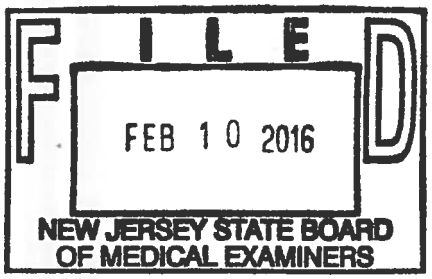

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUPENSION OR REVOCATION OF THE LICENSE OF	Administrative Action
Farooq Rehman, M.D. License No.: 25MA05178600	ORDER ADOPTING IN FULL PRIOR ORDER ENTERED BY BOARD HEARING COMMITTEE (REVISED)
TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF NEW JERSEY	

WHEREAS this matter was previously heard before a Hearing Committee of the State Board of Medical Examiners on November 13, 2015, and

WHEREAS following said hearing, the Hearing Committee entered an Order, attached hereto, pursuant to which the license of Farooq Rehman, M.D. to practice medicine and surgery in the State of New Jersey was temporarily suspended, effective November 13, 2015, and

WHEREAS it had been specifically provided, both by the full Board on November 4, 2015 upon delegation of this hearing to a committee, and within the Hearing Committee's Order, filed on November 23, 2015 (effective November 13, 2015) that the Hearing Committee's Order was to be subject to review by the full Board

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of Medical Examiners, which review was to occur on the record established as of November 13, 2015, and

WHEREAS the full Board of Medical Examiners met on December 9, 2015, and then reviewed the record established in this matter, to include pleadings, evidence and a transcript of the hearing held on November 13, 2015, and

WHEREAS the Board unanimously concludes that the established record in this matter fully supports the findings made and actions taken by the Hearing Committee, and further concludes that good cause exists to adopt, in its entirety and without modification, the Order entered by the Hearing Committee,

IT IS on this 10th day of February, 2016

ORDERED:

The Board hereby adopts, in its entirety and without modification, the Order entered by the Board Hearing Committee (attached hereto and incorporated herein in full). The temporary suspension of respondent Farooq Rehman, M.D.'s license to practice medicine and surgery in the State of New Jersey, which had been ordered by the Hearing Committee effective November 13, 2015, shall continue in full force and effect pending final adjudication of the allegations of the Verified Complaint including Board review of the results of any plenary

hearing at the Office of the Administrative Law.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By:

Stewart Berkowitz, M.D.
President

NOTICE OF REPORTING PRACTICES OF BOARD REGARDING DISCIPLINARY ORDERS/ACTIONS

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See http://www.njdoctorlist.com.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website.
See http://www.njconsumeraffairs.gov/bme.

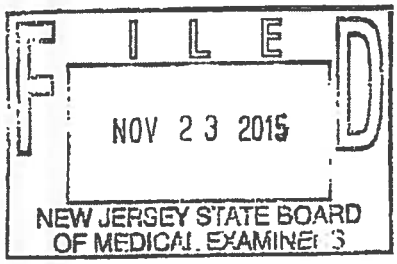
Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf.

Pursuant to N.J.S.A.45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required 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 entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

Nothing herein is intended in any way to limit the Board, the Division of Consumer Affairs or the Attorney General from disclosing any public document.



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

IN THE MATTER OF THE SUSPENSION
OR REVOCATION OF THE LICENSE OF

Farooq Rehman, M.D.
License No.: 25MA05178600

TO PRACTICE MEDICINE AND SURGERY
IN THE STATE OF NEW JERSEY

REPORT AND ORDER OF THE
BOARD'S HEARING COMMITTEE

This matter was opened to the New Jersey State Board of Medical Examiners (the "Board") on November 2, 2015 upon the concurrent filing of an Administrative Verified Complaint with Exhibits, an Order to Show Cause, and a letter brief seeking the emergent temporary suspension of the license of Respondent Farooq Rehman, M.D. to practice medicine and surgery in the State of New Jersey pursuant to N.J.S.A. 45:1-22.

