# BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

| In the Matter of the Accusation Against: | ) |          |                |
|--|---|----------|----------------|
| ALEX ABELARDO SARMIENTO FIDER, M.D.      | ) | File No. | 16-2009-201528 |
| ALEX ABELANDO SANVIENTO FIDER, M.D.      | ) |          |                |
| Physician's and Surgeon's                | ) |          |                |
| Certificate No. A51631                   | ) |          |                |
| Respondent.                              | ) |          |                |
|  | ) |          |                |
|  |   |          |                |

## **DECISION**

The attached Stipulated Surrender of License is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California as its Decision in the above entitled matter.

| This Decision shall become | August 4, 2010  |  |
|----------------------------|-----------------|--|
|                            |                 |  |
| IT IS SO ORDERED           | July 28, 2010 . |  |

Linda K. Whitney
Executive Director

|          | <u> </u>   |   |  |  |
|----------|--|---|--|--|
| 1        | EDMUND G. BROWN JR., Attorney General  |   |  |  |
| 2        | of the State of California  JOSE R. GUERRERO   |   |  |  |
| 3        | Supervising Deputy Attorney General JANE ZACK SIMON  |   |  |  |
| 4        | Deputy Attorney General [SBN 116564] 455 Golden Gate Avenue, Suite 11000   |   |  |  |
| . 5      | San Francisco, CA 94102<br>Telephone: (415) 703-5544   |   |  |  |
| 6        | Fax: (415) 703-5408  |   |  |  |
| 7        | Attorneys for Complainant  |   |  |  |
| 8        |  | RE THE<br>D OF CALIFORNIA                       |  |  |
| 9        | DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA   |   |  |  |
| 10       |  |   |  |  |
| 11       | In the Matter of the Accusation Against:   | Case No.: 16-2009-201528                        |  |  |
| 12       | Alex Abelardo Sarmiento Fider, M.D.  | STIPULATED SURRENDER OF                         |  |  |
| 13       | 2819 Black Stallion Court<br>Murfreesboro, TN 37130  | LICENSE   |  |  |
|          | Physician's and Surgeon's Certificate No. A51631   |   |  |  |
| 14<br>15 | Respondent   |   |  |  |
| 16       | IT IS HEDERV STIDI II ATED A   | ND AGREED by and between the parties in this    |  |  |
|          |  | TYD MORDED by and between the parties in this   |  |  |
| 17       | proceeding that the following matters are true:  | xecutive Director of the Medical Board of       |  |  |
| 18       | -  |   |  |  |
| 19       | California and the Complainant herein. This action has at all times been brought and maintained  |   |  |  |
| 20       | solely in official capacity of the Board's Executive Director, who is represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Jane Zack Simon, Deputy |   |  |  |
| 21       |  | state of Camornia, by Jane Zack Simon, Deputy   |  |  |
| 22       | Attorney General.  | Fider, M.D. (Respondent) is represented in this |  |  |
| 23       |  |   |  |  |
| 24       | proceeding by Jason R. Reeves, The Reeves Law  | Firm, 704 N. Jefferson Succe, F.O. Box 910,     |  |  |
| 25       | Shelbyville, TN 37162.   |   |  |  |
| 26       |  |   |  |  |
| 27       |  |   |  |  |
| 28       | ///  |   |  |  |

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- 3. Respondent has received, read, discussed with counsel and understands the Accusation which is presently on file and pending in case number 16-2009-201528 (the "Accusation") a copy of which is attached as Exhibit A.
- 4. Respondent has carefully read, discussed with counsel and understands the charges and allegations in Accusation No. 16-2009-201528. Respondent also has carefully read, discussed with counsel and understands the effects of this Stipulated Surrender of License.
- 5. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 6. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.
- 7. Respondent agrees that based on the action taken by the Tennessee Board of Medical Examiners as alleged in the Accusation, cause exists to discipline his California physician's and surgeon's certificate pursuant to Business and Professions Code sections 141 and 2305. Respondent has elected to surrender his California license at this time.
- 8. Pursuant to section 2224(b) of the Business and Professions Code, this Stipulation for Surrender of License shall be subject to the approval of the Board. Respondent understands and agrees that the Medical Board's staff and counsel for complainant may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing this stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. In the event that this stipulation is rejected for any reason by the Board, it will be of no force or effect for either party. The Board will not be disqualified from further action in this matter by virtue of its consideration of this stipulation.

