STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

In re: Warren Levin, M.D.

Petition No. 2003-0114-001-005

CONSENT ORDER

WHEREAS, Warren Levin, formerly of Wilton, Connecticut and currently of Phoenix, Arizona, (hereinafter "respondent") was issued number 022405 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

- 1. Respondent used the following modalities of diagnosis and/or treatment while he practiced in Connecticut:
 - a. anoscopy to test for candidasis;
 - b. dark field analysis of blood;
 - c. immunogenomic profile as a general screening test;
 - d. electrodermal screening as a general screening test;
 - e. ozone therapy to stimulate the immune system and improve brain functiong;
 - f. chelaton with Ethylene Diaminic Tetraacetic Acid (EDTA), Dimercapto Propane
 Sulfonic Acid (DMPS), and Dimercapto Succimeric Acid (DMSA) for heavy metal toxicity;
 - g. Oxygen as a treatment for chronic carbon monoxide toxicity; and
 - h. PolyMVA as a treatment for cancers.
- Respondent's use of the modalities listed in paragraph 1 was outside the standard of care for a physician and surgeon licensed in Connecticut.

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3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c, including, but not limited to §20-13c(4).

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WHEREAS, respondent, in consideration of this Consent Order, while specifically denying any wrongdoing, and further denying all of the Department's allegations set forth above, agrees that for purposes of giving effect to this Consent Order only or for purposes of any future proceedings before the Board (hereinafter "the Board") relating to the same, the terms of this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

WHEREAS, Respondent's Connecticut license number 022405 lapsed on August 31, 2004, while the Department was investigating a petition. Respondent has not practiced in Connecticut since approximately December 2003.

NOW THEREFORE, respondent stipulates and agrees to the following:

3. Respondent waives his right to a hearing on the merits of this matter.

- 4. In the event that respondent ever applies to the Department to reinstate his license, respondent stipulates and agrees that Department shall have sole discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to " conditions. Respondent expressly waives his right to a hearing before the Connecticut Medical Examining Board regarding any application he makes for reinstatement of his license. Respondent expressly waives his right to appeal the Department's decision on his application to the Superior Court, under section 4-183 of the Connecticut general statutes or any other provision of law.
 - 5. Respondent agrees that any application must demonstrate that his practice, including but not limited to the modalities listed in paragraph 1 of the allegations for the purposes for which he intends to use them, is legal, safe, and effective.

- 6. Respondent shall pay all costs necessary to comply with this Consent Order.
- 7. Legal notice shall be sufficient if sent to (1) respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department and (2) the last known address of respondent's current attorney, whose address is currently 488 Madison Avenue, Suite 1100, New York, NY 10022.
- 8. Respondent agrees that this Consent Order shall be deemed a public document.

Further, respondent understands that this action will be reported to the National Practitioner Data Bank and will appear on his physician profile pursuant to Connecticut General Statutes 20-13j.

- 9. This Consent Order is effective on the date it is accepted and ordered by the Board.
- 10. 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, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.
- 11. This 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. Respondent permits a representative of the Legal Office of the Bureau of Healthcare Systems to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.
- 13. Respondent has consulted with an attorney prior to signing this document.

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14. 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.

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I, Warren Levin, M.D., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein.

I further declare the execution of this Consent Order to be my free act and deed. Warren Levin, M.D. day of _ Subseribe fore me this 2005. sworn OFFICIAL SEAL ARNETTE D. LAWTON NOTARY PUBLIC - ARIZONA 0 MARICOPA COUNTY Notary Public or person authorized My Comm. Expires March 14, 2006 by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department

of Public Health on the ______ day of

2005, it is hereby accepted.

ann Marianne Horn, Director

Division of Health Systems Regulation Bureau of Healthcare Systems

The above Consent Order having been presented to the duly appointed agent of the _____

on the ______ day of ______ 2005, it is hereby ordered and accepted.

State Medical Examining Board

dmt/levin consent