Within the one count Verified Complaint the Attorney General alleges that Respondent violated N.J.A.C. 13:35-6.3, N.J.S.A. 45:1-21(c)(d)(e)and (h) and N.J.S.A. 45:9-6 by his repeated sexual touchings of patient J.P. during the course of two purported medical examinations. Specifically, the Attorney General alleges that on August 26, 2015 and September 9, 2015, during the course of examinations and evaluations to diagnose and treat "right wrist drop due to radial neuropathy," Respondent, a neurologist, inappropriately and for his own sexual gratification, touched patient J.P. multiple times on her breasts, abdomen, thighs and

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buttocks and exposed her vaginal area from different angles, while conducting a prolonged medical evaluation.

By letter brief and certification with exhibits submitted through his Attorney and dated November 2, 2015, Respondent denied all the allegations and argued that he is an outstanding member of his community, has no negative history with the Board and at this juncture the imposition of conditions on his license would be sufficient to protect the public. He asserted that this emergent interim proceeding is not the time to impose discipline, just to protect the public.

The hearing on the State's application for temporary suspension was held before a Committee of the Board on November 13, 2015.[1] Deputy Attorney General Susan Brown-Pietz presented the case on behalf of the Attorney General. Respondent appeared represented by Michael Critchley, Esq. and Amy Luria, Esq. of Critchley, Kinum & Vasquez, LLC.

This Report and Order, transcripts of the hearing before the Committee, all evidence presented and all briefs submitted in this matter will be submitted for review by the Board of Medical Examiners at its next meeting currently scheduled for December 9,

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[1] The Order to Show Cause was initially returnable November 4, 2015. The hearing was adjourned after a request of the Attorney General, who thereafter sought a hearing before a Committee of the Board prior to the next regularly scheduled meeting. Because the verified complaint alleges a palpable, clear and imminent danger, the Board, at its meeting of November 4, 2015 delegated authority to a Committee of the Board to hear the matter on November 13, 2015 rather than waiting until the next regularly scheduled monthly Board meeting on December 9, 2015. The Committee members were: Stewart Berkowitz, M.D. (Board President), Barbara Lopez, PA, Francis DeLuca, M.D. and Nazar Haidri, M.D.

2015.[2] At that time the Board may adopt, modify or reject the Committee's Order.

State's Case

Following brief opening statements by both parties, DAG Brown-Pietz entered into evidence, without objection, the DVD of the video taken by J.P. at her September 9, 2015 office visit,

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[2] Prior to the hearing, by letter dated November 11, 2015, Respondent objected to the hearing proceeding before a Committee of the Board. He argued that N.J.S.A. 45:1-1 et seq. and N.J.A.C. 1:1-1.1 et seq. do not authorize a Committee of the Board to hold a hearing or render a decision regarding the suspension of Respondent's license. His position is that only the agency head, which he defined as a quorum of the Board, has authority to take action. DAG Brown-Pietz submitted a written response in opposition. Counsel for Respondent and the DAG declined oral argument at the hearing. The Committee considered the written arguments of the parties and the Board's longstanding policy, first formally adopted by motion of the Board in 1979, which delegated the authority of the Board to its president, even acting alone, to make interim decisions with respect to orders relating to Board licensees whose conduct appears to pose a clear and imminent danger to the public. The Board has heard emergent applications via a Committee of the Board or the Board President innumerable times for over the more than 35 years since the adoption of the policy.

In making our ruling on this objection we considered that it has been well-established that in exigent circumstances administrative agencies may delegate authority to hold hearings to a Committee with less than a quorum of the Board present, subject to the transcript of the entire case together with all evidence being provided to the Board for review and consideration prior to a quorum of the Board making a final decision. It is also well-established that "administrative tribunals may mold their own procedures so long as they operate fairly and conform with due process principles." Laba v. Board of Education, 23 N.J. 364 (1957). The Committee agrees with the Attorney General that it is illogical and unreasonable to interpret N.J.S.A. 45:1-1 et seq. or N.J.A.C. 1:1-1.1 et seq. to mandate that the twenty-one member Board expeditiously convene in each and every emergent application which alleges a clear and imminent danger to the public or, in the alternative, to permit the danger to persist until the Board's next meeting.

