

**Renewal - 1.039600**

Name	ELIZABETH M KONTARINES
Credential	1.039600

**Fee Details**

Renewal Application Fee	\$575.00
	<b>\$575.00</b>

**Workforce Survey Introduction**

Dear Licensee:

Thank you for renewing your license online.

As part of this renewal application, you will be asked to enter your National Provider Identification (NPI) number. Please make sure you have that information available before proceeding. If you do not have your NPI number with you, you can find it online at <https://npiregistry.cms.hhs.gov/>. You will also be asked to enter information regarding your practice location, specialty and patients served.

The purpose of the questions is to allow the Department of Public Health to collect valuable workforce and patient care data that is critical in identifying and addressing healthcare workforce shortage and patient care issues.

Thank you for assisting the Department in this important initiative.

**Demographic Information-Renewal**

1. Please provide your Date of Birth  
01/16/1968
2. Gender  
Female
3. Ethnicity: Please choose one  
Not Hispanic or Latino
4. Race:  
White

**Email Address Verification**

Please be advised that the Department no longer mails hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date.

**Residence Address**

Please enter the information below regarding the address of your residence. Please note that entering your address here will not change your mailing address in our system. If you have a change of address, please email it to [opl.c.dph@ct.gov](mailto:opl.c.dph@ct.gov). For your protection, please include your profession, license number and the last 4 digits of your SSN in your request.

5. Street Address  
301 Hulls Hill Rd
6. Unit/Apartment Number
7. City  
Southbury
8. State (two letter abbreviation)

CT

9. Zip Code  
06488

### Medical Education

10. Medical School  
St. Georges University School of Medicine

11. Year of Graduation  
1997

### Specialty/Board Certification

12. Please indicate practice specialties, subspecialties and the date you were certified by ABMS or ABOMS, if applicable. Board certification is not a requirement for licensure.

Specialty	Subspecialty		Certifying Board	Certification Date
Obstetrics and Gynecology	Subspecialty	Certification Date		
Obstetrics and Gynecology	Subspecialty	Certification Date	American Board of Obstetrics and Gynecology	01/07/2002

### Current Workforce Status in Medicine

13. What is your current work status in medicine?  
Full Time - (40 hours or more per week)

14. In the next 12 months, do you plan to (please mark all that apply):  
None

15. If 100% of your primary professional position is not direct patient care, please indicate which of the following apply:

16. If your response to the previous question was other, please enter additional comments here.

### National Provider Identifier

The National Provider Identifier (NPI) is a 10-digit identifier required on all HIPAA standard electronic transactions. NPIs have replaced all separately issued identifiers, including Medicaid PINs and Medicare UPINs, on HIPAA standard electronic transactions. In the past, health plans assigned an identifying number to each provider with whom they conducted electronic business. Since providers typically work with several health plans, they were likely to have a different identification number for each plan. The NPI has been put in place so that each provider has one unique, United States federal government-issued identifier to be used in transactions with all health plans with which the provider conducts business.

17. Please enter your NPI number here (if you do not know your NPI number, you may retrieve it at <https://npiregistry.cms.hhs.gov>.) If you do not have an NPI number, please enter ten (10) zeros):  
1659381747

### Physician Renewal Practice Location

18. Please indicate the name and address of your primary practice location as well as languages spoken at that location. Please note that you can add additional practice locations but you may only select one (1) primary practice location.

Practice Name	Address 1	Address 2	Address 3	City	State	Zip Code	Primary Practice	Languages Spoken at this Location
Womens Health Associates	27 Hospital Ave			Danbury	Connecticut	06810	Yes	

19. Approximately how many physicians are associated with your practice (If you are in residency training, please enter zero (0) here)?

