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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:

Case No. 800-2023-100625

13 **Miani Anais Giron, M.D.**
14 **11301 Wilshire Blvd., Suite 6428L**
15 **Los Angeles, CA 90073-1003**

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 181851,**

Respondent.

18 **PARTIES**

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

21 2. On or about September 8, 2022, the Board issued Physician's and Surgeon's
22 Certificate Number A 181851 to Miani Anais Giron, M.D. (Respondent). The Physician's and
23 Surgeon's Certificate expired on November 29, 2024, and has not been renewed.

24 **JURISDICTION**

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

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1 4. Section 2004 of the Code states:

2 The board shall have the responsibility for the following:

3 (a) The enforcement of the disciplinary and criminal provisions of the Medical
4 Practice Act.

5 (b) The administration and hearing of disciplinary actions.

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

7 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion
8 of disciplinary actions.

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

10 (f) Approving undergraduate and graduate medical education programs.

11 (g) Approving clinical clerkship and special programs and hospitals for the
12 programs in subdivision (f).

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

14 (i) Administering the board's continuing medical education program.

15 5. Section 2220 of the Code states:

16 Except as otherwise provided by law, the board may take action against all
17 persons guilty of violating this chapter. The board shall enforce and administer this
18 article as to physician and surgeon certificate holders, including those who hold
19 certificates that do not permit them to practice medicine, such as, but not limited to,
retired, inactive, or disabled status certificate holders, and the board shall have all the
powers granted in this chapter for these purposes including, but not limited to:

20 (a) Investigating complaints from the public, from other licensees, from health
21 care facilities, or from the board that a physician and surgeon may be guilty of
22 unprofessional conduct. The board shall investigate the circumstances underlying a
23 report received pursuant to Section 805 or 805.01 within 30 days to determine if an
interim suspension order or temporary restraining order should be issued. The board
shall otherwise provide timely disposition of the reports received pursuant to Section
805 and Section 805.01.

24 (b) Investigating the circumstances of practice of any physician and surgeon
25 where there have been any judgments, settlements, or arbitration awards requiring the
26 physician and surgeon or his or her professional liability insurer to pay an amount in
damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
respect to any claim that injury or damage was proximately caused by the physician's
and surgeon's error, negligence, or omission.

27 (c) Investigating the nature and causes of injuries from cases which shall be
28 reported of a high number of judgments, settlements, or arbitration awards against a
physician and surgeon.

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

STATUTORY PROVISIONS

7. 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.

...

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

...

8. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

1. (1) The licensee was a designated physician and surgeon or podiatrist
2. serving in the absence of the patient's physician and surgeon or podiatrist, as the
3. case may be, and if the drugs were prescribed, dispensed, or furnished only as
4. necessary to maintain the patient until the return of the patient's practitioner, but in
5. any case no longer than 72 hours.

6. (2) The licensee transmitted the order for the drugs to a registered nurse or to
7. a licensed vocational nurse in an inpatient facility, and if both of the following
8. conditions exist:

9. (A) The practitioner had consulted with the registered nurse or licensed
10. vocational nurse who had reviewed the patient's records.

11. (B) The practitioner was designated as the practitioner to serve in the
12. absence of the patient's physician and surgeon or podiatrist, as the case may be.

13. (3) The licensee was a designated practitioner serving in the absence of the
14. patient's physician and surgeon or podiatrist, as the case may be, and was in
15. possession of or had utilized the patient's records and ordered the renewal of a
16. medically indicated prescription for an amount not exceeding the original
17. prescription in strength or amount or for more than one refill.

18. (4) The licensee was acting in accordance with Section 120582 of the Health
19. and Safety Code.

20. 9. Section 2263 of the Code states:

21. The willful, unauthorized violation of professional confidence constitutes
22. unprofessional conduct.

23. 10. Section 2266 of the Code states:

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

27. ETHICAL PROVISIONS

28. 11. The Forward to The American Psychiatric Association's *The Principles of Medical
Ethics with Annotations Especially Applicable to Psychiatry*, 2013 edition (Ethical Principles)
states:

ALL PHYSICIANS should practice in accordance with the medical code of
ethics set forth in the Principles of Medical Ethics of the American Medical
Association. . . . While psychiatrists have the same goals as all physicians, there are
special ethical problems in psychiatric practice that differ in coloring and degree from
ethical problems in other branches of medical practice, even though the basic
principles are the same.

