

FILED

January 15, 2015

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

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

IN THE MATTER OF THE LICENSE OF	:	
	:	Administrative Action
ZAHID ASLAM, M.D.	:	
License No. MA90801	:	PROVISIONAL ORDER
	:	OF DISCIPLINE
TO PRACTICE MEDICINE AND SURGERY	:	
IN THE STATE OF NEW JERSEY	:	

THIS MATTER was opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt of information which the Board has reviewed and on which the following preliminary findings of fact and conclusions of law are made;

CERTIFIED TRUE COPY

FINDINGS OF FACT

1. Respondent, Zahid Aslam, M.D., is the holder of License No. MA90801 and was licensed to practice medicine and surgery in the State of New Jersey on March 28, 2012. Respondent's license is currently active.

2. On or about January 23, 2013, the Maryland State Board of Physicians ("Maryland Board") entered a "Consent Order" (attached) executed by the Respondent at which time he was reprimanded and placed on probation for a minimum of twelve (12) months with certain terms and conditions. More specifically, the Maryland Board found that Respondent grossly over utilized health care services in violation of H.O. §14-404(a)(19), failed to meet the standard of quality care in violation of H.O. §14-404(a)(22) and failed to maintain adequate medical records in violation of H.O. §14-404(a)(40), related to his care and treatment of twelve (12) patients.

3. Thereafter, on or about May 30, 2014, the Maryland Board entered a "Consent Order" (attached) executed by the Respondent at which time he was reprimanded in connection with the publishing of a coupon that offered monetary payment or an object of monetary value when an individual brought a child to the pediatric practice in the Respondent's office in violation of H.O. §14-404(a)(15).

CONCLUSION OF LAW

Respondent's acts giving rise to the above disciplinary actions taken by the Maryland Board provide grounds to take disciplinary action against Respondent's license to practice medicine and surgery in New Jersey pursuant to N.J.S.A. 45:1-21(e).

ACCORDINGLY, IT IS ON THIS 15th day of Jan, 2015,
ORDERED THAT:

1. Respondent shall be, and hereby is, **PROVISIONALLY REPRIMANDED**. Further, Respondent shall remain in full compliance with the provisions set forth in the above Maryland Consent Orders and any finding that he has not remained in full compliance may provide additional grounds upon which this Board may take disciplinary action.

2. The within Order shall be subject to finalization by the Board at 5:00 p.m. on the 30th day following entry hereof unless Respondent requests a modification or dismissal of the above stated Findings of Fact or Conclusions of Law by:

a) Submitting a written request for modification or dismissal to William Roeder, Executive Director, State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625-0183.

b) Setting forth in writing any and all reasons why said findings and conclusions should be modified or dismissed.

c) Submitting any and all documents or other written evidence supporting Respondent's request for consideration and reasons thereof or offered in mitigation of the penalty.

3. Any submissions will be reviewed by the Board, and the Board will thereafter determine whether further proceedings are necessary. If no material discrepancies are raised through the supplemental submissions during the thirty (30) day period, or if the Board is not persuaded that submitted materials merit further consideration, a Final Order of Discipline will be entered.

4. In the event that Respondent's submissions establish a need for further proceedings, including, but not limited to, an evidentiary hearing, Respondent shall be notified with regard thereto. In the event that an evidentiary hearing is ordered or requested by Respondent, the preliminary findings of fact and conclusions of law contained herein shall serve as notice of the factual and legal allegations in such proceeding. Furthermore, in the event a hearing is held and/or upon further review of the record, the Board shall not be limited to the findings, conclusions and sanctions contained herein.

NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By:



Stewart A. Berkowitz, M.D.
Board President

Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. At all times relevant hereto, the Respondent, was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on October 8, 2003 and is board-certified in obstetrics and gynecology. The Respondent maintains an office for the practice of obstetrics and gynecology located in Elkton, Maryland.

