

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

In the Matter of the Accusation Against

Tara Alaina Zandvliet, M.D.

Physician's and Surgeon's
License No. A71646

Case No. 800-2017-032412

Respondent.

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 September 4, 2020.

IT IS SO ORDERED: August 7, 2020.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:
14 **TARA ALAINA ZANDVLIET, M.D.**
15 **2991 Kalmia St.**
San Diego, CA 92104
16 **Physician's and Surgeon's Certificate**
17 **No. A 71646**
18 Respondent.

Case No. 800-2017-032412
OAH No. 2019101092
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board), acting solely in his official capacity. This action was brought by the former
24 Executive Director of the Board, Kimberly Kirchmeyer, acting solely in her official capacity.
25 The Complainant is represented in this matter by Xavier Becerra, Attorney General of the State of
26 California, by Tessa L. Heunis, Deputy Attorney General.

27 2. Respondent Tara Alaina Zandvliet, M.D. (Respondent) is represented in this
28 proceeding by attorney Raymond J. McMahon, whose address is: 5440 Trabuco Road

1 Irvine, CA 926202.1. On or about May 11, 2000, the Board issued Physician's and Surgeon's
2 Certificate No. A 71646 to Respondent. The Physician's and Surgeon's Certificate was in full
3 force and effect at all times relevant to the charges brought in Accusation No. 800-2017-032412,
4 and will expire on July 31, 2021, unless renewed.

5 JURISDICTION

6 3. On October 1, 2019, Accusation No. 800-2017-032412 was filed before the Board,
7 and is currently pending against Respondent. A true and correct copy of Accusation No. 800-
8 2017-032412 and all other statutorily required documents were properly served on Respondent on
9 October 1, 2019. Respondent timely filed her Notice of Defense contesting the Accusation. A
10 copy of Accusation No. 800-2017-032412 is attached as Exhibit A and incorporated herein by
11 reference.

12 ADVISEMENT AND WAIVERS

13 4. Respondent has carefully read, fully discussed with counsel, and fully understands the
14 charges and allegations in Accusation No. 800-2017-032412. Respondent has also carefully read,
15 fully discussed with her counsel, and fully understands the effects of this Stipulated Settlement
16 and Disciplinary Order.

17 5. Respondent is fully aware of her legal rights in this matter, including the right to a
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
19 the witnesses against her; the right to present evidence and to testify on her own behalf; the right
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of
21 documents; the right to reconsideration and court review of an adverse decision; and all other
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

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

25 CULPABILITY

26 7. Respondent does not contest that, at an administrative hearing, Complainant could
27 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
28 No. 800-2017-032412 and that her Physician's and Surgeon's Certificate No. A 71646 is

1 therefore subject to discipline. Respondent further agrees that if she ever petitions for early
2 termination or modification of probation, or if an Accusation is filed against her before the Board,
3 all of the charges and allegations contained in Accusation No. 800-2017-032412 shall be deemed
4 true, correct and fully admitted by Respondent for purposes of any such proceeding or any other
5 licensing proceeding involving respondent in the State of California or elsewhere.

6 8. Respondent agrees that her Physician's and Surgeon's Certificate No. A 71646 is
7 subject to discipline and she agrees to be bound by the Board's imposition of discipline as set
8 forth in the Disciplinary Order below.

9 **CONTINGENCY**

10 9. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the
11 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
12 submitted to the Board for its consideration in the above-entitled matter and, further, that the
13 Board shall have a reasonable period of time in which to consider and act on this Stipulated
14 Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully
15 understands and agrees that she may not withdraw her agreement or seek to rescind this
16 stipulation prior to the time the Board considers and acts upon it.

17 10. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null
18 and void and not binding upon the parties unless approved and adopted by the Board, except for
19 this paragraph, which shall remain in full force and effect. Respondent fully understands and
20 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
21 Disciplinary Order, the Board may receive oral and written communications from its staff and/or
22 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
23 the Board, any member thereof, and/or any other person from future participation in this or any
24 other matter affecting or involving Respondent. In the event that the Board does not, in its
25 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
26 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
27 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
28 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order

1 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any
2 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
3 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

4 **ADDITIONAL PROVISIONS**

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

8 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
9 be an integrated writing representing the complete, final and exclusive embodiment of the
10 agreements of the parties in the above-entitled matter.

