

Doe v Lenox Hill Hosp.

2025 NY Slip Op 30847(U)

February 24, 2025

Supreme Court, New York County

Docket Number: Index No. 157606/2019

Judge: Richard G. Latin

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**SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY**

PRESENT: HON. RICHARD G. LATIN **PART** **46M**

Justice

-----X

JOHN DOE,

Plaintiff,

- v -

LENOX HILL HOSPITAL, NORTHWELL HEALTH,
INC., MAJA ZARIC

Defendant.

-----X

INDEX NO. 157606/2019

MOTION DATE 04/29/2024

MOTION SEQ. NO. 009

**DECISION + ORDER ON
MOTION**

The following e-filed documents, listed by NYSCEF document number (Motion 009) 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 226, 227, 228

were read on this motion to/for SUMMARY JUDGMENT(AFTER JOINDER .

Plaintiff John Doe (“plaintiff”) commenced this action to recover damages when a doctor allegedly disclosed his human immunodeficiency virus (HIV) status to his former paramour. Defendants Lenox Hill Hospital (“LHH”), Northwell Health, Inc. (“Northwell”) and Dr. Maja Zaric (“Dr. Zaric”) (collectively referred to as “defendants”) now move for an order pursuant to CPLR 3212 to dismiss plaintiff’s complaint. For the following reasons, defendants’ motion is denied in part and granted in part.

I. Factual Background

The following facts are drawn from the parties’ statement of material facts that are undisputed and the parties’ depositions. Plaintiff is a graduate of Columbia College and Columbia Business School and a New York resident (NY St Cts Elec Filing [NYSCEF] Doc No. 218 ¶ 5). In or around 2001 or 2002, plaintiff met Branko Jovanovic (“Jovanovic”) (*id.* ¶ 8). Plaintiff and Jovanovic dated, on and off, for several years (*id.* ¶ 9). Jovanovic grew up in Belgrade, Serbia, where he and Dr. Zaric attended junior and senior high school (*id.* ¶ 10). Dr. Zaric is a board-certified cardiologist, specializing in interventional cardiology and internal medicine at Northwell (*id.* ¶ 11). In the early 2000s, Dr. Zaric began and completed her postgraduate training with the cardiology group at LHH (*id.* ¶ 12). During this time, Dr. Zaric and Jovanovic re-connected in

New York, and he introduced her to plaintiff, who was living in the same building as Jovanovic (*id.* ¶ 13). Dr. Zaric and plaintiff met at various social setting on three or four occasions (*id.* ¶ 14).

In 2011, plaintiff contracted HIV (*id.* ¶ 15). He began receiving medication to treat his HIV status and to have HIV levels that are undetectable, which remain currently (*id.* ¶ 16). On February 19, 2018, plaintiff was admitted to LHH, after experiencing difficulty breathing, and was presented at the hospital with cardiac tamponade, a condition in which a large amount of fluids develop around the heart (*id.* ¶ 17). The doctors discovered a significant amount of fluid around plaintiff's heart, which required an "urgent needle pericardiocentesis" to release the fluid and pressure developing within plaintiff's chest (*id.* ¶ 18). Plaintiff was discharged from LHH on February 26, 2018 (*id.* ¶ 20). While plaintiff was receiving treatment at LHH, Jovanovic was informed, through a group of mutual friends, that plaintiff "was admitted to the hospital with what was described to him as the flu" (*id.* ¶ 21). Dr. Zaric was a cardiologist at LHH during this time (*id.* ¶ 22). On February 21, 2018, Jovanovic sent Dr. Zaric a text message in Serbian, informing her that "plaintiff was being treated at LHH", and that there was "a liter of fluid or a liter of water around his heart" (*id.* ¶ 23). Using LHH's electronic medical records system, Sunrise Clinical Manager ("Sunrise"), Dr. Zaric accessed plaintiff's medical records on three occasions: February 22, 2018, February 23, 2018, and February 28, 2018 (*id.* ¶ 26).

