

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

In the Matter of the First Amended
Accusation Against:

Kourosh Parsapour, M.D.

Physician's and Surgeon's
License No. A79856

Respondent.

Case No. 800-2016-029031

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 July 17, 2020.

IT IS SO ORDERED: June 19, 2020.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 PEGGIE BRADFORD TARWATER
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8

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

13 In the Matter of the First Amended Accusation
Against:

14 KOUROSH PARSAPOUR, M.D.
15 400 Spectrum Center Drive, Suite 900
Irvine, CA 92618-4934

16 Physician's and Surgeon's Certificate
17 No. A 79856,

18 Respondent.

Case No. 800-2016-029031

OAH No. 2019090345

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical
24 Board of California (Board). She brought this action solely in her official capacity and is
25 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
26 Peggie Bradford Tarwater, Deputy Attorney General.

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in First Amended
3 Accusation No. 800-2016-029031, if proven at a hearing, constitute cause for imposing discipline
4 upon his Physician's and Surgeon's Certificate.

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

9 11. Respondent agrees that if he ever petitions for early termination or modification of
10 probation, or if the Board ever petitions for revocation of probation, all of the charges and
11 allegations contained in First Amended Accusation No. 800-2016-029031 shall be deemed true,
12 correct and fully admitted by Respondent for purposes of that proceeding.

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

16 **CONTINGENCY**

17 13. This stipulation shall be subject to approval by the Medical Board of California.
18 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
19 Board of California may communicate directly with the Board regarding this stipulation and
20 settlement, without notice to or participation by Respondent or his counsel. By signing the
21 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
22 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
23 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
24 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
25 action between the parties, and the Board shall not be disqualified from further action by having
26 considered this matter.

27 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
28 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile

1 signatures thereto, shall have the same force and effect as the originals.

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

5 **DISCIPLINARY ORDER**

6 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 79856 issued
7 to Respondent Kourosh Parsapour, M.D. is revoked. However, the revocation is stayed and
8 Respondent is placed on probation for four years on the following terms and conditions.

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

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

28 A prescribing practices course taken after the acts that gave rise to the charges in the First

1 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
2 the Board or its designee, be accepted towards the fulfillment of this condition if the course would
3 have been approved by the Board or its designee had the course been taken after the effective date
4 of this Decision.

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

8 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
9 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
10 advance by the Board or its designee. Respondent shall provide the approved course provider
11 with any information and documents that the approved course provider may deem pertinent.
12 Respondent shall participate in and successfully complete the classroom component of the course
13 not later than six months after Respondent's initial enrollment. Respondent shall successfully
14 complete any other component of the course within one year of enrollment. The medical record
15 keeping course shall be at Respondent's expense and shall be in addition to the CME
16 requirements for renewal of licensure.

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

22 Respondent shall submit a certification of successful completion to the Board or its
23 designee not later than 15 calendar days after successfully completing the course, or not later than
24 15 calendar days after the effective date of the Decision, whichever is later.

25 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
26 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
27 meets the requirements of Title 16, California Code of Regulations section 1358.1. Respondent
28 shall participate in and successfully complete that program. Respondent shall provide any

1 information and documents that the program may deem pertinent. Respondent shall successfully
2 complete the classroom component of the program not later than six months after Respondent's
3 initial enrollment, and the longitudinal component of the program not later than the time specified
4 by the program, but no later than one year after attending the classroom component. The
5 professionalism program shall be at Respondent's expense and shall be in addition to the CME
6 requirements for renewal of licensure.

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

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

15 5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
16 performing services relating to the recommendation of marijuana and from recommending
17 marijuana. After the effective date of this Decision, all patients being treated by Respondent shall
18 be notified that the Respondent is prohibited from performing services relating to the
19 recommendation of marijuana and from recommending marijuana.

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

27 6. NOTIFICATION. Within seven days of the effective date of this Decision, the
28 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief

1 of Staff or the Chief Executive Officer at every hospital where privileges or membership are
2 extended to Respondent, at any other facility where Respondent engages in the practice of
3 medicine, including all physician and locum tenens registries or other similar agencies, and to the
4 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
5 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
6 15 calendar days.

