

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

**In the Matter of the Accusation Against:**

**Lindsay Ramzi Kiriakos, M.D.**

**Physician's and Surgeon's  
Certificate No. A 79342**

**Case No.: 800-2019-063022**

**Respondent.**

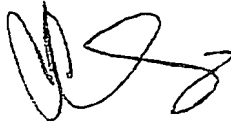
**DECISION**

**The attached Stipulated Settlement 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 January 21, 2022.**

**IT IS SO ORDERED: December 22, 2021.**

**MEDICAL BOARD OF CALIFORNIA**



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**Laurie Rose Lubiano, J.D., Chair  
Panel A**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
4 State Bar No. 179733  
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*Attorneys for Complainant*  
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 **LINDSAY RAMZI KIRIAKOS, M.D.**  
14 **11633 San Vicente Boulevard, Suite 306**  
**Los Angeles, California 90049**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 79342,**

17 Respondent.

Case No. 800-2019-063022

OAH No. 2021030575

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Rob Bonta, Attorney General of the State of California, by Rebecca L. Smith, Deputy  
25 Attorney General.

26 2. Lindsay Ramzi Kiriakos, M.D. (Respondent) is represented in this proceeding by  
27 attorney Joel Bruce Douglas, whose address is: 355 South Grand Avenue, Suite 1750, Los  
28 Angeles, California 90071-1562.





1 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or  
2 any other licensing proceeding involving Respondent in the State of California.

3 16. The parties understand and agree that Portable Document Format (PDF) and facsimile  
4 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
5 signatures thereto, shall have the same force and effect as the originals.

6 17. In consideration of the foregoing admissions and stipulations, the parties agree that  
7 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
8 enter the following Disciplinary Order:

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 79342 issued  
11 to Respondent Lindsay Ramzi Kiriakos, M.D. is revoked. However, the revocation is stayed and  
12 Respondent is placed on probation for seven (7) years on the following terms and conditions:

13 1. **EDUCATION COURSE.** Within sixty (60) calendar days of the effective date of this  
14 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
15 for its prior approval educational program(s) or course(s) which shall not be less than forty (40)  
16 hours per year, for each year of probation. The educational program(s) or course(s) shall be  
17 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified.  
18 The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition  
19 to the Continuing Medical Education (CME) requirements for renewal of licensure. Following  
20 the completion of each course, the Board or its designee may administer an examination to test  
21 Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-  
22 five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

23 2. **MEDICAL RECORD KEEPING COURSE – CONDITION SATISFIED.** Within  
24 sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course  
25 in medical record keeping approved in advance by the Board or its designee. Respondent shall  
26 provide the approved course provider with any information and documents that the approved  
27 course provider may deem pertinent. Respondent shall participate in and successfully complete  
28 the classroom component of the course not later than six (6) months after Respondent's initial

1 enrollment. Respondent shall successfully complete any other component of the course within  
2 one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense  
3 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
4 licensure.

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

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

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

4 4. PROFESSIONAL BOUNDARIES PROGRAM – CONDITION SATISFIED.

5 Within sixty (60) calendar days from the effective date of this Decision, Respondent shall enroll  
6 in a professional boundaries program approved in advance by the Board or its designee.  
7 Respondent, at the program's discretion, shall undergo and complete the program's assessment of  
8 Respondent's competency, mental health and/or neuropsychological performance, and at  
9 minimum, a twenty-four (24) hour program of interactive education and training in the area of  
10 boundaries, which takes into account data obtained from the assessment and from the Decision(s),  
11 Accusation(s) and any other information that the Board or its designee deems relevant. The  
12 program shall evaluate Respondent at the end of the training and the program shall provide any  
13 data from the assessment and training as well as the results of the evaluation to the Board or its  
14 designee.

