

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

<b>In the Matter of the Accusation Against:</b>	)	
	)	
	)	
<b>SCOTT DOUGLAS GREER, M.D.</b>	)	<b>Case No. 10-2012-223663</b>
	)	
<b>Physician's and Surgeon's</b>	)	
<b>Certificate No. G 45636</b>	)	
	)	
<b>Respondent.</b>	)	
_____	)	

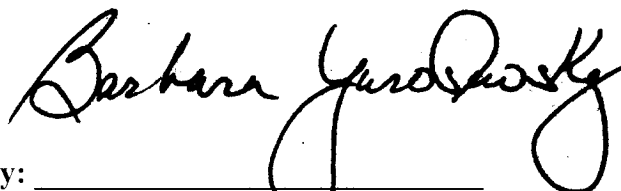
**DECISION AND ORDER**

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

This Decision shall become effective at 5:00 p.m. on October 8, 2014.

IT IS SO ORDERED September 8, 2014.

**MEDICAL BOARD OF CALIFORNIA**



By: \_\_\_\_\_  
Barbara Yaroslavy, Chair  
Panel A

1 KAMALA D. HARRIS  
Attorney General of California  
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8 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **SCOTT DOUGLAS GREER, M.D.**  
14 **6280 Jackson Drive, Suite 4**  
**San Diego, CA 92119**

15 **Physician's and Surgeon's Certificate**  
16 **No. G45636**

17 Respondent.

Case No. 10-2012-223663  
OAH No. 2013060563

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

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

20 **PARTIES**

21 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
22 Board of California and is represented in this matter by Kamala D. Harris, Attorney General of  
23 the State of California, by Martin W. Hagan, Deputy Attorney General.

24 2. Respondent Scott Douglas Greer, M.D. ("Respondent") is represented in this  
25 proceeding by David M. Balfour, Esq., of DiCaro, Coppo & Popcke, whose address is 2780  
26 Gateway Road, Carlsbad, CA 92009.

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3. On or about July 27, 1981, the Medical Board of California issued Physician's and Surgeon's Certificate No. G45636 to Scott Douglas Greer, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges and allegations brought in Accusation No. 10-2012-223663 and will expire on January 31, 2015, unless renewed.

## JURISDICTION

4. On May 24, 2013, Accusation No. 10-2012-223663 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on May 24, 2013. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 10-2012-223663 is attached hereto as Exhibit A and incorporated herein by reference as if fully set forth herein.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 10-2012-223663. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. 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 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.

7. Having the benefit of counsel, Respondent hereby voluntarily, knowingly and intelligently waives and gives up each and every right set forth above.

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1 **CULPABILITY**

2 8. Respondent admits to the complete truth and accuracy of the charges and allegations  
3 pertaining to his excessive use of alcohol to the extent, or in a manner, as to be dangerous or  
4 injurious to himself, another person, and the public; writing prescriptions without an appropriate  
5 prior examination; failing to maintain accurate or adequate medical records; and general  
6 unprofessional conduct, as set forth more fully in Accusation No. 10-2012-223663 at paragraphs  
7 13-17, 21-30 and 36 and that he has thereby subjected his Physician's and Surgeon's Certificate  
8 No. G45636 to disciplinary action. In addition, Respondent does not contest that, at an  
9 administrative hearing, complainant could establish a *prima facie* case with respect to all of the  
10 remaining charges and allegations in Accusation No. 10-2012-223663, and that he has thereby  
11 further subjected his Physician's and Surgeon's Certificate No. G45636 to disciplinary action.

12 9. Respondent further agrees that if he ever petitions for early termination or  
13 modification of probation, or if an accusation and/or petition for revocation of probation is filed  
14 against him before the Medical Board of California, all of the charges and allegations contained  
15 in Accusation No. 10-2012-223663 shall be deemed true, correct and fully admitted by  
16 respondent for purposes of that proceeding or any other licensing proceeding involving  
17 respondent in the State of California or elsewhere.

18 10. Respondent agrees that his Physician's and Surgeon's Certificate No. G45636 is  
19 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
20 in the Disciplinary Order below.

21 **CONTINGENCY**

22 11. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the  
23 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted  
24 to the Board for its consideration in the above-entitled matter and, further, that the Board shall  
25 have a reasonable period of time in which to consider and act on this Stipulated Settlement and  
26 Disciplinary Order after receiving it. By signing this stipulation, respondent fully understands  
27 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the  
28 time the Board considers and acts upon it.

1           12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be  
2 null and void and not binding upon the parties unless approved and adopted by the Board, except  
3 for this paragraph, which shall remain in full force and effect. Respondent fully understands and  
4 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and  
5 Disciplinary Order, the Board may receive oral and written communications from its staff and/or  
6 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify  
7 the Board, any member thereof, and/or any other person from future participation in this or any  
8 other matter affecting or involving respondent. In the event that the Board does not, in its  
9 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the  
10 exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
11 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
12 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order  
13 be rejected for any reason by the Board, respondent will assert no claim that the Board, or any  
14 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this  
15 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

16                                   **ADDITIONAL PROVISIONS**

17           13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
18 be an integrated writing representing the complete, final and exclusive embodiment of the  
19 agreements of the parties in the above-entitled matter.

20           14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
21 including copies of the signatures of the parties, may be used in lieu of original documents and  
22 signatures and, further, that such copies shall have the same force and effect as originals.

23           15. In consideration of the foregoing admissions and stipulations, the parties agree the  
24 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
25 the following Disciplinary Order:

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1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G45636 issued  
3 to Respondent Scott Douglas Greer, M.D. (Respondent) is revoked. However, the revocation is  
4 stayed and Respondent is placed on probation for seven (7) years from the effective date of this  
5 decision on the following terms and conditions.

