation of Consent Order – Joelle Newton, Staff Attorney, DPH
- D. Gary Blick, M.D. - Petition No. 2018-256
Presentation of Consent Order – Joelle Newton, Staff Attorney, DPH
- E. Desiree A. Clarke, M.D. - Petition No. 2020-292
Presentation of Consent Order – Aden Baume, Staff Attorney, DPH
- F. Andrew Gewirtz, M.D. - Petition No. 2020-805
Presentation of Consent Order – Joelle Newton, Staff Attorney, DPH
- G. Usman Ramzan, MD – Partition No. 2022-318
Presentation of Consent Order – Aden Baume, Staff Attorney, DPH

ADJOURN

REVISED 08-10-2022

Connecticut Medical Examining Board - Monthly Meeting via Microsoft Teams

Join on your computer or mobile app

[**Click here to join the meeting**](#)

Meeting ID: 254 780 816 811

Passcode: Kd4fGv

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The following minutes are draft minutes which are subject to revision, and which have not yet been adopted by the Board.

**CONNECTICUT MEDICAL EXAMINING BOARD
MINUTES of June 21, 2022**

The Connecticut Medical Examining Board held a meeting on Tuesday, May 17, 2022 via Microsoft TEAMS

BOARD MEMBERS PRESENT: Kathryn Emmett, Esq., Chairperson
Raymond Andrews, Jr., Esq.
Michele Jacklin
Joseph Kaliko, Esq.
Marilyn Katz, MD
William C. Kohlhepp, DHSc, PA-C
Shawn London, MD
Jean Rexford
Daniel Rissi, MD
Harold Sauer, MD
David Schwindt, MD
C. Steven Wolf, MD

BOARD MEMBERS ABSENT: Allyson Duffy, MD
Marie C. Eugene, DO
Robert Green, MD
Edward McAnaney, Esq.
Andrew Yuan, DO
Peter Zeman, MD

Ms. Emmett called the meeting to order at 1:32 p.m.

I. MINUTES

The draft minutes of the May 17, 2022 meeting were reviewed and approved on a motion by Mr. Kohlhepp, seconded by Dr. Katz.

II. OPEN FORUM

None

III. UPDATES

A. Chair Updates

Chair Emmett reported that subsequent to discussion with the Office of the Attorney General, the topics identified for potential work groups will be discussed from time to time at monthly Board meetings instead of in a workgroup setting.

B. DPH Updates

Christian Andresen, Section Chief, Department of Public Health, Practitioner Licensing and Investigations reported that Connecticut's participation in the physician licensure compact becomes effective on October 1, 2022.

IV. CONSENT ORDER DISCUSSION

Daniel Shapiro, Deputy Associate Attorney General discussed the Consent Order/Pre Hearing Review process.

V. OFFICE OF LEGAL COMPLAINE

A. Jeffrey Stern, MD – Partition No. 2022-384

Staff Attorney Joelle Newton, Department of Public Health, presented a Motion for Summary Suspension as well as a Motion to Amend Statement of Charges in the matter of Jeffrey Stern, MD. Attorney Darius Marzec was present on behalf of Dr. Stern. Deputy Associate Attorney Daniel Shapiro was present to provide counsel to the Board.

Mr. Kohlhepp made a motion, seconded by Dr. Wolf, to grant the DPH motion to amend the Statement of Charges. The motion passed unanimously.

Dr. Wolf made a motion, seconded by Dr. Rissi, to grant the motion for Summary Suspension.

Attorney Newton presented argument in support of the motion for Summary Suspension. Attorney Marzec spoke in opposition.

Following discussion the motion to summarily suspend Dr. Stern's license passed unanimously.

At he request of Attorney Marzec a hearing in this matter will be schedule for a date after August 15, 2022. The hearing panelists will be Dr. Wolf, Ms. Jacklin and Dr. London.

B. Derek William Donovan, P.A. Petition No. 2022-103

Staff Attorney Craig Sullivan, Department of Public Health, presented a Consent Order in this matter. Attorney Matthew Carole was present on behalf of respondent.

Mr. Kohlhepp made a motion, seconded by Dr. Wolf, to approve the Consent Order which imposes a reprimand and probation for a period of five years. The motion passed unanimously

VI. ADJOURNMENT

As there was no further business, the meeting was adjourned at 2:30 p.m..

Respectfully submitted,
Kathryn Emmett, Esq., Chairperson

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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

CONNECTICUT MEDICAL EXAMINING BOARD

June 29, 2022

David Robertson, Esq.
Gabriella C. Ruggiero, Esq.
Heidell, Pittoni, Murphy & Bach, LLP
855 Main Street, Suite 1100
Bridgeport, CT 06604

**VIA EMAIL
and Certified Mail RRR 9489 0090 0027 6139 1254 12**

Barbara Cass, RN, Bureau Chief
Healthcare Quality & Safety Branch
Department of Public Health
410 Capitol Avenue, MS #12HSR
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Nimrod Lavi, MD - Petition No. 2016-619

PROPOSED MEMORANDUM OF DECISION

Attached is the proposed Memorandum of Decision in the above referenced matter. Pursuant to § 4-179 of the Connecticut General Statutes, both parties will be afforded the opportunity to present oral argument before the Connecticut Medical Examining Board. The Board will consider this proposed Memorandum of Decision at its meeting scheduled for **August 16, 2022 at 1:30 p.m.**

If you wish to exercise this opportunity to present oral argument, please notify this office no later than **July 1, 2022**. The time allowed for argument is not to exceed ten (10) minutes for each party. There will not be a court stenographer present for these proceedings.

Any briefs or exceptions must be filed no later than **August 1, 2022**.

FOR: CONNECTICUT MEDICAL EXAMINING BOARD

BY: /s/ Jeffrey A. Kardys
Jeffrey A. Kardys, Administrative Hearings Specialist
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308

c: Elizabeth Bannon, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations, DPH
Joelle Newton, Staff Attorney, DPH



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**STATE OF CONNECTICUT
CONNECTICUT MEDICAL EXAMINING BOARD**

Nimrod Lavi, M.D.
License No. 047574

Petition No. 2016-619

MEMORANDUM OF DECISION

Procedural Background

On May 7, 2018, the Department of Public Health ("Department") issued a Statement of Charges (the "Charges") to the Connecticut Medical Examining Board ("Board") against license number 047574 of Nimrod Lavi, M.D. ("Respondent"). Board ("Bd.") Exhibit ("Ex.") 1. The Charges allege that Respondent's license is subject to disciplinary action pursuant to §§ 19a-17 and 20-13c of the Connecticut General Statutes ("Statutes"). The Notice of Hearing and the Charges were sent to Respondent, in care of his attorney Madonna Sacco, Esq., by certified mail, return receipt requested, and by e-mail. *Id.* The Notice of Hearing scheduled the hearing in this matter for October 2, 2018, and listed a panel of the Board, including: Dr. Daniel Rissi, M.D., Edward G. McAnaney, Esq., and Peter Zeman, M.D. Bd. Ex. 2.

On July 20, 2018, the Department filed a Motion for Testimony by Telephone or Teleconference. Bd. Ex. 3. On August 21, 2018, Respondent filed his Objection to the Department's Motion. Bd. Ex. 4. On August 23, 2018, the Department filed its reply to Respondent's Objection to the Department's Motion. Bd. Ex. 5.

On September 13, 2018, Respondent filed a Motion to Compel Production of Attorney David Tilles's Notes Relative to Conversations with Gina Badescu, MD ("motion to compel"). Bd. Ex. 6. On September 14, 2018, the Department filed its objection to Respondent's motion to compel. Bd. Ex. 7.

On September 14, 2018, a Notice of Continued Hearing was issued without a specific date continuing the previously scheduled hearings for October 2, 2018 and October 16, 2018, upon Respondent's request and without Department's objections. Bd. Ex. 8.

On April 18, 2019, a Notice of Scheduled Hearing was issued scheduling a hearing for Monday July 8, 2019. Bd. Ex. 9.

On May 23, 2018, Respondent filed an answer to the Charges. Respondent (“Rt.” Ex. A.

On August 28, 2018, The Department filed a Motion to Change Composition of Hearing Panel. Bd. 11.

On July 22, 2019, the Department filed a Memorandum of Law Regarding Expert Testimony on Issue of Informed Consent. Bd. Ex. 13. On July 31, 2019, Respondent filed a Motion to Preclude and/or Strike Testimony from Dr. Dell’Orfano Relative to Informed Consent. Bd. Ex. 14; Tr. 10/31/2019, p. 3.

On August 20, 2019, a Notice of Scheduled Hearing was issued scheduling a hearing on October 31, 2019. Bd. Ex. 12.

On December 16, 2019, a Notice of Rescheduled Hearing was issued scheduling a hearing on February 13, 2020. Bd. Ex. 15.

On February 12, 2020, Respondent filed a Motion to Preclude “Rebuttal” Testimony from Gina Badescu, M.D. Bd. Ex. 16.

On June 24, 2020, a Notice of Rescheduled Hearing was issued scheduling a videoconference hearing for July 21, 2020. Bd. Ex. 17.

On July 17, 2020, Respondent filed a Motion for Continuance of Virtual Hearing and Request for a Live Proceeding. Bd. Ex. 18. On July 17, 2020, a Ruling on Respondent’s Motion for Continuance was issued granting the motion without scheduling a hearing date. Bd. Ex. 20.

On July 29, 2021, a hearing was scheduled for a virtual hearing on September 14, 2021, and, if needed, for September 15, 2021. Bd. Ex. 21.

On August 4, 2021, Respondent filed its Objection to Virtual Hearing, Motion for Continuance of Virtual Hearing and Request for a Live Proceeding. Bd. Ex. 22. On August 6, 2021, the Department filed its Reply to Objection to Virtual Hearing. Bd. Ex. 23.

On August 4, 2021, the Department filed a Motion to Continue. Bd. Ex. 24.

On August 17, 2021, the Department's August 4, 2021 Motion to Continue was granted, and a hearing was scheduled for December 6, 2021 and, if needed, for December 13, 2021. Respondent's request for an in-person hearing was denied. Bd. Ex. 25.

On November 5, 2021, the Department filed its Withdrawal Request for Rebuttal Testimony. Bd. Ex. 26.

The Panel conducted the hearing on July 8, October 31, and November 8, 2019; February 13, 2020, and December 6, 2021, in accordance with Chapter 54 of the Statutes, the Uniform Administrative Procedure Act, and §§ 19a-9-1 et seq. of the Regulations of Connecticut State Agencies ("Regulations"). During the hearing, Respondent was represented by Attorney David Robertson and Attorney Gabriella C. Ruggerio; Attorney David Tilles and Attorney Joelle Newton represented the Department. Both parties were afforded the opportunity to present witnesses and evidence, examine and cross-examine witnesses, and provide argument on all issues.

During the hearing on October 31, 2019, the Board denied Respondent's July 31, 2019, Motion to Preclude and/or Strike Testimony from Dr. Dell'Orfano Relative to Informed Consent. Bd. Ex. 14; Tr. 10/31/2019, p. 4.

Also during the hearing on October 31, 2019, Respondent moved to dismiss the case. The Board denied the motion. Tr. 10/31/20219, pp. 86, 107.

During the hearing on February 13, 2020, the Board denied Respondent's Motion to Preclude "Rebuttal" Testimony from Gina Badescu, M.D. Tr. p. 27.

All Panel members involved in this Memorandum of Decision ("Decision") attest that they have heard the case and/or read the record in its entirety. The Board reviewed the Panel's proposed final decision in accordance with the provisions of § 4-179 of the Statutes.

In rendering its Decision, the Board considered whether Respondent poses a threat, in the practice of medicine, to the health and safety of any person. To the extent the findings of fact actually represent conclusions of law, they should be so considered, and vice versa. *SAS Inst., Inc., v. S & H Computer Systems, Inc.*, 605 F. Supp. 816 (Md. Tenn. 1985).

Allegations

1. In paragraph 1 of the Charges, the Department alleges that Respondent of New Haven, Connecticut is, and has been at all times referenced in the Charges, the holder of Connecticut physician and surgeon license number 047574.

2. In paragraph 2 of the Charges, the Department alleges that Respondent specializes in electrophysiology. Respondent provided care to Patient 1 at various times in 2014 and 2015. On or about April 16, 2015, Respondent performed a sinus node ablation for Patient 1, with deflation of one lung in an attempt to protect the phrenic nerve. Respondent's care for Patient 1, failed to meet the standard of care, in one or more of the following ways, in that:
 - a. He failed to obtain adequate informed consent;
 - b. Preoperatively and/or intraoperatively, he failed to coordinate use of a paralytic agent with the anesthesiologist; and/or
 - c. Intraoperatively, he failed to make an appropriate assessment of phrenic nerve status.

3. In paragraph 3 of the Charges, the Department alleges that the above-described facts constitute grounds for disciplinary action pursuant to § 20-13c(4) of the Statutes.

Findings of Fact

- 1 Respondent of New Haven, Connecticut is, and has been at all times referenced in the Charges, the holder of Connecticut physician and surgeon license number 047574. Rt. A.

2. Respondent specializes in electrophysiology.¹ Tr. 10/31/2019, pp. 177-183.

3. Respondent provided care to Patient 1 at various times between October 2014 and April 2015. Dept. Ex. 1; Tr. 10/31/2019, pp. 198-199. At the time, Patient 1 suffered from sinus node² tachycardia, also called cardia arrhythmia.³ Tr. 10/31/2019, p. 198; Dept. Ex. 1, p. 15. Patient 1 also complained of shortness of breath, chest pain, fatigue, decrease in exercise capacity, depression, and anxiety. *Id.*

¹ Electrophysiology is a sub-specialty of cardiology, which treats patients with arrhythmias and conduction disorders of the heart. Tr. 7/8/2019, p. 77.

² The sinus node/nerve is a structure located on top of the heart composed of a group of cells that generates electrical impulses to the heart and generates the heartbeat. Tr. 7/8/2019, p. 85. It is an epicardial structure. The epicardium is the outer layer of the heart. Tr. 2/13/2020, p. 38.

³ Arrhythmia is the heart lacking normal rhythm in a specific area of the heart, caused by an electrical circuit which does not stop unless something comes in and interrupts and terminates it, such as in the case of a pacemaker located outside the heart, or the sinus node of the heart when self-regulating (the natural pacemaker). Tr. 10/31/2019, p. 180. An artificial external pacemaker does not help with tachycardia because the pacemaker only addresses the problem of a slow beating heart, not of tachycardia. *Id.* p. 181.

4. At all relevant times, Respondent offered Patient 1 two treatment options: medical therapy with the use of medications, and sinus node ablation therapy⁴. Tr. 10/31/2019, p. 202.
5. At all relevant times, Patient 1 requested the sinus node ablation, instead of the medical therapy. Tr. 10/31/2019, p. 202.
6. On November 25, 2014, Respondent performed the first sinus node ablation surgery. Dept. Ex. 1, p. 204. One day after the first procedure, Respondent informed Patient 1 that he was only able to do an incomplete ablation because the phrenic nerve⁵ was in the way of the sinus node. Tr. 10/31/2019, pp. 226-227; Dept. Ex. 1, pp. 203-205.
7. On or about April 16, 2015, Respondent performed a second sinus node ablation with a right lung deflation maneuver on Patient 1, with the aid of a ventilation maneuver which consisted of deflating the right lung in order to move the phrenic nerve away from the sinus node and protect the phrenic nerve during the ablation. Tr. 2/13/2020, p. 174; Dept. Ex. 1, p. 111; Dept. Ex. 4, p. 346.
8. On several occasions in December 2014, January 2015, and on the day of the surgery on April 16, 2015, Respondent informed Patient 1 and her father about the risks of the sinus node surgery, including damage to the phrenic nerve, diaphragm injury, damage to the heart chamber, pericardial effusion, and infection, among other things. Tr. 10/31/2019, pp. 227-229, 231-232, 241, 243; Dept. Ex. 1, pp. 204-205. Respondent spent a significant amount of time, including on the day of the April 16, 2015 surgery, explaining the risks of the surgery. *Id.*
9. Before the surgery on April 16, 2015, Respondent suggested to Patient 1 and her father to put off the surgery because the day before, the Food and Drug Administration (“FDA”) had approved the drug Ivabradine (a sinus node calcium channel blocker). However, Patient 1 and her father refused the drug and requested the surgery. Tr. 2/13/2020, p. 24.
10. The evidence is insufficient to establish that Respondent failed to obtain adequate informed consent. Tr. 10/31/2019, pp. 225-227; Dept. Ex. 1, p. 203-205; Dept. Ex. 4, p. 346.

⁴ Ablation is a procedure whereby a catheter is inserted in the heart to destroy the part of the heart that is causing the arrhythmia by electrocauterizing or freezing the area. Tr. 7/8/2019, p. 80; Tr. 10/31/2019, p. 179.

Pacing refers to a procedure whereby an electrical stimulus is delivered to the heart in order for the heart to beat. Pacing can be delivered through a Pacemaker or defibrillator in a permanent implant, or it can be done temporarily using an electrophysiology procedure with catheters. Tr. 7/8/2019, p. 80.

Mapping is a procedure conducted during ablation, using one or multiple catheters to map the area of the heart of the intended ablation in a three dimensional manner. Tr. 7/8/2019, p. 80; Tr. 10/31/2019, pp. 113-114; Tr. 2/13/2020, p. 121

⁵ The phrenic nerve originates in the spinal cord and exits in the cervical vertebrae. Tr. 7/8/2019, p. 85. The left and right phrenic nerves terminate at the diaphragm, their function is to innervate the muscles in the diaphragm. *Id.* It sits on top of the pericardium. Tr. 2/13/2020, p. 37.

11. The evidence is insufficient to establish that Respondent failed to coordinate use of a paralytic agent with the anesthesiologist preoperatively and/or intraoperatively. Tr. 10/31/2019, 252; Tr. 2/13/2020, p. 70.
12. The evidence is insufficient to establish that Respondent failed to make an appropriate assessment of phrenic nerve status. Tr. 10/31/2019, pp. 162, 163, 165.
13. Patient 1's and her father's testimony was not credible.

Discussion and Conclusions of Law

Section 20-13c of the Statutes provides, in pertinent part, that:

The board is authorized to restrict, suspend or revoke the license or limit the right to practice of a physician or take any other action in accordance with section 19a-17, for any of the following reasons: ... (2) emotional disorder or mental illness; (3) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; . . . (4) illegal, incompetent or negligent conduct in the practice of medicine ... In each case, the board shall consider whether the physician poses a threat, in the practice of medicine, to the health and safety of any person. If the board finds that the physician poses a threat, the board shall include such finding in its final decision and act to suspend or revoke the license of said physician.

The Department bears the burden of proof by preponderance of the evidence in this matter. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727, 739-40 (2013). The Department failed to sustain its burden of proof with regard to all of the allegations claiming grounds for disciplinary action pursuant to § 20-13c(4) of the Statutes. Therefore, this case is dismissed.

With regard to the allegations contained in paragraph 1 of the Charges, Respondent admits that he is from New Haven, Connecticut, and has been at all times referenced in the Charges, the holder of Connecticut physician and surgeon license number 047574. Rt. Ex. A

With regard to the allegation contained in paragraph 2a of the Charges, the Department failed to sustain its burden of proof that on or about April 16, 2015, Respondent's care for Patient 1, failed to meet the standard of care because he failed to obtain informed consent when he performed a sinus node ablation for Patient 1, with deflation of one lung in an attempt to protect the phrenic nerve. Specifically, the Department alleges that while Respondent obtained

informed consent for a hybrid procedure consisting of the sinus node ablation by using the balloon procedure, he failed to obtain informed consent for deflating the lung, a procedure that is essentially unprecedented.

The preponderance of the evidence establishes that Respondent provided care to Patient 1 at various times between October 2014 and April 2015. Dept. Ex. 1; Tr. 10/31/2019, pp. 198-199. At the time, Patient 1 suffered from sinus node tachycardia, also called cardiac arrhythmia. Tr. 10/31/2019, pp. 23, 198; Dept. Ex. 1, p. 15. On November 25, 2014, Respondent performed the first sinus node ablation surgery. Dept. Ex. 1, p. 204. One day after the first procedure, Respondent informed Patient 1 that he was only able to do an incomplete ablation because the phrenic nerve was in the way of the sinus node. Tr. 10/31/2019, pp. 226-227; Dept. Ex. 1, pp. 203-205. Respondent continued providing care to Patient 1 after the November 2014 surgery, including in January 2015, and up to the date of the surgery and during the post-surgery stay in April 2015. Tr. 10/31/2019, pp. 227-229, 231-232, 241, 243; Dept. Ex. 1, pp. 204-205.

On December 12, 2014, Patient 1 had a post-procedure visit with Respondent; Patient 1 reported improvement of her symptoms. Tr. 10/31/2019, p. 238. However, on January 5, 2015, Patient 1 went back to Respondent's office reporting recurring fatigue and difficulty sleeping, at which time Respondent explained the limitations of the first procedure. *Id.* pp. 239-240. Respondent informed Patient 1 about the medication Ivabradine. *Id.* p. 240. When Patient 1 called the office to schedule the second surgery, she indicated that she wanted "the risky one." Tr. 10/31/2019, p. 233.

Patient 1 testified that, prior to being treated by Respondent, she saw a cardiologist, Dr. Alexander Delvecchio, who treated her with beta blockers. *Id.* The beta blockers did not help with the palpitations and caused her to have low blood pressure. She then decided to seek treatment with Respondent; the first visit occurred on October 3, 2014. *Id.* at p. 25.

With respect to the April 2015 surgery, Patient 1 testified that Respondent only discussed the balloon procedure with the ablation; she further testified there was no discussion about the ventilation maneuver or lung deflation. Tr. 10/31/2019, pp. pp. 14, 15, 50. Patient 1 testified that on April 4, 2015, she signed an informed consent form to accept a procedure regarding inserting a balloon to move the phrenic nerve, and that she had no conversation with the

Respondent about a ventilation maneuver in conjunction with the sinus node ablation or the possible need for a pacemaker. *Id.*

Patient 1 testified that she remembers discussing the side effects of the ablation with Respondent, including that the ablation may not work and that there could be damage to the phrenic nerve. Tr. 10/31/2019, pp. 30-31, 37. Patient 1 also testified that she recalls Respondent discussing injury to the diaphragm due to the phrenic nerve, which could cause her breathing difficulties. *Id.* at pp. 52-53, 67. They also discussed the potential benefit of the surgery, lower heart rate. *Id.* at pp. 32, 38. Her understanding was that the phrenic nerve was sitting on top of the sinus node of the heart, limiting Respondent's ability to ablate the sinus node and they were only able to ablate a part of the sinus node. *Id.* at pp. 39, 40.

Patient 1 testified that on April 16, 2015, when she arrived at Bridgeport Hospital, Patient 1 and her father were informed that the drug Ivabradine received FDA approval the night before. *Id.* at p. 16. At the time, she wanted to speak to her primary care doctor, Steven Murphy, but she was not able to communicate with him. She was very anxious and asked for an anti-anxiety medication (Ativan) because her father and Respondent were arguing. *Id.* At that point, the Patient decided she was going to have the procedure, the ablation with the balloon. *Id.* On April 16, 2015, the Patient did not sign an additional informed consent document. *Id.* at p. 19.

The Patient testified that a few days after the surgery, when she learned that the lung had been deflated, she was in shock. Tr. 10/31/2019, p. 76.

The informed consent document dated April 4, 2015, specifically states that Patient 1 was consenting to a hybrid ablation. Dept. Ex. 3, p. 356.

Respondent credibly testified that "he took care of informed consent in the office" (Tr. 2/13/2020, p. 176), where he went over all the risks. Then, on the day of the surgery, he spent a considerable amount of time explaining all of the options in light of the newly authorized drug Ivabradine and going over the risks to the phrenic nerve. *Id.* pp. 176-177.

Respondent's testimony is corroborated by his January 5, 2015 letter to Dr. Murphy where he informed Dr. Murphy about having an extensive discussion with Patient 1 and her

father about a proposed sinus node ablation using either the balloon procedure or the ventilation maneuver in order to protect the phrenic nerve. Dept. Ex. 1, pp. 203-205.

Moreover, on January 6, 2016, Respondent had a notation in Patient 1's medical chart indicating he had a long conversation with Patient 1 regarding the limitations of the phrenic nerve procedure due to the location of the nerve. Tr. 10/31/2019, pp. 46-47. He also annotated the file to indicate that he had a conversation with Patient 1 and her father about the risks of the procedure. *Id.* at p. 52. The next day, Patient 1 called Respondent's office to indicate that she wanted to have the procedure. *Id.* at p. 55; Dept. Ex. 1, p. 227. On January 30, 2015, Patient 1 called Respondent's office to request information about the procedure and requested the "more risky ablation." *Id.* at p. 56.

Respondent testified that on the day of the surgery, he informed Patient 1 about the approval of Ivabradine in the hope to provide all the options to Patient 1. Tr. 10/31/2019, pp. 185-186. On the day of the procedure, Respondent again annotated Patient 1's file indicating he extensively discussed the risks of the surgery including damage to the lungs and the phrenic nerve. Dept. Ex. 4, p. 108.

Respondent testified that the proper way to treat sinus tachycardia is by using medical therapy and, when that does not work, ablation therapy would be the last resort. Tr. 10/31/2019, p. 183. Medical therapy consists of two types of drugs: calcium channel blockers and beta blockers. Ivabradine is an anti-arrhythmia agent that blocks certain channels in the heart. It is a relatively new FDA-approved drug in the United States even though it has been approved for many years in Europe. Tr. 10/31/2019, p. 184. It was approved for use in the U.S. one day before Patient 1 had the second surgery. *Id.* p. 185.

At the time of the initial visit with Patient 1, Respondent spent over one hour explaining the two options for her illness, medication therapy or sinus node ablation. Tr. 10/31/2019, pp. 198-203. Patient 1 did not want to take Metoprolol, a beta blocker, because she was afraid it was going to exacerbate her depression. *Id.* p. 203. Respondent started her on Cardizem, a calcium blocker. *Id.* During the first visit, they also discussed the drug Ivabradine and the fact that the FDA had not authorized it in the U.S. *Id.* p. 204, 207; Dept. Ex. 1, pp. 197-200. During the first visit, Respondent informed Patient 1 that the success rate of the sinus node ablation

therapy is only 50 to 60 percent at best and that there's a risk of phrenic nerve injury with the surgery. *Id.*

Respondent saw Patient 1 on October 31, 2014 for the second time and prescribed new medications to treat her condition, as Patient 1 complained the Cardizem was causing depression. Tr. 10/31/2019, pp. 207-213. However, two days later, Patient 1 contacted Respondent's office to schedule the sinus node ablation surgery. *Id.* p. 217.

On November 26, 2014, Respondent performed the first sinus node ablation surgery. Dept. Ex. 1, p. 204. One day after the first procedure, Respondent informed Patient 1 that the phrenic nerve was in the way, and he was only able to do an incomplete ablation. Tr. 10/31/2019, pp. 226-227. He explained that the only way he could safely conduct the ablation would be to repeat the surgery but he needed to move the phrenic nerve out of the way whereby Patient 1 would be under general anesthesia and intubated so he could control her breathing, and if he could not remove the phrenic nerve from the ablation site, Respondent would proceed with the second procedure to move the phrenic nerve using the balloon procedure. *Id.* Controlling her breathing would be the less risky procedure. *Id.* He explained that this was going to be a *hybrid procedure* involving the endocardium (inside the heart) by controlling the breathing, and the epicardium (outside the heart) which involves putting the balloon to separate the phrenic nerve from the heart. *Id.* pp. 231-232, 241, 243. Dept. Ex. 1, pp. 204-205. Respondent testified that he spent a lot of time explaining these procedures to Patient 1. *Id.* p. 233.

Respondent testified that Patient 1's father always pushed towards doing the procedure instead of the use of Ivabradine. Tr. 10/31/2019, pp. 245, 251-252.

Respondent testified that he saw Patient 1 on January 5, 2015, which was the last visit before the procedure. Tr. 2/13/2020, p. 29. During said visit Respondent again explained that they had three options: 1) To do nothing in light that Patient 1 experienced some improvement after the first surgery and continue the medications she was taking at the time in addition to the drug Ivabradine; 2) To do the surgery again using the ventilation maneuver during the procedure while the patient was intubated and under deep sedation in which the breathing was controlled and the lung deflated in order to move the phrenic nerve out of the way; and 3) To do a more risky procedure by placing a balloon on top of the heart to separate the phrenic nerve from the

myocardium or epicardium in order to perform the ablation in the endocardium and the epicardium. Tr. 2/13/2022, pp. 29-37 58. Respondent's testimony is corroborated by his letter to Patient 1's primary care physician, Dr. Steven Murphy, dated January 2, 2015, in which Respondent informs Dr. Murphy what he had informed Patient 1 about her three options. Dept. Ex. 1, pp. 203-205.

Respondent also testified that the ventilation maneuver is the first option to do because it is less risky than to insert the balloon because inserting the balloon may cause bleeding in the heart. Tr. 2/13/2020, p. 39.

The Board finds Patient 1 and her father were not reliable witnesses and that the preponderance of the evidence shows that Respondent spent a lot of time explaining the risks of the surgery to the patient and her father, which Respondent documented in the letters he sent to Dr. Delvecchio and Dr. Murphy, showing the types of procedures he was undertaking. Additionally, as discussed above, there was a lengthy discussion on the day of the surgery regarding the FDA approval of the drug Ivabradine, and which included Respondent's suggestion to put off on the surgery and instead consider the use of Ivabradine. However, Patient 1's father insisted on having the surgery.

Therefore, the evidence is not sufficient to establish that on or about April 16, 2015, Respondent's care for Patient 1, failed to meet the standard of care because he failed to obtain informed consent when he performed a sinus node ablation for Patient 1, with deflation of one lung in an attempt to protect the phrenic nerve.

With regard to the allegations contained in paragraph 2b of the Charges that Respondent failed to coordinate the use of the paralytic agent with the anesthesiologist preoperatively and/or intraoperatively, the Department failed to sustain its burden of proof.

Respondent testified that months before the April 2015 surgery, he coordinated with several other providers who were going to participate and assist him during the surgery, including with the anesthesiologist about where and how the surgery was going to take place. Tr. 2/13/2020, pp. 70, 86-88. On the day of the second surgery, the procedure started at 10:32 , after there was a discussion with the anesthesiologist about how to use the paralytic agent. *Id.* p.

87. The team discussed ventilation procedure with the anesthesiologist. *Id.* They specifically discussed the use of a paralytic agent for intubation purposes only. *Id.* p. 88.

On the day of the April 2016 surgery, Respondent's instructions were that no more paralytic agent was going to be administered after the intubation. *Id.* Respondent also testified that his instructions about stopping the paralytic agent after intubation were repeated during the surgery "time out." *Id.* p. 89. They used paralytic agent Rocuronium, which is a short acting paralytic agent, which takes an hour to clear out of the patient. *Id.*

Respondent testified that the anesthesiologist administered Rocuronium at 10:32 and then at 12:02. *Id.* p. 91. Unbeknown to Respondent, the 12:02 administration of Rocuronium was done by mistake because the patient was only supposed to receive one dose for intubation purposes. *Id.* pp. 92-93. Respondent testified that he would have been furious had he learned that the second dose was administered because he couldn't assess the phrenic nerve. *Id.* p. 92. Respondent testified that he learned for the first time at approximately 2:30 pm, after he had done the ablation, that the paralytic agent had been given at 12:02. *Id.* pp. 94, 95. Respondent also testified that during the procedure, he was in constant communication with the anesthesiologist and other members of the team. Tr. 2/13/2020, p. 96. At approximately 2:32, he heard that the anesthesiologist had given Patient 1 the paralytic agent approximately 20 minutes before. *Id.*

Respondent's testimony was not contradicted by any of the Department's witnesses and the Department failed to present the testimony of anesthesiologist Dr. Gina Basescu. Therefore, the Board finds that the Department failed to sustain its burden of proof with regard to the allegations that Respondent failed to coordinate the use of a paralytic agent with the anesthesiologist preoperatively and/or intraoperatively.

With regard to the allegation contained in paragraph 2c of the Charges that Respondent failed to make an appropriate assessment of phrenic nerve status intraoperatively, the Department failed to sustain its burden of proof.

The standard of care requires that in doing a sinus node ablation, the electrophysiologist discerns the locations of the phrenic nerve and its proximity to the sinus node and determines where the intended site of the ablation is located. This is done by pacing or placing catheters

and delivering a non-damaging input of energy in the area around the sinus node and observing whether the diaphragm moves. Tr. 7/8/2019, pp. 83-85; Tr. 10/31/2019, pp. 11-112. If the diaphragm moves, then the phrenic nerve is captured and is in the specific location of the stimuli. Tr. 7/8/2019, p. 114. If a paralytic agent has been used and the phrenic nerve is paralyzed, the electrophysiologist won't be able to determine if the phrenic nerve is in the area of the ablation or mapping because the phrenic nerve won't be able to move the diaphragm. *Id.* at p. 115. The electrophysiologist should communicate with the anesthesiologist prior to the procedure so no paralytic agent is infused before the electrophysiologist is able to map the location of the nerve in order to avoid its accidental ablation. *Id.* at p. 116. Additionally, the phrenic nerve should never be paralyzed during an ablation. Tr. 10/31/2019, p. 119; Tr. 2/13/2020, p. 129.