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

14 **DISCIPLINARY ORDER**

15 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 71646 issued
16 to Respondent Tara Alaina Zandvliet, M.D. is revoked. However, the revocation is stayed and
17 Respondent is placed on probation for three (3) years on the following terms and conditions:

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

27 A medical record keeping course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

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

7 2. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
8 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
9 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
10 Respondent shall participate in and successfully complete that program. Respondent shall
11 provide any information and documents that the program may deem pertinent. Respondent shall
12 successfully complete the classroom component of the program not later than six (6) months after
13 Respondent's initial enrollment, and the longitudinal component of the program not later than the
14 time specified by the program, but no later than one (1) year after attending the classroom
15 component. The professionalism program shall be at Respondent's expense and shall be in
16 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

17 A professionalism program taken after the acts that gave rise to the charges in the
18 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
19 or its designee, be accepted towards the fulfillment of this condition if the program would have
20 been approved by the Board or its designee had the program been taken after the effective date of
21 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 program or not later
24 than 15 calendar days after the effective date of the Decision, whichever is later.

25 3. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
26 making or issuing any written exemption from immunization, or any other written statements
27 providing that any child is exempt from the requirements of Chapter 1 (commencing with Section
28 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 of the

1 Health and Safety Code. After the effective date of this Decision, all patients being treated by
2 Respondent shall be notified of this prohibition. Any new patients must be provided this
3 notification at the time of their initial appointment.

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

11 As used in this section, "patient(s)" refers to minor patients and their parents, custodians
12 and other legal guardians.

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

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

22 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
23 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
24 advanced practice nurses.

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

28 ////

1 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
2 under penalty of perjury on forms provided by the Board, stating whether there has been
3 compliance with all the conditions of probation.

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

6 8. GENERAL PROBATION REQUIREMENTS.

7 Compliance with Probation Unit

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

9 Address Changes

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

15 Place of Practice

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

19 License Renewal

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

22 Travel or Residence Outside California

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

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

1 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
2 available in person upon request for interviews either at Respondent's place of business or at the
3 probation unit office, with or without prior notice throughout the term of probation.

4 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
7 defined as any period of time Respondent is not practicing medicine as defined in Business and
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If
10 Respondent resides in California and is considered to be in non-practice, Respondent shall
11 comply with all terms and conditions of probation. All time spent in an intensive training
12 program which has been approved by the Board or its designee shall not be considered non-
13 practice and does not relieve Respondent from complying with all the terms and conditions of
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
15 on probation with the medical licensing authority of that state or jurisdiction shall not be
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
17 period of non-practice.

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

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

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

25 Periods of non-practice for a Respondent residing outside of California will relieve
26 Respondent of the responsibility to comply with the probationary terms and conditions with the
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;
28 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or

1 Controlled Substances; and Biological Fluid Testing..

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

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

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

23 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
24 with probation monitoring each and every year of probation, as designated by the Board, which
25 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
26 California and delivered to the Board or its designee no later than January 31 of each calendar
27 year.

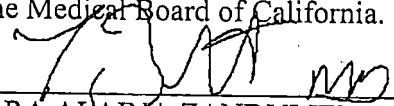
28 ////

1 15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
2 a new license or certification, or petition for reinstatement of a license, by any other health care
3 licensing action agency in the State of California, all of the charges and allegations contained in
4 Accusation No. 800-2017-032412 shall be deemed to be true, correct, and admitted by
5 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
6 restrict license.

7 ACCEPTANCE

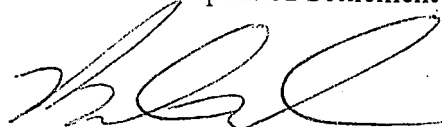
8 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
9 discussed it with my attorney, Raymond J. McMahon. I fully understand the stipulation and the
10 effect it will have on my Physician's and Surgeon's Certificate No. A 71646. I enter into this
11 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
12 to be bound by the Decision and Order of the Medical Board of California.

13 DATED: 6/17/2020

14 
TARA ALAINA ZANDVLIET, M.D.
Respondent

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

18 DATED: June 18, 2020

19 
RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

20 ////
21 ////
22 ////
23 ////
24 ////
25 ////
26 ////
27 ////
28 ////

1 ENDORSEMENT

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

4 DATED: July 20, 2020
5 _____

Respectfully submitted,

6 XAVIER BECERRA
7 Attorney General of California
8 MATTHEW M. DAVIS
9 Supervising Deputy Attorney General

10 

11 TESSA L. HEUNIS
12 Deputy Attorney General
13 *Attorneys for Complainant*

Exhibit A

Accusation No. 800-2017-032412

1 XAVIER BECERRA
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2 MATTHEW M. DAVIS
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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
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13 In the Matter of the Accusation Against:

Case No. 800-2017-032412

14 **Tara Alaina Zandvliet, M.D.,**
15 **2991 Kalmia St**
San Diego, CA 92104

ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. A 71646,**

18 Respondent.

19
20 **PARTIES**

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

24 2. On or about May 11, 2000, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 71646 to Tara Alaina Zandvliet, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on July 31, 2021, unless renewed.