6 1. **ACTUAL SUSPENSION**: As part of probation, Respondent is suspended from the  
7 practice of medicine for thirty (30) days beginning the sixteenth (16th) day after the effective date  
8 of this decision.

9 2. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**  
10 **RECORDS AND INVENTORIES**: Respondent shall maintain a record of all controlled  
11 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
12 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
13 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
14 and Safety Code section 11362.5, during probation, showing all the following: (1) the name and  
15 address of patient; (2) the date; (3) the character and quantity of controlled substances involved;  
16 and (4) the indications and diagnosis for which the controlled substances were furnished.  
17 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
18 records and any inventories of controlled substances shall be available for immediate inspection  
19 and copying on the premises by the Board or its designee at all times during business hours and  
20 shall be retained for the entire term of probation.

21 3. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE**: Respondent shall  
22 abstain completely from the personal use or possession of controlled substances as defined in the  
23 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and  
24 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not  
25 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide  
26 illness or condition. Within 15 calendar days of receiving any lawfully prescribed medications,  
27 Respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and  
28 telephone number; medication name, strength, and quantity; and issuing pharmacy name, address,

1 and telephone number.

2 If Respondent has a confirmed positive biological fluid test for any substance (whether or  
3 not legally prescribed) and has not reported the use to the Board or its designee, Respondent  
4 shall receive a notification from the Board or its designee to immediately cease the practice of  
5 medicine. The Respondent shall not resume the practice of medicine until final decision on an  
6 accusation and/or a petition to revoke probation. An accusation and/or petition to revoke  
7 probation shall be filed by the Board within 15 days of the notification to cease practice. If the  
8 Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board  
9 shall provide the Respondent with a hearing within 30 days of the request, unless the Respondent  
10 stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or  
11 the Board within 15 days unless good cause can be shown for the delay. The cessation of practice  
12 shall not apply to the reduction of the probationary time period.

13 If the Board does not file an accusation or petition to revoke probation within 15 days of the  
14 issuance of the notification to cease practice or does not provide Respondent with a hearing  
15 within 30 days of a such a request, the notification of cease practice shall be dissolved.

16 4. **ALCOHOL - ABSTAIN FROM USE**; Respondent shall abstain completely from  
17 the use of products or beverages containing alcohol. If Respondent has a confirmed positive  
18 biological fluid test for alcohol, Respondent shall receive a notification from the Board or its  
19 designee to immediately cease the practice of medicine. The Respondent shall not resume the  
20 practice of medicine until final decision on an accusation and/or a petition to revoke probation.  
21 An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of  
22 the notification to cease practice. If the Respondent requests a hearing on the accusation and/or  
23 petition to revoke probation, the Board shall provide the Respondent with a hearing within 30  
24 days of the request, unless the Respondent stipulates to a later hearing. A decision shall be  
25 received from the Administrative Law Judge or the Board within 15 days unless good cause can  
26 be shown for the delay. The cessation of practice shall not apply to the reduction of the  
27 probationary time period. If the Board does not file an accusation or petition to revoke probation  
28 within 15 days of the issuance of the notification to cease practice or does not provide

Respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

5. **BIOLOGICAL FLUID TESTING**: Respondent shall immediately submit to biological fluid testing, at Respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Prior to practicing medicine, Respondent shall contract with a laboratory or service approved in advance by the Board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

In addition to the random, unannounced, observed, biological fluid testing required above, Respondent shall also test twice daily using the Soberlink breathalyzer. Respondent shall perform one test prior to treating patients in the morning and a second test prior to treating patients in the afternoon. On days when Respondent does not treat patients, he may perform the two tests anytime throughout the day. Respondent shall arrange to have the results of all tests transmitted to the Board on a weekly basis. Respondent shall further arrange to have Ms. Glassmoyer or some other designated person at University of California San Diego's Health Professional Program (HPP) immediately transmit to the Board the results of any breathalyzer test which indicates a blood alcohol content of more than 0.00 percent.

The responsibility for ensuring that the Board receives the results of all Soberlink breathalyzer testing shall remain Respondent's responsibility and any failure to transmit those results to the Board as required herein shall be a violation of probation.

A certified copy of any laboratory test result, including the Soberlink breathalyzer test results, may be received in evidence in any proceedings between the Board and Respondent.

In addition, if Respondent fails to cooperate in a random biological fluid testing program within the specified time frame, or fails to provide the Board with the results of the Soberlink breathalyzer testing as required herein, Respondent shall receive a notification from the Board or



1 its designee to immediately cease the practice of medicine. The Respondent shall not resume the  
2 practice of medicine until final decision on an accusation and/or a petition to revoke probation.  
3 An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of  
4 the notification to cease practice. If the Respondent requests a hearing on the accusation and/or  
5 petition to revoke probation, the Board shall provide the Respondent with a hearing within 30  
6 days of the request, unless the Respondent stipulates to a later hearing. A decision shall be  
7 received from the Administrative Law Judge or the Board within 15 days unless good cause can  
8 be shown for the delay. The cessation of practice shall not apply to the reduction of the  
9 probationary time period.

10 If the Board does not file an accusation or petition to revoke probation within 15 days of the  
11 issuance of the notification to cease practice or does not provide Respondent with a hearing  
12 within 30 days of a such a request, the notification of cease practice shall be dissolved.

13 6. **EDUCATION COURSE:** Within 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 40 hours  
16 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
17 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
18 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
19 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
20 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 65  
22 hours of CME of which 40 hours were in satisfaction of this condition.