On or about February 26, 2018, plaintiff was discharged from LHH and returned home to recover (*id.* ¶ 30). Jovanovic visited plaintiff at his apartment (*id.* ¶ 31). The parties had a conversation which mentioned Dr. Zaric and plaintiff admits that Jovanovic did not use the term HIV (*id.* ¶ 32). The following date, plaintiff called him, asking him what information was provided to him by Dr. Zaric, to which he replied, "Dr. Zaric said that you had a flu" (*id.* ¶ 33). After speaking to Jovanovic, plaintiff contacted Northwell's Patient Experience Department on March 1, 2018, who referred the matter to Louis DiGiovanni ("DiGiovanni"), a Regional Compliance Director and Privacy Office within Northwell's Corporate Compliance Department (*id.* ¶ 34). Plaintiff spoke with DiGiovanni the same day and said he believed Dr. Zaric access his records and informed Jovanovic of his HIV status (*id.* ¶ 35). DiGiovanni opened an investigation and ordered an access report search of plaintiff's medical records (*id.* ¶ 36). The access report confirmed that Dr. Zaric accessed plaintiff's records on February 22, 2018, February 23, 2018, and February 28, 2018 (*id.* ¶ 37). On March 13, 2018, DiGiovanni interviewed Dr. Zaric (*id.* ¶ 38). Dr. Zaric explained that Jovanovic reached out to her and mentioned that plaintiff had fluid around the

heart, and she did not learn of any underlying medical condition, medications or other details (*id.* ¶ 39). DiGiovanni found Dr. Zaric to be honest and truthful (*id.* ¶ 40). After the interview, Dr. Zaric was re-trained on Northwell’s “Release of Protected Health Information for Living Patients” and “Confidentiality of Protected Health Information” policies (*id.* ¶ 41). Based on the investigation, Northwell determined that a breach of plaintiff’s protected health information (“PHI”) had occurred and sent plaintiff a patient notification letter, dated April 10, 2018, informing him of Northwell’s investigation and findings (*id.* ¶ 42). In this letter, Northwell advised plaintiff that “[t]he employee accessed your record on February 22, 2018, February 23, 2018, and February 28, 2018, for reasons unrelated to her job functions and without authorization” and that “all appropriate actions are being taken in response to this matter, including retraining and discipline of the applicable employee” (*id.*). On or about May 1, 2018, Northwell issued Dr. Zaric a Final Written Warning and docked her five days of unused paid time off (*id.* ¶ 43). Prior to receiving the Final Written Warning, Dr. Zaric had never been disciplined by Northwell (*id.* ¶ 44). Northwell filed an initial breach report with the Secretary of the Department of Health and Human Services (“HHS”) (*id.* ¶ 45). On or about December 19, 2019, plaintiff and Northwell received a letter from HHS, dated December 4, 2019, in which HHS wrote that “[b]ased on the corrective actions taken by [LHH], OCR is closing this case without further action” (*id.* ¶ 46).

At his deposition, plaintiff testified that Jovanovic came to his home and said, “[Dr. Zaric] told me you can’t miss your meds for your immune system” (NYSCEF Doc No. 177, tr at 79). He further testified “[Jovanovic’s] very smart. So, he’s thinking that I’m on the inside of your HIV status. By the way, I’m under the impression that you’ve missed your meds and that your immune system is a wreck and that’s why you’re in the hospital. And if you don’t take your meds, you’re going to continue to get sick or worse. I’m sure he saw the expression on my face” (*id.*). Plaintiff called Jovanovic the following day and asked him what information Dr. Zaric provided to him, to which Jovanovic responded “[Dr. Zaric] said that you had a flu” (*id.* at 92). Plaintiff testified he did not know or could identify anyone that Jovanovic disclosed his HIV status to (*id.* at 111).

Dr. Zaric testified that she accessed plaintiff’s medical records three times in February of 2018 (NYSCEF Doc No. 180, tr at 26). She did not know plaintiff’s HIV status on February 22, 2018, and did not conclude plaintiff was HIV-positive when she saw plaintiff’s blood counts (*id.* at 33). She accessed his records on February 28, 2018, “[t]o see if [plaintiff] was doing okay” (*id.* at 37). She did not know whether plaintiff was suffering with immunosuppression, and it appeared

to that he was immunosuppressed based on the low white blood cell count which was on the front page of his chart” (*id.* at 44-45). She did not conclude from his white blood cell count that he was HIV-positive or has AIDS (*id.* at 33). She admits she disclosed information of plaintiff’s health to Jovanovic through a text message (*id.* at 62). A certified translation of the text message between Dr. Zaric and Jovanovic on February 22, 2018, states, “[h]e was admitted to telemetry on February 19 with immunosuppression and complications from influenza . . . it will be fine . . . watch out, his immunity is very suppressed. He’ll have to be very careful . . .” (NYSCEF Doc No. 161).

