

JEFFREY S. CHIESA
ATTORNEY GENERAL OF NEW JERSEY
Division of Law, 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101

FILED

August 13, 2012

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

By: Tobey Palan
Deputy Attorney General
Attorney for Board of Medical Examiners
(973) 648-3808

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

IN THE MATTER OF THE LICENSE OF

FELICIA E. GONZALEZ, D.O.
LICENSE #25MB006259300

TO PRACTICE MEDICINE IN THE
STATE OF NEW JERSEY

Administrative Action

**CONSENT ORDER OF
REINSTATEMENT OF LICENSURE**

This matter was opened to the New Jersey State Board of Medical Examiners (Board) upon receipt of a request from Felicia E. Gonzalez, D.O., (Respondent) seeking to reinstate her medical license which was voluntarily surrendered by way of a Consent Order dated November 30, 2010. As for background, on November 3, 2010, the Board filed an Order to Show Cause, Verified Complaint and supporting documents alleging that Respondent was incapable, for medical or any other good cause, of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare pursuant to N.J.S.A. 45:1-21(I). Respondent has been in documented recovery for over two years and remains in treatment with the Professional Assistance Program (PAP).

In accordance with the November 30, 2010 Consent Order, prior to any restoration of her license, Respondent is required to appear before a Committee of the Board to determine her fitness

CERTIFIED TRUE COPY

to re-enter the practice of medicine; provide the Board with evidence that she is capable of discharging the functions of a licensee and that she is not suffering from any impairment or limitation resulting from the use of alcohol or any drug which could affect her practice; provide the Board with a report from the PAP detailing the nature and extent of her involvement with that entity; and provide the Board with a full account of her conduct during the intervening period of time from her entry into treatment until her appearance. Respondent and Dr. Louis Baxter, M.D. of the PAP appeared before a Committee of the Board on January 25, 2012. At the time of the Committee meeting Respondent had been in documented recovery for approximately two (2) years. Dr. Baxter testified that Respondent is fully compliant with the November 30, 2010 Consent Order. He recommended the reinstatement of Respondent's medical license in New Jersey with certain conditions. Respondent now seeks leave to reinstate her license to practice medicine and surgery in the State of New Jersey. The Board finding that Respondent has been in stable recovery for over two years, is forthcoming, insightful and honest regarding her addiction and is fit to practice medicine and that the within disposition is adequately protective of the public health, safety and welfare,

IT IS THEREFORE on this 13th day of Aug , 2012,

ORDERED:

1. Felicia E. Gonzalez, D.O. is hereby granted a license to practice medicine in New Jersey subject to the following terms and conditions:

A) Respondent shall maintain absolute abstinence from alcohol, all controlled dangerous substances, and any other potentially addictive substances, except as duly prescribed by a treating health care practitioner for legitimate medical reasons. Respondent shall advise all of her treating health care practitioners, of her addiction history. Respondent shall report any such prescriptions to the PAP and the Board in writing within five (5) days of receiving such a

prescription together with the name of the prescribing physician/dentist/advanced practice nurse or other authorized prescriber and the reason for its use.

B) Respondent shall attend support group meetings of AA/NA at a minimum of three meetings per week.

C) Respondent shall undergo random witnessed urine monitoring for controlled dangerous substances and alcohol a minimum of twice per week for a minimum of the first six months of licensure reinstatement. Subsequent reductions in urine monitoring are to be at the discretion of the Executive Medical Director of the PAP with prior notification submitted to the Board.

D) The Board reserves the right to require a modification of the manner of the random witnessed urine testing by the PAP in the event technical developments or individual requirements indicate that a different methodology or approach is required to guarantee the accuracy and reliability of the testing.

E) Respondent's failure to submit to or provide a urine sample when requested shall be deemed to be the equivalent of a confirmed positive urine test and shall be deemed a violation of this order unless Respondent is unable to appear for a scheduled urine test due to illness or other impossibility. Respondent must advise the Board in writing within two (2) days, and cause the PAP to so advise the Board in writing within (2) days, of a claimed illness or impossibility. If Respondent fails to appear for a scheduled urine test due to illness, Respondent shall provide to the Board, written substantiation of the illness in the form of a physician's report, within two (2) days. "Impossibility" means an obstacle beyond the control of Respondent that is insurmountable or that makes her appearance for the urine test so infeasible that a reasonable person would waive Respondent's requirement to give the urine sample that day.