23 7. **PRESCRIBING PRACTICES COURSE:** Within 60 calendar days of the effective  
24 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the  
25 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,  
26 University of California, San Diego School of Medicine (Program), approved in advance by the  
27 Board or its designee. Respondent shall provide the program with any information and documents  
28 that the Program may deem pertinent. Respondent shall participate in and successfully complete

1 the classroom component of the course not later than six (6) months after Respondent's initial  
2 enrollment. Respondent shall successfully complete any other component of the course within  
3 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and  
4 shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
5 licensure. A prescribing practices 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. Respondent shall submit a certification of successful completion to the Board or its  
10 designee not later than 15 calendar days after successfully completing the course, or not later than  
11 15 calendar days after the effective date of the Decision, whichever is later.

12 8. **MEDICAL RECORD KEEPING COURSE:** Within 60 calendar days of the  
13 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
14 equivalent to the Medical Record Keeping Course offered by the Physician Assessment and  
15 Clinical Education Program, University of California, San Diego School of Medicine (Program),  
16 approved in advance by the Board or its designee. Respondent shall provide the program with any  
17 information and documents that the Program may deem pertinent. Respondent shall participate in  
18 and successfully complete the classroom component of the course not later than six (6) months  
19 after Respondent's initial enrollment. Respondent shall successfully complete any other  
20 component of the course within one (1) year of enrollment. The medical record keeping course  
21 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education  
22 (CME) requirements for renewal of licensure. A medical record keeping course taken after the  
23 acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision  
24 may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this  
25 condition if the course would have been approved by the Board or its designee had the course  
26 been taken after the effective date of this Decision. Respondent shall submit a certification of  
27 successful completion to the Board or its designee not later than 15 calendar days after  
28 successfully completing the course, or not later than 15 calendar days after the effective date of

1 the Decision, whichever is later.

2 9. **PROFESSIONALISM PROGRAM (ETHICS COURSE)**: Within 60 calendar  
3 days of the effective date of this Decision, Respondent shall enroll in a professionalism program,  
4 that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.  
5 Respondent shall participate in and successfully complete that program. Respondent shall  
6 provide any information and documents that the program may deem pertinent. Respondent shall  
7 successfully complete the classroom component of the program not later than six (6) months after  
8 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
9 time specified by the program, but no later than one (1) year after attending the classroom  
10 component. The professionalism program shall be at Respondent's expense and shall be in  
11 addition to the Continuing Medical Education (CME) requirements for renewal of licensure. A  
12 professionalism program taken after the acts that gave rise to the charges in the Accusation, but  
13 prior to the effective date of the Decision may, in the sole discretion of the Board or its designee,  
14 be accepted towards the fulfillment of this condition if the program would have been approved by  
15 the Board or its designee had the program been taken after the effective date of this Decision.  
16 Respondent shall submit a certification of successful completion to the Board or its designee not  
17 later than 15 calendar days after successfully completing the program or not later than 15 calendar  
18 days after the effective date of the Decision, whichever is later.

19 10. **PSYCHOTHERAPY**: Within 60 calendar days of the effective date of this  
20 Decision, Respondent shall submit to the Board or its designee for prior approval the name and  
21 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who  
22 has a doctoral degree in psychology and at least five years of postgraduate experience in the  
23 diagnosis and treatment of emotional and mental disorders including addiction disorders such as  
24 alcoholism. Upon approval, Respondent shall undergo and continue psychotherapy treatment,  
25 including any modifications to the frequency of psychotherapy, until the Board or its designee  
26 deems that no further psychotherapy is necessary. The psychotherapist shall consider any  
27 information provided by the Board or its designee and any other information the psychotherapist  
28 deems relevant and shall furnish a written evaluation report to the Board or its designee.

Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is mentally fit to resume the practice of medicine without restrictions. Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

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

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

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall

1 make all records available for immediate inspection and copying on the premises by the monitor  
2 at all times during business hours and shall retain the records for the entire term of probation.

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

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

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

22 In lieu of a monitor, Respondent may participate in a professional enhancement program  
23 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
24 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
25 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
26 and education. Respondent shall participate in the professional enhancement program at  
27 Respondent's expense during the term of probation.

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1           12. **SOLO PRACTICE PROHIBITION:** Respondent is prohibited from engaging in  
2 the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
3 where: (1) Respondent merely shares office space with another physician but is not affiliated for  
4 purposes of providing patient care, or (2) Respondent is the sole physician practitioner at that  
5 location. If Respondent fails to establish a practice with another physician or secure employment  
6 in an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
7 Respondent shall receive a notification from the Board or its designee to cease the practice of  
8 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
9 practice until an appropriate practice setting is established. If, during the course of the probation,  
10 the Respondent's practice setting changes and the Respondent is no longer practicing in a setting  
11 in compliance with this Decision, the Respondent shall notify the Board or its designee within 5  
12 calendar days of the practice setting change. If Respondent fails to establish a practice with  
13 another physician or secure employment in an appropriate practice setting within 60 calendar  
14 days of the practice setting change, Respondent shall receive a notification from the Board or its  
15 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
16 The Respondent shall not resume practice until an appropriate practice setting is established.

17           13. **PROHIBITED PRACTICE:** During probation, Respondent is prohibited from  
18 prescribing to any patient any controlled substance which is unrelated to a colonoscopy or  
19 endoscopy procedure he is performing on that patient. After the effective date of this Decision,  
20 all patients being treated by Respondent shall be notified that Respondent is prohibited from  
21 prescribing to any patient any controlled substance which is unrelated to a colonoscopy or  
22 endoscopy procedure on that patient. Any new patients must be provided this notification at the  
23 time of their initial appointment. Respondent shall maintain a log of all patients to whom the  
24 required oral notification was made. The log shall contain the: (1) patient's name, address and  
25 phone number; (2) patient's medical record number, if available; (3) the full name of the person  
26 making the notification; (4) the date the notification was made; and (5) a description of the  
27 notification given. Respondent shall keep this log in a separate file or ledger, in chronological  
28 order, shall make the log available for immediate inspection and copying on the premises at all

1 times during business hours by the Board or its designee, and shall retain the log for the entire  
2 term of probation.

