

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In re: Parimal Patel, P.A.

Petition No. 2008-1112-023-010

REINSTATEMENT CONSENT ORDER

WHEREAS, Parimal Patel of Bridgeport, CT (hereinafter "respondent") has been issued license number 001183 to practice as a physician assistant by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on January 31, 2007 and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. Respondent practiced as a physician assistant without a valid license from approximately February 1, 2007 until approximately September 2007.
2. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-12f of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. He waives his right to a hearing on the merits of this matter.
2. Respondent's license to practice as a physician assistant shall be reinstated when he satisfies the requirements for reinstatement of his license, as set forth in §§ 19a-14-1 through 19a-14-5,

inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.

3. Immediately upon issuance, respondent's license shall be reprimanded.
4. Respondent shall pay a civil penalty of five hundred dollars (\$500.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.
5. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
6. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
7. Respondent shall notify the Department of any change in his home and/or business address within fifteen (15) days of such change.
8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
9. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Medical Examining Board in which (1) his compliance with this Reinstatement Consent Order is at issue, or (2) his compliance with §20-12f of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order, except for a civil penalty, shall be reported to the National Practitioner Data Bank.

10. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.
11. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
12. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent has the right to consult with an attorney prior to signing this document.
14. This Reinstatement Consent Order is a matter of public record.
15. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
16. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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I, Parimal Patel, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Patel

Parimal Patel, P.A.

Subscribed and sworn to before me this 31st day of December 2008.

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Notary Public or person authorized
by law to administer an oath or
affirmation

My commission expires 10-31-12

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 31st day of December 2008, it hereby ordered and accepted.

Wendy H. Furniss

Wendy H. Furniss, R.N., M.S.
Branch Chief
Healthcare Systems Branch