12. Section 1.1 and 1.2 of the Ethical Principles states:

Section 1 *A physician shall be dedicated to providing competent medical care
with compassion and respect for human dignity and rights.*

1 1. A psychiatrist shall not gratify his or her own needs by exploiting the
2 patient. The psychiatrist shall be ever vigilant about the impact that his or her conduct
3 has upon the boundaries of the doctor-patient relationship, and thus upon the well-
4 being of the patient. These requirements become particularly important because of the
5 essentially private, highly personal, and sometimes intensely emotional nature of the
6 relationship established with the psychiatrist.

7 2. A psychiatrist should not be a party to any type of policy that excludes,
8 segregates, or demeans the dignity of any patient because of ethnic origin, race, sex,
9 creed, age, socioeconomic status, or sexual orientation

10 13. Section 2.1 and 2.2 of the Ethical Principles states:

11 Section 2 *A physician shall uphold the standards of professionalism, be honest*
12 *in all professional interactions and strive to report physicians deficient in character*
13 *or competence or engaging in fraud or deception to appropriate entities.*

14 1. The requirement that the physician conduct himself/herself with propriety in
15 his or her profession and in all the actions of his or her life is especially important in
16 the case of the psychiatrist because the patient tends to model his or her behavior after
17 that of his or her psychiatrist by identification. Further, the necessary intensity of the
18 treatment relationship may tend to activate sexual and other needs and fantasies on
19 the part of both patient and psychiatrist, while weakening the objectivity necessary
20 for control. Additionally, the inherent inequality in the doctor-patient relationship
21 may lead to exploitation of the patient. Sexual activity with a current or former
22 patient is unethical.

23 2. The psychiatrist should diligently guard against exploiting information
24 furnished by the patient and should not use the unique position of power afforded
25 him/her by the psychotherapeutic situation to influence the patient in any way not
26 directly relevant to the treatment goals.

27 14. Unprofessional conduct is conduct which breaches rules or ethical codes of a
28 profession or conduct which is unbecoming a member in good standing of a profession. (*Shea v.*
Board of Medical Examiners (1978) 81 Cal.App.3rd 564, 575.)

COST RECOVERY

1 15. Section 125.3 of the Code states:

2 (a) Except as otherwise provided by law, in any order issued in resolution of a
3 disciplinary proceeding before any board within the department or before the
4 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
5 administrative law judge may direct a licensee found to have committed a violation or
6 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
7 investigation and enforcement of the case.

8 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
9 order may be made against the licensed corporate entity or licensed partnership.

10 (c) A certified copy of the actual costs, or a good faith estimate of costs where
11 actual costs are not available, signed by the entity bringing the proceeding or its
12 designated representative shall be prima facie evidence of reasonable costs of

1 investigation and prosecution of the case. The costs shall include the amount of
2 investigative and enforcement costs up to the date of the hearing, including, but not
3 limited to, charges imposed by the Attorney General.

4 (d) The administrative law judge shall make a proposed finding of the amount
5 of reasonable costs of investigation and prosecution of the case when requested
6 pursuant to subdivision (a). The finding of the administrative law judge with regard to
7 costs shall not be reviewable by the board to increase the cost award. The board may
8 reduce or eliminate the cost award, or remand to the administrative law judge if the
9 proposed decision fails to make a finding on costs requested pursuant to subdivision
10 (a).

11 (e) If an order for recovery of costs is made and timely payment is not made as
12 directed in the board's decision, the board may enforce the order for repayment in any
13 appropriate court. This right of enforcement shall be in addition to any other rights
14 the board may have as to any licensee to pay costs.

15 (f) In any action for recovery of costs, proof of the board's decision shall be
16 conclusive proof of the validity of the order of payment and the terms for payment.

17 (g)(1) Except as provided in paragraph (2), the board shall not renew or
18 reinstate the license of any licensee who has failed to pay all of the costs ordered
19 under this section.

20 (2) Notwithstanding paragraph (1), the board may, in its discretion,
21 conditionally renew or reinstate for a maximum of one year the license of any
22 licensee who demonstrates financial hardship and who enters into a formal
23 agreement with the board to reimburse the board within that one-year period for the
24 unpaid costs.

