



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

IN THE MATTER OF THE SUSPENSION : Administrative Action  
OR REVOCATION OF THE LICENSE OF :  
: ORDER GRANTING SUMMARY  
Leonard Joachim, M.D. : DECISION AND REVOKING  
License No. 25MA04752700 : LICENSE TO PRACTICE  
: MEDICINE & SURGERY  
TO PRACTICE MEDICINE AND SURGERY:  
IN STATE OF NEW JERSEY :

This matter was opened to the New Jersey State Board of Medical Examiners upon the filing of a Notice of Motion for Summary Decision and for the imposition of sanctions regarding a July 2014 Amended Complaint filed by Acting Attorney General John J. Hoffman, Doreen A. Hafner, Deputy Attorney General appearing. The four count Amended Complaint includes in the first count allegations that Respondent Joachim, while providing medical treatment to patient S.R. at an appointment after normal office hours, engaged in sexual contact with the patient including kissing, oral sex and unconsented to sexual intercourse. Respondent's conduct was alleged to constitute gross or repeated malpractice [N.J.S.A. 45:1-21(c)], professional misconduct [N.J.S.A. 45:1-21(e)], and a failure to maintain good moral character [N.J.S.A. 45:9-6].

The Attorney General's complaint charges in a second count that Respondent repeatedly violated a Consent Order he entered with the Board in August of 2010 following findings that his conduct (of a sexual nature) with female patient D.S. provided grounds for

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disciplinary action. The Order imposed a chaperone requirement, a boundaries course and \$50,000 in costs, payment of which was stayed provided there were no future violations of the statutes and regulations governing medical practice. The second count went on to allege that that Respondent frequently treated female patients without a required Board-approved chaperone present including patient S.R. on several occasions; that Respondent's Board-approved chaperones did not make required notations in patient records to indicate their presence during treatment of females and that less than two months following completion of a mandated intensive boundaries course Respondent went to lunch with patient S.R. and discussed personal issues. This conduct was said to constitute violations of the above-mentioned statutory citations regarding professional misconduct and failure to fulfill the requirements of good moral character.

Allegations of the third count of the Complaint included Respondent's conviction of the crime of criminal sexual contact as to patient S.R. - Respondent having admitted he kissed S.R. on the mouth and fondled and touched her breasts without permission. The conviction was alleged to involve moral turpitude as well as constituting conviction of a crime relating adversely to the practice of medicine thus presenting grounds for disciplinary action pursuant to N.J.S.A. 45:1-21(f); for violation of the sexual misconduct regulation of the Board, N.J.S.A. 13:35-6.3; and due to a failure to maintain good moral character pursuant to N.J.S.A. 45:9-6.

Finally, the fourth count of the Complaint alleged that Respondent did not cooperate in a Board investigation by failing to respond to a demand for statement under oath as to his care and treatment of patient T.R. in violation of the licensee duty to cooperate embodied in N.J.A.C. 13:45C-1.2 and 1.3 and that Respondent failed to maintain T.R.'s patient record for the required period of time in violation of N.J.A.C. 13:35-6.5(b).

Respondent filed an answer admitting the majority of the allegations of the Complaint, while denying some allegations and legal conclusions. At the time scheduled for hearing of the Motion for Summary Decision,<sup>1</sup> Doreen A. Hafner, Deputy Attorney General presented documents on behalf of the State and argued in support of the Motion For Summary Decision (see Exhibit list on attachment). Respondent's counsel Joseph Gorrell, Esq., indicated Respondent admitted all allegations and legal conclusions of the Complaint and that he was not contesting the Motion for Summary Decision. He conceded that the Board had a sufficient basis to act based on the admissions to the allegations of the Complaint, and did not object to Deputy Attorney General Hafner's argument.

