

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
 DEPARTMENT OF HEALTH SERVICES
 BUREAU OF HEALTH SYSTEM REGULATION
 DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Lawrence Caprio, N.D.

Petition No. 900209-05-002

CONSENT ORDER

WHEREAS, Lawrence Caprio, N.D., of Westport, Connecticut, has been issued license number 000045, to practice natureopathy by the Department of Health Services pursuant to Chapter 373 of the General Statutes of Connecticut, as amended; and

WHEREAS, Lawrence Caprio, N.D., hereinafter referred to as the Respondent, hereby admits as follows:

1. That he failed to maintain adequate and complete records on a minor patient "E.R."
2. That by his actions in (1) above he has violated the provisions of §20-40 of the General Statutes of Connecticut by failing to conform to the accepted standards of the medical profession.

WHEREAS, the Department of Health Services further alleges:

1. That he failed to follow FDA guidelines while using the Interro System

NOW THEREFORE, pursuant to §19a-17 and §20-40 of the General Statutes of Connecticut, Lawrence Caprio hereby stipulates and agrees to the following:

1. That he waives his right to a hearing on the merits of this matter;
2. He shall, from this point in time, no longer utilize the Interro System in his practice as a natureopath. *restricted*
3. That his license to practice medicine in Connecticut is hereby suspended for two years;
4. That said suspension is stayed immediately, and he is to be on probation for two (2) years under the following terms and conditions:

- a. He shall obtain, at his own expense, the services of one or more natureopath(s) to perform a bi-monthly random review of his patient records. Said review shall include a minimum of fifty (50) patient records. Said natureopath(s) shall be licensed in the State of Connecticut, shall practice natureopathy in Connecticut, and shall be approved by the Department of Health Services.
- b. The natureopath(s) referred to in 3.a. above shall submit to the Department of Health Services on a quarterly basis reports addressing the quality of care rendered by the Respondent to his patients and adequacy of said records. Said reports shall be submitted to:

Lynne A. Hurley, Investigator
Department of Health Services
Division of Medical Quality Assurance
150 Washington Street
Hartford, Connecticut

Said reports shall be due on March 31st, June 30th, September 30th, and December 31st of each year during the probation period.

- c. The Respondent hereby assumes full responsibility for the timely filing of the reports referred to in 3.b. above.
- d. In the event that the Respondent should leave Connecticut during his probationary period to reside or practice naturopathy outside of this State for periods longer than thirty (30) consecutive days, the Respondent shall notify the Department of Health Services in writing of the anticipated dates of departure and return. Periods of residency and/or practice outside of Connecticut shall not be counted in reducing the Respondent's probationary period. During said probationary period, the Respondent shall advise the Department of Health Services of any change in his residence or office address.

- e. The natureopath performing the record review required in 3.a.-3.b. shall include in his/her quarterly reports, specific reference to the Respondent's compliance with paragraph 2, regarding the Interro System.
4. That any deviation by the Respondent from the terms of probation specified in paragraphs 3.a.-3.e. above shall constitute a violation of probation and will result in the following procedure:
 - a. That he will be notified in writing that the term(s) of probation have been violated provided no prior written consent for deviation from the term(s) had been granted by the Department of Health Services.
 - b. That said notification shall include the act(s) or omission(s) which violate the probation.
 - c. That he will be allowed fifteen (15) days to demonstrate to the Department of Health Services that he was in compliance with the terms of probation, or to cure the violation of the terms of probation.
 - d. That if he does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department of Health Services, his license shall be suspended for a period of two (2) years or he shall be entitled to a hearing, at the Respondent's option.
 - e. He must initiate said hearing through a written request by certified mail to the Department of Health Services within fifteen (15) days from notification of violation of probation.
 - f. He shall be entitled to a hearing before the Connecticut Board of Natureopathic Examiners.
 - g. Evidence presented to said Board by either the Department of Health Services or Respondent shall be limited to the alleged violation(s) of the term(s) of probation.

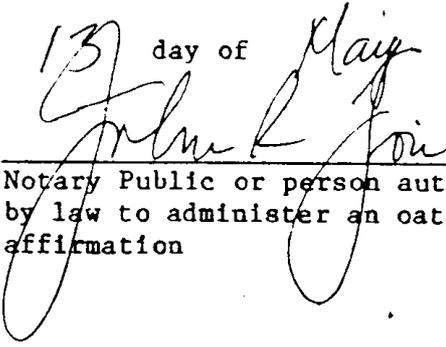
5. Any report filed under 3.b. above that indicates, directly or indirectly, that the Respondent is unable to practice natureopathy with reasonable skill and safety or within the accepted standards of the natureopathy profession shall constitute a deviation from the terms of probation and shall result in the procedures listed in 4. above.
6. That he understands that this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Board of Natureopathic Examiners (1) in which his compliance with this same order is at issue, or (2) in which his compliance with §20-40 of the General Statutes of Connecticut, as amended, is at issue.
7. 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 or review under the provisions of Chapters 54 or 368a 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.
8. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department of Health Services at any time prior to its being executed by the last signatory.
9. That this Consent Order is effective the first day of the next month after which the seal of the last signatory is fixed to this document.
10. That he permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Connecticut Department of Health Services to present this Consent Order and the factual basis for said Consent Order to the Connecticut Board of Natureopathic Examiners. He understands that said Board has complete and final discretion as to whether or not an executed Consent Order is approved or granted. He further agrees that the pre-hearing review form signed by him is incorporated by reference into this Consent Order.
11. That he has the right to consult with an attorney prior to signing this document.

I, Lawrence Caprio, N.D., have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Lawrence Caprio, N.D.

Subscribed and sworn to before me this 13 day of May 1993.



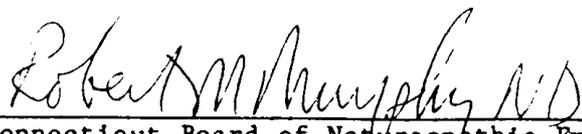
Notary Public or person authorized
by law to administer an oath or
affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of Health Services on the 24th day of May 1993, it is hereby accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Natureopathic Examiners on the 4 day of June 1993, it is hereby ordered and accepted.



Connecticut Board of Natureopathic Examiners

✓DT 7/12/95



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION

June 30, 1995

Lawrence Caprio, N.D.
830 Post Road East
Westport, Connecticut 06880

Re: Consent Order
Petition No. 900209-05-002
License No. 000045
D.O.B. [REDACTED]
S.S.N. [REDACTED]

Dear Dr. Caprio:

Please accept this letter as official notification that you have successfully completed the terms of probation imposed by the above-referenced Consent Order.

Notice will be sent to our Licensure and Renewal section to remove any restrictions from your license, effective June 30, 1995.

Thank you for your cooperation in this process. If you have any questions please do not hesitate to call me at 566-1011.

Very truly yours,
Bonnie Pinkerton
Bonnie Pinkerton
Nurse Consultant
Public Health Hearing Office

BEP
1019Q/111
6/95

cc: Debra Tomassone

Phone: TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
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