25 (h) All costs recovered under this section shall be considered a reimbursement
26 for costs incurred and shall be deposited in the fund of the board recovering the costs
27 to be available upon appropriation by the Legislature.

28 (i) Nothing in this section shall preclude a board from including the recovery of
the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in
that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

16. Respondent is subject to disciplinary action under sections 2227 and 2234,
subdivision (b), of the Code, in that she committed gross negligence in connection with her care,
treatment and/or interactions with Patient 1¹ as more particularly alleged herein:

¹ The patients in this Accusation are identified as Patients 1 and 2 to address privacy
concerns. Each patient's identity is known to Respondent or will be disclosed to Respondent
upon a duly issued request for discovery and in accordance with Government Code section
11507.6.

1 17. On or about June 24, 2021, Respondent was accepted into her psychiatric residency
2 program which included clinical rotations of providing mental health services to veterans at the
3 Department of Veteran Affairs (VA). Psychiatric residents accepted into the accredited four-year
4 residency program “provide care to Veterans with Military Sexual Trauma (MST), Post-
5 Traumatic Stress Disorder (PTSD), serious mental illness (SMI), substance use disorder (SUD),
6 and who may be experiencing homelessness.”

7 18. In or around June 2022, Patient 1 was admitted to the residency program’s emergency
8 department for acute psychosis (EDAP). After being treated in the EDAP, Patient 1 was
9 transferred to the inpatient mental health unit (IMHU), a secure ward, where she was treated for
10 51 days. During her inpatient admission, IMHU found that Respondent met the criteria for
11 “grave disability by being a danger to herself and/or others” at risk of acute decompensation of
12 her severe mental health conditions.

13 19. In or around September 2022, Respondent was assigned to the IMHU as part of her
14 clinical rotation under the clinical supervision of another psychiatrist. During that rotation
15 Respondent assumed responsibility for inpatient psychiatric care for Patient 1.

16 20. On or about September 22, 2022, Respondent had her first documented visit with
17 Patient 1 who was described as “a 39-yo [year old] undomiciled female veteran with a PPHx
18 [psychiatric history] significant for PTSD (100% SC [service connected]), MST [military sexual
19 trauma], Bipolar I Disorder with Psychotic features and ADHD who is admitted for acute
20 psychosis in the setting for chronic homelessness.” The mental status exam noted, among other
21 things, that Patient 1’s thought process was “[g]rossly disorganized, illogical,” her thought
22 content was documented as “Significant paranoia surrounding monitoring by government
23 agencies [and] Grandiose” and she was noted to have poor insight and judgment. Respondent’s
24 documented psychiatric diagnoses for Patient 1 included PTSD, Bipolar I Disorder, severe with
25 psychotic features and rule out schizophrenia.

26 21. On or about September 23, 2022, through November 3, 2022, Respondent continued
27 to provide psychiatric care to Patient 1 while she was in the IMHU on a near-daily basis, as
28 documented in numerous progress notes. During this time, Patient 1 was being treated for severe

1 psychiatric mental health issues and was placed on a 30-day inpatient hold effective on or about
2 October 2, 2022, based on her "Gravely disabled" status.² Respondent's last progress note, and
3 treatment of Patient 1, related to a suicide risk assessment that occurred on or about November 3,
4 2022, where Patient 1 was determined to be at low risk for suicide.

5 22. In or around November 2022, Patient 1 was discharged from the IMHU to a
6 transitional Mental Health Residential Rehabilitation Treatment Program (MHR RTP) at the VA's
7 domiciliary care program, after Patient 1 was determined to be a low suicide risk and no longer
8 required the higher level of care provided in the IMHU.

9 23. On or about November 16, 2022, Respondent, who was no longer providing care to
10 Patient 1, improperly accessed (without authorization) Patient 1's medical records (namely, her
11 electronic health record) at two separate times in the late evening and improperly placed a
12 medication order for olanzapine³ for Patient 1. Respondent did not document why she, who was
13 no longer a direct provider to Patient 1, issued the medication order for olanzapine. Respondent
14 never examined or assessed Patient 1 in connection with this medication order.

15 24. In or around December 2022, Patient 1 began alleging during MHR RTP counseling
16 sessions that she was involved in a relationship with another person.

