

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

**In the Matter of the Statement of Issues)
Against:)
)
)
Parmis Rad) Case No. 800-2019-055215
)
)
)
Applicant.)
_____)**

DECISION

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 May 15, 2020.

IT IS SO ORDERED: April 15, 2020.

MEDICAL BOARD OF CALIFORNIA



**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
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9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Statement of Issues
13 Against:
14 **PARMIS RAD,**
15 Applicant.

Case No. 800-2019-055215

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
18 entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical
21 Board of California (Board). She brought this action solely in her official capacity and is
22 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
23 Lynne K. Dombrowski, Deputy Attorney General.

24 2. Applicant Parmis Rad (Applicant) is represented in this proceeding by attorney
25 Gregory Abrams whose address is: Abrams Health Law, 6045 Shirley Drive, Oakland, CA
26 94611, Email: abramshealthlaw@gmail.com.

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1 **CONTINGENCY**

2 11. This stipulation shall be subject to approval by the Medical Board of California.
3 Applicant understands and agrees that counsel for Complainant and the staff of the Medical
4 Board of California may communicate directly with the Board regarding this stipulation and
5 settlement, without notice to or participation by Applicant or her counsel. By signing the
6 stipulation, Applicant understands and agrees that she may not withdraw her agreement or seek to
7 rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to
8 adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order
9 shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action
10 between the parties, and the Board shall not be disqualified from further action by having
11 considered this matter.

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

15 13. In consideration of the foregoing admissions and stipulations, the parties agree that
16 the Board may, without further notice or formal proceeding, issue and enter the following
17 Disciplinary Order:

18 **DISCIPLINARY ORDER**

19 IT IS HEREBY ORDERED that the Board will issue a Physician's and Surgeon's
20 Certificate to Applicant PARMIS RAD ("Applicant") and that said license certificate will then be
21 immediately revoked. The revocation will then be stayed and the Applicant's license certificate
22 will be placed on three (3) years probation subject to the following terms and conditions.
23 Probation shall begin immediately upon issuance of the Physician's and Surgeon's Certificate.

24 1. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE.** Applicant shall
25 abstain completely from the personal use or possession of controlled substances as defined in the
26 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
27 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not

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1 apply to medications lawfully prescribed to Applicant by another practitioner for a bona fide
2 illness or condition.

3 Within 15 calendar days of receiving any lawfully prescribed medications, Applicant shall
4 notify the Board or its designee of the: issuing practitioner's name, address, and telephone
5 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
6 telephone number.

7 2. ALCOHOL - ABSTAIN FROM USE. Applicant shall abstain completely from
8 the use of products or beverages containing alcohol.

9 3. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven
10 (7) days of the effective date of this Decision, Applicant shall provide to the Board the names,
11 physical addresses, mailing addresses, and telephone numbers of any and all employers and
12 supervisors. Applicant shall also provide specific, written consent for the Board, Applicant's
13 worksite monitor, and Applicant's employers and supervisors to communicate regarding
14 Applicant's work status, performance, and monitoring.

15 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
16 Well Being Committee Chair, or equivalent, if applicable, when the Applicant has medical staff
17 privileges.

18 4. BIOLOGICAL FLUID TESTING. Applicant shall immediately submit to
19 biological fluid testing, at Applicant's expense, upon request of the Board or its designee.
20 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
21 follicle testing, or similar drug screening approved by the Board or its designee. Applicant shall
22 make daily contact with the Board or its designee to determine whether biological fluid testing is
23 required. Applicant shall be tested on the date of the notification as directed by the Board or its
24 designee. The Board may order Applicant to undergo a biological fluid test on any day, at any
25 time, including weekends and holidays. Except when testing on a specific date as ordered by the
26 Board or its designee, the scheduling of biological fluid testing shall be done on a random basis.
27 The cost of biological fluid testing shall be borne by the Applicant.

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1 During the first year of probation, Applicant shall be subject to 52 to 104 random tests.
2 During the second year of probation and for the duration of the probationary term, Applicant shall
3 be subject to 36 to 104 random tests per year. Only if there has been no positive biological fluid
4 tests in the previous five (5) consecutive years of probation, may testing be reduced to one (1)
5 time per month. Nothing precludes the Board from increasing the number of random tests to the
6 first-year level of frequency for any reason.

7 Prior to practicing medicine, Applicant shall contract with a laboratory or service, approved
8 in advance by the Board or its designee, that will conduct random, unannounced, observed,
9 biological fluid testing and meets all of the following standards:

10 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
11 Association or have completed the training required to serve as a collector for the United
12 States Department of Transportation.

13 (b) Its specimen collectors conform to the current United States Department of
14 Transportation Specimen Collection Guidelines.

15 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
16 by the United States Department of Transportation without regard to the type of test
17 administered.

18 (d) Its specimen collectors observe the collection of testing specimens.

19 (e) Its laboratories are certified and accredited by the United States Department of Health
20 and Human Services.

21 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
22 of receipt and all specimens collected shall be handled pursuant to chain of custody
23 procedures. The laboratory shall process and analyze the specimens and provide legally
24 defensible test results to the Board within seven (7) business days of receipt of the
25 specimen. The Board will be notified of non-negative results within one (1) business day
26 and will be notified of negative test results within seven (7) business days.

27 (g) Its testing locations possess all the materials, equipment, and technical expertise
28 necessary in order to test Applicant on any day of the week.

1 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
2 for the detection of alcohol and illegal and controlled substances.

3 (i) It maintains testing sites located throughout California.

4 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
5 computer database that allows the Applicant to check in daily for testing.

6 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
7 access to drug test results and compliance reporting information that is available 24 hours a
8 day.

9 (l) It employs or contracts with toxicologists that are licensed physicians and have
10 knowledge of substance abuse disorders and the appropriate medical training to interpret
11 and evaluate laboratory biological fluid test results, medical histories, and any other
12 information relevant to biomedical information.