Having considered fully the arguments presented, the Committee determined that its obligation to review the conduct of its licensees to ensure that the public health, safety and welfare are protected compelled it to proceed. That decision reflects a balance of the interests presented. We find there was ample notice and opportunity to respond to the allegations in the verified complaint and the full Board will consider the entire record and render a decision accepting, rejecting or modifying our Order. Thus due process is protected. The Board will not abdicate its responsibility to timely consider emergent applications and, therefore, the Hearing Committee determined to deny the motion rather than adjourn this matter until a quorum of the Board could hear the matter 26 days hence at the next regularly scheduled Board meeting on December 9, 2015.

certifications of J.P. and criminal authorities attesting to the authenticity and chain of custody of the video and J.P.'s interview with the police along with Respondent's medical records for J.P.[3] A complete list of all evidence considered by the Hearing Committee is appended to this order. In closed session and without objection DAG Brown-Pietz played the videotape which depicted approximately 16 minutes of the September 9, 2015 "examination."

DAG Brown-Pietz argued in her brief and at the hearing that J.P. was an especially vulnerable patient with a psychiatric history and a drug abuse history. J.P., a hairdresser, initially presented at Respondent's office because she had weakness in her right wrist. Respondent examined a clothed J.P. without a chaperone, and without providing a gown or cloth to cover her. He inappropriately manipulated J.P.'s clothing as he touched her breasts and buttocks and exposed her vaginal area. The DAG argued Respondent was not only crossing boundaries, he was "crashing through them" and engaging in sexual misconduct - the gratuitous touching of J.P.'s breasts, buttocks and thighs within the context of a lengthy physical exam that lasted approximately 16 minutes.

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[3] DAG Brown-Pietz began her presentation by representing that by agreement of the parties the complaining patient's identity would be sealed and that there would be no public disclosure of her name. Similarly, the video ultimately entered into evidence at P-7 would be sealed because it showed J.P.'s face. The parties retained the right to argue regarding the credibility and weight of the evidence. With the agreement of Mr. Critchley, the Board ruled that the patient's name would not be disclosed, the court reporter was directed to refer to her as J.P., and to correct any transcript references if anyone present inadvertently referred to her by name.

The DAG noted that the video indicated that when J.P. asked Respondent why he was touching her "down there" or what his exam had to do with her wrist, Respondent did not respond nor did he provide a justification in the patient record. Respondent created a pattern over two visits, and the prospect of yet another follow-up visit to be scheduled 3 weeks later, that made this patient question whether his conduct was part of an appropriate physical exam. When J.P. reported her suspicion to the police she did not tell them "I was abused." She told them, "I believe I was abused." The DAG argued that J.P. was unsure because the abuse took place in the context of a physical exam.

DAG Brown Pietz argued that a chaperone is not sufficient to protect the public health, safety and welfare and that the temporary suspension of Respondent's license is warranted. She reminded the Committee that the doctor determines what touching is a necessary part of any physical exam. In this case, Respondent's position is that J.P.'s exam was a medically necessary complete evaluation. Even J.P. was concerned that others might think Respondent's sexual conduct was part of a legitimate physical exam. The DAG questioned whether a chaperone would be able to discern misconduct under these circumstances and argued that a chaperone can only watch and report, not stop misconduct.

The DAG urged the Committee to find that Respondent's actions are in violation of the Board's sexual misconduct regulations

found at N.J.A.C. 13:35-6.3 and that his license should be temporarily suspended pending the plenary hearing in this matter.

Respondent's Case

At the time of Respondent's presentation Mr. Critchley entered into evidence, without objection, thirty-one letters of support for Respondent and a letter brief and certification on behalf of Respondent. Additionally, Fazal Panezai, M.D. testified on Respondent's behalf. He is a board certified cardiologist and internist who has been practicing in New Jersey since 1977. He has known Respondent professionally and personally for more than 25 years, and thinks of him as a son. He testified that Respondent has heavily invested his time and money into professional and personal efforts to assist the indigent and those devastated by natural disasters. Dr. Panezai has referred 200 to 300 patients to Respondent and has heard only compliments, no complaints, regarding Respondent's care. He expressed that it is not easy for neurological patients to detach from their physician. He believes Respondent is the best of diagnosticians and is an inspiration for youth. Dr. Panezai's own daughter was so impressed by Respondent that she became a neurologist. Dr. Panezai begged the Committee to show leniency with Respondent and opined that there is "no doubt" Respondent would abide by any conditions the Board might place upon his license.