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

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

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

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

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

19 10. GENERAL PROBATION REQUIREMENTS.

20 Compliance with Probation Unit

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

22 Address Changes

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

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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

1 on probation with the medical licensing authority of that state or jurisdiction shall not be
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
3 period of non-practice.

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

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

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

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

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

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

27 15. LICENSE SURRENDER. Following the effective date of this Decision, if
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

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

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

14 ACCEPTANCE

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


20
21 DATED: 2/21/2020



KOUROSH PARSAPOUR, M.D.
Respondent

23 I have read and fully discussed with Respondent Kourosh Parsapour, M.D. the terms and
24 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
25 I approve its form and content.

26 DATED: 02/21/2020



LINDSAY M. JOHNSON
Attorney for Respondent

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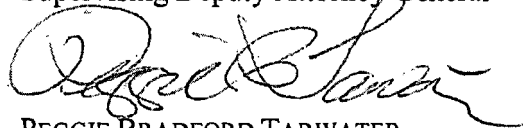
ENDORSEMENT

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

DATED: 2/24/20

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General



PEGGIE BRADFORD TARWATER
Deputy Attorney General
Attorneys for Complainant

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO
BY: Wana Olegan ANALYST
January 23, 2020

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

In the Matter of the First Amended Accusation
Against:

Case No. 800-2016-029031

FIRST AMENDED ACCUSATION

KOUROSH PARSAPOUR, M.D.

400 Spectrum Center Drive, Suite 1900
Irvine, CA 92618-4934

Physician's and Surgeon's Certificate
No. A 79856,

Respondent.

Complainant alleges:

PARTIES

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

2. On July 17, 2002, the Medical Board issued Physician's and Surgeon's Certificate Number A 79856 to Kourosh Parsapour, 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

1 expire on September 30, 2021, unless renewed.

2 **JURISDICTION**

3 3. This First Amended Accusation is brought before the Board, under the authority of
4 the following laws. All section references are to the Business and Professions Code (Code)
5 unless otherwise indicated.

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

10 5. Section 2234 of the Code, states, in pertinent part:

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

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

15 (b) Gross negligence.

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

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

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

25

26 6. Health and Safety Code section 11362.5 provides as follows:

27 (a) This section shall be known and may be cited as the Compassionate Use
28 Act of 1996.

1 (b)(l) The people of the State of California hereby find and declare that the
2 purposes of the Compassionate Use Act of 1996 are as follows:

3 (A) To ensure that seriously ill Californians have the right to obtain and use
4 marijuana for medical purposes where that medical use is deemed appropriate and
5 has been recommended by a physician who has determined that the person's health
6 would benefit from the use of marijuana in the treatment of cancer, anorexia,
7 AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness
8 for which marijuana provides relief.

9 (B) To ensure that patients and their primary caregivers who obtain and use
10 marijuana for medical purposes upon the recommendation of a physician are not
11 subject to criminal prosecution or sanction.

12 (C) To encourage the federal and state governments to implement a plan to
13 provide for the safe and affordable distribution of marijuana to all patients in
14 medical need of marijuana.

15 (2) Nothing in this section shall be construed to supersede legislation
16 prohibiting persons from engaging in conduct that endangers others, nor to
17 condone the diversion of marijuana for nonmedical purposes.

18 (c) Notwithstanding any other provision of law, no physician in this state
19 shall be punished, or denied any right or privilege, for having recommended
20 marijuana to a patient for medical purposes.

21

22 7. Health and Safety Code section 11362.7, subdivision (a) provides:

23 "Attending physician" means an individual who possesses a license in good
24 standing to practice medicine, podiatry, or osteopathy issued by the Medical Board
25 of California, the California Board of Podiatric Medicine, or the Osteopathic
26 Medical Board of California and who has taken responsibility for an aspect of the
27 medical care, treatment, diagnosis, counseling, or referral of a patient and who has
28 conducted a medical examination of that patient before recording in the patient's
medical record the physician's assessment of whether the patient has a serious
medical condition and whether the medical use of cannabis is appropriate.