15 Failure to complete the entire program not later than six (6) months after Respondent's  
16 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees  
17 in writing to a later time for completion. Based on Respondent's performance in and evaluations  
18 from the assessment, education, and training, the program shall advise the Board or its designee  
19 of its recommendation(s) for additional education, training, psychotherapy and other measures  
20 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with  
21 program recommendations. At the completion of the program, Respondent shall submit to a final  
22 evaluation. The program shall provide the results of the evaluation to the Board or its designee.  
23 The professional boundaries program shall be at Respondent's expense and shall be in addition to  
24 the Continuing Medical Education (CME) requirements for renewal of licensure.

25 The program has the authority to determine whether or not Respondent successfully  
26 completed the program.

27 A professional boundaries course taken after the acts that gave rise to the charges in the  
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have  
2 been approved by the Board or its designee had the course been taken after the effective date of  
3 this Decision.

4 5. PSYCHIATRIC EVALUATION. Within thirty (30) calendar days of the effective  
5 date of this Decision, and on whatever periodic basis thereafter may be required by the Board or  
6 its designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological  
7 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall  
8 consider any information provided by the Board or designee and any other information the  
9 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its  
10 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not  
11 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all  
12 psychiatric evaluations and psychological testing.

13 Respondent shall comply with all restrictions or conditions recommended by the evaluating  
14 psychiatrist within fifteen (15) calendar days after being notified by the Board or its designee.

15 6. PSYCHOTHERAPY. Within sixty (60) calendar days of the effective date of this  
16 Decision, Respondent shall submit to the Board or its designee for prior approval the name and  
17 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who  
18 has a doctoral degree in psychology and at least five years of postgraduate experience in the  
19 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall  
20 undergo and continue psychotherapy treatment, including any modifications to the frequency of  
21 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

22 The psychotherapist shall consider any information provided by the Board or its designee  
23 and any other information the psychotherapist deems relevant and shall furnish a written  
24 evaluation report to the Board or its designee. Respondent shall cooperate in providing the  
25 psychotherapist with any information and documents that the psychotherapist may deem  
26 pertinent.

27 Respondent shall have the treating psychotherapist submit quarterly status reports to the  
28 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric



1 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of  
2 probation, Respondent is found to be mentally unfit to resume the practice of medicine without  
3 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the  
4 period of probation shall be extended until the Board determines that Respondent is mentally fit  
5 to resume the practice of medicine without restrictions.

6 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

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

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

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

28 ///

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

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

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

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

25 8. PROHIBITED PRACTICE. During probation, Respondent is prohibited from  
26 accepting any new female patients for care and treatment. After the effective date of this  
27 Decision, all patients being treated by the Respondent shall be notified that the Respondent is  
28 prohibited from accepting any new female patients for care and treatment. Any new patients

1 must be provided this notification at the time of their initial appointment.

2 Respondent shall maintain a log of all patients to whom the required oral notification was  
3 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's  
4 medical record number, if available; 3) the full name of the person making the notification; 4) the  
5 date the notification was made; and 5) a description of the notification given. Respondent shall  
6 keep this log in a separate file or ledger, in chronological order, shall make the log available for  
7 immediate inspection and copying on the premises at all times during business hours by the Board  
8 or its designee, and shall retain the log for the entire term of probation.

9 9. PATIENT DISCLOSURE. Before a patient's first visit following the effective date  
10 of this order and while the Respondent is on probation, the Respondent must provide all patients,  
11 or patient's guardian or health care surrogate, with a separate disclosure that includes the  
12 Respondent's probation status, the length of the probation, the probation end date, all practice  
13 restrictions placed on the Respondent by the board, the board's telephone number, and an  
14 explanation of how the patient can find further information on the Respondent's probation on the  
15 Respondent's profile page on the board's website. Respondent shall obtain from the patient, or  
16 the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.  
17 Respondent shall not be required to provide a disclosure if any of the following applies: (1) The  
18 patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the  
19 disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure  
20 and sign the copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit  
21 is unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the  
22 patient until immediately prior to the start of the visit; (4) Respondent does not have a direct  
23 treatment relationship with the patient.