13 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
14 while practicing, even if the Applicant holds a valid prescription for the substance.

15 Prior to changing testing locations for any reason, including during vacation or other travel,
16 alternative testing locations must be approved by the Board and meet the requirements above.

17 The contract shall require that the laboratory directly notify the Board or its designee of
18 non-negative results within one (1) business day and negative test results within seven (7)
19 business days of the results becoming available. Applicant shall maintain this laboratory or
20 service contract during the period of probation.

21 A certified copy of any laboratory test result may be received in evidence in any
22 proceedings between the Board and Applicant.

23 If a biological fluid test result indicates Applicant has used, consumed, ingested, or
24 administered to herself a prohibited substance, the Board shall order Applicant to cease practice
25 and instruct Applicant to leave any place of work where Applicant is practicing medicine or
26 providing medical services. The Board shall immediately notify all of Applicant's employers,
27 supervisors and work monitors, if any, that Applicant may not practice medicine or provide
28 medical services while the cease-practice order is in effect.

1 A biological fluid test will not be considered negative if a positive result is obtained while
2 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
3 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

4 After the issuance of a cease-practice order, the Board shall determine whether the positive
5 biological fluid test is in fact evidence of prohibited substance use by consulting with the
6 specimen collector and the laboratory, communicating with the licensee, her treating physician(s),
7 other health care provider, or group facilitator, as applicable.

8 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
9 acquisition and chemical analysis of a Applicant's urine, blood, breath, or hair.

10 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
11 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
12 Applicant and approved by the Board, alcohol, or any other substance the Applicant has been
13 instructed by the Board not to use, consume, ingest, or administer to himself or herself.

14 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
15 substance, Applicant has committed a major violation, as defined in section 1361.52(a), and the
16 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
17 any other terms or conditions the Board determines are necessary for public protection or to
18 enhance Applicant's rehabilitation.

19 5. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
20 date of this Decision, Applicant shall enroll in a course in prescribing practices approved in
21 advance by the Board or its designee. Applicant shall provide the approved course provider with
22 any information and documents that the approved course provider may deem pertinent. Applicant
23 shall participate in and successfully complete the classroom component of the course not later
24 than six (6) months after Applicant's initial enrollment. Applicant shall successfully complete
25 any other component of the course within one (1) year of enrollment. The prescribing practices
26 course shall be at Applicant's expense and shall be in addition to the Continuing Medical
27 Education (CME) requirements for renewal of licensure.

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

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

9 6. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE. Within
10 thirty (30) calendar days of the effective date of this Decision, Applicant shall submit to the
11 Board or its designee for prior approval as a worksite monitor, the name and qualifications of one
12 or more licensed physician and surgeon, other licensed health care professional if no physician
13 and surgeon is available, or, as approved by the Board or its designee, a person in a position of
14 authority who is capable of monitoring the Applicant at work.

15 The worksite monitor shall not have a current or former financial, personal, or familial
16 relationship with Applicant, or any other relationship that could reasonably be expected to
17 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
18 designee. If it is impractical for anyone but Applicant's employer to serve as the worksite
19 monitor, this requirement may be waived by the Board or its designee, however, under no
20 circumstances shall Applicant's worksite monitor be an employee or supervisee of the licensee.

21 The worksite monitor shall have an active unrestricted license with no disciplinary action
22 within the last five (5) years, and shall sign an affirmation that she has reviewed the terms and
23 conditions of Applicant's disciplinary order and agrees to monitor Applicant as set forth by the
24 Board or its designee.

25 Applicant shall pay all worksite monitoring costs.

26 The worksite monitor shall have face-to-face contact with Applicant in the work
27 environment on as frequent a basis as determined by the Board or its designee, but not less than

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1 once per week; interview other staff in the office regarding Applicant's behavior, if requested by
2 the Board or its designee; and review Applicant's work attendance.

3 The worksite monitor shall verbally report any suspected substance abuse to the Board and
4 Applicant's employer or supervisor within one (1) business day of occurrence. If the suspected
5 substance abuse does not occur during the Board's normal business hours, the verbal report shall
6 be made to the Board or its designee within one (1) hour of the next business day. A written
7 report that includes the date, time, and location of the suspected abuse; Applicant's actions; and
8 any other information deemed important by the worksite monitor shall be submitted to the Board
9 or its designee within 48 hours of the occurrence.

10 The worksite monitor shall complete and submit a written report monthly, or as directed by
11 the Board or its designee, which shall include the following: (1) Applicant's name and
12 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)
13 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
14 worksite; (5) the dates Applicant had face-to-face contact with the worksite monitor; (6) the
15 names of worksite staff interviewed, if applicable; (7) a report of Applicant's work attendance;
16 (8) any change in Applicant's behavior and/or personal habits; and (9) any indicators that can lead
17 to suspected substance abuse by Applicant. Applicant shall complete any required consent forms
18 and execute agreements with the approved worksite monitor and the Board, or its designee,
19 authorizing the Board, or its designee, and worksite monitor to exchange information.

20 If the worksite monitor resigns or is no longer available, Applicant shall, within five (5)
21 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
22 approval, the name and qualifications of a replacement monitor who will be assuming that
23 responsibility within fifteen (15) calendar days. If Applicant fails to obtain approval of a
24 replacement monitor within sixty (60) calendar days of the resignation or unavailability of the
25 monitor, Applicant shall receive a notification from the Board or its designee to cease the practice
26 of medicine within three (3) calendar days after being so notified. Applicant shall cease the
27 practice of medicine until a replacement monitor is approved and assumes monitoring
28 responsibility.

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

10 The Board or its designee shall provide the approved monitor with copies of the Decision
11 and Statement of Issues and a proposed monitoring plan. Within 15 calendar days of receipt of
12 the Decision, Statement of Issues, and proposed monitoring plan, the monitor shall submit a
13 signed statement that the monitor has read the Decision and Statement of Issues, fully understands
14 the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor
15 disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan
16 with the signed statement for approval by the Board or its designee.