Jovanovic testified that he was not aware of plaintiff’s HIV status when he initially contacted Dr. Zaric (NYSCEF Doc No. 181, tr at 17). He considered plaintiff’s immunity issues in the text message to be the flu, and that his immunity was weakened from having the flu (*id.* at 19). The text message did not indicate to him that plaintiff is HIV positive or has AIDS (*id.* at 19-20). He recalls telling plaintiff that Dr. Zaric told him that plaintiff will be fine and that he needs to take care of himself (*id.* at 22). He did not recall whether he mentioned plaintiff’s immunity issues (*id.*). He learnt of plaintiff’s HIV status after reading the complaint and did not notify anyone of plaintiff’s HIV status (*id.* at 20-21).

Based on these allegations, plaintiff commenced this lawsuit, asserting four causes of action. The first cause of action alleges a violation of Article 27-F of the New York Public Health Law. The second asserts a breach of physician-patient confidentiality. The third claim is for failure to safeguard confidentiality. The fourth cause of action is against LHH and Northwell for negligent employment, retention and supervision (NYSCEF Doc No. 185, Amended Complaint).

II. Parties’ Contentions

Defendants contend that summary judgment on the first cause of action should be granted because the evidence demonstrates that defendants never disclosed plaintiff’s confidential HIV related information (NYSCEF Doc No. 153, Memorandum of Law in Support of Matthew F. Bruno, Esq. [memo] at 13). Second, defendants argue that Dr. Zaric accessing plaintiff’s records was outside the scope of her employment as a cardiologist, and LHH and Northwell cannot be held vicariously liable under the doctrine of respondeat superior (*id.* at 15-16). Third, defendants contend that the third cause of action fails because Dr. Zaric’s actions were not foreseeable because the record establishes that Dr. Zaric accessed plaintiff’s records for personal reasons and outside the scope of her employment, and neither LHH nor Northwell were aware that plaintiff and Dr. Zaric were acquaintances or that Dr. Zaric accessed plaintiff’s medical records (*id.* at 17-18).

Additionally, defendants submitted the affidavit of Kevin R. Bock, M.D., Northwell's Chief Health Information Officer detailing the various safeguards to protect patient's health information ("PHI") in accordance with the HIPAA Security Rule (NYSCEF Doc No. 176, Bock Affidavit). As to the fourth cause of action, defendants argue that the record confirms that neither Northwell nor LHH was on notice of any propensity of Dr. Zaric to access patient records, as she was trained annually on Northwell's compliance policies, including PHI safeguards (NYSCEF Doc No. 153 at 20-21). Additionally, she had no prior history of discipline from Northwell (*id.* at 21). Regarding plaintiff's damages, defendants argue that there is an absence of the alleged emotion and psychological harm for PTSD (*id.*). In support, defendants submit the report of Dr. Steven A. Fayer, who conducted independent mental examination, and confirmed that Plaintiff does not suffer from PTSD and his actions are inconsistent with an individual suffering from PTSD. He noted that there were no flashbacks, hypervigilance or emotional upset when plaintiff described the incidents in question (NYSCEF Doc No. 172, Fayer Report). Lastly, defendants contend that there is no evidence to sustain plaintiff's demand for punitive damages, as the record establishes that Dr. Zaric's actions in accessing plaintiff's records were done with good intentions and out of concern for his plaintiff's well-being, which falls short of the egregious and extreme misconduct that punitive damages are intended to address (*id.* at 23).

In opposition, plaintiff argues that Article 27-F protects against any disclosure that reasonably could identify an individual as having any illness associated with HIV infection (NYSCEF Doc No. 219, Memorandum of Law in Opposition of Matthew C. Capozzoli, Esq. [opp memo] at 16). Additionally, plaintiff argues that Dr. Zaric informed Jovanovic that plaintiff had significant pericardial effusion and severe immunosuppression, being aware that they were romantically involved, and that pericardial effusion is one of the most common cardiovascular conditions among people living with HIV (*id.* at 16-17). There can be a reasonable inference from Dr. Zaric's use of the term immunosuppression to plaintiff's HIV status as she texted Jovanovic to "watch out" as plaintiff's immunity is very suppressed (*id.* at 17). Moreover, plaintiff claims that Dr. Zaric has repeatedly lied to conceal the truth about accessing and disclosing plaintiff's HIV-related information, which indicates a consciousness of guilt and support the conclusion that there are material questions of fact (*id.* at 19-20). Second, plaintiff argues there is a material question of fact as to whether Dr. Zaric was acting within the scope of her employment when she accessed and disclosed plaintiff's health information because Dr. Zaric never testified that she

