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~~AUGUST 18, 2011~~

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

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

IN THE MATTER OF THE SUSPENSION	:	Administrative Action
OR REVOCATION OF THE LICENSE OF	:	
	:	
SYLVIA S. LEE, M.D.	:	ORDER OF TEMPORARY
LICENSE NO. MA05331700	:	SUSPENSION AND REPORT
	:	OF HEARING COMMITTEE
TO PRACTICE MEDICINE AND SURGERY	:	TO THE BOARD
IN THE STATE OF NEW JERSEY	:	
	:	

This matter was opened to the New Jersey State Board of Medical Examiners (the "Board") by a July 29, 2011 Order to Show Cause, Verified Complaint and supporting documentation of Paula T. Dow, Attorney General, by Wendy Leggett Faulk, Deputy Attorney General. By that application, respondent was required to show cause why an order should not be entered temporarily suspending or otherwise limiting her license to practice medicine and surgery in this State pending final disposition of all charges in the Administrative Complaint. The return date for the Order to Show Cause was scheduled for August 10, 2011. The Verified Complaint in this matter alleges inter alia, in one count that Dr. Lee engaged in acts constituting a crime or offense involving moral turpitude and evidencing incapacity to discharge the functions of a licensee in a manner consistent with the public's health, safety and welfare, in violation of N.J.S.A. 45:1-21(f) and (i) and that her

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continued practice of medicine and surgery absent treatment constitutes a clear and imminent danger to the public, warranting temporary suspension of her license pursuant to N.J.S.A. 45:1-22. Specifically the complaint and application alleged that Dr. Lee engaged in a repeated physical assault of a 13 year old child, T.K., in her home on July 3, 2011, striking the minor in the face, including punching her in the ear, and stabbing her with the flat metal end of a screw driver at least 100 times, including on her arms, torso, and buttocks causing dark bruises and bleeding cuts. The complaint alleged that T.K. ran from the house to a neighbor after Dr. Lee threatened to stab her more if T.K. did not stop crying. . Respondent's conduct as alleged in the complaint was claimed to palpably demonstrate a clear and imminent danger to the public so as to warrant temporary suspension of her license.¹

The hearing on the State's application for temporary suspension was held before a Committee of the Board at its meeting of August 10, 2011. Deputy Attorney General Jeri Warhaftig

¹An Answer to the Complaint, which was apparently sent to the Board at 4:44 p.m. on August 8, 2011 had not been received by the State at the time of hearing. Nonetheless, the Committee accepted a copy from respondent's counsel, and considered the Answer, which neither admitted nor denied the essential allegations, indicated that "defendant" [sic-Respondent] shall rely on all of the documents and information submitted to investigative police officers, and left the State to its proofs. Respondent's answer does identify her relationship to T.K., which in accord with the motion of the State, and concurrence of respondent, shall be redacted from the Answer in any public distribution of the document.

presented the case on behalf of the Attorney General. Respondent appeared represented by Jay Friederich, Esq. Numerous documents were offered into evidence by the Attorney General² as more fully set forth in the Table of Exhibits attached hereto.

Initially, respondent objected to the hearing proceeding before a Committee of the Board comprised of ten members.³ The Committee considered the arguments of the parties, and its longstanding policy, first formally adopted by motion of the Board in 1979, which delegated the authority of the Board to its president, even acting alone, to make interim decisions with respect to orders relating to Board licensees whose conduct appears to pose a clear and imminent danger to the public. Such actions by

²At the outset of the proceeding the Attorney General represented that when the Order To Show Cause was filed there was a representation that photographs attached were to be "sealed," and she indicated to the Board that the State utilized initials on its application to protect the identity of the minor child. It was pointed out that on certain certifications the name of the minor was used inadvertently. Respondent's attorney had no objection to the redaction of the identity of the minor child nor to the sealing of photos (P-5), which were accepted into evidence over respondent's objection that they were not properly identified based on statements of a police officer contained in a certified true copy of an official document on file - a police report (P-4) that the officer observed and photographed the injuries on the 13 year old child on the date of the incident, together with a stipulation identifying the child given in closed session. The Board accepted the photographs into evidence. Certified true copies of police department crime/incident reports (P-1, P-2, P-4) and a certified true copy of a recorded interview of Dr. Lee (P-3), all official records of the Emerson Police Department, were entered into evidence, over similar objections.

