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

In the Matter of the First Amended Accusation Against:	)	
JASON PAUL HELLIWELL, M.D.	)	Case No. 08-2013-234073
Physician's and Surgeon's Certificate No. A 74796	)	
Respondent	)	

DECISION AFTER RECONSIDERATION

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 October 12, 2018.

IT IS SO ORDERED: September 14, 2018.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
CINDY M. LOPEZ
Deputy Attorney General
State Bar No. 119988
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6494
Facsimile: (213) 897-9395
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: JASON PAUL HELLIWELL, M.D. 8501 Brimhall Road #300 Bakersfield, CA 93312 Physician's and Surgeon's Certificate No. A 74796 Respondent.	Case No. 08-2013-234073 OAH No. 2015110357 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Cindy M. Lopez, Deputy Attorney General.

2. Respondent JASON PAUL HELLIWELL, M.D. (Respondent) is represented in this proceeding by attorney Peter Osinoff, whose address is: 355 S. Grand Avenue, Suite 1750 Los Angeles, CA 90071.

3. On or about June 1, 2001, the Board issued Physician's and Surgeon's Certificate No. A 74796 to JASON PAUL HELLIWELL, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 08-2013-234073, and will expire on April 30, 2019, unless renewed.

JURISDICTION

4. First Amended Accusation No. 08-2013-234073 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 18, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of First Amended Accusation No. 08-2013-234073 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 the First Amended Accusation No. 08-2013-234073. 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 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 understands and agrees that the charges and allegations in the First Amended Accusation No. 08-2013-234073, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's 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

12. This stipulation shall be subject to approval by the Medical Board of California. 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.

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

14. 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's and Surgeon's Certificate No. A 74796 issued to Respondent JASON PAUL HELLIWELL, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for 42 months on the following terms and conditions.

1. 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 1358.1. 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.

2. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the effective date of this Decision, Respondent shall enroll in a professional boundaries program approved in advance by the Board or its designee. 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.

3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The

program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, 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. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.]

4. 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 until the Board receives notice that Respondent has successfully completed the Clinical Competence Assessment Program, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor 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 monitor is approved to provide monitoring responsibility.

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

If the monitor 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 and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, 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 monitor is approved and assumes monitoring responsibility.

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

5. THIRD PARTY CHAPERONE. During probation, Respondent shall have a third party chaperone present while consulting, examining, or treating female patients in the office only. 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 five (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 30 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.

6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from practicing cosmetic surgery, with the exception of liposuction, fat transfer to the buttock, vaginoplasty and labiaplasty. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent will not perform cosmetic surgery. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. 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.

7. NOTIFICATION. 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.

8. OBEY ALL LAWS. 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.

9. QUARTERLY DECLARATIONS. 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.

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

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.

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. 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.

12. 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 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. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. 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 the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment 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 for a Respondent residing outside of California 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; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

13. COMPLETION OF PROBATION. 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.

14. VIOLATION OF PROBATION. 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.

15. LICENSE SURRENDER. Following the effective date of this Decision, if 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.

16. PROBATION MONITORING COSTS. 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 California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

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

DATED: 8/22/18

JASON PAUL HELLIWELL, M.D.
Respondent

I have read and fully discussed with Respondent JASON PAUL HELLIWELL, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 8/14/18

PETER OSINOFF
Attorney for Respondent

ENDORSEMENT

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

Dated: 8.28.18

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General

CINDY M. LOPEZ
Deputy Attorney General
Attorneys for Complainant

LA2015600975
62715853.docx

Exhibit A

First Amended Accusation No. 08-2013-234073

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 18 20 17
BY K. Vong ANALYST

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
CINDY M. LOPEZ
Deputy Attorney General
State Bar No. 119988
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-7373
Facsimile: (213) 897-9395
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **JASON PAUL HELLIWELL, M.D.** 8501 Brimhall Road #300 Bakersfield, CA 93312 Physician's and Surgeon's Certificate No. A 74796, Respondent.	Case No. 08-2013-234073 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 1, 2001, the Medical Board issued Physician's and Surgeon's Certificate Number A 74796 to Jason Paul Helliwell, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2019, unless renewed.