- 9. Upon acceptance of this stipulation by the Board, Respondent understands that he will no longer be permitted to practice as a physician and surgeon in California, and also agrees to surrender and cause to be delivered to the Board any license and wallet certificate in his possession before the effective date of the decision.
- 10. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.
- 11. Respondent fully understands and agrees that if he ever files an application for relicensure or reinstatement in the State of California, the Board shall treat it as a petition for reinstatement, and Respondent must comply with all laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed.
- 12. Respondent understands that he may not petition for reinstatement as a physician and surgeon for a period of three (3) years from the effective date of his surrender. Information gathered in connection with Accusation number 16-2009-201528 may be considered by the Board in determining whether or not the grant the petition for reinstatement. For the purposes of the reinstatement hearing, the allegations contained in Accusation number 16-2009-201528 shall be deemed to be admitted by Respondent, and Respondent waives any and all defenses based on a claim of laches or the statute of limitations.
- 13. The parties understand and agree that facsimile or electronic copies of this Stipulated Surrender of License, including facsimile or electronic signatures thereto, shall have the same force and effect as the originals.

# <u>ACCEPTANCE</u>

I have carefully read the above Stipulation. I enter into it freely and voluntarily and with full knowledge of its force and effect, do hereby surrender my Physician and Surgeon's Certificate Number A51631 to the Medical Board of California, for its formal acceptance. By signing this stipulation to surrender my license, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a physician and surgeon in the State of

| 1  | California and I also will cause to be delivered to the Board any license and wallet certificate in |
|----|---|
| 2  | my possession before the effective date of the decision.  |
| 3  | DATED: 7/14/2010  |
| 4  |   |
| 5  | ALEX ABELARDO SARMIENTO FIDER, M.D.   |
| ٠  | Respondent  |
| 6  | APPROVAL  |
| 7  |   |
| 8  | I have fully discussed with Respondent Alex Abelardo Sarmiento Fider, M.D. the                      |
| 9  | terms and conditions and other matters contained in the above Stipulated Surrender of License       |
| 10 | and approve its form and content.   |
| 11 | DATED: 2/14/10  |
| 12 |   |
| 13 | JASON R. REEVES   |
| 14 | The Reeves Law Firm   |
| 15 | Attorney for Respondent   |
| 16 | ENDORSEMENT   |
| 17 | The foregoing Stipulated Surrender of License is hereby respectfully submitted for                  |
| 18 | consideration by the Medical Board of California.   |
| 19 | DATED: 7/16/2010  |
| 20 |   |
| 21 | EDMUND G. BROWN JR., Attorney General   |
| 22 | of the State of California  |
| 23 |   |
| 24 | JANE ZACK SIMON Deputy Attorney General   |
| 25 | Attorneys for Complainant   |
| 26 | Thomeys for Companion   |
| 27 |   |
| 28 |   |
| 20 | <b>4</b>  |

