

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
 )  
**Stephen Alan Baskin, M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. A 35451** )  
 )  
**Respondent** )  
\_\_\_\_\_ )

**Case No. 800-2016-025383**

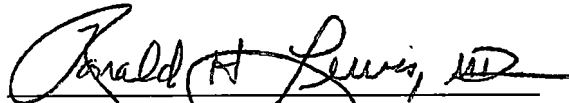
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on September 13, 2019.**

**IT IS SO ORDERED: August 15, 2019.**

**MEDICAL BOARD OF CALIFORNIA**

  
\_\_\_\_\_  
**Ronald H. Lewis, M.D., Chair**  
**Panel A**

1 XAVIER BECERRA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 ALICE W. WONG  
Deputy Attorney General  
4 State Bar No. 160141  
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5 San Francisco, CA 94102-7004  
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7

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **STEPHEN ALAN BASKIN, M.D.**

14 **2999 Regent St, Ste 422**  
15 **Berkeley, CA 94705**

16 **Physician's and Surgeon's Certificate No. A**  
17 **35451**

18 Respondent.

Case No. 800-2016-025383

OAH No. 2019020571

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:  
22

23 PARTIES

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
25 of California (Board). She brought this action solely in her official capacity and is represented in  
26 this matter by Xavier Becerra, Attorney General of the State of California, by Alice W. Wong,  
27 Deputy Attorney General.  
28



1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 800-2016-025383 and that he has thereby subjected his license to disciplinary action.

5 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
6 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
7 Disciplinary Order below.

8 CONTINGENCY

9 11. This stipulation shall be subject to approval by the Medical Board of California.  
10 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
11 Board of California may communicate directly with the Board regarding this stipulation and  
12 settlement, without notice to or participation by Respondent or his counsel. By signing the  
13 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
14 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
15 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
16 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
17 action between the parties, and the Board shall not be disqualified from further action by having  
18 considered this matter.

19 12. Respondent agrees that, if he ever petitions for early termination or modification of  
20 probation, or if the Board ever petitions for revocation of probation, all of the charges and  
21 allegations contained in Accusation No. 800-2016-025383 shall be deemed true, correct and fully  
22 admitted by Respondent for purposes of that proceeding or any other licensing proceeding  
23 involving Respondent in the State of California.

24 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
25 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
26 signatures thereto, shall have the same force and effect as the originals.  
27  
28



1 Respondent shall participate in and successfully complete the classroom component of the course  
2 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
3 complete any other component of the course within one (1) year of enrollment. The medical  
4 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
5 Medical Education (CME) requirements for renewal of licensure.

6 A medical record keeping course taken after the acts that gave rise to the charges in the  
7 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
8 or its designee, be accepted towards the fulfillment of this condition if the course would have  
9 been approved by the Board or its designee had the course been taken after the effective date of  
10 this Decision.

11 Respondent shall submit a certification of successful completion to the Board or its  
12 designee not later than 15 calendar days after successfully completing the course, or not later than  
13 15 calendar days after the effective date of the Decision, whichever is later.

14 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
15 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
16 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
17 Respondent shall participate in and successfully complete that program. Respondent shall  
18 provide any information and documents that the program may deem pertinent. Respondent shall  
19 successfully complete the classroom component of the program not later than six (6) months after  
20 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
21 time specified by the program, but no later than one (1) year after attending the classroom  
22 component. The professionalism program shall be at Respondent's expense and shall be in  
23 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

24 A professionalism program taken after the acts that gave rise to the charges in the  
25 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
26 or its designee, be accepted towards the fulfillment of this condition if the program would have  
27 been approved by the Board or its designee had the program been taken after the effective date of  
28 this Decision.

1 Respondent shall submit a certification of successful completion to the Board or its  
2 designee not later than 15 calendar days after successfully completing the program or not later  
3 than 15 calendar days after the effective date of the Decision, whichever is later.