///

JURISDICTION

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

5. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption 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.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

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

6. Section 726 of the Code states:

"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.

"This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent Jason Paul Helliwell, M.D. is subject to disciplinary action under section 2234, subsection (b), in that his care and treatment of two patients was grossly negligent. The circumstances are as follows:

Factual Allegations Regarding Patient C.T.:

A. Patient C.T., a 23 year-old woman, went to see Respondent about breast augmentation surgery. At the time she was smoking about 1-2 cigarettes a day and was told to discontinue before the surgery. The procedure was performed on May 6, 2013.

B. Within two weeks of the surgery, the left inframammary incision was oozing, so she was prescribed Bactrim and Diflucan. On June 20, 2013, the patient presented with malaise and a small wound dehiscence on the left breast. The wound opening was closed with a suture and the patient was prescribed Cipro, Keflex, Bactrim and Doxycycline.

C. On July 1, 2013, the patient called Respondent's office explaining that her left breast incision had opened again. Respondent was on vacation so C.T. was referred to Dr. P., who was supposed to be covering for Respondent. When C.T. called Dr. P.'s office she was told he could not see her. The patient called back to Respondent's office and was told to come back six days later. When she did, her left breast implant was exposed and was told it needed to be removed.

D. On July 8, 2013, C.T. had both implants removed, and Respondent charged her $1,000. The operative report shows the implants had holes in them, however, the patient claims that prior to the surgery, Respondent told her if she claimed her implants failed she could get new ones for free. His staff asked C.T. to sign a form returning the "failed" implants to the manufacturer, but C.T. refused.

Allegations of Gross Negligence:

E. There was no debridement of the skin opening, merely a single suture to close a contaminated wound. It is improper to close a wound that has been exposed.

F. Respondent informed C.T. he could poke a small hole in the implants and claim they were ruptured so she could get a credit towards another augmentation. A fraudulent attempt to gain coverage for these alleged broken implants is an extreme departure.

Factual Allegations Regarding Patient S.B.:

G. S.B., a 23 year-old woman, went to see Respondent for a breast augmentation consultation. In March 2011, Respondent performed a breast augmentation procedure for S.B. She was not satisfied with the results so Respondent suggested an additional surgery to alter her left breast capsule and change the implants for larger silicone gel implants. That surgery was performed on January 7, 2013.

H. Subsequently, S.B. developed wound healing issues in the right breast incision. The risk of infection after breast augmentation surgeries is less than 1%. On or about February 20,

2013, she also developed exposure of the implant. When Respondent attempted to replace it, the implant ruptured. Respondent told S.B. he did not have a replacement at his office so he sutured the incision closed and did not place a surgical drain. Respondent had S.B. sign paperwork to send to Mentor Corporation so he could get reimbursed for the ruptured implant. He also told her to sign a "demand letter" to Mentor requesting $3500 to cover the cost of replacing the implants.

I. S.B.'s symptoms worsened and she developed a high fever, pain and swelling. She went to an urgent care but they referred her to the local emergency room. She was admitted with sepsis.

Allegations of Gross Negligence:

J. When S.B. presented on February 20, 2013, with a several day history of implant exposure, the implant should have been removed. Respondent's attempt at salvage by reclosing the wound showed a fundamental lack of knowledge.

K. When a patient has a failed breast implant, the service plan for the manufacturer would provide the patient with a new replacement implant and up to $1200 towards the cost of the surgery. An implant which is ruptured by the surgeon, however, would not be covered. A fraudulent attempt to gain coverage for this broken implant is an extreme departure.