24 10. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
25 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
26 Chief Executive Officer at every hospital where privileges or membership are extended to  
27 Respondent, at any other facility where Respondent engages in the practice of medicine,  
28 including all physician and locum tenens registries or other similar agencies, and to the Chief

1 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
2 Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
3 fifteen (15) calendar days.

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

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

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

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

14 Respondent shall submit quarterly declarations not later than ten (10) calendar days after  
15 the end of the preceding quarter.

16 14. GENERAL PROBATION REQUIREMENTS.

17 Compliance with Probation Unit

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

19 Address Changes

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

25 Place of Practice

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

1           License Renewal

2           Respondent shall maintain a current and renewed California physician's and surgeon's  
3 license.

4           Travel or Residence Outside California

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

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

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

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

28       ///

1 In the event Respondent's period of non-practice while on probation exceeds eighteen (18)  
2 calendar months, Respondent shall successfully complete the Federation of State Medical Boards'  
3 Special Purpose Examination; or, at the Board's discretion, a clinical competence assessment  
4 program that meets the criteria of Condition 18 of the current version of the Board's "Manual of  
5 Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of  
6 medicine.

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

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

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

14 17. COMPLETION OF PROBATION. Respondent shall comply with all financial  
15 obligations (e.g., restitution, probation costs) not later than one hundred twenty (120) calendar  
16 days prior to the completion of probation. Upon successful completion of probation,  
17 Respondent's certificate shall be fully restored.

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

25 19. LICENSE SURRENDER. Following the effective date of this Decision, if  
26 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
27 the terms and conditions of probation, Respondent may request to surrender his or her license.  
28 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in

1 determining whether or not to grant the request, or to take any other action deemed appropriate  
2 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
3 shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the  
4 Board or its designee and Respondent shall no longer practice medicine. Respondent will no  
5 longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical  
6 license, the application shall be treated as a petition for reinstatement of a revoked certificate.

7 20. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
8 with probation monitoring each and every year of probation, as designated by the Board, which  
9 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
10 California and delivered to the Board or its designee no later than January 31 of each calendar  
11 year.

12 21. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
13 a new license or certification, or petition for reinstatement of a license, by any other health care  
14 licensing action agency in the State of California, all of the charges and allegations contained in  
15 Accusation No. 800-2019-063022 shall be deemed to be true, correct, and admitted by  
16 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
17 restrict license.

18 ACCEPTANCE

19 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
20 discussed it with my attorney, Joel Bruce Douglas. I understand the stipulation and the effect it  
21 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
22 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
23 Decision and Order of the Medical Board of California.

24  
25 DATED: \_\_\_\_\_

26 LINDSAY RAMZI KIRIAKOS, M.D.  
27 Respondent  
28

1 determining whether or not to grant the request, or to take any other action deemed appropriate  
2 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
3 shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the  
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8 with probation monitoring each and every year of probation, as designated by the Board, which  
9 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
10 California and delivered to the Board or its designee no later than January 31 of each calendar  
11 year.

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21 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
22 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
23 Decision and Order of the Medical Board of California.

24  
25 DATED: 12/7/23

26   
27 \_\_\_\_\_  
28 LINDSAY RAMZI KIRIAKOS, M.D.  
Respondent



1 I have read and fully discussed with Respondent Lindsay Ramzi Kiriakos, M.D. the terms  
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
3 Order. I approve its form and content.

4 DATED: 12/8/21

  
JOEL BRUCE DOUGLAS  
Attorney for Respondent

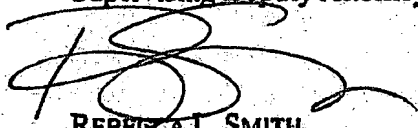
7 **ENDORSEMENT**

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

10 DATED: 12/9/2021

11 Respectfully submitted,

12 ROB BONTA  
13 Attorney General of California  
14 JUDITH T. ALVARADO  
15 Supervising Deputy Attorney General

  
16 REBECCA L. SMITH  
17 Deputy Attorney General  
18 Attorneys for Complainant

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LA2021600154

**Exhibit A**

**Accusation No. 800-2019-063022**

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
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7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
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12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2019-063022