28 ////

1 JURISDICTION

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

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 ...

22 5. Section 2234 of the Code, states:

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

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

28 (b) Gross negligence.

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

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

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

4 (d) Incompetence.

5 ...

6 6. Section 2266 of the Code states:

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

9 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct
10 which breaches the rules or ethical code of the medical profession, or conduct which is
11 unbecoming to a member in good standing of the medical profession, and which demonstrates an
12 unfitness to practice medicine.¹

13 OTHER RELEVANT STATUTORY PROVISIONS

14 8. Section 120335 of the Health and Safety Code states:

15 (a) As used in this chapter, 'governing authority' means the governing board of
16 each school district or the authority of each other private or public institution
responsible for the operation and control of the institution or the principal or
administrator of each school or institution.

17 (b) The governing authority shall not unconditionally admit any person as a
18 pupil of any private or public elementary or secondary school, child care center, day
nursery, nursery school, family day care home, or development center, unless, prior to
19 his or her first admission to that institution, he or she has been fully immunized. The
following are the diseases for which immunizations shall be documented:

- 20 (1) Diphtheria.
- (2) Haemophilus influenzae type b.
- 21 (3) Measles.
- (4) Mumps.
- 22 (5) Pertussis (whooping cough).
- (6) Poliomyelitis.
- 23 (7) Rubella.
- (8) Tetanus.
- 24 (9) Hepatitis B.
- (10) Varicella (chickenpox).

25 (11) Any other disease deemed appropriate by the department, taking into
consideration the recommendations of the Advisory Committee on Immunization
Practices of the United States Department of Health and Human Services, the
26 American Academy of Pediatrics, and the American Academy of Family Physicians.

27 (c) Notwithstanding subdivision (b), full immunization against hepatitis B shall
not be a condition by which the governing authority shall admit or advance any pupil

28 ¹ *Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.

1 to the 7th grade level of any private or public elementary or secondary school.

2 (d) The governing authority shall not unconditionally admit or advance any
3 pupil to the 7th grade level of any private or public elementary or secondary school
4 unless the pupil has been fully immunized against pertussis, including all pertussis
5 boosters appropriate for the pupil's age.

6 (e) The department may specify the immunizing agents that may be utilized and
7 the manner in which immunizations are administered.

8 ...
9 (g)(1) A pupil who, prior to January 1, 2016, submitted a letter or affidavit on
10 file at a private or public elementary or secondary school, child day care center, day
11 nursery, nursery school, family day care home, or development center stating beliefs
12 opposed to immunization shall be allowed enrollment to any private or public
13 elementary or secondary school, child day care center, day nursery, nursery school,
14 family day care home, or development center within the state until the pupil enrolls in
15 the next grade span.

16 (2) For purposes of this subdivision, 'grade span' means each of the following:

17 (A) Birth to preschool.

18 (B) Kindergarten and grades 1 to 6, inclusive, including transitional
19 kindergarten.

20 (C) Grades 7 to 12, inclusive.

21 (3) Except as provided in this subdivision, on and after July 1, 2016, the
22 governing authority shall not unconditionally admit to any of those institutions
23 specified in this subdivision for the first time, or admit or advance any pupil to 7th
24 grade level, unless the pupil has been immunized for his or her age as required by this
25 section.

26 ...

27 9. Section 120370 of the Health and Safety Code states:

28 (a) If the parent or guardian files with the governing authority a written
statement by a licensed physician to the effect that the physical condition of the child
is such, or medical circumstances relating to the child are such, that immunization is
not considered safe, indicating the specific nature and probable duration of the
medical condition or circumstances, including, but not limited to, family medical
history, for which the physician does not recommend immunization, that child shall
be exempt from the requirements of Chapter 1 (commencing with Section 120325,
but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 to
the extent indicated by the physician's statement.

...

FACTUAL ALLEGATIONS

10. Respondent practices internal medicine and pediatrics at her solo practice, South Park
Doctors.

11. Patient A² is a female minor, born in December 2011, whose parents are divorced.

12. From at least on or about May 8, 2016, Patient A's father ("Mr. A") engaged in email
correspondence with respondent, seeking a medical exemption from vaccinations for Patient A.

² For the sake of patient privacy, the patient concerned is designated herein only as
"Patient A." Her identity is known to all parties involved herein.

1 In an email dated May 8, 2016, Mr. A wrote, “[m]y 4 year old daughter was barely vaccinated
2 and I would like to get her evaluated...”

3 13. On or about May 9, 2016, respondent sent an email to Mr. A, in which she stated:

4 “If you can find 4 or more people affected with [the type of illnesses listed on
5 my webpage], I could make a case that she likely has inherited a tendency to over
6 reactive immune system. Then you get some kind of documentation of it. ...”

