### **HAROLD BAFITIS**

## License Number: OS5647

Profession Osteopathic Physician License Status Obligations/Active

Year Began Practicing 01/01/1989 License Expiration 03/31/2026

Date

# General Information

## **Primary Practice Address**

HAROLD BAFITIS 4601 MILITARY TRAIL #208 JUPITER, FL 33458

### 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
PALM BEACH GARDENS MEDICAL CENTER	PALM BCH GARDENS	FLORIDA
WELLINGTON REGIONAL MEDICAL CENTER	WELLINGTON	FLORIDA
PALMS WEST HOSPITAL	LOXAHATCHEE	FLORIDA
COLUMBIA HOSPITAL	WEST PALM BCH	FLORIDA

### **Email Address**

Please contact at: officemanager@drbafitis.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	SURGERY

# 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
N TEXAS STATE UNIVERSITY	DO	1/1/1977 - 1/1/1981	01/01/1981

## **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF TEXAS	TEXAS	01/01/0001	01/01/0001	MPH MASTER OF PUBLIC HEALTH

# **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
OHIO UNIV MEDICAL SCHOOL AFFILIATED HOSPITALS	INTERNSHIP		GENERAL SURGERY RESIDENCY	DAYTON	OHIO	07/01/1981	08/01/1986
MERCY	RESIDENCY	PS - PLASTIC SURGERY			IOWA	08/01/1986	08/01/1988
	FELLOWSHIP	PS - PLASTIC SURGERY				01/01/0001	01/01/0001

# **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
CLINICAL ASSOC PROFESSOR PLASTIC AND RECONSTRUC SURGERY	Y NOVA SOUTHEASTERN	N FT LAUDERDALE	E FLORIDA

SEINIOAL ACCOUNTAIL ESCENT LAGITO AND NECCHONICO SCINCENT NOVA SCOTTLEAGTERN THE EAGLEDALE TECHNIS

# **Specialty Certification**

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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 OSTEOPATHIC BOARD OF SURGERY	GS - SURGERY	
AMERICAN OSTEOPATHIC BOARD OF SURGERY	PS - PLASTIC SURGERY	
AMERICAN COLLEGE OF PHYSICIANS	PS - PLASTIC SURGERY	

# Financial Responsibility

# **Financial Responsibility**

I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments pursuant to the terms and conditions contained in s.459.0085(5)(g),FS.I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients and provide a written statement to any person to whom medical services are being provided. Such sign and statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

# **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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

### View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	09/19/2024	OBLIGATION(S) SATISFIED	NO
FLORIDA DEPARTMENT OF HEALTH	09/24/2024	OBLIGATION(S) SATISFIED	NO
FLORIDA DEPARTMENT OF HEALTH	05/16/2025	OBLIGATIONS IMPOSED	NO

Туре	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00
COSTS	5/30/2025	11/29/2025		\$ 5,704.04	\$ 0.00
FINE	5/30/2025	11/29/2025		\$ 7,500.00	\$ 0.00
BOARD RETAINS JURISDICTION	5/30/2025	5/29/2026		\$ 0.00	\$ 0.00
CE: PLASTIC SURGERY		5/29/2026		\$ 0.00	\$ 0.00
CE: RISK MANAGEMENT		5/29/2026		\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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 SOCIETY OF LIPOSUCTION SURGERY

PROGRAM CHAIRMAN AM COLL OF OSTEO SURGEONS, PLASTIC & REC

CHAIRMAN AM COLL OF OSTEO SURGEONS

AMERICAN ACADEMY OF ANTI AGING MEDICINES

### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
GRAD TEACHING ASSIST IN EPIDEMIOLOGY	FELLOW AMER COLL OF OSTEO SURGEONS
	FELLOW AMER COLLEGE OF ANGIOLOGY
PHI KAPPA PHI/HONOR SOCIETY UNIV. OF MARYLAND	
SIGMA PHI/ HONOR SOCIETY & OUT STANDING SENIOR 1981	

### **Publications**

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

Title	Publication	Date
HUMAN PHYSIOLOGICAL ADAPTABILITY THROUGH LIFE SEQUENCE	JOURNAL OF GERONTOLOGY	01/01/1977
A CIRCADIAN SUSCEPTIBILITY/RESISTANCE RHYTHM FOR POTASSIUM	TOXICOLOGY NO. 11	01/01/1987

#### **Professional Web Page**

This practitioner has not provided any professional web page information.

#### **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

FELLOW AMER ACADEMY OF COSMETIC SUREGERY