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

In the Matter of the Accusation	)
Against:	)
	)
	)
PETER JOHN BULLOCK, M.D.	) Case No. 03-2011-215872
	)
Physician's and Surgeon's	)
Certificate No. A 31093	)
	)
Respondent	j
•	)

# **DECISION AND ORDER**

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

This Decision shall become effective at 5:00 p.m. on November 14, 2014.

IT IS SO ORDERED: October 15, 2014.

MEDICAL BOARD OF CALIFORNIA

Barbara Varoslavsky

Panel A

1 2 3 4 5 6 7 8	MEDICAL BOARI DEPARTMENT OF C	RE THE O OF CALIFORNIA CONSUMER AFFAIRS CALIFORNIA
10	In the Matter of the Accusation Against:	Case No. 03-2011-215872
11	PETER J. BULLOCK, M.D.	STIPULATED SETTLEMENT AND
12	Arch Street Medical Association Inc. 143 Birch St.	DISCIPLINARY ORDER
13	Redwood City, CA 94062	
14	Physician and Surgeon's Certificate No. A31093	
15 16	Respondent.	
17		
18	IT IS HEREBY STIPULATED AND AGE	REED by and between the parties to the above-
19	entitled proceedings that the following matters as	re true:
20	<u>PARTIES</u>	
21	1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical	
22	Board of California. She brought this action solely in her official capacity and is represented in	
23	this matter by Kamala D. Harris, Attorney General of the State of California, by Esther H. La,	
24	Deputy Attorney General.	
25	2. Respondent Peter J. Bullock, M.D. ("Respondent") is represented in this proceeding	
26	by attorney Bradford Hinshaw, whose address is: 12901 Saratoga Avenue, Saratoga, CA 95070.	
27	3. On or about June 1, 1977, the Medical Board of California issued Physician and	
28	Surgeon's Certificate No. A31093 to Peter J. Bullock, M.D. The Physician and Surgeon's	

Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 03-2011-215872 and will expire on February 28, 2013, unless renewed.

#### JURISDICTION

- 4. Accusation No. 03-2011-215872 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 23, 2013. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 03-2011-215872 is attached as Exhibit A and incorporated herein by reference.

# ADVISEMENT AND WAIVERS

- 6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 03-2011-215872. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

#### **CULPABILITY**

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 03-2011-215872.

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

#### CONTINGENCY

- Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.
- 12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.
- 13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

#### **DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician and Surgeon's Certificate No. A31093 issued to Respondent Peter J. Bullock, M.D. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for six (6) years on the following terms and conditions.

- 1. <u>ACTUAL SUSPENSION</u>. As part of probation, Respondent is suspended from the practice of medicine for 45 days beginning the sixteenth (16th) day after the effective date of this decision.
  - 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this

Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.

Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in

addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

6. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the effective date of this Decision, Respondent shall enroll in a professional boundaries program equivalent to the Professional Boundaries Program offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine ("Program"). Respondent, at the Program's discretion, shall undergo and complete the Program's assessment of Respondent's competency, mental health and/or neuropsychological performance, and at minimum, a 24 hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the Decision(s), Accusation(s) and any other information that the Board or its designee deems relevant. The Program shall evaluate Respondent at the end of the training and the Program shall provide any data from the assessment and training as well as the results of the evaluation to the Board or its designee.

Failure to complete the entire Program not later than six (6) months after Respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on Respondent's performance in and evaluations from the assessment, education, and training, the Program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with Program recommendations. At the completion of the Program, Respondent shall submit to a final

evaluation. The Program shall provide the results of the evaluation to the Board or its designee.

The professional boundaries program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

The Program has the authority to determine whether or not Respondent successfully completed the Program.

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

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

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

8. <u>THIRD PARTY CHAPERONE</u>. During probation, Respondent shall have a third party chaperone present while consulting, examining or treating female patients. Respondent shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its designee for prior approval name(s) of persons who will act as the third party chaperone.

If Respondent fails to obtain approval of a third party chaperone within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified.

Respondent shall cease the practice of medicine until a chaperone is approved to provide monitoring responsibility.

Each third party chaperone shall sign (in ink or electronically) and date each patient medical record at the time the chaperone's services are provided. Each third party chaperone shall read the Decision(s) and the Accusation(s), and fully understand the role of the third party chaperone.

Respondent shall maintain a log of all patients seen for whom a third party chaperone is required. The log shall contain the: 1) patient initials, address and telephone number; 2) medical record number; and 3) date of service. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

Respondent is prohibited from terminating employment of a Board-approved third party chaperone solely because that person provided information as required to the Board or its designee.

If the third party chaperone resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name of the person(s) who will act as the third party chaperone. If Respondent fails to obtain approval of a replacement chaperone within 60 calendar days of the resignation or unavailability of the chaperone, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement chaperone is approved and assumes monitoring responsibility.

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

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

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

- 10. <u>SUPERVISION OF PHYSICIAN ASSISTANTS</u>. During probation, Respondent is prohibited from supervising physician assistants.
- 11. <u>OBEY ALL LAWS</u>. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.
- 12. <u>QUARTERLY DECLARATIONS</u>. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

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

#### 13. GENERAL PROBATION REQUIREMENTS.

#### Compliance with Probation Unit

Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.

