

**FILED**

February 4, 2004

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE :  
SUSPENSION OR REVOCATION OF :  
THE LICENSE OF :

Administrative Action

**ALAN OTTENSTEIN, M.D.** -  
License No. MA 51042 :

ORDER OF TEMPORARY  
**SUSPENSION**

TO PRACTICE MEDICINE AND  
SURGERY IN THE STATE OF  
NEW JERSEY

This matter was opened to the New Jersey State Board of Medical Examiners on an application for the temporary suspension of respondent's license to practice medicine brought by Attorney General Peter C. Harvey, Kay R. Ehrenkrantz, Deputy Attorney General appearing.' An Order to Show Cause was signed by Board President David Wallace, M.D. scheduling a hearing before the Board on August 13, 2003. In lieu of proceeding on the day of the scheduled hearing an Interim Consent Order was entered in this

<sup>1</sup> At the time of the application for temporary suspension respondent was also subject to an Interim Consent Order which required him to limit transforominal epidural procedures to those recommended by Board experts. This restriction arose from a separate contested case respondent has pending at the Office of Administrative Law with Docket Number BDSME 00831-03s.

**CERTIFIED TRUE COPY**

matter whereby respondent agreed to cease and desist the practice of medicine and surgery in any jurisdiction pending a September 10, 2003 hearing on the Temporary Suspension Application before the full Board. Respondent was represented at the hearing before the Board by Joseph Gorrell, Esq., who filed a September 9, 2003 Answer on respondent's behalf and a Letter Brief in reply to the Attorney General's application.,

The State's Verified Complaint, Letter Brief, Certification and Appendix filed simultaneously with the Order to Show Cause, alleges in two counts that respondent's continued practice poses a clear and imminent danger to the citizens of New Jersey and seeks an immediate temporary suspension of licensure pursuant to N.J.S.A. 45:1-22.<sup>2</sup> The Attorney General generally

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<sup>2</sup> At the time of the hearing there were several pre-hearing motions. The Deputy's motion to mend the Complaint was granted with no objections from respondent.

In Count I, Paragraph 9, of Verified Complaint, the first sentence was amended to read "During the search, two full-capacity fire arm magazines with the capacity of holding more than 15 rounds of munition each."

In Count I, Paragraph 10, the first sentence was amended to read: "Multiple four ounce canisters."

Respondent's motion to dismiss based on respondent's counsel's inability to examine and test certain firearms was denied as respondent's own certification admits the possession of *the* fire arms. The Board also denied respondent's second motion to dismiss the Complaint based on counsel's inability to examine a substance alleged to be marijuana. However, in respondent's alternative motion to exclude that evidence, the Board reserved decision at the prehearing juncture.

charges that respondent, a neurologist 'specializing in pain management, has manifested a gross and reckless disregard for the welfare of patients seeking medical services from him at his facility by maintaining in his office various dangerous items seized by the Office of Fraud Protection pursuant to a July 16, 2003 search warrant. The items seized include but are not limited to the following: weapons including nine hand guns; a stun gun; an illegal quantity of pepper spray; ammunition firearm magazines, bundles of destructive devices; illegally possessed CDS, including greater than one pound of marijuana, smoking paraphernalia, including a "bong", rolling papers and a rolling machine. Polaroid photographs of marijuana plants in various stages of development were also seized. In addition, books on growing marijuana, hydroponic equipment and lights capable for use in growing plants and actual marijuana seeds were retained. The search warrant also revealed in respondent's office hundreds of empty unsecured bottles of Stadol, a CDS IV intra nasal spray, vials of unsecured patient CDS prescription medicine and boxes of Actig narcotic lollipops.

The Attorney General alleges that respondent's continued licensure poses a serious risk to patients. His lack of sound judgment is evidenced by maintaining these dangerous, some illegal, items in his office where patient care is rendered. His conduct is especially troubling considering he is subject to the heightened oversight of a pending Interim Board Order and separate ongoing

Complaint concerning quality of care issues at the Office of Administrative Law. The Attorney General asserts that mere possession of these items within the confines of his medical office is enough to cast sufficient doubt on his judgment to render him unsafe to practice. It is further contended that the possession of drugs, drug paraphernalia and marijuana plants, while an active participant in the Physicians' Health Program (PHP) for CDS abuse, highlights his dangerously flawed judgment.