4 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
5 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
6 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
7 licenses are valid and in good standing, and who are preferably American Board of Medical  
8 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
9 relationship with Respondent, or other relationship that could reasonably be expected to  
10 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
11 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
12 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

13 The Board or its designee shall provide the approved monitor with copies of the Decision  
14 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the  
15 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement  
16 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,  
17 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the  
18 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed  
19 statement for approval by the Board or its designee.

20 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
21 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
22 make all records available for immediate inspection and copying on the premises by the monitor  
23 at all times during business hours and shall retain the records for the entire term of probation.

24 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
25 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
26 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
27 shall cease the practice of medicine until a monitor is approved to provide monitoring  
28 responsibility.

1 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
2 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
3 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
4 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
5 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
6 preceding quarter.

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
9 name and qualifications of a replacement monitor who will be assuming that responsibility within  
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
12 notification from the Board or its designee to cease the practice of medicine within three (3)  
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
14 replacement monitor is approved and assumes monitoring responsibility.

15 In lieu of a monitor, Respondent may participate in a professional enhancement program  
16 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
17 review, semi-annual practice assessment, and semi-annual review of professional growth and  
18 education. Respondent shall participate in the professional enhancement program at Respondent's  
19 expense during the term of probation.

20 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
21 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
22 Chief Executive Officer at every hospital where privileges or membership are extended to  
23 Respondent, at any other facility where Respondent engages in the practice of medicine,  
24 including all physician and locum tenens registries or other similar agencies, and to the Chief  
25 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
26 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
27 calendar days.

28 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.



1           6.    SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
2 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
3 advanced practice nurses.

4           7.    OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
5 governing the practice of medicine in California and remain in full compliance with any court  
6 ordered criminal probation, payments, and other orders.

7           8.    QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
8 under penalty of perjury on forms provided by the Board, stating whether there has been  
9 compliance with all the conditions of probation.

10           Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
11 of the preceding quarter.

12           9.    GENERAL PROBATION REQUIREMENTS.

13           Compliance with Probation Unit

14           Respondent shall comply with the Board's probation unit.

15           Address Changes

16           Respondent shall, at all times, keep the Board informed of Respondent's business and  
17 residence addresses, email address (if available), and telephone number. Changes of such  
18 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
19 circumstances shall a post office box serve as an address of record, except as allowed by Business  
20 and Professions Code section 2021(b).

21           Place of Practice

22           Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
23 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
24 facility.

25           License Renewal

26           Respondent shall maintain a current and renewed California physician's and surgeon's  
27 license.  
28

1           Travel or Residence Outside California

2           Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
3 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
4 (30) calendar days.

5           In the event Respondent should leave the State of California to reside or to practice,  
6 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
7 departure and return.

8           10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
9 available in person upon request for interviews either at Respondent's place of business or at the  
10 probation unit office, with or without prior notice throughout the term of probation.

11           11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
13 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
14 defined as any period of time Respondent is not practicing medicine as defined in Business and  
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
16 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
17 Respondent resides in California and is considered to be in non-practice, Respondent shall  
18 comply with all terms and conditions of probation. All time spent in an intensive training  
19 program which has been approved by the Board or its designee shall not be considered non-  
20 practice and does not relieve Respondent from complying with all the terms and conditions of  
21 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
22 on probation with the medical licensing authority of that state or jurisdiction shall not be  
23 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
24 period of non-practice.

25           In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
26 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
28 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

1 Disciplinary Orders and Disciplinary Guidelines” prior to resuming the practice of medicine.

2 Respondent’s period of non-practice while on probation shall not exceed two (2) years.

3 Periods of non-practice will not apply to the reduction of the probationary term.

4 Periods of non-practice for a Respondent residing outside of California will relieve  
5 Respondent of the responsibility to comply with the probationary terms and conditions with the  
6 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
7 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
8 Controlled Substances; and Biological Fluid Testing..

9 12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
10 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
11 completion of probation. Upon successful completion of probation, Respondent’s certificate shall  
12 be fully restored.

13 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
14 of probation is a violation of probation. If Respondent violates probation in any respect, the  
15 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
16 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
17 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
18 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
19 the matter is final.