4

20. Is the primary site where you spend most time providing direct patient care a JCAHO/NCQA recognized patient care centered medical home?  
No

21. Please select the best choice for the type of ownership of your practice.  
Private practice

### Practice Ownership - Organization

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22. Please enter the name of the organization/person that owns the practice where you work.  
Women's Health Associates

23. City  
Danbury

24. State (two letter abbreviation)  
CT

### New Patients

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25. Please select the best response that describes your patient care practice status:  
I can accept some new patients; my practice is far from full

26. Are you accepting new patients covered by:  
Both

### Primary Source of Payment

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Please answer the questions to the best of your ability. If you do not know the exact amount, please select the answer that you think is correct. This information is used by the Department to analyze current trends in the practice of medicine in Connecticut and is not used in any way to determine your eligibility for license renewal.

What percent of your patients have the following source of payment?

27. Medicare  
11 - 25%

28. Medicaid  
26 - 50%

29. Self-Pay  
less than 10%

30. Private Insurance  
51 - 75%

31. Other  
less than 10%

32. Does your practice offer sliding fee scale based on ability to pay?  
Yes

33. Approximately what percentage of your patients use sliding fee schedules?  
Less than 10%

### Populations Served

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Please answer the questions to the best of your ability. If you do not know the exact amount, please select the answer that you think is correct. This information is used by the Department to analyze current trends in the practice of medicine in Connecticut

and is not used in any way to determine your eligibility for license renewal.

Please approximate the percentage of patients at your primary practice location that are:

34. Homeless

None

35. Migrant/Seasonal Farm Workers

None

36. Native Americans

Less than 10%

### **Connecticut Prescription Monitoring and Reporting System**

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All prescribing practitioners possessing a Connecticut controlled substance registration (CSP) issued by the Connecticut Department of Consumer Protection (DCP) must register with the Connecticut Prescription Monitoring and Reporting System (CPMRS) online at [www.ctmpm.com](http://www.ctmpm.com).

After you have completed this renewal transaction, please visit the DCP's website at [www.ct.gov/dcp](http://www.ct.gov/dcp) and select 'Programs & Services' then 'Prescription Monitoring Program' for information regarding registration.

37. I acknowledge that I have read the information regarding registration in the Connecticut Prescription Monitoring and Reporting System.

01/08/2019

### **Physician Attestation**

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38. Within the last year, have you been convicted of a felony?

No

39. If yes, please provide details here

40. Within the last year, have you had any disciplinary action taken against you or any such actions pending by any State, federal government jurisdiction, District of Columbia, United States possession or territory or foreign jurisdiction's licensing/certification authority?

No

41. If yes, please provide details here

42. I attest that I am in compliance with the mandatory continuing education requirements and that I am in compliance with the mandatory professional liability insurance coverage requirements.

Yes

43. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

01/08/2019

### **American Medical Association's Opinions**

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The Connecticut Medical Examining Board and the Connecticut Department of Public Health encourage you to read the following opinions of the American Medical Association's Code of Medical Ethics related to common reasons for discipline on Connecticut physicians licenses.

AMA Code of Ethics

Opinion 1.2.1 Treating Self or Family

Treating oneself or a member of ones own family poses several challenges for physicians, including concerns about professional objectivity, patient autonomy, and informed consent.

When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional

medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

(a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.

(b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

(c) Document treatment or care provided and convey relevant information to the patient's primary care physician.

(d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

(e) Avoid providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.

(f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

AMA Principles of Medical Ethics

Opinion 9.1.1 Romantic or Sexual Relationships with Patients

Romantic or sexual interactions between physicians and patients that occur concurrently with the patient-physician relationship are unethical. Such interactions detract from the goals of the patient-physician relationship and may exploit the vulnerability of the patient, compromise the physician's ability to make objective judgments about the patient's health care, and ultimately be detrimental to the patient's well-being.

A physician must terminate the patient-physician relationship before initiating a dating, romantic, or sexual relationship with a patient.

Likewise, sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship, or if a romantic relationship would otherwise foreseeably harm the individual.

In keeping with a physician's ethical obligations to avoid inappropriate behavior, a physician who has reason to believe that nonsexual, nonclinical contact with a patient may be perceived as or may lead to romantic or sexual contact should avoid such contact.

### Important Note

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**To continue processing your transaction, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).**

On the top right of the invoice screen, select **"Pay Invoice"**.

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your application online.

### Review

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