August 22, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Eric A. Schaff, M.D.
67 Council Rock Avenue
Rochester, NY 14610

RE: License No. 131331

Dear Dr. Schaff:

Enclosed is a copy of Order #BPMC 05-183 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect August 29, 2005.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days or receipt of the Order to:

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:
Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 1258
Empire State Plaza
Albany, New York 12237

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

cc:  Thomas G. Smith, Esq.
Harter, Secrest & Emery, LLP
1600 Bausch & Lomb Place
Rochester, NY 14604-2711
IN THE MATTER
OF
Eric A. Schaff, M.D.

CONSENT ORDER

UPON THE APPLICATION OF (Respondent) Eric A. Schaff, M.D., in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, Whichever is first.

SO ORDERED.

DATED: 8-22-2005

KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct
Eric A. Schaff, M.D., representing that all of the following statements are true, deposes and says:

That on or about July 7, 1977, I was licensed to practice as a physician in the State of New York, and issued License No. 131331 by the New York State Education Department. My current address is 34 Council Rock Avenue, Rochester, New York 14610, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I Admit, in full satisfaction to the charge against me, and agree to the following penalty:

1. Censure and Reprimand, and
2. $5,000 fine.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain active registration of Respondent's license with the New York State Education, Department Division of Professional Licensing Services (except during periods of actual
suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order’s effective date and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent’s compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent’s control, as directed. This condition shall take effect upon the Board’s issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board’s denial shall be without
prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

I stipulate that the proposed sanction and Order are authorized by Public Health Law Sections 230 and 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

DATED July 26, 2005

Eric A. Schaff, M.D.
RESPONDENT
The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: AUG 1, 2005

Thomas G. Smith, ESQ.
Attorney for Respondent

DATE: 8/4/05

Amy B. Merken
Assistant
Bureau of Professional Medical Conduct

DATE: 8/19/05

DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct
APPENDIX A

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER OF
ERIC A. SCHAFF, M.D.

ERIC A. SCHAFF, M.D., the Respondent herein, was authorized to practice medicine in New York State on or about July 7, 1977, by the issuance of license number 131331 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent, between November 2003 and November 2004, changed 5 patient records to reflect that the patients had not received conscious sedation, when in fact, the patients had received conscious sedation.
SPECIFICATION OF CHARGES

FIRST SPECIFICATION

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

1. The facts as alleged in paragraph A.

DATED: August 2005
Albany, New York

Peter D. Van Buren
Deputy Counsel
Bureau of Professional Medical Conduct