3 14. **NOTIFICATION:** Within seven (7) days of the effective date of this Decision, the  
4 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
5 Chief Executive Officer at every hospital where privileges or membership are extended to  
6 Respondent, at any other facility where Respondent engages in the practice of medicine,  
7 including all physician and locum tenens registries or other similar agencies, and to the Chief  
8 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
9 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
10 calendar days. This condition shall apply to any change(s) in hospitals, other facilities or  
11 insurance carrier.

12 15. **SUPERVISION OF PHYSICIAN ASSISTANTS:** During probation, Respondent is  
13 prohibited from supervising physician assistants.

14 16. **OBEY ALL LAWS:** Respondent shall obey all federal, state and local laws, all rules  
15 governing the practice of medicine in California and remain in full compliance with any court  
16 ordered criminal probation, payments, and other orders.

17 17. **QUARTERLY DECLARATIONS:** Respondent shall submit quarterly declarations  
18 under penalty of perjury on forms provided by the Board, stating whether there has been  
19 compliance with all the conditions of probation.

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

22 18. **GENERAL PROBATION REQUIREMENTS:**

23 Compliance with Probation Unit: Respondent shall comply with the Board's probation unit  
24 and all terms and conditions of this Decision.

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

1 Business and Professions Code section 2021(b).

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

5 License Renewal: Respondent shall maintain a current and renewed California physician's  
6 and surgeon's license.

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

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

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

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

27 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
28 months, Respondent shall successfully complete a clinical training program that meets the criteria



1 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
2 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

8 21. **COMPLETION OF PROBATION:** Respondent shall comply with all financial  
9 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
10 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
11 be fully restored.

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

19 23. **LICENSE SURRENDER:** Following the effective date of this Decision, if  
20 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
21 the terms and conditions of probation, Respondent may request to surrender his or her license.  
22 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
23 determining whether or not to grant the request, or to take any other action deemed appropriate  
24 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
25 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
26 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
27 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
28 application shall be treated as a petition for reinstatement of a revoked certificate.

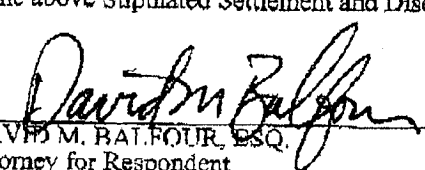
1 24. **PROBATION MONITORING COSTS:** Respondent shall pay the costs associated  
2 with probation monitoring each and every year of probation, as designated by the Board, which  
3 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
4 California and delivered to the Board or its designee no later than January 31 of each calendar  
5 year.

6 **ACCEPTANCE**

7 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
8 discussed it with my attorney, David M. Balfour, Esq. I understand the stipulation and the effect  
9 it will have on my Physician's and Surgeon's Certificate No. G45636. I enter into this Stipulated  
10 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
11 bound by the Decision and Order of the Medical Board of California.

12  
13 DATED: 5/13/14 0900   
14 SCOTT DOUGLAS GREER, M.D.  
Respondent

15 I have read and fully discussed with Respondent Scott Douglas Greer, M.D. the terms and  
16 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
17 I approve its form and content.

18 DATED: 5/12/14   
19 DAVID M. BALFOUR, ESQ.  
Attorney for Respondent

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**ENDORSEMENT**

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

Dated: **5-13-2014**

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California  
THOMAS S. LAZAR  
Supervising Deputy Attorney General



MARTIN W. HAGAN  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 10-2012-223663**

1 KAMALA D. HARRIS  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 MARTIN W. HAGAN  
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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 10-2012-223663

13 **SCOTT DOUGLAS GREER, M.D.**  
14 **6280 Jackson Drive, Suite 4**  
**San Diego, CA 92119**

**ACCUSATION**

15 **Physician's and Surgeon's Certificate No.**  
16 **G45636**

17 Respondent.

18 Complainant alleges:

19 **PARTIES**

20 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity  
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

22 2. On or about July 27, 1981, the Medical Board of California issued Physician's and  
23 Surgeon's Certificate Number G45636 to Scott Douglas Greer, M.D. (Respondent). The  
24 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
25 charges brought herein and will expire on January 31, 2015, unless renewed.

26 ////

27 ////

28 ////

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO  
BY WILLIAM J. JEFFREY ANALYST  
JUL 24 2013

JURISDICTION

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

4. Section 2227 of the Code 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, be publicly reprimanded, or have such other action taken in relation to discipline as the board deems proper.

5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct.<sup>1</sup> 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.

"...

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

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

"..."

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////

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<sup>1</sup> Unprofessional conduct under California Business and Professions Code section 2234 is conduct which breaches the rules of ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

1       6.     Section 2238 of the Code states:

2             "A violation of any federal statute or federal regulation or any of the statutes  
3 or regulations of this state regulating dangerous drugs or controlled substances  
4 constitutes unprofessional conduct."

5       7.     Section 2239 of the Code states:

6             "(a) The use or prescribing for or administering to himself or herself, of any  
7 controlled substance; or the use of any of the dangerous drugs specified in Section  
8 4022, or of alcoholic beverages, to the extent, or in such a manner as to be  
9 dangerous or injurious to the licensee, or to any other person or to the public, or to  
10 the extent that such use impairs the ability of the licensee to practice medicine  
11 safely or more than one misdemeanor or any felony involving the use, consumption,  
12 or self-administration of any of the substances referred to in this section, or any  
13 combination thereof, constitutes unprofessional conduct. The record of the  
14 conviction is conclusive evidence of such unprofessional conduct.