17 Within 60 calendar days of the effective date of this Decision, and continuing throughout
18 probation, Applicant's practice shall be monitored by the approved monitor. Applicant shall
19 make all records available for immediate inspection and copying on the premises by the monitor
20 at all times during business hours and shall retain the records for the entire term of probation.

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

26 The monitor(s) shall submit a quarterly written report to the Board or its designee which
27 includes an evaluation of Applicant's performance, indicating whether Applicant's practices are
28 within the standards of practice of medicine and whether Applicant is practicing medicine safely.

1 It shall be the sole responsibility of Applicant to ensure that the monitor submits the quarterly
2 written reports to the Board or its designee within 10 calendar days after the end of the preceding
3 quarter.

4 If the monitor resigns or is no longer available, Applicant shall, within 5 calendar days of
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
6 name and qualifications of a replacement monitor who will be assuming that responsibility within
7 15 calendar days. If Applicant fails to obtain approval of a replacement monitor within 60
8 calendar days of the resignation or unavailability of the monitor, Applicant shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified. Applicant shall cease the practice of medicine until a
11 replacement monitor is approved and assumes monitoring responsibility.

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

17 8. SOLO PRACTICE PROHIBITION. Applicant is prohibited from engaging in the
18 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
19 where: 1) Applicant merely shares office space with another physician but is not affiliated for
20 purposes of providing patient care, or 2) Applicant is the sole physician practitioner at that
21 location.

22 If Applicant fails to establish a practice with another physician or secure employment in an
23 appropriate practice setting within 60 calendar days of the effective date of this Decision,
24 Applicant shall receive a notification from the Board or its designee to cease the practice of
25 medicine within three (3) calendar days after being so notified. The Applicant shall not resume
26 practice until an appropriate practice setting is established.

27 If, during the course of the probation, the Applicant's practice setting changes and the
28 Applicant is no longer practicing in a setting in compliance with this Decision, the Applicant shall

1 notify the Board or its designee within five (5) calendar days of the practice setting change. If
2 Applicant fails to establish a practice with another physician or secure employment in an
3 appropriate practice setting within 60 calendar days of the practice setting change, Applicant shall
4 receive a notification from the Board or its designee to cease the practice of medicine within three
5 (3) calendar days after being so notified. The Applicant shall not resume practice until an
6 appropriate practice setting is established.

7 9. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE-ABUSING
8 LICENSEES. Failure to fully comply with any term or condition of probation is a violation of
9 probation.

10 A. If Applicant commits a major violation of probation as defined by section 1361.52,
11 subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take one or
12 more of the following actions:

13 (1) Issue an immediate cease-practice order and order Applicant to undergo a clinical
14 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of
15 Title 16 of the California Code of Regulations, at Applicant's expense. The cease-practice order
16 issued by the Board or its designee shall state that Applicant must test negative for at least a
17 month of continuous biological fluid testing before being allowed to resume practice. For
18 purposes of determining the length of time a Applicant must test negative while undergoing
19 continuous biological fluid testing following issuance of a cease-practice order, a month is
20 defined as thirty calendar (30) days. Applicant may not resume the practice of medicine until
21 notified in writing by the Board or its designee that she may do so.

22 (2) Increase the frequency of biological fluid testing.

23 (3) Refer Applicant for further disciplinary action, such as suspension, revocation, or other
24 action as determined by the Board or its designee.

25 B. If Applicant commits a minor violation of probation as defined by section 1361.52,
26 subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take one or
27 more of the following actions:

28 (1) Issue a cease-practice order;

- 1 (2) Order practice limitations;
- 2 (3) Order or increase supervision of Applicant;
- 3 (4) Order increased documentation;
- 4 (5) Issue a citation and fine, or a warning letter;
- 5 (6) Order Applicant to undergo a clinical diagnostic evaluation to be conducted in
- 6 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
- 7 Regulations, at Applicant's expense;
- 8 (7) Take any other action as determined by the Board or its designee.

9 C. Nothing in this Decision shall be considered a limitation on the Board's authority
10 to revoke Applicant's probation if she has violated any term or condition of probation. If
11 Applicant violates probation in any respect, the Board, after giving Applicant notice and the
12 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
13 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
14 against Applicant during probation, the Board shall have continuing jurisdiction until the matter is
15 final, and the period of probation shall be extended until the matter is final.

16 10. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
17 Applicant shall provide a true copy of this Decision and Statement of Issues to the Chief of Staff
18 or the Chief Executive Officer at every hospital where privileges or membership are extended to
19 Applicant, at any other facility where Applicant engages in the practice of medicine, including all
20 physician and locum tenens registries or other similar agencies, and to the Chief Executive
21 Officer at every insurance carrier which extends malpractice insurance coverage to Applicant.
22 Applicant shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

24 11. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
25 NURSES. During probation, Applicant is prohibited from supervising physician assistants and
26 advanced practice nurses.

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

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

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

9 14. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Applicant shall comply with the Board's probation unit.

12 Address Changes

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

18 Place of Practice

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

21 License Renewal

22 Applicant shall maintain a current and renewed California physician's and surgeon's
23 license.

24 Travel or Residence Outside California

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

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

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

7 16. NON-PRACTICE WHILE ON PROBATION. Applicant shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Applicant's return to practice. Non-practice is
10 defined as any period of time Applicant is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If Applicant
13 resides in California and is considered to be in non-practice, Applicant shall comply with all
14 terms and conditions of probation. All time spent in an intensive training program which has
15 been approved by the Board or its designee shall not be considered non-practice and does not
16 relieve Applicant from complying with all the terms and conditions of probation. Practicing
17 medicine in another state of the United States or Federal jurisdiction while on probation with the
18 medical licensing authority of that state or jurisdiction shall not be considered non-practice. A
19 Board-ordered suspension of practice shall not be considered as a period of non-practice.