| 1<br>2<br>3<br>4<br>5<br>6<br>7 | EDMUND G. BROWN JR. Attorney General of California JOSE R. GUERRERO Supervising Deputy Attorney General JANE ZACK SIMON Deputy Attorney General State Bar No. 116564 455 Golden Gate Avenue, Suite 11000 San Francisco, CA 94102-7004 Telephone: (415) 703-5544 Fax: (415) 703-5480 E-mail: Janezack.simon@doj.ca.gov Attorneys for Complainant Medical Board of California | FILED  STATE OF CALIFORNIA  MEDICAL BOARD OF CALIFORNIA  SACRAMENTO November 2, 20 09  BY Value Man Analyst |  |
|---------------------------------|---|---|--|
| 9                               | BEFOR   | E THE   |  |
| 10                              | MEDICAL BOARD OF CALIFORNIA<br>DEPARTMENT OF CONSUMER AFFAIRS   |   |  |
| 11                              | STATE OF C  | ALIFORNIA   |  |
| 12                              |   |   |  |
| 13                              | In the Matter of the Accusation Against:  | Case No. 16-2009-201528   |  |
| 14                              | Alex Abelardo Sarmiento Fider, M.D.,<br>2819 Black Stallion Court   | ACCUSATION  |  |
| 15                              | Murfreesboro, TN 37130  |   |  |
| 16                              | Physician's and Surgeon's Certificate No. A51631  |   |  |
| 17                              | Respondent.   |   |  |
| 18                              |   |   |  |
| 19                              |   |   |  |
| 20                              | The Complainant alleges:  |   |  |
| 21                              | 1. Complainant Barbara John   | ston is the Executive Director of the Medical   |  |
| 22                              | Board of California, Department of Consumer Af  | fairs, and brings this Accusation solely in her   |  |
| 23                              | official capacity.  |   |  |
| 24                              | 2. On or about February 16, 1   | 993, Physician's and Surgeon's Certificate No.  |  |
| 25                              | A51631 was issued by the Medical Board of California to Alex Abelardo Sarmiento Fider, M.D.   |   |  |
| 26                              | (hereinafter "respondent.") Said certificate is renewed and current with an expiration date of  |   |  |
| 27                              | December 31, 2010.  |   |  |
| 28                              | //  | •   |  |
|                                 | 1   |   |  |

### **JURISDICTION**

3. This Accusation is brought before the Medical Board of California<sup>1</sup>, (hereinafter the "Board") under the authority of the following sections of the California Business and Professions Code (hereinafter "Code") and/or other relevant statutory enactment:

A. Section 2227 of the Code provides in part that the Board may revoke, suspend for a period not to exceed one year, or place on probation, the license of any licensee who has been found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

B. Section 2305 of the Code provides, in part, that the revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license to practice medicine issued by that state, that would have been grounds for discipline in California under the Medical Practice Act, constitutes grounds for discipline for unprofessional conduct.

# C. Section 141 of the Code provides:

"(a) For any licensee holding a license issued by a board under the jurisdiction of a department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or by another country shall be conclusive evidence of the events related therein.

"(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by the board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

<sup>1.</sup> As used herein, the term "Board" means the Medical Board of California. As used herein, "Division of Medical Quality" shall also be deemed to refer to the Board.

## FIRST CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Another State)

- 4. On or about May 20, 2009, the Tennessee Board of Medical Examiners issued a Consent Order regarding respondent's license to practice medicine in Tennessee. The Consent Order contained factual findings that on March 10, 2009, respondent entered a guilty plea to a charge of reckless aggravated assault, a felony, relating to a road rage incident wherein respondent fired a gun striking another vehicle which contained some children. The Tennessee Board of Medical Examiners placed respondent's license on probation for three years, with terms and conditions including enrollment in and completion of the Living Centered Program recommended by the Vanderbilt Comprehensive Assessment Program; he must undergo psychotherapy and pay a civil penalty. A true and correct copy of the Consent Order issued by the Tennessee Board of Medical Examiners is attached hereto as Exhibit A.
- 5. Respondent's conduct and the action of the Tennessee Board of Medical Examiners as set forth in paragraph 4, above, constitute unprofessional conduct within the meaning of section 2305 and conduct subject to discipline within the meaning of section 141(a).

#### **PRAYER**

WHEREFORE, the complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

- 1. Revoking or suspending Physician's and Surgeon's Certificate Number A51631 heretofore issued to respondent Alex Abelardo Sarmiento Fider, M.D.;
- 2. Revoking, suspending or denying approval of the respondent's authority to supervise physician assistants;
- 3. Ordering respondent, if placed on probation, to pay the costs probation monitoring; and
- 4. Taking such other and further action as the Board deems necessary and proper.