8. Health and Safety Code section 11362.7, subdivision (h), provides that "Serious
medical condition" means all of the following medical conditions:

- (1) Acquired immune deficiency syndrome (AIDS).
- (2) Anorexia.
- (3) Arthritis.
- (4) Cachexia.

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(5) Cancer.

(6) Chronic pain.

(7) Glaucoma.

(8) Migraine.

(9) Persistent muscle spasms, including, but not limited to, spasms associated with multiple sclerosis.

(10) Seizures, including, but not limited to, seizures associated with epilepsy.

(11) Severe nausea.

(12) Any other chronic or persistent medical symptom that either:

(A) Substantially limits the ability of the person to conduct one or more major life activities as defined in the federal Americans with Disabilities Act of 1990 (Public Law 101-336).

(B) If not alleviated, may cause serious harm to the patient's safety or physical or mental health.

9. Section 2525.2 of the Code provides:

An individual who possesses a license in good standing to practice medicine or osteopathy issued by the Medical Board of California, the California Board of Podiatric Medicine, or the Osteopathic Medical Board of California shall not recommend medical cannabis to a patient, unless that person is the patient's attending physician, as defined by subdivision (a) of Section 11362.7 of the Health and Safety Code.

10. Section 2525.3 of the Code states:

Recommending medical cannabis to a patient for a medical purpose without an appropriate prior examination and a medical indication constitutes unprofessional conduct.

11. Section 2290.5 of the Code states, in pertinent part:

(a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a

telecommunications system.

(3) "Health care provider" means either of the following:

(A) A person who is licensed under this division.

....

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

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1 12. Section 2266 of the Code states:

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

5 13. Section 2285 of the Code states, in pertinent part:

6 The use of any fictitious, false, or assumed name, or any name other than his
7 or her own by a licensee either alone, in conjunction with a partnership or group,
8 or as the name of a professional corporation, in any public communication,
9 advertisement, sign, or announcement of his or her practice without a
10 fictitious-name permit obtained pursuant to Section 2415 constitutes
11 unprofessional conduct. . . .

12 **FIRST CAUSE FOR DISCIPLINE**

13 **(Gross Negligence)**

14 14. Respondent Kourosh Parsapour, M.D. is subject to disciplinary action under section
15 2234, subdivision (b), in that he was grossly negligent in his care and treatment of fictitious
16 patient, "Patient M.P" and Patient 2.¹ The circumstances are as follows:

17 **Background**

18 15. Respondent is the owner of Weedrecs.com, which began providing marijuana
19 recommendations using an online format in approximately November 2016.

20 16. To be considered for a marijuana recommendation using Weedrecs.com, a patient
21 would fill out and submit an online health questionnaire, which operated as a screening tool.
22 According to Respondent, the questionnaire would then be evaluated. In some, but not all,
23 instances, a phone call to the patient was placed and/or a video conference would be completed.
24 If the patient received approval for a medical marijuana recommendation, the medical
25 recommendation certificate would be provided.

26 **Standard of Care**

27 17. The standard of care for recommending medical marijuana is the same for
28 recommending or prescribing the use of any other medication. The standard of care for

¹ Patient 2 is referred to by number to protect his privacy. To the extent Respondent is not
already aware of Patient 2's identity, that information will be disclosed in discovery.