20 In the event Applicant's period of non-practice while on probation exceeds 18 calendar
21 months, Applicant shall successfully complete the Federation of State Medical Boards' Special
22 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
23 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
24 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

27 Periods of non-practice for a Applicant residing outside of California will relieve Applicant
28 of the responsibility to comply with the probationary terms and conditions with the exception of

1 this condition and the following terms and conditions of probation: Obey All Laws; General
2 Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
3 Controlled Substances; and Biological Fluid Testing..

4 17. COMPLETION OF PROBATION. Applicant shall comply with all financial
5 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
6 completion of probation. Upon successful completion of probation, Applicant's certificate shall
7 be fully restored.

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

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

25 20. PROBATION MONITORING COSTS. Applicant shall pay the costs associated
26 with probation monitoring each and every year of probation, as designated by the Board, which
27 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

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1 California and delivered to the Board or its designee no later than January 31 of each calendar
2 year.

3
4 ACCEPTANCE

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

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11 DATED: 3/18/20


12 PARMIS RAD
13 Applicant

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17 I have read and fully discussed with Applicant Parmis Rad the terms and conditions and
18 other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its
19 form and content.

20
21 DATED: 3/18/20


22 GREGORY ABRAMS
23 Attorney for Applicant

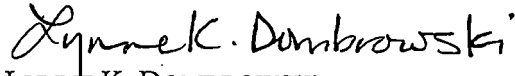
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ENDORSEMENT

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

DATED: 03/19/2020

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General


LYNNE K. DOMBROWSKI
Deputy Attorney General
Attorneys for Complainant

SF2019201319

Exhibit A

Statement of Issues No. 800-2019-055215

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2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 CAITLIN ROSS
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 2, 2019
BY: *Anna Logan* ANALYST

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Statement of Issues
13 Against:
14 **PARMIS RAD**
15 **Applicant**

Case No. 800-2019-055215
STATEMENT OF ISSUES

16
17 **PARTIES**

18 1. Christine J. Lally (Complainant) brings this Statement of Issues solely in her official
19 capacity as the Interim Executive Director of the Medical Board of California, Department of
20 Consumer Affairs.

21 2. On December 1, 2017, Parmis Rad (Applicant) submitted to the Board an application
22 (the Application) for a Physician's and Surgeon's License. On November 15, 2017, Applicant
23 certified under penalty of perjury to the truthfulness of all information in the Application. The
24 Board denied the application for a full and unrestricted medical license.

25 **JURISDICTION**

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

1 4. Section 480 of the Code states, in part:

2 “(a) A board may deny a license regulated by this code on the grounds that the applicant
3 has one of the following:

4 “(1) Been convicted of a crime. A conviction within the meaning of this section means a
5 plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a
6 board is permitted to take following the establishment of a conviction may be taken when the
7 time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when
8 an order granting probation is made suspending the imposition of sentence, irrespective of a
9 subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

10 “(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially
11 benefit himself or herself or another, or substantially injure another.

12 “(3) (A) Done any act that if done by a licentiate of the business or profession in question,
13 would be grounds for suspension or revocation of license.

14 “(B) The board may deny a license pursuant to this subdivision only if the crime or act is
15 substantially related to the qualifications, functions, or duties of the business or profession for
16 which application is made.

17 “(b) Notwithstanding any other provision of this code, a person shall not be denied a
18 license solely on the basis that he or she has been convicted of a felony if he or she has obtained a
19 certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of
20 Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has
21 met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate
22 the rehabilitation of a person when considering the denial of a license under subdivision (a) of
23 Section 482.

24 “(c) Notwithstanding any other provisions of this code, a person shall not be denied a
25 license solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4,
26 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been
27 dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof
28 of the dismissal.

1 5. Section 2221, subdivision (a) of the Code states, in part:

2 “(a) The board may deny a physician’s and surgeon’s certificate to an applicant guilty of
3 unprofessional conduct or of any cause that would subject a licensee to revocation or suspension
4 of his or her license. The board in its sole discretion, may issue a probationary physician’s and
5 surgeon’s certificate to an applicant subject to [various terms and conditions].”

6 6. Section 2234, subdivisions (a), (e), and (f) of the Code state:

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

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

12 “.....

13 “(e) The commission of any act involving dishonesty or corruption that is substantially
14 related to the qualifications, functions, or duties of a physician and surgeon.”

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

16 7. Section 2236 of the Code states, in part:

17 “(a) The conviction of any offense substantially related to the qualifications, functions, or
18 duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this
19 chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction
20 occurred.”

21 “...
22

23 “(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to
24 be a conviction within the meaning of this section and Section 2236.1. The record of conviction
25 shall be conclusive evidence of the fact that the conviction occurred.”

26 8. Section 2239 of the Code states:

27 “(a) The use or prescribing for or administering to himself or herself, of any controlled
28 substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic
beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to

1 any other person or to the public, or to the extent that such use impairs the ability of the licensee
2 to practice medicine safely or more than one misdemeanor or any felony involving the use,
3 consumption, or self-administration of any of the substances referred to in this section, or any
4 combination thereof, constitutes unprofessional conduct. The record of the conviction is
5 conclusive evidence of such unprofessional conduct.

6 “(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is
7 deemed to be a conviction within the meaning of this section. The Division of Medical Quality
8 may order discipline of the licensee in accordance with Section 2227 or the Division of Licensing
9 may order the denial of the license when the time for appeal has elapsed or the judgment of
10 conviction has been affirmed on appeal or when an order granting probation is made suspending
11 imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4
12 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of
13 not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint,
14 information, or indictment.”

15 9. Section 2261 of the Code states:

16 “Knowingly making or signing any certificate or other document directly or indirectly
17 related to the practice of medicine or podiatry which falsely represents the existence or
18 nonexistence of a state of facts, constitutes unprofessional conduct.”