17 25. On or about December 25, 2022, Respondent invited Patient 1 over to her residence
18 while Patient 1 was on a holiday pass from the MHR RTP. On or about June 3, 2026, a
19 Department of Consumer Affairs investigator and medical consultant interviewed Respondent
20 (Interview). During the Interview, Respondent stated that she also hired Patient 1 to babysit her
21 dog when she "was doing a overnight call" at some time in or around late December 2022 or
22 January 2023.

23 26. In or around the early part of January 2023, Patient 1 disclosed during her last
24 MHR RTP counseling session that the person she was in a relationship with was a psychiatrist

25 ² Respondent's Psychiatry Note for LPS 30-day Hold Status, noted, "Pt continues to
26 display disorganized speech and behavior. She endorses delusions of government surveillance
27 [sic] and no[w] endorsing an illusion of having skin cancer. She is grandiose, plans to apply for a
28 position [sic] in the FBI as a means [sic] of self care – this is an unviable plan."

³ Olanzapine (sold under the brand name Zyprexa, among others) is an antipsychotic
medication primarily used to treat schizophrenia and bipolar disorder. It is a dangerous drug
under Business and Professions Code section 4022.

1 who had treated Patient 1 while she was in the IMHU before Patient 1 was transferred to the
2 MHR RTP. Patient 1 declined to elaborate more about the nature of her relationship with
3 Respondent. Shortly thereafter, Respondent was identified as the psychiatrist who was allegedly
4 involved in a relationship with Patient 1.

5 27. On or about January 11, 2023, the director of Respondent's residency program
6 informed Respondent about Patient 1's allegation that Respondent had an "inappropriate
7 relationship" with Patient 1 and that the matter was being investigated. During the Interview,
8 Respondent stated that Respondent called Patient 1 shortly after being advised about the
9 investigation and told Patient 1 "that my medical director just called me and told me that there is
10 a report that you and I are having some sort of inappropriate relationship." After further
11 discussion, Respondent advised Patient 1 "something to the effect of, 'I was trying to help you
12 and . . . you're a friend, but like now I can't help you with anything because this accusation has
13 been made.'" And, according to Respondent, "... then I hung up, like the call was terminated or
14 the conversation was terminated thereafter." On that same day, Patient 1 had an outburst which
15 caused VA staff to react and also seek assistance from the VA police department in order to "de-
16 escalate Veteran [Patient 1's] aggressive behavior." Patient 1's clinical and mental condition
17 decompensated during the period beginning in or around January 2023 through February 2023.
18 During the pendency of the VA's investigation, Respondent was suspended from the program for
19 approximately three to four weeks.

20 28. In or around February 2023, Respondent was advised of the results of the VA's
21 investigation concerning her alleged improper relationship with Patient 1. According to
22 Respondent, the outcome of the investigation was that the claim of an improper relationship was
23 "unsubstantiated" and she was allowed to return to the residence program.⁴

24 29. On or about March 24, 2023, Patient 1 was officially discharged from the MHR RTP
25 and thereafter, Patient 1 was considered an outpatient. During the Interview, Respondent
26 admitted that "[a]fter [Patient 1's] discharge, [Respondent] did interact with her [Patient 1] on a

27 ⁴ In fact, the pertinent VA Report regarding Respondent's alleged misconduct stated that
28 Respondent had attended a professionalism training that was conducted in response to the
administrative review.

1 social level.”

2 30. On or about April 4, 2023, Respondent improperly accessed Patient 1’s medical
3 records again.

4 31. In or around June 2023, Respondent and Patient 1 travelled together for a vacation in
5 Cancun, Mexico. While in Cancun, they entered into a Palace Elite timeshare agreement. The
6 timeshare agreement was signed by Respondent, Patient 1, and a Palace Elite representative.

7 32. In or around July 2023, Respondent and Patient 1 terminated their personal
8 relationship.

9 33. On or about August 7, 2023, an altercation occurred between Patient 1 and
10 Respondent at the VA which resulted in the VA police responding. The next day, on or about
11 August 8, 2023, Respondent was placed on administrative leave.

12 34. On or about January 19, 2024, the VA completed a detailed internal investigation
13 which provided further information concerning Respondent’s misconduct which generally
14 involved Respondent’s inappropriate personal relationship with Patient 1, financial transactions,
15 inappropriate and unprofessional communications, and other improprieties involving the two.