On cross examination by DAG Brown-Pietz, Dr. Panezai stated that he discussed the allegations in this matter with Respondent briefly and that he saw about 15 minutes of the video (entered into evidence as P-7). When asked whether he saw any issue or problem with Respondent's actions, as depicted on the video, he indicated that he could not answer or comment, because he is not a neurologist and could not speak to what might be appropriate for a neurological exam.[4]

Respondent declined to testify and did not provide a certification directly responding to any of the allegations in the verified complaint.

Mr. Critchley, in his brief and certification and at the hearing, argued that the purpose of a temporary suspension action is not to punish, it is to determine whether there is a clear and imminent danger to the public health, safety and welfare and, if necessary, impose conditions sufficient to satisfy any public safety concerns. He asked the Committee to consider the "full arc" of Respondent's character, not just a single episode of his life.[5] In his opinion, the imposition of restrictions such as the requirement of a chaperone and monitor, would be sufficient to

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[4] The Committee found Dr. Panezai to be evasive. Although he acknowledged that he had viewed the video, he refused to comment on Respondent's behavior, indicating repeatedly that he is not a neurologist and couldn't comment, despite the fact that he is a physician who should be familiar with appropriate exam techniques.

[5] DAG Brown-Pietz argued that the Committee should give little weight to Mr. Critchley's argument that the entire arc of Respondent's career should be considered as Mr. Critchley has no personal knowledge of Respondent.

protect the public from any possible harm given Respondent's good character and the ability of the Board to rely on Respondent to abide by the restrictions.

Counsel for Respondent asked the Committee to be consistent with past practice in similar or more egregious matters and referenced specific consent orders (attached to Mr. Critchley's Letter Brief R-35 in evidence) entered by this Board where the Board imposed chaperone and/or other monitoring requirements rather than suspending the practitioner's license. He reminded the Committee that Respondent has not yet been indicted and has not been accused of digital or other penetration, of utilizing a date rape or other drug, and did not kiss the patient. Yet, in the past, the Board has determined a chaperone was sufficient to protect the public even when these allegations were present.

Mr. Critchley described the nature of Respondent's practice and the loyalty of his patient population, professional colleagues and community as evidenced by the large number of supporters who had provided letters. He argued that Respondent's character is such that he has over three decades of exemplary practice as a physician with no disciplinary action and that he had dedicated himself to providing care, both professional and practical, to the indigent.

He questioned the urgency of the Attorney General's application since he contended that the facts underlying this

action had been known to the Attorney General for some months. He noted that the criminal complaint was published in the newspaper, yet no other alleged victims have come forward.

He asserted that J.P. was not an excessively vulnerable patient, she was alert and fully aware of her surroundings and actions. He emphasized that physicians are often found in unique situations. Part of the practice of medicine is to touch parts of the body that other people cannot. He asserted everything Respondent did was consistent with an appropriate neurological examination.

Discussion and Conclusions of Law

It has been accepted since the time of Hippocrates that sexual behavior with a patient is improper. Such behavior is inherently coercive as the physician is totally in control and empowered, by virtue of the superior knowledge of the physician and the needs of the patient, including the need for medication and treatment. Sexual contact with a patient is thus in conflict with the very essence of the practice of medicine. Because a videotape was taken of Respondent's conduct on September 9, 2015, the Committee had before it a graphic demonstration of the sexual abuse of patient J.P. by Respondent. We were able to observe the furtive and insidious nature of Respondent's touchings of patient J.P. during what purports to be a physical exam. At this juncture, the Committee finds that there has been sufficient

evidence submitted to establish that Respondent has used his medical license to engage in sexually predatory behavior under the guise of a physical exam. There has been a palpable demonstration of a clear and imminent danger so that his continued practice cannot be permitted.

