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

In the Matter of the Accusation Against:	Case No. 800-2019-063022
Lindsay Ramzi Kiriakos, M.D. **11633 San Vicente Blvd., Ste. 306** **Los Angeles, CA 90049** **Physician's and Surgeon's Certificate No. A 79342,** Respondent.	**ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 5, 2002, the Medical Board issued Physician's and Surgeon's Certificate Number A 79342 to Lindsay Ramzi Kiriakos, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2022, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

5. Section 726 of the Code states:

(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this or under any initiative act referred to in this division.

(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, to his or her spouse or person in an equivalent domestic relationship.

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6. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

7. Subdivision (a) of section 2228.1 of the Code states:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

8. Section 2266 of the Code states:

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

FACTUAL ALLEGATIONS

9. Patient 1,[1] a 29-year-old female, sought out Respondent for psychiatric treatment which began on or about March 2, 2018. Patient 1 presented with symptoms of panic attacks/panic disorder manifested by increased heart rate, shakiness, nausea, chest tightness, menstrual symptoms, and mild agoraphobia. The patient also gave a history of sexual abuse by her domestic partner, chronic anxiety, difficulty with concentration, and a presumptive diagnosis of attention deficit hyperactivity disorder (ADHD) which is what Patient 1 was told by a prior psychiatrist, in 2017. The patient related that she had been taking Ritalin, as needed, and had trials of multiple antidepressants, including Zoloft and Paxil for anxiety, which she told Respondent were not helpful.

10. Respondent did not contact and/or did not document contacting Patient 1's previous provider or providers. Respondent did not assess and did not document assessing in more detail the patient's prior antidepressant trials. Respondent did not perform and did not document a complete history to validate the diagnosis of ADHD. Respondent did not use and did not document any validated metrics to score the severity of several pre-established domains, such as

[1] The patient is identified by a number to protect her privacy. The patient's identity is known to the Respondent and/or will be provided to him in response to Request for Discovery.

task completion, procrastination, or interrupting, that are elements of the criteria which assist in forming the diagnosis of ADHD.

11. Respondent diagnosed Patient 1 with panic disorder, agoraphobia, generalized anxiety disorder, and chronic depression. Once again, Respondent failed to elicit and /or document a sufficient history and physical examination to support these diagnoses.

12. Respondent prescribed Valium[2] on a routine basis for Patient 1's anxiety without obtaining and/or documenting Patient 1's informed consent. Respondent did not document his reasoning for his decision to prescribe Valium, as opposed to any other medication, to Patient 1. Respondent also told Patient 1 to continue taking Ritalin[3] 20mg on a prn basis (as needed). Throughout Respondent's treatment of Patient 1, Respondent did not assess the effectiveness of these medications and did not verify, document verifying, or document reasons for not verifying, Patient 1's controlled medication compliance as required by Health and Safety Code, section 11165.4.

13. Respondent also arranged to see Patient 1 approximately every 7 days for in-person therapy. Respondent claimed that he was rendering cognitive behavioral therapy to Patient 1. However, Respondent documented in Patient 1's therapy notes that he engaged in some form of role playing and exposure therapy, which are not the tenets of cognitive behavioral therapy and do not have a place in standard treatment of the conditions Respondent diagnosed Patient 1 with. Additionally, between March 23, 2018 and April 15, 2018, Respondent's therapy notes refer to many items that one would see in psychodynamic/interpersonal therapy, such as references to problems with Patient 1's mother, issues with her boyfriend moving out, and superficial cutting; items not normally addressed in cognitive behavioral therapy. During this time, Respondent did not clearly document in what fashion he was medicating the patient, what compliance she had with her medications, and the level to which she was experiencing any symptoms of the

[2] Valium is also known as diazepam. It is a long acting benzodiazepine and a dangerous drug pursuant to Business and Professions Code section 4022, as well as a Schedule IV controlled substance pursuant to Health and Safety Code section 11517, subdivision (c)(9).

[3] Ritalin is also known as methylphenidate. It is a stimulant and a dangerous drug pursuant to Business and Professions Code section 4022, as well as a Schedule II controlled substance pursuant to Business and Professions Code section 11055, subdivision (d)(6).

diagnoses Respondent ascribed to Patient 1. Respondent also proactively sought out, reviewed and/or analyzed Patient 1's social media activity, including photographs, and other social media users' reactions, which he discussed with Patient 1 during therapy sessions.