Procedural Background

Case Number 2009-0985

2. On or about June 25, 2009, the Board received a complaint from Complainant A,¹ a former patient of the Respondent. Complainant A alleged that the Respondent wrote her a prescription for Percocet for pre-labor pain, which she refused. Complainant A stated that she had learned that the Respondent prescribed controlled dangerous substances ("CDS") to other pregnant patients.
3. On October 27, 2009, Board staff notified the Respondent of the complaint and asked the Respondent to provide a written response to the allegations.
4. On November 18, 2009, the Respondent filed his response to the complaint.
5. The Board initiated an investigation and referred the matter to a peer review entity to conduct a review of the Respondent's practice. The peer reviewers were provided with the Respondent's response to the allegations.
6. The results of the peer review are set forth below.

¹ For the purposes of this document, the names of patients and facilities are confidential.

Case Number 2010-0586

7. On February 16, 2010, the Board received an anonymous complaint that included, *inter alia*, numerous allegations regarding the Respondent's performance of tests without appropriate credentials as well as his hiring and referral practices.²
8. The Board initiated an investigation and obtained patient records from the Respondent's practice and Hospital A, where he holds privileges.
9. In furtherance of its investigation, the Board sought an expert opinion regarding the allegations contained in the complaint. The results of the expert's review are set forth below.

Case 2009-0985

10. The peer reviewers concurred that the Respondent failed to meet the standard of quality care and failed to maintain adequate medical record-keeping in four of seven patient charts. The peer reviewers did not find that that the prescription of CDS to a pregnant patient was in and of itself violative of the standard of quality care. The peer reviewers opined, however, that the Respondent failed: to conduct adequate physical examinations in some instances; consistently failed to appropriately document his treatment rationale for prescribing CDS; failed to counsel patients regarding the use of narcotics during pregnancy and that his use of a repetitive "template" medical record format was inadequate and did not accurately provide information regarding his patient encounters.

² The complaint also contained allegations regarding the Respondent's personal health and other personal issues. The Board found no evidence to support those allegations.

11. The Respondent's notes fail to represent in an accurate manner the patients' presentation and his assessment of it. The notes are repetitive and difficult to follow. Most of the Respondent's notes are two or three pages in length of single space type. The Review of Systems section contains a list of over 40 items. The Respondent typically documents "(-)" after each item. The Physical Examination section of the note includes a subsection entitled "Constitutional." The Respondent generally notes that the patient is "pleasant" and in "no apparent distress" even when the patient presents in pain and the Respondent prescribes a narcotic medication. The Respondent's response to the Board, in which he summarized his care of each patient, contains information that he failed to document in the patient's note.
12. The Respondent's documented care of patients is inconsistent with what he characterized in his response to the Board as "very clear Practice Guidelines" when prescribing narcotics to his pregnant and non-pregnant patients.
13. In his response, the Respondent stated that for acute conditions, his "first choice is non-narcotic pain medication and the help of other methods of pain control which do not involve pain medications."
14. The Respondent continued that "for long term use of pain medication, I adopt a multimodality approach which includes but not limited to following: (*sic*)
 - a. Consultation of pain specialist.
 - b. Involvement of Primary Care doctor.
 - c. Physical therapy.
 - d. Neonatal consult.
 - e. NAS (neonatal abstinence syndrome) counseling and provide literature.
 - f. Involve perinatologist.

- g. Do the serial growth US [ultrasound], non-stress test and biophysical profile for baby's health and growth.
- h. Rehabilitation.
- i. Methadone treatment.
- j. Social Service consult.
- k. Counseling.

Patient-Specific Findings of Fact

Patient A

- 15. Patient A initially presented to the Respondent³ on December 28, 2008 for prenatal care during her second pregnancy.
- 16. On July 30, 2009, Patient A presented for a prenatal visit. In the Medication History portion of the note, the Respondent documented:

Percocet 325 mg-10 mg tablet⁴ (One tab PO⁵ every 8 hours as needed)(active); usage started on 7/23/2009 medication was prescribed by [Respondent]
- 17. The Respondent failed to document the quantity of Percocet he prescribed.
- 18. The Respondent failed to document in his July 30, 2009 note his treatment rationale for prescribing. Rather, he noted that Patient A was in "no apparent distress" and did not otherwise note that she was in pain.
- 19. The Respondent failed to document in Patient A's July 23, 2009 note that he had prescribed Percocet. As in the July 30 note, the Respondent documented that Patient A was in no apparent distress.
- 20. In the Respondent's response, he stated that he had counseled Patient A "multiple times" regarding the chronic use of pain medications during pregnancy,

³ Patient A was also seen by the Respondent's partner for some of her pre-natal visits.