This Board may enter summary decision pursuant to N.J.A.C. 1:1-12.5 when the documents filed demonstrate that there is no genuine issue of material fact challenged and the moving party is entitled to prevail as a matter of law. Dr. Joachim has admitted all of the allegations of the Amended Complaint including that he

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<sup>1</sup> An Interim Order of Surrender deemed a temporary suspension of license pending the resolution of the plenary proceedings in this matter was filed as to Respondent on September 22, 2011.

violated the sexual misconduct regulation (N.J.A.C. 13:35-6.3), that his conduct constituted gross malpractice and a lack of good moral character and that he violated a Consent Order of August 27, 2010 by, among other actions, having a sexual encounter with a patient (S.R.) during an office visit on August 31, 2011 and seeing the female patient without a chaperone.

We find that the State has demonstrated sufficient undisputed facts for the Board to determine liability. In so finding, we have relied on exhibits provided by the Attorney General in support of the Amended Complaint and Motion for Summary Decision, as well as Respondent's answer, admissions, his testimony under oath, lack of objection to the motion and his agreement that summary decision is appropriate.

Based on the evidence and record before us, we find among other things, that despite a 2010 Consent Order requiring Respondent to utilize a chaperone whenever seeing a female patient in his office, he failed to do so on numerous occasions and while seeing patient S.R. on August 31, 2011 when he engaged in a sexual encounter with her including intercourse during an unchaperoned after hours office visit. Such conduct constitutes gross malpractice, violation of the specific provisions of a Consent Order, professional misconduct, failure to comply with regulations of the Board barring sexual misconduct, and requiring licensees to cooperate with the Board, as well as a failure to maintain the ongoing requirement of good moral character in violation of N.J.A.C. 13:35-6.3, N.J.S.A. 45:1-21(c),

(d), (e) and (h), N.J.S.A. 45:9-6, and N.J.A.C. 13:45C-1.4.

Further we find, as admitted by Respondent, that he plead guilty and was convicted of having committed an act of criminal sexual contact upon S.R. with the use of physical force or coercion in that he fondled her breasts and kissed her on the mouth without permission during the course of an examination at his office. Such conviction, and the acts underlying the crime, constitute conviction of a crime of moral turpitude and one which relates adversely to the practice of medicine in violation of N.J.S.A. 45:1-21(f); professional misconduct in violation of N.J.S.A. 45:1-21(e); violation of the sexual misconduct regulation, N.J.A.C. 13:35-6.3; and failure to maintain the ongoing requirement of good moral character pursuant to N.J.S.A. 45:9-6.

We also conclude that Respondent engaged in repeated violations of the August 2010 Consent Order which placed him on probation during which he went to lunch with patient S.R. and discussed personal matters within a few weeks after taking the boundaries course, in February 2011. Violations of the Consent Order also included arranging to see patient S.R. after office hours and without a chaperone on August 31, 2011; failing to have chaperones attest to their presence for 20 other office visits with S.R. from October 12, 2010 - July 11, 2011; for all patient visits chaperoned by one chaperone (Sanchez) and for all visits after the "beginning" with another chaperone (Budansky). The latter chaperone reported she was not present during about 10% of female patients visits and the former

chaperone was not present whenever a patient wanted to speak in private. Such violations of a Consent Order entered into with the Board constitute a violation of the Duty to Cooperate Regulation, N.J.A.C. 13:45C-1.4 and professional misconduct in violation of N.J.S.A. 45:1-21(e).

Finally, we find that Respondent failed to cooperate by failing to respond to a Demand for Statement Under Oath for treatment and billing information regarding patient T.R. and as to why patient records were not provided in response to subpoena, all in violation of N.J.A.C. 13:45C-1.3(a)(4)+(6); and that Respondent failed to maintain a treatment record for T.R. for 7 years, in violation of the patient record rule - N.J.A.C. 13:35-6.5(b).

Having concluded that summary decision was entirely appropriate, and multiple bases for disciplinary action having been established, the Board unanimously voted to grant Summary Decision, and as the parties had been previously advised, the Board convened a hearing regarding mitigating and aggravating circumstances for determination of an appropriate penalty.