14 **Lindsay Ramzi Kiriakos, M.D.**  
15 **11633 San Vicente Blvd., Ste. 306**  
**Los Angeles, CA 90049**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 79342,**

18 Respondent.

19  
20 **PARTIES**

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

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

28 ///

1 JURISDICTION

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  
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government  
8 Code, or whose default has been entered, and who is found guilty, or who has entered  
9 into a stipulation for disciplinary action with the board, may, in accordance with the  
10 provisions of this chapter:

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

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

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

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

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

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

27 5. Section 726 of the Code states:

28 (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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1           6.    Section 2234 of the Code, states:

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

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

7                    (b) Gross negligence.

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

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

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

20                    (d) Incompetence.

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

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

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

28           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:

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

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

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

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

6 (2) An accusation or statement of issues alleged that the licensee committed any  
7 of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a  
8 stipulated settlement based upon a nolo contendere or other similar compromise that  
9 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.

10 8. Section 2266 of the Code states:

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

### 13 FACTUAL ALLEGATIONS

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

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

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28 <sup>1</sup> 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.

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

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

6 12. Respondent prescribed Valium<sup>2</sup> on a routine basis for Patient 1's anxiety without  
7 obtaining and/or documenting Patient 1's informed consent. Respondent did not document his  
8 reasoning for his decision to prescribe Valium, as opposed to any other medication, to Patient 1.  
9 Respondent also told Patient 1 to continue taking Ritalin<sup>3</sup> 20mg on a prn basis (as needed).  
10 Throughout Respondent's treatment of Patient 1, Respondent did not assess the effectiveness of  
11 these medications and did not verify, document verifying, or document reasons for not verifying,  
12 Patient 1's controlled medication compliance as required by Health and Safety Code, section  
13 11165.4.

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

25 \_\_\_\_\_  
26 <sup>2</sup> Valium is also known as diazepam. It is a long acting benzodiazepine and a dangerous  
27 drug pursuant to Business and Professions Code section 4022, as well as a Schedule IV controlled  
28 substance pursuant to Health and Safety Code section 11517, subdivision (c)(9).

<sup>3</sup> 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).

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

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

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

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

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



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

3 18. On or about January 24, 2019, Respondent charted in Patient 1's records a discussion  
4 of transference/countertransference issues and a "possible referral to another psychiatrist if the  
5 situation intensifies." Respondent's records contained no explanation about what occurred.  
6 Respondent's records for Patient 1 do not clearly establish whether a transfer of her therapy to a  
7 marriage and family therapist was already underway. However, despite making attempts to  
8 transfer Patient 1's therapy, Respondent continued to see Patient 1. On or about January 28,  
9 2019, Respondent charted that a "clear significant boundary violation" on his part occurred,  
10 which had an anti-therapeutic effect on Patient 1. No details were recorded. After that event  
11 Respondent began efforts to refer the patient to another psychiatrist for medication management.  
12 Yet, even after attempting to arrange a referral, Respondent continued to have contacts with  
13 Patient 1, in-person on February 12, 2019 and March 6, 2019, as well as by text messages and  
14 video conferences.

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

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

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

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

28 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

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

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

20 **FIRST CAUSE FOR DISCIPLINE**

21 **(Sexual Misconduct)**

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

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

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

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

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

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

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

12 **THIRD CAUSE FOR DISCIPLINE**

13 **(Unprofessional Conduct)**

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

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

19 **FOURTH CAUSE FOR DISCIPLINE**

20 **(Record Keeping)**

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

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

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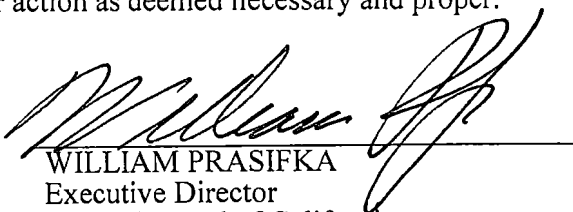
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**PRAYER**

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

  
WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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