16 35. On or about March 6, 2024, Respondent was advised that she was being dismissed
17 from her residency program based on the findings of the VA’s investigation, including
18 Respondent’s “repeated and myriad [of] inappropriate and unprofessional behavior caused harm
19 to this patient,” and other findings of misconduct concerning Respondent’s inappropriate
20 relationship with Patient 1, i.e., the inappropriate personal relationship between Respondent and
21 Patient 1 that lasted for approximately ten months, Respondent’s inappropriate financial
22 transactions with Patient 1, and the inappropriate and unprofessional communications between
23 Respondent and Patient 1.

24 36. Respondent committed gross negligence in connection with her care, treatment,
25 and/or interactions with Patient 1, including when Respondent:

- 26 (a) Entered into and maintained an inappropriate relationship with Patient 1;
27 (b) Failed to maintain appropriate professional boundaries with Patient 1; and
28 (c) Accessed Patient 1’s confidential medical records, including her electronic health

records, without appropriate authorization or medical justification.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

37. Respondent is further subject to disciplinary action under sections 2227 and 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in connection with her care, treatment and/or interactions with Patients 1 and 2, as more particularly alleged herein:

38. The allegations in the First Cause for Discipline are incorporated by reference as if fully set forth herein. The acts and/or omissions by Respondent set forth in the First Cause for Discipline, either collectively or in any component or combination thereof, constitute repeated negligent acts. In addition, Respondent also negligently prescribed olanzapine to Patient 1 after Patient 1 had been transferred to the MHRPT, including for a 30-day supply.

Patient 2

39. Respondent inappropriately prescribed testosterone injections to Patient 2 (including an 84-day supply of testosterone on or about August 2, 2023), who was not Respondent's patient, had not been assessed and/or examined by Respondent, and without medical record documentation to justify the prescription.⁵ Respondent committed negligence when she prescribed testosterone to Patient 2 without an adequate assessment and/or examination and/or medical record documentation.

THIRD CAUSE FOR DISCIPLINE

(Violation of Professional Confidence)

40. Respondent is further subject to disciplinary action under sections 2227 and 2263 of the Code, in that she violated a professional confidence by inappropriately accessing the medical records of Patient 1, as more particularly alleged in the First and Second Causes for Discipline which are incorporated by reference as if fully set forth herein.

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⁵ When interviewed by the VA as part of an internal investigation, Respondent told the investigator that she "did a friend a favor" and "did not establish a provider/patient relationship." During the Interview, Respondent admitted that she did not evaluate Patient 2 and did not create a medical record before calling in the prescription for testosterone for Patient 2.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Furnishing Dangerous Drugs Without Examination)**

3 41. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
4 defined by section 2242, of the Code, in that she prescribed dangerous drugs to Patients 1 and 2
5 without adequate examinations, as more particularly alleged in the First and Second Causes for
6 Discipline which are incorporated by reference as if fully set forth herein.

7 **FIFTH CAUSE FOR DISCIPLINE**

8 **(Failure to Maintain Adequate and Accurate Records)**

9 42. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
10 defined by section 2266, of the Code, in that she failed to maintain adequate and accurate records
11 in connection with her care, treatment and/or interactions with Patients 1 and 2, as more
12 particularly alleged in the First and Second Causes for Discipline which are incorporated by
13 reference as if fully set forth herein.

14 **SIXTH CAUSE FOR DISCIPLINE**

15 **(General Unprofessional Conduct)**

16 43. Respondent is further subject to disciplinary action under sections 2227 and 2234 of
17 the Code, in that she engaged in conduct which breached a rule or ethical code of the medical
18 profession or engaged in conduct which was unbecoming a member in good standing of the
19 medical profession, and which demonstrates an unfitness to practice medicine, as more
20 particularly alleged in the First through Fifth Causes for Discipline, inclusive above, which are
21 hereby incorporated by reference and realleged as if fully set forth herein.

22 **PRAYER**

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

- 25 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 181851,
26 issued to Respondent Miani Anais Giron, M.D.;
- 27 2. Revoking, suspending or denying approval of Respondent Miani Anais Giron, M.D.'s
28 authority to supervise physician assistants and advanced practice nurses;

1 3. Ordering Respondent Miani Anais Giron, M.D., to pay the Board the costs of the
2 investigation and enforcement of this case, and if placed on probation, the costs of probation
3 monitoring; and

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

5
6 DATED: AUG 04 2026

Reji Varghese

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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