Dr. Mark Blitzer, an electrophysiologist that was part of Respondent's team of physicians during the April 2015 surgery, testified that the reason to map the phrenic nerve is to avoid using a burst of energy that would damage the nerve, and to determine where the abnormal cells are located on the sinus node. Tr. 10/31/2019, p. 113. In order to do the phrenic nerve mapping, the nerve cannot be under a paralytic agent. *Id.* at p. 115. The amount of energy delivered when mapping is considerably less than the amount of energy provided while doing the ablation. *Id.* Dr. Blitzer testified that if the phrenic nerve is paralyzed, it cannot be mapped because it will not respond to the energy input as the paralytic agent has turned off the nerve. *Id.* at p. 117. Once the technique to move the phrenic nerve is done, either using the balloon technique or the ventilation procedure, the phrenic nerve is tested again to determine if it is away from the sinus node. If it is, the ablation of the node can take place. *Id.*

Dr. Blitzer testified that the balloon procedure to move the phrenic nerve from the ablation area involves inserting a needle under the ribcage trying to enter the pericardial space outside the heart to push the heart into the balloon and use the balloon to push the phrenic nerve away from the heart. Tr. 10/31//20219, pp. 125-126. Another technique is using the ventilation maneuver which involves deflating the lung to move the phrenic nerve, which consists of holding the lung in either the inhalation or exhalation mode. *Id.* at p. 127.

Once the mapping is done showing where the abnormal cells are located, the ablation catheter is placed where the abnormal cells are located. Then the phrenic nerve is activated by

using the pacing technique. Next, the lung is deflated and the pacing of the phrenic nerve is done again, hopefully showing that there is no stimulation of the phrenic nerve, which means that it was successfully moved from the ablation site, so that the ablation can proceed without damaging the phrenic nerve. Tr. 10/31/2019, p. 127.

Capturing the phrenic nerve is when the nerve moves or jumps and reacts, when stimulated with the use of energy. Tr. 10/31/2019, pp. 128, 169. It is not safe to burn the sinus node when the phrenic nerve is captured. *Id.* p. 129.

Dr. Blitzler testified that he has observed, in the last six or seven years, that in certain patients the phrenic nerve moves away from the heart at different phases of inspiration and exhalation. *Id.* pp. 140, 142. The observations are done visually or with the use of an X-ray fluoroscopy. *Id.* pp. 143-142. Dr. Blitzler testified the lung deflation procedure carries fewer risks than the balloon procedure, or no risk. *Id.* pp. 151, 161.

Respondent testified that on April 16, 2015, they started the procedure at 10:32 Epic System time by mapping the area, and they were able to locate the area of ablation. Tr. 2/13/2022, p. 98; Dept. Ex. 4, pp. 138, 343. At 2:21, Respondent delivered the first ablation lesion; at 2:32, Respondent delivered three more ablation lesions. *Id.* pp. 99, 158, 161, 165, 166. At approximately 2:32 or 2:39, he learned that the anesthesiologist had provided the paralytic agent 20 minutes before, meaning that all the procedures they had been doing were conducted under the administration of the paralytic agent. *Id.* Respondent testified that at the time of the ablations, he was under the impression that the phrenic nerve was captured in the location of the ablation. Then, with subsequent lung ventilation or deflation of the lung, there was no capturing of the phrenic nerve; therefore, he assumed that the phrenic nerve had moved as a result of the one lung ventilation. *Id.* p. 162.

Respondent testified that prior to the first lesion at 2:21, they paced the phrenic nerve and it did not react because the paralytic agent had been administered. Respondent, however, believed he was safe to ablate in the area because he was unaware that the anesthesiologist had

administered the paralytic agent approximately 20 minutes before.⁶ Tr. 2/13/2020, p. 99. Once he learned that the paralytic agent had been given, he stopped the procedure. *Id.* p. 100.

Respondent also testified that after the paralytic agent was reversed, he tested the phrenic nerve, and found that “everything did worked [sic] well” (*Id.* p. 168), and they continued to ablate one more time at 3:52. *Id.*

Respondent also testified that subsequent to learning that the paralytic agent had been administered after he ablated the sinus node, he tried to reach the phrenic nerve by inserting another catheter via the superior vena cava to test the nerve. At that point he learned that the stimulus response was not strong enough and terminated the procedure. Tr. 2/13/2020, p. 171-172.

Respondent’s testimony is corroborated by Dr. Blitzer, who testified that had he learned that the anesthesiologist had provided the paralytic agent, he would not have proceeded with the ablation procedure. Tr. 10/31/2019, p. 131. The procedure had already ended when he first learned that the paralytic agent had been given. *Id.*

Dr. Blitzer testified that “there was no awareness the patient had been give the paralytic agent. Otherwise, we could not have proceeded with the electrical energy.” Tr. 10/31/2019, p. 162. When the doctors performed the mapping and the pacing, they were under the impression that no paralytic had been given since the patient was first placed under anesthesia. *Id.* They proceeded with the mapping and observed that there were areas where the phrenic nerve responded and, therefore, those were not good areas to burn. *Id.* p. 163. Then, they went ahead with the procedure to do the ablation in areas where they believed it was safe to ablate. *Id.*

Based on the foregoing, the Department failed to sustain its burden of proof that Respondent failed to make an appropriate assessment of phrenic nerve status intraoperatively.

⁶ During the surgery on April 16, 2015, the anesthesiologist administered the paralytic agent three time: at 10:32, at 12:00, and at 2:00. Tr. 2/13/2022, pp. 145, 158; Dept. Ex. 4, p. 138.

Conclusion

In conclusion, the Department failed to sustain its burden of proof with regard to all of the allegations in the Charges regarding Respondent's conduct in the practice of medicine. Accordingly, the Board concludes that there is no basis upon which to impose discipline on Respondent's license pursuant to §§ 19a-17 and 20-13c(4).

Order

Based upon the record in this case, the above findings of fact and the conclusions of law, and pursuant to the authority vested in it by §§ 19a-17 and 20-13c of the Statutes, the Board finds that the conduct alleged in the Charges and not proven warrants no disciplinary action and Petition No. 2016-619 is hereby dismissed.

This Decision is effective on the first day of the month after it is signed by the Board.

Connecticut Medical Examining Board

August _____, 2022

Kathryn Emmett, Esq.
Chairperson

SUMMARY SUSPENSION COVER SHEET

In re: Farhaad R. Riyaz, M.D.

Petition No. 2022-206

1. Farhaad R. Riyaz, M.D., of Manassas, Virginia (hereinafter "respondent") is, and has been, at all times referenced herein, the holder of Connecticut physician and surgeon license number 066548.

2. On or about December 13, 2021, in the case of U.S. v. Farhaad Riyaz, U.S. District Court for the Eastern District of Virginia, Docket No. 1:21-cr-264-LMB, respondent entered into a plea agreement whereby he pled guilty to one count of mail fraud in violation of 18 U.S.C. § 1341 (hereinafter "respondent's § 1341 violation"), a Class C felony under federal law. [NOTE: C.G.S. § 19a-17(a)(9)(A)]

3. From on or about February 23, 2022 to on or about June 14, 2022, respondent was subjected to disciplinary action by disciplinary agencies of other states as set forth below:

- a. On or about February 23, 2022, upon learning of respondent's § 1341 violation, the Colorado Medical Board (hereinafter the "Colo. Board") issued an Order of Summary Suspension summarily suspending respondent's license to practice medicine. Thereafter, on or about March 22, 2022, the Colo. Board. approved a Non-Disciplinary Interim Cessation of Practice Agreement pending further evaluation and investigation of respondent to determine what further actions, if any, are warranted.
- b. On or about March 3, 2022, upon learning of the suspension of respondent's Colorado license to practice medicine, the Alabama Medical Licensure Commission (hereinafter the "Ala. Comm.") issued a notice to the respondent notifying him that his Alabama license to practice medicine had been administratively suspended for up to ninety days effective February 23, 2022.
- c. On or about March 11, 2022, upon learning of the suspension of respondent's Colorado license to practice medicine, the Arizona Medical Board (hereinafter the "Ariz. Board") adopted an Interim Consent Agreement for Practice Restriction prohibiting respondent from engaging in the practice of medicine in the State of Arizona until respondent applies to the Ariz. Board's Executive Director and receives permission to do so.
- d. On or about March 18, 2022, upon learning of the suspension of respondent's Colorado license to practice medicine, the Virginia Director of the Department of Health Professions issued an Order of Mandatory Suspension suspending the respondent's Virginia license to practice medicine.
- e. On or about April 14, 2022, upon learning of the suspension of respondent's Colorado and Virginia licenses to practice medicine, the District of Columbia Board of Medicine issued a Notice of Summary Action to Suspension License (sic)

summarily suspending the respondent's District of Columbia medical license effective upon respondent's receipt thereof.

- f. On or about April 14, 2022, the respondent entered into a Voluntary Agreement Not to Practice Medicine with the Massachusetts Medical Board (hereinafter the Mass. Board) under the terms of which respondent agrees not to practice as a physician in Massachusetts.
 - g. On or about April 17, 2022, upon learning of the suspension of respondent's Colorado license to practice medicine, the Tennessee Board of Medical Examiners (hereinafter the "Tenn. Board") issued an Order for Suspension administratively suspending respondent's license to practice medicine for up to ninety days, or until May 24, 2022, effective as of the date of the Colo. Board's suspension of respondent's Colorado license.
 - h. On or about May 3, 2022, upon learning of the actions taken by the Colo. Board, the Ala. Comm., and the Ariz. Board with respect to respondent's licenses to practice medicine in their respective jurisdictions, the Maryland State Board of Physicians (hereinafter the "Md. Board") issued an Order for Suspension of License to Practice Medicine administratively suspending respondent's Maryland license to practice medicine for ninety days.
 - i. On or about May 4, 2022, the New York State Board for Professional Medical Conduct issued an Interim Order of Conditions which, in part, precludes the respondent from practicing medicine in New York State or in any setting or jurisdiction where such practice would be predicated upon respondent's New York State medical license.
 - j. On or about June 14, 2022, upon learning of the actions taken by the Colo. Board, the Ala. Comm., the Ariz. Board, the Md. Board, the Mass. Board, and the Tenn. Board with respect to respondent's licenses to practice medicine in their respective jurisdictions; and based on other allegations including, in part, that respondent, in his effort to obtain a Wyoming physician license, had an obligation to update information previously provided to the Wyoming Board of Medicine (hereinafter the "Wyo. Board") that he failed to fulfill, the Wyo. Board issued an Order of Summary Suspension summarily suspending respondent's license to practice medicine in the state of Wyoming pending a full hearing in the underlying matter.
4. On or about March 1, 2022, respondent submitted an online application to renew his Connecticut physician and surgeon license. In response to a question thereon inquiring as to the details of disciplinary action taken against respondent since his last renewal, respondent failed to report the February 23, 2022 summary suspension of his Colorado license, and he stated only that he had a hearing before the Colorado Medical Board scheduled for March 17th.

5. At various times from in or about July of 2020 to the present, and at prior times, respondent has suffered from an emotional disorder or mental illness that does and/or may affect his practice as a physician and surgeon.

6. The above cited facts evidence circumstances, and conduct of the respondent, that fail to conform to the accepted standards of the profession of physician and surgeon, they represent a clear and immediate danger to the public health and safety if respondent is allowed to continue to practice, and they constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-13c, including, but not necessarily limited to:

- a. §19a-17(a),
- b. §19a-17(c),
- c. §19a-17(f),
- d. §20-13c(2),
- e. §20-13c(4), and
- f. §20-13c(6).

7. For the foregoing reasons, the Department believes that respondent's continued practice as a physician and surgeon represents a clear and immediate danger to the public health and safety and the Department respectfully requests that the Board summarily suspend respondent's license until a full hearing on the merits can be held.

CONFIDENTIALITY NOTICE: This document and all attachments may contain information that is confidential or privileged. Please do not disseminate, distribute, or copy the contents or discuss with parties who are not directly involved in this petition. Thank you.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Farhaad R. Riyaz, M.D.

Petition No. 2022-206

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves, in accordance with the Connecticut General Statutes §§4-182(c) and 19a-17(c), that the Connecticut Medical Examining Board summarily suspend the license of Farhaad R. Riyaz, M.D. to practice as a physician and surgeon in Connecticut. This motion is based on the attached Statement of Charges, Affidavit and on the Department's information and belief that the continued practice as a nurse represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 9th day of August 2022.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Farhaad R. Riyaz, M.D.

Petition No. 2022-206

STATEMENT OF CHARGES

Pursuant to the Connecticut General Statutes, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Farhaad R. Riyaz, M.D.:

COUNT ONE

1. Farhaad R. Riyaz, M.D., of Manassas, Virginia (hereinafter "respondent") is, and has been, at all times referenced herein, the holder of Connecticut physician and surgeon license number 066548.
2. On or about December 13, 2021, in the case of U.S. v. Farhaad Riyaz, U.S. District Court for the Eastern District of Virginia, Docket No. 1:21-cr-264-LMB, respondent entered into a plea agreement whereby he pled guilty to one count of mail fraud in violation of 18 U.S.C. § 1341 (hereinafter "respondent's § 1341 violation"), a Class C felony under federal law.
3. From on or about February 23, 2022 to on or about June 14, 2022, respondent was subjected to disciplinary action by disciplinary agencies of other states as set forth below:
 - a. On or about February 23, 2022, upon learning of respondent's § 1341 violation, the Colorado Medical Board (hereinafter the "Colo. Board") issued an Order of Summary Suspension summarily suspending respondent's license to practice medicine. Thereafter, on or about March 22, 2022, the Colo. Board. approved a Non-Disciplinary Interim Cessation of Practice Agreement pending further evaluation and investigation of respondent to determine what further actions, if any, are warranted.
 - b. On or about March 3, 2022, upon learning of the suspension of respondent's Colorado license to practice medicine, the Alabama Medical Licensure Commission (hereinafter the "Ala. Comm.") issued a notice to the respondent notifying him that his Alabama license to practice medicine had been administratively suspended for up to ninety days effective February 23, 2022.
 - c. On or about March 11, 2022, upon learning of the suspension of respondent's Colorado license to practice medicine, the Arizona Medical Board (hereinafter the "Ariz. Board") adopted an Interim Consent Agreement for Practice Restriction prohibiting respondent from engaging in the practice of medicine in the State of Arizona until respondent applies to the Ariz. Board's Executive Director and receives permission to do so.

- d. On or about March 18, 2022, upon learning of the suspension of respondent's Colorado license to practice medicine, the Virginia Director of the Department of Health Professions issued an Order of Mandatory Suspension suspending the respondent's Virginia license to practice medicine.
- e. On or about April 14, 2022, upon learning of the suspension of respondent's Colorado and Virginia licenses to practice medicine, the District of Columbia Board of Medicine issued a Notice of Summary Action to Suspension License (sic) summarily suspending the respondent's District of Columbia medical license effective upon respondent's receipt thereof.
- f. On or about April 14, 2022, the respondent entered into a Voluntary Agreement Not to Practice Medicine with the Massachusetts Medical Board (hereinafter the Mass. Board) under the terms of which respondent agrees not to practice as a physician in Massachusetts.
- g. On or about April 17, 2022, upon learning of the suspension of respondent's Colorado license to practice medicine, the Tennessee Board of Medical Examiners (hereinafter the "Tenn. Board") issued an Order for Suspension administratively suspending respondent's license to practice medicine for up to ninety days, or until May 24, 2022, effective as of the date of the Colo. Board's suspension of respondent's Colorado license.
- h. On or about May 3, 2022, upon learning of the actions taken by the Colo. Board, the Ala. Comm., and the Ariz. Board with respect to respondent's licenses to practice medicine in their respective jurisdictions, the Maryland State Board of Physicians (hereinafter the "Md. Board") issued an Order for Suspension of License to Practice Medicine administratively suspending respondent's Maryland license to practice medicine for ninety days.
- i. On or about May 4, 2022, the New York State Board for Professional Medical Conduct issued an Interim Order of Conditions which, in part, precludes the respondent from practicing medicine in New York State or in any setting or jurisdiction where such practice would be predicated upon respondent's New York State medical license.
- j. On or about June 14, 2022, upon learning of the actions taken by the Colo. Board, the Ala. Comm., the Ariz. Board, the Md. Board, the Mass. Board, and the Tenn. Board with respect to respondent's licenses to practice medicine in their respective jurisdictions; and based on other allegations including, in part, that respondent, in his effort to obtain a Wyoming physician license, had an obligation to update information previously provided to the Wyoming Board of Medicine (hereinafter the "Wyo. Board") that he failed to fulfill, the Wyo. Board issued an Order of Summary

Suspension summarily suspending respondent's license to practice medicine in the state of Wyoming pending a full hearing in the underlying matter.

4. On or about March 1, 2022, respondent submitted an online application to renew his Connecticut physician and surgeon license. In response to a question thereon inquiring as to the details of disciplinary action taken against respondent since his last renewal, respondent failed to report the February 23, 2022 summary suspension of his Colorado license, and he stated only that he had a hearing before the Colorado Medical Board scheduled for March 17th.

5. The above cited facts evidence conduct of the respondent failing to conform to the accepted standards of the profession of physician and surgeon, they represent a clear and immediate danger to the public health and safety if respondent is allowed to continue to practice, and they constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-13c, including, but not necessarily limited to:

- a. §19a-17(a),
- b. §19a-17(c),
- c. §19a-17(f),
- d. §20-13c(4), and
- e. §20-13c(6).

6. For the foregoing reasons, the Department believes that respondent's continued practice as a physician and surgeon represents a clear and immediate danger to the public health and safety.

COUNT TWO

7. Paragraphs one of Count One is incorporated herein by reference as if set forth in full.

8. At various times from in or about July of 2020 to the present, and at prior times, respondent has suffered from an emotional disorder or mental illness that does and/or may affect his practice as a physician and surgeon.

9. The above cited facts evidence circumstances that fail to conform to the accepted standards of the profession of physician and surgeon, they represent a clear and immediate danger to the public health and safety if respondent is allowed to continue to practice, and they constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-13c, including, but not necessarily limited to:

- a. §19a-17(a),
- b. §19a-17(c), and
- c. §20-13c(2).

10. For the foregoing reasons, the Department believes that respondent's continued practice as a physician and surgeon represents a clear and immediate danger to the public health and safety.

THEREFORE, the Department prays that:

The Connecticut Medical Examining Board, as authorized by the Connecticut General Statutes, §§ 20-13c and 19a-17, summarily suspend the physician and surgeon license of Farhaad R. Riyaz, M.D. until a full hearing on the merits can be held, and that it revoke or order other disciplinary action against the physician and surgeon license of Farhaad R. Riyaz, M.D. as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 9th day of August 2022.

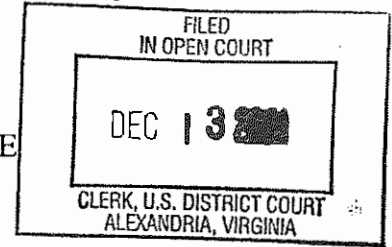


Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

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IN THE UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF VIRGINIA

Alexandria Division

UNITED STATES OF AMERICA,

v.

FARHAAD RIYAZ,

Defendant.

No. 1:21-cr-264-LMB

PLEA AGREEMENT

Jessica D. Aber, United States Attorney for the Eastern District of Virginia; undersigned counsel for the United States; the defendant, Farhaad Riyaz; and the defendant's counsel have entered into an agreement pursuant to Rule 11 of the Federal Rules of Criminal Procedure. The terms of this Plea Agreement are as follows:

1. Offense and Maximum Penalties

The defendant agrees to waive indictment and plead guilty to a single count Criminal Information, charging the defendant with mail fraud, in violation of 18 U.S.C. § 1341. The maximum penalties for this offense are: a maximum term of 20 years of imprisonment, a fine of the greater of \$250,000 or twice the gross gain or loss, full restitution, forfeiture of assets as outlined below, a special assessment pursuant to 18 U.S.C § 3013, and a maximum supervised release term of 3 years. The defendant understands that any supervised release term is in addition to any prison term the defendant may receive, and that a violation of a term of supervised release could result in the defendant being returned to prison for the full term of supervised release.

2. Factual Basis for the Plea

The defendant will plead guilty because the defendant is in fact guilty of the charged offense. The defendant admits the facts set forth in the Statement of Facts filed with this Plea Agreement and agrees that those facts establish guilt of the offense charged beyond a reasonable doubt. The Statement of Facts, which is hereby incorporated into this Plea Agreement, constitutes a stipulation of facts for purposes of Section 1B1.2(c) of the Sentencing Guidelines.

3. Assistance and Advice of Counsel

The defendant is satisfied that the defendant's attorney has rendered effective assistance. The defendant understands that by entering into this Plea Agreement, defendant surrenders certain rights as provided in this agreement. The defendant understands that the rights of criminal defendants include the following:

- a. the right to plead not guilty and to persist in that plea;
- b. the right to a jury trial;
- c. the right to be represented by counsel-and, if necessary, have the court appoint counsel-at trial and at every other stage of the proceedings; and
- d. the right at trial to confront and cross-examine adverse witnesses, to be protected from compelled self-incrimination, to testify and present evidence, and to compel the attendance of witnesses.

4. Sentencing Guidelines, Recommendations, and Roles

The defendant understands that the Court has jurisdiction and authority to impose any sentence within the statutory maximum described above, but that the Court will determine the defendant's actual sentence in accordance with 18 U.S.C. § 3553(a). The defendant understands that the Court has not yet determined a sentence and that any estimate of the advisory sentencing range under the U.S. Sentencing Commission's Sentencing Guidelines Manual the defendant

may have received from the defendant's counsel, the United States, or the Probation Office, is a prediction, not a promise, and is not binding on the United States, the Probation Office, or the Court. Additionally, pursuant to the Supreme Court's decision in *United States v. Booker*, 543 U.S. 220 (2005), the Court, after considering the factors set forth in 18 U.S.C. § 3553(a), may impose a sentence above or below the advisory sentencing range, subject only to review by higher courts for reasonableness. The United States makes no promise or representation concerning what sentence the defendant will receive, and the defendant cannot withdraw a guilty plea based upon the actual sentence.

Further, in accordance with Federal Rule of Criminal Procedure 11(c)(1)(B), the United States and the defendant stipulate and will recommend to the Court that the following provisions of the Sentencing Guidelines apply:

Guideline(s)	Description	Offense Level
2B 1.1(a)(1)	Base offense level	7
2B 1.1 (b)(1)(F)	Loss is more than \$250,000 but less than \$550,000	+12

The United States and the defendant further agree that the defendant has assisted the government in the investigation and prosecution of the defendant's own misconduct by timely notifying authorities of the defendant's intention to enter a plea of guilty, thereby permitting the government to avoid preparing for trial and permitting the government and the Court to allocate their resources efficiently. If the defendant qualifies for a two-level decrease in offense level pursuant to U. S.S.G. § 3E1.1(a) and the offense level prior to the operation of that section is a level 16 or greater, the government agrees to file, pursuant to U. S.S.G. § 3E1.1(b), a motion prior to, or at the time of, sentencing for an additional one-level decrease in the defendant's offense level.

The United States and the defendant have not agreed on any further sentencing issues, whether related to the Sentencing Guidelines or the factors listed in 18 U.S.C. § 3553(a), other than those set forth above or elsewhere in this Plea Agreement. Any stipulation on a Guidelines provision does not limit the parties' arguments as to any other Guidelines provisions or sentencing factors under Section 3553(a), including arguments for a sentence within or outside the advisory Guidelines range found by the Court at sentencing.

5. Waiver of Appeal, FOIA, and Privacy Act Rights

The defendant also understands that 18 U.S.C. § 3742 affords a defendant the right to appeal the sentence imposed. Nonetheless, the defendant knowingly waives the right to appeal the conviction and any sentence within the statutory maximum described above (or the manner in which that sentence was determined) on the grounds set forth in 18 U.S.C. § 3742 or on any ground whatsoever other than an ineffective assistance of counsel claim that is cognizable on direct appeal, in exchange for the concessions made by the United States in this Plea Agreement. This agreement does not affect the rights or obligations of the United States as set forth in 18 U.S.C. § 3742(b). The defendant also hereby waives all rights, whether asserted directly or by a representative, to request or receive from any department or agency of the United States any records pertaining to the investigation or prosecution of this case, including without limitation any records that may be sought under the Freedom of Information Act, 5 U.S.C. § 552, or the Privacy Act, 5 U.S.C. § 552a.

6. Immunity from Further Prosecution in This District

The United States will not further criminally prosecute the defendant in the Eastern District of Virginia for the specific conduct described in the Information or Statement of Facts. This Plea Agreement and Statement of Facts does not confer on the defendant any immunity

from prosecution by any state government in the United States.

7. Defendant's Cooperation

The defendant agrees to cooperate fully and truthfully with the United States, and provide all information known to the defendant regarding any criminal activity as requested by the government. In that regard:

- a. The defendant agrees to testify truthfully and completely at any grand juries, trials or other proceedings.
- b. The defendant agrees to be reasonably available for debriefing and pretrial conferences as the United States may require.
- c. The defendant agrees to provide all documents, records, writings, or materials of any kind in the defendant's possession or under the defendant's care, custody, or control relating directly or indirectly to all areas of inquiry and investigation.
- d. The defendant agrees that, at the request of the United States, the defendant will voluntarily submit to polygraph examinations, and that the United States will choose the polygraph examiner and specify the procedures for the examinations.
- e. The defendant agrees that the Statement of Facts is limited to information to support the plea. The defendant will provide more detailed facts relating to this case during ensuing debriefings.
- f. The defendant is hereby on notice that the defendant may not violate any federal, state, or local criminal law while cooperating with the government, and that the government will, in its discretion, consider any such violation in evaluating whether to file a motion for a downward departure or reduction of sentence.
- g. Nothing in this agreement places any obligation on the government to seek the defendant's cooperation or assistance.

8. Use of Information Provided by the Defendant Under This Agreement

The United States will not use any truthful information provided pursuant to this agreement in any criminal prosecution against the defendant in the Eastern District of Virginia, except in any prosecution for a crime of violence or conspiracy to commit, or aiding and

abetting, a crime of violence (as defined in 18 U.S.C. § 16). Pursuant to U.S.S.G. § 1B1.8, no truthful information that the defendant provides under this agreement will be used in determining the applicable guideline range, except as provided in Section 1B1.8(b). Nothing in this agreement, however, restricts the Court's or Probation Officer's access to information and records in the possession of the United States. Furthermore, nothing in this agreement prevents the government in any way from prosecuting the defendant should the defendant knowingly provide false, untruthful, or perjurious information or testimony, or from using information provided by the defendant in furtherance of any forfeiture action, whether criminal or civil, administrative or judicial. The United States will bring this agreement and the full extent of the defendant's cooperation to the attention of other prosecuting offices if requested.

9. Defendant Must Provide Full, Complete, and Truthful Cooperation

This agreement is not conditioned upon charges being brought against any other individual. This agreement is not conditioned upon any outcome in any pending investigation. This agreement is not conditioned upon any result in any future prosecution that may occur because of the defendant's cooperation. This agreement is not conditioned upon any result in any future grand jury presentation or trial involving charges resulting from this investigation. This agreement is conditioned upon the defendant providing full, complete, and truthful cooperation.

10. Motion for a Downward Departure

The parties agree that the United States reserves the right to seek any departure from the applicable sentencing guidelines, pursuant to Section 5K1.1 of the Sentencing Guidelines and Policy Statements, or any reduction of sentence pursuant to Rule 35(b) of the Federal Rules of Criminal Procedure, if, in its sole discretion, the United States determines that such a departure

or reduction of sentence is appropriate. In addition, the defendant understands that the Court—not the United States—will decide what, if any, reduction in sentence is appropriate.

Furthermore, the proceeding established by the Plea Agreement section titled Breach of the Plea Agreement and Remedies does not apply to the decision of the United States whether to file a motion based on “substantial assistance” as that phrase is used in Rule 35(b) of the Federal Rules of Criminal Procedure and Section 5K1.1 of the Sentencing Guidelines and Policy Statements. As noted above, the defendant agrees that the decision whether to file such a motion rests in the sole discretion of the United States. In addition, should the defendant violate the Plea Agreement, as defined in Breach of the Plea Agreement and Remedies, or should the defendant violate this Cooperation Agreement, the United States will be released from its obligations under either agreement, including any obligation to seek a downward departure or a reduction in sentence. The defendant, however, may not withdraw the guilty plea entered pursuant to the Plea Agreement.

11. Payment of Monetary Penalties

The defendant understands and agrees that, pursuant to 18 U.S.C. § 3613 and 18 U.S.C. § 3572, all monetary penalties imposed by the Court, including restitution, will be due immediately and subject to immediate enforcement by the United States as provided for in Section 3613. If the Court imposes a schedule of payments, the defendant understands that the schedule of payments is merely a minimum schedule of payments and not the only method, nor a limitation on the methods, available to the United States to enforce the judgment. Until all monetary penalties are paid in full, the defendant will be referred to the Treasury Offset Program so that any federal payment or transfer of returned property to the defendant will be offset and applied to pay the defendant’s unpaid monetary penalties. If the defendant is incarcerated, the defendant

agrees to participate voluntarily in the Bureau of Prisons' Inmate Financial Responsibility Program, regardless of whether the Court specifically directs participation or imposes a schedule of payments. Defendant agrees to make good-faith efforts toward payment of all monetary penalties imposed by the Court.

12. Special Assessment

Before sentencing in this case, the defendant agrees to pay a mandatory special assessment of \$100 per felony count of conviction, pursuant to 18 U.S.C. § 3013(a)(2)(A).

13. Restitution

The defendant agrees that restitution is mandatory pursuant to 18 U.S.C. § 3663A(c)(1), and the defendant agrees to the entry of a Restitution Order for the full amount of the victims' losses as determined by the Court. Pursuant to 18 U.S.C. § 3663A(c)(2), the defendant further agrees that an offense listed in Section 3663A(c)(1) gave rise to this Plea Agreement and, as such, victims of the conduct described in the charging instrument, Statement of Facts, or any related or similar conduct shall be entitled to restitution. Without limiting the amount of restitution that the Court must impose, the parties agree that, at a minimum, the following victims have suffered the losses identified below and are entitled to restitution:

Victim Name and Address	Restitution Amount
Amazon	\$312,964.38

The defendant understands that forfeiture and restitution are separate and distinct financial obligations that must be imposed upon a criminal defendant. The defendant further understands that restitution will be enforced pursuant to 18 U.S.C. § 3572, 18 U.S.C. § 3613, and 18 U.S.C. § 3664(m).

14. Forfeiture Agreement

The defendant understands that the forfeiture of assets is part of the sentence that must be imposed in this case. The defendant agrees to forfeit all interests in any fraud-related asset that the defendant owns or over which the defendant exercises control, directly or indirectly. This includes any property that is traceable to, derived from, fungible with, or a substitute for the following: property that constitutes the proceeds of the offense.

The defendant understands that if the assets subject to forfeiture are not available to the United States to be forfeited, the Court must enter a forfeiture money judgment in the amount of the unavailable assets. *United States v. Blackman*, 746 F.3d 137 (4th Cir. 2014). The defendant acknowledges that as a result of defendant's acts or omissions, the actual proceeds the defendant obtained as a result of the offense are not available and the defendant stipulates that one or more of the factors listed at 21 U.S.C. § 853(p)(1) are present in this case.

The defendant further agrees to waive all interest in the asset(s) in any administrative or judicial forfeiture proceeding, whether criminal or civil, state or federal. The defendant agrees to consent to the entry of orders of forfeiture for such property and waives the requirements of Federal Rules of Criminal Procedure 32.2 and 43(a) regarding notice of the forfeiture in the charging instrument, announcement of the forfeiture at sentencing, and incorporation of the forfeiture in the judgment. Defendant admits and agrees that the conduct described in the charging instrument and Statement of Facts provides a sufficient factual and statutory basis for the forfeiture of the property sought by the government.

15. Waiver of Further Review of Forfeiture

The defendant further agrees to waive all constitutional and statutory challenges to forfeiture in any manner (including direct appeal, habeas corpus, or any other means) to any

forfeiture carried out in accordance with this Plea Agreement on any grounds, including that the forfeiture constitutes an excessive fine or punishment. The defendant also waives any failure by the Court to advise the defendant of any applicable forfeiture at the time the guilty plea is accepted as required by Rule 11(b)(1)(J). The defendant agrees to take all steps as requested by the United States to pass clear title to forfeitable assets to the United States, and to testify truthfully in any judicial forfeiture proceeding. The defendant understands and agrees that all property covered by this agreement is subject to forfeiture as proceeds of illegal conduct, and substitute assets for property otherwise subject to forfeiture.