#### Address Changes

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

### Place of Practice

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

# License Renewal

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

# Travel or Residence Outside California

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

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

- 14. <u>INTERVIEW WITH THE BOARD OR ITS DESIGNEE</u>. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.
- 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

Periods of non-practice will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirements.

- 16. <u>COMPLETION OF PROBATION</u>. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.
- 17. <u>VIOLATION OF PROBATION</u>. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.
- Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.
- 19. <u>PROBATION MONITORING COSTS</u>. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which

may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of 1 California and delivered to the Board or its designee no later than January 31 of each calendar 2 year. 3 **ACCEPTANCE** 4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully 5 discussed it with my attorney, Brad Hinshaw. I understand the stipulation and the effect it will 6 have on my Physician and Surgeon's Certificate. I enter into this Stipulated Settlement and 7 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the 8 Decision and Order of the Medical Board of California. 9 10 U 12 Respondent 13 I have read and fully discussed with Respondent Peter J. Bullock, M.D. the terms and 14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. 15 I approve its form and content. 16 17 18 Attorney for Respondent 19 **ENDORSEMENT** 20 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully 21 submitted for consideration by the Medical Board of California. 22 23 24 25 26 27 28 12

	JI	
1	Dated: Sipter tur 8,2014	Respectfully submitted,
2		Kamala D. Harris Attorney General of California Jose R. Guerrero
3		JOSE R. GUERRERO Supervising Deputy Attorney General
4		S 40 11 11
5		Esther H. La
6		Deputy Attorney General Attorneys for Complainant
7		Thorneys for Complainain
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# Exhibit A

Accusation No. 03-2011-215872

1	Kamala D. Harris		
2	Attorney General of California JOSE R. GUERRERO	FILED	
3	Supervising Deputy Attorney General ESTHER H. LA	STATE OF CALIFORNIA	
4	Deputy Attorney General State Bar No. 160706	MEDICAL BOARD OF CALIFORNIA SACRAMENTO JANUARY 23 20 13	
5	455 Golden Gate Avenue, Suite 11000 San Francisco, CA 94102-7004	BY H. Park ANALYST	
6	Telephone: (415) 703-5636 Facsimile: (415) 703-5480		
7	Attorneys for Complainant		
8	BEFORE THE MEDICAL BOARD OF CALIFORNIA		
9	DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA		
10		7	
11	In the Matter of the Accusation Against:	Case No. 03-2011-215872	
12	PETER BULLOCK, M.D. 143 Birch St.		
13	Redwood City, CA 94062	ACCUSATION	
14	Physician's and Surgeon's Certificate No. A31093		
15	Respondent.		
16			
17	Complainant alleges:		
18	PAI	RTIES	
19	1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity		
20	as the Executive Director of the Medical Board of California (Board), <sup>1</sup> Department of Consumer		
21	Affairs.		
22	2. On or about June 1, 1977, the Board issued Physician's and Surgeon's Certificate		
23	Number A31093 to Peter Bullock (Respondent). The Physician's and Surgeon's Certificate was in		
24	full force and effect at all times relevant to the charges brought herein and will expire on February		
25	28, 2015, unless renewed.		
26			
27		ical Board of California; "Division of Medical	
28	Quality" shall also be deemed to refer to the Bo	ard.	
		1	

#### 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 unless otherwise indicated.
  - 4. Section 2004 of the Code states, in relevant part:
  - "The board shall have the responsibility for the following:
- "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.
  - "(b) The administration and hearing of disciplinary actions.
- "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
- "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
- "(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board."
- 5. 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 Division deems proper.
  - 6. Section 2234 of the Code states, in relevant part:
- "The Division of Medical Quality 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 [Chapter 5, the Medical Practice Act].
  - "(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."
  - 7. Section 726 of the Code states in pertinent part:

"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 division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3."

8. Section 729 of the Code provides, in pertinent part, that any physician and surgeon or psychotherapist, who engages in any act of sexual intercourse or sexual contact with a patient is guilty of sexual exploitation.

# **DRUGS**

9. Adderall, a trade name for mixed salts of a single-entity amphetamine product (dextroamphetamine sulphate, dextroamphetamine saccharate, amphetamine sulfate, amphetamine aspartate), is a dangerous drug as defined in Code section 4022 and a schedule II controlled substance as defined by section 11055 of the Health and Safety Code. Adderall is indicated for Attention Deficit Disorder with Hyperactivity and Narcolepsy. It is contraindicated for patients with a history of drug abuse. Amphetamines have been extensively abused. Tolerance, extreme psychological dependence, and severe social disability have occurred.