acted for personal reasons but testified that she did so as she believed that Jovanovic was involved in plaintiff's care, and plaintiff wanted her to get involved in his treatment (*id.* at 21). Third, plaintiff argues that his claim for failure to safeguard confidential information is not based on Dr. Zaric's actions, but that LHH and Northwell failed to establish adequate policies and procedures to safeguard his confidential medical information (*id.* at 22-23). Fourth, he argues that if it is determined that the Article 27-F claim can proceed, then plaintiff's claim for negligent employment, retention and supervision is moot, notwithstanding, Northwell's records reveal that Dr. Zaric had a HIPAA compliance rating of over just 80%, which a reasonable jury could conclude is inadequate for a physician and evidence that LHH and Northwell knew or should have known that Dr. Zaric was prone to non-compliance (*id.* at 25). Fifth, as to damages, plaintiff submits Dr. Jesse S. Rosenthal¹, who diagnosed plaintiff with PTSD stemming from the disclosure, and Dr. Barry S. Lubetkin² who confirmed the diagnosis (*id.* 25-26). Lastly, plaintiff contends that a reasonable jury could conclude that Dr. Zaric's decision to disclose plaintiff's HIV related information to Jovanovic without confirming he was authorized to receive that information was grossly negligent or reckless (*id.* at 28).

In reply, defendants argue that there is no evidence that plaintiff's HIV related information was disclosed as Dr. Zaric testified she accessed plaintiff's medical records for his well-being and to understand his medical condition as she experienced similar medical issues, and believed he was immunosuppressed as it was flu season, and plaintiff presented with pericardial effusion and his immune system was not responding well (NYSCEF Doc No. 226, Memorandum of Law in Support of Matthew F. Bruno, Esq. [reply memo] at 2-3). Additionally, neither Dr. Zaric nor Jovanovic were aware of plaintiff's HIV status until this lawsuit (*id.* at 3). Regarding their testimonies, defendants assert that plaintiff did not present any competent proof to support his contention that the testimonies are unreliable or evidence of liability (*id.*). Defendants further contend the record establishes that Jovanovic first learnt that plaintiff presented to LHH with pericardial effusion from plaintiff's own group of friends and Dr. Zaric and him understood "immunosuppression" to refer to complications of flu or a respiratory virus (*id.* at 5). Second, there is no evidence to support vicarious liability as the record confirms Dr. Zaric's actions were not performed in further of her duties or was assigned to treat plaintiff, and LHH and Northwell did

¹ Plaintiff submitted handwritten notes (NYSCEF Doc No. 216).

² Plaintiff submitted only billing information (NYSCEF Doc No. 217).

not confer any benefit (*id.* at 6-7). As to the damages, defendants note that plaintiff is relying upon a handwritten note from Dr. Rosenthal, who was not plaintiff's treating psychiatrist, and progress notes by Dr. Lubetkin, which were not affirmed under CPLR 2106 and are insufficient to defeat summary judgment (*id.* at 10-11).

III. Discussion

“[T]he proponent of a summary judgment motion must make prima facie showing of entitlement to judgment as a matter of law, tendering sufficient evidence to demonstrate the absence of any material issues of fact” (*Ayotte v Gervasio*, 81 NY2d 1062, 1063 [1993], quoting *Alvarez v Prospect Hosp.*, 68 NY2d 320, 324 [1986]). “[F]ailure to make such a showing requires a denial of the motion, regardless of the sufficiency of the opposing papers” (*Ayotte*, 81 NY2d at 1063 [internal quotation marks and citation omitted]). “Once this showing has been made, however, the burden shifts to the party opposing the motion for summary judgment to produce evidentiary proof in admissible form sufficient to establish the existence of material issues of act which require a trial of the action” (*Alvarez*, 68 NY2d at 324; *see also Zuckerman v City of New York*, 49 NY2d 557, 562 [1980]). “[M]ere conclusions, expressions of hope or unsubstantiated allegations or assertions are insufficient” (*Zuckerman*, 49 NY2d at 562). “Summary judgment should not be granted where there is any doubt as to the existence of a factual issue or where the existence of a factual issue is arguable” (*Forrest v Jewish Guild for the Blind*, 3 NY3d 295, 315 [2004]; *see also American Home Assur. Co. v Amerford Intl. Corp.*, 200 AD2d 472, 473 [1st Dept 1994]). “On a summary judgment motion, facts must be viewed in the light most favorable to the non-moving party” (*Vega v Restani Constr. Corp.*, 18 NY3d 499, 503 [2012] [internal quotation marks and citation omitted]).

