

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO JUNE 4 20 19
BY ANDREA GERANI ANALYST

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 TRINA L. SAUNDERS
Deputy Attorney General
4 State Bar No. 207764
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6516
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2018-041785

14 STANLEY L. GOODMAN, M.D.

A C C U S A T I O N

15 5535 Balboa Blvd., Suite 215
Encino, California 91316

16 Physician's and Surgeon's Certificate C 39950,
17 Respondent.

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19 Complainant alleges:

20 **PARTIES**

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

23 2. On July 30, 1981, the Board issued Physician's and Surgeon's Certificate Number C
24 39950 to Stanley L. Goodman, M.D. (Respondent). That license was in full force and effect at all
25 times relevant to the charges brought herein and will expire on July 31, 2019, unless renewed.

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JURISDICTION

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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 (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

6 “(a) A licensee whose matter has been heard by an administrative law judge of the Medical
7 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
8 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
9 action with the board, may, in accordance with the provisions of this chapter:

10 “(1) Have his or her license revoked upon order of the board.

11 “(2) Have his or her right to practice suspended for a period not to exceed one year upon
12 order of the board.

13 “(3) Be placed on probation and be required to pay the costs of probation monitoring upon
14 order of the board.

15 “(4) Be publicly reprimanded by the board. The public reprimand may include a
16 requirement that the licensee complete relevant educational courses approved by the board.

17 “(5) Have any other action taken in relation to discipline as part of an order of probation, as
18 the board or an administrative law judge may deem proper.

19 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
20 review or advisory conferences, professional competency examinations, continuing education
21 activities, and cost reimbursement associated therewith that are agreed to with the board and
22 successfully completed by the licensee, or other matters made confidential or privileged by
23 existing law, is deemed public, and shall be made available to the public by the board pursuant to
24 Section 803.1.”

25 5. Section 2234 of the Code, states:

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

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 6. Section 2266 of the Code states:

26 “The failure of a physician and surgeon to maintain adequate and accurate records relating
27 to the provision of services to their patients constitutes unprofessional conduct.”

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent is subject to disciplinary action under section 2234 of the Code for gross negligence related to his treatment of a single patient. Respondent failed to maintain records related to the majority of the care he alleged that he provided to the patient. The circumstances are as follows:

8. Respondent first met the patient on the Internet dating site Match.com. They had several conversations. In one conversation, Respondent learned that she had been in a motor vehicle accident in 2013. Respondent referred her to an attorney to represent her in a personal injury suit related to the auto accident. Due to the distance between their two residences they did not meet in person socially.

9. Several months after their first contact on Match.com, Respondent was asked to see the patient professionally, to provide a psychiatric evaluation to be submitted for the purpose of litigation, and to be used in the personal injury case related to the patient's 2013 motor vehicle accident.

10. On June 21, 2014, Respondent met with the patient for an initial evaluation. He completed a comprehensive psychiatric evaluation of the patient and diagnosed her with major depression, post-traumatic stress disorder, and insomnia.

11. In his Medical Board Interview on February 22, 2019, Respondent stated that he met with the patient approximately four times. This included a February 3, 2015, visit at his Bakersfield office and a visit at Respondent's personal residence.

12. Respondent issued prescriptions to the patient for psychotropic medications at both office visits. He also issued prescriptions telephonically.

13. Between June 5, 2014, and April 6, 2015, Respondent and his patient engaged in approximately 400 or more phone calls, more than 80 of these calls took place after 9:00 p.m. Although Respondent told the Medical Board of California that all of these calls were professional in nature and related to important clinical matters, he does not have clinical documentation related to the content of the majority of the 400, or more, calls.

1 14. Respondent billed for phone psychotherapy on three occasions (July 10 and 11, 2014,
2 and March 7, 2015.) He billed for individual psychotherapy on nine occasions. (August 6, 2014,
3 October 22, 2014, November 1, 2014, November 29, 2014, January 15, 2015, February 3, 2015,
4 March 6, 2015, March 18, 2015, and July 18, 2015.) In addition, Respondent billed for phone
5 discussions with the patient on approximately 104 occasions. On many of the occasions on which
6 billing occurred for phone discussions with the patient, no corresponding clinical progress note
7 was documented in the patient's medical chart.

8 15. Despite the fact that Respondent was not practicing psychoanalysis on this patient, in
9 his Medical Board of California interview on February 22, 2019, Respondent explained that the
10 absence of records in the patient chart was the result of his being trained by a psychoanalyst and
11 psychoanalysts do not include detailed documentation of personal information in a patient's
12 medical record.

13 16. Respondent committed gross negligence by failing to provide clinical progress notes
14 documenting the psychiatric treatment he alleged to provide on numerous dates for which the
15 patient was billed for psychiatric treatment, as well as telephonic communications with the patient
16 that Respondent claimed were for important clinical treatment purposes.

17 **SECOND CAUSE FOR DISCIPLINE**

18 (Repeated Negligent Acts)

19 17. Respondent is subject to disciplinary action under section 2234 (c) for repeated
20 negligent acts related to his treatment of the patient. The circumstances are as follows:

21 18. Paragraphs 7 through 16, inclusive, above are incorporated herein as if fully set forth.

22 19. Respondent's conduct in calling this patient with great frequency and consistently
23 after normal business hours, often into late hours of the night, without the presence of
24 documented emergent circumstances, such as the patient being suicidal, having a significant side
25 effect to medication prescribed by Respondent, or similar, is negligent and constitutes
26 unprofessional conduct.

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1 DISCIPLINARY CONSIDERATIONS

2 20. To determine the degree of discipline, if any, to be imposed on Respondent Stanley L.
3 Goodman, M.D., Complainant alleges that on October 25, 1985, in a prior disciplinary action
4 entitled *In the Matter of the Accusation Against Stanley Goodman, M.D.* before the California
5 Board of Medical Quality Assurance, in case number D-3170, Respondent's license was revoked,
6 but stayed on five years' probation with terms including a required psychiatric evaluation, an oral
7 clinical exam and community service. The allegations of that case, which were admitted, were
8 that Respondent had been disciplined by the Arizona Board of Medical Examiners in 1983 for
9 failing, during the period of 1979 to 1982, to maintain adequate records on his psychiatric patients
10 and outpatients; that in 1982 he knowingly and fraudulently submitted to the Civilian Health And
11 Medical Program of the Uniformed Services ("CHAMPUS"), fraudulent billings for professional
12 services that he had not in fact rendered and that he was "mentally unable safely to engage in the
13 practice of medicine." That decision is now final and is incorporated by reference as if fully set
14 forth herein.

15 PRAYER

16 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
17 and that following the hearing, the Medical Board of California issue a decision:

- 18 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 39950,
19 issued to Stanley L. Goodman, M.D.;
- 20 2. Revoking, suspending or denying approval of his authority to supervise physician
21 assistants and advanced practice nurses;
- 22 3. If placed on probation, ordering him to pay the Board the costs of probation
23 monitoring; and

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4. Taking such other and further action as deemed necessary and proper.

DATED: June 4, 2019



KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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