The documents which support the Attorney General's application and the physical evidence presented at the hearing were acquired from the Office of Insurance Fraud Prosecutor. On July 16, 2003 the Prosecutor's office executed a search warrant at three separate facilities which culminated in respondent's arrest on eight criminal charges. The following documents and physical evidence were introduced into the record and a video of the respondent's medical office at the time of the execution of the search warrant was shown to the Board members at the hearing.

EXHIBITS

- P-1 Certified true copy of Affidavit of Probable Cause for Arrest Warrant dated 7/16/03
- P-2 Certified True Copy of Affidavit of Probable Cause, dated 7/21/03
- P-3 Certified True Copy of Arrest Warrant 1, dated 7/16/03
- P-4 Certified True Copy of Arrest Warrant 2, dated 7/21/03
- P-5 Licensee Biennial Renewal, dated 6/3/03

- P-6 Certified True Copy of Evidence Voucher, dated 7/16/03
- P-7 certification of State Investigator Stemmer
- P-8 Certification of State Investigator Procaccino
- P-9 Certified copy of videotape of respondent's medical office at 2997 Princeton Pike, Lawrenceville, New Jersey during the execution of the Search Warrant
- P-10 Certified copy of schematic diagram of 2997 Princeton Pike, Lawrenceville, New Jersey
- P-11 Certified true copy of filed Complaint, dated 9/30/02
- P-12 Certified true copy of Interim Consent Order, filed 10/9/02
- P-13 Incident Report from Middletown Police
- P-14 Stun *gun* referenced in evidence voucher - not retained by Board
- P-14A,  
P-143 &  
P-14C Photographs of stun gun, in lieu of actual stun gun, Certification
- P-15 Three ammunition magazines with capacity of 15 rounds of ammunition referenced in evidence voucher - not retained by Board
- P-15A-I Nine photographs of three magazines with a capacity of 15 rounds of ammunition in lieu of actual magazines not retained by Board
- P-16 Box and contents of .pepper spray, (Oleoresin Capsicum (OC) Solution) - not retained by Board
- P-16A-C Photographs of contents of box - directions on pepper spray canister, canister, terminators (devices which hold canisters) plus the invoice and instruction manual copies.
- P-17 Digital photograph of destructive devices seized
- P-18 Marijuana paraphernalia; seeds and photos of plants - not retained by Board

P-18A-D Photographs in lieu of marijuana paraphernalia and actual Polaroid photographs of plants

P-19 Digital photographs taken on day of search of respondent's office substantiating what was observed - certification from State investigator date stamped July 16, 2003

P-20 Digital photographs of CDS taken from area 9 on schematic drawing of respondent's office- Oxycontin/Hydrocodone, Dilaudid - in lieu of actual CDS

P-21 Actig fentanyl based lollipops taken from area 50 in schematic drawing in respondent's office not retained by the Board

P-21A-E Five photographs of Actig in lieu of actual Actig

P-22 Stadol containers taken from area 50 in schematic drawing of respondent's office - not retained by Board

P-22A Photographs of Stadol in lieu of actual Stadol containers

P-23 Cox Shed Knife with Integral Knuckles knife taken from area 50 in schematic drawing of respondent's office

P-23A Photographs of actual knife

P-24 Certification from State Police Investigator Lt. John P. Oakley, Jr. dated 7/31/03

R-1 September 2, 2003 Certification of Alan E. Ottenstein, M.D.

R-2 August 20, 2003 Position Statement regarding respondent submitted by David I. Canavan, M.D.

R-3 September 2, 2003 Certification of Maxine M. Wagner, R.N.

R-4 Alan Edward Ottenstein, M.D., Curriculum Vitae

B-1 Packet of reports of respondent's Urine Analysis conducted by the PRP for 1999-2003

Respondent, in his submissions and testimony, denies any knowledge of the stun *gun* and declined to stipulate that the black cylindrical object seized pursuant to the search warrant was indeed a stun gun. Hence the State's case also included an actual demonstration of the use of P-14 a stun gun which is illegal to possess in New Jersey under *any* circumstances. The trigger was pulled and the object released an electrical arch and buzzing sound. The video tape of respondent's office at the time of the execution of the search warrant was also viewed by the Board members.<sup>3</sup>

Respondent argued that his conduct does not present a clear and imminent danger based upon the fact that he was merely arrested and that charges alone are not dispositive. He asserts that the Attorney General cannot meet the burden of proof *in this* manner. Secondly, he contends that the illegal objects seized by the Prosecutor's office were in respondent's personal office space and not accessible to patients. Respondent also maintains he has been a model participant in the Physicians' Health Program since 1999 and is not impaired. Finally he asserted that he is a licensed firearms dealer and entitled to possess, buy and sell weapons.