³It had been anticipated that eleven members of the Board, a quorum, would be present for the hearing.

Committee are subject to ratification by the Board.⁴ The Board has many times acted in such matters through a Board officer with a committee in exigent circumstances. Therefore the members present, with the concurrence and approval of the Board Vice President, who is authorized by the aforementioned policy to hear the matter alone, determined to continue the hearing via committee.

The Attorney General argued in opening remarks that the proofs would demonstrate that Dr. Lee's dangerous conduct had erupted in at least one instance in horrible violence against a 13 year old child. In response, Dr. Lee's counsel asserted that the State's application, based on one occurrence, was devoid of proof that patients treated by Dr. Lee are in any jeopardy.

The Attorney General relied upon exhibits introduced into evidence supportive of its application. Specifically, P-5 (Ex. D) consists of 10 photographs of the minor child following the alleged assault, and P-3 (Ex. C) is a certified true copy of a transcription of a recorded interview of Dr. Lee on July 3, 2011 at the Emerson Police Department, on which date she was arrested following the alleged assault. In P-3 Dr. Lee describes the circumstances which led to her hitting, then "poking" or stabbing" the 13 year old child with a screwdriver in her home numerous times

⁴A copy of the Board's 1979 motion delegating such authority, as well as its motion of July 11, 1984 authorizing the Board Vice President to so act in absence of the President, is attached.

on July 3, 2011. According to Dr. Lee,

Because we do this every week on Sunday. We wash the dirty clothes-doggie clothes first. Then we wash the not so dirty dog clothes, the towel. She should--I think she should know that she's been doing it every week that since she didn't give the dog a bath yet that we don't have--she should not have washed doggie clothes yet. Doggie towel yet.

After acknowledging that she "got upset" right away and lost her temper, and "I got angry and I hit her," Dr. Lee also admitted in response to a question that this is not the first time she had a problem with anger (p.12 L. 21-24 to p.13 L.6). She recounted that she hit T.K. in the past (p.16, L.2-4) and explains such an episode a few days before the July 3rd incident as follows:

Usually after she makes several mistakes afterwards. Like, the other day I ask her for some tape, Scotch tape, and she hands me the masking tape (p.16 L.11-14).

Dr. Lee later acknowledged that she used a screwdriver before to discipline T.K. in the several days prior to the incident "screwdriver punching (sig) [sic] was just last several days" (p.30 L.2-3). After explaining that she was trying to scare T.K. so she would not repeat her mistake, Dr. Lee explained stabbing the minor child so many times with a flat head screwdriver in the following exchange with a police officer.

Sergeant Mazzeo: Okay. Okay. In this incident where was she stabbed? Was it multiple times? Was it one time?

Ms. Lee: Probably multiple times.

Sergeant Mazzeo: Multiple times, Okay. Where would she have marks from that screwdriver?

Ms. Lee: Probably all over her body.

Sergeant Mazzeo: Arms, back?

Ms. Lee: Her arms and torso.

Sergeant Mazzeo: Anything on the face?

Ms. Lee: No

Sergeant Mazzeo: Nothing on her face?

Ms. Lee: No.

Sergeant Mazzeo: Okay, So her arms?

Ms. Lee: And torso.

Sergeant Mazzeo: Okay. Why was it multiple times? Do you think it was necessary multiple times to get her to learn? Like, have you had problems with her learning from one time? Why was it so many times? Were you in a rage and not, you know?

Ms. Lee: Well, I was wrong and that's why I stabbed her so many times (p.32 L.16 to p. 33 L.12).

Later, Dr. Lee acknowledged she jabbed herself with the screwdriver the day before the assault, claiming it was "as hard as I jabbed T.K." (P.44 L.24-5) yet acknowledged she didn't think she injured herself.