Factual Allegations Regarding Patient L.M.:

L. L.M., a 36 year-old woman, went to see Respondent for a breast augmentation consultation. On March 24, 2014, Respondent performed a breast augmentation procedure for L.M. Three weeks after the surgery, on April 15, 2014, the incision on L.M.'s right breast incision tore open. L.M. contacted Respondent's office and was told to go into the office. L.M. was examined by the Respondent who told her that she had two options: to have both implants removed or insert a surgical mesh for $1,500 to help reinforce and support the weight of the implant. L.M. asked Respondent at that time if the mesh was the same as the one as she had seen on television associated with all the lawsuits. Respondent told L.M. that it was an improved mesh. The patient elected to undergo the second option, to insert the surgical mesh. The Respondent inserted a mesh, placed a drain, and closed the site, prescribed antibiotics and scheduled a follow-up visit.

M. At L.M.'s follow-up visit she pointed out that puss was visible at two of the suture sites. Respondent saw the puss and removed the sutures. Three weeks later, on May 3, 2014, L.M. contacted Respondent and informed him that she still had puss oozing from the surgical sites. Respondent was on vacation and told her to send him pictures of the incisions and that he would call in a prescription for more antibiotics. Respondent also advised to keep the area clean and dry. The antibiotics eventually resolved the infection, except that L.M. was left with a large gaping hole.

N. On June 10, 2014, she returned to Respondent's office upon his return from vacation. Respondent examined the incision and informed L.M. that the implant had been exposed. Respondent advised her that he could remove the implants for an additional $1,000. On June 11, 2014, L.M. had the implants removed by another surgeon.

Allegations of Gross Negligence:

O. When L.M. presented on April 15, 2014, with the complaint of the incision opening, and possible implant exposure, Respondent committed an extreme departure when he failed to remove the implant rather than inserting mesh and reclosing the wound.

P. Respondent committed an extreme departure when he injected a non-liposuction patient with 33.9 mg of lidocaine/kg body weight (above the toxic dosage) on March 24, 2014.

Q. Respondent committed an extreme departure from the standard of care by injecting a non-liposuction patient with 17.9 mg of lidocaine/kg body weight (above the toxic dosage) on April 15, 2014.

R. Respondent committed an extreme departure from the standard of care by placing a urinary bladder matrix mesh without Institutional Review Board oversight or fully informed patient consent that its use was investigational on March 24, 2014.

Factual Allegations Regarding Patient M.H.:

S. M.H., a 46 year-old woman, went to see Respondent on November 24, 2014, for a consultation regarding liposuction and a mini abdominoplasty on a referral from a friend. On the registration form, M.H. checked off that she was interested in upper and lower abdominal SmarLipo and abdominioplasty. She did not check off mini tummy tuck. The record of the

physical examination is sparse and contains only yes and no checkmarks for HEENT, lungs, heart, abdomen, breast within normal limits. On December 15, 2014, M.H. underwent lipoadominoplasty. M.H. was seen after surgery by another doctor in Respondent's office. Bulge and swelling was noted in the patient's medical records. On March 19, 2015, M.H. returned to Respondent's office complaining of supraumbilical fat. Respondent offered additional liposuction at an additional charge. Post-operative photos show that the umbilicus is stretched caudally and there is a bulge of fat above the pannus fold lateral to the suture line.

Allegations of Gross Negligence:

T. Respondent committed an extreme departure of care when he performed surgery on December 15, 2014, without a fully informed consent.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

8. Respondent Jason Paul Helliwell, M.D. is subject to disciplinary action under section 2234, subdivision (c), in that he was negligent in his care and treatment of two patients. The circumstances are as follows:

A. Complainant realleges the allegations in paragraphs 7, A-N, as though fully set forth herein.

Allegations of Negligence Regarding Patient C.T.:

B. Recommending a mammography to a patient under 35 who has no specific history of breast cancer.

C. Recommending a 10-day course of antibiotics postoperatively.

D. Recommending Cipro, Keflex, Bactrim and Doxycycline at the same time.

E. Advising the patient to massage her breasts even though she had an open wound with drainage.

F. Performing a wound reclosure without documenting it in the records.

G. Failing to appropriately arrange for adequate coverage while on vacation.

H. Removing the right implant was not necessary since the left implant was the problem.

Allegations of Negligence Regarding Patient S.B.:

I. Failure to appropriately document the patient's breast asymmetrie (breasts size, discrepancies, and shape.)

J. Recommending a preoperative mammogram to a 23 year-old with no familial history of breast cancer.

K. Prescribing additional preoperative antibiotics.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

9. Respondent Jason Paul Helliwell, M.D. is subject to disciplinary action under section 2234, in that he committed unprofessional conduct in his care and treatment of two patients. The circumstances are as follows:

A. Complainant realleges the allegations in paragraphs 7L-T.

Allegations of Unprofessional Conduct Regarding Patient L.M.

