### STEPHEN ANDREW LEEDY

#### License Number: ME83980

Profession Medical Doctor
License Status Emerg Suspens/
Year Began Practicing 01/01/1991
License Expiration 01/31/2026

Date

## General Information

### **Primary Practice Address**

STEPHEN ANDREW LEEDY 146 EIGHTH AVENUE NE ST PETERSBURG, FL 33701

#### 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
LAKELAND REGIONAL MEDICAL CENTER	LAKELAND	FLORIDA

### **Email Address**

Please contact at: leedys@mac.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MD

### 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
OHIO STATE UNIV COLLEGE OF MED	MD	9/1/1987 - 6/1/1991	06/01/1991

#### **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
LANCASTER UNIVERSITY	LANCASTER	UNITED KINGDOM	06/01/2010	05/30/2014	MA - HEALTHCARE ADMINISTRATION

### **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
ST. JOSEPH HOSPITAL / NORTHWESTERN UNIVERSITY	RESIDENCY	FP - FAMILY MEDICINE		CHICAGO	ILLINOIS	07/01/1991	06/30/1994

# **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 ASSISTANT PROFESSOR OF FAMILY MEDICINE	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	SARASOTA	A 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 FAMILY MEDICINE	HPM - HOSPICE AND PALLIATIVE MEDICINE	

## Financial Responsibility

## **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

## **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:

Florida Hospice and Palliative Care Association

Board Member

PHYSICIAN SECTION NATIONAL COUNCIL OF HOSPICE AND PALLIATIVE

#### **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 ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE
CERTIFIED HOSPICE ADMINISTRATOR	CAHSAH

#### **Publications**

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

Title	Publication	Date
SPIRITUALITY AND JOB SATISFACTION AMONG HOSPICE IDT MEMBERS	JOURNAL OF PALLIATIVE MEDICINE	10/01/2007
PREDICTING ER VISITS AND HOSPITALIZATIONS AMONG HOSPICE PTS	JOURNAL OF PALLIATIVE MEDICINE	12/01/2008

## **Professional Web Page**

www.upstreaminghealthcare.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 not provided any national, state, local, county, or professional affiliations.