#### **MITIGATION HEARING**

Respondent's presentation in mitigation included his own testimony and that of his physician employer, the general office manager of his employer and a psychologist who performed an evaluation of Respondent.

Respondent's testimony included an acknowledgement that his

conduct was wrong morally and legally and violated the trust he had with his patient, and that he knows the Board's primary obligation is to protect patients. He described his own struggle to understand why he engaged in such poor judgment. He is still unable to explain why, having been sanctioned before and about to be considered for an unrestricted license, he committed the violations herein. Although engaging in therapy he has still been unable to find a satisfactory answer, but asserted his belief that he is a better person, after losing his home, the need for his wife to work and his inability to work for the past 3½ years,\* all of which he described as a sobering experience. He briefly described that he has begun to regain self-respect, returned to closeness to church, volunteering to clean there, and he has engaged in psychotherapy and self-analysis. He requested the opportunity to return to restricted medical practice with supervision and seeing only male patients.

Dr. Steven Dane, M.D., the current Medical Director of Sall Myers Medical associates, and respondent's employer, testified in support of respondent. He has known him since 1997, when respondent was hired. Respondent had clear records showing thorough exams, Dane never had a complaint about him, and the patients liked him. Respondent has continued working at Sall Meyers preparing chart summaries and organizing files without clinical work since the surrender of license. Dr. Dane offered to supervise respondent if the Board permits him to practice only with male patients. He would

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\* Respondent incorrectly claimed he had not practiced in 4½ years.

hire him even given his history as his offenses were patterned on females under the age of thirty. He was confident given the type of practice of Sall Myers that he could be scheduled to see male patients exclusively. Dr. Dane acknowledged on cross-examination that other physicians would be scheduled to see female patients and would be present in the waiting room and exam room at the same time as Respondent. However it was indicated a chaperone could be hired.

Deborah Minassian, the general manager of Sall-Myers, responsible for the support staff administrative functions and billing also testified on behalf of Respondent. She has known Respondent since he was hired in 1997, and indicated many employees used him as a primary care physician. Her parents were treated by him. The only problem they had with Respondent is that he kept patients waiting as his patient visits were too long, however the patients benefitted. Ms. Minassian was also grateful to Respondent as he helped her brother by suggesting a diagnosis of a difficult problem. She supported the claim that Sall Myers could come up with an alternate schedule to have male patients in the office when Respondent was present.

Finally, Respondent presented the testimony of psychologist Phillip Witt who has performed as a forensic psychologist for many years, including performing evaluations for the Board. He performed an evaluation of Respondent in 2013, and an update in 2015.

The question presented to Dr. Witt was whether Respondent

presented a risk of re-offending. After interviewing Respondent, administering several tests and referring to an earlier evaluation, Dr. Witt concluded that Respondent scored low to medium as to the risk of re-offending, but if he treated patients other than adult women, Witt found the risk would be low. When he performed an update evaluation this year, Dr. Witt examined the question of whether Respondent presents a risk to adult male patients, and concluded he did not. On cross-examination, Dr. Witt acknowledged there were various facts he was not aware of at the time he evaluated Respondent, including that Respondent had denied he engaged in any inappropriate behavior in connection with his 1995 conviction and that he plead guilty to criminal sexual contact only to resolve the matter; Witt's report does not indicate he was told that there was no Board-ordered chaperone present during the patient visit with S.R. at issue, and Dr. Witt only learned during the Board hearing of May 2015 that Respondent entered into a Consent Order in 2010 providing grounds for discipline under the sexual misconduct regulation as to the allegations of patient D.S.

At the conclusion of Respondent's presentation on mitigation, the State entered two documents as to aggravating circumstances - a transcript of Respondent's 1995 plea to criminal sexual contact (S-12), and the transcript of sentence of March 1995 (S-13).