15             "...."

16       8.     Section 2242 of the Code states:

17             "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in  
18 Section 4022 without an appropriate prior examination and a medical indication,  
19 constitutes unprofessional conduct.

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

23             "(1) The licensee was a designated physician and surgeon or podiatrist  
24 serving in the absence of the patient's physician and surgeon or podiatrist, as the  
25 case may be, and if the drugs were prescribed, dispensed, or furnished only as  
26 necessary to maintain the patient until the return of his or her practitioner, but in  
27 any case no longer than 72 hours.

28       ////

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

4           “....”

5       9.    Section 11173 of the Health and Safety Code states:

6           “(a) No person shall obtain or attempt to obtain controlled substances, or  
7 procure or attempt to procure the administration of or prescription for controlled  
8 substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the  
9 concealment of a material fact.

10          “....”

11       10.   Section 2263 of the Code states:

12           “The willful, unauthorized violation of professional confidence constitutes  
13 unprofessional conduct.”

14       11.   Section 2266 of the Code states:

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

18       12.   Section 822 of the Code states:

19           “If a licensing agency determines that its licentiate's ability to practice his or  
20 her profession safely is impaired because the licentiate is mentally ill, or physically  
21 ill affecting competency, the licensing agency may take action by any one of the  
22 following methods:

23           “(a) Revoking the licentiate's certificate or license.

24           “(b) Suspending the licentiate's right to practice.

25           “(c) Placing the licentiate on probation.

26           “(d) Taking such other action in relation to the licentiate as the licensing  
27 agency in its discretion deems proper.

28          “....”



1 FIRST CAUSE FOR DISCIPLINE

2 (Excessive Use of Alcohol or Drugs)

3 13. Respondent has subjected his Physician's and Surgeon's Certificate Number G45636  
4 to disciplinary action under sections 2227 and 2234, as defined by section 2239 of the Code, in  
5 that he has excessively used alcohol and/or drugs to the extent, or in such a manner as to be  
6 dangerous or injurious to himself, another person, or the public, or to the extent that such use  
7 impairs his ability to practice medicine safely, as more particularly alleged herein:

8 14. Respondent is an admitted alcoholic and has a long history of alcohol abuse and  
9 relapses after seeking treatment for his addiction. According to various treatment records,  
10 respondent started drinking alcohol when he was approximately fifteen (15) years old, lived the  
11 "fraternity lifestyle" in college and "drank hard" when he was in medical school. In  
12 approximately 1992, respondent was drinking more heavily and began experiencing legal and  
13 other problems related to his abuse of alcohol. Specifically, respondent was arrested for driving  
14 under the influence (DUI) on or around 1992, 1996, 2000 and 2002. Three of these arrests  
15 resulted in DUI convictions. As a result of the DUI arrests and/or convictions, Respondent came  
16 to the attention of the Board at which time he admitted he was an alcoholic.

17 15. On or about 2003, the Board offered respondent admittance into its diversion program  
18 where respondent was monitored and received treatment for alcohol addiction while participating  
19 in the program. Respondent participated in the Board's diversion program from approximately  
20 2003 until the diversion program was ended by the Board.<sup>2</sup>

21 16. Respondent has also sought treatment from various alcohol treatment facilities.  
22 These facilities have included, but are not limited to, the Cornerstone Program in Tustin,  
23 California, and the Scripps McDonald Center in San Diego, California, on an outpatient basis.

24 <sup>2</sup> According to respondent, he was originally scheduled to be in diversion for five years  
25 but his time was extended based on a positive test for alcohol. In his physician interview,  
26 respondent indicated he had two periods during diversion in which he relapsed. According to  
27 respondent, one of the relapses occurred after he was drinking for "probably a couple of months"  
28 and the other relapse occurred after he drank one night which resulted in the positive urinalysis  
test. The relapse which lasted a "couple of months" was most likely not detected because, as  
respondent has admitted, he was being deceptive with the testing protocol by freezing clean urine  
samples and using the clean samples to hide the fact that he was drinking again.

1 Even though respondent sought treatment for his alcohol addiction, he would invariably relapse  
2 and, once again, experience incidents related to his abuse of alcohol.

3 17. On or about May 12, 2012, respondent sent five (5) threatening voicemails to WB, his  
4 friend and patient. Respondent had been drinking and was upset about comments WB passed on  
5 to respondent's fiancé, KF, which upset her. Respondent called WB and told WB he was on his  
6 way to WB's house to "split his head open with an axe." WB feared for the safety of his ninety-  
7 one year old mother who lived at his residence, so he decided to drive to respondent's house in an  
8 attempt to calm him down. When WB arrived at respondent's house, he received another phone  
9 call from respondent indicating that respondent would be there in five (5) seconds. When  
10 respondent arrived, he parked next to WB's vehicle. Respondent appeared deranged and said,  
11 "You fucked up [WB]!" WB stepped out of his vehicle and attempted to calm respondent down.  
12 Respondent was holding a wooden handled hatchet with a metal head that was sharp on one side  
13 and blunt on the other. According to respondent, when WB saw the hatchet he responded by  
14 stating, "don't kill me." Respondent then ran at WB with the hatchet and chased him down the  
15 street. Respondent struck WB with the blunt end of the hatchet on his left hip and left shoulder.  
16 When WB returned to his vehicle, he got in and locked the doors. Respondent waived the hatchet  
17 over his head and struck WB's car twice leaving four inch gashes in his vehicle. WB was afraid  
18 respondent would break the vehicle window and strike him with the hatchet, so he drove away.  
19 WB did not immediately call the police because he was afraid respondent would seek revenge and  
20 hurt him.<sup>3</sup>

