



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: BERNARD LLOYD ROSENFELD MD

DATE: 02/27/2020

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1942

License Number: F7687 Full Medical License

Issuance Date: 06/11/1980

Expiration Date of Physician's Registration Permit: 11/30/2021

Registration Status: ACTIVE

Registration Date: 12/01/1980

Disciplinary Status: NONE

Disciplinary Date: NONE

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
TUFTS UNIV SCH OF MED, BOSTON

Medical School Graduation Year: 1971

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

View the documents containing action taken by the Board against this individual.

[View Board Actions](#) [Get Adobe Reader](#)

Action Date: 02/02/2016

Description: ON FEBRUARY 2, 2016, REMEDIAL PLAN TERMINATED DUE TO COMPLETION OF ALL REQUIREMENTS.

Action Date: 02/13/2015

Description: ON FEBRUARY 13, 2015, THE BOARD AND BERNARD LLOYD ROSENFELD, M.D., ENTERED INTO A NON-DISCIPLINARY REMEDIAL PLAN THAT REQUIRES DR. ROSENFELD TO WITHIN ONE YEAR COMPLETE AT LEAST EIGHT HOURS OF CME, DIVIDED AS FOLLOWS: FOUR HOURS IN ETHICS AND FOUR HOURS IN RISK MANAGEMENT; WITHIN 30 DAYS SUBMIT TO THE COMPLIANCE DEPARTMENT OF THE BOARD A SWORN STATEMENT VERIFYING THAT ANY ADVERTISEMENTS FOR ABORTION SERVICES HAVE BEEN REMOVED FROM HIS PRACTICE'S WEBSITES AND WITHIN 60 DAYS PAY AN ADMINISTRATIVE FEE OF \$500 PER YEAR. THE BOARD FOUND DR. ROSENFELD FAILED TO REGISTER HIS PRIVATE PRACTICE OFFICE AS AN ABORTION FACILITY WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES EVEN THOUGH SUCH REGISTRATION WAS REQUIRED DUE TO THE NUMBER OF ABORTION PROCEDURES PERFORMED THERE AND BECAUSE

THAT OFFICE WAS USED "SUBSTANTIALLY" FOR THE PURPOSE OF PERFORMING ABORTIONS. DR. ROSENFELD DOES NOT ADMIT OR DENY THE FINDINGS BUT AGREED TO THE REMEDIAL PLAN TO AVOID THE COST AND UNCERTAINTY OF LITIGATION.

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verific@tmb.state.tx.us

Status Code: AC

Effective Date: 12/01/1980

Description: ACTIVE

Status Code: LI

Effective Date: 06/01/1980

Description: LICENSE ISSUED

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

***Ethnicity:** WHITE

Race: WHITE

* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

Place of Birth: NEW YORK

Current Primary Practice Address:

4820 SAN JACINTO

HOUSTON , TX 77004

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **48** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **39** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

Specialty Certification: AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

Date: 1987

Primary Specialty

The physician reports his/her primary practice is in the area of OBSTETRICS AND GYNECOLOGY.

Secondary Specialty

The physician did not report a secondary practice area.

Name, Location and Graduation Date of All Medical Schools Attended

Name: TUFTS UNIVERSITY

Location: BOSTON, MA

Graduation Date: 06/1971

Name: UNIV OF TEXAS - GALVESTON

Location: GALVESTON, TX

Graduation Date: 06/1969

Graduate Medical Education In The United States Or Canada

Program Name: HIGHLAND GEN HOSPITAL

Location: OAKLAND, CA

Type: INTERNSHIP

Specialty: FLEX

Begin Date: 07/1971

End Date: ?

Program Name: WAYNE STATE UNIVERSITY

Location: DETROIT, MI

Type: RESIDENCY

Specialty: OB-GYN

Begin Date: 07/1976

End Date: ?

Program Name: JOHNS HOPKINS UNIV.

Location: BALTIMORE, MD

Type: RESIDENCY

Specialty: OB-GYN

Begin Date: 07/1972

End Date: ?

Program Name: UNIV SOUTHERN CALIF

Location: LOS ANGELES, CA

Type: RESIDENCY

Specialty: OB-GYN

Begin Date: 07/1973

End Date: ?

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

Hospital: FIRST STREET HOSPITAL

Location: BELLAIRE

Hospital: WOMAN S HOSPITAL OF TEXAS

Location: HOUSTON

Hospital: ST. LUKE S EPISCOPAL HOSPITAL

Location: HOUSTON

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician reports that the following language translation services are provided for patients: SPANISH

Medicaid Participant: The physician reports that he/she **does not** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

Description: CONGRESSIONAL RECOGNITION - SPECIAL JUSTICE AWARD 2006

Description: HOUSTON TOP DOCS 2004,2005,2006,2007

Description: AMERICAS TOP OBSTETRICIANS AND GYNECOLOGISTS 2004-2005,2006,2008,2011

Description: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY 2018

Description: ASSISTANT PROFESSOR BAYLOR COLLEGE OF MEDICINE 1980-1993

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses:The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE PER RULE SEC 173.1(B)(19)

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

Description: NONE

To obtain primary source verifications, click name

Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

APN Name: [SUTTON, DIANA APN](#)
APN License Number: AP124346
Delegation Location Type: Practice Site
Approve Date: 3/1/2016
Hours Supervised: 9
Dangerous Drugs: YES
Controlled Substances: NO

APN Name: [SUTTON, DIANA APN](#)
APN License Number: AP124346
Delegation Location Type: Practice Site
Approve Date: 3/1/2016
Hours Supervised: 3
Dangerous Drugs: YES
Controlled Substances: NO

APN Name: [ROSENFELD, MARY APN](#)
APN License Number: AP108026
Delegation Location Type: Practice Site
Approve Date: 3/1/2017
Hours Supervised: 25
Dangerous Drugs: YES
Controlled Substances: NO

APN Name: [ROSENFELD, MARY APN](#)
APN License Number: AP108026
Delegation Location Type: Practice Site
Approve Date: 3/1/2017
Hours Supervised: 15
Dangerous Drugs: YES

Controlled Substances: NO

APN Name: [MASON, LETRICE APN](#)

APN License Number: AP133303

Delegation Location Type: Practice Site

Approve Date: 3/1/2017

Hours Supervised: 25

Dangerous Drugs: YES

Controlled Substances: NO

APN Name: [MASON, LETRICE APN](#)

APN License Number: AP133303

Delegation Location Type: Practice Site

Approve Date: 3/1/2017

Hours Supervised: 15

Dangerous Drugs: YES

Controlled Substances: NO

Summary of all License/Permit Types

Issue Date:

06/11/1980

Type:

[LICENSED PHYSICIAN](#)

[Contact Us](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Compact with Texans](#) | [Website Linking Policy](#)

Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.