## STATE OF TENNESSEE DEPARTMENT OF HEALTH

| IN THE MATTER OF:           | )   | BEFORE THE TENNESSEE BOARD<br>OF MEDICAL EXAMINERS |
|-----------------------------|-----|--|
| ALEX A. S. FIDER, M.D.      | )   |  |
| RESPONDENT                  | )   | CASE NO: 2008019861                                |
|                             | )   |  |
| MURFREESBORO, TENNESSEE     | ) . |  |
| TENNESSEE LICENSE NO. 25776 | )   |  |

#### CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health (hereinafter the "Division"), by and through the Office of General Counsel, and Respondent Alex A. S. Fider, M.D. (hereinafter "Respondent"), who would respectfully move the Tennessee Board of Medical Examiners (hereinafter the "Board") for approval of this Consent Order affecting Respondent's medical license in the State of Tennessee.

The Board is responsible for the regulation and supervision of medical doctors licensed to practice in the State of Tennessee. See Tennessee Medical Practice Act, Tennessee Code Annotated Section (hereinafter "Tenn. Code Ann. §") 63-6-101, et seq. It is the policy of the Board to require strict compliance with the laws of this State, and to apply the laws so as to preserve the quality of medical care provided in Tennessee. It is the duty and responsibility of the Board to enforce the Tennessee Medical Practice Act in such a manner as to promote and protect the public health, safety and welfare in every practicable way, including disciplining medical doctors who violate the provisions of Tenn. Code Ann. § 63-6-101, et seq. or the Rules and Regulations promulgated by the Board and recorded in the Official Compilation Rules and Regulations of the State of Tennessee (hereinafter "Tenn. Comp. R. & Regs.").

Respondent Alex A. S. Fider, M.D., by his signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. Respondent acknowledges that this is a formal disciplinary action and will be reported to the Health Integrity and Protection Data Bank and/ or similar agency. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

#### I. STIPULATIONS OF FACT

- 1. Respondent has been at all times pertinent hereto licensed by the Board as a medical doctor in the State of Tennessee, having been granted Tennessee medical license number 25776 by the Board on July 28, 1994.
- 2. On or about March 10, 2008, Respondent entered a plea of guilty to a charge of Reckless Aggravated Assault (a Class D Felony) in the Criminal Court of Marion County,

Tennessee, related to a road rage incident wherein Respondent fired a gun striking another vehicle which contained some children. Pursuant to Respondent's plea of guilty, Respondent was approved for judicial diversion and placed on three (3) years probation.

## II. GROUNDS FOR DISCIPLINE

The facts stipulated to in the Stipulations of Fact are sufficient to establish that grounds for discipline of Respondent's medical license exist. Specifically, Respondent has violated the following statutes or rules which are part of the Tennessee Medical Practice Act, (Tenn. Code Ann. § 63-6-101, et seq.) for which disciplinary action before and by the Board is authorized:

3. The facts stipulated in paragraphs 1 through 3, *supra*, constitute a violation of TENN. CODE ANN. § 63-6-214(b)(1):

Unprofessional, dishonorable or unethical conduct.

4. The facts stipulated in paragraphs 1 through 3, *supra*, constitute a violation of TENN. CODE ANN. § 63-6-214(b)(10):

Conviction of a felony, conviction of any offense under state or federal drug laws, or conviction of any offense involving moral turpitude.

### III. POLICY STATEMENT

The Tennessee Board of Medical Examiners takes this action in order to protect the health, safety and welfare of the citizens of the State of Tennessee.