21 18. On or about May 12, 2012, respondent returned home later in the evening and was  
22 angry with his fiancé, KF. Respondent and KF argued and KF could smell alcohol on  
23 respondent's breath. According to KF, she was in the process of moving out of respondent's  
24 house and asked him for help with a ladder she was holding in front of her face. According to

25  
26 <sup>3</sup> On or about May 23, 2013, WB sought a temporary restraining order (TRO) against  
27 respondent in which he alleged that respondent "Chased me with an ax for 15 minutes. Hit me  
28 twice with hammer end. Landed ax twice into my car." The TRO was granted by the Court and  
respondent was ordered to not harass WB in any manner. A hearing on the restraining order was  
set for June 13, 2012. After a hearing on the matter, the TRO was dissolved.

1 KF, respondent pushed the ladder into her forehead which knocked her unconscious. When KF  
2 woke up, she found a bag of ice on her head. KF asked respondent to take her to the hospital  
3 which he refused to do because he believed KF's injury was minor. KF called 911 and was  
4 subsequently transported to the hospital in an ambulance. Respondent showed up later at the  
5 Emergency Room, where he was disruptive and told to leave.

6 19. On or about May 13, 2012, KF called the San Diego Police Department (SDPD) to  
7 report respondent's domestic abuse against her. The incident was investigated by the SDPD who  
8 took respondent into custody at 2:20 p.m. for a suspected violation of Penal Code section 273.5,  
9 Willful Infliction of Corporal Injury [on a Cohabitant].<sup>4</sup>

10 20. Between approximately April 2012, and July 2012, respondent self-administered  
11 Hydrocodone<sup>5</sup> that was prescribed to his fiancé, KF, by her treating physician for back pain. KF  
12 attempted to hide her Hydrocodone from respondent to prevent him from diverting the  
13 medication, but he would routinely find the medication and divert the same for his own personal  
14 use.

15 21. Respondent also wrote prescriptions to KF for Hydrocodone, Norco and/or  
16 Alprazolam (Xanax) with some of prescriptions of the Hydrocodone being used to replace the  
17 Hydrocodone that respondent diverted for his own personal use. Respondent did not perform a  
18 history or physical examination of KF prior to writing these prescriptions nor did he maintain any  
19 adequate and/or accurate medical records pertaining to these prescriptions. A Cures report, and  
20 other documentation received during the course of the Board's investigation, established that  
21 respondent wrote and/or called in prescriptions for KF which included but were not limited to:

22  
23 <sup>4</sup> After being released from custody, respondent was provided a Certificate of Release  
24 which provided, in pertinent part, that when respondent was taken into custody on May 13, 2012,  
25 it "was a detention, not an arrest." The Certificate of Release further provided "In any case in  
which a person is arrested and released and no accusatory pleading is filed charging him/her with  
an offense, any record of arrest of the person shall include a 'Record of Release.' Thereafter, the  
arrest may not be deemed an 'Arrest' but a "Detention Only.'" (Penal Code §§ 851.6, 849, 849.5)

26 <sup>5</sup> Hydrocodone is a Schedule III controlled substance pursuant to Health and Safety Code  
27 section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code  
28 section 4022.

1 sixteen (16) tablets of Hydrocodone filled on April 27 and April 30, 2012 (RX # 1310371);  
2 twenty (20) tablets of Alprazolam filled on May 5, 2012 (RX # 00558529); twelve (12) tablets of  
3 Alprazolam filled on May 5, 2012 (RX #1312352); twelve (12) tablets of Hydrocodone filled on  
4 June 19, 2012 (RX # 1359101); forty (40) tablets of Hydrocodone filled on June 23, 2012 (RX #  
5 288816); and twenty-four (24) tablets of Hydrocodone filled on July 19, 2012 (RX # 1333474).<sup>6</sup>

6 22. On or about July 29, 2012, respondent's family and friends held an intervention to  
7 express their concerns over respondent's alcohol abuse. Following the intervention, respondent  
8 was admitted to Professionals Treatment at Promises ("PTP"), a residential rehabilitation  
9 program. While at PTP, respondent participated in, among other things, individual and group  
10 therapy, meetings with an addictionologist, family therapist, group therapy and professional  
11 specific groups. While in PTP, respondent "admitted that he had cheated regularly while in  
12 diversion by freezing his own urine when he was clean and substituting the urine when providing  
13 samples for drug screening." (PTP Discharge Summary dated October 26, 2012, at p. 2.)

14 23. Respondent was discharged from PTP on or about October 13, 2012. His Axis I  
15 diagnosis at time of discharge was "Alcohol dependence, early remission." His Post-Discharge  
16 Continuing Care Recommendations included: "(1) Sign[ing] a monitoring agreement with the  
17 UCSD [University of California at San Diego] monitoring program for at least 5 years"<sup>7</sup> and "(2)  
18 Return to PTP or one week of renewal, at no cost, within the next 12 month period."

19 24. On or about October 19, 2012, Respondent was accepted into the UCSD Health  
20 Professional Program ("HPP"). As a condition of being admitted, respondent was required to

21 <sup>6</sup> During his physician interview, respondent admitted that he did not perform any  
22 examination nor did he maintain any medical records related to the prescriptions he wrote or  
23 called in for KF, who he admitted was not his patient. Respondent claimed responsibility for  
24 some but not all of the prescriptions listed in the Cures report for KF. When asked if he could  
have written or called in some of the later prescriptions, respondent, at one point, indicated "I  
suppose I could have." (Respondent's Physician Interview of October 23, 2012, at p. 90.)