#### **DISCUSSION ON PENALTY**

This matter involves an extraordinarily heinous act by a physician engaging in sexual conduct including intercourse with a patient during the course of and while administering treatment on the examination table, in violation of the most basic tenet of medicine - to do no harm. It has been accepted since the time of Hippocrates that sexual relations with a patient are improper. As the Board has stated in the past - a sexual relationship with a patient is inherently coercive - as the physician is empowered - due to his or her superior knowledge and the needs of the patient - for treatment and medication.

The context of the actions of this physician put into sharp focus why the only appropriate action of this Board must be the revocation of Respondent's license, and why we cannot envision that this physician will ever be worthy of the privilege of licensure again. This is not the first time Respondent has been before us on charges of sexual impropriety. Astoundingly, this is the third time Respondent is before the Board on of allegations and findings of a sexual nature, and the second time Respondent appears with a criminal conviction involving sexual contact with a patient. More than twenty years ago, in 1992, two female patients made allegations that under the guise of medical treatment, Respondent engaged in improper sexual conduct. Similar to the current matter, one patient alleged the examination took place outside of office hours, with no one else present. In the face of these criminal sexual allegations Respondent admitted intentionally touching one patient victim "about her

breasts and buttocks" for his own sexual gratification, pleading guilty in 1995 to committing an act of sexual contact (S-12). In sentencing Respondent to five years of probation, the Judge mentioned that the disturbing facts of the case were "an aberration from the profile we have of the defendant," and Respondent promised it would never happen again - that he was having problems in his marriage when these incidents occurred in the course of treating a patient (S-13). The Board permitted Respondent to continue practice, imposing probation, a reprimand, penalties and costs together with continuation of a chaperone requirement for female patients as agreed at the time of the 1992 incident.

Remarkably, Respondent was before us again regarding sexual allegations by a patient in 2003, who alleged Respondent took her hand, forcing it to his erect penis and kissing her on the mouth. That matter resolved before this Board with a 2010 Consent Order including findings that Respondent's conduct with the patient provided grounds for disciplinary action, and providing for probation, a psychosexual evaluation, a boundaries course and the chaperone requirements already discussed.

Despite the Board providing Respondent with a lifeline to remain in practice, via repeated opportunities to rehabilitate, and despite all of the remedial measures we have attempted, Respondent once again has failed to observe appropriate professional boundaries - and after three years of therapy, testified he is unable to explain why.

Most disturbing, the serious current allegations of a variety

of sexual acts by Respondent with a patient including oral sex and sexual intercourse during an office visit for treatment occurred while Respondent was subject to and in violation of a Consent Order requiring continuous presence of a chaperone whenever he saw a female patient. We are not persuaded by the opinion of evaluator Witt that Respondent poses a low to moderate risk of re-offending. Dr. Witt was not even aware of much of the background of the matter including that Respondent was on probation with chaperones required at the time of the latest offense, among other factors. Additionally, we find patients should not be put even to a low to moderate risk of Respondent's improper behavior, and ability to sidestep whatever restrictions we could fashion.

Incredibly less than two months prior to this latest instance of sexual impropriety Respondent testified to a Board Committee in support of his application for an unrestricted license how much he had learned from an intensive boundaries course and the importance of the use of chaperones voluntarily. This testimony occurred at a time when he was already violating the chaperone requirement.

We cannot envision circumstances under which this licensee, having been found to have engaged in serious sexual misconduct three times over twenty years, would ever be able to practice again. Despite every protective and remedial action we have taken, Respondent has found a way to sidestep and ignore our efforts designed to protect patients repeatedly. Aside from the need to impose sanctions for this licensee's heinous acts, we have concluded he may no longer be trusted

with the privilege of licensure.

IT IS THEREFORE ON THIS 3 DAY OF June 2015,

**ORDERED THAT:**

1. The Motion for Summary Decision is granted as to all counts and allegations of the Amended Complaint of July 23, 2014.