## IV. ORDER

NOW THEREFORE, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

- 5. The Tennessee medical license of Alex A. S. Fider, M.D., license number 25776; is hereby placed on **PROBATION** for a period of three (3) years, commencing the date of ratification of this Consent Order
- 6. Within twelve (12) months of the date of ratification of this Consent Order, Respondent shall enroll in and complete the Living Centered Program offered by Onsite Therapeutic Workshops, as recommended by the Vanderbilt Comprehensive Assessment Program. Respondent shall ensure that, upon completion, a report of his attendance, evaluation and prognosis be submitted by the program to Dr. Larry Arnold, Medical Director, Division of Health Related Boards, 227 French Landing, Suite 300, Heritage Place Metro Center, Nashville, TN 37243.
- 7. During the term of the probation required herein, Respondent shall submit to the therapeutic services of a treating psychologist or psychiatrist and shall ensure that quarterly reports of his progress are submitted to Dr. Larry Arnold, Medical Director, Division of Health Related Boards, 227 French Landing, Suite 300, Heritage Place Metro Center, Nashville, TN 37243.
- 8. Respondent shall pay one (1) Type A civil penalty in the amount of one-thousand dollars (\$1,000.00), representing a penalty for one violation of the Tennessee Medical Practice Act.

- 9. Respondent must pay, pursuant to Tenn. Code Ann. § 63-6-214(k) and Rule 0880-2-.12(1)(j) of the Official Compilation Rules and Regulations of the State of Tennessee, the actual and reasonable costs of prosecuting this case to the extent allowed by law, including all costs assessed against the Board by the Division's Bureau of Investigations in connection with the prosecution of this matter. These costs will be established by an Affidavit of Costs prepared and filed by counsel for the Department. The maximum amount for the assessment of costs shall be two thousand dollars (\$2,000.00).
- 10. Respondent understands that this is a formal disciplinary action and will be reported to the Health Integrity and Protection Data Bank (H.I.P.D.B.) and/or similar agency.

## V. NOTICE

- 11. Any and all civil penalties shall be paid in full within thirty (30) days upon ratification of this Consent Order by submitting a <u>certified check, cashier's check, or money order</u> payable to the State of Tennessee, which shall be mailed or delivered to: Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 227 French Landing, Suite 300, Heritage Place Metro Center, Nashville, Tennessee 37243. A notation shall be placed on said check that it is payable for the civil penalties of Alex A. S. Fider, M.D.
- Affidavit of Costs by submitting a <u>certified check, cashier's check, or money order</u> payable to the State of Tennessee, which shall be mailed or delivered to: Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 227 French Landing, Suite 300, Heritage Place Metro Center, Nashville,

Tennessee 37243. A notation shall be placed on said check that it is payable for the costs of Alex A. S. Fider, M.D.

| This CONSENT ORDER was approved                   | by a majority of a quorum of the Tennessee |
|---|--|
| Board of Medical Examiners at a public meeting of | of the Board and signed this do # day      |
| of <u>May</u> , 2009.                             |  |
| $\mathcal{O}$                                     | Mitchell L. Mulh                           |
|   | Chairperson                                |
|   | Tennessee Board of Medical Examiners       |

## APPROVED FOR ENTRY:

| SSD 5000.              |   |
|------------------------|---|
| Alex A. S. Fider, M.D. | • |
| Respondent             |   |

Tennessee License Number 25776 2819 Black Stallion Court

Murfreesboro, Tennessee 37130

DATE

4/22/09

1/21/09

Jason R. Reeves (B.P.R. #020256)

117 S. Main Street P.O. Box 910

Shelbyville, Tennessee 37160

(931) 684-6444

DATE

Andrea Huddleston (B.P.R. #016155)

Assistant General Counsel

Office of General Counsel

Tennessee Department of Health

Plaza 1, Suite 210

220 Athens Way

Nashville, Tennessee 37243

(615) 741-1611

DATE

## CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon Respondent, Alex A.S. Fider, M.D., through Respondent's attorney, Jason R. Reeves, Esq., 117 S. Main Street, P.O. Box 910, Shelbyville, Tennessee 37160, by delivering same in the United States First Class Mail, Postage Pre-Paid, with sufficient postage thereon to reach its destination.

This the day of May, 2009.

Andrea Huddleston Assistant General Counsel

Tennessee Department of Health