1 recommending medical marijuana includes providing the recommendation only when it is
2 clinically indicated and only as part of a rational treatment plan that has specific, identifiable
3 goals. All aspects of the process of evaluation and management that support the decision to
4 recommend medical marijuana must be documented. The fundamental standard of practice for all
5 medical care, including the recommendation of marijuana, is to obtain a history and physical
6 examination sufficient to reach a valid clinical conclusion, develop a treatment plan to address the
7 problems at hand, implement the plan, change it as necessary, and document the process in
8 sufficient detail such that a physician with similar training and experience would be able to
9 understand the entirety of the care provided. The standard of care requires obtaining informed
10 consent, advising the patient of the potential benefits and risks of the proposed treatment,
11 soliciting and answering questions, and ascertaining that the patient understands the relevant risks
12 and benefits, and consents to accept the risks in order to obtain the benefits of the proposed
13 treatment. Although the standard of care does not require a physician to perform a detailed
14 background check to verify the identity of a patient, it does require a physician to look at the
15 patient and determine identity to a reasonable degree of certainty.

16 18. The standard of care in using telehealth technologies requires that patient consent be
17 obtained and documented. The standards of practice for telehealth are the same as the standards
18 of practice for face-to-face medicine. Telehealth may be used when it can adequately address the
19 problem under evaluation. It may not be used when there is a need for physical actions that
20 cannot be accomplished through its use.

21 **Patient M.P.**

22 19. On November 16, 2017, Investigator E.C., of the Department of Consumer Affairs,
23 Health Quality Investigations Unit, posing as patient M.P., visited www.weedrecs.com and
24 submitted a request for a marijuana recommendation. Patient M.P. provided a location for
25 mailing the recommendation, a cell phone number, and a credit card. Patient M.P. uploaded a
26 driver's license bearing identifying information for the fictitious patient.

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1 20. Patient M.P. completed an online questionnaire that requested identifying
2 information. The questionnaire included the following questions and responses:

3 Do you have or have you in the past had a problem with substance abuse or
4 addiction?

5 Answer provided: No.

6 Do you suffer from, or have a family history of schizophrenia?

7 Answer provided: No.

8 From the list below, please select the main reason why you want to be
9 evaluated by our medical doctors for their recommendation to use medicinal
10 cannabis:

11 Answer provided: Headaches or migraines.

12 About how long have you been aware of, or suffering from, headaches or
13 migraines?

14 Answer provided: Over 5 years.

15 Please tell us more about your headaches or migraines. [Offered were
16 suggestions to indicate the frequency of the headaches and the negative effects
17 experienced by the patient.]

18 Answer provided: Once a week, can't get out of bed.

19 If you regularly take medications for headaches or migraines, please list
20 them below. Please include the dosage and how often you take the medication.

21 Answer provided: Fioricet, Imitrex, Advil.

22 In the past, have you self-medicated with cannabis for treating your
23 headaches or migraines?

24 Answer provided: Yes.

25 Has using medical cannabis been effective for the treatment of headaches or
26 migraines?

27 Answer provided: Don't know.

28 Do you have concerns about your mental health?

Answer provided: No.

From the list below, please select all the diagnoses from your past medical
history. You may select multiple conditions or select N/A if you have no past
medical history.

Answer provided: N/A.

Do you have any allergies?

Answer provided: No.

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Do you smoke cigarettes?
Answer provided: Sometimes.

Do you drink alcohol?
Answer provided: On social occasions.

Do you have medical files or records of your care that you would like to share with the doctor?
Answer provided: No.

21. The questionnaire ended with a statement that read, "Thanks for taking the time to complete this questionnaire, [M.P.] A doctor will attend to your case as soon as possible. The doctor will NOT call everyone back. If the doctor has any questions, you'll be contacted right away"

22. On November 16, 2017, at 10:33 a.m., Investigator E.C. received a text message from Respondent welcoming Patient M.P. to SMS notification. At 11:13 a.m., Investigator E.C. received a second text message advising that Patient M.P. had been approved for medical cannabis, followed by an emailed PDF of the medical marijuana certificate.

23. Patients can upload medical records; however, Patient M.P. did not do so.

24. Respondent's patient note indicates the patient is a 50-year-old male, without past medical history, presenting with an over five-year history of migraine headaches, with symptoms occurring weekly. The patient has self-medicated with cannabis with "plus or minus" relief. The review of systems is negative for mental health disorders, there are no known drug allergies, the family history is negative for schizophrenia. Patient M.P. is not in school and is not a primary caregiver for children. He occasionally uses tobacco, and uses alcohol socially. The assessment and plan is intractable migraines and a low-risk patient. Cannabis is recommended for symptomatic analgesia to be titrated to effect.