19 10. Section 2262 of the Code states, in part:

20 “Altering or modifying the medical record of any person, with fraudulent intent, or creating
21 any false medical record, with fraudulent intent, constitutes unprofessional conduct.”

22 11. Section 2305 of the Code states:

23 “The revocation, suspension, or other discipline, restriction, or limitation imposed by
24 another state upon a license or certificate to practice medicine issued by that state, or the
25 revocation, suspension, or restriction of the authority to practice medicine by any agency of the
26 federal government, that would have been grounds for discipline in California of a licensee under
27 this chapter [Chapter 5, the Medical Practice Act] shall constitute grounds for disciplinary action
28 for unprofessional conduct against the licensee in this state.”

1 12. Section 141 of the Code states:

2 “(a) For any licensee holding a license issued by a board under the jurisdiction of the
3 department, a disciplinary action taken by another state, by any agency of the federal government,
4 or by another country for any act substantially related to the practice regulated by the California
5 license, may be a ground for disciplinary action by the respective state licensing board. A
6 certified copy of the record of the disciplinary action taken against the licensee by another state,
7 an agency of the federal government, or another country shall be conclusive evidence of the
8 events related therein.”

9 “(b) Nothing in this section shall preclude a board from applying a specific statutory
10 provision in the licensing act administered by that board that provides for discipline based upon a
11 disciplinary action taken against the licensee by another state, an agency of the federal
12 government, or another country.”

13 13. California Code of Regulations, title 16, section 1360, states:

14 “For the purposes of denial, suspension or revocation of a license, certificate or permit
15 pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be
16 considered to be substantially related to the qualifications, functions or duties of a person holding
17 a license, certificate or permit under the Medical Practice Act if to a substantial degree it
18 evidences present or potential unfitness of a person holding a license, certificate or permit to
19 perform the functions authorized by the license, certificate or permit in a manner consistent with
20 the public health, safety or welfare. Such crimes or acts shall include but not be limited to the
21 following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
22 violation of, or conspiring to violate any provision of the Medical Practice Act.”

23 14. Section 2228.1 of the Code states, in part:

24 “On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall
25 require a licensee to provide a separate disclosure that includes the licensee's probation status, the
26 length of the probation, the probation end date, all practice restrictions placed on the licensee by
27 the board, the board's telephone number, and an explanation of how the patient can find further
28 information on the licensee's probation on the licensee's profile page on the board's online license

1 information Internet Web site, to a patient or the patient's guardian or health care surrogate before
2 the patient's first visit following the probationary order while the licensee is on probation pursuant
3 to a probationary order made on and after July 1, 2019, in any of the following circumstances:

4 (1) A final adjudication by the board following an administrative hearing or admitted
5 findings or prima facie showing in a stipulated settlement establishing any of the following:

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

8 **STATEMENT OF FACTS**

9 15. Applicant is a licensed physician in Arizona. She has a history of addiction and
10 substance-abuse problems with controlled substances, including opioids and hypnotics. These
11 addiction and substance abuse issues resulted in her being dangerous to herself and others.

12 16. Applicant wrote prescriptions for controlled substances to her husband, but used the
13 medication herself. She used prescription pads improperly taken from a previous employment
14 where Applicant had not worked for several months. Applicant further failed to maintain
15 appropriate medical records of prescriptions written to her husband.

16 17. In 2011, while practicing during a postgraduate fellowship program at a facility
17 where she also received treatment as a patient, Applicant accessed her own medical records and
18 fraudulently tampered with prescriptions for controlled substances by forging her physician's
19 signature and self-prescribing. As a result, the program terminated her fellowship and reported
20 Applicant to the Arizona Medical Board (Arizona Board), warning that Applicant may be
21 impaired and unable to engage safely in the practice of medicine. Applicant told the Arizona
22 Board that she pulled up her own chart to learn to navigate the new electronic medical record
23 system and unintentionally printed her prescriptions.

24 18. On August 12, 2011, Applicant was convicted of contributing to delinquency and
25 dependency of a minor. This stemmed from an incident where Applicant was impaired by
26 controlled substances and left her child in the car while she went into a department store. She
27 was placed on twelve months probation, ordered to take a parenting class, and fined.

28

1 19. While at a residential treatment facility, Applicant hid controlled substances
2 (zolpidem, a hypnotic) in her room and failed a polygraph test. She was discharged at her own
3 request with a poor prognosis. She attended another treatment facility in 2012.

4 20. The Arizona Board initiated a disciplinary action against Applicant, and on October
5 4, 2012, issued a final order disciplining Applicant (Arizona Order). A copy of the Arizona Order
6 is attached as Exhibit A. Among other findings, the Arizona Board found that:

- 7 • Applicant's former fellowship employer reported that Applicant had accessed her
8 own medical record and fraudulently created prescriptions for clonazepam¹ and
9 Ambien² on multiple occasions;
- 10 • Applicant improperly wrote prescriptions for her husband on prescription pads taken
11 from a previous employer for whom Applicant had not worked for several months,
12 did not keep progress notes of her medication prescribing for her husband, and
13 engaged in unprofessional conduct by prescribing controlled substances to a
14 member of her immediate family;
- 15 • The Arizona Board's Physician Health Program (PHP) recommended that Applicant
16 immediately submit to an evaluation, after which the evaluator recommended
17 Applicant complete residential inpatient treatment;
- 18 • After presenting for residential treatment, Applicant failed a polygraph test and left
19 treatment prior to staff approval and against medical advice.

20 This Order was issued after Respondent entered into an Interim Consent Agreement for
21 Practice Restriction with the Arizona Board on October 20, 2011.

22 21. The Arizona Order concluded that, among other items, Applicant engaged in
23 unprofessional conduct including habitual substance abuse, using controlled substances not
24 prescribed by another physician for use during a prescribed course of treatment, prescribing
25 controlled substances to immediate family, knowingly making a false statement in connection
26 with the practice of medicine, violating Arizona rules on prescribing drugs, and failing to

27 ¹ Clonazepam is a controlled substance and a common form of prescribed benzodiazepine
28 tranquilizer.