- 10. Lithium is in a class of medications called antimanic agents and is a dangerous drug as defined in Code section 4022. Lithium works by decreasing abnormal activity in the brain. It is indicated in the treatment of manic episodes of Bipolar Disorder.
- 11. Valium is a psychotropic drug for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in section Code 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. Valium can produce psychological and physical dependence and it should be prescribed with caution particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation and dependence.
- 12. Vicodin is a trade name for a combination of hydrocodone bitartrate and acetaminophen. Hydrocodone bitartrate is a semisynthetic narcotic analgesic, a dangerous drug as defined in section 4022, a Schedule III controlled substance and narcotic as defined by section 11056, subdivision (e), of the Health and Safety Code. Alcohol and other CNS depressants may produce an additive CNS depression, when taken with this combination product, and should be avoided. Repeated administration of Vicodin over a course of several weeks may result in psychic and physical dependence. Patients should take the drug only for as long as it is prescribed, in the amounts prescribed, and no more frequently than prescribed.
- 13. Wellbutrin, a trade name for bupriopian hydrochloride, is an antidepressant of the aminoketone class, and it is a dangerous drug within the meaning of Business and Professions code section 4022.

#### **FACTS**

- 14. According to Respondent, he and J.J. <sup>2</sup> initially met approximately 15 years ago, when their children were taking piano classes together.
- 15. In early 2008, Respondent and J.J. became reacquainted when J.J. became the organist at the church that Respondent attended.

<sup>&</sup>lt;sup>2</sup> The patient's name is abbreviated to protect her privacy.

- 16. Respondent first saw J.J. as a patient on July 16, 2008 for complaints of hand pain.

  J.J. also reported a history of bipolar disorder and anxiety, and reported taking Wellbutrin,

  Lithium, Adderall, Valium, and Vicodin. J.J. authorized the release of her Kaiser medical records

  (with the exception of her psychiatric records) to Respondent.
  - 17. Respondent saw J.J. for follow-up visits August 22, 2008 and November 3, 2008.
- 18. Between July 17, 2008 and November 18, 2008, Respondent prescribed the following medications for J.J.: Wellbutrin, Lithium, Adderall, Valium, and Vicodin. Respondent did not document the date, quantity, strength, and instructions for Valium prescribed. On February 9, 2009, Respondent prescribed Vicodin, but he did not document the quantity prescribed.
- 19. Respondent obtained laboratory results of J.J.'s lithium levels on September 18, 2008 and November 3, 2008. These results revealed undetectable lithium levels, indicating non-compliance.
- 20. Beginning in August or September 2008, Respondent began a sexual relationship with J.J. The sexual relationship began when Respondent invited J.J. to his house for dinner, provided her with alcohol, and then engaged in sexual intercourse with her. On numerous subsequent occasions, Respondent invited J.J. over to his house, provided her with alcohol, and engaged in sexual intercourse with her. Their sexual relationship continued through early 2009.
- 21. On or about December 15, 2008, J.J. called 911 after an attempted medication overdose. She was treated at a hospital in San Mateo, placed on a 5150 hold, and then transferred to Fremont Hospital, where she remained under observation for 72 hours.
- 22. On or about March 11, 2009, Respondent examined J.J. at his home after J.J. complained of knee pain resulting from a ski accident. Respondent's diagnosis included medial collateral ligament tear, and he recommended that J.J. undergo an MRI the following day.
  - 23. Respondent did not treat J.J. after March 2009.
- 24. Respondent was interviewed by a Board senior investigator and Board medical consultant on May 22, 2012. Respondent admitted the following facts during his interview:
  - A. Respondent saw J.J. in his office on July 16, 2008 for complaints of hand pain.

    During this office visit, Respondent conducted a history and physical

- examination, and ordered x-rays and laboratory tests. Respondent documented that the patient had a history of bipolar disorder, and was on medication, including Adderall, Lithium, Valium and Vicodin.
- B. Respondent stated that J.J. asked for refills of her medication, including Wellbutrin, Lithium, Adderall, Vicodin, and Valium, and Respondent admitted refilling these prescriptions. Respondent admitted that it was a mistake for him to refill these prescriptions and stated that he was not treating J.J. for her psychiatric conditions.
- C. Respondent admitted that he engaged in a sexual relationship with J.J., including engaging in sexual intercourse, from about August or September 2008 until sometime in early 2009.

# FIRST CAUSE FOR DISCIPLINE

(Sexual Misconduct and/or Sexual Exploitation and/or Gross Negligence)

- 25. Paragraphs 14 through 24 are incorporated herein by reference as if fully set forth.
- 26. Respondent's conduct in engaging in a sexual relationship with a patient, including having sexual intercourse with the patient, constitutes sexual misconduct and/or sexual exploitation and/or gross negligence, and is cause for discipline under Code sections 726 [sexual misconduct] and/or 729 [sexual exploitation] and/or 2234(b) [gross negligence].

#### SECOND CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts/Incompetence)

- 27. Paragraphs 14 through 24 are incorporated herein by reference as if fully set forth.
- 28. Respondent's conduct in prescribing psychoactive medications to J.J. to treat her complaints of depression, bipolar disorder, attention deficit disorder, and anxiety, without taking an adequate history, performing a mental examination, establishing a diagnosis, discussing the risks and benefits of the medications, and/or following up J.J.'s response to the medications, constitutes unprofessional conduct and is cause for discipline pursuant to Code section 2234(b) [gross negligence] and/or 2234(c) [repeated negligent acts] and or 2234(d) [incompetence].

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