The clear evidence before us at this juncture indicates, for example, that during the September 9, 2015 office visit Respondent repeatedly groped J.P.'s breasts while standing behind her, in front of her and while she was lying on the exam table and both while she was wearing a shirt and after he helped her to remove her shirt, leaving her in a bra. He caressed her thighs multiple times. He repeatedly palpated and topically probed her pelvic and groin area with a reflex hammer and his hand. Multiple times he squeezed her clothed buttocks and moved her shorts in a manner in which he could view her vaginal area. While engaging in this activity he asked questions of a medical nature and repetitively returned to the same areas of the body. Even after the alleged exam was over, Respondent continued to touch J.P. in a sexually inappropriate way.

J.P.'s patient records from the August 26th and September 9th exams indicate no medical justification to warrant such an exam. Even if we were to assume that parts of Respondent's physical exam were based upon a valid medical reason (such as multiple sclerosis) not recorded in the patient record, we find that his

actions still constitute sexual misconduct. For example, there is no demonstrated need for a physician in the circumstances presented here to repeatedly examine the same areas of the body over and over again. Yet, the video showed Respondent palpating and probing J.P.'s pelvic and groin area with a reflex hammer and his hand while again and again lifting and moving aside the leg of her shorts or reaching down through an opened waistband toward her vaginal area. Similarly, even if Respondent felt it necessary to rule out scoliosis by examining J.P.'s bare back, he was not justified in standing so close to her or in touching J.P. along her rib cage and flanks.[6] Finally, this Committee can discern no valid medical justification for groping a patient's breasts reaching from behind or frequently caressing her thighs.

The September 9, 2015 follow-up exam took approximately 16 minutes. The length of this exam appears highly unusual and far in excess of the time required for a follow-up exam of the type in this matter. Indeed, it appears that Respondent may have protracted the exam so that he could take advantage of this patient over and over again, repeatedly touching the patient for his own prurient gratification. Each time pushing the boundaries of the doctor patient relationship further and further to squeeze

[6] J.P. mentions that she has scoliosis in the video, but says it is not bothering her. There is nothing in the patient record to suggest that Respondent was evaluating J.P. for scoliosis.

her breasts through her bra, engage in voyeurism by looking at her crotch, etc.

Using our medical expertise (and with a neurologist on this hearing committee, a physician with the same specialty as Respondent), we find that the behavior of Respondent, as seen on the video not only exceeds any appropriate neurological examination, it constitutes improper sexual touching of a patient and palpably demonstrates a clear and imminent danger to the public.

We are aware of the presentation made regarding the good deeds and community service of Respondent. We are also aware that it is the position of Respondent that the use of a chaperone and/or other restrictions would be adequately protective of the public.

Having found that Respondent's continued practice would present a clear and imminent danger to the public health, safety and welfare, we reject Respondent's suggestion that interim measures short of the full and immediate temporary suspension of his license could be crafted to protect the public pending the conclusion of plenary proceedings and further Order of the Board. Respondent's conduct was so intertwined with what purports to be a neurological exam that we find that a chaperone and/or other restrictions would be insufficient to protect against the deceptive behavior reflected in this video.

Any unsuspecting patient might be confused when sexual touching is embedded within what purports to be a neurological examination.[7] Indeed, it is alleged that this patient videotaped her second exam with Respondent because she was troubled about the possible improprieties of her first exam. The Committee finds it must protect an unsuspecting patient population from the predatory behavior we have viewed on the videotape of this patient's encounter. Patients could be confused and might not recognize the impropriety of Respondent's misconduct disguised as a physical exam. We cannot trust that Respondent will properly comply with chaperone requirements such that a patient under his care will not be subjected to similar behavior. We also cannot trust that a chaperone would be able to identify all instances of sexual misconduct given the insidiousness of Respondent's conduct.

