

FILED

NOVEMBER 23, 2009

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

EFFECTIVE

September 11, 2009
NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS
OAL DOCKET NOS. BDS 6940-07 AND
BDS 4947-08 (CONSOLIDATED)

IN THE MATTER OF THE SUSPENSION	:	Administrative Action
OR REVOCATION OF THE LICENSE OF	:	
	:	
GEORGE GODFREY, M.D.	:	FINAL DECISION AND ORDER
LICENSE #MA 01440700	:	
	:	
TO PRACTICE MEDICINE AND SURGERY	:	
IN THE STATE OF NEW JERSEY	:	
	:	

This matter commenced with the issuance of a complaint by the Attorney General of New Jersey against the respondent, George Godfrey, on May 29, 2007. Following transmission of the matter to the Office of Administrative Law (OAL), a supplemental complaint was filed on May 29, 2008, and the matters were consolidated. The initial complaint alleged in Count I that respondent engaged in gross or repeatedly negligent examination of numerous patients and/or was repeatedly negligent in the preparation of patient records, and that he grossly inflated coding of service levels and billed for services not rendered. Count II alleged indiscriminate or grossly negligent prescribing of controlled drugs to patients. Count III alleged respondent was negligent in designation of physical therapy services, delegated to persons not licensed to perform physical therapy, and negligently supervised such therapy. Count IV alleged respondent failed to cooperate in a Medical Board investigation. Count V of the supplemental complaint alleged

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nearly identical allegations as to an additional patient (Mr. J.E. C.) as contained in Counts I-III of the initial complaint; and Count VI alleged that respondent failed to cooperate in a second Medical Board investigation.

Respondent submitted an answer in August 2007 in which he admitted the general allegations of the complaint except that he denied any violation of the laws and regulations governing the practice of medicine. Respondent denied all other allegations of the complaint.

An initial decision was rendered by an Administrative Law Judge (ALJ) on June 22, 2009. Final disposition by the Board was scheduled for August 12 2009. Exceptions were submitted on behalf of Dr. Godfrey. Although exceptions were not submitted by the State, a letter of June 24, 2009 commenting on the Initial Decision was filed. At the hearing before the Board, the respondent appeared represented by counsel, Mr. George C. Godfrey, III Esq. Joan Gelber, Senior Deputy Attorney General, represented the State.¹

Based upon a review of the record in this case and the arguments of counsel, the Board adopts as its Final Decision the well-reasoned Findings of Fact and Conclusions of Law of the Administrative Law Judge except to delete references in Count I to

¹At the time of the August 12, 2009 hearing, on the record, the Board ordered the sealing of any patient identities. All records should be redacted, in accord with this ruling, prior to any release to the public.

a patient described as VTN, VT or VN² as those allegations had been withdrawn.

Thus the Board agrees with the exhaustive fifteen (15) pages of findings by the ALJ. For example, as to Count I, that respondent grossly inflated coding of service levels and billed for services not rendered during a period beginning in 1999 and particularly including 2003-2005; regularly billed carriers using higher reimbursement initial examination CPT codes (such as 99205 and 99204); and billed all subsequent visits at inflated or otherwise deceptive coding levels (including CPT 99214 or 99213). Similarly we agree with the ALJ's findings from the testimony, evidence, and particularly our review of the patient charts, that respondent conducted inadequate examinations and produced inadequate documentation of examinations for the numerous patients indicated, in that he failed to document chief complaints, perform comprehensive initial evaluations including orthopedic and neurological examinations, failed to document positive relevant negative findings, failed to document rationale for diagnostic studies and treatment ordered, failed to document findings sufficient to support diagnoses and failed to delegate and monitor his prescribed treatments appropriately.