25. No informed consent for the medical marijuana recommendation was obtained.

26. Respondent neither called Patient M.P. nor engaged in a video conference.

27. Respondent believed the case to be a "slam dunk" case of "explicit need."

28. Respondent was grossly negligent in the care and treatment of Patient M.P. as follows:

- 1 a. Respondent failed to identify Patient M.P. to a reasonable degree of certainty.
- 2 b. Respondent failed to document a thorough history in sufficient detail to support the
3 diagnosis of chronic stable migraine and exclude the presence of other, more serious pathology.
- 4 c. Respondent failed to perform a physical examination, including failing to assess vital
5 signs and perform an examination of the head, neck, and neurological systems in the course of
6 evaluation of a patient with intermittent severe headache.
- 7 d. Respondent failed to verify Patient M.P.'s prior treatment, either by review of outside
8 records or by examination of the bottles of Fioricet² and Imitrex.³
- 9 e. Respondent failed to obtain and document detailed informed consent, including a
10 discussion of the risks and benefits of medical marijuana;
- 11 f. Respondent failed to document a specific treatment plan with specific verifiable
12 objectives.

13 **Patient 2**

14 29. Patient 2 ordered an online health questionnaire with a digital copy of a marijuana
15 recommendation from Weedrecs.com on October 20, 2017.

16 30. Medical records from Respondent contain what appear to be Patient 2's responses to
17 the online questionnaire. Patient 2 indicated he could provide a past recommendation for medical
18 marijuana. He denied criminal convictions or a personal or family history of schizophrenia. He
19 selected insomnia as the main reason for his medical marijuana use and stated that marijuana has
20 been useful for that condition. He denied concerns about his mental health. Many other
21 questions remained unanswered. Patient 2 uploaded an image of his driver's license and of a past
22 recommendation for marijuana, which was dated October 14, 2016, with an expiration date of
23 October 14, 2017.

24 31. Patient 2 was approved for a marijuana recommendation on or about October 21,

25 _____
26 ² Fioricet is a combination medication used to treat tension headaches. It contains
27 acetaminophen to decrease pain, caffeine to increase the effects of acetaminophen, and butalbital
as a sedative that helps decrease anxiety and cause sleepiness and relaxation.

28 ³ Imitrex (sumatriptan) is a headache medicine that narrows blood vessels around the
brain. Sumatriptan also reduces substances in the body that can trigger headache pain, nausea,
sensitivity to light and sound, and other migraine symptoms.

1 2017. However, no copy of the marijuana recommendation appears in the medical records.

2 32. On October 6, 2018, Patient 2 was sent an automatic email from Weedrecs.com
3 indicating his marijuana recommendation would expire on October 21, 2018 and offering a
4 coupon for \$5.00 off of the price of renewal. Patient 2 was sent additional reminders on or about
5 October 13, 2018, and October 19, 2018.

6 33. The medical records reflect that on October 14, 2018, Patient 2 filled out a renewal
7 form that asked for contact information and answers to six questions, as follows:

8 Have there been any changes in your health in the past year?
9 Answer provided: No.

10 Have there been any significant life changes or notable events in the past year
11 that stand out in your mind?
12 Answer provided: No.

13 From the list below, please select the main reason for which you are being re-
14 evaluated for medicinal cannabis.
15 Answer provided: Problems sleeping at night (insomnia).

16 Has the use of medical cannabis been effective?
17 Answer provided: Yes. Cannabis has been effective.

18 Have you been using any other medications or therapeutics in addition to
19 cannabis?
20 Answer provided: No.

21 Have there been any new issues or events that have impacted your mental
22 health?
23 Answer provided: No.

24 34. Patient 2 signed the renewal form, acknowledging that he understood the policies for
25 marijuana recommendations, which consisted of requirements that he be over 18 years old and
26 physically within the state of California at the time of starting and completing the application.
27 The only other advisements related to the process of paying for and obtaining the
28 recommendation.