⁴ Percocet is a Schedule II CDS.

⁵ PO is the abbreviation for orally.

including “their side effects, dependence, withdrawal and neonatal abstinence syndrome.”

21. Review of the Respondent’s notes, however, reveal that he failed to document the counseling regarding pain medications that he stated he had provided to Patient A.⁶
22. The Respondent’s notes for all the patients at issue are typed and follow a template format. The Respondent consistently documented at each visit that he counseled the patient regarding a lengthy list of topics including: nutrition; domestic violence; smoking; seatbelt use; car seat safety; supplements; benefits of breast feeding and post-partum depression.
23. The Respondent failed to meet the standard of quality care for reasons including but not limited to: his failure to conduct a physical examination of Patient A on July 23 and July 30, 2009; and his prescribing unspecified quantities of Percocet to Patient A in the absence of clinical indications for narcotic medication.
24. In addition to the general deficiencies noted in ¶¶ 10 and 11, the Respondent failed to maintain adequate medical records for reasons including but not limited to his failure to document the quantity of Percocet he prescribed to Patient A and that he had counseled Patient A regarding the risks of taking narcotic pain medication during pregnancy. In addition, the Respondent’s repetitive and template documentation format is difficult to follow and does not correlate with the care the Respondent reported he provided in his response to the Board.

⁶ In April 2009, a physician other than the Respondent counseled Patient A regarding the possible risks of narcotic medications during pregnancy when she was hospitalized for an episode of pyelonephritis.

Patient B

25. Patient B, then 23 years old, initially presented to the Respondent on May 12, 2009 having transferred to the Respondent's practice in the twenty third week of her pregnancy. The Respondent documented that Patient B had a history of kidney stones. The Respondent noted that her medication regimen included Percocet as needed (prn) for pain.
26. The Respondent failed to document his prescription of Percocet to Patient B in a consistent and accurate manner. In the Medication History section of several notes, the Respondent listed Percocet as "active" and also "discontinued", without indicating the date he discontinued Patient B's Percocet. On September 10, 2009, the Respondent's documentation followed this pattern yet also noted in the Plan section of the note "PO [by mouth] Percocet."
27. On June 15, 2009, the Respondent documented that he had added Darvocet⁷ to Patient B's medications. The Respondent documented that, "Patient has b/l [bilateral] renal stones and was admitted in the hospital for that," however, he failed to document elsewhere in the note his assessment of this condition. He documented no problems in the lengthy review of systems template and noted that Patient B was in no apparent distress.
28. The Respondent delivered Patient B's baby on August 23, 2009.
29. On September 16, 2009, the Respondent noted that Patient B presented with "complaints of chills and fever, nausea and vomiting, pain and headaches... She also presents for follow-up evaluation of headaches and migraine headaches."

⁷ Consistently misspelled in Patient B's record as "dorvocet". Darvocet, a Schedule IV CDS, was removed from the U.S. market in November 2010.