25 <sup>7</sup> The Post-Discharge recommendations noted that "Monitoring should include: (a)  
26 Regular attendance at monitoring groups with AG [the UCSD monitoring program Case  
27 Manager]; (b) Twice Daily sessions with SOBERLINK breathalyzer with an arrangement for a  
28 designated case manager to monitor results online; (c) Random EtG and other drug testing; (d)  
Attend at least 3 AA or other 12-step meetings weekly and remain involved with a 12-step  
sponsor to support continuation of recovery and support; [and] (e) Continue in individual therapy  
with [SE] to continue work on [identified therapy issues]."

1 sign a UCSD Health Professional Program Participation Agreement ("Participation Agreement")  
2 which set forth the various terms and conditions that he was required to follow as part of the  
3 HPP.<sup>8</sup>

4 25. On or about October 23, 2012, respondent provided a hair and urine sample to the  
5 Board. The Board sent the sample to Medtox Laboratories for testing. The hair sample tested  
6 positive for opiates and Oxycodone<sup>9</sup> while the urine sample tested negative for all tests including  
7 alcohol, opiates and Oxycodone.

8 26. On or about December 6, 2012, respondent submitted to a mental and physical  
9 evaluation before Dr. MK, a psychiatrist, pursuant to Business and Professions Code section 820.  
10 After examining pertinent records concerning respondent, obtaining a detailed history, and  
11 conducting a mental and physical evaluation, which included diagnostic testing, Dr. MK  
12 diagnosed respondent as having an Axis I diagnoses of alcohol dependence with episodic alcohol  
13 abuse. As part of his report to the Board, Dr. MK noted the following:

14 "I don't think there can be any question as to Dr. Greer's diagnosis of alcohol  
15 dependence and alcohol abuse. I also don't think there can be any question  
16 that if Dr. Greer continues to abuse alcohol patient care will be compromised.  
17 The question is not if it will happen but only when. [¶] Patient safety can  
only be assured if Dr. Greer's sobriety is maintained. [¶] Dr. Greer has  
acknowledged that he has, in the past, been able to circumvent attempts  
aimed at ensuring his sobriety. This makes the task more challenging. [¶]

18 <sup>8</sup> The terms and conditions of the HPP included, but were not limited to, (1) agreeing to  
19 stop practicing medicine if the HPP determines respondent is "impaired" which was defined as  
20 practicing medicine while under the influence of alcohol or drugs, a positive drug screen, refusing  
21 a biological fluid or hair follicle test or non-compliance with any condition of the Participation  
22 Agreement; (2) obtaining a primary care physician who was knowledgeable about respondent's  
23 substance related disorder; (3) following all discharge recommendations from the PTP; (4)  
24 identifying a worksite monitor who was qualified to objectively observe respondent's condition  
25 and make quarterly reports to respondent's HPP Case Manager; (5) mandatory attendance at one  
26 HPP weekly support group meeting; (6) attend ninety twelve-step meetings in the first ninety  
27 days following treatment and then attending at least three to five twelve-step meetings per week  
28 thereafter; (7) checking in daily with Affinity Online Services to determine if he was scheduled to  
provide to test and comply with all testing requirements; (8) obtain approval six weeks in advance  
of any travel outside of San Diego and make prior arrangements for testing at the location where  
respondent will be visiting; (9) stay current with all HPP fees; and (10) abstain from all  
psychoactive drugs except those prescribed by his physician and approved by HPP and no self  
prescribing.

27 <sup>9</sup> Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code  
28 section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code  
section 4022.

1 Dr. Greer's current efforts are certainly reasonable and appropriate but, given  
his past efforts at subterfuge greater care must be taken to ensure his sobriety.

2 "I have spoken at some length with [the UCSD HPP monitor] and feel that  
3 his participation in the UCSD program is essential, as is his participation in  
Alcoholics Anonymous. [¶] Random testing through the Affinity Program is  
4 likewise essential.

5 "Perhaps the most important preventative measure is the use of the Soberlink  
Breathalyzer. Soberlink is a handheld breathalyzer that wirelessly reports a  
6 person's blood alcohol content. The breathalyzer features a built-in camera  
and uses wireless technology to send the subject's blood alcohol content,  
7 photograph, and time of report to a secure Web portal with unlimited cloud  
storage for remote access.

8 "Patient safety could be assured by having Dr. Greer submit to breathalyzer  
analysis just prior to treating patients in the morning and then again just prior  
9 to treating patients in the afternoon. Should the breathalyzer detect the  
presence of alcohol a real time alert can be sent directly to an appropriate  
10 individual [who] could then intervene to stop Dr. Greer from treating  
patients.

11 "... I believe that with the steps outlined above patient safety can be assured.  
12 However, should Dr. Greer fail in any of these interventions I believe that  
patient safety would be compromised.  
13

14 27. On or about April 11, 2013, the Board investigator sent a medical release to  
15 respondent for the production of any and all records for KF. In response to the release,  
16 respondent produced four pages of documents which consisted of copies of two prescriptions for  
17 KF for Alprazolam (Xanax) signed by respondent on or about April 10, 2012 (prescription pad  
18 numbers 416-417) and another copy of a prescription for Alprazolam signed by respondent on or  
19 about May 5, 2012 (prescription pad number 419); and a copy of a blank prescription  
20 (prescription pad number 428). The certification signed by respondent had a handwritten note  
21 which stated "Rx #420 dated 6/22/12 - copy missing from Rx pad." There were no medical  
22 records produced to establish that respondent ever conducted any appropriate examinations prior  
23 to prescribing any of the aforementioned controlled substances.