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<sup>3</sup> At the conclusion of the State's Case in Chief, respondent's motion to dismiss was denied as the Board determined there was a-residuum of competent evidence to proceed and that consideration for the public's health, welfare and safety dictated that the case proceed.

He presented as his first witness, Dr. David Canavan, President Emeritus of the PHP. Dr. Canavan testified that respondent's involvement with the PHP began on February 5, 1999, relative to abuse of intra-nasal Stadol and Percocet which he had begun to use at the rate of one bottle a day for a back injury which occurred six years earlier in 1993. He testified that respondent tapered his use to one-two sprays every two days and when he was advised by the PHP to cease and desist all use of Stadol he went through "a relatively severe withdrawal reaction over the next ten days." When asked if that severe reaction was consistent with his reported low use, Dr. Canavan, an addiction medicine specialist, opined that he didn't know what that suggests, "high usage or whether Stadol is a more difficult drug to get off, so I can't answer that question.\* He continued to testify that respondent has been a faithful participant and he has "never had a positive urine in four and one-half years" and has been free of all controlled substances except for medication prescribed for dental pain. When asked whether he had knowledge of situations where participants in his program altered urine screens, he asserted that he was not aware of such instances. He also testified that he counsels individuals who have a history of drug addiction or addictive personalities that they should avoid persons, places and things related to drug use. However he steadfastly asserted that respondent's possession of drug paraphernalia, including rolling

papers, a bong,' and marijuana seeds although it is not "good judgment to have those things in his office, period!" did not present any danger and he probably just never got rid of it from his prior use.

Dr. Canavan also refused to provide respondent's treatment records from the PHP. He stated that it was the policy of the PHP not to provide records because they were protected under federal law.<sup>5</sup> However, he did provide the urine screen results from 2/5/99 to 8/20/03. He conceded that he did not report to the Board the results of two consecutive tests, July 31, 2003 and August 6, 2003 which had low specific gravities and creatinine levels which could be indicative of dilute specimen. In response to questioning he did state that these two tests were conducted at the time of the search and seizures by the criminal authorities. However he opined that dilute urine is not equivalent to a positive "it's a warning.\* In response to questions he also stated that at the time respondent entered the PHP Dr. Canavan relied on the information respondent, then impaired, provided regarding his use and acquisition of Stadol - his drug of choice. He did not receive any written reports from respondent's then treating physicians or in any other way verify

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<sup>4</sup> Dr. Canavan, testified he did not know that a bong was utilized as a water pipe for marijuana smoking.

<sup>5</sup> Dr. Canavan did not comment on whether or not respondent signed an agreement of participation in the PHP which waived his right, if any, to confidentiality regarding the release of his records to the Board.

the information respondent provided. He asserted that Stadol testing is expensive, therefore he did not frequently test for that use. He continued that his July 2003 urines were being tested once monthly and that no hair analysis was conducted because "hair test is only indicated if the urine first gives you reason to suspect there's something wrong. With all these negative urines, we would not submit a patient to a hair test. A hair test is a very expensive test." Despite the two consecutive urines, which could be indicative of a diluted specimen and the knowledge that the tests were conducted at a stressful time for respondent, Dr. Canavan noted that no further testing was done. Nor was the Board, which had a pending Interim Order entered on respondent, made aware at the time of these urinalysis results.

Dr. Canavan refused to render an opinion regarding respondent's possession of guns in the office asserting "I can't really address the issue of guns because I don't know enough about them to say whether it's good or bad judgment." However he conceded that in his capacity as Director of the PHP he has dealt with disruptive physicians and those with psychiatric issues before. This witness also testified that prior to providing his position paper presented in this matter he did not have information about the marijuana and stun gun seized from the office but that nothing he heard during the conduct of the hearing changed his opinion that respondent was fit to continue practicing medicine.

Respondent, testified before the Board that his medical office no longer existed as the practice has presently filed Chapter 11 for bankruptcy protection in March 2003 and as a result of the criminal proceedings is currently in Chapter 7. However, he did state that he had had an offer to work for another physician who would supervise his practice. He then recounted the circumstances concerning his arrest in Pennsylvania. He reports that after the search and seizure conducted at his office, respondent, who resides in Pennsylvania, was admitted to a Pennsylvania hospital for a stress or cardiac related condition. He testified that on July 18, 2003 the police arrested him and removed him from the hospital, charging him with being a fugitive from justice in New Jersey. He asserted that at the time he was not aware that he was subject to arrest or not allowed to leave New Jersey. He also testified that after his divorce in 2001 he stored personal items on the third floor of his medical office which was a secured space not used for patient care. He also recounted that he is a licensed fire arms dealer, legally entitled to possess fire arms. He next represented that the box in evidence as P-22 contains 184 empty Stadol bottles which he maintained in his private space. He next admitted that fire arms, three ammunition magazines and 2 knives, one with jagged knuckles, were seized from his office. He denied ever purchasing or possessing a stun gun and

had no explanation as to how it was an item seized by the authorities from his medical office pursuant to the search warrant.