A review of not only the findings of the ALJ but the patient

²The patient is listed in the transcript of the August 12, 2009 hearing as "DTN", "DT" and "DN" in error.

records, other documents and testimony in this case demonstrate as to Count I that vital signs were not documented, fundamental tests, organ systems, and examinations were either not performed or not documented adequately, nor was pertinent information-including functional deficits, job demands, pain index etc. documented. Rather pre-printed history and examination forms were often left blank and dictated reports incomplete. Despite these inadequate examinations and failures to adequately document services, respondent regularly charged for a high level of service, typically an initial comprehensive examination code for the first visit and an inflated expanded subsequent examination code (such as CPT Code 99214) for virtually all patients on subsequent visits. Review of the record supports the ALJ's findings that treatment modalities were administered indiscriminately, without documented rationale, without attention to patient complaints, and indeed keeping patients in treatment after nurses notes repeatedly indicated that the patient denied pain and declined further treatment.

By the Initial Decision the ALJ concluded, and we agree, that respondent's conduct constituted inadequate examination or inadequate documentation of examinations, failure to maintain proper patient records, gross and/or repeated negligence in patient treatment, billing for services not rendered, and false or fraudulently inflated coding of bills as to all patients indicated in violation of N.J.A.C. 13:35-6.5 and of N.J.S.A. 45:1-21(b), (c)

and/or (d), (e) and (h).

As to Count II, the ALJ found (and we adopt, as supported by the record) grossly negligent or indiscriminate prescribing of Controlled Drugs, disregard of the pain management agreements respondent required patients to sign, and continued prescribing without adequate monitoring or precautions to prevent abuse or diversion. Additional findings included progress notes which failed to document any warnings regarding effects or risk of use, and in concert with the testimony of the State's expert Dr. Bowen, findings with which, in our own expertise, we agree, that the use of short acting opiates for long periods (which was repeatedly engaged in by respondent) is inappropriate resulting in risks of possible addiction and damage to the liver. Finally as to the variety of patients in Count II the ALJ found that respondent maintained charts in a fraudulent or grossly negligent manner. The ALJ concluded that respondent's conduct in Count II constituted inadequate documentation of drugs prescribed and the indiscriminate prescribing of CDS and other drugs in violation of N.J.A.C. 13:35-6.5(a) and (b)(viii) and N.J.A.C. 13:35-7.6 (a); and of N.J.S.A. 45:1-21(b), (c), (d), (e), (h) and (m).

As to Count III the ALJ found, and we agree, that respondent regularly billed for treatment services constituting physical therapy, rendered by persons not licensed to perform those services and also billed for therapy services not rendered. He found that

respondent permitted unlicensed persons to perform acts for which a license is required, or aided and abetted unlicensed persons in performing such acts. He additionally found such conduct as to patients and third party payors, constituted fraud, misrepresentation and deception; gross or repeated negligence, malpractice or incompetence; and professional misconduct. Such conduct was found individually or cumulatively to constitute violations of N.J.A.C. 13:35-6.16, N.J.S.A. 45:9-6 and 45:1-21(b), (c), (d), (e), (h), and (n). Each instance found was said to constitute a separate transaction and offense.

Underlying these conclusions by the ALJ were a variety of findings regarding each patient listed as to numerous instances in which respondent billed for services not rendered; permitted nurses to implement physical medicine modalities including ultrasound, electrical stimulation, pelvic traction, pulley, wheel, hoist muscle exercise, Nordic Track and active bicycle exercises which are outside of their scope; unbundled billing codes; permitted excessive treatment without appropriate progress; failed to address complaints by patients of persistent pain or nurse notations of complaints or refusal of active therapies; billed for physical therapy for therapeutic massage when merely vibratory or mechanical massage was administered; and billed for constant attendance electrical stimulation when only unattended or a lower level of electrical stimulation was performed. We again conclude the ALJ's

findings as to Count III are well supported in the record, and adopt them in toto.

As to Count IV the ALJ found, and the record supports, that the respondent failed to cooperate in a medical board investigation involving certain massage devices administered by nurses which were billed as mechanical massage and failed to provide requested information, which failures violated N.J.A.C. 13:45C-1.3 and N.J.S.A. 45:1-21(e) and (h).