14. On or about May 31, 2018, Respondent noted that Patient 1 developed a "transferential" attraction to him. On or about June 8, 2018, Respondent noted his own, countertransference, attraction to the Patient 1. Respondent documented a "curbside consult," and referral to a marriage and family therapist. In his interview with the Board investigators Respondent explained that he felt the need to refer the patient out at this early stage, however the patient refused. This refusal was not documented. Respondent failed to consider, and did not document a consideration, that it was contingent upon him as the physician to insist to the patient that the treatment was in fact compromised. If Patient 1 refused the referral, it also became contingent upon him to offer a series of referrals and to recuse himself from further treatment. But that is not what Respondent did. Respondent continued to provide psychotherapy to Patient 1 after he documented in her chart that he would establish "firm boundaries."

15. On or about June 15, 2018, Respondent prescribed to Patient 1 Seroquel, an antipsychotic medication that is prescribed off-label to insomnia patients for its sedative effect. Respondent documented in Patient 1's chart that Seroquel was prescribed for insomnia, however, Respondent did not document or explain his reasoning for this choice of medication.

16. From September 20, 2018 through January 10, 2019, Respondent's weekly sessions with Patient 1 are documented as brief and unchanging mental status exams that include a limited commentary about the patient's life events. These records do not reflect cognitive behavior therapy. The manner of Respondent's record keeping made it is extremely difficult to ascertain what treatment the patient was actually receiving and whether she was making any progress.

17. Starting on January 10, 2019, Respondent began to chart that Patient 1's tendency to pursue men in relationships required firm boundaries and, again, documented that he referred Patient 1 to a marriage and family therapist. In addition, Respondent engaged in a supervisory experience with another psychiatrist to discuss transference/countertransference issues. In Respondent's records for Patient 1, there is a paucity of information as to what actually

transpired, what actions the patient had taken, what attempts there were to set boundaries with the patient, and what guidance in supervision was given to him.

18. On or about January 24, 2019, Respondent charted in Patient 1's records a discussion of transference/countertransference issues and a "possible referral to another psychiatrist if the situation intensifies." Respondent's records contained no explanation about what occurred. Respondent's records for Patient 1 do not clearly establish whether a transfer of her therapy to a marriage and family therapist was already underway. However, despite making attempts to transfer Patient 1's therapy, Respondent continued to see Patient 1. On or about January 28, 2019, Respondent charted that a "clear significant boundary violation" on his part occurred, which had an anti-therapeutic effect on Patient 1. No details were recorded. After that event Respondent began efforts to refer the patient to another psychiatrist for medication management. Yet, even after attempting to arrange a referral, Respondent continued to have contacts with Patient 1, in-person on February 12, 2019 and March 6, 2019, as well as by text messages and video conferences.

19. Respondent's admissions during his interview with the Board's investigators, the text messages exchanged between Respondent and Patient 1, and Patient 1's complaint to the Board, show a steady erosion and eventual disregard for professional boundaries by Respondent while he was providing psychotherapy to Patient 1 as follows:

A) Respondent described himself to Patient 1 as a "pick-up artist".

B) Respondent told Patient 1, during therapy, that he and Patient 1 would "probably be hooking up" if they were single.

C) During the course of treatment Respondent discussed a video-game chat room to Patient 1 which led Patient 1 to join the chat room and communicate with Respondent in a sexually provocative manner. Respondent did not know that he was communicating with a patient until she told him during therapy. After she informed him, Respondent continued to render therapy to Patient 1. Respondent provided updated chat room information to Patient 1 in a text message at or near the time Patient 1's care was transferred to other providers.

D) During a video therapy session Respondent asked Patient 1 to show him her breasts.

1 E) Respondent accessed Patient 1's social media, including photos, and discussed them
2 with the patient during therapy.
3 F) Respondent told Patient 1 that he would like to ejaculate on her.
4 G) During an in-person therapy session on or about January 28, 2019, Patient 1 described
5 the anti-therapeutic incident as follows:
6 "Our session took place the day before his son was to be born. I specified to him no
7 touching, no kissing. He told me to stand and turn around - I did. He unzipped my dress and
8 breathed along my back and neck, and then told me to sit down and breathed along my inner
9 thighs. During this, he did touch me. He tried to convince me we could continue to see each
10 other, and I declined. He kissed my forehead and I left. Afterwards, he texted me asking if he
11 could come to my house for another session, and I declined."
12 In his interview with the Board's investigators, Respondent described this incident as
13 follows: "I recall that portion of the -- the session which -- and I thought that that was the -- the
14 most inappropriate ... at some point, the patient stood up, kind of made conversation, and I said,
15 well, what -- you know, what are you doing? And she said, well, stand next to me. And I was
16 like well, what do you want? She was like, trust me. I'm going to show you how good my
17 boundaries are. And so, I stood next to her. And we didn't touch, but somehow it progressed to
18 me -- um -- tracking her skin with -- with -- uh -- with my -- with my -- uh -- with my lips, you
19 know, with my face as if I was going to kiss her, but I didn't. And -- uh -- I ended up -- uh --
20 tracking the parts of her body that were exposed. She was wearing -- um -- a revealing dress, so
21 it was her -- uh -- so, I do recall that being her neck, her left -- her arms, and her legs, the -- the
22 parts that were revealed by the dress. And then, I sat back down, and she sat back down. And
23 that -- that I recall as being the most -- uh -- the most intense it got on a -- um -- on a physical
24 level."
25 H) Even though Respondent purported to have referred Patient 1 to other providers, he
26 remained involved in her care and remained in contact with Patient 1. However, these contacts
27 were inappropriate and outside of the standard of care. On or about February 5, 2019, Patient 1
28 showed Respondent a portion of a screen-play she wrote soon after her treatment with