16. The Defendant's Obligations Regarding Assets and Financial Investigation

The defendant agrees to fully participate in the United States' pre- and post-judgment financial investigation. Such participation includes the identification of assets in which the defendant has any legal or equitable interest to determine what assets may be available for payment to restitution, forfeiture, and/or any fine imposed in this case. The defendant agrees that the defendant's financial information is subject to investigation and disclosure pre-judgment to the same extent as financial information will be subject to discovery after judgment is imposed. The defendant understands that 31 U.S.C. § 3711(h)(1) permits the United States to obtain the defendant's credit report after sentencing and expressly authorizes the United States to obtain the defendant's credit report prior to sentencing in this case. The defendant understands that the United States has sole discretion over whether it will obtain defendant's credit report pursuant to this Plea Agreement. If the United States determines that it will obtain defendant's credit report prior to sentencing pursuant to this Plea Agreement, the defendant authorizes the United States, and the United States agrees, to provide a copy to defense counsel upon request. The defendant understands that failure to participate in the financial investigation as described in this paragraph

may constitute the defendant's failure to accept responsibility under U.S.S.G § 3E1.1.

Within 14 days of a request by the United States, or other deadline agreed upon by the parties, the defendant agrees to provide all information about all of the defendant's assets and financial interests to the United States and the Probation Office and, if requested, submit to a debtor's examination, complete a financial disclosure statement under penalty of perjury, and/or undergo any polygraph examination the United States may choose to administer concerning such assets and financial interests. The defendant also agrees to provide or consent to the release of the defendant's tax returns for the previous five years. The defendant understands that assets and financial interests subject to disclosure include assets owned or held directly or indirectly, individually or jointly, in which the defendant has any legal interests, regardless of title, including any interest held or owned under any other name, trusts, and/or business entities presently and since date of the first offense giving rise to this Plea Agreement, or giving rise to the charges presently pending against the defendant, whichever is earlier.

The defendant shall identify all assets valued at more than \$5,000 that have been transferred to third parties since the date of the first offense giving rise to this Plea Agreement, including the location of the assets and the identities of third parties to whom they were transferred. The defendant agrees not to transfer any assets valued at more than \$5,000 without approval of the Asset Recovery Unit of the U.S. Attorney's Office until the fine, forfeiture, and restitution ordered by the Court at sentencing are paid in full or otherwise terminated by operation of law. The defendant agrees to take all steps requested by the United States to obtain from any other parties by any lawful means any records of assets contemplated by this paragraph in which the defendant has or had an interest. Until the fine, forfeiture, and restitution ordered by

the Court are paid in full or otherwise terminated by operation of law, the defendant agrees to notify the Asset Recovery Unit of the U.S. Attorney's Office of a change in address within 30 days of such change.

The United States will not use any truthful and complete information provided by the defendant pursuant to this paragraph for additional criminal offenses against the defendant in the Eastern District of Virginia, except in any prosecution for a crime of violence or conspiracy to commit, or aiding and abetting, a crime of violence (as defined in 18 U.S.C. § 16). Pursuant to U.S. S.G. § 1B1.8, no truthful information that the defendant provides pursuant to defendant's obligations under this paragraph will be used in determining the applicable guideline range, except as provided in Section 1B1.8(b). Nothing in this agreement, however, restricts the Court's or Probation Officer's access to information and records in the possession of the United States. Furthermore, nothing in this agreement prevents the United States in any way from prosecuting the defendant should the defendant knowingly provide false, untruthful, or perjurious information or testimony, or from using information provided by the defendant in furtherance of any forfeiture action or restitution enforcement action, whether criminal or civil, administrative or judicial.

17. Breach of the Plea Agreement and Remedies

This Plea Agreement is effective when signed by the defendant, the defendant's attorney, and an attorney for the United States. The defendant agrees to entry of this Plea Agreement at the date and time scheduled with the Court by the United States (in consultation with the defendant's attorney). If the defendant withdraws from this agreement, or commits or attempts to commit any additional federal, state, or local crimes, or intentionally gives materially false, incomplete, or misleading testimony or information, or otherwise violates any provision of this agreement, then:

- a. The United States will be released from its obligations under this agreement. The defendant, however, may not withdraw the guilty plea entered pursuant to this agreement.
- b. The defendant will be subject to prosecution for any federal criminal violation, including, but not limited to, perjury and obstruction of justice, that is not time-barred by the applicable statute of limitations on the date this agreement is signed. Notwithstanding the subsequent expiration of the statute of limitations, in any such prosecution, the defendant agrees to waive any statute-of-limitations defense.
- c. Any prosecution, including the prosecution that is the subject of this agreement, may be premised upon any information provided, or statements made, by the defendant, and all such information, statements, and leads derived therefrom may be used against the defendant. The defendant waives any right to claim that statements made before or after the date of this agreement, including the Statement of Facts accompanying this agreement or adopted by the defendant and any other statements made pursuant to this or any other agreement with the United States, should be excluded or suppressed under Fed. R. Evid. 410, Fed. R. Crim. P. 11(f), the Sentencing Guidelines, or any other provision of the Constitution or federal law.

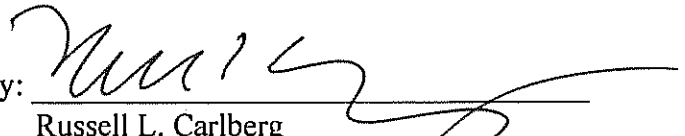
Any alleged breach of this agreement by either party shall be determined by the Court in an appropriate proceeding at which the defendant's disclosures and documentary evidence shall be admissible and at which the moving party shall be required to establish a breach of this Plea Agreement by a preponderance of the evidence.

18. Nature of the Agreement and Modifications

This written agreement constitutes the complete plea agreement between the United States, the defendant, and the defendant's counsel. The defendant and the defendant's attorney acknowledge that no threats, promises, or representations have been made, nor agreements reached, other than those set forth in writing in this Plea Agreement or any associated documents filed with the Court, to cause the defendant to plead guilty. Any modification of this Plea Agreement shall be valid only as set forth in writing in a supplemental or revised plea agreement


signed by all parties.

Jessica D. Aber
United States Attorney

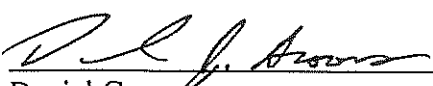
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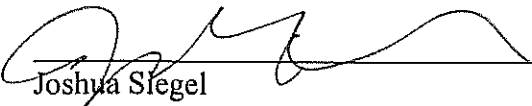
Russell L. Carlberg
Assistant United States Attorney

Defendant's Signature: I hereby agree that I have consulted with my attorney and fully understand all rights with respect to the pending criminal information. Further, I fully understand all rights with respect to 18 U.S.C. § 3553 and the provisions of the Sentencing Guidelines Manual that may apply in my case. I have read this Plea Agreement and carefully reviewed every part of it with my attorney. I understand this agreement and voluntarily agree to it.

Date: 12/13/2021 
Farhaad Riyaz

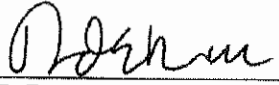
Defense Counsel's Signature: I am counsel for the defendant in this case. I have fully explained to the defendant the defendant's rights with respect to the pending information. Further, I have reviewed 18 U.S.C. § 3553 and the Sentencing Guidelines Manual, and I have fully explained to the defendant the provisions that may apply in this case. I have carefully reviewed every part of this Plea Agreement with the defendant. To my knowledge, the defendant's decision to enter into this agreement is an informed and voluntary one.

Date: 12/13/21 
Daniel Grooms
Counsel for the Defendant

Date: 12/13/21 
Joshua Slegel
Counsel for the Defendant

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Order of Summary Suspension entered February 23, 2022, regarding Farhaad Rahman Riyaz, M.D., is a true copy of the records received from the Colorado Medical Board.



David E. Brown, D.C.

3/18/22

Date



BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NOS. 2022-460-B, 2022-461-B

ORDER OF SUMMARY SUSPENSION PURSUANT TO §24-4-104(4), C.R.S.

IN THE MATTER OF THE LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF FARHAAD RAHMAN RIYAZ, M.D., LICENSE NUMBER CDR.0000834,

Respondent,

TO: Farhaad Rahman Riyaz, M.D.

Inquiry Panel B ("Panel") of the Colorado Medical Board ("Board"), having reviewed this matter during a meeting of the Panel on February 18, 2022, hereby finds as follows:

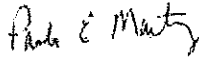
1. Respondent was licensed to practice medicine in the State of Colorado on August 11, 2020, and was issued license number CDR.0000834, which Respondent has held continuously since that date.
2. On February 18, 2022, the Panel reviewed materials from case numbers 2022-460-B and 2022-461-B and found that based upon the information reviewed, the Panel had reasonable grounds to believe that Respondent deliberately and willfully violated the Medical Practice Act and/or the public health, safety, or welfare imperatively requires emergency action. The Panel reviewed information that you pleaded guilty to a felony charge of wire fraud, in violation of 18 U.S.C. 1341, in the United States District Court for the Eastern District of Virginia, Case No. 1:21-cr-264-LMB. Thus, you have been convicted of an offense of moral turpitude and a felony in violation of Section 12-240-121(1)(b), C.R.S.
3. Based upon paragraphs 1 – 2, the Panel has objective and reasonable grounds to believe and so finds that Respondent has deliberately and willfully violated the Medical Practice Act and/or that the public health, safety or welfare imperatively requires emergency action.
4. The Panel incorporates paragraphs 1 through 3 in its findings for this Order of Suspension from the Practice of Medicine.
5. The Panel is therefore authorized by C.R.S. §24-4-104(4) to suspend Respondent's license to practice medicine in this state pending proceedings for suspension or revocation.

WHEREFORE, it is ordered that:

1. Respondent's license to practice medicine in this state is hereby suspended, effective at 5:00 p.m., Wednesday, February 23, 2022.
2. The suspension shall remain in effect until resolution of this matter.

ENTERED this 23rd day of February 2022.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B



Paula E. Martinez, Program Director

BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NOS. 2022-460-B, 2022-461-B

NON-DISCIPLINARY INTERIM CESSATION OF PRACTICE AGREEMENT

IN THE MATTER OF THE LICENSE TO PRACTICE MEDICINE AS A PHYSICIAN IN
THE STATE OF COLORADO OF FARHAAD RAHMAN RIYAZ, M.D., LICENSE NO.
CDR.0000834.

Respondent.

(IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel B ("Panel") of the Colorado Medical Board ("Board") and Farhaad Rahman Riyaz, M.D. ("Respondent") (collectively, "the parties"), as follows:

1. Respondent was licensed to practice medicine as a physician in the state of Colorado on August 11, 2020 and was issued license number CDR.0000834, which Respondent has held continuously since that date.
2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.
3. On February 18, 2022, the Panel reviewed materials relating to case numbers 2022-460-B and 2022-461-B, including information from Respondent that he had pleaded guilty to one felony count of mail fraud, in violation of 18 U.S.C. § 1341, in the United States District Court for the Eastern District of Virginia, Case No. 1:21-cr-264-LMB. The Panel then summarily suspended Respondent's medical license.
4. On March 17, 2022, Respondent appeared before the Panel for a post-suspension hearing, pursuant to Board Rule 280, 3 CCR 713-18.
5. Respondent denies any and all allegations of a violation of the Medical Practice Act. Respondent voluntarily enters into this agreement to facilitate further evaluation of the issues related to Board case numbers 2022-460-B and 2022-461-B.
6. Based upon the information and the totality of the circumstances, Respondent has offered to enter into an agreement for Respondent not to practice as a physician in the interim as set forth in more detail below. The Panel has authorized the parties to enter into an agreement for Respondent to limit any practice as a physician in Colorado, whether physically present in Colorado or via telemedicine to Colorado patients.

7. The parties have agreed to enter into this Non-Disciplinary Interim Cessation of Practice Agreement ("Interim Agreement") pending further evaluation and investigation of Respondent to determine what further actions, if any, are warranted. The summary suspension that was issued by the Panel following its February 18, 2022 meeting is hereby terminated pursuant to the terms of this Interim Agreement. Any summary suspension that could be imposed by the Panel is hereby stayed pursuant to the terms of this Interim Agreement.
8. Respondent agrees that he will not perform any act requiring a license issued by the Board while this Interim Agreement is in effect.
9. This Interim Agreement shall remain in effect until such time as the parties reach a final disposition of this case or, in the event subsequent summary suspension proceedings are initiated, an order for summary suspension enters.
10. The Panel agrees that it will not institute summary suspension proceedings while this Interim Agreement is in effect so long as the Respondent remains in compliance with this Interim Agreement and so long as the Panel does not learn of new information that would indicate that summary suspension is warranted.
11. Nothing in this Interim Agreement shall constitute disciplinary action, a finding that Respondent has engaged in unprofessional conduct, or any admission by Respondent of unprofessional conduct. There have been no final determinations regarding Respondent's professional competence or professional conduct. Nothing in this Interim Agreement shall constitute final actions as defined in section 24-4-102(1), C.R.S.
12. Nothing in this Interim Agreement shall preclude the Panel from initiating other disciplinary action pursuant to section 12-240-125, C.R.S., or issuing a Final Agency Order by the parties' agreement herein.
13. Respondent understands that Respondent has the right to be represented by counsel of Respondent's choice in this matter, and Respondent is represented by counsel.
14. The terms of this Interim Agreement were mutually negotiated and determined.
15. Both parties acknowledge that they understand the legal consequences of this Interim Agreement, both parties enter into this Interim Agreement voluntarily, and both parties agree that no term or condition of this Interim Agreement is unconscionable.
16. This Interim Agreement and all its terms constitute a valid board order for purposes of section 12-36-117(1)(u), C.R.S.

17. So that the Board may notify hospitals of this Interim Agreement, Respondent presently holds privileges at the following hospitals in Colorado:

N/A

18. Invalidation of any portion of this Interim Agreement by judgment or court order shall in no way affect any other provision, which provision shall remain in full force and effect.
19. This Interim Agreement shall be effective upon signature by Respondent. Respondent acknowledges that the Panel may choose not to accept the terms of this Interim Agreement and that if the Interim Agreement is not approved by the Panel and signed by a Panel member or other authorized person, it is void.
20. This Interim Agreement consisting of six pages plus a Certificate of Service constitutes the entire agreement between the parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Interim Agreement. This Interim Agreement cannot be modified without the prior written consent of the parties.
21. All costs and expenses incurred by Respondent to comply with this Interim Agreement shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.
22. Upon becoming effective, this Interim Agreement shall be open to public inspection and shall be publicized pursuant to the Board's standard policies and procedures. While this Interim Agreement does not constitute discipline against Respondent's license, it may be reported to the Federation of State Medical Boards, the National Practitioner Data Bank and as otherwise required by law.

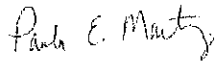
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Approved and accepted this day of March, 2022


TAKEN AD EASTMAN BENTON, MD

THE FOREGOING Non-Disciplinary Interim Cessation of Practice Agreement is effective upon signature by Respondent, above, and is approved this 22nd day of March, 2022.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B



Paula E. Martinez, Program Director
By delegated authority of Inquiry Panel B

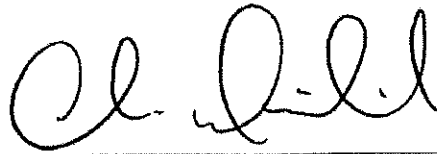
APPROVED AS TO FORM:

COUNSEL FOR RESPONDENT
FARHAAD RAHMAN RIYAZ, MD

COUNSEL FOR THE COLORADO
MEDICAL BOARD

SHEILA H. MEER, P.C.

PHILIP J. WEISER
Attorney General



3/21/22

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*Counsel of Record



Craig H. Christopher, M.D.
Chairman/Executive Officer

Karen H. Silas
Operations Director

STATE of ALABAMA
MEDICAL LICENSURE COMMISSION

Post Office Box 887
Montgomery, Alabama 36101-0887

Phone (334) 242-4153

Email mlc@almlc.gov

March 3, 2022

Farhaad Rahman Riyaz, M.D.



**Re: Administrative Suspension of Your License to Practice Medicine in
Alabama**

Dear Dr. Riyaz:

The Alabama Medical Licensure Commission has learned that your license to practice medicine in Colorado has been suspended.

This letter is to inform you that, pursuant to the provisions of Section 10(d) of the Interstate Medical Licensure Compact, codified at Ala. Code § 34-24-529(d), your license to practice medicine in Alabama has been administratively suspended. The administrative suspension of your Alabama license occurred immediately upon, and simultaneously with, the suspension of your Colorado license, and may last for up to ninety (90) days. Pending further information and/or developments, other actions may be taken against your license to practice medicine in Alabama.

The Alabama State Board of Medical Examiners ("the Board") may contact you in the near future to investigate the circumstances that led to the suspension of your medical license. Failure to comply with any Board investigation may be an independent basis for discipline against your license to practice medicine in Alabama.

If you have questions, please feel free to contact this office or Aaron Dettling at adettling@almlc.gov.

Sincerely,

A handwritten signature in black ink that reads "Karen H. Silas".

Karen H. Silas
Director of Operations
Alabama Medical Licensure Commission

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

FARHAAD R. RIYAZ, M.D.

Holder of License No. 61934
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-22-0059A

**INTERIM CONSENT AGREEMENT
FOR PRACTICE RESTRICTION**

INTERIM CONSENT AGREEMENT

In lieu of summary suspension pursuant to A.R.S. § 32-1451.02(B), Farhaad R. Riyaz, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Interim Consent Agreement for Practice Restriction and consents to the entry of this Order by the Arizona Medical Board ("Board").

INTERIM FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 61934 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-22-0059A after receiving notification that Respondent's Colorado medical license had been summarily suspended by the Colorado Medical Board.

4. Effective February 23, 2022, The Colorado Medical Board issued an order summarily suspending Respondent's Colorado medical license based on a finding that the public health, safety and welfare imperatively required emergency action in cases 2022-460-B and 2022-461-B.

1 Consultant, has the discretion to determine whether it is appropriate to release
2 Respondent from this Interim Consent Agreement.

3 3. The Board retains jurisdiction and may initiate new action based upon any
4 violation of this Interim Consent Agreement, including, but not limited to, summarily
5 suspending Respondent's license.

6 4. Because this is an Interim Consent Agreement and not a final decision by
7 the Board regarding the pending investigation, it is subject to further consideration by the
8 Board. Once the investigation is complete, it will be promptly provided to the Board for its
9 review and appropriate action.

10 5. This Interim Consent Agreement shall be effective on the date signed by the
11 Board's Executive Director.

12
13 DATED this 11th day of March, 2022.

14 ARIZONA MEDICAL BOARD

15 By Patricia E. McSorley
16 Patricia E. McSorley
17 Executive Director

18 **RECITALS**

19 Respondent understands and agrees that:

20 1. The Board, through its Executive Director, may adopt this Interim Consent
21 Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-
22 504.

23 2. Respondent has read and understands this Interim Consent Agreement as
24 set forth herein, and has had the opportunity to discuss this Interim Consent Agreement
25

1 with an attorney or has waived the opportunity to discuss this Interim Consent Agreement
2 with an attorney. Respondent voluntarily enters into this Interim Consent Agreement and
3 by doing so agrees to abide by all of its terms and conditions.

4 3. By entering into this Interim Consent Agreement, Respondent freely and
5 voluntarily relinquishes all rights to an administrative hearing on the matters set forth
6 herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or
7 any other administrative and/or judicial action, concerning the matters related to the
8 Interim Consent Agreement.

9 4. Respondent understands that this Interim Consent Agreement does not
10 constitute a dismissal or resolution of this matter or any matters that may be currently
11 pending before the Board and does not constitute any waiver, express or implied, of the
12 Board's statutory authority or jurisdiction regarding this or any other pending or future
13 investigations, actions, or proceedings. Respondent also understands that acceptance of
14 this Interim Consent Agreement does not preclude any other agency, subdivision, or
15 officer of this State from instituting civil or criminal proceedings with respect to the conduct
16 that is the subject of this Interim Consent Agreement. Respondent further does not
17 relinquish Respondent's rights to an administrative hearing, rehearing, review,
18 reconsideration, judicial review or any other administrative and/or judicial action,
19 concerning the matters related to a final disposition of this matter, unless Respondent
20 affirmatively does so as part of the final resolution of this matter.
21

22 5. Respondent acknowledges and agrees that upon signing this Interim
23 Consent Agreement and returning it to the Board's Executive Director, Respondent may
24 not revoke Respondent's acceptance of this Interim Consent Agreement or make any
25

1 modifications to it. Any modification of this original document is ineffective and void unless
2 mutually approved by the parties in writing.

3 6. Respondent understands that this Interim Consent Agreement shall not
4 become effective unless and until it is signed by the Board's Executive Director.

5 7. Respondent understands and agrees that if the Board's Executive Director
6 does not adopt this Interim Consent Agreement, Respondent will not assert in any future
7 proceedings that the Board's consideration of this Interim Consent Agreement constitutes
8 bias, prejudice, prejudgment, or other similar defense.

9 8. Respondent understands that this Interim Consent Agreement is a public
10 record that may be publicly disseminated as a formal action of the Board, and that it shall
11 be reported as required by law to the National Practitioner Data Bank.

12 9. Respondent understands that this Interim Consent Agreement does not
13 alleviate Respondent's responsibility to comply with the applicable license-renewal
14 statutes and rules. If this Interim Consent Agreement remains in effect at the time
15 Respondent's allopathic medical license comes up for renewal, Respondent must renew
16 the license if Respondent wishes to retain the license. If Respondent elects not to renew
17 the license as prescribed by statute and rule, Respondent's license will not expire but
18 rather, by operation of law (A.R.S. § 32-3202), become suspended until the Board takes
19 final action in this matter. Once the Board takes final action, in order for Respondent to be
20 licensed in the future, Respondent must submit a new application for licensure and meet
21 all of the requirements set forth in the statutes and rules at that time.

22 10. Respondent understands that any violation of this Interim Consent
23 Agreement constitutes unprofessional conduct under A.R.S. § 32-1401(27)(s) ("[v]iolating
24
25

1 a formal order, probation, consent agreement or stipulation issued or entered into by the
2 board or its executive director under this chapter.").

3 

4 FARHAAD R. RIYAZ, M.D.

DATED: 3/10/2022

5
6 EXECUTED COPY of the foregoing e-mailed
7 this 11 day of March, 2022 to:

8 Farhaad R. Riyza, M.D.
9 Address of Record

10 ORIGINAL of the foregoing filed
11 this 11 day of March, 2022 with:

12 Arizona Medical Board
13 1740 West Adams, Suite 4000
14 Phoenix, Arizona 85007



15 Board staff



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

March 18, 2022

Farhaad Rahman Riyaz, M.D.



Manassas, VA 20112

DUPLICATE COPY
VIA FIRST CLASS MAIL

DATE 3/18/22

RE: License Number: 0101-265005
Case Number: 217584

Dear Farhaad Rahman Riyaz:

Pursuant to Virginia Code § 54.1-2409, you are hereby given notice that your license to practice medicine in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered March 18, 2022. You are hereby advised that you may not practice medicine or hold yourself out as a licensed physician unless and until the Board of Medicine ("Board") has notified you in writing that your license has been reinstated. Please return all copies of your license in your possession to the Board immediately.

You may apply to the Board for reinstatement of your license, and you shall be entitled to a formal administrative hearing not later than the next regular meeting of the Board after the expiration of 60 days from the Board's receipt of your reinstatement application. The reinstatement of your license shall require the affirmative vote of three-fourths of the members of the Board present at the hearing. You may contact Tamika Hines at (804) 367-4513 to obtain the reinstatement application.

If you have any questions about this matter, you can contact me at (804) 367-4474 or anne.joseph@dhp.virginia.gov.

Sincerely,

Anne Joseph, Adjudication Consultant
Administrative Proceedings Division

cc: William L. Harp, M.D., Executive Director, Virginia Board of Medicine
Ralph Orr, Director, Prescription Monitoring Program

Enclosures

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: FARHAAD RAHMAN RIYAZ, M.D.
License Number: 0101-265005
Case Number: 217584

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the Colorado Medical Board suspended the license of Farhaad Rahman Riyaz, M.D., to practice medicine in the State of Colorado. A copy of the Order of Summary Suspension is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Farhaad Rahman Riyaz, M.D., to practice medicine in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Farhaad Rahman Riyaz, M.D., will be recorded as suspended. Should Dr. Riyaz seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:

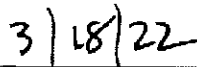
3/18/22

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Order of Summary Suspension entered February 23, 2022, regarding Farhaad Rahman Riyaz, M.D., is a true copy of the records received from the Colorado Medical Board.



David E. Brown, D.C.



Date



BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NOS. 2022-460-B, 2022-461-B

ORDER OF SUMMARY SUSPENSION PURSUANT TO §24-4-104(4), C.R.S.

IN THE MATTER OF THE LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF FARHAAD RAHMAN RIYAZ, M.D., LICENSE NUMBER CDR.0000834,

Respondent.

TO: Farhaad Rahman Riyaz, M.D.

Inquiry Panel B ("Panel") of the Colorado Medical Board ("Board"), having reviewed this matter during a meeting of the Panel on February 18, 2022, hereby finds as follows:

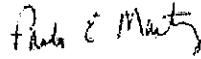
1. Respondent was licensed to practice medicine in the State of Colorado on August 11, 2020, and was issued license number CDR.0000834, which Respondent has held continuously since that date.
2. On February 18, 2022, the Panel reviewed materials from case numbers 2022-460-B and 2022-461-B and found that based upon the information reviewed, the Panel had reasonable grounds to believe that Respondent deliberately and willfully violated the Medical Practice Act and/or the public health, safety, or welfare imperatively requires emergency action. The Panel reviewed information that you pleaded guilty to a felony charge of wire fraud, in violation of 18 U.S.C. 1341, in the United States District Court for the Eastern District of Virginia, Case No. 1:21-cr-264-LMB. Thus, you have been convicted of an offense of moral turpitude and a felony in violation of Section 12-240-121(1)(b), C.R.S.
3. Based upon paragraphs 1 – 2, the Panel has objective and reasonable grounds to believe and so finds that Respondent has deliberately and willfully violated the Medical Practice Act and/or that the public health, safety or welfare imperatively requires emergency action.
4. The Panel incorporates paragraphs 1 through 3 in its findings for this Order of Suspension from the Practice of Medicine.
5. The Panel is therefore authorized by C.R.S. §24-4-104(4) to suspend Respondent's license to practice medicine in this state pending proceedings for suspension or revocation.

WHEREFORE, it is ordered that:

1. Respondent's license to practice medicine in this state is hereby suspended, effective at 5:00 p.m., Wednesday, February 23, 2022.
2. The suspension shall remain in effect until resolution of this matter.

ENTERED this 23rd day of February 2022.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B



Paula E. Martinez, Program Director

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION



IN THE MATTER OF:

FARHAAD R. RIYAZ, M.D.

Respondent.

NOTICE OF SUMMARY ACTION TO SUSPENSION LICENSE

To: Farhaad R. Riyaz, M.D.
[Redacted]
Manassas, VA 20112

In accordance with the provisions of the District of Columbia Administrative Procedure Act, D.C. Code § 2-509; the District of Columbia Health Occupations Revision Act of 1985, D.C. Code § 3-1205.19(a); and 17 DCMR § 4102.2, the District of Columbia Board of Medicine (the Board) gives you notice of the summary suspension of your Medical License No. MD046451, under D.C. Code § 3-1205.15(a).

Your license is summarily suspended effective immediately upon the receipt of this notice. If you wish to appeal this summary suspension of your license, you must file a request for a hearing within 72 hours after service of this notice. Should you request a hearing, one will be held within 72 hours of a timely request, and a decision will be rendered within 72 hours after the close of the hearing. The request for a hearing must be submitted in writing to Suzanne Fenzel, Assistant General Counsel, Department of Health, Health Licensing Regulation Administration. The request may be submitted by email to Suzanne.Fenzel3@dc.gov or by mail to 899 North Capitol Street, N.E., Sixth Floor, Washington, D.C. 20002. Ms. Fenzel can be reached at (202) 724-8915.

The District of Columbia is represented by the Office of the Attorney General for the District of Columbia. A copy of your hearing request and any pleading or other written communication addressed to the Board must also be delivered to Anthony Celo, Assistant Attorney General*, at the Office of the Attorney General for the District of Columbia, Civil Enforcement Section, 400 Sixth Street, N.W., Suite 10100, Washington, D.C. 20001. Mr. Celo can be reached at (202) 735-7559 or by email at Anthony.Celo@dc.gov.

* Admitted to practice only in Pennsylvania and Ohio. Practicing in the District of Columbia under the direct supervision of Kimberly M. Johnson, a member of the D.C. Bar under D.C. Court of Appeals Rule 49 (c)(4).

You may appear personally at the hearing and you may be represented by legal counsel. You have the right to produce witnesses and evidence, to cross-examine witnesses against you, to examine evidence produced, and to have subpoenas issued to require the production of witnesses and evidence.

All hearings are conducted in the English language. If you or any witnesses to be called are deaf, have a hearing impediment or cannot readily understand or communicate the spoken English language, an application may be made to the Board for the appointment of a qualified interpreter.

The charge upon which the summary suspension is based is set forth below.

Charge I: **The States of Colorado and Virginia suspended your medical license in those jurisdictions, for which the Board can take summary action to suspend your license under D.C. Code § 3-1205.15(a)(1)(A).**

On February 18, 2022, the Colorado Medical Board reviewed materials from case numbers 2022-460-B and 2022-461-B. On February 23, 2022, it suspended your medical license for violations of the Medical Practice Act, including your pleading guilty to a felony charge of wire fraud, in violation of 18 U.S.C. § 1341 in the United States District Court for the Eastern District of Virginia, Case No. 1:21-cr-264-LMB. Subsequently, the Virginia Department of Health Professions mandatorily suspended your medical license, based on the suspension of the Colorado Medical Board.

Please note that under 17 DCMR § 4103.2, your failure to appear at the time and place set for the hearing, either in person or through counsel, or both, will not preclude the Board's proceeding in this matter.

April 14, 2022
DATE

Sharon Williams Lewis
SHARON WILLIAMS LEWIS, DHA, RN-BC, CPM
Senior Deputy Director
Department of Health
Health Regulation and Licensing Administration

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine
Docket Nos. 22-086
22-195

In the Matter of


Farhaad Riyaz, M.D.
Registration No. 285810

VOLUNTARY AGREEMENT NOT TO PRACTICE MEDICINE

1. I agree to cease my practice of medicine in the Commonwealth of Massachusetts effective immediately.
2. This Agreement will remain in effect until the Board of Registration in Medicine (Board) determines that this Agreement should be modified or terminated; or until the Board takes other action against my license to practice medicine; or until the Board takes final action on the above-referenced matter.
3. I am entering this Agreement voluntarily.
4. I understand that this Agreement is a public document and may be subject to a press release.
5. I understand that this action is non-disciplinary but will be reported by the Board to the appropriate federal data banks and national reporting organizations, including the National Practitioner Data Bank and the Federation of State Medical Boards.
6. Any violation of this Agreement shall be prima facie evidence for immediate summary suspension of my license to practice medicine.
7. I understand that by voluntarily agreeing not to practice medicine in the Commonwealth of Massachusetts pursuant to this Agreement, I do not waive my right to contest any allegations brought against me by the Board and my signature to this Agreement does not constitute any admissions on my part. Nothing contained in this Agreement shall be construed as an admission or acknowledgment by me as to wrongdoing of any kind in the practice of medicine or otherwise.

8. I agree to provide a complete copy of this Agreement, within twenty-four (24) hours of notification of the Board's acceptance of this Agreement, by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in-state or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which I practice medicine; any in-state or out-of-state health maintenance organization, with which I have privileges or any other kind of association; any state agency, in-or-out-of state, with which I have a provider contract; any in-state or out-of-state medical employer, whether or not I practice medicine there; the Drug Enforcement Administration Boston Diversion Group; Massachusetts Department of Public Health Drug Control Program; and the state licensing boards of all states in which I have any kind of license to practice medicine. I will certify to the Board within seven (7) days that I have complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above or any other affected entity, of any action it has taken.


9. This Agreement represents the entire agreement between the parties at this time.



Farhaad R. Riyaz, M.D.
Licensee

4/13/2022

Date



Sheila H. Meer, Esq.
Sheila H. Meer, P.C.
4535 East Colfax Avenue, Denver, CO 80220
Out-of-State Attorney for Licensee (CO #1508)

4/13/22

Date

Accepted by the Board of Registration in Medicine this 14th day of April,
2022.



Board Chair or Designee

Ratified by vote of the Board of Registration in Medicine this ____ day of _____,
20____.