Following presentation of the evidence⁵ the State in its closing remarks argued that despite the lack of any patient complaints in this matter, the doctor's continued licensure poses a clear and imminent danger to the public, because her judgment, as demonstrated in the incidents which escalated from hitting the child with an open hand for minor mistakes, escalating to the

⁵Respondent argued but presented no evidence, claiming she could not do so due to an ongoing criminal investigation. Applications for temporary suspension of license have necessarily been heard by this Board during criminal investigations many times in the past with respondent's providing documentary evidence, testimony or other defenses.

sustained and violent attack with a metal screwdriver on July 3, 2011, goes with Dr. Lee wherever she goes including to her patient practice. Further that the anger displayed is a disorder, and that all rational people would agree that no amount of anger justifies repeatedly stabbing a child with a screwdriver. The State asserted that the Board has found clear and imminent danger arises even without patient complaints such as in matters in which the Board has imposed a temporary suspension involving impairment, whether due to substance abuse or a medical condition. Finally the State argued that a physician capable of such an irrational act as that involved here should be temporarily suspended as the capacity for irrational conduct has not yet been properly assessed and could not yet have been treated, and thus it is unsafe to leave respondent clothed with her license based upon the degree of her irrational behavior and admitted poor judgment.

Respondent's counsel argued that the hearing didn't include information which cannot be discovered at this juncture possibly including that T.K. had problems, and that possibly the Committee would have heard that respondent tried and tried again to resolve certain issues. Respondent asserted due to the ongoing investigation that information is not available, and therefore we don't have the entire picture of what happened, such as medical records or an evaluation of T.K. Further respondent asserted that we don't know whether her conduct was irrational because the

Committee doesn't know whether Dr. Lee was attacked. Respondent's counsel asked the Committee to consider her past history in the medical profession, that she has treated thousands of patients without incident, and suggested that was a guide as to what would happen in the future. Counsel essentially asserted that the Committee should not take Dr. Lee's license away based on one incident of conduct which he argued may not have been irrational as the full picture of what was occurring at the time is not known at this time.

DISCUSSION

Upon review of the materials presented at this juncture, including Dr. Lee's own statements, 10 photographs of T.K. taken on the day of, and after the incident occurred, and T.K.'s statements to police officers, the Committee is concerned with the profound lack of judgment, loss of impulse control and impaired cognition evidenced on the record before us. Based on an objectively trivial incident that a child washed a "doggie" towel with dog clothes in the incorrect order, respondent became so angry that she began a violent attack with the metal tip of a screwdriver upon a 13 year old child in her household who she had an obligation to protect. Respondent's assertions that there may "possibly" have been problems with T.K. are belied by her statements to the police that she was the problem, not the 13 year old child, and denied that the child rebelled, acted out or showed signs of anger or violence

(p.55&56). Although we agree with the State that no amount of anger could justify the repeated stabbing of a child with a screwdriver, Dr. Lee admitted to planning the attack by trying the screwdriver on herself to see how painful it was the day before the incident, and although initially claiming she only hit T.K. with her hand, she eventually told the police that she "poked" T.K., finally acknowledging that she "stabbed" the child about 20 times on the back, torso and buttocks. We have viewed the photographs and they demonstrate that there appear to be close to 50 bruises and small bleeding punctures or other wounds on the buttocks alone, with a similar number on other parts of the body. Incredibly, Dr. Lee, a trained physician, claimed to be unaware that the attack caused bleeding, despite acknowledging that she saw blood on her hand as she claimed she thought her hand was bleeding. She admitted that she had first used the screwdriver on T.K. three days prior to this incident, and had also hit T.K. for providing the incorrect tape to Dr. Lee. While Dr. Lee claimed to have stopped ~~stabbing T.K. after a while,~~ T.K. reported that the stabbing with the screwdriver began again when slippers she was wearing tracked some dog hair onto a newly vacuumed rug, and that she ran from the home when the attack did not stop.

We agree with the State that this matter involves impaired judgment on the part of Dr. Lee which she brings with her wherever she goes, but in our view and given our medical expertise, it goes

further than that. Having used a screwdriver once to discipline a child for a mistake or series of mistakes, and then jabbing herself to gauge how painful it was, Dr. Lee engaged in a violent and sustained attack that she had planned, not even recognizing that she was causing bleeding wounds, and not ending, according to T.K. until the child fled. Respondent also believed she caused 20 wounds when there were 100. The evidence before us forms a palpable demonstration of a clear and imminent danger to the public health, safety and welfare. There has been demonstrated such a degree of violence, significant lack of impulse control, impaired judgment and cognition that coupled with the trivial nature of the incident which gave rise to the attack, we can have no assurance that respondent's lack of control will not carry over to the workplace where stressful situations are commonplace with patients and staff, such that we find no measure short of the temporary suspension of respondent's license will suffice.