30. The Respondent failed to document Patient B's headaches or migraines prior to the September 16, 2009 notes. In that note, he failed to describe the location, frequency and duration of her headaches.
31. On September 16, 2009, the Respondent prescribed an unspecified quantity of Dilaudid⁸ without documenting his treatment rationale and in the absence of clinical indications.
32. In the Respondent's summary of his treatment of Patient B, he stated that "we discussed with [Patient B] about (*sic*) the dependence and tolerance on Pain Medications." The Respondent failed to document those discussions
33. The Respondent failed to meet the standard of quality care in his treatment of Patient B for reasons including but not limited to his failure to evaluate Patient B before prescribing CDS.
34. In addition to the general deficiencies noted in ¶¶ 10 and 11, the Respondent failed to maintain adequate medical records in this case for reasons including but not limited to: his failure to document the clinical indications to support prescribing CDS to Patient B or his treatment rationale for doing so; his failure to document his care in an accurate manner and his failure to document in a clear and consistent manner when he started and stopped CDS as well as the dosage and frequency.

Patient C

35. Patient C was twenty years old when she initially presented to the Respondent on June 19, 2009 with complaints of pelvic pain.

⁸ Dilaudid is a Schedule II CDS.

36. On June 26, 2009, Patient C returned complaining that her pelvic pain was getting worse. The Respondent documented, “[g]ave oral Pain Medications...Patient tried pain medication with limited improvement.”
37. The Respondent failed to document in the June 26, 2009 note or earlier notes which “oral pain medication” he gave to Patient C.
38. Patient C returned on July 10, 2009 with continuing complaints about pelvic pain. The Respondent documented that he had prescribed Percocet (one tablet every eight hours) on June 26, 2009.
39. The Respondent did not prescribe a trial of prescription strength non-steroidal anti-inflammatory drugs (“NSAID”) before starting a Schedule II narcotic.
40. Patient C presented to the Respondent for monthly visits from July 2009 through November 2009. In each of the monthly notes through November, the Respondent documented that Percocet was an “active” medication. In the November 2009 note, however, the Respondent documented that he had discontinued Percocet in July 2009.
41. The Respondent failed to meet the standards of quality care in his treatment of Patient C for reasons including but not limited to his failure to prescribe a trial of prescription strength NSAIDs before prescribing Percocet to Patient C.
42. In addition to the general deficiencies noted in ¶¶ 10 and 11, the Respondent failed to maintain adequate medical records for reasons including but not limited to his failure to accurately document the medications he prescribed to Patient C.

Case Number 2010-0586

Summary of Expert Opinion

43. The medical expert ("Expert"), who is board-certified in obstetrics and gynecology, reviewed twelve patient records and the Respondent's summary of care. The patient records reviewed by the expert were separately subpoenaed by the Board and are different from those reviewed in Case #2009-0985.
44. The Expert found that the Respondent's electronic medical records were extremely difficult to review due to the redundancy of information in each file.
45. The Expert concluded that in ten of the twelve cases, the Respondent grossly overutilized health services because he ordered and performed multiple sonograms and biophysical profiles in the absence of documented medical indications to support the frequency with which the tests were performed.
46. The Expert further concluded that all twelve records were difficult to follow because the Respondent's repetitive and needlessly voluminous documentation obscured relevant medical information.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent grossly overutilized health care services, in violation of H.O. § 14-404(a)(19), failed to meet the standard of quality care, in violation of H.O. § 14-404(a)(22) and failed to maintain adequate medical records, in violation of H.O. § 14-404(a)(40).

ORDER

Based on foregoing Findings of Fact and Conclusions of Law, it is this 23rd day of January, 2013, by a majority of the quorum of the Board considering this case:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent shall be placed on **PROBATION** for a minimum of twelve (12) months beginning on the effective date of the Consent Order and until all of the following terms and conditions are fully and satisfactorily complied with:

a. Within nine (9) months of the effective date of the Consent Order, the Respondent shall successfully complete at his own expense a Board-approved course in medical documentation. The course shall be in addition to the Continuing Medical Education ("CME") credits required for licensure;

b. Within nine (9) months of the effective date of the Consent Order, the Respondent shall successfully complete at his own expense a Board-approved course in CDS prescribing. The course shall be in addition to the CME credits required for licensure;

c. Within nine (9) months of the effective date of the Consent Order, the Respondent shall successfully complete at his own expense a Board-approved course in medical ethics. The course shall be in addition to the CME credits required for licensure;

d. Within nine (9) months of the effective date of the Consent Order, the Respondent shall successfully complete at his own expense a Board-approved course

in clinical indications for diagnostic studies, including but not limited to, diagnosing obstetric and gynecologic conditions; and it is further