Board Chair or Board Member

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

IN THE MATTER OF:)	BEFORE THE TENNESSEE BOARD
)	OF MEDICAL EXAMINERS
FARHAAD RIYAZ, M.D.)	
RESPONDENT)	CASE NO: 202200172
)	
MCLEAN, VIRGINIA)	
TENNESSEE LICENSE NO. 62244)	

ORDER FOR SUSPENSION

The Board is responsible for the regulation and supervision of medical doctors licensed to practice in the State of Tennessee. See Tennessee Medical Practice Act, Tennessee Code Annotated Section (hereinafter "T.C.A. §") 63-6-101, *et seq.* It is the policy of the Board to require strict compliance with the laws of this State, and to apply the laws so as to preserve the quality of medical care provided in Tennessee. It is the duty and responsibility of the Board to enforce the Tennessee Medical Practice Act in such a manner as to promote and protect the public health, safety, and welfare in every practicable way, including disciplining medical doctors who violate the provisions of T.C.A. § 63-6-101, *et seq.* or the Rules and Regulations promulgated by the Board and recorded in the Official Compilation Rules and Regulations of the State of Tennessee.

On or about August 28, 2020, Farhaad Riyad, M.D. ("Respondent") was licensed to practice medicine in Tennessee under License Number 62244 through the Interstate Medical Licensure Compact, ("IMLC"). The Respondent's license is current through March 31, 2023.

The Board received a notice that the Respondent's Colorado medical license was summarily suspended. The order from the Colorado Medical Board summarily suspended the Respondent's license beginning on February 23, 2022.

Under the IMLC, T.C.A. § 63-6-402 § 10(d), "[i]f a license granted to a physician by a member board is . . . suspended, then any license(s) issued to the physician by any other member

board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state.”

Under the IMLC, T.C.A. § 63-6-402 § 24(c), “[a]ll lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.” IMLC Rule 6.5(g) states that “[u]pon receipt of notice from the Interstate Commission of an action taken by a non-state of principle license, the other member Boards shall suspend the Compact physician for 90 calendar days on entry of the order of the disciplining Board to permit the member Board to investigate under the Medical Practice Act of that state. Under IMLC Rule 605(h), “[a]fter an investigation has been completed, but within 90 calendar days of the suspension, one of the following may occur: (1) a state of principal license may terminate the suspension of the license; (2) a non-state of principal license may terminate the suspension if the state of principal license has already terminated the suspension; (3) any member Board may impose reciprocal discipline or pursue reciprocal discipline pursuant to Rule 6.5(b) or (c); or (4) any member Board may continue the suspension until the member Board that initially took the action has taken a final action.”


Based on the forgoing, the Board is required to automatically administratively suspend the Respondent’s license for a period of 90 days from the entry of the order by the disciplining state.

ORDER

Pursuant to the authority by the IMLC T.C.A. § 63-6-402 § 24(c) and Rule 6.5(g), the Respondent’s license to practice medicine in the State of Tennessee is hereby **SUSPENDED UNTIL MAY 24, 2022, OR UPON FURTHER ACTION BY THIS BOARD.**

The automatic administrative suspension will be revisited upon completion of the Board's investigation. This is a formal disciplinary action and will be reported to the National Practitioner Data Bank (NPDB) and/or a similar agency.

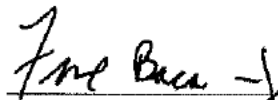
4/17/2022
Date


Chair
Tennessee Board of Medical Examiners

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this Order has been served upon Respondent, Farhaad Riyaz, [REDACTED], McLean, Virginia 22102, by delivering same in the United States Mail, Certified Number 7021 0950 0000 5937 7540, return receipt requested, and United States First Class Mail, with sufficient postage thereon to reach its destination and via email at [REDACTED]@gmail.com.

This 18th day of April, 2022.


Francine Baca-Chavez
Deputy General Counsel
Tennessee Department of Health

IN THE MATTER OF

*

BEFORE THE

FARHAAD R. RIYAZ, MD

*

MARYLAND STATE

Respondent

*

BOARD OF PHYSICIANS

License Number: D90145

*

Case Number: 2222-0132

* * * * *

**ORDER FOR SUSPENSION OF LICENSE
TO PRACTICE MEDICINE**

Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) hereby **SUSPENDS** the license of **FARHAAD R. RIYAZ, MD** (the “Respondent”), License Number D90145, to practice medicine in the State of Maryland. Panel A takes such action pursuant to its authority under Md. Code Ann., Health Occ. § 14-3A-01 §§ 10(d), 24(c) and Interstate Medical Licensure Compact Rule 6.5g.

On August 11, 2020, the Respondent was licensed to practice medicine in Maryland, under License Number D90145 through the Interstate Medical Licensure Compact (“IMLC”). Health Occ. § 14-3A-01 § 5. The Respondent’s license is current through September 30, 2023.

On April 22, 2022, the Board received a notice from the IMLC that disciplinary action had been taken by the Colorado Medical Board, the Arizona Medical Board and the Alabama Medical Licensure Commission against the Respondent’s medical licenses. On February 23, 2022, the Colorado Medical Board issued an Order titled Order of Summary Suspension Pursuant to §24-4-104(4), CRS. The Respondent subsequently

entered into a Non-Disciplinary Interim Cessation of Practice Agreement, dated March 22, 2022.

By letter dated March 3, 2022, the Alabama Medical Licensure Commission administratively suspended the Respondent's license based on the suspension of his Colorado medical license.

In lieu of summary suspension, the Respondent entered into an Interim Consent Agreement for Practice Restriction with the Arizona Medical Board on March 11, 2022.

Under the compact, Health Occ. § 14-3A-01 § 10(d), "if a license granted to a physician by a member board is . . . suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days on entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state."

Under the compact, Health Occ. § 14-3A-01 § 24(c), "all rules . . . promulgated by the Commission, are binding on the member states." IMLC Rule 6.5g states that "[u]pon receipt of notice from the Interstate Commission of an action taken by a non-state of principal license, the other member Boards shall suspend the Compact physician for 90 calendar days on entry of the order of the disciplining Board to permit the member Board to investigate under the Medical Practice Act of that state." And, under IMLC Rule 6.5h, "After an investigation has been completed, but within 90 calendar days of the suspension, one of the following may occur: (1) a state of principal license may terminate the suspension of the license; (2) a non-state of principal license may terminate the

suspension if the state of principal license has already terminated the suspension; (3) any member Board may impose reciprocal discipline or pursue reciprocal discipline pursuant to Rule 6.5(b) or (c); or (4) any member Board may continue the suspension until the member Board that initially took the action has taken a final action.”

Based upon the foregoing, Panel A concludes that the Board is required to automatically administratively suspend the Respondent’s license for a period of 90 days.

ORDER

It is, by a majority of the quorum of Panel A, hereby:

ORDERED that pursuant to the authority vested in Panel A by Md. Code Ann., Health Occ. § 14-3A-01 §§ 10(d), 24(c) and IMLC Rule 6.5g, the Respondent’s license to practice medicine in the State of Maryland is **SUSPENDED FOR NINETY DAYS**; and it is further

ORDERED that Panel A will revisit the automatic suspension upon completion of the Board’s investigation; and it is further

ORDERED that this Order for Suspension of License to Practice Medicine is filed in accordance with Health Occ. § 14-407 (2021 Repl. Vol.); and it is further

ORDERED that the effective date of the Suspension is the date the Order of Suspension is signed by the Executive Director of the Board. The Executive Director signs the Consent Order on behalf of Disciplinary Panel A; and it is further

ORDERED that this is an Order of Disciplinary Panel A, and as such, is a **PUBLIC DOCUMENT**. See Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Provisions § 4-333(b)(6).

05/03/2022
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians



Department
of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

May 5, 2022

CERTIFIED MAIL-RECEIPT REQUESTED


Farhaad Riyaz, M.D.


Re: License No. 306128

Dear Dr. Riyaz:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 22-097. This Interim Order of Conditions is effective May 12, 2022.

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,


Michael S. Jakubowski, M.D.
Interim Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Robert S. Iwrey, Esq.
The Dresevic, Iwrey, Kalmowitz & Pendleton Law Group
15 West 38th Street
4th Floor, Suite 753
New York, New York 10018

IN THE MATTER
OF
FARHAAD RIYAZ, M.D.


INTERIM
ORDER
OF CONDITIONS
PURSUANT TO
N.Y. PUB. HEALTH
LAW § 230

Upon the application of FARHAAD RIYAZ, M.D. (Licensee) in the attached Stipulation and Application for an Interim Order of Conditions Pursuant to N.Y. Pub. Health Law § 230, which is made a part of this Interim Order of Conditions Pursuant to N.Y. Pub. Health Law § 230, it is agreed that the Application, and its terms, are adopted, and this Order shall be effective upon issuance by the Board, either

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

SO ORDERED.

DATE 5/04/2022


Deborah Whitfield, M.A., Ph.D., MBA
Vice Chair
State Board for Professional Medical Conduct

1

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

IN THE MATTER
OF
FARHAAD RIYAZ, M.D.

STIPULATION AND
APPLICATION
FOR AN INTERIM
ORDER OF
CONDITIONS
PURSUANT TO
N.Y. PUB. HEALTH
LAW § 230

FARHAAD RIYAZ, M.D., represents that all of the following statements are true:

That on or about July 6, 2020, I was licensed to practice as a physician in the State of New York and issued License No. 306128 by the New York State Education Department.

My current address is [REDACTED]. I am affiliated with the following hospitals and/or facilities: NONE

I understand that the New York State Board for Professional Medical Conduct ("the Board") is investigating alleged misconduct by me, and may pursue a proceeding pursuant to N.Y. Pub. Health Law § 230 with respect to the issues set forth in attached Exhibit "A" ("matters under investigation").

I agree to the Board's issuance of an Interim Order of Conditions precluding me from practicing medicine in New York State or in any setting or jurisdiction where my practice is predicated upon my New York State medical license, and I agree to be bound by the Order, which shall continue in effect until:

- a determination by the Director of the Office of Professional Medical Conduct that no hearing is warranted; or
- the resolution by consent order of the matters under investigation; or

- issuance and service of a Hearing Committee's Determination and Order after the conclusion of a hearing held pursuant to a determination of the Commissioner of Health or the Director of the Office of Professional Medical Conduct. The Hearing Committee's Determination and Order shall replace this Interim Order of Conditions. If either party requests review by the Administrative Review Board, the Hearing Committee's Determination and Order, and any sanction, terms or conditions imposed upon me, shall remain in effect until the ARB renders its determination and shall, in the same manner as a Commissioner's Order pursuant to N.Y. Pub. Health Law § 230-c(4), not be subject to a stay.

I understand that nothing in this Application shall be construed as an admission by me of any act of alleged misconduct or as a finding of misconduct as to the matters under investigation. My application for the proposed Interim Order is made in consideration of the value to me of the Board's allowing me to continue to provide explanation of the issues under investigation to the Office of Professional Medical Conduct ("OPMC") and, if the Board pursues disciplinary proceedings against me, to allow for additional preparation time. I deny any acts of misconduct and reserve my right to assert all defenses on my behalf in any later or other proceeding.

This Interim Order shall impose the following Conditions on Licensee pursuant to N.Y. Pub. Health Law § 230:

1. Licensee shall be precluded from practicing medicine in New York State or in any setting or jurisdiction where that practice is predicated upon Licensee's New York State medical license.
2. Licensee's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Licensee as defined in N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of this Order and may subject Licensee to an action pursuant to N.Y. Pub. Health Law § 230.
3. Licensee 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 Licensee's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; all current and past affiliations and/or privileges, with hospitals, institutions, facilities, medical practices, managed care organizations, and/or applications for such affiliations and/or privileges; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Licensee shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
4. Licensee shall cooperate fully with OPMC in its administration and enforcement of this Interim Order and in its investigation of Licensee.

- a. Licensee shall respond in a timely manner to all OPMC requests for written periodic verification of compliance with the terms of this Interim Order.
 - b. Licensee shall meet in person with the Director's designee, as directed.
 - c. Licensee shall respond promptly and provide all documents and information within Licensee's control, as directed. This condition shall take effect upon the effective date of the Interim Order and shall continue while Licensee possesses a license.
 - d. Licensee shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients.
5. The Director may review Licensee's professional performance. This review may include but shall not be limited to a review of office records, patient records and/or hospital charts; and interviews with or periodic visits with Licensee and staff at practice locations or OPMC offices.
 6. Licensee shall provide access for DOH personnel to Licensee's office(s) to verify Licensee's compliance with this Interim Order; this access shall include, but not be limited to, on-site inspections, observation and interviews.
 7. Licensee shall comply with this Order and all its terms, and shall bear all associated compliance costs.

I stipulate that:

My failure to comply with the Conditions imposed by this Interim Order shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(29); and

Any practice of medicine by me in New York State in violation of this Interim Order shall be unauthorized and constitute professional misconduct as defined in N.Y. Educ. Law § 6530(2); and

Unauthorized medical practice is a felony as defined in N.Y. Educ. Law § 6512.

I understand and agree that my failure to comply with any of the terms of this Interim Order shall authorize the Director, exercising reasonable discretion, to pursue further investigation and/or prosecution of misconduct charges against me as to any misconduct issues, including but not limited to those set forth in Exhibit "A", to the full extent authorized by N.Y. Pub. Health Law and N.Y. Educ. Law.

I agree that, if the Board grants this Application, the Chair of the Board shall issue an Interim Order of Conditions in accordance with its terms. I further agree that the Department of Health shall notify the National Practitioner Data Bank and the Federation of State Medical Boards of this Interim Order of Conditions pursuant to N.Y. Pub. Health Law § 230 and that the change in my licensure status is not disciplinary in nature. This Interim Order of Conditions [with the exception of Exhibit "A," which shall remain a part of the investigative files of the Office of Professional Medical Conduct within the meaning of N.Y. Pub. Health Law § 230(10)(a)(v)] shall be posted on the Department of Health website(s).

I make this Application of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Application,

I waive my right to contest the Interim Order for which I apply, whether administratively or judicially, I agree to be bound by the Interim Order, and I ask that the Board grant this Application. I assert and understand that the terms and conditions of this Order do not require me to waive my rights pursuant to the Fifth Amendment of the United States Constitution or Article 1 § 6 of the New York State Constitution.

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 Interim 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 4/26/2022



FARHAAD RIYAZ, M.D.
Licensee

The undersigned agree to Licensee's attached Interim Order of Conditions and to its proposed terms and conditions.


DATE: 4/27/22


ROBERT S. IWREY, ESQ.
Attorney for Licensee

DATE: 4/27/22


MARC S. NASH
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 5/2/2022


For SHELLY WANG BANDAGO
Director
Office of Professional Medical Conduct

FILED

JUN 14 2022

**BEFORE THE
WYOMING BOARD OF MEDICINE**

Wyoming Board
of Medicine

IN THE SUMMARY SUSPENSION MATTER OF:)
)
 Farhaad Rahman Riyaz, M.D., Respondent,) **Complaint #1306**
 Wyoming Physician License No. TL7023.)

**ORDER OF SUMMARY SUSPENSION OF FARHAAD RAHMAN RIYAZ,
M.D., WYOMING PHYSICIAN LICENSE No. TL7023,
PENDING A CONTESTED CASE HEARING**

THIS MATTER having come before the Wyoming Board of Medicine (Board) consisting of Ms. Cissy Dillon; Mr. Leonard Geringer; René Hinkle, M.D.; Michael Jording, M.D.; Valerie Mockensturm, PA-C; Melinda Poyer, D.O.; and A. Dozier Tabb, M.D.; during a special meeting of the Board on June 14, 2022, upon presentation of information by Kevin Bohnenblust, Board Executive Director, and Connie Schepp, CMBI, Board Investigator, regarding the Wyoming physician license of Farhaad Rahman Riyaz, M.D. (Dr. Riyaz), pursuant to the authority and jurisdiction granted to the Board by the Wyoming Medical Practice Act, WYO. STAT. ANN. §§ 33-26-101 to 703 (Act), and the Wyoming Administrative Procedure Act, WYO. STAT. ANN. §§ 16-3-101 to 115; the Board having reviewed such information and otherwise being fully advised in the premises hereby finds, concludes, and orders as follows:

I. STATEMENT OF THE CASE

Board staff received information regarding Dr. Riyaz which indicates that Dr. Riyaz’s possession of a Wyoming physician license poses a threat to public health, safety, or welfare and imperatively requires emergency action. Pursuant to Wyoming Statutes

In the Summary Suspension Matter of Farhaad Rahman Riyaz, M.D., Complaint #1306
ORDER OF SUMMARY SUSPENSION OF FARHAAD RAHMAN RIYAZ, M.D., WYOMING PHYSICIAN LICENSE NO.
TL7023, PENDING A CONTESTED CASE HEARING

§§ 33-26-404(c) and 16-3-113(c), such information was presented to the Board Officers, who determined it was appropriate for the Board to consider whether the public health, safety, or welfare imperatively require emergency action.

On June 14, 2022, during executive session of a special meeting of the Board, the Board's Executive Director and Investigator presented information concerning Dr. Riyaz.

II. FINDINGS OF FACT

1. On August 11, 2021, Dr. Riyaz submitted an application to the Board office for a Wyoming physician license.

2. On the application, Dr. Riyaz answered "no" to the following question:

Have you ever been convicted of, pled guilty to, pled nolo contendere to, or are there charges pending against you for any crime including felonies, misdemeanors, municipal ordinances, and/or any military code of justice violations, including driving under the influence of any intoxicating substance but not including non-moving traffic violations or moving violations which did not involve alcohol or substance impairment?

3. With his application, Dr. Riyaz submitted an *Affidavit and Authorization for Release of Information* (Affidavit) which he signed in the presence of a notary public on December 12, 2021. The Affidavit included the following statement:

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

4. On December 13, 2021, Dr. Riyaz signed a Plea Agreement that was filed that day in the United States District Court for the Eastern District of Virginia. In the Plea Agreement, Dr. Riyaz pleaded guilty to one count of mail fraud in violation of 18 U.S.C. § 1341.

5. On December 17, 2021, the Board issued an expedited temporary Wyoming physician license No. TL7023 to Dr. Riyaz on an expedited basis in part in reliance on his “no” answer to the question regarding criminal history referred to in Paragraph 2, above.

6. Dr. Riyaz’s temporary physician license was extended on January 28, 2022, and expired on April 22, 2022.

7. On or about February 24, 2022, the Board received a National Practitioner Data Bank (NPDB) report filed by the Colorado Medical Board (Colorado Board) indicating that on February 17, 2022, the Colorado Board summarily suspended Dr. Riyaz’s Colorado physician license because of his criminal conviction in federal court in Virginia.

8. On or about February 28, 2022, Board staff opened Complaint No. 1306 against Dr. Riyaz.

9. On or about March 1, 2022, Board staff sent a letter to Dr. Riyaz at his address of record with the Board, 11673 Sandal Wood Ln., Manassas, VA 20122. The letter asked Dr. Riyaz for a response by April 1, 2022, regarding his criminal conviction in Virginia and the summary suspension of his Colorado physician license.

10. On or about March 23, 2022, the Colorado Medical Board terminated the summary suspension of Dr. Riyaz’s Colorado physician license, then approved a *Non-Disciplinary Interim Cessation of Practice Agreement* (Agreement), signed by Dr. Riyaz on March 21, 2022. The Agreement notes that Dr. Riyaz appeared before a disciplinary panel of the Colorado Medical Board on March 17, 2022.

11. On or about April 5, 2022, Board staff sent a second letter to Dr. Riyaz requesting a response to Complaint No. 1306. The letter asked for a response by May 6,

2022.

12. As of June 10, 2022, the Board office had not received a response to the letters from Dr. Riyaz nor had the letters been returned to the Board office as undeliverable.

13. Since Dr. Riyaz pled guilty to a federal mail fraud charge on December 13, 2021, medical boards in Alabama, Arizona, Maryland, Massachusetts, Tennessee and Virginia have either suspended Dr. Riyaz's medical license, or otherwise limited his ability to practice in those states.

Summary Suspension

14. The Board is concerned by Dr. Riyaz's felony criminal conviction for mail fraud in Virginia.

15. The Board is further concerned by Dr. Riyaz's failure to "immediately notify the Board in writing of any changes to the answers to any of the questions contained in [his] application if such a change occurs at any time prior to a license to practice medicine being granted to [him] by the Board," as he agreed, under oath, to do in the Affidavit that he signed the day before he entered his guilty plea in Virginia. The Board notes that had Dr. Riyaz "immediately" notified the Board of his guilty plea, he would not have been eligible for, much less received, an expedited temporary Wyoming physician license.

16. The Board is further concerned by Dr. Riyaz's failure to respond to repeated requests from Board staff seeking information regarding his criminal conviction and the summary suspension of his Colorado physician license.

17. The Board is further concerned that, if proven, the above actions by Dr. Riyaz would constitute one or more violations of the Act, and more specifically:

- a. WYO. STAT. ANN. § 33-26-402(A)(i) (Renewing, obtaining or attempting to obtain or renew a license by bribery, fraud or misrepresentation);
- b. WYO. STAT. ANN. § 33-26-402(a)(viii) (Conviction of or pleading guilty or nolo contendere to a felony or any crime that is a felony under Wyoming law in any jurisdiction); and,
- c. WYO. STAT. ANN. § 33-26-402(a)(xxviii) (Upon proper request by the board, failure or refusal to produce documents or other information relevant to any investigation conducted by the board, whether the complaint is filed against the licensee or any other licensee).

18. The Board notes the Act provides that although Dr. Riyaz's expedited temporary Wyoming physician license expired on April 22, 2022, because the Board commenced its investigation by opening Complaint No. 1306 while that license was in effect, the Board has ongoing jurisdiction over Dr. Riyaz:

(e) The board retains jurisdiction over only those licensees to whom temporary or full licenses were granted and who are subject to ongoing investigation by the board, regardless of whether the license expired, lapsed or was relinquished during or after the alleged occurrence of conduct proscribed by W.S. 33-26-402 by the licensee.

WYO. STAT. ANN. § 33-26-401(e).

19. The Board is led to find that for all the reasons stated above, most especially Dr. Riyaz's failure to immediately disclose his criminal conviction in Virginia and his failure to respond to proper requests from the Board regarding Complaint No. 1306, Dr. Riyaz's continued possession of a Wyoming physician license, and his ongoing ability to practice medicine in Wyoming using that license, poses an imminent and immediate threat to the public health, safety, and welfare of the people of Wyoming that imperatively

requires an immediate summary suspension of his Wyoming physician license.

20. The Board further finds that the summary suspension ordered herein should continue until the filing of a formal Petition setting forth in detail the alleged violations of the Act by Dr. Riyaz, and the completion of a contested case hearing on, or other resolution of, said action.

III. CONCLUSIONS OF LAW

21. The Board is the sole and exclusive regulatory licensing agency in the State of Wyoming regarding the practice of medicine and surgery, as provided by the Act.

22. The Board is the duly-authorized administrative agency of the State of Wyoming with statutory authority to regulate the practice of medicine and surgery in the State of Wyoming.

23. The Board has jurisdiction in this matter and over Dr. Riyaz pursuant to WYO. STAT. ANN. § 33-26-401(e).

24. Statutory enactments, such as the Act, are presumed to be constitutional. *Hoem v. State*, 756 P.2d 780, 782 (Wyo. 1988).

25. The Wyoming Administrative Procedure Act, Wyoming Statute § 16-3-113(c), provides, in part:

If the agency finds that public health, safety or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action.

26. The Act provides that “[t]he Board may temporarily suspend the license of any licensee without a hearing pursuant to W.S. 16-3-113(c).” WYO. STAT. ANN. § 33-26-404(c).

27. The Board concludes that, based on the aforementioned facts and information, the public health, safety, and welfare of the people of the State of Wyoming imperatively requires that Dr. Riyaz's temporary Wyoming physician license No. TL7023 be summarily suspended until the filing of a formal Petition setting forth in detail the alleged violations of the Act by Dr. Riyaz, and the completion of a contested case hearing on, or other resolution of, said action.

28. Pursuant to WYO. STAT. ANN. § 33-26-408(c) and Chapter 7, § 17 of the Board's administrative rules, this order is a public document. Pursuant to WYO. STAT. ANN. § 33-26-408(d), this order shall, at a minimum, be reported to the chief of the medical staff and hospital administrator of each hospital in which Dr. Riyaz has medical staff privileges, a wire service, and to all appropriate agencies, including but not limited to, the Federation of State Medical Boards, the NPDB, and other state medical boards.

29. This Order is not a final agency action, as WYO. STAT. ANN. § 16-3-113(c) contemplates that there be further proceedings for revocation or other Board action as the Board deems appropriate.

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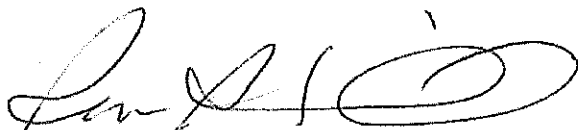
ORDER AND SIGNATURE PAGE FOLLOWS.]

ORDER

IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, that Farhaad Rahman Riyaz, M.D.'s Wyoming physician license No. TL7023 and his authority and ability to practice medicine in the State of Wyoming shall be **SUMMARILY SUSPENDED** as of 7:00 p.m. M.D.T., June 14, 2022, and said suspension shall continue pending the filing of a formal Petition setting forth in detail the alleged violations of the Act by Dr. Riyaz and the completion of a contested case hearing on, or other resolution of, said action.


DATED this 14th day of June, 2022.

FOR THE BOARD:



René Hinkle, M.D.
Board President

APPROVED AS TO FORM:



Jessica Frint, Esq.
Board Counsel

CERTIFICATE OF SERVICE

I, Connie J. Schepp, do hereby certify that on the 15th day of June, 2022, a true and correct copy of the foregoing *Order of Summary Suspension of Farhaad Rahman Riyaz, M.D., Wyoming Physician License No. TL7023, Pending a Contested Case Hearing* was served as indicated below and addressed to the following:

Wyoming Board of Medicine – Original
130 Hobbs Avenue, Suite A
Cheyenne, WY 82002

Farhaad Rahman Riyaz, M.D.

[REDACTED]

Manassas, VA 20122

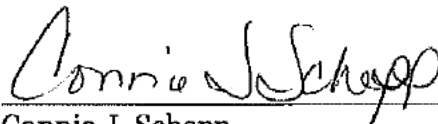
[REDACTED]@gmail.com

Respondent

Via First Class Mail and E-mail

Bill Hibbler, Esq.
Bill G. Hibbler, P.C.
P.O. Box 2143
Cheyenne, WY 82003
Special Assistant Attorney General
Board Prosecutor
Via Hand Delivery

Jessica Frint
jessica.frint@wyo.gov
Board Counsel
Via E-mail



Connie J. Schepp
Board Investigator
Wyoming Board of Medicine

Renewal - 1.066548

Name	FARHAAD R RIYAZ
Credential	1.066548

Fee Details

Renewal Fee	\$575.00
	\$575.00

Workforce Survey Introduction

Dear Licensee:

Thank you for renewing your license online.

As part of this renewal application, you will be asked to enter your National Provider Identification (NPI) number. Please make sure you have that information available before proceeding. If you do not have your NPI number with you, you can find it online at <https://npiregistry.cms.hhs.gov/>. You will also be asked to enter information regarding your practice location, specialty and patients served.

The purpose of the questions is to allow the Department of Public Health to collect valuable workforce and patient care data that is critical in identifying and addressing healthcare workforce shortage and patient care issues.

Thank you for assisting the Department in this important initiative.

Demographic Information-Renewal

1. Please provide your Date of Birth
[REDACTED]
2. Gender
[REDACTED]
3. Ethnicity: Please choose one
[REDACTED]
4. Race:
[REDACTED]
5. Are you currently serving in or a veteran of the Armed Forces of the United States of America?
No

Address

Please be advised that all information provided by licensees and applicants, excluding Social Security Numbers and including addresses and phone numbers, is public information and is releasable pursuant to the Freedom of Information Act.

6. Please update any changes to your mailing address:
7. Please update any changes to your primary address:

Email Address Verification

Please be advised that the Department no longer mails hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date.

Residence Address

Please enter the information below regarding the address of your residence. Please note that entering your address here will not change your mailing address in our system. If you have a change of address, please email it to oplc.dph@ct.gov. For your protection, please include your profession, license number and the last 4 digits of your SSN in your request.

8. Street Address
[REDACTED]

9. Unit/Apartment Number

10. City
Northville

11. State (two letter abbreviation)
MI

12. Zip Code
48168

Medical Education

13. Medical School
Virginia Commonwealth University (Medical College of Virginia)

14. Year of Graduation
2013

Specialty/Board Certification

15. Please indicate practice specialties, subspecialties and the date you were certified by ABMS or ABOMS, if applicable. Board certification is not a requirement for licensure.

Specialty	Subspecialty		Certifying Board	Certification Date
Dermatology	Subspecialty	Certification Date	American Board of Dermatology	09/07/2017
	Dermatologic Surgery	06/30/2018		
	Dermatologic Laser Surgery	06/30/2018		
	Cosmetic Dermatology	06/30/2018		
	MOHS Micrographic Surgery	06/30/2018		

Current Workforce Status in Medicine

16. What is your current work status in medicine?
Full Time - (40 hours or more per week)

17. In the next 12 months, do you plan to (please mark all that apply):
None

18. If 100% of your primary professional position is not direct patient care, please indicate which of the following apply:

19. If your response to the previous question was other, please enter additional comments here.

National Provider Identifier

The National Provider Identifier (NPI) is a 10-digit identifier required on all HIPAA standard electronic transactions. NPIs have replaced all separately issued identifiers, including Medicaid PINs and Medicare UPINs, on HIPAA standard electronic transactions. In the past, health plans assigned an identifying number to each provider with whom they conducted electronic business. Since providers typically work with several health plans, they were likely to have a different identification number for each plan. The NPI has been put in place so that each provider has one unique, United States federal government-issued identifier to be used in transactions with all health plans with which the provider conducts business.

20. Please enter your NPI number here (if you do not know your NPI number, you may retrieve it at <https://npiregistry.cms.hhs.gov>.) If you do not have an NPI number, please enter ten (10) zeros:

██████████

Professional Liability Insurance

Your professional practice act requires that a practitioner providing direct patient care services must maintain professional liability insurance or other indemnity against liability for professional malpractice. You may find information regarding professional liability insurance requirements by selecting this [link](#) and choosing your profession from the list.

Physician Renewal Practice Location

21. Please indicate the name and address of your primary practice location as well as languages spoken at that location. Please note that you can add additional practice locations but you may only select one (1) primary practice location.

Practice Name	Address 1	Address	Address	City	State	Zip	Primary	Languages Spoken at this

		2	3			Code	Practice	Location
Skin Institute of Virginia, PLLC	9378E Forestwood Ln			Manassas	Virginia	20110	Yes	

22. Approximately how many physicians are associated with your practice (If you are in residency training, please enter zero (0) here)?

1

23. Is the primary site where you spend most time providing direct patient care a JCAHO/NCQA recognized patient care centered medical home?

No

24. Please select the best choice for the type of ownership of your practice.

Private practice

Practice Ownership - Organization

25. Please enter the name of the organization/person that owns the practice where you work.

Farhaad Riyaz

26. City

Manassas

27. State (two letter abbreviation)

VA

New Patients

28. Please select the best response that describes your patient care practice status:

I can accept some new patients; my practice is far from full

29. Are you accepting new patients covered by:

Medicare

Primary Source of Payment

Please answer the questions to the best of your ability. If you do not know the exact amount, please select the answer that you think is correct. This information is used by the Department to analyze current trends in the practice of medicine in Connecticut and is not used in any way to determine your eligibility for license renewal.

What percent of your patients have the following source of payment?

30. Medicare

21 - 50%

31. Medicaid

None

32. Self-Pay

less than 10%

33. Private Insurance

26 - 50%

34. Other

None

35. Does your practice offer sliding fee scale based on ability to pay?

No

36. Approximately what percentage of your patients use sliding fee schedules?

None

Populations Served

Please answer the questions to the best of your ability. If you do not know the exact amount, please select the answer that you think is correct. This information is used by the Department to analyze current trends in the practice of medicine in Connecticut and is not used in any way to determine your eligibility for license renewal.

Please approximate the percentage of patients at your primary practice location that are:

37. Homeless
11-25%

38. Migrant/Seasonal Farm Workers
None

39. Native Americans
11-25%

Connecticut Prescription Monitoring and Reporting System

All prescribing practitioners possessing a Connecticut controlled substance registration (CSP) issued by the Connecticut Department of Consumer Protection (DCP) must register with the Connecticut Prescription Monitoring and Reporting System (CPMRS) online at www.ctmpm.com.

After you have completed this renewal transaction, please visit the DCP's website at www.ct.gov/dcp and select 'Programs & Services' then 'Prescription Monitoring Program' for information regarding registration.