B. Respondent did not possess a Fictitious Name Permit for Advanced Women's Health Center;

C. Respondent did not possess a Fictitious Name Permit for Advanced Laser and Cosmetic Surgery Center.

D. Respondent failed to provide L.M. with a copy of the Federal Food and Drug Administration warnings prior to inserting the breast implants on March 24, 2014.

Allegations of Unprofessional Conduct Regarding Patient M.H.

E. Respondent did not possess a Fictitious Name Permit for Advanced Women's Health Center;

F. Respondent did not possess a Fictitious Name Permit for Advanced Laser and Cosmetic Surgery Center.

FOURTH CAUSE FOR DISCIPLINE

(Sexual Misconduct)

10. Respondent Jason Paul Helliwell, M.D. is subject to disciplinary action under section 726 in that Respondent had sexual intercourse with patient S.B. The circumstances are as follows:

A. S.B., a 23 year-old woman, first met Respondent when they arranged a sexual encounter. Coincidentally, S.B. had made an appointment for a breast augmentation consultation with Respondent prior to that meeting. Subsequent to the first sexual encounter, patient S.B. saw Respondent for a consultation in or around January 2011 and underwent surgical procedures in March 2011 and January 2013.

B. A sexual relationship developed between S.B. and Respondent. When they had sex, Respondent would pay S.B. for her services in cash. They met in motels, her apartment, or his office to have sexual intercourse. S.B. was Respondent's patient from approximately January 2011 through February 2013; their sexual relationship continued through most of this period.

DISCIPLINARY CONSIDERATIONS

11. To determine the degree of discipline, if any, to be imposed on Respondent Jason Paul Helliwell, M.D., Complainant alleges that on or about June 29, 2011, in a prior disciplinary action entitled *In the Matter of the Reprimand Against Jason Paul Helliwell, M.D.* before the Medical Board of California, in Case Number 08-2008-195192, a Public Letter of Reprimand was issued for negligence in the treatment of a patient who underwent a SmartLipo procedure. His treatment represented simple departures from the standard of care with regards to patient care, recordkeeping, and advertising. That decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 74796, issued to Jason Paul Helliwell, M.D.;

2. Revoking, suspending or denying approval of Jason Paul Helliwell, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Jason Paul Helliwell, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

///

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

DATED: December 18, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

LA2015600975
62620623.docx

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

In the Matter of the First Amended Accusation Against:	)	
	)	MBC File No. 08-2013-234073
JASON PAUL HELLIWELL, M.D.	)	
Respondent	)	

ORDER GRANTING RECONSIDERATION

The Stipulated Settlement and Disciplinary Order in the above captioned matter was adopted by the Board on June 29, 2018, and was to become effective on July 27, 2018. Thereafter, an Order Granting Stay was issued and execution was stayed until August 24, 2018. A Petition for Reconsideration under Government Code Section 11521 was filed in a timely manner by Deputy Attorney General Cindy M. Lopez. A subsequent Order Granting Stay was issued extending the stay until August 31, 2018.

The petition for reconsideration having been read and considered, the Board hereby orders reconsideration.

The decision with an effective date of August 31, 2018, is stayed. This stay shall remain in effect until the Board issues its decision after reconsideration.