2. The license of Respondent to practice medicine and surgery in the State of New Jersey shall be revoked effective ten (10) days after service of this written Order. Respondent has already ceased practice under an Interim Order of Surrender filed September 27, 2011.

3. Respondent is hereby assessed a civil penalty in the amount of \$60,000 representing \$20,000 per count for the subsequent violations found as to Count I, II and IV of the Complaint. No additional monetary penalty is imposed for the violations found in Count III, as the factual basis underlying the conviction is similar to and subsumed by the more extensive findings made as to Count I of the Complaint. Such penalty shall be paid within thirty (30) days of the entry of this Order, by certified check or money order or cashier's check payable to "State of New Jersey," or by wire transfer, direct deposit, or credit card payment delivered or mailed to Mr. William Roeder at the office of the Board of Medical Examiners, 140 East Front Street, P.O. Box 183, Trenton, New Jersey 08608.

4. Respondent shall pay costs of \$74,731 - \$50,000 of which was

already imposed via Consent Order of August 27, 2010, but stayed until such time as the Board made findings of additional violations of Board statutes and regulations herein. Respondent is additionally assessed costs in the amount of \$24,731 representing costs as sought by the Attorney General<sup>2</sup> for attorney fees (\$9,065) transcripts (\$2,596.74) and investigative costs (\$13,069). Such costs shall be paid within thirty (30) days of the date of this Order, in the same manner as specified in paragraph 3 above, and delivered to Mr. William Roeder at the office of the Board of Medical Examiners.

5. Failure to timely make any payments due under this Order shall result in the filing of a certificate of debt as well as any other

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<sup>2</sup> Respondent has raised no objection to the amount of costs sought other than providing tax returns showing his dramatically reduced income (from \$250,000 in 2011) for 2012 and 2013. Although tax returns were not yet filed for 2014, Respondent acknowledged his wife's income was about \$100,000 as a physician and he presented a W-2 form for himself for \$71,762 - indicating a family income of more than \$171,000. Respondent presented no certified statement of assets as requested if he wished to claim financial hardship. Given the recent substantial income and failure to document hardship as to assets, we do not find it appropriate to reduce the amount of penalties or costs imposed for the grave violations found in this matter. The tax return and financial information submitted are insufficient to alter the Board's determination that it is appropriate to impose significant monetary penalties and the full costs of investigating and prosecuting this matter. We have reviewed the certifications submitted in support of cost assessments and find the amounts sought to be reasonable in the context of this important matter, with regard to the detail submitted, the number of hours of attorney time and the rates of compensation for that time. However, we have reduced the attorney fees sought by 7 hours or \$1225 (2 hours for editing of a press release, 3.5 hours of reviewing of files, .5 hours for review of unspecified paperwork, .5 hours unspecified time and .5 hours for receipt of Interim Consent Order) to ensure fairness and in an abundance of caution. Attorney's fees are the subject of a memo detailing rates charged by the Division of Law for a DAG with more than 10 years of experience - \$175 per hour, which we have considered and approved many times in the past, and note is well below the community standard. Similarly, investigative costs, approved many times in the past are based on salaries, overhead and costs of state employees. Considering the important state interests to be vindicated, protection of the public by assuring physicians are honest and practice appropriately and within the standard of care, the costs sought herein appear reasonable. Indeed, the application is sufficiently detailed to permit our conclusion that the amount of time spent, and the overall fees sought, are objectively reasonable as well. (See Portiz v. Stang, 288 N.J. Super 217, App. Div. 1996)

proceedings as permitted by law.

6. Respondent shall comply with the Directives regarding Disciplined Licensees which are incorporated herein whether or not attached to this Order.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

A handwritten signature in black ink, appearing to read 'Karen Criss', written over a horizontal line.

By:

Karen Criss, R.N. CNM  
Vice 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.

**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.