40. I acknowledge that I have read the information regarding registration in the Connecticut Prescription Monitoring and Reporting System.
03/01/2022

Physician Attestation

41. Since your last renewal, have you been convicted of a felony?
Yes

42. If yes, please provide details here
I have reported this already to the Connecticut medical board

43. Since your last renewal, have you had any disciplinary action taken against you or any such actions pending by any State, federal government jurisdiction, District of Columbia, United States possession or territory or foreign jurisdiction's licensing/certification authority?
Yes

44. If yes, please provide details here
I have a hearing with the Colorado Medical Board on 3/17 regarding the above issue

45. I attest that I am in compliance with the mandatory continuing education requirements and that I am in compliance with the mandatory professional liability insurance coverage requirements.
Yes

46. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.
03/01/2022

American Medical Association's Opinions

The Connecticut Medical Examining Board and the Connecticut Department of Public Health encourage you to read the following opinions of the American Medical Association's Code of Medical Ethics related to common reasons for discipline on Connecticut physicians licenses.

AMA Code of Ethics

Opinion 1.2.1 Treating Self or Family

Treating oneself or a member of ones own family poses several challenges for physicians, including concerns about professional objectivity, patient autonomy, and informed consent.

When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

(a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.

(b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

- (c) Document treatment or care provided and convey relevant information to the patient's primary care physician.
- (d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.
- (e) Avoid providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.
- (f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

AMA Principles of Medical Ethics

Opinion 9.1.1 Romantic or Sexual Relationships with Patients

Romantic or sexual interactions between physicians and patients that occur concurrently with the patient-physician relationship are unethical. Such interactions detract from the goals of the patient-physician relationship and may exploit the vulnerability of the patient, compromise the physician's ability to make objective judgments about the patient's health care, and ultimately be detrimental to the patient's well-being.

A physician must terminate the patient-physician relationship before initiating a dating, romantic, or sexual relationship with a patient.

Likewise, sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship, or if a romantic relationship would otherwise foreseeably harm the individual.

In keeping with a physician's ethical obligations to avoid inappropriate behavior, a physician who has reason to believe that nonsexual, nonclinical contact with a patient may be perceived as or may lead to romantic or sexual contact should avoid such contact.

Important Note

To continue processing your transaction, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).

On the top right of the invoice screen, select **"Pay Invoice"**.

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your application online.

Review

December 20, 2021

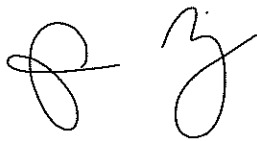
410 Capitol Avenue, MS #13PHO
P. O. Box 340308
Hartford, CT 06134-0308

My name is Farhaad Riyaz, and I am a board-certified dermatologist. I was born and raised in Virginia, attended undergraduate and medical school at Virginia Commonwealth University and completed my dermatology residency at the Henry Ford Health System in Michigan. I now practice dermatology in private group practice and provide inpatient hospital consultations. The majority of my current practice in Connecticut involves telemedicine, including treating patients in rural areas with poor access to dermatologic care. In addition to this my clinical work includes free virtual care to low-income populations and pro-bono medical exams to support asylum applications for individuals tortured or injured overseas seeking asylum in the United States.

In June 2020, I was accused of mail fraud, purchasing items online and returning lesser priced items in their place. I acknowledged my mistakes and promptly sought help to identify why I would engage in such behavior. I was diagnosed with bipolar disorder. Over the past year and a half I have worked regularly with a psychiatrist to gain insight and ensure that I address my mental health. I also recently entered a plea on one count of mail fraud in the Eastern District of Virginia. I have been cooperating and assisting authorities to help prevent others from engaging in similar behaviors. No final action has been taken pending a hearing date set for March 22, 2022, however I would like to be proactive about reporting this occurrence.

If you have any questions, please let me know. I am deeply sorry for my mistakes and have taken responsibility for them. I have also taken steps to maintain good mental health and ensure nothing like this will ever happen again.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'F. Riyaz', with a stylized flourish at the end.

Farhaad Riyaz, M.D.

Peter Robbins, MD

To Whom This Concerns,

I have been treating Farhaad Riyaz (DOB: 3/19/1987) for Bipolar Disorder since July of 2020. He is currently receiving medication to treat mood instability which consists of Lamotrigine and Quetiapine.

Under this regimen of medication, combined with regular weekly psychotherapy, he has been able to make significant progress in both his understanding of his mood disorder, as well as control of the impulses and manic behaviors.

Under his current regimen, I believe that his ability to function as a physician is unimpaired.

I know of no reason why he cannot continue to provide excellent medical and surgical care for his patient.

If his treatment continues without interruption, I think his prognosis is excellent.

Sincerely,



Peter Robbins, MD
Board Certified Adult Psychiatry

**State of Connecticut
Department of Public Health
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION**

INVESTIGATIVE REPORT
July 15, 2022

Investigation of Petition # 2022-206

Respondent's Name: Farhaad Riyaz, MD

**Petitioner's Name: Practitioner Licensing and
Investigations Unit**

Address: 11673 Sandal Wood Lane
Manassas, VA 20112

Address: 410 Capitol Avenue MS#12HSR
Hartford, CT 06134

Licensure Information:

License No. 066548
Issued: 7/29/2020
Expires: 3/31/2023

Prior Discipline: None

Investigated by: Sara Montauti
Health Program Associate

Allegation(s):

1. The respondent pled guilty to one count of mail fraud. Due to his conviction, several states have issued disciplinary action against his licenses to practice medicine.

Introduction

On or about 2/28/2022 the Department received a notification from the Federation of State Medical Boards (FSMB) that the respondent's license to practice medicine in Colorado had been summarily suspended due to the respondent pleading guilty to one count of mail fraud, a felony.

- A. **The Department obtained the Colorado Summary Suspension Order from the FSMB database on or about 2/28/2022 (Exhibit A).**

1. **Analysis:**

- a. The respondent's license to practice medicine in Colorado was suspended effective 2/23/2022 and shall remain in effect until otherwise ordered.

- B. **The Department reviewed the respondent's application for licensure renewal in Connecticut and exchanged email communication with the respondent (Exhibit B).**

1. **Analysis:**

- a. The respondent completed an application for renewal of his Connecticut license on or about 3/1/2022.

- b. The respondent reported being convicted of a felony and that he had disciplinary action pending in another state. He indicated he reported this to the medical board.
- c. There were no self-reporting documents uploaded to the respondent's credential file, so the Department reached out to the respondent via email to inquire about what he reported to the medical board.
- d. The respondent forwarded the investigator an email from 2/28/2022 sent to the healing arts email address at the Department.
 - i. The email included an attached letter he composed dated 12/20/2021.
 - ii. The letter outlines that in June 2020 the respondent was accused of mail fraud due to purchasing items online and then returning lesser priced items in their place. The respondent further identifies that he sought help to identify why he would engage in such behavior and received a diagnosis of bipolar disorder. The respondent states he has been working with a psychiatrist for the past year and half on a regular basis to gain insight and ensure he addresses his mental health issues
 - iii. The respondent writes he recently entered a guilty plea to one count of mail fraud and is cooperating with authorities. The respondent states no final action regarding his guilty plea has been taken and a hearing for sentencing is set for 3/22/2022.
- e. Via email communication on or about 4/19/2022 the respondent informed the Department he had his sentencing hearing and was sentenced to one day in custody and then released on community supervision. He stated he is involved with the alternative to discipline program in Colorado through the Colorado Physician Health Program and provided the investigator with a letter from his treating psychiatrist.
 - i. The respondent's treating psychiatrist is Peter Robbins, MD. Dr. Robbins states he has been treating the respondent for Bipolar Disorder since July 2020 and the respondent is on a medication regimen of Lamotrigine and Quetiapine to treat mood instability.
 - ii. Dr. Robbins states medication combined with regular weekly psychotherapy has allowed the respondent to make significant progress in both his understanding of his mood disorder as well as control of the impulses and manic behaviors.
 - iii. Dr. Robbins states under the current treatment regimen he believes the respondent's ability to function as a physician is unimpaired and there is no reason why he cannot continue to provide medical care to patients. Dr. Robbins believes if the respondent's treatment continues without interruption, his prognosis is excellent.
- f. Following a review of the information the respondent provided by a supervisor, the Department contacted the respondent via email on or about 6/23/2022 to inquire if he would be willing to sign an Interim Consent Order. To date, no response has been received.

C. The Department obtained and reviewed disciplinary orders issued by other states (Exhibit C).

1. Analysis:

- a. The Alabama Medical Licensure Commission suspended the respondent's license on or about 2/23/2022 upon learning about the suspension of the respondent's Colorado license.
- b. On or about 3/11/2022 the Arizona Medical Board issued an Interim Consent Order which prohibits the respondent from engaging in the practice of medicine.
- c. On or about 3/18/2022 the Virginia Board of Medicine suspended the respondent's license to practice.
- d. On or about 3/22/2022 the Colorado Medical Board terminated the summary suspension of the respondent's license as the respondent signed a non-disciplinary Interim Cessation of Practice Agreement.
- e. On or about 4/14/2022 the District of Columbia Board of Medicine summarily suspended the respondent's license to practice.
- f. On or about 4/14/2022 the respondent signed a Voluntary Agreement Not to Practice with the Massachusetts Board of Registration in Medicine. The action is considered non-disciplinary.

- g. On or about 4/17/2022 the Tennessee Board of Medical Examiners suspended the respondent's license until 5/24/2022 or upon further action by the Board.
- h. On or about 5/3/2022 the Maryland Board of Physicians suspended the respondent's license.
- i. On or about 5/12/2022 an Interim Order restricting the respondent from the practice of medicine in New York took effect.
- j. On or about 5/12/2022 the Michigan Board of Medicine summarily suspended the respondent's license to practice medicine. No public documents for this suspension were posted to FSMB with the notification or on Michigan's licensing website.
- k. On or about 6/14/2022 the Wyoming Board of Medicine summarily suspended the respondent's license to practice.

D. The Department obtained sentencing and other court documents from PACER (Exhibit D).

1. Analysis:

- a. From March 2017 through January 2020 the respondent knowingly executed a scheme to defraud Amazon and its on-line retailers to obtain money and property by submitting for returns of very expensive items that he purchased and substituting a lower end product as the return item.
- b. The respondent agrees the allegations made against him are true and would be proven to a jury beyond a reasonable doubt.
- c. The sentencing hearing occurred on 3/22/2022.
- d. The respondent was sentenced to one day in prison followed by supervised release for three years. The court fined him \$20,000, required him to pay restitution in the amount of \$312,964.38. Additionally, for the first six months of supervision the respondent will be on home confinement and may only leave for work related purposes, to attend meetings with attorneys, probation officer, and/or counselors, for legitimate medical appointments and bona fide religious services. He is also required to participate in mental health treatment and perform 200 hours of community service. Drug testing is waived.

Exhibit Legend:

- A. Colorado Summary Suspension Order
- B. Respondent's application for CT licensure renewal and email communication
- C. Disciplinary Orders from other States
- D. Court documents

Communication Log:

1. Farhaad Riyaz, MD
11673 Sandal Wood Lane
Manassas, VA 20112
friyaz@gmail.com

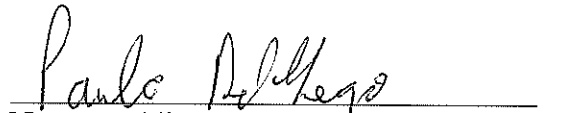
CERTIFICATION

I, Sara Montauti, Health Program Associate, Practitioner Licensing and Investigations Section, Department of Public Health, being duly sworn, hereby attest that I have prepared and reviewed this report and it is a true, complete and accurate documentation of my investigation of Farhaad Riyaz, professional license number: 066548



Sara Montauti, Health Program Associate
Department of Public Health
Practitioner Licensing and Investigations Section

Subscribed and sworn to before me this 15th day of JULY 2022.



Notary Public
My Commission Expires 5/31/2024

18 USC 1341: Frauds and swindles

Text contains those laws in effect on July 28, 2022

From Title 18-CRIMES AND CRIMINAL PROCEDURE

PART I-CRIMES

CHAPTER 63-MAIL FRAUD AND OTHER FRAUD OFFENSES

Jump To:[Source Credit](#)[Miscellaneous](#)[Amendments](#)[Effective Date](#)[Short Title](#)**§1341. Frauds and swindles**

Whoever, having devised or intending to devise any scheme or artifice to defraud, or for obtaining money or property by means of false or fraudulent pretenses, representations, or promises, or to sell, dispose of, loan, exchange, alter, give away, distribute, supply, or furnish or procure for unlawful use any counterfeit or spurious coin, obligation, security, or other article, or anything represented to be or intimated or held out to be such counterfeit or spurious article, for the purpose of executing such scheme or artifice or attempting so to do, places in any post office or authorized depository for mail matter, any matter or thing whatever to be sent or delivered by the Postal Service, or deposits or causes to be deposited any matter or thing whatever to be sent or delivered by any private or commercial interstate carrier, or takes or receives therefrom, any such matter or thing, or knowingly causes to be delivered by mail or such carrier according to the direction thereon, or at the place at which it is directed to be delivered by the person to whom it is addressed, any such matter or thing, shall be fined under this title or imprisoned not more than 20 years, or both. If the violation occurs in relation to, or involving any benefit authorized, transported, transmitted, transferred, disbursed, or paid in connection with, a presidentially declared major disaster or emergency (as those terms are defined in section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122)), or affects a financial institution, such person shall be fined not more than \$1,000,000 or imprisoned not more than 30 years, or both.

(June 25, 1948, ch. 645, 62 Stat. 763 ; May 24, 1949, ch. 139, §34, 63 Stat. 94 ; Pub. L. 91-375, §(6)(j)(11), Aug. 12, 1970, 84 Stat. 778 ; Pub. L. 101-73, title IX, §961(i), Aug. 9, 1989, 103 Stat. 500 ; Pub. L. 101-647, title XXV, §2504(h), Nov. 29, 1990, 104 Stat. 4861 ; Pub. L. 103-322, title XXV, §250006, title XXXIII, §330016(1)(H), Sept. 13, 1994, 108 Stat. 2087 , 2147 ; Pub. L. 107-204, title IX, §903(a), July 30, 2002, 116 Stat. 805 ; Pub. L. 110-179, §4, Jan. 7, 2008, 121 Stat. 2557 .)

HISTORICAL AND REVISION NOTES**1948 Act**

Based on title 18, U.S.C., 1940 ed., §338 (Mar. 4, 1909, ch. 321, §215, 35 Stat. 1130).

The obsolete argot of the underworld was deleted as suggested by Hon. Emerich B. Freed, United States district judge, in a paper read before the 1944 Judicial Conference for the sixth circuit in which he said:

A brief reference to §1341, which proposes to reenact the present section covering the use of the mails to defraud. This section is almost a page in length, is involved, and contains a great deal of superfluous language, including such terms as "sawdust swindle, green articles, green coin, green goods and green cigars." This section could be greatly simplified, and now-meaningless language eliminated.

The other surplusage was likewise eliminated and the section simplified without change of meaning.

A reference to causing to be placed any letter, etc. in any post office, or station thereof, etc. was omitted as unnecessary because of definition of "principal" in section 2 of this title.

1949 Act

This section [section 34] corrects a typographical error in section 1341 of title 18, U.S.C.

EDITORIAL NOTES**AMENDMENTS**

2008-Pub. L. 110-179 inserted "occurs in relation to, or involving any benefit authorized, transported, transmitted, transferred, disbursed, or paid in connection with, a presidentially declared major disaster or

emergency (as those terms are defined in section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122)), or" after "If the violation".

2002-Pub. L. 107-204 substituted "20 years" for "five years".

1994-Pub. L. 103-322, §330016(1)(H), substituted "fined under this title" for "fined not more than \$1,000" after "thing, shall be".

Pub. L. 103-322, §250006, inserted "or deposits or causes to be deposited any matter or thing whatever to be sent or delivered by any private or commercial interstate carrier," after "Postal Service," and "or such carrier" after "causes to be delivered by mail".

1990-Pub. L. 101-647 substituted "30" for "20" before "years".

1989-Pub. L. 101-73 inserted at end "If the violation affects a financial institution, such person shall be fined not more than \$1,000,000 or imprisoned not more than 20 years, or both."

1970-Pub. L. 91-375 substituted "Postal Service" for "Post Office Department".

1949-Act May 24, 1949, substituted "of" for "or" after "dispose".

STATUTORY NOTES AND RELATED SUBSIDIARIES

EFFECTIVE DATE OF 1970 AMENDMENT

Amendment by Pub. L. 91-375 effective within 1 year after Aug. 12, 1970, on date established therefor by Board of Governors of United States Postal Service and published by it in Federal Register, see section 15(a) of Pub. L. 91-375, set out as an Effective Date note preceding section 101 of Title 39, Postal Service.

SHORT TITLE OF 2002 AMENDMENT

Pub. L. 107-204, [title IX, §901, July 30, 2002](#), 116 Stat. 804 , provided that: "This title [enacting sections 1349 and 1350 of this title, amending this section, section 1343 of this title, and section 1131 of Title 29, Labor, and enacting provisions set out as notes under section 994 of Title 28, Judiciary and Judicial Procedure] may be cited as the 'White-Collar Crime Penalty Enhancement Act of 2002'."

18 USC 3559: Sentencing classification of offenses

Text contains those laws in effect on July 28, 2022

From Title 18-CRIMES AND CRIMINAL PROCEDURE

PART II-CRIMINAL PROCEDURE

CHAPTER 227-SENTENCES

SUBCHAPTER A-GENERAL PROVISIONS

Jump To:[Source Credit](#)[Miscellaneous](#)[Amendments](#)[Effective Date](#)**§3559. Sentencing classification of offenses**

(a) CLASSIFICATION.-An offense that is not specifically classified by a letter grade in the section defining it, is classified if the maximum term of imprisonment authorized is-

- (1) life imprisonment, or if the maximum penalty is death, as a Class A felony;
- (2) twenty-five years or more, as a Class B felony;
- (3) less than twenty-five years but ten or more years, as a Class C felony;
- (4) less than ten years but five or more years, as a Class D felony;
- (5) less than five years but more than one year, as a Class E felony;
- (6) one year or less but more than six months, as a Class A misdemeanor;
- (7) six months or less but more than thirty days, as a Class B misdemeanor;
- (8) thirty days or less but more than five days, as a Class C misdemeanor; or
- (9) five days or less, or if no imprisonment is authorized, as an infraction.

(b) EFFECT OF CLASSIFICATION.-Except as provided in subsection (c), an offense classified under subsection (a) carries all the incidents assigned to the applicable letter designation, except that the maximum term of imprisonment is the term authorized by the law describing the offense.

(c) IMPRISONMENT OF CERTAIN VIOLENT FELONS.-

(1) MANDATORY LIFE IMPRISONMENT.-Notwithstanding any other provision of law, a person who is convicted in a court of the United States of a serious violent felony shall be sentenced to life imprisonment if-

(A) the person has been convicted (and those convictions have become final) on separate prior occasions in a court of the United States or of a State of-

- (i) 2 or more serious violent felonies; or
- (ii) one or more serious violent felonies and one or more serious drug offenses; and

(B) each serious violent felony or serious drug offense used as a basis for sentencing under this subsection, other than the first, was committed after the defendant's conviction of the preceding serious violent felony or serious drug offense.

(2) DEFINITIONS.-For purposes of this subsection-

(A) the term "assault with intent to commit rape" means an offense that has as its elements engaging in physical contact with another person or using or brandishing a weapon against another person with intent to commit aggravated sexual abuse or sexual abuse (as described in sections 2241 and 2242);

(B) the term "arson" means an offense that has as its elements maliciously damaging or destroying any building, inhabited structure, vehicle, vessel, or real property by means of fire or an explosive;

(C) the term "extortion" means an offense that has as its elements the extraction of anything of value from another person by threatening or placing that person in fear of injury to any person or kidnapping of any person;

(D) the term "firearms use" means an offense that has as its elements those described in section 924(c) or 929(a), if the firearm was brandished, discharged, or otherwise used as a weapon and the crime of violence or drug trafficking crime during and relation to which the firearm was used was subject to prosecution in a court of the United States or a court of a State, or both;

(E) the term "kidnapping" means an offense that has as its elements the abduction, restraining, confining, or carrying away of another person by force or threat of force;

(F) the term "serious violent felony" means-

- (i) a Federal or State offense, by whatever designation and wherever committed, consisting of murder (as described in section 1111); manslaughter other than involuntary manslaughter (as described in section 1112); assault with intent to commit murder (as described in section 113(a)); assault with intent to commit rape; aggravated sexual abuse and sexual abuse (as described in sections 2241 and 2242); abusive sexual contact

(as described in sections 2244(a)(1) and (a)(2)); kidnapping; aircraft piracy (as described in section 46502 of Title 49); robbery (as described in section 2111, 2113, or 2118); carjacking (as described in section 2119); extortion; arson; firearms use; firearms possession (as described in section 924(c)); or attempt, conspiracy, or solicitation to commit any of the above offenses; and

(ii) any other offense punishable by a maximum term of imprisonment of 10 years or more that has as an element the use, attempted use, or threatened use of physical force against the person of another or that, by its nature, involves a substantial risk that physical force against the person of another may be used in the course of committing the offense;

(G) the term "State" means a State of the United States, the District of Columbia, and a commonwealth, territory, or possession of the United States; and

(H) the term "serious drug offense" means-

(i) an offense that is punishable under section 401(b)(1)(A) or 408 of the Controlled Substances Act (21 U.S.C. 841(b)(1)(A), 848) or section 1010(b)(1)(A) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)(1)(A)); or

(ii) an offense under State law that, had the offense been prosecuted in a court of the United States, would have been punishable under section 401(b)(1)(A) or 408 of the Controlled Substances Act (21 U.S.C. 841(b)(1)(A), 848) or section 1010(b)(1)(A) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)(1)(A)).

(3) NONQUALIFYING FELONIES.-

(A) ROBBERY IN CERTAIN CASES.-Robbery, an attempt, conspiracy, or solicitation to commit robbery; or an offense described in paragraph (2)(F)(ii) shall not serve as a basis for sentencing under this subsection if the defendant establishes by clear and convincing evidence that-

(i) no firearm or other dangerous weapon was used in the offense and no threat of use of a firearm or other dangerous weapon was involved in the offense; and

(ii) the offense did not result in death or serious bodily injury (as defined in section 1365) to any person.

(B) ARSON IN CERTAIN CASES.-Arson shall not serve as a basis for sentencing under this subsection if the defendant establishes by clear and convincing evidence that-

(i) the offense posed no threat to human life; and

(ii) the defendant reasonably believed the offense posed no threat to human life.

(4) INFORMATION FILED BY UNITED STATES ATTORNEY.-The provisions of section 411(a) of the Controlled Substances Act (21 U.S.C. 851(a)) shall apply to the imposition of sentence under this subsection.

(5) RULE OF CONSTRUCTION.-This subsection shall not be construed to preclude imposition of the death penalty.

(6) SPECIAL PROVISION FOR INDIAN COUNTRY.-No person subject to the criminal jurisdiction of an Indian tribal government shall be subject to this subsection for any offense for which Federal jurisdiction is solely predicated on Indian country (as defined in section 1151) and which occurs within the boundaries of such Indian country unless the governing body of the tribe has elected that this subsection have effect over land and persons subject to the criminal jurisdiction of the tribe.

(7) RESENTENCING UPON OVERTURNING OF PRIOR CONVICTION.-If the conviction for a serious violent felony or serious drug offense that was a basis for sentencing under this subsection is found, pursuant to any appropriate State or Federal procedure, to be unconstitutional or is vitiated on the explicit basis of innocence, or if the convicted person is pardoned on the explicit basis of innocence, the person serving a sentence imposed under this subsection shall be resentenced to any sentence that was available at the time of the original sentencing.

(d) DEATH OR IMPRISONMENT FOR CRIMES AGAINST CHILDREN.-

(1) IN GENERAL.-Subject to paragraph (2) and notwithstanding any other provision of law, a person who is convicted of a Federal offense that is a serious violent felony (as defined in subsection (c)) or a violation of section 2422, 2423, or 2251 shall, unless the sentence of death is imposed, be sentenced to imprisonment for life, if-

(A) the victim of the offense has not attained the age of 14 years;

(B) the victim dies as a result of the offense; and

(C) the defendant, in the course of the offense, engages in conduct described in section 3591(a)(2).

(2) EXCEPTION.-With respect to a person convicted of a Federal offense described in paragraph (1), the court may impose any lesser sentence that is authorized by law to take into account any substantial assistance provided by the defendant in the investigation or prosecution of another person who has committed an offense, in accordance with the Federal Sentencing Guidelines and the policy statements of the Federal Sentencing Commission pursuant to section 994(p) of title 28, or for other good cause.

(e) MANDATORY LIFE IMPRISONMENT FOR REPEATED SEX OFFENSES AGAINST CHILDREN.-

(1) IN GENERAL.-A person who is convicted of a Federal sex offense in which a minor is the victim shall be sentenced to life imprisonment if the person has a prior sex conviction in which a minor was the victim, unless the

sentence of death is imposed.

(2) DEFINITIONS.-For the purposes of this subsection-

(A) the term "Federal sex offense" means an offense under section 1591 (relating to sex trafficking of children), 2241 (relating to aggravated sexual abuse), 2242 (relating to sexual abuse), 2244(a)(1) (relating to abusive sexual contact), 2245 (relating to sexual abuse resulting in death), 2251 (relating to sexual exploitation of children), 2251A (relating to selling or buying of children), 2422(b) (relating to coercion and enticement of a minor into prostitution), or 2423(a) (relating to transportation of minors);

(B) the term "State sex offense" means an offense under State law that is punishable by more than one year in prison and consists of conduct that would be a Federal sex offense if, to the extent or in the manner specified in the applicable provision of this title-

(i) the offense involved interstate or foreign commerce, or the use of the mails; or

(ii) the conduct occurred in any commonwealth, territory, or possession of the United States, within the special maritime and territorial jurisdiction of the United States, in a Federal prison, on any land or building owned by, leased to, or otherwise used by or under the control of the Government of the United States, or in the Indian country (as defined in section 1151);

(C) the term "prior sex conviction" means a conviction for which the sentence was imposed before the conduct occurred constituting the subsequent Federal sex offense, and which was for a Federal sex offense or a State sex offense;

(D) the term "minor" means an individual who has not attained the age of 17 years; and

(E) the term "State" has the meaning given that term in subsection (c)(2).

(3) NONQUALIFYING FELONIES.-An offense described in section 2422(b) or 2423(a) shall not serve as a basis for sentencing under this subsection if the defendant establishes by clear and convincing evidence that-

(A) the sexual act or activity was consensual and not for the purpose of commercial or pecuniary gain;

(B) the sexual act or activity would not be punishable by more than one year in prison under the law of the State in which it occurred; or

(C) no sexual act or activity occurred.

(f) MANDATORY MINIMUM TERMS OF IMPRISONMENT FOR VIOLENT CRIMES AGAINST CHILDREN.-A person who is convicted of a Federal offense that is a crime of violence against the person of an individual who has not attained the age of 18 years shall, unless a greater mandatory minimum sentence of imprisonment is otherwise provided by law and regardless of any maximum term of imprisonment otherwise provided for the offense-

(1) if the crime of violence is murder, be imprisoned for life or for any term of years not less than 30, except that such person shall be punished by death or life imprisonment if the circumstances satisfy any of subparagraphs (A) through (D) of section 3591(a)(2) of this title;

(2) if the crime of violence is kidnapping (as defined in section 1201) or maiming (as defined in section 114), be imprisoned for life or any term of years not less than 25; and

(3) if the crime of violence results in serious bodily injury (as defined in section 1365), or if a dangerous weapon was used during and in relation to the crime of violence, be imprisoned for life or for any term of years not less than 10.

(g)(1) If a defendant who is convicted of a felony offense (other than offense of which an element is the false registration of a domain name) knowingly falsely registered a domain name and knowingly used that domain name in the course of that offense, the maximum imprisonment otherwise provided by law for that offense shall be doubled or increased by 7 years, whichever is less.

(2) As used in this section-

(A) the term "falsely registers" means registers in a manner that prevents the effective identification of or contact with the person who registers; and

(B) the term "domain name" has the meaning given that term is ¹ section 45 of the Act entitled "An Act to provide for the registration and protection of trademarks used in commerce, to carry out the provisions of certain international conventions, and for other purposes" approved July 5, 1946 (commonly referred to as the "Trademark Act of 1946") (15 U.S.C. 1127).

(Added Pub. L. 98-473, title II, §212(a)(2), Oct. 12, 1984, 98 Stat. 1991 ; amended Pub. L. 100-185, §5, Dec. 11, 1987, 101 Stat. 1279 ; Pub. L. 100-690, title VII, §7041, Nov. 18, 1988, 102 Stat. 4399 ; Pub. L. 103-322, title VII, §70001, Sept. 13, 1994, 108 Stat. 1982 ; Pub. L. 105-314, title V, §501, Oct. 30, 1998, 112 Stat. 2980 ; Pub. L. 105-386, §1(b), Nov. 13, 1998, 112 Stat. 3470 ; Pub. L. 108-21, title I, §106(a), Apr. 30, 2003, 117 Stat. 654 ; Pub. L. 108-482, title II, §204(a), Dec. 23, 2004, 118 Stat. 3917 ; Pub. L. 109-248, title II, §§202, 206(c), July 27, 2006, 120 Stat. 612 , 614.)

AMENDMENTS

2006-Subsec. (e)(2)(A). Pub. L. 109-248, §206(c), inserted "1591 (relating to sex trafficking of children)," after "under section".

Subsecs. (f), (g). Pub. L. 109-248, §202, added subsec. (f) and redesignated former subsec. (f) as (g).

2004-Subsec. (f). Pub. L. 108-482 added subsec. (f).

2003-Subsec. (e). Pub. L. 108-21 added subsec. (e).

1998-Subsec. (c)(2)(F)(i). Pub. L. 105-386 inserted "firearms possession (as described in section 924(c));" after "firearms use;".

Subsec. (d). Pub. L. 105-314 added subsec. (d).

1994-Subsec. (b). Pub. L. 103-322, §70001(1), substituted "Except as provided in subsection (c), an" for "An".

Subsec. (c). Pub. L. 103-322, §70001(2), added subsec. (c).

1988-Subsec. (a). Pub. L. 100-690, §7041(a)(1), substituted "classified if the maximum term of imprisonment authorized is-" for "classified-

"(1) if the maximum term of imprisonment authorized is-".

Subsec. (a)(1) to (9). Pub. L. 100-690, §7041(a)(2), (b), redesignated subpars. (A) to (I) as pars. (1) to (9), respectively, and substituted "twenty-five" for "twenty" in pars. (2) and (3).

1987-Subsec. (b). Pub. L. 100-185 substituted ", except that the maximum term of imprisonment is the term authorized by the law describing the offense." for "except that:

"(1) the maximum fine that may be imposed is the fine authorized by the statute describing the offense, or by this chapter, whichever is the greater; and

"(2) the maximum term of imprisonment is the term authorized by the statute describing the offense."

STATUTORY NOTES AND RELATED SUBSIDIARIES

EFFECTIVE DATE

Section effective Nov. 1, 1987, and applicable only to offenses committed after the taking effect of this section, see section 235(a)(1) of Pub. L. 98-473, set out as a note under section 3551 of this title.

¹ *So in original. Probably should be "in".*

**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

In re: Paul Aiello, M.D.

Petition No. 2020-383

BIOGRAPHICAL INFORMATION:

Medical School: Boston University School of Medicine

Year of Graduation: 1984

Radiology Residency: Saint Vincent's Medical Center, July 1985 – June 1989

07/01/1984	-	06/01/1985	<i>Internship</i>	Norwalk Hospital
07/01/1985	-	06/01/1989	<i>Residency - Radiology</i>	St. Vincent's Med Center
07/01/1989	-	12/01/1994	<i>Associate Radiologist</i>	Madison Radiologist
09/01-1991	-	11/01/2000	<i>Supervising Radiologist</i>	Women's Care Med Center
05/01/2000	-	01/01/2014	<i>Attending Radiologist</i>	Robert D. Russo MD Associates Radiology, PC
01/01/2014	-	present	<i>Instructor of Clinical Radiology</i>	Yale New Haven Hospital

Current employment: Yale New Haven Hospital

Connecticut License: 028571 Issued: October 9, 1987

Type of Practice: Radiology

Board Certification: American Board of Radiology, 1991

Malpractice History: None

History with DPH: None

Investigation for Petition 2020-383 commenced: April 8, 2020

THIS CONSENT ORDER CONTAINS:

- Civil Penalty of \$5000
- Reprimand

DEPARTMENT SUMMARY OF THE CASE:

- This petition originated with a complaint from a patient. (Patient 1)

- Respondent provided care to Patient 1 on or about April 26, 2019. During the course of his care for Patient 1, he drafted a report concerning a transvaginal ultrasound of Patient 1's uterus and ovaries.
- Respondent's care for Patient 1 failed to meet the standard of care in that he failed to indicate in the body of the report whether measurements taken were within normal limits or not, when in fact they were not; and/or his impression of the report incorrectly described the study as unremarkable.

WILL THIS RESULT IN A REPORT TO THE N.P.D.B.?