IT IS SO ORDERED: August 31, 2018

Ronald H. Lewis, M.D.
Panel A
Medical Board of California

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

In the Matter of the First Amended Accusation Against: JASON PAUL HELLIWELL, M.D. Physician's and Surgeon's Certificate No. A 74796 Respondent	MBC No. 08-2013-234073 **ORDER GRANTING STAY** (Government Code Section 11521)

Deputy Attorney General Cindy M. Lopez having recently filed a Petition for Reconsideration, the stay of execution heretofore granted in this matter is hereby extended pursuant to Government Code section 11521(a), until August 31, 2018, at 5:00 p.m.

This stay is extended for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: August 23, 2018

Kimberly Kirchmeyer
Executive Director
Medical Board of California

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

In the Matter of the First Amended Accusation Against: JASON PAUL HELLIWELL, M.D. Physician's and Surgeon's Certificate No. A 74796 Respondent	MBC No. 08-2013-234073 **ORDER GRANTING STAY** (Government Code Section 11521)

Deputy Attorney General Cindy M. Lopez has filed a Request for Stay of execution of the Decision in this matter with an effective date of July 27, 2018, at 5:00 p.m.

Execution is stayed until August 24, 2018, at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Deputy Attorney General to file a Petition for Reconsideration.

DATED: July 27, 2018

Kimberly Kirchmeyer
Executive Director
Medical Board of California

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

In the Matter of the First Amended Accusation Against:	)	
JASON PAUL HELLIWELL, M.D.	)	**Case No. 08-2013-234073**
Physician's and Surgeon's Certificate No. A 74796	)	
Respondent	)	

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 July 27, 2018.

IT IS SO ORDERED: June 29, 2018.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
CINDY M. LOPEZ
Deputy Attorney General
State Bar No. 119988
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6494
Facsimile: (213) 897-9395
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: JASON PAUL HELLIWELL, M.D. 8501 Brimhall Road #300 Bakersfield, CA 93312 Physician's and Surgeon's Certificate No. A 74796 Respondent.	Case No. 08-2013-234073 OAH No. 2015110357 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Cindy M. Lopez, Deputy Attorney General.

2. Respondent JASON PAUL HELLIWELL, M.D. (Respondent) is represented in this proceeding by attorney Peter Osinoff, whose address is: 355 S. Grand Avenue, Suite 1750 Los Angeles, CA 90071.

3. On or about June 1, 2001, the Board issued Physician's and Surgeon's Certificate No. A 74796 to JASON PAUL HELLIWELL, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 08-2013-234073, and will expire on April 30, 2019, unless renewed.

JURISDICTION

4. First Amended Accusation No. 08-2013-234073 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 18, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of First Amended Accusation No. 08-2013-234073 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 the First Amended Accusation No. 08-2013-234073. 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 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 understands and agrees that the charges and allegations in the First Amended Accusation No. 08-2013-234073, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's 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

12. This stipulation shall be subject to approval by the Medical Board of California. 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.

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

14. 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's and Surgeon's Certificate No. A 74796 issued to Respondent JASON PAUL HELLIWELL, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for 42 months on the following terms and conditions.

1. 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 1358.1. 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.

2. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the effective date of this Decision, Respondent shall enroll in a professional boundaries program approved in advance by the Board or its designee. 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.

3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The

program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, 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. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.]

4. 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 until the Board receives notice that Respondent has successfully completed the Clinical Competence Assessment Program, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor 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 monitor is approved to provide monitoring responsibility.

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

If the monitor 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 and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, 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 monitor is approved and assumes monitoring responsibility.

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

5. THIRD PARTY CHAPERONE. During probation, Respondent shall have a third party chaperone present while consulting, examining or treating female patients in the office. 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 five (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 30 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.

6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from practicing cosmetic surgery, with the exception of liposuction, fat transfer to the buttock, vaginoplasty and labiaplasty. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent will not perform cosmetic surgery. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. 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.

7. OBEY ALL LAWS. 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.

8. QUARTERLY DECLARATIONS. 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.

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

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.

10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. 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.

11. 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 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. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. 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 the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment 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 for a Respondent residing outside of California 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; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

12. COMPLETION OF PROBATION. 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.

13. VIOLATION OF PROBATION. 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.

14. LICENSE SURRENDER. Following the effective date of this Decision, if 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.