A. Violation of Article 27-F of the Public Health Law

Summary judgment is warranted where a claimant failed to establish as a matter of law that the information disclosed satisfies the definition of confidential HIV related information (*see Dawud H. State of New York*, 122 AD3d 1412, 1412 [4th Dept 2014]).

Public Health Law § 2782, provides that:

“No person who obtains confidential HIV related information in the course of providing any health or social service may disclose or be compelled to disclose such information, except to certain enumerated persons or agents, such as the protected individual or any person to whom disclosure is authorized (Public Health Law § 2782 [1]).

Public Health Law § 2780 defines confidential HIV related information as any information, in the possession of a person who provides . . . HIV related illness or AIDS, or information which identifies or reasonably could identify an individual as having one or more of such conditions, including information pertaining to such individual's contacts.

Here, the record sufficiently establishes that Dr. Zaric did not disclose any information related to plaintiff's HIV status to Jovanovic pursuant to Public Health Law § 2782 [1]). Jovanovic testified that he understood the term "immunosuppression" in the text message to refer to plaintiff's flu symptoms (NYSCEF Doc No. 181, tr at 19). Dr. Zaric and Jovanovic both testified they did not learn of plaintiff's HIV status until they received the complaint. It is undisputed that Jovanovic and plaintiff had a conversation which mentioned Dr. Zaric, and plaintiff admits that Jovanovic did not use the term HIV (NYSCEF Doc No. 218 ¶¶ 32-33). It is further undisputed that Jovanovic was informed though a group of mutual friends that plaintiff was admitted to the hospital with what was described to him as the flu (*id.* ¶ 21).

Plaintiff's argument that a reasonable jury could conclude a violation of Article 27-F from a correlation between his sexual orientation, pericardial effusion, immunosuppression and HIV are merely insufficient assertions (*Zuckerman*, 49 NY2d at 562), and an improper conflation and does not infer anything with respect to whether or not he has HIV (*see D.H. v State of New York*, 54 Misc. 3d 390, 395 [Ct Cl 2015], *affd* 144 AD3d 1559 [4th Dept 2016]). Notwithstanding, the Court is reluctant on granting summary judgment solely on this cause of action, as it cannot make determinations on issues with respect to witness credibility regarding Dr. Zaric accessing plaintiff's medical records, which are generally inappropriate for resolution in a summary judgment motion (*see Santana v 3410 Kingsbridge LLC*, 110 AD3d 435 [1st Dept 2013]). As such, defendants are denied summary judgment on plaintiff's first cause of action.

B. Breach of Physician-Patient Confidentiality

The evidence submitted by defendants sufficiently establishes their entitlement to summary judgment dismissing plaintiff's second cause of action. "The elements of a cause of action for breach of physician-patient confidentiality are: (1) the existence of a physician-patient relationship; (2) the physician's acquisition of information relating to the patient's treatment or diagnosis; (3) the disclosure of such confidential information to a person not connected with the

patient's medical treatment, in a manner that allows the patient to be identified; (4) lack of consent for that disclosure; and (5) damages" (*Chanko v American Broadcasting Cos. Inc.*, 27 NY3d 46, 53-54 [2016] [citations omitted]). "Under the doctrine of respondeat superior, an employer may be vicariously liable for the tortious acts of its employees only if those acts were committed in furtherance of the employer's business and within the scope of employment" (*A.M. v Holy Resurrection Greek Orthodox Church of Brookville*, 190 AD3d 470, 470 [1st Dept 2021], quoting *N.X. v Cabrini Med. Ctr.*, 97 NY2d 247 [2002]). "[A] medical corporation is generally not liable for a tort of an employee when such an action is not within the scope of employment" (*Doe v Guthrie Clinic, Ltd.*, 22 NY3d 480, 484 [2014]).