² Ambien is a controlled substance and a common form of prescribed hypnotic.

1 maintain adequate records on a patient. Applicant received a five-year probation and letter of
2 reprimand. Applicant had to enroll and participate in the Arizona Board's PHP administered by a
3 monitor, attend the monitor's relapse prevention group therapy sessions, not consume alcohol or
4 any non-prescribed medication, and submit to biological fluid testing. On January 6, 2017, the
5 Arizona Board terminated Applicant's probationary term.

6 22. Applicant applied for a California license, and on November 15, 2017, Applicant
7 certified under penalty of perjury to the truthfulness of all information in the Application. The
8 Board denied the application for a full and unrestricted medical license.

9 23. When Applicant applied for California licensure with the Board, she had been out of
10 clinical practice for approximately eight years. Applicant underwent a clinical assessment, with
11 testing dates in February 2019. On March 11, 2019, the clinical assessment program
12 recommended she return to patient care with a three-month transition period where she would be
13 supervised at the clinic where she currently works. The program also recommended focused
14 review on five medical topics and keeping her opioid use disorder safeguards and supports in
15 place.

16 **FIRST CAUSE FOR DENIAL OF APPLICATION**
17 **(Use of Controlled Substances to an Extent or in a Manner Dangerous or Injurious to Herself or**
Others/Unprofessional Conduct)

18 24. Applicant's Application is subject to denial under section 480, subdivision (a)(3)(A),
19 section 2234, subdivision (a), and section 2239, on the grounds that she used controlled
20 substances (including opiates and hypnotics) to an extent or in a manner dangerous or injurious to
21 herself or others, in a manner impairing the ability of Applicant to practice safely, and
22 accordingly engaged in unprofessional conduct. The circumstances are as follows:

23 25. Paragraphs 15 through 23, above, are hereby incorporated by reference and re-alleged
24 as if fully set forth herein.

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31. The action of the Arizona Board as set forth in paragraphs 20-21, above, and within the actual Arizona Board document attached as Exhibit A, constitute unprofessional conduct and cause for discipline pursuant to sections 2305 and/or 141.

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. Denying the application of Applicant Parmis Rad for an unrestricted Physician's and Surgeon's License;
2. If issued a probationary license, ordering Applicant Parmis Rad to pay the Medical Board of California the costs of probation monitoring;
3. Denying or suspending approval of Applicant's authority to supervise physician assistants and advanced practice nurses if she is issued a license and placed on probation;
4. Determining whether Applicant's use impairs her ability to practice safely, per Business and Professions Code section 2228.1; and
5. Taking such other and further action as deemed necessary and proper.

DATED: December 2, 2019


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
PARMIS RAD, M.D.
Holder of License No. 42399
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-11-0913A
**ORDER FOR LETTER OF REPRIMAND
AND PROBATION AND CONSENT TO
THE SAME**

Parmis Rad, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board initiated case number MD-11-0913A after receiving information from a pharmacist alleging that Respondent prescribed controlled substances to her husband, and was using prescription pads that did not contain her current contact information.
2. Copies of prescriptions dated February 14, April 28, and June 17 of 2011 were written on prescription pads that contained the address of her previous employer. The Board's database shows that Respondent had not worked there since before June of 2010. The pharmacist determined that the prescriptions were written for RL, who showed the same address as Respondent. It was later determined that Respondent wrote a prescription to her husband.
3. A Medical Consultant (MC) observed that a query of RL to the Controlled

1 Substance Prescription Monitoring Program showed that Respondent had prescribed
2 Roxicet, Zolpidem, and Oxycodone/Acetaminophen for RL. Respondent denied using any
3 of RL's medication to treat her own pain. She stated that she was very careful to monitor
4 him and make sure the medications were used correctly. Respondent told Board staff
5 that she did not keep records of her scheduled medication prescribing for RL.
6 Respondent stated that she did maintain progress notes regarding RL's exams and that
7 she kept his record in her home.

8 4. The MC determined that Respondent failed to document progress notes on
9 RL identifying the patient and the date of the evaluations, and that she failed to document
10 the scheduled medication prescriptions that were provided to RL. The MC also found that
11 Respondent engaged in unprofessional conduct by prescribing controlled substances to a
12 member of her immediate family.

13 5. On September 9, 2011, Banner Good Samaritan (BGS) reported that
14 Respondent may be impaired and unable to engage safely in the practice of medicine
15 and she was placed on a leave of absence. BGS reported that Respondent had
16 accessed her electronic medical record (EMR) and printed prescriptions for Clonazepam
17 and Ambien on multiple occasions. Respondent told Board staff that she pulled up her
18 own chart to learn to navigate the new EMR system and unintentionally printed her
19 records, including prescriptions written to her.

20 6. On October 4, 2011, Respondent reported that she voluntarily sought 5-day
21 inpatient psychiatric care. The Board's Physician Health Program (PHP) contractors
22 recommended that she submit to an evaluation at a Board approved facility immediately.
23 Respondent presented to Promises Treatment Centers on October 9, 2011 and
24 completed the evaluation on October 12, 2011. Promises recommended that Respondent
25 complete 30-90 days residential inpatient treatment.

1 7. Respondent presented for residential treatment at Sante Center for Healing
2 on November 21, 2011. It was determined that she needed a minimum of 90 days
3 treatment. After failing the polygraph test, Respondent left treatment on February 24,
4 2012, prior to staff approval and against medical advice. The PHP contractor reported
5 that he was unable to determine Respondent's ability to safely practice medicine. He
6 recommended that she successfully complete residential treatment for a period of time
7 determined by the treatment facility and that she be reassessed upon completion of
8 treatment. Respondent entered into an Interim Consent Agreement for Practice
9 Restriction on October 20, 2011.

