## JOSEPH JULIAN HIRSCHFELD MD

## License Number: ME39014

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing01/01/1982License Expiration01/31/2027DateDate

## **General Information**

## **Primary Practice Address**

JOSEPH JULIAN HIRSCHFELD MD NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

## Medicaid

This practitioner does NOT participate in the Medicaid program.

## **Staff Privileges**

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

Institution Name	City	State
ADVENT HEALTH WINTER PARK, FL.	TAMPA	FLORIDA
COLUMBIA SOUTH BAY HOSPITAL	TAMPA	FLORIDA
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA
THE TAMPA GENERAL HOSPITAL	TAMPA	FLORIDA
TOWN & COUNTRY HOSPITAL	TAMPA	FLORIDA
AMBULATORY SURGERY CENTER	TAMPA	FLORIDA

## **Email Address**

Please contact at: plasticjo67@hotmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
NEW HAMPSHIRE	MEDICAL
NEW YORK	MEDICAL
NEW JERSEY	MEDICAL

## 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 indicated that he/she has submitted payment of the assessment.

## **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIV. AUTONOMA DE GUADALAJARA	MD		01/01/1974
COLLEGE OF MEDICNE & DENISTRY	MD	9/9/1974 - 6/27/1975	06/27/1975

## **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		State or Country	Dates Attended From	Dates Attended To
NASSAU COUNTY MEDICAL CENTER	INTERNSHIP	GS - SURGERY		***	NEW YORK	07/01/1975	06/30/1976
NASSAU COUNTY MEDICAL CENTER	RESIDENCY	GS - SURGERY		****	NEW YORK	07/01/1976	06/30/1980
MONTEFIORE MEDICAL CENTER	RESIDENCY	PS - PLASTIC SURGERY		***	NEW YORK	07/01/1981	06/30/1982
ROOSEVELT HOSPITAL	RESIDENCY	PS - PLASTIC SURGERY		***	NEW YORK	07/01/1982	06/30/1983

## 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 CLINICAL PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA

## 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	Date Certified
AMERICAN BOARD OF PLASTIC SURGERY	PS - PLASTIC SURGERY	

## **Financial Responsibility**

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I do not have hospital staff privileges and I have established an irrevocable letter or credit or an escrow account in an amount of \$100,000/\$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

## **Proceedings and Actions**

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## **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
PAST PRESIDENT	TAMPA BAY PLASTIC SURGERY

## **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
POSTRHYTIDECTOMY PSYCHOSIS: A RARE COMPLICATION	PLASTIC SURGERY & RECONSTRUCTIVE SURGERY	09/01/1984

## **Professional Web Page**

This practitioner has not provided any professional web page information.

## Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice. SPANISH

## **Other Affiliations**

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

AMERICAN BOARD OF PLASTIC SURGEONS AMERICAN COLLEGE OF SURGEONS AMERICAN MEDICAL ASSOCIATION AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY AMERICAN SOCIETY OF HAND SURGERY AMERICAN SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGERY CERT/AMERICAN SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGEONS FELLOW-AMERICAN COLLEGE OF SURGEONS FLORIDA PHYSICIANS ASSOCIATION FLORIDA SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGEONS HILLS COUNTY MEDICAL ASSOCIATION LIPOLIPIS SOCIETY OF NORTH AMERICA PLASTIC SURGERY EDUCATION FOUNDATION SOUTHEAST SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGERY TAMPA BAY SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGERY	Affiliation
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