Respondent began in which one of the characters was a psychiatrist, based on Respondent, who was seduced by his patient. Patient 1 described that character as "rather handsome" in her screenplay. Respondent, in a text message told Patient 1 that she had a typo, and the word "rather" should have been "extremely."

I) Even after attempting to refer Patient 1 to other providers, Respondent continued to engage with her in a flirtatious manner, telling her that he was still her psychiatrist and offering her to have additional therapy sessions in-person. When Patient 1 expressed reluctance to communicate with Respondent, he continued to contact her, telling Patient 1 that he missed his "favorite patient" and offering to have additional interactions with her. Respondent convinced Patient 1 to have a video session on or about February 26, 2019. The session was interrupted by Respondent's spouse and ended abruptly. On February 27, 2019, Respondent texted the following to Patient 1: "Thanks for taking my call last night. (Fyi, I had just had dinner with my dad…I was tipsy but not drunk etc.) You asked me what would have happened had we met again. My guess is more of the same… A mixture of discussion, boundary pushing, confusion and somehow still restraint (the past is the best predictor of the future). I am glad that you said no and that, as a result, things never progressed further than they did. I ended up disclosing to my wife the major details of what happened between us (without mentioning your name). It feels better now to have it out in the open. I am sorry to have put you through such turmoil. You deserved better than that, especially from me."

FIRST CAUSE FOR DISCIPLINE

(Sexual Misconduct)

20. Respondent Lindsay Ramzi Kiriakos, M.D. is subject to disciplinary action under section 726 of the Code in that he engaged in sexual misconduct with Patient 1. The circumstances are as follows:

21. The allegations of Paragraphs 9 through 19, as set forth above, are incorporated herein by reference.

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SECOND CAUSE FOR DISCIPLINE

(Gross Negligence)

22. Respondent Lindsay Ramzi Kiriakos, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code because he committed acts of gross negligence while rendering psychotherapy to Patient 1. The circumstances are as follows:

23. The allegations of Paragraphs 9 through 20, as set forth above, are incorporated herein by reference.

24. Respondent's engaging in sexual misconduct as alleged in the First Cause for Discipline was an extreme departure from the standard of care.

25. Respondent's use of social media as alleged in paragraphs 9 through 20 was an extreme departure from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

26. Respondent Lindsay Ramzi Kiriakos, M.D. is subject to disciplinary action under sections 2234 and 2228.1, because he engaged in unprofessional conduct and sexual misconduct while rendering psychotherapy to Patient 1. The circumstances are as follows:

27. The allegations of Paragraphs 9 through 24, as set forth above, are incorporated herein by reference.

FOURTH CAUSE FOR DISCIPLINE

(Record Keeping)

28. Respondent Lindsay Ramzi Kiriakos, M.D. is subject to disciplinary action under section 2266 of the Code because he failed to keep accurate and adequate records of his care and treatment of Patient 1. The circumstances are as follows:

29. Allegations of Paragraphs 9 through 19, as set forth above, are incorporated herein by reference.

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PRAYER

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

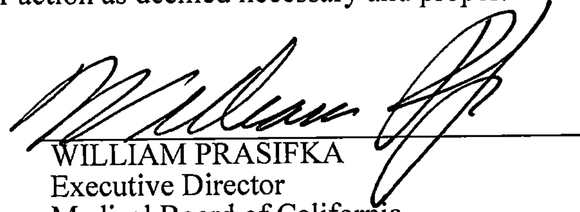
1. Revoking or suspending Physician's and Surgeon's Certificate Number A 79342, issued to Lindsay Ramzi Kiriakos, M.D.;

2. Revoking, suspending or denying approval of Lindsay Ramzi Kiriakos, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Lindsay Ramzi Kiriakos, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: FEB 18 2021



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