10 8. BGS's report of a prescription printed from Respondent's EMR that had the
11 quantity, dose, and refills taped over. Additionally, Respondent accessed her EMR and
12 printed a prescription for herself for Clonazepam, a controlled substance. Respondent's
13 attorney subsequently responded to the Board's findings reporting that Respondent
14 successfully completed residential inpatient treatment at Promises Treatment Centers on
15 May 31, 2012. On June 25, 2012, after having been reassessed by the Board's PHP
16 contractor and found to be safe to practice medicine, Respondent entered into an Interim
17 Consent Agreement for PHP participation. The Interim Practice Restriction was vacated
18 in July 2012.

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CONCLUSIONS OF LAW

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1. The Board possesses jurisdiction over the subject matter hereof and over
Respondent.

1 2. The conduct and circumstances described above constitute unprofessional
2 conduct pursuant to A.R.S. § 32-1401(27)(a) ("[v]iolating any federal or state laws or rules
3 and regulations applicable to the practice of medicine", namely,

4 A.R.S. §32-1491 (A) A doctor of medicine may dispense drugs
5 and devices kept by the doctor if:

6 1. All drugs are dispensed in packages labeled with the
7 following information:

8 (a) The dispensing doctor's name, address and telephone
9 number.

10 3. The conduct and circumstances described above constitute unprofessional
11 conduct pursuant to A.R.S. §32-1401(27)(e) ([f]ailing or refusing to maintain adequate
12 records on a patient. ")

13 4. The conduct and circumstances described above constitute unprofessional
14 conduct pursuant to A.R.S. § 32-1401(27)(f) ("[h]abitual intemperance in the use of alcohol
15 or habitual substance abuse.")

16 5. The conduct and circumstances described above constitute unprofessional
17 conduct pursuant to A.R.S. § 32-1401(27)(g) ("[u]sing controlled substances except if
18 prescribed by another physician for use during a prescribed course of treatment.")

19 6. The conduct and circumstances described above constitute unprofessional
20 conduct pursuant to A.R.S. § 32-1401(27)(h) ("[p]rescribing or dispensing controlled
21 substances to members of the physician's immediate family.")

22 7. The conduct and circumstances described above constitute unprofessional
23 conduct pursuant to A.R.S. § 32-1401(27)(t) ("[k]nowingly making any false or fraudulent
24 statement, written or oral, in connection with the practice of medicine or if applying for
25 privileges or renewing an application for privileges at a health care institution.")

1 meetings. Respondent must maintain a log of all self-help meetings.

2 4. Approved Primary Care Physician. Respondent shall promptly obtain a
3 primary care physician and shall submit the name of the physician to the Monitor in writing
4 for approval. The approved primary care physician ("PCP") shall be in charge of providing
5 and coordinating Respondent's medical care and treatment. Except in an *Emergency*,
6 Respondent shall obtain medical care and treatment only from the PCP and from health
7 care providers to whom the PCP refers Respondent. Respondent shall promptly provide
8 a copy of this Order to the PCP. Respondent shall also inform all other health care
9 providers who provide medical care or treatment that Respondent is participating in PHP.
10 "*Emergency*" means a serious accident or sudden illness that, if not treated immediately,
11 may result in a long-term medical problem or loss of life.

12 5. Medication. Except in an *Emergency*, Respondent shall take no *Medication*
13 unless the PCP or other health care provider to whom the PCP refers Respondent
14 prescribes the *Medication*. Respondent shall not self-prescribe any *Medication*.
15 "*Medication*" means a prescription-only drug, controlled substance, and over-the counter
16 preparation, other than plain aspirin, plain ibuprofen, and plain acetaminophen. If a
17 controlled substance is prescribed, dispensed, or administered to Respondent by any
18 person other than PCP, Respondent shall notify the PCP in writing within 48 hours and
19 notify the Monitor immediately.

20 6. No Alcohol or Poppy Seeds. Respondent shall not consume alcohol, any
21 food, or other substance containing poppy seeds or alcohol.

22 7. Biological Fluid Collection. Respondent shall provide the Monitor in
23 writing with one telephone number that shall be used to contact Respondent on a 24 hour
24 per day/seven day per week basis to submit to biological fluid collection. For the purposes
25 of this section, telephonic notice shall be deemed given at the time a message to appear is

1 left at the contact telephone number provided by Respondent. Respondent authorizes any
2 person or organization conducting tests on the collected samples to provide testing results
3 to the Monitor. Respondent shall comply with all requirements for biological fluid
4 collection.

5 8. Out of State Travel and/or Unavailability at Home/Office Telephone
6 Number. Respondent shall provide the Monitor with written notice of any plans to travel
7 out of state.

8 9. Payment for Services. Respondent shall pay for all costs, including Monitor
9 costs associated with participating in PHP at the time service is rendered, or within 30
10 days of each invoice sent to the Respondent. An initial deposit of two months monitoring
11 fees is due upon entering the program. Failure to pay either the initial monitoring deposit
12 or monthly fees 60 days after invoicing will be reported to the Board by the contractor and
13 may result in disciplinary action up to and including revocation.

14 10. Interviews. Respondent shall appear in person before the Monitor for
15 interviews upon request, upon reasonable notice.

16 11. Address and Phone Changes, Notice. Respondent shall immediately notify
17 the Monitor in writing of any change in office or home addresses and telephone numbers.

18 12. Relapse, Violation. In the event of chemical dependency relapse by
19 Physician or Physician's use of drugs or alcohol in violation of the Order, Physician
20 shall promptly enter into an Interim Order for Practice Restriction and Consent to
21 the Same that requires, among other things, that Physician not practice medicine
22 until such time as Physician successfully completes long-term inpatient treatment
23 for chemical dependency designated by the Monitor and obtains affirmative
24 approval from the Board or the Executive Director to return to the practice of
25 medicine. Prior to approving Physician's request to return to the practice of

1 medicine, Physician may be required to submit to witnessed biological fluid
2 collection or undergo any combination of physical examination, psychiatric or
3 psychological evaluation. In no respect shall the terms of this paragraph restrict
4 the Board's authority to initiate and take disciplinary action for violation of
5 this Order.