15. PROBATION MONITORING COSTS. 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 California and delivered to the Board or its designee no later than January 31 of each calendar

year.

ACCEPTANCE

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

DATED: 3/1/18

JASON PAUL HELLIWELL, M.D.
Respondent

I have read and fully discussed with Respondent JASON PAUL HELLIWELL, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 3/1/18

PETER OSINOFF
Attorney for Respondent

ENDORSEMENT

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

Dated: 5.1.18

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General

CINDY M. LOPEZ
Deputy Attorney General
Attorneys for Complainant

Exhibit A

First Amended Accusation No. 08-2013-234073

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 18 20 17
BY K. Voong ANALYST

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
CINDY M. LOPEZ
Deputy Attorney General
State Bar No. 119988
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-7373
Facsimile: (213) 897-9395
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **JASON PAUL HELLIWELL, M.D.** 8501 Brimhall Road #300 Bakersfield, CA 93312 Physician's and Surgeon's Certificate No. A 74796, Respondent.	Case No. 08-2013-234073 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 1, 2001, the Medical Board issued Physician's and Surgeon's Certificate Number A 74796 to Jason Paul Helliwell, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2019, unless renewed.

///

JURISDICTION

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

5. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption 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.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

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

6. Section 726 of the Code states:

"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.

"This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent Jason Paul Helliwell, M.D. is subject to disciplinary action under section 2234, subsection (b), in that his care and treatment of two patients was grossly negligent. The circumstances are as follows:

Factual Allegations Regarding Patient C.T.:

A. Patient C.T., a 23 year-old woman, went to see Respondent about breast augmentation surgery. At the time she was smoking about 1-2 cigarettes a day and was told to discontinue before the surgery. The procedure was performed on May 6, 2013.

B. Within two weeks of the surgery, the left inframammary incision was oozing, so she was prescribed Bactrim and Diflucan. On June 20, 2013, the patient presented with malaise and a small wound dehiscence on the left breast. The wound opening was closed with a suture and the patient was prescribed Cipro, Keflex, Bactrim and Doxycycline.

C. On July 1, 2013, the patient called Respondent's office explaining that her left breast incision had opened again. Respondent was on vacation so C.T. was referred to Dr. P., who was supposed to be covering for Respondent. When C.T. called Dr. P.'s office she was told he could not see her. The patient called back to Respondent's office and was told to come back six days later. When she did, her left breast implant was exposed and was told it needed to be removed.

D. On July 8, 2013, C.T. had both implants removed, and Respondent charged her $1,000. The operative report shows the implants had holes in them, however, the patient claims that prior to the surgery, Respondent told her if she claimed her implants failed she could get new ones for free. His staff asked C.T. to sign a form returning the "failed" implants to the manufacturer, but C.T. refused.

Allegations of Gross Negligence:

E. There was no debridement of the skin opening, merely a single suture to close a contaminated wound. It is improper to close a wound that has been exposed.

F. Respondent informed C.T. he could poke a small hole in the implants and claim they were ruptured so she could get a credit towards another augmentation. A fraudulent attempt to gain coverage for these alleged broken implants is an extreme departure.

Factual Allegations Regarding Patient S.B.:

G. S.B., a 23 year-old woman, went to see Respondent for a breast augmentation consultation. In March 2011, Respondent performed a breast augmentation procedure for S.B. She was not satisfied with the results so Respondent suggested an additional surgery to alter her left breast capsule and change the implants for larger silicone gel implants. That surgery was performed on January 7, 2013.

H. Subsequently, S.B. developed wound healing issues in the right breast incision. The risk of infection after breast augmentation surgeries is less than 1%. On or about February 20,

2013, she also developed exposure of the implant. When Respondent attempted to replace it, the implant ruptured. Respondent told S.B. he did not have a replacement at his office so he sutured the incision closed and did not place a surgical drain. Respondent had S.B. sign paperwork to send to Mentor Corporation so he could get reimbursed for the ruptured implant. He also told her to sign a "demand letter" to Mentor requesting $3500 to cover the cost of replacing the implants.

