



## CAROLINE STAMU-O'BRIEN

License Number: ME118458

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1996  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

CAROLINE STAMU-O'BRIEN  
760 BROADWAY  
5TH FLOOR  
BROOKLYN, NY 11206

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
OUT OF STATE	NEW YORK	NEW YORK
OUT OF STATE	NEW YORK	NEW YORK

### Email Address

Please contact at: [integrativepsychny@yahoo.com](mailto:integrativepsychny@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
NEW JERSEY	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has not indicated whether he/she has submitted payment of the assessment.

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
INSTITUTUL DE MEDICINA SI FARMACIE,CAROL DAVILA MEDICAL SCHOOL	MD	9/15/1984 - 7/15/1990	09/17/1990

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

## Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
MOUNT SINAI MEDICAL CENTER	INTERNSHIP	P - PSYCHIATRY		NEW YORK	NEW YORK	07/01/1996	06/30/1997
MOUNT SINAI MEDICAL CENTER	RESIDENCY	P - PSYCHIATRY		NEW YORK	NEW YORK	07/01/1997	06/30/2000
MOUNT SINAI MEDICAL CENTER/PILGRIM PSYCHIATRIC CENTER	FELLOWSHIP	P - PSYCHIATRY		NEW YORK AND WEST BRENTWOOD, NY	NEW YORK	07/01/2000	06/30/2001
CAROL DAVILA UNIVERSITY HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		BUCHAREST	ROMANIA	12/10/1990	05/18/1991

## Academic Appointments

### Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSISTANT PROFESSOR IN PSYCHIATRY	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	NEW YORK

## Specialty Certification

### Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	ADULT PSYCHIATRY

## Financial Responsibility

### Financial Responsibility

Financial Exemption

### Proceedings and Actions

### Proceedings & Actions

## Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

## Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

## Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

### Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## Optional Information

### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
FELLOW	AMERICAN PSYCHIATRIC ASSOCIATION

### Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### Professional Web Page

[www.integrativepsychiatry-ny.com](http://www.integrativepsychiatry-ny.com)

### Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any

translation service is available for patients, at his/her primary place of practice.

### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

#### **Affiliation**

AMERICAN PSYCHIATRIC ASSOCIATION