6 13. Notice Requirements. Respondent shall immediately provide a copy of this
7 Order to all current and future employers and all hospitals and free standing surgery
8 centers where Respondent has privileges. Within 30 days of the date of this Order,
9 Respondent shall provide the Monitor with a signed statement of compliance with this
10 notification requirement. Respondent is further required to notify, in writing, all employers,
11 hospitals and free standing surgery centers where Respondent currently has or in the
12 future gains employment or privileges, of a chemical dependency relapse.,

13 14. Out-of-State. In the event Respondent resides or practices as a physician
14 in a state other than Arizona, Respondent shall participate in the rehabilitation program
15 sponsored by that state's medical licensing authority or medical society. Respondent shall
16 cause the monitoring state's program to provide written quarterly reports to the Monitor
17 regarding Respondent's attendance, participation, and monitoring. The monitoring state's
18 program and Respondent shall immediately notify the Monitor if Respondent: a) is non-
19 compliant with any aspect of the monitoring requirements; b) relapses; c) tests positive for
20 controlled substances; d) has low specific gravity urine drug test(s), missed and/or late
21 urine drug tests, or otherwise rejected urine drug tests; and e) is required to undergo any
22 additional treatment.

23 15. Respondent shall immediately obtain a treating psychotherapist approved by
24 the Monitor and shall remain in treatment with the psychotherapist for six months.
25 Respondent shall instruct the psychotherapist to release to the Monitor, upon request, all

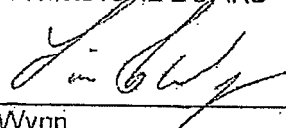
1 records relating to Respondent's treatment, and to submit a written report to the Monitor at
2 the end of treatment regarding diagnosis, prognosis, medications, and recommendations
3 for continuing care and treatment of Respondent. Respondent shall provide the
4 psychotherapist with a copy of this order. Respondent shall pay the expenses of all the
5 psychiatric care and for the preparation of the quarterly reports.

6 16. This Order supersedes all previous consent agreements and stipulations
7 between the Board and/or the Executive Director and Respondent.

8 17. The Board retains jurisdiction and may initiate new action based upon any
9 violation of this Order.

10 DATED AND EFFECTIVE this 4th day of October, 2012.

11 ARIZONA MEDICAL BOARD

12
13 By 
14 Lisa S. Wynn
15 Executive Director

16 CONSENT TO ENTRY OF ORDER

17 1. Respondent has read and understands this Consent Agreement and the
18 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
19 acknowledges she has the right to consult with legal counsel regarding this matter.

20 2. Respondent acknowledges and agrees that this Order is entered into freely
21 and voluntarily and that no promise was made or coercion used to induce such entry.

22 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to
23 a hearing or judicial review in state or federal court on the matters alleged, or to challenge
24 this Order in its entirety as issued by the Board, and waives any other cause of action
25 related thereto or arising from said Order.

1 4. The Order is not effective until approved by the Board and signed by its
2 Executive Director.

3 5. All admissions made by Respondent are solely for final disposition of this
4 matter and any subsequent related administrative proceedings or civil litigation involving
5 the Board and Respondent. Therefore, said admissions by Respondent are not intended
6 or made for any other use, such as in the context of another state or federal government
7 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
8 any other state or federal court.

9 6. Upon signing this agreement, and returning this document (or a copy thereof)
10 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
11 the Order. Respondent may not make any modifications to the document. Any
12 modifications to this original document are ineffective and void unless mutually approved
13 by the parties.

14 7. This Order is a public record that will be publicly disseminated as a formal
15 disciplinary action of the Board and will be reported to the National Practitioner's Data
16 Bank and on the Board's web site as a disciplinary action.

17 8. If any part of the Order is later declared void or otherwise unenforceable, the
18 remainder of the Order in its entirety shall remain in force and effect.

19 9. If the Board does not adopt this Order, Respondent will not assert as a
20 defense that the Board's consideration of the Order constitutes bias, prejudice,
21 prejudgment or other similar defense.

22 10. Any violation of this Order constitutes unprofessional conduct and may result
23 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
24 consent agreement or stipulation issued or entered into by the board or its executive
25 director under this chapter") and 32-1451.

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11. Respondent has read and understands the conditions of probation.

Parmis Rad
Parmis Rad, M.D

DATED: 8.15.12

EXECUTED COPY of the foregoing mailed
this 4th day of October, 2012 to:

Bryan F. Murphy
Ms. Clarissa Reiman
Burch & Cracchiolo
702 East Osborn Road, Ste 200
Phoenix, AZ 85014
(Attorneys for Respondent)

ORIGINAL of the foregoing filed
this 4th day of October, 2012 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Mary Baker
Arizona Medical Board Staff

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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

Case No. MD-11-0913A

PARMIS Y. RAD, M.D.

ORDER TERMINATING PROBATION

Holder of License No. 42399
For the Practice of Allopathic Medicine
In the State of Arizona

At its public meeting on December 7, 2016, the Arizona Medical Board ("Board") considered Parmis Y. Rad, M.D.'s ("Respondent") request to terminate the probation as previously ordered by the Board in case number MD-11-0913A. After considering all of the evidence, the Board voted to grant Respondent's request to terminate her October 4, 2012 Board Order.

ORDER

IT IS HEREBY ORDERED:

1. Respondent's Board Order for Probation dated October 4, 2012 is terminated.

DATED AND EFFECTIVE this 6th day of January, 2017.

ARIZONA MEDICAL BOARD

By Patricia E. McSorley
Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing mailed this 6th day of January, 2017 to:

Parmis Y. Rad, M.D.
Address of Record

ORIGINAL of the foregoing filed this 6th day of January, 2017 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

May Baber
Board Staff