20 14. LICENSE SURRENDER. Following the effective date of this Decision, if  
21 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
22 the terms and conditions of probation, Respondent may request to surrender his or her license.  
23 The Board reserves the right to evaluate Respondent’s request and to exercise its discretion in  
24 determining whether or not to grant the request, or to take any other action deemed appropriate  
25 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
26 shall within 15 calendar days deliver Respondent’s wallet and wall certificate to the Board or its  
27 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
28 to the terms and conditions of probation. If Respondent re-applies for a medical license, the

1 application shall be treated as a petition for reinstatement of a revoked certificate.

2 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
3 with probation monitoring each and every year of probation, as designated by the Board, which  
4 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
5 California and delivered to the Board or its designee no later than January 31 of each calendar  
6 year.

7  
8 ACCEPTANCE

9 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
10 discussed it with my attorney, Ann H. Larson, Esq. I understand the stipulation and the effect it  
11 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
12 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
13 Decision and Order of the Medical Board of California.

14  
15 DATED: 6/12/19

  
16 STEPHEN ALAN BASKIN, M.D.  
Respondent

17 I have read and fully discussed with Respondent Stephen Alan Baskin, M.D. the terms and  
18 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
19 I approve its form and content.

20 DATED: 6/17/19

  
21 ANN H. LARSON, ESQ  
Attorney for Respondent

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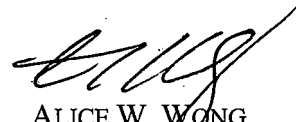
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 6/18/2019

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
MARY CAIN-SIMON  
Supervising Deputy Attorney General



ALICE W. WONG  
Deputy Attorney General  
*Attorneys for Complainant*

SF2018200619

**Exhibit A**

**Accusation No. 800-2016-025383**

1 XAVIER BECERRA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 ALICE W. WONG  
Deputy Attorney General  
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8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2016-025383

13 **Stephen Alan Baskin, M.D.**  
14 **2999 Regent St, Ste. 422**  
15 **Berkeley, CA 94705**

**ACCUSATION**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 35451,**

Respondent.

18  
19 Complainant alleges:

20 **PARTIES**

21  
22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
24 Affairs (Board).

25 2. On or about July 1, 1980, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number A 35451 to Stephen Alan Baskin, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on May 31, 2020, unless renewed.

## JURISDICTION

1  
2       3.     This Accusation is brought before the Board, under the authority of the following  
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4       4.     Section 2004 of the Code states:

5       “The board shall have the responsibility for the following:

6       “(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice  
7 Act.

8       “(b) The administration and hearing of disciplinary actions.

9       “(c) Carrying out disciplinary actions appropriate to findings made by a panel or an  
10 administrative law judge.

11       “(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of  
12 disciplinary actions.

13       “(e) Reviewing the quality of medical practice carried out by physician and surgeon  
14 certificate holders under the jurisdiction of the board.

15       “(f) Approving undergraduate and graduate medical education programs.

16       “(g) Approving clinical clerkship and special programs and hospitals for the programs in  
17 subdivision (f).

18       “(h) Issuing licenses and certificates under the board's jurisdiction.

19       “(i) Administering the board's continuing medical education program.”

20       5.     Section 2227 of the Code provides that a licensee who is found guilty under the  
21 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
22 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
23 action taken in relation to discipline as the Board deems proper.

24       6.     Section 2234 of the Code, states:

25       “The board shall take action against any licensee who is charged with unprofessional  
26 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
27 limited to, the following:  
28



1           “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
2 violation of, or conspiring to violate any provision of this chapter.

3           “(b) Gross negligence.

4           “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
6 the applicable standard of care shall constitute repeated negligent acts.

7           “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for  
8 that negligent diagnosis of the patient shall constitute a single negligent act.

9           “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
11 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the  
12 applicable standard of care, each departure constitutes a separate and distinct breach of the  
13 standard of care.

14           “(d) Incompetence.

15           “(e) The commission of any act involving dishonesty or corruption which is substantially  
16 related to the qualifications, functions, or duties of a physician and surgeon.