Respondent's argument that the Board of Medical Examiners has previously entered consent orders in sexual misconduct cases allowing for continued practice with a chaperone is unavailing. The Board has also entered orders temporarily suspending the licenses of physicians who have engaged in sexual misconduct. Every matter brought before the Board is evaluated on its facts on a case-by-case basis. There are no credibility issues to evaluate in this case. In our expertise and experience, Respondent's

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[7] We are not grounding our decision on J.P.'s alleged vulnerable psychiatric status. It is inherent in our understanding of the doctor/patient relationship that all patients are vulnerable to a physician who is engaging in sexual misconduct.

misconduct, as we observed on the video, is in blatant disregard of a patient's right not to be sexually abused by a treating physician. It is a furtive and insidious attempt to fool the patient into believing that the misconduct is part of an appropriate physical examination. We must act to protect an unsuspecting patient population from a medical examination rife with sexual misconduct.

We thus conclude, at this stage of the proceeding, that Respondent's evident acts of sexual misconduct and inability to control his behavior pose risks that could not be adequately eliminated or ameliorated by any monitoring system we might presently craft or practice limitations we might impose. The Committee believes that the conduct imports such a lack of sound judgment and lack of impulse control that its foreseeable consequences cannot be confined to the happening of the individual incidents set forth in the Complaint.

The Committee concludes that the evidence presented by the Attorney General, including but not limited to the video tape and J.P.'s medical records, palpably demonstrate a clear and imminent danger to the public were Respondent to continue to practice pending adjudication of the charges.

IT IS THEREFORE ON THIS 23rd DAY OF NOVEMBER, 2015

ORDERED effective immediately upon its oral announcement on the public record on November 13, 2015:

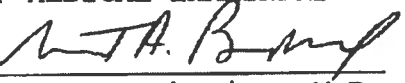
1. The license of Farooq Rehman, M.D. is temporarily suspended. The suspension shall continue until such time as the Board considers the results of the plenary proceedings in this matter and further Order of the Board.

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

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

4. This Order is subject to review and adoption, modification or rejection by a quorum of the Board of Medical Examiners at its next meeting currently scheduled for December 9, 2015.

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

By: 
Stewart Berkowitz, M.D.

Evidence List

Submitted on behalf of the Attorney General

P-1 Certified medical records of patient J.P.

P-2 Complaint and Warrant issued in the matter of State of New Jersey vs. Farooq Rehman

P-3 Certification of Lee Roberts, Old Bridge Police Department dated October 29, 2015 attesting to the authenticity of the attached Incident Report

P-4 Certification of Catherine Butter, Investigator, Division of Consumer Affairs dated October 28, 2015 describing the contents of the video entered into evidence at P7.

P-5 Certification of Michael Machen, Detective, Old Bridge Police Department regarding the chain of custody of the video entered into evidence at P7.

P-6 Certification of David Abromaitis, Detective, Middlesex County Prosecutor's Office, regarding the chain of custody of the video entered into evidence at P7.

P-7 DVD and Certification of J.P. attesting to the authenticity and chain of custody of the DVD containing video taken by J.P. at her September 9, 2015 office visit with Respondent.

Submitted on behalf of Respondent[8]

R-1 Certification of Michael Critchley, Esq. outlining Respondent's education, professional accomplishments and civic involvement

R-2 Letter from Michael Critchley, Esq. to the Board listing the character/reference letters to be submitted on behalf of Respodnent.

R-3 Character/reference letter written by Mahmood Alam, M.D.

R-4 Character/reference letter written by Maliha Ali

R-5 Character/reference letter written by Razia Awan, M.D.

R-6 Character/reference letter written by Richard Bullock, M.D.

[8] No exhibit marked or pre-marked as R36 was referenced or provided to the Committee before or during the hearing.

R-7 Character/reference letter written by Stephanie Courtney

R-8 Character/reference letter written by Sami Daoud

R-9 Character/reference letter written by Erlinda dela Cruz, RN

R-10 Character/reference letter written by Aaron J. Feingold, M.D.

R-11 Character/reference letter written by Antoinette E. Guarino

R-12 Character/reference letter written by Gregorio J. Guillen, M.D.