Count V of the Amended Complaint included allegations as to one additional patient (J.E.C.), similar to allegations in the prior counts of the complaint as to a variety of other patients, including gross and repeatedly negligent patient examination and treatment; negligent preparation of patient records; indiscriminate or grossly negligent prescribing of controlled drugs; inflated coding of service levels; and fraudulent billing and representations as to patient J.E.C. As to allegations of inadequate examinations and management of treatment, the ALJ found, and we adopt based on our review, that respondent ordered and permitted persons not licensed as physical therapists to perform acts for which a license is required by law, that respondent aided and abetted persons in performing such acts without required supervision, that such conduct constituted fraud, misrepresentation and deception, gross and repeated negligence, malpractice or incompetence and professional misconduct - all individually or

cumulatively violating N.J.A.C. 13:35-6.16, N.J.S.A. 45:9-6 and 45:1-21(b), (c), (d), (e), (h), and (n).

As to the allegations involving grossly negligent or indiscriminate prescribing of CDS to J.E.C., the ALJ found, and we concur, that respondent provided medical care in a manner failing to comply with N.J.A.C. 13:35-7.6, and that he prescribed CDS to patient J.E.C. in a grossly negligent and indiscriminate manner in violation of N.J.S.A. 45:1-21(c), (d), (h) and (m).

Regarding allegations in Count V of inflated and fraudulent/deceptive misrepresentations in billing, the ALJ found, and we agree, that patient records withheld by respondent revealed that respondent had treated patient J.E.C. prior to an accident of January 18, 2006 for the identical diagnosis as a previous accident, and that respondent's patient record report and certification for the 2006 accident were therefore false, deceptive and misleading in violation of N.J.S.A. 45:1-21(b), (e) and (h), and N.J.S.A. 45:9-6. This conduct singularly or cumulatively was found to constitute gross/or repeated negligence; and false or fraudulent inflation of bill coding, in violation of N.J.A.C. 13:35-6.5, N.J.A.C. 13:35-7.6 and of N.J.S.A. 45:1-21(b), (c) and/or (d), (e), (h) and (m).

Finally as to Count VI the ALJ determined, as we find is supported by the record, that respondent's failure to cooperate in a second board investigation constituted violations of N.J.A.C.

13:45C-1.3 and N.J.S.A. 45:1-21(e) and (h), involving an April 7, 2008 Demand For Statement In Writing Under Oath forwarded by the Board to respondent, which sought documents and information including J.E.C.'s patient charts maintained by respondent, and regarding transcription of the illegible records including prescriptions in connection with the treatment of patient J.E.C.

In making its determination the Board considered respondent's claims in his exceptions, essentially that his opinion and evidence were not considered by the ALJ, and his specific limited exceptions including that a finding of gross negligence must be made in order to suspend a license (which purportedly was not made in this case); his claim that the Board had approved his use of nurses for physical therapy in the past, his assertion that he now uses typed notes and medicine logs in his files correcting his past practices (which were found to include cryptic symbols, illegible notes and illegible, disorganized or missing recordation of medications); his assertion that the pain management agreements in this case were not violated as most patients used different locations of the same chain pharmacy, and finally his assertion that as the risks of acetaminophen were allegedly discussed with the patients and prescriptions based on their complaints and objective findings, his prescribing was not indiscriminate.

Respondent's exceptions as well as the Attorney General's reply and oral arguments were scrutinized at the Board meeting on

August 12, 2009. The Board found respondent's exceptions not to be persuasive including for example that it is self-evident that it is not necessary to find gross negligence in order to suspend a license to practice medicine, however findings of gross negligence were made by the ALJ in this case, as well as numerous findings of professional misconduct and other statutory and regulatory violations which have been found to be sufficient to support disciplinary action including suspension of license in the past. The multiplicity of findings of violations of the standards embodied in the statutes and regulations governing the practice of medicine provide substantial support for the removal of respondent from medical practice via suspension, as was recommended by the ALJ.