In regard to the allegations regarding CDS, respondent testified that his use of CDS began in 1993 when he suffered a herniated disc and he began using muscle relaxants, Percocet, and Stadol Nasal Spray. In 1997 he was in a car accident which caused him to increase his use of Stadol and Percocet and to also rely on Ibuprofen, Xanax and Vioxx. At this same time he admits he traveled to Amsterdam and obtained marijuana seeds which he grew in order to avail himself of medical marijuana treatment. Upon cross-examination he stated he went to Amsterdam more than once, and couldn't remember the number of times and may have purchased marijuana seeds on more than one occasion. He admitted that the numerous photos in evidence showing many marijuana plants at different growth stages labeled 1998 were plants he grew for his own use. Yet, in inconsistent testimony, he stated he stopped using marijuana in 1997, he denied any medical benefit from the marijuana and testified he only smoked it a few times.

He next testified that P-16 in evidence is an anti-burglary device containing a legal amount, 4 oz., of pepper spray which he had never opened. In regard to P-17 he asserted that the destructive devices are fireworks and not dynamite. He stated that the firearms were legally purchased and possessed because he is a licensed firearms dealer, he denied any knowledge of possession of

an illegal stun *gun*. He further stated that the firearms were kept in a secured place on the third floor of his office (area 50 on the schematic to which he asserts there was no patient access). He said he stored things in the personal space of his medical office after his divorce. He further testified that he kept guns because he was a collector and enjoyed them and for protection from crime.

Respondent in his testimony acknowledged buying the marijuana seeds, growing the plants and smoking the marijuana. He admitted growing the plants on the third floor of his medical office in 1998 even though he testified to only using marijuana in 1997. He stated as an explanation that "he enjoys making things grow and 3 enjoy the experience of watching things grow." He conceded that the green vegetative substance in the can seized by the authorities is likely the crushed marijuana of the plants he grew.<sup>6</sup>

The Board was most alarmed by respondent's testimony pertaining to unsecured bottles containing CDS returned by patients to him. Respondent, on direct examination, testified that he would collect unused CDS that he previously prescribed for patients and retain the narcotics in a locked safe at his nurse's station until such time as he discarded them. He testified that the pills in the

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<sup>6</sup> At this juncture, in light of respondent's admission, the Board determined to deny respondent's alternative motion to dismiss the Complaint based on counsel's inability to examine the substance alleged to be marijuana.

bottles which were seized and in evidence do not match the labels. He had no explanation for the discrepancy. Respondent testified

we often - when we take medications away from patients, we store it in the safe and tell the patients we'll keep it there for a few days in case they change their minds. It's just a courtesy to the patients because we've had problems in managing patients' medicine.

When asked why as a participant of the PHP he would agree to keep unused patient narcotics in his office, he answered that he never had a problem taking drugs not prescribed for him. He also acknowledged theft of narcotics from his office. Additionally, when asked why he retained more than 180 empty Stadol bottles he responded that he could reuse them for saline but he had no explanation as to why he had so many.

The Board after considering the record in this matter finds that the Attorney General has satisfied its burden of proof that the doctor's continued practice represents a clear and imminent danger to the public health, safety and welfare. Respondent's behavior demonstrates an extensive pattern of extremely poor judgment affecting multiple spheres of conduct. Such lapses in judgment present a danger to patients, the public and himself thereby justifying the grant of the State's motion to temporarily suspend Dr. Ottenstein's license.

In reaching this determination, the Board considered testimony, physical and documentary evidence and, in particular, the testimony relating to the doctor's admitted practice of

accepting returned, partially used patient CDS and non-CDS medications. His retention of these medications where the contents are inconsistent with the bottle label and his explanation that he would return them to the patient is so inconsistent with safe medical practice and the standard of care to suggest fundamentally flawed judgment. The fact that respondent is a participant in the PHP, yet exposes himself to these narcotics, in our view, makes his judgment even more suspect.