17           “(f) Any action or conduct which would have warranted the denial of a certificate.

18           “(g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
21 proposed registration program described in Section 2052.5.

22           “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
24 who is the subject of an investigation by the board.”

25           7. Section 2228 of the Code states:

26           “The authority of the board or the California Board of Podiatric Medicine to discipline a  
27 licensee by placing him or her on probation includes, but is not limited to, the following:  
28

1           “(a) Requiring the licensee to obtain additional professional training and to pass an  
2 examination upon the completion of the training. The examination may be written or oral, or  
3 both, and may be a practical or clinical examination, or both, at the option of the board or the  
4 administrative law judge.

5           “(b) Requiring the licensee to submit to a complete diagnostic examination by one or more  
6 physicians and surgeons appointed by the board. If an examination is ordered, the board shall  
7 receive and consider any other report of a complete diagnostic examination given by one or more  
8 physicians and surgeons of the licensee’s choice.

9           “(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including  
10 requiring notice to applicable patients that the licensee is unable to perform the indicated  
11 treatment, where appropriate.

12           “(d) Providing the option of alternative community service in cases other than violations  
13 relating to quality of care.

14           8. Section 2242 of the Code states, in pertinent part:

15           “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022  
16 without an appropriate prior examination and a medical indication, constitutes unprofessional  
17 conduct.”

18           9. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
19 adequate and accurate records relating to the provision of services to their patients constitutes  
20 unprofessional conduct.”

21           10. Section 11190 of the Health and Safety Code sets forth the information that is  
22 required to be documented in a record by every practitioner, other than a pharmacist, who  
23 prescribes or administers a controlled substance classified in Schedule II.

24  
25 ///

26 ///

27 ///

28 ///

FACTS

1  
2 11. At all times relevant to this matter, Respondent was a licensed psychiatrist practicing  
3 in Berkeley, California.

4 12. Respondent saw Patient A,<sup>1</sup> a 32-year old male, on five occasions between January to  
5 May 2016.

6 13. On January 13, 2016, Respondent first saw Patient A for treatment for Attention  
7 Deficit Hyperactivity Disorder (ADHD).<sup>2</sup> Respondent interviewed Patient A, utilizing a 22  
8 question "ADD Screening Test for Adults." Respondent did not obtain a history of present illness,  
9 review of systems, pertinent past childhood history, relevant past injury, prior medical treatment,  
10 past and current medication, or social and family history other than noting Patient A's sister was  
11 diagnosed with ADHD and is now being treated with Dexedrine.<sup>3</sup> Respondent did not discuss  
12 treatment plan or past substance abuse.

13 14. Respondent diagnosed Patient A with ADHD and social anxiety disorder and issued a  
14 prescription for #120 Dexedrine 5 mg. Respondent did not obtain Patient A's blood pressure or  
15 pulse; did not obtain an EKG; and did not obtain information on Patient A's prior or current  
16 medications prior to prescribing Dexedrine to Patient A. Respondent did not document in Patient  
17 A's medical record what was prescribed or dosage amount to Patient A on this first visit.  
18 Respondent's handwritten medical notes are illegible and incoherent.

19 15. Patient A was seen by Respondent on February 16, 2016. Respondent did not  
20 document any discussion regarding side effects of Dexedrine, or regarding the evolving treatment  
21 plan. Respondent issued a prescription for #60 Dexedrine 10 mg.

22  
23 <sup>1</sup> The patient is designated in this document as Patient A to protect the patient's privacy.  
24 Respondent knows the name of the patient and can confirm the patient's identity through discovery.

25 <sup>2</sup> Patient A found Respondent on the internet. On Respondent's website, Respondent is described  
26 as a psychiatrist who specializes in the evaluation, diagnosis and treatment of ADHD, Depression, Bipolar  
Disorder and Anxiety Disorders.

27 <sup>3</sup> Dexedrine is a stimulant used to treat ADHD. It is a Schedule II controlled substance as  
28 defined by section 11055, subdivision (b) of the Health and Safety Code and is a dangerous drug  
as defined in Business and Professions Code section 4022.