ORDERED that the Respondent shall be subject to chart or peer review at the discretion of the Board during the probationary period; and it is further

ORDERED that the Respondent shall comply with the Maryland Medical Practice Act and all laws, statutes and regulations pertaining to the practice of medicine; and it is further

ORDERED that the Respondent's failure to comply with any of the conditions of probation or this Consent Order shall be considered a violation of probation; and it further

ORDERED that if the Respondent violates any of the terms and conditions of probation or of this Consent Order, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing before an Administrative Law Judge at the Office of Administrative Hearings if there is a genuine dispute as to the underlying material facts, or an opportunity for a show cause hearing before the Board, may impose any other disciplinary sanction for which the Board may have imposed, including a reprimand, probation, suspension, revocation and/or monetary fine, said violation being proven by a preponderance of the evidence; and it is further

ORDERED that after twelve (12) months from the date of this Consent Order, the Respondent may submit a written petition to the Board requesting termination of probation. After consideration of the petition, the probation may be terminated, through an order of the Board or designated Board committee. The Board, or designated Board committee, will grant the termination if the Respondent has fully and satisfactorily

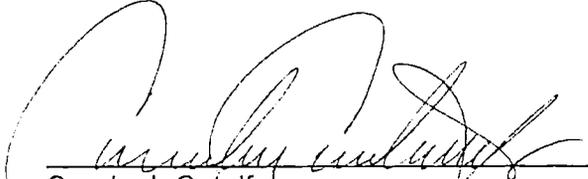
complied with all of the probationary terms and conditions and there are no pending complaints related to the charges; and it is further

ORDERED that the Respondent shall not petition the Board for early termination of the terms and conditions of this Consent Order; and it is further

ORDERED that the Respondent shall be responsible for all costs under this Consent Order; and it is further

ORDERED that this Consent Order shall be a public document pursuant to Md. State Gov't Code Ann. § 10-611 (2009 Repl. Vol.).

1-23-13
Date



Carole J. Catalfo
Executive Director
Maryland State Board of Physicians

CONSENT

I, Zahid Aslam, M.D., acknowledge that I am represented by counsel and have consulted with counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to

forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

12/18/12
Date



Zahid Aslam M.D.
Respondent

STATE OF MARYLAND
CITY/COUNTY OF ecil

I HEREBY CERTIFY that on this 18th day of December 2012, before me, a Notary Public of the foregoing State and City/County personally appeared Zahid Aslam, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.



Notary Public

My Commission Expires 4/13/16



IN THE MATTER OF	*	BEFORE THE
ZAHID ASLAM, M.D.	*	MARYLAND STATE BOARD OF
Respondent	*	PHYSICIANS
License Number: D60954	*	Case Numbers: 2013-0270 & 2013-0371
* * * * *	*	* * * * *
		<u>CONSENT ORDER</u>

On January 27, 2014, the Maryland State Board of Physicians (the "Board") charged Zahid Aslam, M.D. (the "Respondent"), License Number D60954, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("H.O.") §§ 14-101 *et seq.*

The pertinent provision of the Act under H.O. § 14-404(a) provide as follows:

- (15) Pays or agrees to pay any sum to any person for bringing or referring a patient or accepts or agrees to accept any sum from any person for bringing or referring a patient[.]

On May 14, 2014, a conference with regard to this matter was held before Panel A of the Board's Disciplinary Committee for Case Resolution Conference ("DCCR"). As a result of the DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. At all times relevant hereto, the Respondent, was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on October 8, 2003 and is board-certified in obstetrics and gynecology. The Respondent maintains an office for the practice of obstetrics and gynecology located in Elkton, Maryland.