Further we find no assurance by Dr. Canavan's testimony. The Board recognizes the valuable monitoring services the PHP performs, however in this instance we are concerned that many "warning signs" may have eluded detection, treatment and remediation. Although Dr. Canavan concedes it is his policy to counsel program participants to avoid persons, places and things associated with drug use, he minimizes respondent's continued possession in his office of drug paraphernalia and marijuana. Further, in the face of a Board Interim Order, an ongoing criminal investigation and a long history of abuse, he failed to report to the Board two consecutive urinalyses which may indicate dilute specimen, nor did he conduct further testing (despite a stated policy to do so) when these triggers occur. We are also puzzled by Dr. Canavan's reluctance to render a definitive opinion as to respondent's judgment in maintaining multiple weapons and associated materials in his office.

Our conclusion is further bolstered by the presence in respondent's medical office of weapons, some even loaded, an illegal stun gun and marijuana paraphernalia. His admissions as to growing marijuana plants in the office in the past and internal inconsistencies in respondent's testimony at the hearing further support the Board's conclusions. Possession of a stun gun is illegal under any circumstances yet respondent offers no explanation for its presence in his office. On this issue we do not find him credible. Nor do we find respondent's assertion that these objects were kept in his private office area acceptable.

Further, we find respondent's status as a licensed firearms dealer does not justify maintaining weapons of this nature in his office. We can think of no circumstance when multiple firearms, knives and destructive devices are appropriately maintained in a medical practice. This is not a case where for protection purposes respondent maintained a weapon in his office. Instead this is a situation where many weapons and weapon accessories were haphazardly kept in a building where respondent provides medical services. We find this bizarre, dangerous, unprofessional and inconsistent with the responsibility to protect the safety of his patients. Further, the potential for actual physical patient harm is great,

The totality of the record in this matter portrays a licensee with egregiously impaired judgment, who poses a

significant risk of danger. We find, from experience, that judgment of this nature is not confined to one area of decision making. Indeed, in this matter respondent's judgment in several crucial spheres is seriously flawed, Thus we reach the conclusion that no alternative will adequately protect the public other than to temporarily suspend respondent's license, and such suspension is effective immediately.,

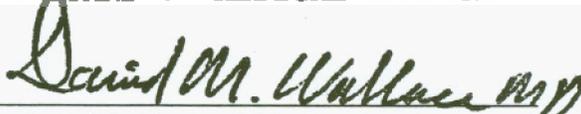
**THEREFORE IT IS ON THIS 4th DAY OF February 2004,**

**ORDERED:**

1. Effective upon oral announcement of this Order on the record on September 10, 2003, respondent's license to practice medicine and surgery in the State of New Jersey shall be temporarily suspended pending the Board's disposition of the plenary proceedings in this matter.

STATE BOARD OF MEDICAL EXAMINERS

By:



David M. Wallace, M.D.,  
President

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE  
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE  
HAS BEEN ACCEPTED**

**APPROVED BY THE BOARD ON MAY 10, 2000**

**AH licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the addendum to these directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.**

**1. Document Return and Agency Notification**

**The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)**

**2. Practice Cessation**

**The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)**

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must **remove** signs and take **affirmative** action to **stop** advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to **remove his/her name from** professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

### 3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from **engaging in the professional practice**. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the **Professional Service Corporation Act (N.J.S.A. 14A:17-11)**. A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to **N.J.S.A. 14A:17-13(c)**. A licensee who is a member of a limited liability company organized pursuant to **N.J.S.A. 42:1-44**, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

### 4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

## **5. Probation/Monitoring Conditions**

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

**NJ License #** \_\_\_\_\_

**ADDENDUM**

**Any licensee who is the subject of an order of the Board suspending, revoking or otherwise conditioning the license, shall provide the following information at the time that the order is signed, if it is entered by consent, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations:**

**Social Security Number:** \_\_\_\_\_

**List the Name and Address of any and all Health Care Facilities with which you are affiliated:**

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**List the Names and Address of any and all Health Maintenance Organizations with which you are affiliated:**

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**Provide the names and addresses of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).**

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<sup>1</sup> Pursuant to 45 CFR Subtitle A Section 61.7 and 45 CFR Subtitle A Section 60.8, the Board is required to obtain your Social Security Number and/or federal taxpayer identification number in order to discharge its responsibility to report adverse actions to the National Practitioner Data Bank and the HIP Data Bank.

**NOTICE OF REPORTING PRACTICES OF BOARD  
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a t i e ,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.