- Yes

ATTACHMENTS:

- Consent Order
- Investigative report

**State of Connecticut
Department of Public Health
Division of Health Systems Regulation**

Investigative Report

January 8, 2021

Petition No: 2020-383

Respondent: Paul Aiello, MD

Petitioner: V [REDACTED] H [REDACTED]

Address: 4699 Main Street Suite 108
Bridgeport Hospital Outpatient Radiology
Bridgeport, CT 06606-1830

Address: [REDACTED]

Date of Birth: 06/25/1955

Licensure Information:

Licuse Number: 1.028571

Expiration Date: 06/30/2021

Investigation conducted by: Nancy Stefanski, MSN, RN, Nurse Consultant
Health Care Systems Branch

Report written by : Lavern Allyn, Special Investigator
Health Care Systems Branch

Allegation:

1. The respondent failed to correctly read the petitioner's ultrasound and reported the results as "unremarkable" when in fact she had an aggressive form of cancer. As a result of the correct diagnosis not being made, her treatment was delayed and she had to undergo a total hysterectomy and chemotherapy.

Introduction:

On March 30, 2020, the Department received a complaint letter from the petitioner, who alleged that the radiologist at Bridgeport Hospital Outpatient Radiology incorrectly read her Trans Vaginal Ultrasound and Doppler study that was performed on 04/26/19. She identified that because the report was incorrectly read as "unremarkable", she did not get treated at her first symptoms and subsequently she needed a "full" hysterectomy for an aggressive cancer and is now undergoing chemotherapy (*Exhibit A*).

Interview:

On June 3, 2020, a telephone interview was conducted with the petitioner. She noted that because her ultrasound report was read incorrectly, her treatment was delayed and she is now undergoing chemotherapy. She stated that she is filing the complaint so that others do not have to endure the same delayed treatment due to an incorrect diagnosis.

A. Review of medical records from Yale-New Haven Hospital received June 22, 2020 (Exhibit B).

1. Analysis:

- a. On 04/26/19, a transvaginal ultrasound with bilateral ovarian Doppler was performed in BH Outpatient Imaging for post-menopausal bleeding. The respondent noted the study to be “unremarkable”.
- b. On 05/17/19, an ultrasound-guided breast biopsy, left was performed for an abnormal mammogram. Pathology revealed:
 - i. Left breast, 9 o’clock ultrasound core biopsy-benign breast tissue with focal usual ductal hyperplasia.
 - ii. Left breast, 2 o’clock anterior ultrasound core biopsy-ductal carcinoma in situ nuclear grade 3
 - iii. Left breast, 2 o’clock posterior stereotactic core biopsy- ductal carcinoma in situ nuclear grade 3
- c. On 01/30/20, a CT scan of the abdomen and pelvis with IV contrast revealed prominent non-specific retroperitoneal and inguinal lymph nodes. Heterogenous enhancement of the uterus is most likely due to the known endometrial cancer.
- d. On 02/17/20, an ultrasound of the abdominal wall was performed for midline fluid collection in the lower abdomen. History of endometrial cancer, status post hysterectomy on 02/10/20. Findings were suggestive of phlegmon/early abscess in the appropriate clinical/physical context. A correlation was recommended.
- e. On 04/16/20, a CT of the chest without IV contrast was performed for the staging of serous carcinoma of the uterus and to rule out metastatic disease. The results revealed stable scattered lung nodules, new ascites since 01/30/20 with small fluid layering under the right rectus abdominis muscle, and status post left mastectomy with postoperative seroma along the left anterior chest wall.

B. Review of disk from Bridgeport Hospital Outpatient Radiology received August 4, 2020 (Exhibit C).

1. Analysis:

- a. A CD labeled “US 2019/04/26 US non-OB Transvaginal with limited was received.

C. Respondent’s response to the allegations received August 20, 2020 (Exhibit D).

1. Analysis:

- a. The respondent identified that the transvaginal ultrasound study had been ordered by the petitioner’s gynecologist for evaluation of postmenopausal bleeding. He noted in his report that the petitioner’s endometrium was 1.05 cm thick and that the study was otherwise unremarkable. The respondent identified that in postmenopausal women with

bleeding, the expected endometrial thickness is between 4 and 6 mm. The respondent identified that in addition to recording the thickness of the endometrium in his report, he should have highlighted his finding and called the ordering physician to discuss his findings and the possible need for an endometrial biopsy.

- b. Since receiving notice of this complaint, the respondent identified that he has taken several steps to ensure this type of omission does not occur again. He has reported the incident to the Chair of Radiology, who along with other department colleagues, has reviewed the case. The matter has been reviewed by other colleagues at the hospital, and the case will be presented at the Yale University Improved Radiologic Interpretation Skills ("IRIS") conference, a quarterly case review conference focused on making improvements in radiology. The respondent noted that he now exclusively reads chest x-rays and CT chest studies and no longer reads ultrasound studies for Yale University and outpatient radiology.
- c. The respondent noted that he "is very sorry and feels terrible that he did not do more to help" the petitioner.
- d. An emailed request for clarification, which was sent to the respondent's attorney asking why the respondent changed from general radiology to the subspecialty of pulmonary radiology revealed:
 - The respondent's employer changed the way they categorize their radiologists across the board so that every radiologist must work within a subspecialty.

D. Review by Physician Consultant received October 28, 2020 (Exhibit E).

1. Analysis:

- a. The petitioner's complaint, medical records and imaging studies were reviewed.
- b. The petitioner is a 69-year-old female, who presented to the Bridgeport Hospital outpatient imaging department on 4/26/2019 for a transvaginal ultrasound, which was ordered due to postmenopausal bleeding.
- c. The respondent's report accurately describes the measurements of the uterus and ovaries, however there is no mention in the body of the report, whether these measurements are within normal limits or not.
- d. The endometrial thickness is accurately described as measuring 1.05cm which is significantly above normal.
- e. Endometrial thickness greater than 5mm for a postmenopausal woman is abnormal and is concerning for neoplasm especially in light of the petitioner's bleeding history.
- f. The respondent's failure to mention that the endometrial thickness measurement was significantly above normal constitutes a violation of the accepted standard of care.

E. Respondent's response to consultative opinion received November 19, 2020 (Exhibit F).

1. Analysis:

- a. The respondent acknowledges that while he accurately reported the larger-than-normal measurement of the thickness of the petitioner's endometrium in the body of the radiology report, he mistakenly did not note that the endometrial thickness measurement was above

normal in his impression and he acknowledges that his impression should have included that conclusion.

- b. The respondent has met with the petitioner to disclose the fact that his report incorrectly stated that the study was unremarkable.
- c. The respondent has apologized and expressed his deep remorse to the petitioner.
- d. Discussions have commenced with the petitioner about compensating her for this error.

Statement of Facts regarding the allegations:

1. The petitioner alleged that the respondent, a radiologist at Bridgeport Hospital Outpatient Radiology, incorrectly read her Trans Vaginal Ultrasound and Doppler study that was performed on 04/26/19. She identified that because the report was incorrectly read as “unremarkable”, the error caused a delay in treatment as she had an “aggressive” form of cancer. Subsequently, the petitioner had to undergo a total hysterectomy and is now undergoing chemotherapy.
2. Records were received from Yale-New Haven Hospital. On 04/26/19, a transvaginal ultrasound with bilateral ovarian Doppler was performed in BH Outpatient Imaging for post-menopausal bleeding. The respondent noted the study to be “unremarkable”.
3. The allegation response was received from the respondent. The respondent identified since receiving notice of this complaint, he has taken several steps to ensure this type of omission does not occur again and noted he was “very sorry and feels terrible that he did not do more to help the petitioner”.
4. An emailed request for clarification, which was sent to the respondent’s attorney asking why the respondent changed from general radiology to the subspecialty of pulmonary radiology revealed:
 - The respondent’s employer changed the way they categorize their radiologists across the board so that every radiologist must work within a subspecialty.
5. The petitioner’s complaint, medical records and imaging studies were reviewed by a physician consultant whose review concluded the following:
 - a. The petitioner is a 69-year-old female, who presented to the Bridgeport Hospital outpatient imaging department on 4/26/2019 for a transvaginal ultrasound, which was ordered due to postmenopausal bleeding.
 - b. The respondent’s report accurately describes the measurements of the uterus and ovaries, however there is no mention in the body of the report, whether these measurements are within normal limits or not.
 - c. The endometrial thickness is accurately described as measuring 1.05cm which is significantly above normal.
 - d. Endometrial thickness greater than 5mm for a postmenopausal woman is abnormal and is concerning for neoplasm especially in light of the petitioner’s bleeding history.
 - e. The respondent’s failure to mention that the endometrial thickness measurement was significantly above normal constitutes a violation of the accepted standard of care.
5. The respondent acknowledges that while he accurately reported the larger-than-normal measurement of the thickness of the petitioner’s endometrium in the body of the radiology report, he mistakenly did not note that the endometrial thickness measurement was above normal in his impression and he acknowledges that his impression should have included that conclusion.

Investigation of 2020-383

Paul A. Aiello, MD

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- a. The respondent met with the petitioner to disclose the fact that his report incorrectly stated that the study was unremarkable.
- b. The respondent has apologized and expressed his deep remorse to the petitioner.
- c. Discussions have commenced with the petitioner about compensating her for this error.

Investigation of 2020-383

Paul A. Aiello, MD

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Exhibit Log:

Exhibit A: Original Complaint

Exhibit B: Respondent's records (Yale-New Haven-BH Outpatient Imaging)

Exhibit C: Transvaginal US CD

Exhibit D: Allegation Response letter

Exhibit E: Consultant Review

Exhibit F: Respondent's rebuttal to consultant review

Communications Log:

V. [REDACTED] H. [REDACTED] (*Petitioner*)

[REDACTED]

Paul A Aiello, MD (*Respondent*)

4699 Main Street Suite 108

Bridgeport Hospital Outpatient Radiology

Bridgeport, CT 06606-1830

Attorney Kevin S. Budge (*Respondent's Attorney*)

Wiggin and Dana LLP

One Century Tower

265 Church Street

New Haven, Connecticut 06510

www.wiggin.com

Paul L. Novotny, MD (*Consultant*)

[REDACTED]

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Paul Aiello, M.D.

Petition No. 2020-383

CONSENT ORDER

WHEREAS, Paul Aiello of Bridgeport, Connecticut (hereinafter "respondent") has been issued license number 028571 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. Respondent provided care to Patient 1 on or about April 26, 2019. During the course of his care for Patient 1, he drafted a report concerning a transvaginal ultrasound of Patient 1's uterus and ovaries.
2. Respondent's care for Patient 1 failed to meet the standard of care in one or more of the following ways:
 - a. He failed to indicate in the body of the report whether measurements taken were within normal limits or not, when in fact they were not; and/or
 - b. His impression of the report incorrectly described the study as unremarkable.
3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c, including, but not limited to §20-13c(4).

WHEREAS, in consideration of paragraphs 1-3 above, respondent has completed coursework in radiological assessments, computed tomography, mammography, ultrasound, pulmonology, radiographic findings, medical documentation, and risk management. Respondent further voluntarily recertified with the American Board of Radiology, and participated in a professional development educational program.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of five-thousand dollars (\$5,000) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent's license number 028571 to practice as a physician and surgeon in the State of Connecticut is hereby reprimanded.
4. All correspondence and reports are to be addressed to:

Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

5. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
6. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
7. Respondent shall pay all costs necessary to comply with this Consent Order.
8. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 8a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.

9. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
11. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
12. This Consent Order is a public document and the above admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue.

Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.
13. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a physician and surgeon, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's

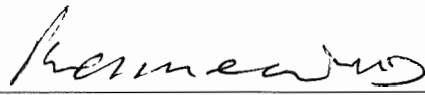
license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

14. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
15. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
16. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

17. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
18. Respondent has the right to consult with an attorney prior to signing this document.
19. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
20. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

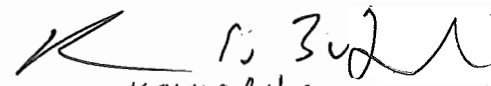
*

I, Paul Aiello, M.D., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.




Paul Aiello, M.D.

Subscribed and sworn to before me this 20th day of June 2022



Notary Public or person authorized Commissioner
by law to administer an oath or affirmation SUPERIOR COURT

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 18th day of July 2022, it is hereby accepted.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut Medical Examining Board on the _____ day of _____ 2022, it is hereby ordered and accepted.

Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

Respondent: Patrick F. Albergo, M.D.

Petition No. 2021-1011

BIOGRAPHICAL INFORMATION:

Medical School: SUNY Downstate Medical School

Year of Graduation: 1984

07/01/1984-06/30/1985	Internal Medicine	<i>Intern</i>	Long Island College Hospital, Brooklyn, NY
07/01/1985-06/30/1988	Ophthalmology	<i>Resident</i>	Nassau County Medical Center, NY

Current employment: Connecticut Eye Center

License: 029084 Issued: 6/3/1988

Type of Practice: Ophthalmology

Board Certification: American Board of Ophthalmology

Malpractice History: None reported.

Past History with DPH: None.

Investigation Commenced: 10/26/2021

THIS CONSENT ORDER DISCIPLINE:

- Reprimand
- \$15,000 Civil Penalty

DEPARTMENT SUMMARY OF THE CASE:

The Department's Practitioner Licensing and Investigations Section opened this petition after receiving a referral from the Department's Facilities Licensing and Investigations Section.

On or about September 15, 2020, respondent performed eye surgery on patient #1 and deviated from the standard of care in one or more of the following ways, in that respondent:

- (a) operated on the wrong eye;
- (b) failed to comply with the surgical center's "time-out" protocol; and/or
- (c) failed to maintain adequate medical records.

WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK? Yes

Respondent signed a Consent Order Review Agreement permitting the Connecticut Medical Examining Board to review the Investigative Report.

CONFIDENTIALITY NOTICE: *The documents attached may contain information that is confidential or privileged. Please do not disseminate, distribute or copy the contents or discuss with parties who are not directly involved in this petition.*

**State of Connecticut
Department of Public Health
Practitioner Investigations Unit
Investigative Report
January 19, 2022
Amended February 7, 2022**

Petition No. 2021-1011

Date Case Opened: October 26, 2021

Date Case Assigned to Investigator: November 18, 2021

Respondent: Patrick Albergo, MD
639 Park Road
Suite #100
West Hartford, CT 06107-3443

Petitioner: FLIS

License No.: 029084
Expires: 6-30-22
Issued: 6-3-88

Investigated and Report Prepared By: Mary Beth Mendes

Allegations

The respondent, Patrick Albergo, MD, an Ophthalmologist, performed laser surgery in the wrong eye on [REDACTED]

Complaint

On October 19, 2021 this Department received a Memo from Donna Ortelle, RN, MSN, from FLIS.

Analysis

1. [REDACTED] was prepped for a laser procedure on her left eye but the respondent performed the procedure on her right eye.
2. The respondent failed to ensure that the laser procedure was performed on the correct eye.
3. [REDACTED]'s diagnoses included narrow angle glaucoma in her right eye. The informed consent and authorization form, dated August 21, 2020, indicated that she consented for a procedure on her left eye. Documentation from the Laser Procedure Room, dated September 15, 2020, indicates that the procedure was performed on her right eye.
4. [REDACTED] was admitted for a Yttrium Aluminum Garnet (YAG) procedure on her left eye. The consent was reviewed, the left eye was marked by the nurse, drops were administered in her left eye but the respondent performed the YAG procedure on her right eye.
5. Bonnie Pelczar, RN states that on the day of the procedure [REDACTED]'s consent was reviewed for correct site and procedure. Proparacaine was instilled in her left eye, time out was completed and she was positioned on a stool. Ms. Pelczar turned away during the procedure. After the procedure [REDACTED]'s right eye was goopy with Gonk solution. Her right eye was then washed with Balanced Salt Solution, her vital signs were obtained and post procedural drops were administered to her right eye.
6. The facility correct site universal protocol indicates that the patient together with the physician will mark the procedure/surgical site with a surgical marker prior to the patient entering the procedure/operating room.

B. Respondent's Response

On December 7, 2021 this Department received a letter from the respondent.

Analysis

1. The respondent states that [REDACTED] was first seen by him on August 21, 2020. She was referred to him by Dr. Maron for an evaluation and treatment of anatomical narrow angles of both eyes. During his exam of her he determined that both of her eyes needed to be treated. The treatment for this condition consists of creating an opening through the iris using a laser. It is performed on one eye at a time on separate surgical days. [REDACTED] [REDACTED] was scheduled to have a Yag iridotomy performed at the Bloomfield Ambulatory Eye Surgery Center on September 15, 2020. He states that at the time of the procedure the paperwork indicated that her left eye should be done but he did her right eye. He states that this occurred in part because it has been his routine, when both eyes need to be done, to typically do the right eye first. He states that at the time he had a new scheduling secretary at his office and she did not know this, so she booked the left eye first. He further states that during the procedure the nursing assistant was new and she did not inform him that he had set up for the wrong eye. He states that this was an error on his part because he thought that the right eye had been scheduled to be done first. The left eye procedure was performed on October 7, 2020 without complications.
2. The respondent states that as a result of his error, the protocols at the surgery center have been changed. Now, prior to performing a laser procedure, the surgical eye must be marked by the operating surgeon.

Exhibit Legend

- A. Memo from Donna Ortelle, RN, MSN, dated October 13, 2021, with attached documents – forty-six(46)pages.
- B. Letter from Patrick Albergo, MD, dated November 30, 2021, with attached malpractice insurance information – three(3)pages.
- C. Medical records from Patrick Albergo, MD regarding [REDACTED] – thirty-one(31)pages.

Communication Log

Respondent, Patrick Albergo, MD, contacted by letter November 18, 2021 and January 28, 2022.

Address: Connecticut Eye Center
639 Park Road
Suite #100
West Hartford, CT 06107

Telephone: 860-521-9230 – West Hartford office
860-409-7764 – Avon office

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Patrick F. Albergo, M.D.

Petition No. 2021-1011

CONSENT ORDER

WHEREAS, Patrick F. Albergo, M.D. of West Hartford, Connecticut ("respondent") has been issued license number 029084 to practice as a physician and surgeon by the Department of Public Health ("the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. On or about September 15, 2020, respondent performed eye surgery on patient #1 and deviated from the standard of care in one or more ways, in that respondent:
 - a. operated on the wrong eye;
 - b. failed to comply with the surgical center's "time-out" protocol; and/or
 - c. failed to maintain adequate medical records.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c, including, but not limited to §20-13c(4).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board ("the Board"), this Consent Order shall have the same effect as if

proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

WHEREAS, respondent has successfully completed coursework in documentation standards for medical records.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 029084 to practice as a physician and surgeon in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of fifteen thousand dollars (\$15,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
5. This Consent Order is effective on the date this Consent Order is accepted and ordered by the Board.
6. Respondent understands and agrees that this Consent Order is a public record.
7. Respondent understands and agrees that the above admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States

Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes §20-13j.

8. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
9. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
10. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a

hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.

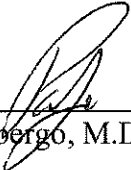
11. Respondent has been informed of the right to consult with an attorney prior to signing this Consent Order.
12. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.
13. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

*

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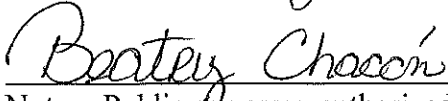
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I, Patrick F. Albergo, M.D., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Patrick F. Albergo, M.D.

Subscribed and sworn to before me this 4th day of August 2022.



Notary Public or person authorized
by law to administer an oath or affirmation

BEATRIZ CHACON
NOTARY PUBLIC
My Commission Expires Apr. 30, 2027

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 9th day of August 2022, it is hereby accepted.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut Medical Examining Board on the _____ day of _____ 2022, it is hereby ordered and accepted.

Kathryn Emmett, Esq., Chairperson
Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

In re: Gary Blick, M.D.

Petition No. 2018-256

BIOGRAPHICAL INFORMATION:

Medical School: University of Miami School of Medicine

Year of Graduation: 1984

07/01/84-07/01/85	General	<i>Intern</i>	University of Miami-Jackson Memorial Medical Center
07/01/85-07/01/87	General	<i>Resident</i>	Greenwich Hospital

Current employment: Private Practice (Health Care Advocates International, LLC)

License Number: 027524

Issued: 08/15/1986

Board Certification: None

Malpractice History: None

Past History with the Department: None

Other State License: New York

Investigation Commenced: March 9, 2018

DEPARTMENT SUMMARY OF THE CASE:

This petition was initiated based upon a petitioner complaint.

The Department alleges from approximately May 10, 2017 through February 5, 2018, respondent provided medical care for patient #1 during which time respondent failed to: properly treat, diagnose and/or assess patient #1; refer patient #1 to other appropriate healthcare provider(s); monitor outcomes after medical interventions; and/or maintain appropriate medical records.

On multiple occasions in 2017 through March 2018, respondent permitted and/or directed unlicensed individuals to administer medications to one or more patients including using injections and/or intravenous routes.

On or about March 29, 2018, respondent failed to maintain adequate infection prevention practices and/or safety precautions.

On or about March 29, 2018, respondent failed to protect and properly secure patient medical information.

CONSENT ORDER DISCIPLINE:

- Reprimand
- \$10,000 civil penalty
- Cease and desist in permitting and/or directing unlicensed individuals to administer medications.

Respondent successfully completed coursework in documentation standards, infection control, and diagnosis, HIPAA, and management of autoimmune disorders.

On April 19, 2018, Dr. Blick submitted an Infection Control Plan of Correction which was accepted by the Department.

WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?

- Yes.

Respondent chose not to enter into the Consent Order Review Agreement and is not agreeable to providing documents to the Connecticut Medical Examining Board for review.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Gary Blick, M.D.

Petition Number: 2018-256

CONSENT ORDER

WHEREAS, Gary Blick, M.D., of Stratford, Connecticut ("respondent") has been issued physician and surgeon license number 027524 by the Department of Public Health ("Department") pursuant to Connecticut General Statutes, Chapter 370, as amended.

WHEREAS, the Department alleges:

1. From approximately May 10, 2017 through February 5, 2018, respondent provided medical care for patient #1 during which time respondent failed to meet the standard of care in one or more of the following ways, in that he failed to:
 - a. properly treat, diagnose and/or assess patient #1;
 - b. refer patient #1 to other appropriate healthcare provider(s);
 - c. monitor outcomes after medical interventions; and/or
 - d. maintain appropriate medical records.
2. On multiple occasions in 2017 through March 2018, respondent permitted and/or directed unlicensed individuals to administer medications to one or more patients including using injections and/or intravenous routes.
3. On or about March 29, 2018, respondent failed to maintain adequate infection prevention practices and/or safety precautions.
4. On or about March 29, 2018, respondent failed to protect and properly secure patient medical information.
5. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-13c(4).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter, while admitting no wrongdoing, and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board ("Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to Connecticut General Statutes §§19a-10, 19a-14 and 20-13c.

WHEREAS, in April 2019, respondent submitted an Infection Control Plan of Correction which the Department accepted.

WHEREAS, respondent successfully completed coursework in documentation standards, infection control, HIPAA, and diagnosis and management of autoimmune disorders.

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-14, 19a-17 and 20-13c, respondent stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's physician and surgeon license number 027524 is hereby reprimanded.
3. Respondent shall cease and desist in permitting and/or directing unlicensed individuals to administer medications.
4. Respondent shall pay a civil penalty of ten thousand dollars (\$10,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check and shall be payable at the time respondent submits the executed Consent Order to the Department.
5. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
6. Respondent shall pay all costs necessary to comply with this Consent Order.

7. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
8. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.
10. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.

11. Respondent understands and agrees that this Consent Order is a public document and the above-referenced allegations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with Connecticut General Statutes §20-13c, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes §20-13j.
12. If respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a physician and surgeon, upon request by the Department, for a period not to exceed forty-five (45) days. During that time, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required by Connecticut General Statutes §§ 4-182(c) and 19a-17(c). Respondent understands that the Board has complete and final discretion whether a summary suspension is ordered.
13. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from acting later. The Department shall not be required to grant future extensions of time or grace periods.
14. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification because of any claim that the terms


contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 or 368a, provided that this stipulation shall not deprive respondent of any rights that respondent may have under Connecticut or United States law.

15. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
16. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Board. Respondent understands that the Board has complete and final discretion whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the Board discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
17. Respondent consulted with his attorney prior to signing this Consent Order.
18. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's

Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.

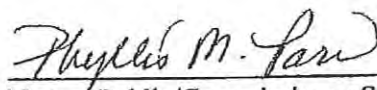
19. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Gary Blick, M.D., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.




Gary Blick, M.D.

Subscribed and sworn to before me this 8th day of June 2022.



Notary Public/Commissioner Superior Court

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 29th day of June 2022, it is hereby accepted.



Barbara S. Cass, R.N., Branch Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut Medical Examining Board on the _____ day of _____ 2022, it is hereby ordered and accepted.

Kathryn Emmett, Esq., Chairperson
Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

In re: Desiree A. Clarke, M.D.

Petition No. 2020-292

BIOGRAPHICAL INFORMATION:

Medical School: New York University School of Medicine, NYC
Year of Graduation: 1994

Residency: SUNY Health Science Center at Brooklyn

1994	-	1998	<i>Clinical Assistant Instructor</i>	SUNY/ HSC Brooklyn Affiliated Hospitals
07/01/1998	-	07/01/2010	<i>Associate Attending Physician</i>	St. Luke's / Roosevelt Hospital
07/01/2010	-	03/01/2020	<i>Physician/Phlebologist</i>	Vein clinics of America
09/01/2021	-	Present	<i>Physician</i>	United Vein and Vascular Centers

Current employment: United Vein and Vascular Centers
Connecticut License: 049003 Issued: July 20, 2010
Type of Practice: Venous and lymphatic medicine
Board Certification: Venous and lymphatic medicine
Malpractice History: None
History with DPH: None

Investigation for Petition 2020-292 commenced: March 3, 2020

THIS CONSENT ORDER CONTAINS:

- Civil Penalty of \$2,500
- Reprimand
- 1 year probation that provides for a practice monitor and will terminate early if license lapses, is revoked, or is surrendered.
- Tolling language

DEPARTMENT SUMMARY OF THE CASE:

- This petition originated with a complaint from a patient. (Patient #1)
- At various times from in or about July 2018 to in or about March 2019, respondent provided care to Patient #1, a then 78-year old female with multiple mental and physical impairments.
- During the course of treatment, respondent made examinations, took duplex ultrasound images, and performed radiofrequency, laser, and chemical ablation
- Respondent's care for Patient #1 failed to meet the standard of care in one or more of the following ways:
 - a. She misclassified the severity of Patient#1's venous disease;
 - b. She relied upon a single measurement to initially assess insufficiency of the left posterior and/or right anterior accessory great saphenous vein;
 - c. She created a treatment plan that did not reflect the severity of Patient #1's disease
 - d. She performed an excessive amount of thermal and/or chemical ablations;
 - e. She failed to adequately document the size and/or visual location of the chemically ablated veins;
 - f. She failed to sufficiently employ objective assessment tools for the longitudinal surveillance of Patient #1's symptomatic response to treatment; and/or
 - g. She failed to adjust the initial treatment plan despite a worsening of Patient #1's symptoms

WILL THIS RESULT IN A REPORT TO THE N.P.D.B.?

- Yes

ATTACHMENTS:

- Consent Order
- Investigative report
- Petitioner comments

State of Connecticut
Department of Public Health
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

INVESTIGATIVE REPORT
December 17, 2021

Investigation of Petition # 2020-292

Respondent's Name: Desiree A. Clarke, M.D.

Petitioner's Name: [REDACTED]

Address: [REDACTED]

Address: [REDACTED]

NEW Address as of 10/05/2021: [REDACTED]

Licensure Information:

License No.: 1.049003
Issued: 07/20/2010
Expires: 06/30/2022
Priors: None

Completed by: Ms. Helen M. Smith, R.N., M.S.N.
Nurse Consultant
Practitioner Licensing & Investigations Section
Healthcare Quality and Safety Branch

Allegations:

1. The respondent performed unnecessary vein treatments and procedures from 06/2018 to 03/2019.

Introduction:

The respondent has been licensed since 2010 and is Board Certified in Obstetrics and Gynecology. She works at Vein Clinics of America in Southbury and Greenwich.

A. Complaint Analysis: (Exhibit A):

1. The petitioner alleges that the respondent completed and/or directed staff to complete unnecessary vein treatments and procedure on her from 06/2018 to 03/2019. Throughout this time, the petitioner experienced pain, "hot redness" and a blood clot in one leg.
2. A right knee replacement surgery for 05/31/2019 was delayed and the petitioner was subsequently diagnosed with lymphedema. The right knee surgery was completed on 06/06/2019.
3. The petitioner provided other information including other medical providers involved in her care, communication with an attorney and Medicare, home instructions following sclerotherapy provided by the respondent, manufacturer's information for a pneumatic compression device, claims submitted to Medicare for care and services provided to the petitioner from 06/26/2018 to 03/15/2019 and payment amounts for those claims.

B. Interview with Petitioner:

1. Telephone call made to the petitioner, on 06/01/2020 at 3:18 P.M., and discussed her complaint and the PLIS investigation process. The petitioner added that "I went in with an area on my left knee about one inch, it was my stupidity for going along with this, and things were done that were questionable". The call ended at 3:43 P.M.
2. Multiple calls to the petitioner regarding the status of the investigation.

C. Review of medical records provided by the respondent on 07/13/2020 (Exhibit C):

1. There were billing and insurance claim documents from 07/02/2018 to 03/15/2019.
 2. The petitioner signed Consent to Treat, Notice of Privacy Practices and Financial Policy forms on 07/02/2018.
 3. There were several images of the petitioner's bilateral legs and feet, dated 07/02/2018, both the front and back sides.
 4. There was documentation of the petitioner's medical history including diagnoses of high blood pressure and Chronic Obstructive Pulmonary Disease, medication allergies and list of daily medications.
 5. The respondent diagnosed the petitioner with varicose veins of the right and left lower extremities with inflammation and pain.
 6. There were multiple copies of a three-page educational document about endovenous thermal ablation and chemical ablation, that included a description of these treatments, potential risks including a Deep Vein Thrombosis (DVT) or infection, alternatives and that all questions from the patient were answered. Those documents were signed by the respondent and dated 08/15, 08/17, 08/20, 08/22, 08/24, 08/27/2018 and 01/17/2019.
 7. There were multiple copies of an Informed Consent for Endovenous Laser Ablation, Endovenous Radiofrequency Ablation, Ultrasound guided and visually guided sclerotherapy dated 08/15, 08/17, 08/20, 08/22, 08/24, 08/27/2018, 01/17/2019.
 8. On 12/12/2018 the petitioner presented with redness and edema of bilateral lower legs for two months. The medical plan included diagnostic test that showed no evidence of a Deep Vein Thrombosis (DVT) and to begin Vasculera one tablet daily.
 9. On 01/14/2019 the petitioner presented with bilateral leg swelling and she was no longer taking the Vasculera. The medical plan included a diagnostic test that showed no evidence of a DVT.
 10. On 01/17/2019 the petitioner presented for ultrasound guided sclerotherapy. During the procedure the respondent removed multiple intravascular hematomas with ultrasound guidance. The respondent discussed discharge instructions verbally and in writing including the use of graduated compression stockings, with directions to call with any unusual symptoms.
 11. On 02/08/2019 the petitioner presented with swelling, redness and pain in the right lower medial calf. The medical plan included diagnostic test that identified a DVT in the gastrocnemius vein and to start Xarelto 15 milligrams (mg) twice a day.
 12. On 02/15/2019 the petitioner presented for an ultrasound and the DVT was present in the gastrocnemius vein and continue the Xarelto.
 13. On 03/01/2019 the respondent increased the Xarelto to 20 mg daily for the next 30 days.
 14. On 03/15/2019 the petitioner presented with an improvement in the swelling, redness and pain in the right lower extremity and diagnostic test showed no evidence of a DVT.
 15. The petitioner cancelled the scheduled visit on 04/17/2019.
- D. Review of medical records provided by Dr. Henshaw (surgeon) on 06/29/2020 (Exhibit B):**
1. On 10/15/2018 the petitioner presented with recurrent right knee pain following a cortisone injection five weeks prior.
 - a. A history included surgical repair of a degenerative meniscus tear, Degenerative Joint Disease (DJD) and a popliteal cyst.
 - b. A cortisone injection into the right knee was completed.
 - c. Follow up as needed.
 2. On 01/21/2019 presented for the second (of three) Euflexxa injections for right knee arthritis.
 3. On 04/26/2019 presented for right knee pain due to DJD with right knee effusion. There was a discussion of her condition and surgical management (total knee replacement).
 4. On 05/03/2019 for a discussion of the risks, benefits and alternatives to surgery and noted lower extremity swelling. The petitioner will consider surgery and schedule when ready.
 5. An operative report, dated 06/06/2019, which identified the petitioner had a right total knee replacement due to painful right knee osteoarthritis. It was stated that pre-operatively there was venous stasis and was cleared by her medical provider and a vascular surgeon. There were no complications.