Respondent's other exceptions are unavailing. His belated claim that he uses typed notes and medication logs at this time, cannot excuse his long term use of grossly inadequate medical records, (some of which utilized unintelligible symbols and nonstandard abbreviations which respondent himself could not decipher), which were not acceptable under any standard of the practice of medicine either currently or in the past. The clear findings of violations of the pain management agreements are not undercut by respondent's claim that some patients used different locations of the same chain pharmacy. Respondent did not document his claim of prior Board approval of the manner in which nurses

were utilized to perform physical therapy according to the evidence in this case. Indeed the manner in which nurses were utilized to perform physical therapy, unsupervised, often with no physician presence, without appropriate training and with discretion to make changes on their own, was so extraordinarily improper that it is self-evident respondent could not support his claim that he informed the Board of these practices and received approval in the past. Similarly, respondent's claim that he discussed the risks of acetaminophen with patients (undocumented in charts) and based his prescribing on their complaints and his findings would not excuse the extraordinary long term overprescribing found. His contention is immaterial given the manner and length of prescribing.

DISCUSSION ON PENALTY AND COSTS

Respondent's actions as found in this matter demonstrate, as articulated by the ALJ, an absolute disregard not only of the statutes, regulations and standards of care governing the practice of medicine, but most importantly, a disdain or lack of concern for the welfare of his patients. The ALJ commented that he searched the record and was unable to finding mitigating factors in this matter. Despite long years of practice and apparent regard in the community, respondent was unable, throughout this proceeding, to recognize that his practice in a variety of significant ways, falls significantly below acceptable standards of practice. Given the panoply of bad acts found, we agree with the ALJ that a lengthy

suspension of license, with no consideration of reinstatement without a thorough demonstration of fitness and competence, is the only acceptable resolution of this matter. We therefore accept and adopt the ALJ's recommendations on sanctions, penalties and costs with only the minor modifications indicated below, as the Board has found it unnecessary to require at this time specific requirements for medical testing or other professional treatment.

Respondent has not objected to the amount or calculations utilized as to investigative costs, attorneys fees, expert witness fees, transcript and other costs, claiming only (without documentation) that if his license was suspended his income would be reduced, and therefore he would be unable to afford payment of costs. Respondent has failed to document (via a statement of assets and tax returns) an inability to pay, as required by notification provided to him well before the hearing date in this matter.

Nonetheless, we have reviewed the costs sought in this matter and find the application sufficiently detailed and the amount reasonable given the complexity of the investigation and prosecution of this matter. Our analysis follows.

In its submission seeking investigative costs, the State has submitted certifications of supervising investigator Cindy Gohl, as well as Daily Activity Reports which identify the precise activities performed, the amount of time spent in each activity,

and the hourly rate charged for each investigative assignment from 2004 through 2007. The Daily Activity Reports and certifications document costs totaling \$11,288.94.

We find the portion of the application for investigative costs supported by signed and detailed contemporaneous time records to be sufficient. We note that investigative time records are kept in the ordinary course of business by the Enforcement Bureau, and contain a detailed recitation of the investigative activities performed. Furthermore the overall amount of the investigative time expended (over 100 hours) over the four years of 2004 through 2007 is minimal for investigative services in a matter of this magnitude. We have also considered and find that the rates charged, (from \$101.98 to \$116.80 per hour) to be reasonable, and take notice that investigative costs, approved many times in the past, are based on salaries, overhead and costs of state employees. Considering the important state interest to be vindicated, protection of the public, the investigative costs imposed are certainly reasonable.

Similarly, the Attorney General's certification in this matter extensively documented the time of the attorney expended in these proceedings, detailing all costs as of November 21, 2008 with attachments. The Attorney General documented a total of \$109,938.00 in counsel fees (which did not include any fees for time expended after November 28, 2008), that had been incurred in

the course of the proceedings regarding respondent. The Attorney General's certification was supported by the time sheets of SDAG Gelber and included information derived from a memorandum by Nancy Kaplan, then Acting Director of the Department of Law and Public Safety detailing the uniform rate of compensation for the purpose of recovery of attorney fees established in 1999 and amended in 2005, setting the hourly rate of a DAG with ten plus years of legal experience at \$175.00 per hour. We are satisfied that the record adequately details the tasks performed and the amount of time spent on each by the Deputy Attorney General (to include investigation, research, drafting, discovery, negotiations, motions, affidavits and briefs, preparation of experts and exhibits for trial, trial presentation, and post hearing brief with appendix). We are satisfied the tasks performed, while time-consuming, needed to be performed and that in each instance the time spent was reasonable.