24 28. On or about May 9, 2013, respondent filed a declaration under penalty of perjury in  
25 an administrative proceeding which stated, in pertinent part, that he had "tested using Soberlink  
26 twice daily, each morning and each night, as indicated by Dr. [S] at the time of discharge from  
27 Promises [PTP]." As part of the administrative proceeding, respondent submitted a print-out of  
28 the Soberlink testing which covered the time-frame of October 23, 2012 to May 8, 2013. This

1 record indicated there were thirty-seven (37) occasions when respondent only used Soberlink  
2 once daily and two (2) occasions in which respondent did not use Soberlink at all on two separate  
3 days.

#### 4 SECOND CAUSE FOR DISCIPLINE

##### 5 (Furnishing Dangerous Drugs Without Conducting a Good Faith Examination)

6 29. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
7 G45636 to disciplinary action under sections 2227 and 2234, as defined by section 2242, of the  
8 Code, in that he has prescribed dangerous drugs to KF without an appropriate prior examination,  
9 as more particularly alleged in paragraphs 13 through 28, above, which are hereby incorporated  
10 by reference and realleged as if fully set forth herein.

#### 11 THIRD CAUSE FOR DISCIPLINE

##### 12 (Failure to Maintain Accurate or Adequate Medical Records)

13 30. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
14 G45636 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
15 Code, in that he has failed to maintain adequate and accurate records regarding his care and  
16 treatment of KF, as more particularly alleged in paragraphs 13 through 28, above, which are  
17 hereby incorporated by reference and realleged as if fully set forth herein.

#### 18 FOURTH CAUSE FOR DISCIPLINE

##### 19 (Violation of State Statutes Regulating Dangerous Drugs and Circumstances by Obtaining 20 Controlled Substances Through Fraud, Deceit or Misrepresentation)

21 31. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
22 G45636 to disciplinary action under sections 2227, 2234, 2238, in that he has violated a state  
23 statute, Health and Safety Code section 11173, regulating dangerous drugs and controlled  
24 substances by obtaining or attempting to obtain controlled substances by fraud, deceit,  
25 misrepresentation, subterfuge and/or concealment of a material fact, as more particularly alleged  
26 in paragraphs 13 through 28, above, which are hereby incorporated by reference and realleged as  
27 if fully set forth herein.

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1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Dishonesty or Corruption)**

3 32. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
4 G45636 to disciplinary action under sections 2227 and 2234, as defined by Section 2234,  
5 subdivision (e), of the Code, in that he has engaged and act or acts of dishonesty or corruption  
6 substantially related to the qualifications, functions, or duties of a physician, as more particularly  
7 alleged in paragraphs 13 through 28, above, which are hereby incorporated by reference and  
8 realleged as if fully set forth herein.

9 **SIXTH CAUSE FOR DISCIPLINE**

10 **(Violation of Professional Confidence)**

11 33. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
12 G45636 to disciplinary action under sections 2227 and 2234, as defined by Section 2263, of the  
13 Code, in that committed a willful, unauthorized violation of professional confidence by  
14 improperly accessing, or attempting to improperly access, another's medical records, as more  
15 particularly alleged hereinafter:

16 34. On or about July 10, 2012, KF contacted Sharp Grossmont Hospital's (SGH) Medical  
17 Records Department alleging that respondent may have inappropriately accessed her medical  
18 record information without proper authorization. Based on KF's complaint, Sharp Healthcare's  
19 Corporate Compliance Office conducted an audit of her medical record information to review  
20 whether respondent, as an affiliated SGH physician, had accessed or viewed KF's medical record  
21 information for the period of January 1, 2012, through July 11, 2012, without her authorization.

22 35. On or about July 20, 2012, Sharp Healthcare's Corporate Compliance Office sent KF  
23 a letter dated July 20, 2012, advising her that the "audit revealed that Dr. Greer accessed your  
24 medical information on April 15, 2012." KF was further advised, among other things, that "[t]he  
25 individual who violated your privacy was reported to the SGH Medical Staff Office and  
26 Administration for further investigation and corrective action, with the possibility of engagement  
27 termination."

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1 **SEVENTH CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**

3 36. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
4 G45636 to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the  
5 Code, in that he engaged in conduct which breaches the rules or ethical code of the medical  
6 profession, or conduct which is unbecoming to a member in good standing of the medical  
7 profession, and which demonstrates an unfitness to practice medicine, as more particularly  
8 alleged in paragraphs 13 through 35, above, which are hereby incorporated by reference and  
9 realleged as if fully set forth herein.

10 **SECTION 822 CAUSE FOR ACTION**

11 **(Physical or Mental Illness Affecting Competency)**

12 37. Respondent's Physician's and Surgeon's Certificate Number G45636 is subject to  
13 action under section 822 of the Code in that he suffers from a mental and/or physical illness  
14 affecting competency as more particularly alleged in paragraphs 13 through 28 above, which are  
15 hereby incorporated by reference and realleged as if fully set forth herein.

16 **PRAYER**

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

19 1. Revoking or suspending Physician's and Surgeon's Certificate Number G45636,  
20 issued to Scott Douglas Greer, M.D.

21 2. Revoking, suspending or denying approval of Scott Douglas Greer, M.D.'s authority  
22 to supervise physician's assistants, pursuant to section 3527 of the Code;

23 3. Taking action as authorized by section 822 of the Code, as the Board, in its discretion,  
24 deems proper and necessary;

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1           4.    Ordering respondent Scott Douglas Greer, M.D. to pay the Medical Board of  
2 California the costs of probation monitoring; and

3           5.    Taking such other and further action as deemed necessary and proper.

4  
5 DATED: May 24, 2013

  
LINDA K. WHITNEY  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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