F) All random witnessed alcohol and drug screens shall be negative for the presence of alcohol or drugs, unless the drugs detected by screening were taken for a documented illness pursuant to a valid prescription from a health care practitioner aware of Respondent's substance abuse history. All positive results shall be confirmed by the Gas Chromatography Mass Spectrometer (GC/MS) testing method. Chain of custody documentation must accompany all laboratory reports and/or the laboratory reports must indicate that chain of custody procedures have been followed.

G) Any urine test result showing creatinine levels below 20 mg/dl and a specific gravity below 1.003 shall create a rebuttable presumption of a confirmed positive urine test, and shall be followed by a confirming test. The method of the confirming test shall be determined by the PAP.

H) Respondent shall become familiar with all foods, food additives or other products (such as poppy seeds) which may affect the validity of urine screens, be presumed to possess that knowledge, and shall refrain from the use of such substances. Respondent specifically agrees that ingestion of such substances shall not be an acceptable reason for a positive urine screen and/or failure to comply with the urine monitoring program.

I) Respondent shall be responsible to ensure that the PAP shall supply monthly reports beginning on the "filed" date of this Order to the Board regarding her progress with the monitoring program for six (6) months and then quarterly reports for the next twelve (12) months.

J) Respondent shall obtain the agreement of the PAP via a signature of its representative on this Order to notify the Board within 24 hours of its receipt of information of any "slip or relapse" of impairment, including but not limited to any positive urine screen or failure to appear for urine monitoring or any scheduled appointment or any discontinuance of the PAP rehabilitation program whether initiated by Respondent or by the PAP.

K) Respondent shall attend regular face-to-face meetings with a staff member of the PAP on a monthly basis for a minimum of six (6) months from the filing date of this Order. If Respondent remains in successful documented recovery, her face-to-face meetings shall continue at a frequency commensurate with her documented duration in recovery as determined by the Executive Medical Director of the PAP with prior notice to the Board.

L) Respondent expressly waives any claim to privilege or confidentiality that she may have concerning reports and disclosures to the Board, and use by the Board of that information in any license proceedings, including reports and disclosures by the urine monitoring program, or the PAP, or any other person or entity involved in the rehabilitation program.

M) All costs associated with the monitoring outlined above shall be the responsibility of, and paid directly by Felicia E. Gonzalez, D.O.

2. Respondent shall continue individual and group aftercare with Dr. Deerfield or her successor approved by the Board, until such time Dr. Deerfield, in consultation with Dr. Baxter of the PAP, agree that it is no longer required and the PAP recommends discontinuance to the Board and the Board approves such discontinuance. Such discontinuance will not be entertained until Dr. Gonzalez has been in practice for a full year.

3. Respondent shall continue therapy with Allan Horen, MSW, LCSW. Dr. Gonzalez can not discontinue treatment without the agreement of Mr. Horen and Dr. Baxter with advance notification to the Board.

4. Respondent's work week shall not exceed forty (40) hours for her first year of licensure reinstatement.

5. Respondent hereby consents to the entry of an Order of automatic suspension of license without notice, upon the Board's receipt of any information which the Board in its sole discretion deems reliable that Felicia E. Gonzalez, D.O. has failed to comply with any of the

conditions set forth above, any other provision of this Order, or any report of a confirmed positive urine, or a prima facie showing of a relapse or recurrence drug abuse and/or the use of alcohol or controlled substances.

6. Respondent shall have the right to apply for removal of the automatic suspension on five (5) days notice but in such event shall be limited to a showing that the urine tested was not hers or was a false positive in the case of urine testing, or that other information submitted was false.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By: _____

George J. Scott, D.P.M., D.O., Board President
George J. Scott, D.P.M., D.O., Board President
GEORGE J. SCOTT, D.O.

I have read and understood the above Order and agree to be bound by its terms. I hereby consent to the entry of this Order:

Felicia E. Gonzalez, D.O.
Felicia E. Gonzalez, D.O.

I have read and understand the within Order and agree to comply with the terms which relate to the Professional Assistance Program of New Jersey (PAP).

L. E. Baxter

Dr. Louis Baxter
Professional Assistance Program
of New Jersey

**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.