I. S.B.'s symptoms worsened and she developed a high fever, pain and swelling. She went to an urgent care but they referred her to the local emergency room. She was admitted with sepsis.

Allegations of Gross Negligence:

J. When S.B. presented on February 20, 2013, with a several day history of implant exposure, the implant should have been removed. Respondent's attempt at salvage by reclosing the wound showed a fundamental lack of knowledge.

K. When a patient has a failed breast implant, the service plan for the manufacturer would provide the patient with a new replacement implant and up to $1200 towards the cost of the surgery. An implant which is ruptured by the surgeon, however, would not be covered. A fraudulent attempt to gain coverage for this broken implant is an extreme departure.

Factual Allegations Regarding Patient L.M.:

L. L.M., a 36 year-old woman, went to see Respondent for a breast augmentation consultation. On March 24, 2014, Respondent performed a breast augmentation procedure for L.M. Three weeks after the surgery, on April 15, 2014, the incision on L.M.'s right breast incision tore open. L.M. contacted Respondent's office and was told to go into the office. L.M. was examined by the Respondent who told her that she had two options: to have both implants removed or insert a surgical mesh for $1,500 to help reinforce and support the weight of the implant. L.M. asked Respondent at that time if the mesh was the same as the one as she had seen on television associated with all the lawsuits. Respondent told L.M. that it was an improved mesh. The patient elected to undergo the second option, to insert the surgical mesh. The Respondent inserted a mesh, placed a drain, and closed the site, prescribed antibiotics and scheduled a follow-up visit.

M. At L.M.'s follow-up visit she pointed out that puss was visible at two of the suture sites. Respondent saw the puss and removed the sutures. Three weeks later, on May 3, 2014, L.M. contacted Respondent and informed him that she still had puss oozing from the surgical sites. Respondent was on vacation and told her to send him pictures of the incisions and that he would call in a prescription for more antibiotics. Respondent also advised to keep the area clean and dry. The antibiotics eventually resolved the infection, except that L.M. was left with a large gaping hole.

N. On June 10, 2014, she returned to Respondent's office upon his return from vacation. Respondent examined the incision and informed L.M. that the implant had been exposed. Respondent advised her that he could remove the implants for an additional $1,000. On June 11, 2014, L.M. had the implants removed by another surgeon.

Allegations of Gross Negligence:

O. When L.M. presented on April 15, 2014, with the complaint of the incision opening, and possible implant exposure, Respondent committed an extreme departure when he failed to remove the implant rather than inserting mesh and reclosing the wound.

P. Respondent committed an extreme departure when he injected a non-liposuction patient with 33.9 mg of lidocaine/kg body weight (above the toxic dosage) on March 24, 2014.

Q. Respondent committed an extreme departure from the standard of care by injecting a non-liposuction patient with 17.9 mg of lidocaine/kg body weight (above the toxic dosage) on April 15, 2014.

R. Respondent committed an extreme departure from the standard of care by placing a urinary bladder matrix mesh without Institutional Review Board oversight or fully informed patient consent that its use was investigational on March 24, 2014.

Factual Allegations Regarding Patient M.H.:

S. M.H., a 46 year-old woman, went to see Respondent on November 24, 2014, for a consultation regarding liposuction and a mini abdominoplasty on a referral from a friend. On the registration form, M.H. checked off that she was interested in upper and lower abdominal SmarLipo and abdominioplasty. She did not check off mini tummy tuck. The record of the

physical examination is sparse and contains only yes and no checkmarks for HEENT, lungs, heart, abdomen, breast within normal limits. On December 15, 2014, M.H. underwent lipoadominoplasty. M.H. was seen after surgery by another doctor in Respondent's office. Bulge and swelling was noted in the patient's medical records. On March 19, 2015, M.H. returned to Respondent's office complaining of supraumbilical fat. Respondent offered additional liposuction at an additional charge. Post-operative photos show that the umbilicus is stretched caudally and there is a bulge of fat above the pannus fold lateral to the suture line.