6. On 06/08/2020 for a follow up after surgery with a venous stasis rash on the left leg and discoloration on the right lower leg.

E. Review of medical records provided by Attorney Lagnese for Virginia Hannon, APRN (Primary Care Provider) on 07/30/2020 (Exhibit D):

1. The petitioner's past medical history included anxiety, depression, edema, esophageal reflux, hyperlipidemia, hypertension, osteoporosis and prediabetes.
2. The petitioner presented from 08/27/2018 to 06/29/2020 for medical care and services to address her medical history and any acute issues. It was identified that the petitioner was not taking her medications as prescribed and/or stopping the medications.
3. On 02/26/2019 the petitioner identified that she was diagnosed with a DVT approximately three weeks prior and was prescribed Xarelto. The medical plan included to get the records from the respondent, no anti-inflammatory medications while on Xarelto and education about the risk of bleeding.
4. On 05/21/2019 a pre-operative medical evaluation was completed prior to the right knee replacement that identified chronic leg edema with redness which has been evaluated by vascular. The petitioner was medically stable for the proposed surgery and anesthesia.
5. On 05/31/2019 the petitioner identified that the surgery was not completed.
6. On 07/02/2019 presented for a follow up visit after surgery and it was identified that the right lower extremity has no edema.
7. From 09/10/2019 to 03/20/2020 the petitioner presented with discomfort/pain and/or numbness in the right leg and the medical plan included physical therapy, ace wrap, compression stockings, knee support, elevation of the extremity, ice, moist heat, diagnostic tests, Neurontin and Tylenol or Aleve medications. The petitioner did not carry out all of these interventions on this medical plan including ace wrap, compression stockings, knee support, Neurontin and Aleve.
8. There were records from Dr. Richard Hsu, vascular, dated 05/31/2019 that identified that she had edema with progression to dermatitis in the calves. His impression was chronic venous hypertension with inflammation and congenital lymphedema causing bilateral leg edema.
 - a. A follow up visit on 01/21/2020 identified that the petitioner had a regression of dermatitis with edema and the medical plan included mobilization with compression.
9. There were diagnostic test results from 2018-2020, communication from the petitioner regarding need for prescription refills and acute changes.
 - a. On 05/15/2020 the petitioner called the PCP's office and stated that the procedures completed by the respondent were never discussed with the PCP.

F. Two drives, each containing all medical records including images provided by the respondent (Exhibit E). Please note Drive #2 provided to the community consultant.

G. Review of response to allegations provided by the respondent on 10/05/2020 (Exhibit F):

1. The procedures that the respondent performed on the petitioner were indicated and elective.
2. Every procedure was completed after a careful history and diagnostic ultrasound evaluation confirmed pathology.
3. The procedures were limited to the areas of pathology, were performed to improve her impaired venous circulation, to reduce the complications of her impaired venous circulation and to improve her quality of life.
4. As part of the consent process the petitioner was informed that the procedures were elective and the risks and alternatives were discussed.

H. Review of medical records provided by Dr. Hsu on 10/20/2020 (Exhibit G):

1. On 05/31/2019 the petitioner had edema with progression to dermatitis in the calves. His impression was chronic venous hypertension with inflammation and congenital lymphedema causing bilateral leg edema.
2. Follow up visit on 09/03/2019 identified that the petitioner had chronic venous hypertension, varicose veins, and congenital lymphedema with stable edema with mild dermatitis.
3. A follow up visit on 01/21/2020 identified that the petitioner had regression of dermatitis with edema and the medical plan included mobilization with compression.

I. Review of medical records provided by Attorney Justin Berger for Vein Clinics of America on 09/14/2021 (Exhibit I):

1. As listed in Exhibit C and multiple provider progress notes.

J. Consultant information and opinion provided on 10/08/2021(Exhibit H):

1. The respondent deviated from the standards of care in the following ways:
 - a. There was a significant discrepancy of classification used to create the treatment plan.
 - b. The respondent failed to use a Venous Clinical Severity Score for the initial assessment and follow up assessment.
 - c. The respondent failed to complete an initial quality of life assessment prior to the onset of the treatment plan.
 - d. The initial assessment of insufficiency of the left posterior accessory great saphenous vein and the right anterior accessory great saphenous vein were made with one measurement only.
 - e. The number of thermal ablations performed per leg (this patient had three per leg).
 - f. The number of visual guided sclerotherapy session (4 per leg) as there does not appear to be the number of reticular veins present to justify the number of sessions, lack of documentation of the size or visual location of the symptomatic and treated veins, and lack of follow up pictures.
 - g. Lack of documentation of evaluation of response to the treatment plau.
 - h. Development of hyperemia and 2+edema of the legs after multiple sessions of sclerotherapy as documented on 12/12/2018.

K. Review of response to rebuttal provided by Attorney Niederer to the Department on 11/22/2021 (Exhibit J):

1. The pictures show the classic discolorations in the medial ankle area bilaterally consistent with Corona Phlebetatica, the respondent clearly visualized this during the examination, and the ultrasound confirmed the presence of significant underlying venous insufficiency.
2. At the time of the petitioner's treatment the revised VCSS was recommended to measure treatment outcome not as an initial assessment tool. At the three month mark the respondent filled out the AVVQ1 to assess the petitioner's response to treatment.
3. At the time of the petitioner's treatment there was no requirement that the accessory veins be re-evaluated by a DUC post-ablation of the GSV,
4. The use of the data from Mann's paper is an unfair misrepresentation of the respondent's practice behavior as each patient is individualized regarding symptoms, need and treatment.
5. The eight sessions of visually guided sclerotherapy were done to address the residual reflux in the non-truncal diseased veins in areas that were closest to the surface or visible. The petitioner was having ongoing symptoms and the respondent assessed the need to clear up any residual superficial reflux and monitor her progress.
6. As the petitioner continued to have issues, which were documented, multiple visits were completed to assess, treat and follow-up as needed.
7. At the time there were "suggestions" of "best practices" and recommendations from multiple societies, organizations and insurance guidelines for management of venous disease.
8. As the consultant stated, "appropriate use criteria are still being formulated for the treatment of chronic venous insufficiency" is true and as such the claimed deviations in that area cannot be maintained where there is no defined "standard of care".

L. Review of response to rebuttal provided by the community consultant on 12/15/2021 (Exhibit K):

1. The consultant's opinion has not changed.
2. The standards of practice for the treatment of venous insufficiency were not followed including:
 - a. Poorly performed an inaccurately interpreted images from the initial DUS led to the creation of a treatment plan that did not reflect the petitioner's severity of the disease.
 - b. Excessive in the number of procedures
 - c. Did not use objective assessment tools to monitor response over time.
 - d. The treatment plan was not changed despite worsening of the petitioner's symptoms.

M. The respondent provided the Department with proof of malpractice insurance.

N. Statement of facts related to allegations:

1. The respondent performed unnecessary vein treatments and procedures from 06/2018 to 03/2019.
2. Review of medical records for the petitioner included she presented to the respondent, her PCP, vascular physician and surgeon from 06/18 for various medical treatments of her legs.
 - a. Respondent:
 - i. The petitioner's medical history including diagnoses of high blood pressure and Chronic Obstructive Pulmonary Disease and required multiple medications daily.
 - ii. The respondent diagnosed the petitioner with varicose veins of the right and left lower extremities with inflammation and pain.
 - iii. From 08/15/2018 to 01/17/2019 the petitioner consented to multiple thermal ablation and chemical ablation procedures from 08/15/2018 to 01/17/2019. She also consented to multiple Endovenous Laser Ablation, Endovenous Radiofrequency Ablation, Ultrasound guided and Visually guided sclerotherapy procedures.
 - iv. On 02/08/2019 the petitioner presented with swelling, redness and pain in the right lower medial calf. The medical plan included diagnostic test that identified a DVT in the gastrocnemius vein and to start Xarelto 15 milligrams (mg) twice a day. On 02/15/2019 the petitioner presented for an ultrasound and the DVT was present in the gastrocnemius vein and continue the Xarelto. On 03/15/2019 the petitioner presented with an improvement in the swelling, redness and pain in the right lower extremity and diagnostic test showed no evidence of a DVT.
 - b. PCP:
 - i. The petitioner's past medical history also included anxiety, depression, edema, esophageal reflux, hyperlipidemia, osteoporosis and prediabetes. It was identified that the petitioner was not taking her medications as prescribed and/or stopping the medications.
 - ii. The medical plan to address the petitioner's discomfort/pain and/or numbness in the right leg included physical therapy, ace wrap, compression stockings, knee support, elevation of the extremity, ice, moist heat, diagnostic tests, Neurontin and Tylenol or Aleve medications. The petitioner did not carry out all of these interventions.
 - c. Vascular physician:
 - i. On 05/31/2019 the petitioner had edema with progression to dermatitis in the calves. His impression was chronic venous hypertension with inflammation and congenital lymphedema causing bilateral leg edema.
 - ii. Follow up visit on 09/03/2019 identified that the petitioner had chronic venous hypertension, varicose veins, and congenital lymphedema with stable edema with mild dermatitis.
 - iii. A follow up visit on 01/21/2020 identified that the petitioner had regression of dermatitis with edema and the medical plan included mobilization with compression.
 - d. Surgeon:
 - i. The petitioner's history included surgical repair of a degenerative meniscus tear, Degenerative Joint Disease (DJD) and a popliteal cyst.
 - ii. The petitioner had cortisone injections and multiple Euflexxa injections to the right knee.
 - iii. On 06/06/2019 the petitioner had a right total knee replacement due to osteoarthritis.
3. Response to the allegations include:
 - a. The procedures that the respondent performed on the petitioner were indicated and elective. Every procedure was completed after a careful history and diagnostic ultrasound evaluation confirmed pathology. The procedures were limited to the areas of pathology, were performed to improve her impaired venous circulation, to reduce the complications of her impaired venous circulation and to improve her quality of life. As part of the consent process the

petitioner was informed that the procedures were elective, and the risks and alternatives were discussed.

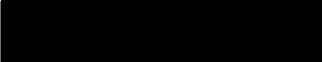

4. The respondent deviated from the standards of care in the following ways:
 - a. There was a significant discrepancy of classification used to create the treatment plan.
 - b. The respondent failed to use a Venous Clinical Severity Score for the initial assessment and follow up assessment
 - c. The respondent failed to complete an initial quality of life assessment prior to the onset of the treatment plan.
 - d. The initial assessment of insufficiency of the left posterior accessory great saphenous vein and the right anterior accessory great saphenous vein were made with one measurement only.
 - e. The number of thermal ablations performed per leg (this patient had three per leg).
 - f. The number of visual guided sclerotherapy session (4 per leg) as there does not appear to be the number of reticular veins present to justify the number of sessions, lack of documentation of the size or visual location of the symptomatic and treated veins, and lack of follow up pictures.
 - g. Lack of documentation of evaluation of response to the treatment plan.
 - h. Development of hyperemia and 2+edema of the legs after multiple sessions of sclerotherapy as documented on 12/12/2018.
 - i. Poorly performed an inaccurately interpreted images from the initial DUS led to the creation of a treatment plan that did not reflect the petitioner's severity of the disease.
 - j. Did not use objective assessment tools to monitor response over time.
 - k. The treatment plan was not changed despite worsening of the petitioner's symptoms.

Exhibit Legend:

1. **Exhibit A:** Complaint and information provided by the petitioner.
2. **Exhibit B:** Medical records provided by Dr. Henshaw on 06/29/2020.
3. **Exhibit C:** Medical records provided by the respondent on 07/13/2020.
4. **Exhibit D:** Medical records provided by Attorney Lagnese for Virginia Hannon, APRN (Primary Care Provider) on 07/30/2020.
5. **Exhibit E:** Two drives containing all medical records including images provided by the respondent.
6. **Exhibit F:** Response to allegations provided by the respondent on 10/05/2020.
7. **Exhibit G:** Medical records provided by Dr. Hsu on 10/20/2020.
8. **Exhibit H:** Consultant information and opinion provided on 10/08/2021.
9. **Exhibit I:** Medical records provided by Attorney Justin Berger for Vein Clinics of America on 09/14/2021.
10. **Exhibit J:** Review of response to rebuttal provided by Attorney Niederer to the Department on 11/22/2021.
11. **Exhibit K:** Response to rebuttal provided by the community consultant on 12/15/2021.

Communication Log:

1. Desiree A. Clarke, M.D. (respondent)


NEW Address as of 10/05/2021: 

2. Attorney Eric Niederer (attorney for the respondent)
Wilson Elser Moskowitz Edelman & Dicker LLP
1010 Washington Boulevard
Stamford, CT 06901

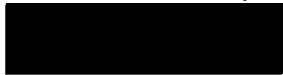
3. 

4. Virginia Hannon, APRN (Primary Care Provider, PCP)
22 Old Waterbury Road, Suite 108
Southbury, CT 06488
Attorney Joyce Lagnese

5. D. Ross Henshaw, M.D. (surgeon)
OrthoConnecticut, PC
2 Riverview Drive
Danbury, CT 06810

6. Richard Hsu, M.D. (vascular)
7n Germantown Road, Suite 2B
Danbury, CT 06810

7. Fernando F. Illescas, M.D. (community consultant)



From: [REDACTED]
To: [Baume, Aden](#)
Subject: RE: Petition No. 2020-292 Re:Desiree Clark
Date: Tuesday, July 12, 2022 10:16:13 AM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Yes, please submit with the consent order!

From: "Baume, Aden"
To: [REDACTED]
Cc:
Sent: Tuesday July 12 2022 5:42:01AM
Subject: RE: Petition No. 2020-292 Re:Desiree Clark

Good morning Ms. [REDACTED],

Thank you for your email. While I cannot respond substantively, would you like this statement to accompany the Consent Order when it is submitted to the Medical Board for their consideration, or was this thought more of an aside?

-Aden Baume

From: [REDACTED]
Sent: Tuesday, July 12, 2022 12:56 AM
To: Baume, Aden <Aden.Baume@ct.gov>
Subject: RE: Petition No. 2020-292 Re:Desiree Clark

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I must admit I am realizing that the company "Vein Clinics of America" should be sued. But too late. [REDACTED]

From: "Baume, Aden"
To: [REDACTED]
Cc:
Sent: Thursday July 7 2022 10:04:49AM
Subject: RE: Petition No. 2020-292 Re:Desiree Clark

Ms. [REDACTED],

No need to sign, no worries. The only action needed is if you object to resolving the matter with this Consent Order. If so, you could deliver any objection to my attention, and I would forward that objection to the Medical Board for consideration. If no objection, no action is necessary. I hope this has been helpful

-Aden Baume

From: [REDACTED]
Sent: Thursday, July 7, 2022 11:38 AM
To: Baume, Aden <Aden.Baume@ct.gov>
Subject: Petition No. 2020-292 Re:Desiree Clark

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I want to thank you for the attention given to this complaint. Hopefully, this won't happen to anyone else.

I am not clear as to what I do with the signed consent form - do I sign anything? Please advise.

Thank you again.

[REDACTED]

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: Desiree A. Clarke, M.D.

Petition No. 2020-292

CONSENT ORDER

WHEREAS, Desiree A. Clarke of West Palm Beach, Florida (hereinafter "respondent") has been issued license number 049003 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, Department alleges that:

1. At various times from in or about July 2018 to in or about March 2019, respondent provided care to Patient #1, a then 78-year old female with multiple mental and physical impairments. During the course of treatment, respondent made examinations, took duplex ultrasound images, and performed radiofrequency, laser, and chemical ablation.
2. Respondent's care for Patient #1 failed to meet the standard of care in one or more of the following ways:
 - a. She misclassified the severity of Patient#1's venous disease;
 - b. She relied upon a single measurement to initially assess insufficiency of the left posterior and/or right anterior accessory great saphenous vein;
 - c. She created a treatment plan that did not reflect the severity of Patient #1's disease
 - d. She performed an excessive amount of thermal and/or chemical ablations;
 - e. She failed to adequately document the size and/or visual location of the chemically ablated veins;

- f. She failed to sufficiently employ objective assessment tools for the longitudinal surveillance of Patient #1's symptomatic response to treatment; and/or
 - g. She failed to adjust the initial treatment plan despite a worsening of Patient #1's symptoms.
3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c(4)

WHEREAS, respondent admits that her documentation was insufficient to document the bases for her clinical judgment and treatment plan.

WHEREAS, respondent has completed coursework in venous evaluation for venous insufficiency, intermediate venous ultrasound, advanced venous ultrasound, and vascular sonography.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of two-thousand five hundred dollars (\$2,500) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall

reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.

3. Respondent's license number 049003 to practice as a physician and surgeon in the State of Connecticut is hereby reprimanded for respondent's admission that her documentation was insufficient to document the bases for her clinical judgment and treatment plan.
4. Respondent's license shall be placed on probation for a period of one year under the following terms and conditions:
 - a. Probation will terminate if license number 049003 lapses, is revoked, or is surrendered.
 - b. Respondent shall obtain at respondent's own expense, the services of a physician and surgeon, pre-approved by the Department (hereinafter "supervisor"), to conduct a quarterly random review of twenty percent (20%) or twenty (20) of respondent's patient records, whichever is the larger number. In the event respondent has twenty (20) or fewer patients, the supervisor shall review all of respondent's patient records.
 - (1) Respondent shall provide a copy of this Consent Order to respondent's practice supervisor. Respondent's supervisor shall furnish written confirmation to the Department of the supervisor's engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (2) Respondent's supervisor shall conduct such review and meet with respondent not less than once every three months for the probationary period.
 - (3) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which the supervisor deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.

- (4) Respondent shall be responsible for providing written supervisor reports directly to the Department once every three months for the probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement as to whether respondent is practicing with reasonable skill and safety. A supervisor report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.
5. All correspondence and reports are to be addressed to:

Attn: Compliance Officer
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
6. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
7. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
8. Respondent shall pay all of her costs necessary to comply with this Consent Order.
9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:

 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.

- b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
10. In the event respondent does not practice as a physician and surgeon for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice as a physician and surgeon, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice as a physician and surgeon without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent agrees that any return to the practice as a physician and

surgeon without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

11. If, during the period of probation, respondent practices as a physician and surgeon outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice as a physician and surgeon in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.
12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
13. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
14. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
15. Respondent understands and agrees that this Consent Order shall be deemed a public document and the above admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health

and Human Services, and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.

16. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a physician and surgeon, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
17. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the

execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

18. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
19. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
20. Respondent has the right to consult with an attorney prior to signing this document.
21. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.

22. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

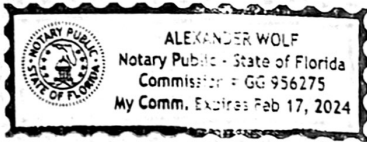
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I, Desiree A. Clarke, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Desiree A. Clarke

Desiree A. Clarke, M.D.

Subscribed and sworn to before me this 21st day of June 2022.



Alexander Wolf

Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 12th day of July 2022, it is hereby accepted.

Christian D. Andresen

Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut Medical Examining Board on the _____ day of _____ 2022, it is hereby ordered and accepted.

Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

In re: Andrew Gewirtz, M.D.

Petition No. 2020-805

BIOGRAPHICAL INFORMATION:

Medical School: Chicago Medical School

Year of Graduation: 1978

07/01/78-06/30/79	Pediatrics	<i>Intern</i>	Northshore University Hospital
07/01/79-06/30/81	Pediatrics	<i>Resident</i>	Northshore University Hospital
07/01/81-06/30/84	Ophthalmology	<i>Resident</i>	Downstate Medical Center
07/01/92-06/30/1994	Glaucoma	<i>Fellowship</i>	Manhattan Eye, Ear and Throat Hospital

Current employment: Respondent is a solo practitioner practicing ophthalmology and resides in New York. Much of his practice deals with telemedicine.

License Number: 027801

Issued: 11/28/1986

Board Certification: American Board of Ophthalmology

Malpractice History:

- 1995, \$5000 settlement
- 2013, \$350,000 settlement

Past History with the Department: None

Other State License: California, Colorado, Florida, Illinois; Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Utah, and Washington

Investigation Commenced: January 8, 2020

THIS CONSENT ORDER DISCIPLINE:

- Reprimand
- Civil Penalty of \$5,000.00

DEPARTMENT SUMMARY OF THE CASE:

This petition was initiated after the Department received a report from the Federation of State Medical Boards.

On August 18, 2020, the Medical Board of California issued a Decision and Order which subjected respondent's California medical license to disciplinary action. The California Order was based, in part, on respondent's failure to provide onsite supervision of certified ophthalmic technicians who performed patient refraction examinations and transmitted the results of those examinations to respondent via telemedicine for respondent to provide eyeglasses prescriptions for two patients.

In approximately 2020 and 2022, respondent was subject to disciplinary action by the Board of Medicine or other duly authorized professional agencies in multiple states including Florida, Massachusetts, Illinois, and Maryland as a result of the California Order.

Respondent failed to report the disciplinary actions to the Department within thirty days of each such action as required by Connecticut General Statutes §20-13d.

On April 16, 2020, respondent falsely answered "No" when asked on his medical license renewal application whether any disciplinary actions were pending since his last renewal.

WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?

- Yes

Respondent signed a Consent Order Review Agreement permitting the Medical Board to review the Investigative Report.

CONFIDENTIALITY NOTICE: The documents attached may contain information that is confidential or privileged. Please do not disseminate, distribute or copy the contents or discuss with parties who are not directly involved in this petition. Thank you.

State of Connecticut
Department of Public Health
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

INVESTIGATIVE REPORT
January 8, 2020

Investigation of Petition # 2020-805

Respondent's Name: Andrew Gewirtz, MD

**Petitioner's Name: Practitioner Licensing and
Investigations Unit**

Address: 524 E 20th Street, Apt 4H
NY, NY 10009

Address: 410 Capitol Avenue MS#12HSR
Hartford, CT 06134

Licensure Information:

License No. 1.027801
Issued: 11/28/1986
Expires: 4/30/2021

Prior Discipline:

Investigated by: Sara Montauti, MPH
Health Program Associate

Allegation(s):

1. The California Medical Board issued a reprimand and required the respondent to complete coursework for failing to provide onsite supervision to ophthalmic technicians.
 2. The respondent failed to disclose the disciplinary action to the Department within 30 days in accordance with Connecticut General Statutes §20-13d.
 3. The respondent failed to disclose the pending action on his 2020 application for licensure renewal.
- A. The Department obtained documentation from the California Medical Board on or about 8/27/2020 (Exhibit A).**
1. **Analysis:**
 1. The Decision and Order became effective on or about 9/17/2020.
 2. The respondent's license is publicly reprimanded.
 3. Within 60 days of the effective date of the Decision the respondent shall submit to the board for approval, educational courses which shall not be less than 40 hours, in addition to the 25 hours required for licensure renewal.
 4. Within 12 months of the effective date of the Decision the respondent shall provide proof of attendance for 65 hours of CME of which 40 hours are in satisfaction of the conditions of the Decision.
 5. Within 60 days of the effective date of the Decision the respondent shall enroll in courses covering medical record keeping and ethics.

6. The respondent is prohibited from engaging in the corporate practice of medicine in California.
7. The Board alleged the respondent practiced under a professional corporation dba 20/20 Ophthalmology Services, PLLC and undertook to provide professional services such as telemedicine patient evaluation and screening evaluation for 20/20 NOW. 20/20 NOW operates in California and hires, and trains technicians who see patients.
8. Patient A was an undercover investigator for the Board of Optometry. One or about 5/19/2016 she visited Jin's Eyewear in San Francisco, CA and requested an eye examination.
9. Patient A was seen by NH, who represented herself as a certified ophthalmic technician. NH informed Patient A the respondent would be available through chat software. NH then performed autorefractometry using a machine, compared lenses and showed Patient A a series of letters asking which letter looked sharper, performed a retinal scan, an air puff tonometry test, and another testing involving a green X moving from left to right.
10. NH sent her findings to the respondent for review. NH subsequently received a prescription signed off on by the respondent.
11. On or about 3/1/2017 Patient B went to a 20/20 NOW branch at J.C. Penney's in Sacramento, CA. Patient B saw AZ, a certified ophthalmic technician. At this visit, Patient B complained of blurry vision. AZ performed a slit lamp examination, retinal examination, color vision test, and an air puff tonometry without direct physician supervision. A referral for Patient B was recommended based on AZ's appraisal of ocular hypertension and optic nerve drusen.
12. Patient B was seen again at a 20/20 NOW branch in Jin's Eyewear in San Francisco, CA. Patient B reported changes in distance vision and a family history of glaucoma. AZ reviewed the eye health questionnaire with Patient B and asked Patient B about floaters, flashes, watering, and red eyes. AZ performed auto-refractometry, took a picture of Patient B's optic nerves and macula, and performed air puff tonometry. AZ consulted with the respondent and provided Patient B a prescription.
13. On or about 12/7/2018 the respondent stated in an interview with the Board he was given a salary by 20/20 NOW for professional services rendered to patients. The respondent stated he does not supervise the technicians and that they are hired and trained by 20/20 NOW. 20/20 NOW retained control of the medical records and the respondent does not own shares of stock in 20/20 NOW.

B. The Department obtained the respondent's 2020 application for renewal of his license to practice in CT (Exhibit B).

1. Analysis:

1. The respondent completed the application on or about 4/16/2020.
2. Question 42 of the application asks, "since your last renewal, have you had any disciplinary action taken against you or any such actions pending by any State, federal government jurisdiction, District of Columbia, United States possession or territory or foreign jurisdictions licensing/certification authority?". The respondent answered "no" to this question.
3. The Department received no communication from the respondent following the effective date of the Order identifying he had been the subject of a disciplinary action.

Investigator's Note: The Medical Board's Accusation against the respondent was filed on or about 5/6/2019. Additionally, the accusation identifies the respondent participated in an interview with the Board on or about 12/7/2018.

C. The respondent provided a response to the allegations via email on or about 12/17/2020 (Exhibit C).

1. Analysis:

1. The respondent states the information about the discipline was conveyed to the Federation of State Medical Boards in satisfaction of the Department's notification requirement.
2. Following the action taken by California the respondent has entered into agreements in Illinois and Maryland. Those states imposed a reprimand.
3. When the respondent completed his 2020 application for licensure renewal, he genuinely believed California would not impose discipline. The respondent states he had been assured by a national law firm of the propriety of the activities with 20/20 NOW and no patient harm occurred or was alleged in the Accusation.
4. The respondent's practice in California was limited to several months in 2016, when he provided ophthalmic services to patients remotely using the 20/20 NOW platform. The respondent states 20/20 NOW presented what appeared to be a promising opportunity, as the respondent has physical limitations which restrict his ability to be physically present in an office setting for extended lengths of time.
5. The respondent ceased practicing with 20/20 NOW in California in January 2017. Since 2017, the respondent has not provided care and services to patients in California.
6. The respondent practiced with 20/20 NOW in several other states. In January 2020, 20/20 NOW and the respondent severed any and all relationships in all states where there was an affiliation. Among the reasons for the separation, the respondent was dissatisfied with the level of quality control and supervision 20/20 NOW maintained for non-professional personnel.
7. The respondent's relationship with 20/20 NOW and practice in California was designed by a telehealth specialist attorney from a national law firm. The attorney and 20/20 NOW assured the respondent each step of the operation was legal, including that all personnel received or would receive significant training regarding the 20/20 NOW platform and respective roles.
8. California Business and Professional Code indicates an "assistant in any setting where optometry or ophthalmology is practiced who is under the "direct responsibility" and supervision of a physician and surgeon or optometrist may fit prescription lenses." The phrase "direct responsibility" is not further defined by any statute or regulation. The respondent remotely reviewed each refraction testing measures performed by the technician and signed lens prescriptions when indicated.
9. The Medical Board asserted with respect to refraction, onsite supervision is required. This contrasts with other arenas in which the Board does not require physician supervision to be performed with an on-site physician, such as the case with physician assistants. Furthermore, the narrow assertion that non-subjective auto refraction requires an onsite ophthalmologist or optometrist is inconsistent with long-standing ocular practice and California's broad acceptance of telehealth services.
10. During the patient visits an optometrist or ophthalmologist would be available via chat or telephone if necessary, and patients were properly consented for a telehealth visit.
11. The results of refraction, along with all other ocular information is entered into the EMR for review by an optometrist or ophthalmologist. Such review results in a prescription, if appropriate, referral for an in-person exam or specialist, or other outcome.

12. In a follow up email, the respondent stated he is complying with the coursework requirements outlined in the Decision.

Investigator's note: 20/20 NOW does not list providers on their website. An internet search of Andrew Gewirtz, MD did not return any results indicating the respondent is part of any telehealth practices.

D. The Department obtained reciprocal Disciplinary Orders from Illinois and Maryland (Exhibit D).

1. Analysis:

1. Illinois issued a reprimand against the respondent's license on or about 12/7/2020.
2. Maryland issued a reprimand against the respondent's license on or about 12/9/2020.

Investigation of Petition No. 2020-805
Andrew Gewirtz, MD

Page 5

Exhibit Legend:

- A. California Decision
- B. 2020 license renewal application
- C. Allegation response
- D. Disciplinary Order from other states

Investigation of Petition No. 2020-805
Andrew Gewirtz, MD

Page 6

Communication Log

Andrew Gewirtz, MD
525 E. 20th Street, #4H
New York, NY 10009

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Andrew Gewirtz, MD

Petition Number: 2020-805

CONSENT ORDER

WHEREAS, Andrew Gewirtz of New York ("respondent") has been issued Connecticut physician and surgeon license number 027801 by the Department of Public Health ("Department") pursuant to Connecticut General Statutes Chapter 370, as amended.

WHEREAS, respondent practices telemedicine and is licensed to practice medicine in multiple states.

WHEREAS, respondent admits:

1. On or about August 18, 2020, the Medical Board of California issued a Decision and Order in Accusation No. 800-2016-021063 ("California Order") which subjected respondent's California medical license to disciplinary action. The California Order was based, in part, on respondent's failure to provide onsite supervision of certified ophthalmic technicians who performed patient refraction examinations and transmitted the results of those examinations to respondent via telemedicine for respondent to provide eyeglasses prescriptions for the two patients. A copy of the California Order is attached and marked "Attachment A."
2. In approximately 2020 and 2022, respondent was subject to disciplinary action by the Board of Medicine or other duly authorized professional agencies in multiple states including Florida, Massachusetts, Illinois, and Maryland as a result of the California Order.
3. Respondent failed to report the above-referenced disciplinary actions to the

Department within thirty days of each such action as required by Connecticut General Statutes §20-13d.

4. On or about April 16, 2020, respondent falsely answered "No" when asked on his medical license renewal application whether any disciplinary actions were pending since his last renewal.
5. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §§19a-17(f) and/or 20-13c, including, but not limited to §20-13c(4).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board ("Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to Connecticut General Statutes §§19a-10, 19a-14 and 20-13c.

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-14, 19a-17 and 20-13c, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of five thousand dollars (\$5,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent's Connecticut physician and surgeon license number 027801 is reprimanded.
4. Respondent shall comply with all state and federal statutes and regulations applicable

to respondent's licensure including those related to telemedicine.

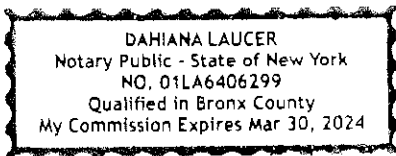
5. This Consent Order is effective on the date this Consent Order is accepted and ordered by the Board.
6. Respondent understands and agrees that this Consent Order is a public document and the above-admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with Connecticut General Statutes §20-13c, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.
7. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification because of any claim that the terms contained may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to executing this Consent Order. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 or 368a, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

8. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
9. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Board. Respondent understands that the Board has complete and final discretion whether this executed Consent Order is approved or ordered. Respondent hereby waives any claim of error that could be raised that is related to or arises during the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
10. Respondent consulted with his attorney prior to signing this Consent Order.
11. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.
12. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Andrew Gewirtz, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Andrew Gewirtz
Andrew Gewirtz, MD

Subscribed and sworn to before me this 20th day of July 2022.



[Signature]
Notary Public/Commissioner Superior Court

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 28th day of July 2022, it is hereby accepted.

Christian D. Andresen

Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut Medical Examining Board on the _____ day of _____ 2022, it is hereby ordered and accepted.

Connecticut Medical Examining Board

ATTACHMENT A

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

Andrew Ellis Gewirtz, M.D.

Physician's & Surgeon's
Certificate No G63048

Respondent.

Case No. 800-2016-021063

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 17, 2020.

IT IS SO ORDERED August 18, 2020.

MEDICAL BOARD OF CALIFORNIA

FRANKLIN P. LEWIS, M.D., CHIEF

Panel A

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
4 State Bar No. 237826
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7549
Facsimile: (916) 327-2247
7 *Attorneys for Complainant*

8
9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 **ANDREW ELLIS GEWIRTZ, M.D.**
15 

16 **Physician's and Surgeon's Certificate No. G
63048**

17 Respondent.

Case No. 800-2016-021063

OAH No. 2019080396

18
19 **STIPULATED SETTLEMENT AND**
20 **DISCIPLINARY ORDER**

21 In the interest of a prompt and speedy settlement of this matter, consistent with the public
22 interest and the responsibility of the Medical Board of California of the Department of Consumer
23 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
24 which will be submitted to the Board for approval and adoption as the final disposition of the
25 Accusation.