1           16. Patient A was next seen by Respondent on March 17, 2016. On this visit, Patient A  
2 requested a letter from Respondent to support Patient A's leave of absence from work.  
3 Respondent wrote the letter to Patient A's employer, confirming his evaluation of Patient A and  
4 diagnosis of ADHD. There are no medical records for this visit. Respondent issued a prescription  
5 for #60 Dexedrine 10 mg to Patient A on this date.

6           17. Patient A was next seen by Respondent on April 28, 2016. The medical record for  
7 this visit states Patient A's plans to travel to India on June 1, 2016 for one month. Respondent did  
8 not obtain Patient A's blood pressure or pulse, side effects of medication, or document any  
9 evolving treatment plan to properly monitor Patient A's care and treatment for ADHD.

10           18. Patient A attempted to fill his prescription for Dexedrine prior to his departure to  
11 India but was unsuccessful in contacting Respondent. Respondent's office manager, R.G., who is  
12 an unlicensed assistant, obtained a controlled substance form that was pre-signed by Respondent,  
13 filled out the Dexedrine prescription for Patient A, and instructed Patient A to drive to R.G.'s  
14 home to pick up the prescription. R.G. told Patient A that the prescription would be left in R.G.'s  
15 mailbox and Patient A was instructed to leave payment for the prescription in the mailbox when  
16 Patient A picked up the prescription.

17           19. There are no medical records of Patient A's last visit on May 25, 2016. There is a  
18 prescription for #120 Dexedrine 10 mg dated May 25, 2016 that was not filled by the pharmacy  
19 until July 11, 2016.

20           20. At the Board interview on January 30, 2018, Respondent corroborated his office  
21 assistant, R.G.'s statement to the Board, that Respondent left pre-signed controlled substance  
22 forms for R.G., to later fill out and refill patient prescription requests. Respondent also admitted  
23 he did not check the Controlled Substance Utilization Review and Evaluation System (CURES)  
24 or even know its existence when Respondent treated Patient A.

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1 FIRST CAUSE FOR DISCIPLINE

2 **(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts and/or**  
3 **Incompetence and/or Prescribing without Appropriate Prior Exam/Medical Indication)**

4 21. Respondent is subject to disciplinary action under sections 2234(b) and/or 2234(c),  
5 and/or 2234(d), and/or 2242 of the Code in that Respondent's overall conduct, acts and  
6 omissions, with regards to Patient A constitute gross negligence, and/or repeated negligent acts,  
7 and/or incompetence, and/or prescribing without an appropriate prior examination and a medical  
8 indication, as more fully described herein below.

9 a. Respondent failed to properly assess, evaluate, diagnose, and treat Patient A  
10 who presented to Respondent for treatment for ADHD.

11 b. Respondent failed to obtain a history of present illness, review of systems,  
12 pertinent past childhood history, relevant past injury, prior medical treatment, past and current  
13 medication, or adequate social or family history;

14 c. Respondent prescribed and dispensed controlled substance without an  
15 appropriate prior medical examination and medical indication.

16 d. Respondent failed to document that informed consent was obtained and that the  
17 patient was informed of the risks and benefits of the controlled substance prescribed.

18 e. Respondent failed to monitor and manage Patient A for ADHD, which  
19 included, but was not limited to, obtaining an EKG, monitoring the patient's blood pressure,  
20 pulse, and any side effects experienced from the prescribed medication.

21 f. Respondent demonstrated a complete lack of knowledge about the existence,  
22 requirements, and review of CURES in his treatment of Patient A.

23 g. Respondent issued pre-signed prescription forms for Schedule II controlled  
24 substances that were later filled out by his office manager to refill prescriptions.

25 h. Respondent failed to supervise his office manager, an unlicensed assistant, who  
26 received and refilled Patient A's prescription request and instructed Patient A to pick up the  
27 controlled substance prescription left in the mailbox of the unlicensed assistant's home.  
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