



HAKOP HRACHIAN-HAFTEVANI

License Number: ME89775

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026

General Information

Primary Practice Address

HAKOP HRACHIAN-HAFTEVANI
7000 SW 97 AVE
SUITE 203
MIAMI, FL 33173

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
LOWER KEYS MEDICAL CENTER	KEY WEST	FLORIDA
MOUNT SINAI MEDICAL CENTER	MIAMI BEACH	FLORIDA
KENDALL REGIONAL MEDICAL CENTER	MIAMI	FLORIDA
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FLORIDA
HOMESTEAD HOSPITAL	HOMESTEAD	FLORIDA
SOUTH MIAMI HOSPITAL	SOUTH MIAMI	FLORIDA
PALMETTO GENERAL HOSPITAL	HIALEAH	FLORIDA
BAPTIST HOSPITAL OF MIAMI	MIAMI	FLORIDA
DOCTORS HOSPITAL	MIAMI	FLORIDA

Email Address

Please contact at: hakop11@msn.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL LICENSE
CALIFORNIA	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 indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
ISLAMIC AZAD UNIV	MD	1/1/1985 - 1/1/1993	

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
OUR LADY OF MERCY MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		BRONX	NEW YORK	07/01/1999	07/01/2000
OUR LADY OF MERCY MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BRONX	NEW YORK	07/01/2000	07/01/2002
OUR LADY OF MERCY MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		BRONX	NEW YORK	07/01/2002	07/01/2003
MOUNT SINAI MEDICAL CENTER	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		MIAMI BEACH	FLORIDA	07/01/2003	06/30/2006
TEMPLE UNIVERSITY	FELLOWSHIP	IM - CLINICAL CARDIAC ELECTROPHYSIOLOGY		PHILADELPHIA	PENNSYLVANIA	07/01/2006	06/30/2007

Academic Appointments

Graduate Medical Education

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

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF NUCLEAR MEDICINE	IM - CARDIOVASCULAR DISEASE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CLINICAL CARDIAC ELECTROPHYSIOLOGY	
AMERICAN BOARD OF MULTIPLE SPECIALTIES	TRANS-ESOPHAGEAL ECHOCARDIOGRAPHY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

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 an affiliation with the following committees:
AMERICAN COLLEGE OF CARDIOLOGY

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BEST ACHIEVEMENT FOR LEADERSHIP AWARD	OUR LADY OF MERCY MEDICAL CENTER,NY MEDICAL COLLEGE 2002
BEST THIRD YEAR RESIDENT AWARD FOR ACADEMIC EXCELLENCE	OUR LADY OF MERCY MEDICAL CENTER,NY MEDICAL COLLEGE,2002
BEST SECOND YEAR RESIDENT AWARD FOR ACADEMIC EXCELLENCE	OUR LAD OF MERCY MEDICAL CENTER,NY MEDICAL COLLEGE 2001
BEST FIRST YEAR RESIDENT AWARD FOR ACADEMIC EXCELLENCE	OUR LADY OF MERCY MEDICAL CENTER,NY MEDICAL COLLEGE 2000
BEST TEACHING RESIDENT AWARD AS A THIRD YEAR RESIDENT	OUR LADY OF MERCY MEDICAL CENTER,NY MEDICAL COLLEGE 2002

Publications

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

Title	Publication	Date
PLEURAL EFFUSION AFTER MULTIPLE RIB RESECTION IN SCOLIOSIS	CHEST 122:(SUPPL):215	01/01/2002
THE UTILITY OF OCTREOTIDE INFUSION IN PATIENTS WITH NONVAR	CHEST 120(SUPPL):258-259	01/01/2001
THE EPIDEMIOLOGY OF HYPERTONICITY IN DIABETIC KETOACIDOSIS	CHEST 120(SUPPL):259	01/01/2001
LACK OF ACUTE PHYSIOLOGIC CHANGES AFTER RED BLOOD CELL TRA	CHEST 122(SUPPL)201	01/01/2002
REDUCTION IN METABOLIC RATE CAUSED BY CORTICOSTEROID THERA	CHEST 122(SUPPL) 147	01/01/2002

Professional Web Page

heartrhythmsfla@yahoo.com

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.

ARMENIAN
FARSI
TURKISH

Other Affiliations

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

Affiliation
AMERICAN HEART ASSOCIATION
AMERICAN MEDICAL ASSOCIATION
THE NEW YORK ACADEMY OF MEDICINE