

STATE OF CONNECTICUT

# 000054

DEPARTMENT OF HEALTH SERVICES

DIVISION OF MEDICAL QUALITY ASSURANCE

CONSENT ORDER

IN THE MATTER OF

JEFFREY FELDMAN

WHEREAS, Jeffrey Feldman, D.P.M., of Winsted, Connecticut has been issued license No. P-54, to practice as a podiatrist by the Department of Health Services pursuant to Chapter 375 of the General Statutes of Connecticut, as amended; and

WHEREAS, Jeffrey Feldman, D.P.M., hereby admits and acknowledges that:

1. He has failed to maintain adequate and complete medical records.
2. By his actions described in (1) above has violated the provisions of §20-59(4) of the General Statutes of Connecticut, as amended, by failing to conform to the accepted standards of the podiatry profession.

NOW THEREFORE, pursuant to §19a-17 and §20-59 of the General Statutes of Connecticut, as amended, Jeffrey Feldman, D.P.M., hereby stipulates and agrees to the following:

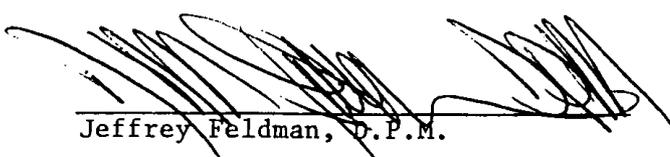
1. That he waives his right to a hearing on the merits of this matter.
2. That his license No. P-54, to practice as a podiatrist in the State of Connecticut is suspended for a period of 1 year, effective the first day of the month immediately following the date on which the Connecticut Board of Examiners in Podiatry approves this consent order.

3. That said suspension will be stayed on the effective date designated above, provided that Dr. Feldman complies with the conditions stated below in (4), (5), and (6).
4. That he is hereby assessed a civil penalty of \$1000.00 for failing to comply with the provisions of §20-59 of the Connecticut General Statutes. Said penalty is to be paid to the Treasurer, State of Connecticut, by certified check, forwarded to the Hearing Office, D.M.Q.A. Department of Health Services, 150 Washington Street, Hartford, CT 06106 within ten days after the effective date of this document.
5. That he will not perform any bunion surgery until he has completed and documented fifty (50) hours of study and training in the area of bunion surgery. Such training must be undertaken in a Continuing Medical Education (CME) approved program or programs and said program(s) must also be approved by the Board of Examiners in Podiatry. Upon completion of said program(s) he will submit to both the Board of Examiners and the Department of Health Services a letter and/or certification of satisfactory completion of said program(s) and shall not undertake the performance of any bunion surgery until the Board of Examiners has reviewed and approved documentation of satisfactory completion of said programs. Such documentation shall be received by the Board and Department of Health Services no later than one year from the date that the Board of Examiners for Podiatry approves this consent order.
6. That he will attend two seminars in malpractice loss control approved by the Board of Examiners in Podiatry. Upon completion of said seminars he will submit to said Board and to the Department a letter and/or certificate of satisfactory completion. Such documentation shall be received by the Board and the Department no

later than one year from the date that the Board approves this consent order.

7. That violation of any of the conditions above will result in the entire period of suspension being summarily reinstated by the Board of Examiners in Podiatry.
8. That this consent order may be considered as evidence of the above admitted violations in any proceeding before the Department of Health Services (1) in which his compliance with this same order is at issue, or (2) in which his compliance with §20-59 of the General Statutes of Connecticut, as amended, is at issue.
9. That he understands that this consent order is a matter of public record.
10. That this consent order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal under the provisions of Chapter 54 and 375 of the General Statutes of Connecticut, provided that this stipulation shall not deprive him of any rights that he may have under the laws of the State of Connecticut or of the United States.
11. That he has consulted with an attorney prior to signing this document.

I, Jeffrey Feldman, D.P.M., hereby affix my signature, agreeing and admitting to the above, and declare this to be an act performed of my own free will.

  
Jeffrey Feldman, D.P.M.

Subscribed and sworn before me this 29<sup>th</sup> day of January 1985.

[Signature]  
Commissioner of the Superior Court  
~~Notary Public~~

The above consent order having been presented to the duly appointed agent of the Commissioner of Health Services on the 29<sup>th</sup> day of January 1985, it is hereby ordered and accepted.

Stanley K. Peck  
Stanley K. Peck, Director  
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Board of Examiners in Podiatry on the 30<sup>th</sup> day of January 1985, it is hereby ordered and accepted.

Irving Freedman, D.P.M.  
Irving Freedman, D.P.M., Chairperson  
Board of Examiners in Podiatry