Allegations of Gross Negligence:

T. Respondent committed an extreme departure of care when he performed surgery on December 15, 2014, without a fully informed consent.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

8. Respondent Jason Paul Helliwell, M.D. is subject to disciplinary action under section 2234, subdivision (c), in that he was negligent in his care and treatment of two patients. The circumstances are as follows:

A. Complainant realleges the allegations in paragraphs 7, A-N, as though fully set forth herein.

Allegations of Negligence Regarding Patient C.T.:

B. Recommending a mammography to a patient under 35 who has no specific history of breast cancer.

C. Recommending a 10-day course of antibiotics postoperatively.

D. Recommending Cipro, Keflex, Bactrim and Doxycycline at the same time.

E. Advising the patient to massage her breasts even though she had an open wound with drainage.

F. Performing a wound reclosure without documenting it in the records.

G. Failing to appropriately arrange for adequate coverage while on vacation.

H. Removing the right implant was not necessary since the left implant was the problem.

Allegations of Negligence Regarding Patient S.B.:

I. Failure to appropriately document the patient's breast asymmetrie (breasts size, discrepancies, and shape.)

J. Recommending a preoperative mammogram to a 23 year-old with no familial history of breast cancer.

K. Prescribing additional preoperative antibiotics.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

9. Respondent Jason Paul Helliwell, M.D. is subject to disciplinary action under section 2234, in that he committed unprofessional conduct in his care and treatment of two patients. The circumstances are as follows:

A. Complainant realleges the allegations in paragraphs 7L-T.

Allegations of Unprofessional Conduct Regarding Patient L.M.

B. Respondent did not possess a Fictitious Name Permit for Advanced Women's Health Center;

C. Respondent did not possess a Fictitious Name Permit for Advanced Laser and Cosmetic Surgery Center.

D. Respondent failed to provide L.M. with a copy of the Federal Food and Drug Administration warnings prior to inserting the breast implants on March 24, 2014.

Allegations of Unprofessional Conduct Regarding Patient M.H.

E. Respondent did not possess a Fictitious Name Permit for Advanced Women's Health Center;

F. Respondent did not possess a Fictitious Name Permit for Advanced Laser and Cosmetic Surgery Center.

FOURTH CAUSE FOR DISCIPLINE

(Sexual Misconduct)

10. Respondent Jason Paul Helliwell, M.D. is subject to disciplinary action under section 726 in that Respondent had sexual intercourse with patient S.B. The circumstances are as follows:

A. S.B., a 23 year-old woman, first met Respondent when they arranged a sexual encounter. Coincidentally, S.B. had made an appointment for a breast augmentation consultation with Respondent prior to that meeting. Subsequent to the first sexual encounter, patient S.B. saw Respondent for a consultation in or around January 2011 and underwent surgical procedures in March 2011 and January 2013.

B. A sexual relationship developed between S.B. and Respondent. When they had sex, Respondent would pay S.B. for her services in cash. They met in motels, her apartment, or his office to have sexual intercourse. S.B. was Respondent's patient from approximately January 2011 through February 2013; their sexual relationship continued through most of this period.

DISCIPLINARY CONSIDERATIONS

11. To determine the degree of discipline, if any, to be imposed on Respondent Jason Paul Helliwell, M.D., Complainant alleges that on or about June 29, 2011, in a prior disciplinary action entitled *In the Matter of the Reprimand Against Jason Paul Helliwell, M.D.* before the Medical Board of California, in Case Number 08-2008-195192, a Public Letter of Reprimand was issued for negligence in the treatment of a patient who underwent a SmartLipo procedure. His treatment represented simple departures from the standard of care with regards to patient care, recordkeeping, and advertising. That decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 74796, issued to Jason Paul Helliwell, M.D.;

2. Revoking, suspending or denying approval of Jason Paul Helliwell, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Jason Paul Helliwell, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

///

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

DATED: December 18, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

LA2015600975
62620623.docx