26 **PARTIES**

27 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
28 California (Board). He brought this action solely in his official capacity and is represented in this

1 matter by Xavier Becerra, Attorney General of the State of California, by Jannsen Tan, Deputy
2 Attorney General.

3 2. Respondent Andrew Ellis Gewirtz, M.D. (Respondent) is represented in this
4 proceeding by attorney David M. Balfour Esq., whose address is: 1925 Palomar Oaks Way, Suite
5 220 Carlsbad, CA 92008.

6 3. On or about June 13, 1988, the Board issued Physician's and Surgeon's Certificate
7 No. G 63048 to Andrew Ellis Gewirtz, M.D. (Respondent). The Physician's and Surgeon's
8 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
9 No. 800-2016-021063, and will expire on April 30, 2022, unless renewed.

10 JURISDICTION

11 4. Accusation No. 800-2016-021063 was filed before the Board, and is currently
12 pending against Respondent. The Accusation and all other statutorily required documents were
13 properly served on Respondent on May 6, 2019. Respondent timely filed his Notice of Defense
14 contesting the Accusation.

15 5. A copy of Accusation No. 800-2016-021063 is attached as exhibit A and incorporated
16 herein by reference.

17 ADVISEMENT AND WAIVERS

18 6. Respondent has carefully read, fully discussed with counsel, and understands the
19 charges and allegations in Accusation No. 800-2016-021063. Respondent has also carefully read,
20 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
21 Disciplinary Order.

22 7. Respondent is fully aware of his legal rights in this matter, including the right to a
23 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
24 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
25 to the issuance of subpoenas to compel the attendance of witnesses and the production of
26 documents; the right to reconsideration and court review of an adverse decision; and all other
27 rights accorded by the California Administrative Procedure Act and other applicable laws.

28

1 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
2 action between the parties, and the Board shall not be disqualified from further action by having
3 considered this matter.

4 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
5 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
6 signatures thereto, shall have the same force and effect as the originals.

7 15. In consideration of the foregoing admissions and stipulations, the parties agree that
8 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
9 enter the following Disciplinary Order:

10 **DISCIPLINARY ORDER**

11 **A. PUBLIC REPRIMAND**

12 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. G 63048,
13 issued to Respondent Andrew Ellis Gewirtz, M.D. shall be and is hereby publicly reprimanded
14 pursuant to California Business and Professions Code, section 2227, subdivision (a) (4.) This
15 public reprimand, which is issued in connection Respondent's care and treatment of Patient A and
16 B, as set forth in Accusation No. 800-2016-021063, is as follows:

17 "You failed to provide onsite supervision of the certified ophthalmic technicians for
18 telemedicine examinations in the care and treatment of patients A and B."

19 **B. EDUCATION COURSE** Within 60 calendar days of the effective date of this Decision,
20 Respondent shall submit to the Board or its designee for its prior approval, educational
21 program(s) or course(s) which shall not be less than 40 hours, in addition to the 25 hours required
22 for license renewal. The educational program(s) or course(s) shall be aimed at correcting any
23 areas of deficient practice or knowledge and shall be Category I certified. The educational
24 program(s) or course(s) shall be at Respondent's expense and shall be in addition to the
25 Continuing Medical Education (CME) requirements for renewal of licensure. Following the
26 completion of each course, the Board or its designee may administer an examination to test
27 Respondent's knowledge of the course. Within 12 months of the effective date of this Decision,
28 Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in

1 satisfaction of this condition.

2 Failure to successfully complete and provide proof of attendance to the Board or its
3 designee of the educational program(s) or course(s) within 12 months of the effective date of this
4 Decision, unless the Board or its designee agrees in writing to an extension of time, shall
5 constitute general unprofessional conduct and may serve as the grounds for further disciplinary
6 action.

7 **C. MEDICAL RECORD KEEPING COURSE** Within 60 calendar days of the effective
8 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
9 advance by the Board or its designee. Respondent shall provide the approved course provider
10 with any information and documents that the approved course provider may deem pertinent.
11 Respondent shall participate in and successfully complete the classroom component of the course
12 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
13 complete any other component of the course within one (1) year of enrollment. The medical
14 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
15 Medical Education (CME) requirements for renewal of licensure and the coursework
16 requirements as set forth in Condition B of this stipulated settlement.

17 A medical record keeping course taken after the acts that gave rise to the charges in the
18 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
19 or its designee, be accepted towards the fulfillment of this condition if the course would have
20 been approved by the Board or its designee had the course been taken after the effective date of
21 this Decision.


22 Respondent shall submit a certification of successful completion to the Board or its
23 designee not later than 15 calendar days after successfully completing the course, or not later than
24 15 calendar days after the effective date of the Decision, whichever is later.

25 Failure to provide proof of successful completion to the Board or its designee within
26 twelve (12) months of the effective date of this Decision, unless the Board or its designee agrees
27 in writing to an extension of that time, shall constitute general unprofessional conduct and may
28 serve as the grounds for further disciplinary action.

1 I have read and fully discussed with Respondent Andrew Ellis Gewirtz, M.D. the terms and
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

3 I approve its form and content.

4 DATED: 6/30/2020

5 
6 DAVID M. BALFOUR ESQ.
7 Attorney for Respondent

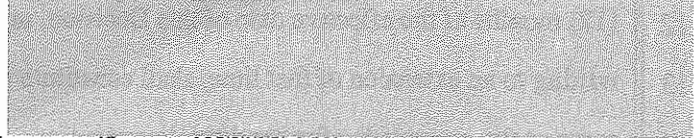
8 **ENDORSEMENT**

9 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
10 submitted for consideration by the Medical Board of California.

11 DATED: 6/30/2020

12 Respectfully submitted,

13 XAVIER BECERRA
14 Attorney General of California
15 STEVEN D. MINT



16 JANNSEN IAN
17 Deputy Attorney General
18 Attorneys for Complainant

19
20 SA2019100797
21 34191701.docx

Exhibit A

Accusation No. 800-2016-021063

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
4 State Bar No. 237826
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7549
Facsimile: (916) 327-2247
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO MAY 1, 2019
BY: [REDACTED] CLERK

8
9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2016-021063

14 **ANDREW ELLIS GEWIRTZ, M.D.**

A C C U S A T I O N

15 [REDACTED]
16 **Physician's and Surgeon's Certificate**
17 **No. G 63048,**

Respondent.

18
19
20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer
24 Affairs (Board).

25 2. On or about June 13, 1988, the Medical Board issued Physician's and Surgeon's
26 Certificate No. G 63048 to Andrew Ellis Gewirtz, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on April 30, 2020, unless renewed.

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

6 “(a) A licensee whose matter has been heard by an administrative law judge of the Medical
7 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
8 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
9 action with the board, may, in accordance with the provisions of this chapter:

10 “(1) Have his or her license revoked upon order of the board.

11 “(2) Have his or her right to practice suspended for a period not to exceed one year upon
12 order of the board.

13 “(3) Be placed on probation and be required to pay the costs of probation monitoring upon
14 order of the board.

15 “(4) Be publicly reprimanded by the board. The public reprimand may include a
16 requirement that the licensee complete relevant educational courses approved by the board.

17 “(5) Have any other action taken in relation to discipline as part of an order of probation, as
18 the board or an administrative law judge may deem proper.

19 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
20 review or advisory conferences, professional competency examinations, continuing education
21 activities, and cost reimbursement associated therewith that are agreed to with the board and
22 successfully completed by the licensee, or other matters made confidential or privileged by
23 existing law, is deemed public, and shall be made available to the public by the board pursuant to
24 Section 803.1.”

25 5. Section 2234 of the Code, states:

26 “The board shall take action against any licensee who is charged with unprofessional
27 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
28 limited to, the following:

1 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 “(b) Gross negligence.

4 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from
6 the applicable standard of care shall constitute repeated negligent acts.

7 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
8 that negligent diagnosis of the patient shall constitute a single negligent act.

9 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a
11 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the
12 applicable standard of care, each departure constitutes a separate and distinct breach of the
13 standard of care.

14 “(d) Incompetence.

15 “(e) The commission of any act involving dishonesty or corruption which is substantially
16 related to the qualifications, functions, or duties of a physician and surgeon.

17 “(f) Any action or conduct which would have warranted the denial of a certificate.

18 “(g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the
21 proposed registration program described in Section 2052.5.

22 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder
24 who is the subject of an investigation by the board.”

25 6. Section 2052 of the Code states:

26 “(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who
27 advertises or holds himself or herself out as practicing, any system or mode of treating the sick or
28 afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment,

1 blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition
2 of any person, without having at the time of so doing a valid, unrevoked, or unsuspended
3 certificate as provided in this chapter [Chapter 5, the Medical Practice Act], or without being
4 authorized to perform the act pursuant to a certificate obtained in accordance with some other
5 provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand
6 dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal
7 Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either
8 imprisonment.

9 “(b) Any person who conspires with or aids or abets another to commit any act described in
10 subdivision (a) is guilty of a public offense, subject to the punishment described in that
11 subdivision.

12 “(c) The remedy provided in this section shall not preclude any other remedy provided by
13 law.”

14 7. Section 2289 of the Code states: “The impersonation of another licensed practitioner
15 or permitting or allowing another person to use his or her certificate to engage in the practice of
16 medicine or podiatric medicine constitutes unprofessional conduct.”

17 8. Section 2290.5 of the Code states:

18 “(a) For purposes of this division, the following definitions shall apply:

19 “(1) “Asynchronous store and forward” means the transmission of a patient’s medical
20 information from an originating site to the health care provider at a distant site without the
21 presence of the patient.

22 “(2) “Distant site” means a site where a health care provider who provides health care
23 services is located while providing these services via a telecommunications system.

24 “(3) “Health care provider” means either of the following:

25 “(A) A person who is licensed under this division.

26 “(B) A marriage and family therapist intern or trainee functioning pursuant to Section
27 4980.43.

28 ///

1 “(4) “Originating site” means a site where a patient is located at the time health care
2 services are provided via a telecommunications system or where the asynchronous store and
3 forward service originates.

4 “(5) “Synchronous interaction” means a real-time interaction between a patient and a health
5 care provider located at a distant site.

6 “(6) “Telehealth” means the mode of delivering health care services and public health via
7 information and communication technologies to facilitate the diagnosis, consultation, treatment,
8 education, care management, and self-management of a patient’s health care while the patient is
9 at the originating site and the health care provider is at a distant site. Telehealth facilitates patient
10 self-management and caregiver support for patients and includes synchronous interactions and
11 asynchronous store and forward transfers.

12 “(b) Prior to the delivery of health care via telehealth, the health care provider initiating the
13 use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written
14 consent from the patient for the use of telehealth as an acceptable mode of delivering health care
15 services and public health. The consent shall be documented.

16 “(c) Nothing in this section shall preclude a patient from receiving in-person health care
17 delivery services during a specified course of health care and treatment after agreeing to receive
18 services via telehealth.

19 “(d) The failure of a health care provider to comply with this section shall constitute
20 unprofessional conduct. Section 2314 shall not apply to this section.

21 “(e) This section shall not be construed to alter the scope of practice of any health care
22 provider or authorize the delivery of health care services in a setting, or in a manner, not
23 otherwise authorized by law.

24 “(f) All laws regarding the confidentiality of health care information and a patient’s rights
25 to his or her medical information shall apply to telehealth interactions.

26 “(g) This section shall not apply to a patient under the jurisdiction of the Department of
27 Corrections and Rehabilitation or any other correctional facility.

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1 “(h) (1) Notwithstanding any other provision of law and for purposes of this section, the
2 governing body of the hospital whose patients are receiving the telehealth services may grant
3 privileges to, and verify and approve credentials for, providers of telehealth services based on its
4 medical staff recommendations that rely on information provided by the distant-site hospital or
5 telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of
6 Federal Regulations.

7 “(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to
8 grant privileges to, and verify and approve credentials for, providers of telehealth services as
9 described in paragraph (1).

10 “(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the
11 term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal
12 Regulations.”

13 9. Section 2541 of the Code states:

14 “A prescription ophthalmic device includes each of the following:

15 “(a) Any spectacle or contact lens ordered by a physician and surgeon or optometrist, that
16 alters or changes the visual powers of the human eye.

17 “(b) Any contact lens described in paragraph (1) of subdivision (n) of Section 520 of the
18 federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 360j and following).

19 “(c) Any plano contact lens that is marketed or offered for sale in this state. “Plano contact
20 lens” means a zero-power or noncorrective contact lens intended to change the appearance of the
21 normal eye in a decorative fashion.”

22 10. Section 2540 of the Code states:

23 “No person other than a physician and surgeon or optometrist may measure the powers or
24 range of human vision or determine the accommodative and refractive status of the human eye or
25 the scope of its functions in general or prescribe ophthalmic devices.”

26 11. Section 2400 of the Code states:

27 “Corporations and other artificial legal entities shall have no professional rights, privileges,
28 or powers. However, the Division of Licensing may in its discretion, after such investigation and

1 review of such documentary evidence as it may require, and under regulations adopted by it, grant
2 approval of the employment of licensees on a salary basis by licensed charitable institutions,
3 foundations, or clinics, if no charge for professional services rendered patients is made by any
4 such institution, foundation, or clinic.”

5 12. Section 2285 of the Code states:

6 “The use of any fictitious, false, or assumed name, or any name other than his or her own
7 by a licensee either alone, in conjunction with a partnership or group, or as the name of a
8 professional corporation, in any public communication, advertisement, sign, or announcement of
9 his or her practice without a fictitious-name permit obtained pursuant to Section 2415 constitutes
10 unprofessional conduct. This section shall not apply to the following:

11 “(a) Licensees who are employed by a partnership, a group, or a professional corporation
12 that holds a fictitious name permit.

13 “(b) Licensees who contract with, are employed by, or are on the staff of, any clinic
14 licensed by the State Department of Health Services under Chapter 1 (commencing with Section
15 1200) of Division 2 of the Health and Safety Code.

16 “(c) An outpatient surgery setting granted a certificate of accreditation from an
17 accreditation agency approved by the medical board.

18 “(d) Any medical school approved by the division or a faculty practice plan connected with
19 the medical school.”

20 13. Section 2410 of the Code states:

21 “A medical or podiatry corporation shall not do or fail to do any act the doing of which or
22 the failure to do which would constitute unprofessional conduct under any statute or regulation
23 now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by such
24 statutes and regulations to the same extent as a licensee under this chapter.”

25 14. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
26 adequate and accurate records relating to the provision of services to their patients constitutes
27 unprofessional conduct.”

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FIRST CAUSE FOR DISCIPLINE
(Gross Negligence - Patient A)

15. Respondent has subjected his Physician's and Surgeon's Certificate No. G 63048 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patient A¹, as more particularly alleged hereinafter:

16. Respondent is a physician and surgeon who practices under a professional corporation dba 20/20 Ophthalmology Services, PLLC., and undertook to provide professional services such as telemedicine patient evaluation and screening evaluation for 20/20 NOW. Respondent received a salary. 20/20 NOW is a Limited Liability Corporation advertised as a system in which certified ophthalmic technicians perform refractions. Prescriptions are obtained by the consumer by telemedicine. 20/20 NOW operates in California and hires, and trains technicians who see patients.

17. Patient A was an undercover investigator for the Board of Optometry. On or about May 19, 2016, at approximately 1230 hours, she visited Jin's Eyewear in San Francisco, CA. She was greeted by a Jin's Associate. She told the associate that she wanted an eye examination and that she did not have an appointment. The associate pointed to the back of the store. Patient proceeded to the back and observed a large sign that read "20/20 NOW." Respondent's Medical Board of California Physician's and Surgeon's Certificate hung on the wall.

18. Patient A was seen by NH, who represented herself as a certified ophthalmic technician. NH explained to Patient A that Respondent is available through "chat" software. NH used a machine to perform autorefracton. The machine used infrared to measure the length of the eye. NH compared lenses and showed several series of letters. NH asked Patient A which letter looked sharper. NH proceeded to perform a retinal scan, a "puff-of-air" (air puff tonometry) test, and another test which involved a green X moving from left to right. Patient A asked NH if she had any eye diseases. NH replied in the negative. NH told Patient A that she

¹ To protect the privacy of the patient involved, the patient's name has not been included in this pleading. Respondent is aware of the identity of the patient referred to herein.

1 sent all her findings for review and that the doctor would review it, sign off on it, and send it
2 back, in about 15-20 minutes. NH subsequently returned with a prescription signed by
3 Respondent.

4 19. Respondent committed unprofessional conduct and/or gross negligence in his care
5 and treatment of Patient A, which included, but was not limited to, the following:

6 A. Respondent aided and abetted NH in providing ophthalmic testing without medical
7 indication.

8 B. Respondent aided and abetted NH in the unlicensed practice of medicine by
9 informing Patient A that she had no eye disease.

10 C. Respondent aided and abetted NH in performing refractions without onsite physician
11 supervision.

12 **SECOND CAUSE FOR DISCIPLINE**
13 **(Gross Negligence - Patient B)**

14 20. Respondent has subjected his Physician's and Surgeon's Certificate No. G 63048 to
15 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
16 the Code, in that Respondent committed gross negligence in his care and treatment of Patient B,
17 as more particularly alleged hereinafter:

18 21. On or about March 1, 2017, Patient B went to a 20/20 NOW branch at J.C. Penney's
19 in Sacramento, CA. Patient B saw AZ, a certified ophthalmic technician. Patient B complained
20 of blurry vision. AZ performed a slit lamp examination, retinal examination, both with photos,
21 color vision test, and air puff tonometry without direct physician supervision. A referral was
22 recommended based on AZ's appraisal of ocular hypertension and optic nerve drusen. The
23 request letter was dated March 1, 2017, and documented Respondent as the "Requestor." The
24 letter documented elevated pressures and possible optic nerve head drusen was reported in Patient
25 B's workup. In a subsequent interview with the Board, Respondent denied seeing Patient B and
26 making the March 1, 2017 referral.

27 22. On or about July 12, 2017, Patient B was seen again at a 20/20 NOW branch in Jin's
28 San Francisco, CA. Patient B reported a complaint of changes in distance vision and a family

1 history of glaucoma. Patient B filled out an eye health questionnaire. AZ was the technician who
2 reviewed questionnaire with her. Patient B asked AZ about floaters, flashes, watering and red
3 eyes. The form stated that the examination was not an eye health examination. AZ performed an
4 auto-refraction, then took a picture of her optic nerve, and macula, and performed puff tonometry.
5 Patient B never had any communication with Respondent. AZ informed Patient B that she will
6 consult with Respondent and advised Patient B to return in 30 minutes. Patient B returned and
7 received her prescription.

8 23. Respondent committed unprofessional conduct and/or gross negligence in his care
9 and treatment of Patient B, which included, but was not limited to, the following:

10 A. Respondent aided and abetted AZ in providing ophthalmic testing without medical
11 supervision.

12 B. Respondent failed to adequately document his examination, if any. Respondent also
13 failed to supervise and check on the letter dated March 1, 2017 was purportedly written under his
14 direction. Respondent also failed to document and/or determine the extent of follow-up care.

15 C. Respondent aided and abetted AZ in performing refractions without onsite physician
16 supervision.

17 **THIRD CAUSE FOR DISCIPLINE**
18 **(Aiding and Abetting / Corporate Practice of Medicine)**

19 24. Respondent is further subject to disciplinary action under sections 2227 and 2234(a),
20 as defined by section 2052, 2285, 2400, and 2410 of the Code, in that Respondent allowed 20/20
21 NOW to use his license to practice medicine and/or Respondent practiced medicine using a
22 fictitious name without a fictitious name permit. Paragraphs 16 through 21, above, are hereby
23 incorporated by reference and realleged as if fully set forth herein;

24 25. On or about December 7, 2018, in an interview with the Board, Respondent stated
25 that he was given a salary by 20/20 NOW for professional services rendered to patients.
26 Respondent stated that he does not supervise the 20/20 NOW technicians that see the patients.
27 The technicians are hired and trained by 20/20 NOW. Respondent stated that the 20/20 NOW
28

1 technicians perform objective and subjective refractions. 20/20 NOW retained control of the
2 medical records. Respondent does not own shares of stock in 20/20 NOW.

3 **FOURTH CAUSE FOR DISCIPLINE**
4 **(Repeated Negligent Acts)**

5 26. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
6 defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated
7 negligent acts in his care and treatment of Patient A and B, as more particularly alleged
8 hereinafter: Paragraphs 16 through 25, above, are hereby incorporated by reference and realleged
9 as if fully set forth herein.

10 **FIFTH CAUSE FOR DISCIPLINE**
11 **(Failure to Maintain Adequate and Accurate Medical Records)**

12 27. Respondent is further subject to discipline under sections 2227 and 2334, as defined
13 by section 2266, of the Code, in that he failed to maintain adequate and accurate medical records
14 in the care and treatment of Patients A and B, as more particularly alleged hereinafter:
15 Paragraphs 16 through 25, above, are hereby incorporated by reference and realleged as if fully
16 set forth herein.

17 **SIXTH CAUSE FOR DISCIPLINE**
18 **(General Unprofessional Conduct)**

19 28. Respondent is further subject to discipline under sections 2227 and 2234, as defined
20 by section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical
21 code of the medical profession, or conduct which is unbecoming a member in good standing of
22 the medical profession, and which demonstrates an unfitness to practice medicine, as more
23 particularly alleged hereinafter: Paragraphs 16 through 25, above, are hereby incorporated by
24 reference and realleged as if fully set forth herein.

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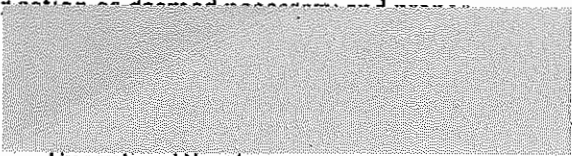
PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 63048, issued to Andrew Ellis Gewirtz, M.D.;
2. Revoking, suspending or denying approval of Andrew Ellis Gewirtz, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Andrew Ellis Gewirtz, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed appropriate.

DATED:

May 6, 2019



Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

In re: Usman Ramzan, M.D.

Petition No. 2022-318

Respondent chose not to enter into the Consent Order Review Agreement and is not agreeable to providing documents to the Connecticut Medical Examining Board for review.

BIOGRAPHICAL INFORMATION:

Medical School: Boston University School of Medicine

Year of Graduation: 2001

Residency: Brown Medical School

2004	-	2006	<i>Hospitalist</i>	Newport Hospital
2007	-	2016	<i>Owner/Founder</i>	Ramzan Medical L.L.C.
2011	-	2012	<i>Owner/Founder</i>	Our Doc Cares Urgent Center L.L.C.
03/01/2016	-	07/01/2018	<i>Physician</i>	CareMedica
09/01/2018	-	12/01/2019	<i>Staff Physician</i>	InterCommunity
09/01/2018	-	07/01/2020	<i>Physician</i>	CT Addiction Medicine
06/02/2020	-	Present	<i>Physician</i>	Internal Medicine of Greater New Haven

Current employment: Internal Medicine of Greater New Haven

Connecticut License: 044658 Issued: August 4, 2006

Type of Practice: Internal Medicine

Board Certification: American Board of Internal Medicine, initial 2004, recertified 2018

Malpractice History: None

Past History with DPH: Consent Order in Petition 2016-1237 based on the allegation that respondent's excessive use and/or abuse of alcohol does and/or may affect his ability to practice medicine safely and effectively. The Order required, in part, that respondent shall refrain from the ingestion of alcohol in any form and that all screens shall be negative for alcohol. The Order provided for probation for five (5) years with random urine screens, participation in therapy, attending support group meetings and submission of employer reports to the Department.

Investigation for Petition 2022-318 commenced: March 23, 2022

THIS MODIFICATION OF CONSENT ORDER:

- Modifies the Consent Order in Petition 2016-1237
- Causes respondent to reengage with therapy with a new licensed psychologist or psychiatrist if discharged by the previous therapist
- All other terms remain in effect

DEPARTMENT SUMMARY OF THE CASE:

- This petition originated with the non-compliance with the Consent Order regarding Petition 2016-1237 when on November 27, 2020, respondent tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS). The confirmation test confirmed the EtS level of 178 ng/mL, and
- On December 6, 2021, Respondent tested positive for EtG and EtS. The EtG cut off level is 500 ng/mL. The confirmation test confirmed only EtS at a level of 204 ng/mL with a cut off level at 75 ng/mL.
- Respondent was discharged from therapy on October 19, 2020.

WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?

- Yes

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Usman Ramzan, M.D.

Petition No. 2022-318

MODIFICATION OF CONSENT ORDER

WHEREAS Usman Ramzan, M.D., of Northford, Connecticut, Connecticut (hereinafter "respondent") entered into a Consent Order in Petition No. 2016-1237 effective January 1, 2018 ("Consent Order"), a true and complete copy of which is attached hereto marked as Attachment "A"); and

WHEREAS, the Consent Order, in part, placed respondent's license to practice as a physician and surgeon on probation for a period of five (5) years; and required, in part, that respondent shall refrain from the ingestion of alcohol in any form, that respondent shall submit to random observed urine screens, that all screens shall be negative for alcohol, and that he shall participate in regularly scheduled therapy; and

WHEREAS, On or about October 19, 2020, respondent's engagement with therapy ceased upon a finding by the treating therapist that respondent achieved maximum benefit; and

WHEREAS, On November 27, 2020, and December 6, 2021, respondent tested positive for Ethyl Sulfate (EtS); and

WHEREAS, Respondent's conduct as described above constitutes a violation of the terms of probation as set forth in the Consent Order, and subjects respondent's license to revocation or other disciplinary action authorized by Connecticut General Statutes, §§19a-17 and 20-13c; and

NOW THEREFORE, the Consent Order is modified as follows:

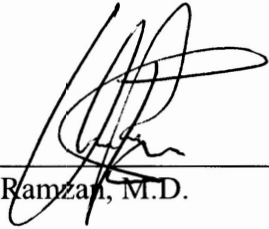
1. The following language is included and incorporated within the Consent Order as a new paragraph 2(a)(3):

(3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist. If discharged from therapy, respondent shall continue to participate in regularly scheduled therapy at his own expense with a new licensed psychologist or psychiatrist pre-approved by the Department.

2. This Modification of Consent Order is effective upon the order and acceptance of the Connecticut Medical Examining Board ("Board"). All other terms and conditions of the Consent Order remain in effect.

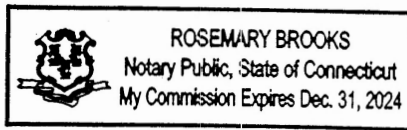
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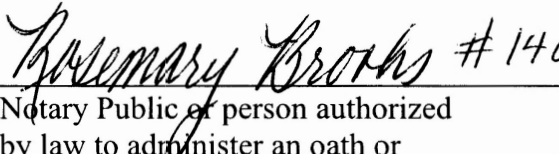
I, Usman Ramzan, M.D., have read the foregoing Modification of Consent Order, and I agree to the terms and conditions therein. I further declare the execution of this document to be my free act and deed.



Usman Ramzan, M.D.

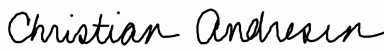
Subscribed and sworn to before me this 23 day of June 2022.



 #140020

Notary Public or person authorized
by law to administer an oath or
affirmation

The above Modification of Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 27th day of June 2022, it is hereby accepted.



Christian Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations
Healthcare Quality and Safety Branch

The above Modification of Consent Order having been presented to the Connecticut Medical Examining Board on the _____ day of _____ 2022, it is hereby ordered and accepted.

Connecticut Medical Examining Board

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: Usman Ramzan, M.D.

Petition No. 2016-1237

CONSENT ORDER

WHEREAS, Usman Ramzan, M.D., of Northford, Connecticut (hereinafter "respondent") has been issued license number 044658 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. Prior to, and including, 2016, respondent has abused and/or used alcohol to excess. Respondent's excessive use and/or abuse of alcohol does and/or may affect his ability to practice medicine safely and effectively.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c, including, but not limited to, §20-13c(3).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent's license shall be placed on probation for a period of five years under the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed psychiatrist or psychologist pre-approved by the Department (hereinafter "therapist").
 - (1) Respondent shall provide a copy of this Consent Order to his therapist.

- (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
 - (4) The therapist shall submit reports monthly for the first two years of probation and quarterly for the remainder of probation, which shall address, but not necessarily be limited to, respondent's ability to practice as a physician and surgeon in an alcohol and substance free state and safely and competently. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
 - (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.
- b. Respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said licensed health care professional of respondent's substance abuse history. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.
- (1) During the first two years of the probationary period, respondent at his own expense, shall submit to random observed urine screens for alcohol, controlled substances, and legend drugs twice each week; in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as 'Attachment A: Department Requirements for Drug and Alcohol

Screens'; during the third year, he shall submit to such screens once per week, and during the fourth and fifth years, he shall submit to such screens once every two weeks. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist or the Department. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.

- (2) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Board and the Department by the testing laboratory. All such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. Respondent agrees that an EtG (Ethyl Glucuronide) test report of EtG at a level of 1000ng/mL or higher shall be deemed to constitute a positive screen for the presence of alcohol under this Consent Order. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.
- (3) Respondent understands and agrees that if he fails to submit a urine sample when requested by his monitor, such missed screen shall be deemed a positive screen.
- (4) Respondent shall notify each of his health care professionals of all medications prescribed for him by any and all other health care professionals.
- (5) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or EtG test report at a level of 1000ng/mL or higher, respondent agrees that the

ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.

- c. Respondent shall attend "anonymous" or support group meetings on an average of ten times per month, and shall provide quarterly reports to the Department concerning his record of attendance.
 - d. Respondent shall provide his chief of service or employer at any hospital, clinic, facility, partnership and/or association at which he is employed or with which he is affiliated at each place where respondent practices as a physician and surgeon (hereinafter, collectively "employer") throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer quarterly for the entire period of probation, stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
 - e. During the period of probation, respondent's may only practice medicine in an office and practice setting that physically includes other licensed physicians on-site while respondent is practicing medicine.
3. All correspondence and reports are to be addressed to:
- Lavita Sookram, R.N., Nurse Consultant
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
4. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
 5. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
 6. Respondent shall pay all costs necessary to comply with this Consent Order.
 7. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.

- b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 7.a. above to demonstrate to the satisfaction of the Department that he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
8. If, during the period of probation, respondent practices as a physician and surgeon outside Connecticut, he shall provide written notice to the Department concerning such employment. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to practice as a physician and surgeon in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraphs 3 and 4 above.
 9. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Board.
 10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
 11. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
 12. This Consent Order is a public document. Respondent agrees and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent

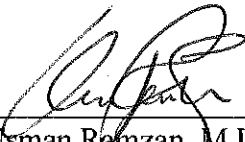
proceeding before the Board in which his compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank maintained by the United States Department of Health and Human Service and that all disciplinary actions will appear on his physician profile pursuant to Connecticut General Statutes 20-13j.

13. In the event respondent violates a term of this Consent Order, respondent agrees to immediately refrain from practicing as a physician and surgeon, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or substance abuse evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
14. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
15. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent understands that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive

respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

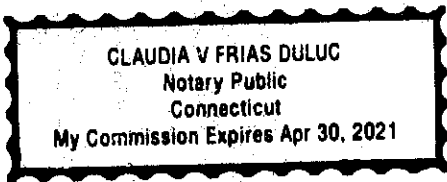
16. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
17. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
18. Respondent understands and agrees that he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.
19. Respondent has the right to consult with an attorney prior to signing this document.
20. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
21. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

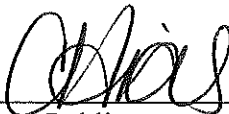
I, Usman Ramzan, M.D., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Usman Ramzan, M.D.

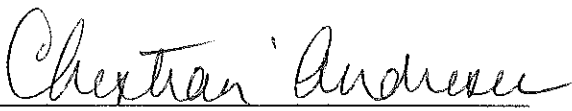
Subscribed and sworn to before me this 15 day of November 2017.





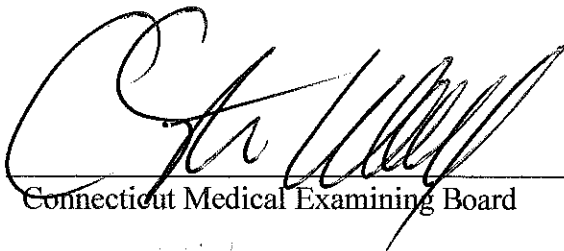
Notary Public or person authorized
by law to administer an oath or affirmation
Claudia V. Frias Duluc

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 15th day of November 2017, it is hereby accepted. CA



Christian Andresen, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the 19th day of December 2017, it is hereby ordered and accepted.



Connecticut Medical Examining Board