The rate charged by the Division of Law of \$175.00 for a DAG with 10 or more years of experience has been approved in prior litigated matters and appears to be well below the community standard. Moreover, we find the certification attached to the billings to be sufficient. We note that no fees have been sought for any time after November 28, 2009, following which exceptions, oral arguments on exceptions and additional transcript costs were incurred.

We find the application to be sufficiently detailed to permit

our conclusion that the amount of time spent on each activity, and the overall fees sought are objectively reasonable as well. (See, Poritz v. Stang, 288 N.J. Super 217 (App. Div. 1996)). We find the Attorney General has adequately documented the legal work necessary to advance the prosecution of this case. We are thus satisfied that the Attorney General's claims are reasonable especially when viewed in the context of the seriousness and scope of the action maintained against respondent. We further find that respondent has provided no documentation of any inability to pay such costs.

As to the other costs sought, sufficient documentation has been submitted to support imposition of the following costs (including the investigative costs and attorneys fees discussed above). Costs are traditionally imposed pursuant to N.J.S.A. 45:1-25 so as not to pass the costs of proceeding onto licensees who support Board activities through licensing fees.

Expert Witness Fees	\$ 19,237.00
Medical Board and OAL transcripts	7,026.00
Investigative costs	11,289.00
Attorneys fees	<u>109,938.00</u>
Total costs:	\$148,490.00

As orally ordered by the Board on the record on August 12, 2009,

THEREFORE, IT IS ON THIS 23RD DAY OF NOVEMBER 2009

NUNC PRO TUNC AUGUST 12, 2009

ORDERED THAT:

1. The license of respondent George Godfrey, M.D., shall be suspended for 5 years effective 30 days from the August 12, 2009 oral announcement of this order on the record, that is, on September 11, 2009.

2. Respondent shall accept no new patients during the 30 day period following the oral announcement of this order on August 12, 2009.

3. Respondent shall surrender within 15 days of the service of this order, to the New Jersey State Board of Medical Examiners, 140 East Front Street, 2nd floor, Trenton, New Jersey 08608, his license (wall certificate and biennial renewal) to practice medicine and surgery in the State of New Jersey.

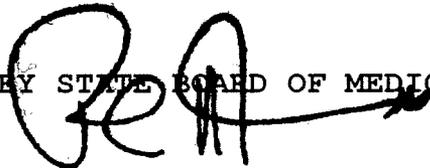
4. Respondent shall pay monetary penalties within 30 days of the date of service of this Order or in such installments as shall be permitted by the Board upon application by respondent prior to that time. Payment shall be by means of a certified check, or money order payable to the State of New Jersey and submitted to the Board at the above address. In the event such payment is not timely made, a certificate of debt may be filed as well as proceedings instituted for collection. Payment shall be made as follows:

\$10,000 for violations found as to Count I of the Complaint;
\$20,000 for violations found as to Count II of the Complaint;
\$20,000 for violations found as to Count III of the Complaint;

\$20,000 for violations found as to Count IV and VI of the Complaint; and \$20,000 as to Count V of the Complaint for total penalties of \$90,000.

5. Respondent shall within 30 days of the date of the service of within Order, pay costs in the amount of \$148,490 by means of a certified check, or money order payable to the State of New Jersey and submitted to the Board at the address above. In the event such payment is not timely made, a certificate of debt may be filed as well as proceedings instituted for collection.

6. No application for reinstatement of license shall be considered unless accompanied by a report of an assessment of respondent's skills by an entity pre-approved by the Board. The Board reserves the ability to impose remedial measures and conditions on licensure upon review of such an assessment of skills, and an appearance by respondent before the Board or a designated committee to consider such application.


NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By: _____
Paul Mendelowitz, M.D.
Board 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

All 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 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 Number¹: _____

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

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

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).

¹ 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 license,
- (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.