R-13 Character/reference letter written by Zamir Hassan

R-14 Character/reference letter written by Rehana Ilyas

R-15 Character/reference letter written by Shaheen Jilani

R-16 Character/reference letter written by Sam Khan

R-17 Character/reference letter written by Tariq Khan

R-18 Character/reference letter written by Virginia Lopez

R-19 Character/reference letter written by Lubna Malik

R-20 Character/reference letter written by Fatima Masood

R-21 Character/reference letter written by Maricel Melendez

R-22 Character/reference letter written by William Oser, M.D.

R-23 Character/reference letter written by Krishna Patel

R-24 Character/reference letter written by Susma Patel

R-25 Character/reference letter written by Younus Rakla, M.D.

R-26 Character/reference letter written by Kishore Ratkalkar, M.D.

R-27 Character/reference letter written by Puneet Sahgal, M.D.

R-28 Character/reference letter written by Bulbai Sen

R-29 Character/reference letter written by Susan Volk

R-30 Character/reference letter written by Jerilynn Zelenak

R-31 Character/reference letter written by Mohammad Zubair, M.D.

R-32 Character/reference letter written by Rabia Awan, M.D.

R-33 Letter from Michael Critchley, Esq. to the Board dated November 2, 2015 submitted in lieu of a more formal Answer to the Verified Complaint indicating that Respondent denies all of the allegations

R-34 Letter from Michael Critchley, Esq. to the Board dated November 11, 2015 in which he objects to a hearing on the Order to Show Cause before a Committee of the Board.

R-35 Letter brief from Michael Critchley, Esq. to the Board dated November 2, 2015

R-37 Character/reference letter written by Lorraine Fresta

R-38 Prescription Blank from APPNA NJ Sunday Free Clinic

DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE OR CESSATION OF PRACTICE HAS BEEN ORDERED OR AGREED UPON

APPROVED BY THE BOARD ON AUGUST 12, 2015

All licensees who are the subject of a disciplinary order or surrender or cessation order (herein after, "Order") of the Board shall provide the information required on the addendum to these directives. 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 licensee is suspended, revoked, has surrendered his or her license, or entered into an agreement to cease practice, with or without prejudice, whether on an interim or final basis. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains probationary terms 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. Prior to the resumption of any prescribing of controlled dangerous substances, the licensee shall petition the Director of Consumer Affairs for a return of the CDS registration if the basis for discipline involved CDS misconduct. 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, surrender or cessation, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The licensee subject to the order

is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The licensee subject to the order may contract for, accept payment from another licensee for rent at fair market value for office premises and/or equipment. In no case may the licensee subject to the order 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 subject to the order 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), subject to the order for the payment of salaries for office staff employed at the time of the Board action.

A licensee whose license has been revoked, suspended or subject to a surrender or cessation order for one (1) year or more must immediately take steps to 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 subject to the order 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.[1] 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 order.

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[1] This bar on the receipt of any fee for professional services is not applicable to cease and desist orders where there are no findings that would be a basis for Board action, such as those entered adjourning a hearing.

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 or who is ordered to cease practice 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 disqualified licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall also divest him/herself of all financial interest. Such divestiture of the licensee's interest in the limited liability company or professional service corporation shall occur within 90 days following 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 Division of Revenue and Enterprise Services demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation or sole member of the limited liability company, the corporation must be dissolved within 90 days of the licensee's disqualification unless it is lawfully transferred to another licensee and documentation of the valuation process and consideration paid is also provided to the Board.

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) immediately 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. If the licensee has a website, a notice shall be posted on the website as well.

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.

6. Payment of Civil and Criminal Penalties and Costs.

With respect to any licensee who is the subject of any order imposing a civil penalty and/or costs, the licensee shall satisfy the payment obligations within the time period ordered by the Board or be subject to collection efforts or the filing of a certificate of debt. The Board shall not consider any application for reinstatement nor shall any appearance before a committee of the Board seeking reinstatement be scheduled until such time as the Board ordered payments are satisfied in full. (The Board at its discretion may grant installment payments for not more than a 24 months period.)

As to the satisfaction of criminal penalties and civil forfeitures, the Board will consider a reinstatement application so long as the licensee is current in his or her payment plans.

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.