Defendants' submission clearly demonstrates that Dr. Zaric was not plaintiff's treating physician, and her testimony shows that she accessed plaintiff's records for personal reasons (*id.* at 485 n. 6) ["Subjecting hospitals and other health care entities to strict liability for the acts of an employee that were not only unauthorized, but motivated entirely by personal reasons is contrary to well-established precedent"] [citations omitted]). Moreover, Dr. Zaric departed from her duties for solely personal motives that were unrelated to the furtherance of LHH and Northwell's business (*see Judith M. v Sisters of Charity Hosp.*, 93 NY2d 932, 933 [1999]). For the above reasons, the court rejects plaintiff's argument that there is a material issue of fact whether Dr. Zaric was acting within the scope of her employment. Additionally, plaintiff does not oppose that a benefit was not conferred to Northwell or LHH. Therefore, summary judgment is granted to plaintiff's second cause of action.

C. Failure to Safeguard Confidentiality

Summary judgment is warranted against plaintiff's third cause of action. "[A] medical corporation's duty of safekeeping a patient's confidential medical information is limited to risks that are reasonably foreseeable and to actions within the scope of employment" (*Doe*, 22 NY3d at 485). As defendants previously established, Dr. Zaric accessing plaintiff's medical records was in furtherance of her own personal benefit and not within the scope of her employment (*see Eng v NYU Hosps. Ctr.*, 172 AD3d 645, 646-647 [1st Dept 2019]). Defendants met their prima facie burden demonstrating that Dr. Zaric's actions were not foreseeable as the record demonstrates that neither Northwell nor LHH were aware that plaintiff and Dr. Zaric were acquaintances, or she accessed his records, until after plaintiff had complained. Additionally, they were not aware of any prior investigation for a HIPAA violation against Dr. Zaric (NYSCEF Doc No. 178, tr at 19).

Furthermore, plaintiff’s reliance upon *Doty v Navistar Intl. Transp. Corp.*, 219 AD2d 32 [4th Dept 1996], a products liability case, and a federal case for a breach of implied contract is not persuasive to defeat defendant’s prima facie case. Based on the foregoing, defendants’ motion for dismissal of plaintiff’s third cause of action is granted.

D. Negligent Employment, Retention and Supervision

“An essential element of a claim for negligent hiring, supervision, and retention is that the employer knew, or should have known, of the employee’s propensity for the sort of conduct which caused injury” (*Norris v Innovative Health Sys., Inc.*, 184 AD3d 471, 472 [1st Dept 2020] [citations omitted]). Here, the submissions of defendants in support of their motion demonstrated, prima facie, that they did not have notice of any propensity of Dr. Zaric to commit misconduct as there were no prior conduct which caused the alleged injury, which is undisputed (*see* NYSCEF Doc No. 218 ¶ 44). Plaintiff’s argument that based on Dr. Zaric’s HIPPA score, LHH or Northwell should have known that she is prone to noncompliance unsubstantiated allegations or assertions are insufficient (*Zuckerman*, 49 NY2d at 562). Therefore, dismissal of plaintiff’s fourth cause of action is warranted.

In light of the foregoing determination, the parties’ remaining contentions need not be addressed.

Accordingly, it is hereby

ORDERED that defendants Lenox Hill Hospital, Northwell Health, Inc. and Dr. Maja Dr. Zaric’s motion for summary judgment is denied as to the first cause of action, and granted as to the second, third, and fourth causes of action of the complaint and are dismissed against them; and it is further

ORDERED that defendants shall serve a copy of this order, with notice of entry, on plaintiff within 14 days of its upload on to NYSCEF; and it is further

ORDERED that the parties shall appear virtually for a status conference on April 25, 2025.

2/24/2025
DATE


RICHARD G. LATIN, J.S.C.

CHECK ONE:	<input type="checkbox"/> CASE DISPOSED	<input checked="" type="checkbox"/> NON-FINAL DISPOSITION
	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> GRANTED IN PART <input type="checkbox"/> OTHER
APPLICATION:	<input type="checkbox"/> SETTLE ORDER	<input type="checkbox"/> SUBMIT ORDER
CHECK IF APPROPRIATE:	<input type="checkbox"/> INCLUDES TRANSFER/REASSIGN	<input type="checkbox"/> FIDUCIARY APPOINTMENT <input type="checkbox"/> REFERENCE