35. On October 23, 2018, the patient history note indicates that Patient 2's
recommendation has been renewed with an expiration date of **January 1, 1970**. Respondent
provided Patient 2 with a marijuana recommendation with an issue date of November 10, 2018,

1 and an expiration date of October 23, 2019.

2 36. Respondent was grossly negligent in the care and treatment of Patient 2 as follows:

3 a. Respondent failed to document a thorough history in sufficient detail to support
4 the diagnosis of insomnia and to exclude other pathology, including stimulant drug abuse and/or
5 the use of other drugs and/or in a manner that allowed Respondent to determine the veracity of
6 the complaints.

7 b. Respondent failed to perform a physical examination of Patient 2 prior to
8 issuing an initial marijuana recommendation.

9 d. Respondent failed to obtain and document detailed informed consent, including
10 a discussion of the risks and benefits of medical marijuana.

11 c. Respondent failed to monitor Patient 2's response to treatment and to re-
12 evaluate him before issuing a one-year renewal of the marijuana recommendation.

13 d. Respondent failed to document the date and duration of each marijuana
14 recommendation.

15 37. Respondent's acts and omissions in his care and treatment of Patient M.P. and Patient
16 2, as set forth above, whether proven individually, jointly, or in some combination thereof,
17 constitute gross negligence in violation of section 2234, subdivision (b), of the Code, and
18 Respondent's license is subject to discipline.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Repeated Negligent Acts)**

21 38. Respondent's acts and omissions, as set forth above in the First Cause for Discipline,
22 constitute repeated negligent acts in violation of section 2234, subdivision (c), of the Code, and
23 Respondent's license is subject to discipline.

24 **THIRD CAUSE FOR DISCIPLINE**

25 **(Recommending Medical Marijuana Without an Appropriate Prior Examination
26 and Medical Indication)**

27 39. By reason of the allegations set forth above in the First Cause for Discipline,
28 Respondent is subject to disciplinary action under section 2525.3 of the Code in that he

1 recommended medical marijuana to Patient M.C. and Patient 2 without an appropriate prior
2 examination and medical indication.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **(Telemedicine - Failure to Obtain Consent)**

5 40. By reason of the allegations set forth in the First Cause for Discipline, Respondent is
6 subject to disciplinary action under section 2290.5, subdivision (b), of the Code in that he failed
7 to obtain and/or document informed consent for the use of telehealth services from Patient M.C.
8 and/or from Patient 2.

9 **FIFTH CAUSE FOR DISCIPLINE**

10 **(Failure to Maintain Adequate and Accurate Records)**

11 41. By reason of the allegations set forth in the First Cause for Discipline, Respondent is
12 subject to disciplinary action under section 2266 of the Code in that he failed to maintain
13 adequate and accurate records.

14 **SIXTH CAUSE FOR DISCIPLINE**

15 **(Failure to Obtain and Maintain a Fictitious Name Permit)**

16 42. Respondent is subject to disciplinary action under section 2285 of the Code in that he
17 failed to obtain a fictitious name permit. The circumstances are as follows:

18 43. Respondent provided medical services, consisting of medical marijuana
19 recommendations, under the name "Weedrecs."

20 44. Respondent failed to obtain a fictitious name permit for use of the name
21 "Weedrecs.com."

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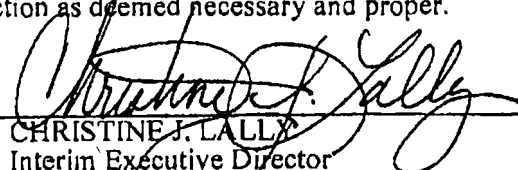
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 79856, issued to Respondent Kourosh Parsapour, M.D.;
2. Revoking, suspending or denying approval of Respondent's authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent, 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: JAN 23 2020


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

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