IT IS THEREFORE ON THIS *17th* DAY OF *August* 2011,

ORDERED:

1. The license of Sylvia Lee, M.D. is temporarily suspended effective one week after the date of the hearing that is on August 18, 2011, in order to permit an orderly wind down of practice for the benefit of patients. The suspension shall continue until such time as the Board reviews the results of the plenary proceedings in this matter.

2. Respondent's original medical license, current biennial registration, New Jersey Controlled Dangerous Substances (CDS) registration and Drug Enforcement Administration (DEA) registration shall be surrendered to the office of the Board of Medical Examiners, 140 East Front Street, 2nd Floor, P.O. Box 183, Trenton, New Jersey 08608, pending further order of the Board.

3. This Order is subject to review and ratification by the full Board of Medical Examiners at its next meeting currently scheduled for September 14, 2011.

4. Respondent shall comply with the Directives Regarding Licensees who have been disciplined, which is attached hereto and made a part hereof.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By: Kathryn Lambert
Kathryn Lambert, D.O.
Vice President

EXHIBIT LIST

Exhibits

- P-1 Certified True Copy (redacted) of the Emerson Police Department Crime/Incident Report by Sgt. Stephan Clark, dated July 3, 2011
- P-2 Certified True Copy (redacted) of the Emerson Police Department Crime/Incident Report by Police Officer Anthony Mazzo, dated July 3, 2011
- P-3 Certified True Copy (redacted) of the recorded interview of Sylvia S. Lee, M.D. on July 3, 2011 at the Emerson Police Department, as transcribed by certified shorthand reporter Carmine Wolfe.
- P-3A DVD interview of Sylvia S. Lee, M.D. on July 3, 2011 at the Emerson Police Department (not reviewed by Board).
- P-4 Certified True Copy (redacted) of Emerson Police Department Crime/Incident Report by Police Officer Carol Leins, dated July 3, 2011.
- P-5 Certified True Copy of photographs of minor-child T.K. (under seal).
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EXECUTIVE PRIVILEGES

THE BOARD AUTHORIZED THE PERSON SERVING AS PRESIDENT OF THE BOARD TO MAKE CERTAIN INTERIM DECISIONS ON BEHALF OF THE BOARD WITH RESPECT TO ORDERS RELATIVE TO BOARD LICENSEES WHOSE CONDUCT APPEARS, IN THE CIRCUMSTANCES, TO POSE A CLEAR AND IMMINENT DANGER TO THE PUBLIC HEALTH, SAFETY AND WELFARE, PURSUANT TO N.J.S.A. 45:1-22(e) AND N.J.A.C. 13:44A-3.1. SUCH ACTIONS SHALL BE TAKEN AFTER HEARING ARGUMENT BY A DEPUTY ATTORNEY GENERAL AND, WHERE POSSIBLE AND NOT INCONSISTENT WITH THE PUBLIC SAFETY, BY THE SUBJECT LICENSEE OR ATTORNEY.

THE BOARD FURTHER GAVE AUTHORIZATION FOR INTERIM DECISION WHEN THE BOARD HAS APPROVED THE GENERAL TERMS OF ANY ORDER OR A PLEA BARGAIN, THE EXECUTION OF WHICH REQUIRES IMMEDIATE ACTION.

ALL ACTIONS EXERCISED BY THE BOARD PRESIDENT UNDER THIS AUTHORIZATION ARE SUBJECT TO ULTIMATE RATIFICATION BY THE BOARD.

(FROM THE MEETING MINUTES OF NOVEMBER 14, 1979)

ABSENCE OF PRESIDENT

THE BOARD RULED THAT IN THE ABSENCE OR UNAVAILABILITY OF THE PRESIDENT OF THE BOARD, THE VICE PRESIDENT OF THE BOARD IS AUTOMATICALLY DESIGNATED PRESIDENT, PRO-TEM. THE LINE OF SUCCESSION WOULD THEN CONTINUE TO THE SECRETARY AND THEN TREASURER.

(FROM THE MEETING MINUTES OF JULY 11, 1984)

**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.

**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.