Prior Disciplinary History

Case Numbers 2009-0985 & 2010-0586

1. On October 11, 2012, the Board charged the Respondent the Respondent with: grossly overutilizing health care service, in violation of H.O. § 14-404(a)(19); failing to meet the standard of quality care, in violation of H.O. § 14-404(a)(22); and failing to maintain adequate medical records, in violation of H.O. § 14-404(a)(40).
2. Specifically, the Board charged the Respondent with consistently failing to appropriately document his treatment rationale for prescribing Controlled Dangerous Substances ("CDS") to pregnant patients, failing to counsel patients regarding the use of narcotics during pregnancy, ordering excessive sonograms and biophysical profiles in the absence of documented medical indications to support the frequency with which the tests were ordered, and failure to maintain adequate medical records.
3. Effective January 23, 2013, the Respondent entered into a Consent Order with Board to resolve charges that he had violated the Act.
4. Under the terms of the Consent Order, the Respondent was placed on probation for a minimum of twelve (12) months, was required to take remedial courses in CDS prescribing, medical documentation, medical ethics and clinical indications for diagnostic studies. The Respondent was subject to chart or peer review at the Board's discretion. The Respondent was also required to comply with the Act and all laws, statutes and regulations pertaining to the practice of medicine.

Current Complaints

5. In late 2012, the Board received three separate complaints regarding the Respondent's practice. The complaints alleged in pertinent part that the Respondent was offering incentives to parents to transfer their child or children to the pediatric practice he had added to his office.
6. In furtherance of the Board's investigation, Board staff interviewed the Respondent, members of his practice and staff and patients. Board staff also conducted an on-site visit of the Respondent's office.
7. When interviewed by Board staff, the Respondent acknowledged that in 2012 he had placed advertisements regarding his practice on six or eight occasions in a local newspaper. The advertisements contained two coupons; one was for the pediatric practice, the second related to the Respondent's "medical weight management" practice.¹
8. The pediatric practice coupon read in full:

Pediatrics/Children's Center
\$25 Gift Card
Or Build a Bear
Or \$25 Off First Visit
Limit 1 per Family
Coupon must be presented at first visit
Expiration date 1/15/13

9. Board staff interviewed several of the mothers who had joined the pediatric practice in the Respondent's office during the time the coupon had been published in the newspaper. Two of the mothers ("Mother A" and "Mother B") acknowledged that they had received a bear after transferring the care of their

¹ The weight management coupon offered two free meal replacements for one week.

children to the pediatric practice in the Respondent's office. Mother B recalled that the pediatrician asked if she wanted her to be the child's pediatrician. After the Mother B said yes, the pediatrician gave her the bear.

10. The Respondent published a coupon that offered monetary payment or an object of monetary value when an individual brought a child to the pediatric practice in the Respondent's office. The Respondent's conduct in whole or in part violates H.O. § 14-404(a)(15).

CONCLUSION OF LAW

Based on the foregoing Findings of Fact, Disciplinary Panel A finds as a matter of law that the Respondent violated H.O. § 14-404(a)(15).

ORDER

Based on the foregoing Findings of Fact and Conclusion of Law, it is, by Disciplinary Panel A, hereby

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Consent Order is considered a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., State Gov't § 10-611 *et. seq.* (2009 Repl. Vol. and 2013 Supp.).

5/30/14
Date

Christine A. Farrelly
Christine A. Farrelly
Acting Executive Director
Maryland State Board of Physicians

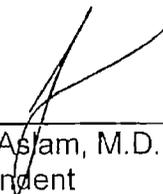
CONSENT

I, Zahid Aslam, M.D., acknowledge that I am represented by counsel and have consulted with counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by Disciplinary Panel A, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of Disciplinary Panel A to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of a disciplinary panel of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

5/23/14
Date



Zahid Aslam, M.D.
Respondent

NOTARY

STATE OF MARYLAND

CITY/COUNTY OF Baltimore City

I HEREBY CERTIFY that on this 23rd day of May 2014, before me, a Notary Public of the foregoing State and City/County personally appeared Zahid Aslam, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.


Notary Public

*My Commission Expires
4/13/16*



**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.