

**Profile - 1.020580**

This profile contains information that may be used as a starting point in evaluating a health care provider. This profile should not, however, be the sole basis for selecting a health care provider. Please direct questions and comments about this profile to: Connecticut Department of Public Health, Physician Profiles, 410 Capitol Ave., M.S. 12 APP, P.O. Box 340308, Hartford, CT 06134-0308, [oplc.dph@ct.gov](mailto:oplc.dph@ct.gov).

Name JANICE L LEE  
 Credential 1.020580

**Current Practice Locations**

Are you currently practicing your licensed profession in Connecticut?

Yes

Are you actively involved in patient care?

Yes

Enter your practice locations

Practice Name	Address 1	Address 2	Address 3	City	State	Zip Code	Primary Practice	Languages Spoken at this Location
HARTFORD GYN CENTER	1 MAIN STREET			HARTFORD	Connecticut	06070	Yes	

**Connecticut Staff Privileges**

Indicate the Connecticut hospitals or nursing homes for which you have staff privileges

Facility Name	City	State
HARTFORD HOSPITAL		
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		

**Medical School**

Medical School  
 ALBANY MEDICAL COLLEGE

Year of Graduation  
 1974

**Post Graduate Training**

List your postgraduate training:

Site Name	City	State	Country	Start Date	End Date	Level	Type
BERKSHIRE MEDICAL CENTER	PITTSFIELD	Massachusetts	UNITED STATES	07/01/1974	06/30/1975	Intern	Internal Medicine
HARTFORD HOSPITAL	HARTFORD	Connecticut	UNITED STATES	07/01/1975	06/30/1978	Resident	OB/GYN
MT SINAI HOSPITAL	HARTFORD	Connecticut	UNITED STATES	07/01/1985	06/30/1987	Fellowship	OB/GYN

**Specialty Area/American Board Certification**

Please indicate practice specialties, subspecialties and the date you were certified by ABMS or ABOMS.

Specialty	Subspecialty	Certifying Board	Certification Date
Obstetrics and Gynecology	Subspecialty Certification Date	American Board of Obstetrics and Gynecology	12/01/1984

**Medical Education Responsibilities**

Are you a member of the faculty of a Connecticut medical school?

No

Select the state medical schools at which you are a member of the faculty.

Do you have current responsibility for graduate medical education?

No

### Publications, Professional Services, Activities, and Awards

In this section, you may add any publications, professional services, activities, and awards that you would think useful to viewers of your profile.

Publisher/Issuer	Title/Award Name	Date
------------------	------------------	------

### Medical Malpractice Information

Indicate your malpractice insurance carrier:

Indicate the medical malpractice payments that have been made by you or on your behalf within the past ten years.

*Some studies have shown that there is no significant correlation between malpractice history and a physician's competence. At the same time, consumers should have access to malpractice information. This profile contains information about the malpractice payment history of the physician. Payment amounts have been placed into three statistical categories: below average, average and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.*

*When considering malpractice data, please keep in mind:*

- Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares physicians only to the members of their specialty, not all physicians, in order to make an individual physician's history more meaningful.*
- This malpractice information reflects data for the last 10 years of the physician's practice. For physicians practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.*
- The incident causing the malpractice claim may have happened years before payment is finally made. Sometimes it takes a long time for a malpractice lawsuit to move through the legal system.*
- Some physicians work primarily with high-risk patients. These physicians may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk of problems.*
- Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred. For example, an insurer may choose to settle a case even if the physician opposes such settlement.*

*You may wish to discuss the information provided in this report, and malpractice generally, with your physician.*

*Payments made by or on behalf of this healthcare provider:*

Resolved Date	Payment Category	Specialty
---------------	------------------	-----------

### Connecticut Hospital Discipline

*This section contains categories disciplinary actions taken by hospitals during the past ten years which are specifically required by law to be released in the physician's profile.*

Please enter any disciplinary actions taken against you by any hospital within the previous 10 years.

Hospital Name	City	State	Country	Discipline Date	Disciplinary Action
---------------	------	-------	---------	-----------------	---------------------

### Other State License

Indicate states outside of CT where licenses are held, current or expired

State	Disciplinary Action
-------	---------------------

**Connecticut Licensure Disciplinary Actions**

---

The following lists any past disciplinary actions taken against this licensee. If there is no data present, there has been no disciplinary action taken.

Date of Action	Action	License Status
----------------	--------	----------------

**Felony Convictions**

---

Please enter any felony convictions within the previous ten years.

Conviction Date	Conviction
-----------------	------------

**Profile Attestation**

---

I hereby certify that to the best of my knowledge, the information contained in this profile is true and accurate and understand that providing false information may be grounds for sanction, which may include suspension revocation of my license to practice my profession in Connecticut.

Attestation Date

**Review**

---