6 14. On or about July 1, 2016, Mr. A informed respondent that (1) his maternal
7 grandmother had asthma and psoriasis (among others), (2) his mother had “asthma, hives from
8 sulfur, and ... vomiting and [a] rash from Erythromycin, Vicodin and Percocet”, (3) his half-
9 brother “had asthma when he was younger,” and (4) his uncle (Mr. A’s mother’s brother) had
10 “asthma, psoriasis, eczema, and allergies to cat dander and dust. Do you think that would
11 qualify?”

12 15. On or about July 3, 2016, respondent emailed Mr. A, saying “Great! ... Looks like 4
13 or more people to me! Go ahead and get the documentation for each and I’ll take a look! ...”

14 16. On an unknown date(s), respondent received the following documentation:

15 (a) Regarding Patient A’s paternal great-grandmother, a letter stating that she had had
16 asthma from ages 25 through about 45, and had suffered from psoriasis since
17 approximately aged 60. She was also allegedly allergic to Lipitor, Aspirin, and steroid
18 medicines, which caused the allergic reactions of “swelling, not being able to walk, and
19 total loss of energy” in the then 85 year old woman.

20 (b) Regarding Patient A’s father’s half-brother, a letter stating that, between ages 5 through
21 18, he suffered from asthma.

22 (c) Regarding Patient A’s great uncle (Patient A’s grandmother’s brother), a one-page
23 medical record stating that he suffered from psoriasis and a form of dermatitis (among
24 other, non-relevant conditions).

25 (d) Regarding Patient A’s paternal grandmother, a letter stating that she had asthma from
26 ages 3 through 23, and had suffered a vaccine reaction from a rabies shot when she was
27 3 years old (approximately 58 years prior). Respondent also received one page of

28 ////

1 medical records pertaining to the paternal grandmother, on which neither the asthma nor
2 the rabies vaccine (or the alleged reaction to it) were documented.

3 17. On or about July 14, 2016, respondent emailed Mr. A, saying:
4 "All of it looks fantastic! Good job! I am putting you on the list of qualified
and documented. ..."

5 18. On or about July 26, 2016, at approximately 12:50 p.m., Mr. A provided respondent
6 with Patient A's name and date of birth, since he urgently required documentation of the planned
7 medical exemption to provide to court the following day.

8 19. On or about July 26, 2016, at approximately 1:14 p.m., approximately three weeks
9 before seeing Patient A, respondent sent the following email to Mr. A:

10 "I certify under penalty of perjury that I have personally examined the pertinent
11 medical records of [Patient A]'s ([date of birth]³) family, and find her qualified per
12 California law SB277⁴ for a medical exemption to vaccines. I have medical
13 documentation in my possession upon which I base this determination. I am currently
14 waiting for my schedule to accommodate their appointment, which will be the second
15 half of August. The appointment is guaranteed, at which time I will formally write
the medical exemption according to law and dept. of Public Health regulations. The
16 exemption will be permanent and include DtaP, TdaP, MMR, Polio, Varicella, Hib,
17 PCV, Meningitis and Hepatitis A and B. Thank you for understanding the challenges
18 of scheduling during the school rush!"

19 20. On or about August 15, 2016, respondent saw Patient A at her office. Respondent's
20 examination of Patient A consisted of "watching her play with the toys and doing the
21 developmental, by watching her do that." She did not conduct a physical examination of Patient
22 A other than seeing "anything that was outside of clothing." Respondent did not find any
23 evidence in Patient A of an autoimmune condition.

24 21. Throughout Respondent's care and treatment of Patient A, she was unaware whether
25 Patient A had been previously vaccinated or not. In fact, Patient A had previously had
26 vaccinations without adverse incident.

27 22. What respondent looks for, before providing a medical exemption, is:

28 ³ Omitted for the privacy of Patient A.

⁴ California Senate Bill 277 was a California bill that removed personal belief exemptions to vaccination requirements for entry to private or public elementary or secondary schools in California, as well as day care centers. It was passed in the California State Senate in June 2015 and signed into law by Governor Jerry Brown on June 30, 2015

1 “[G]enerally, in the family, ... a consistent pattern of multiple people with an
2 overactive immune system. That would give me an indication that, when I give a
vaccine, they are at slightly higher risk of maybe an overreaction to the vaccine. Not
necessarily a horrible one, but slightly higher risk.”

3 “Um, and so they might want to do the vaccine, slightly differently. For
4 example, if they have an overactive immune system, they’re at slightly higher risk of
having hives, uh, or an allergic reaction...”

5 23. Respondent found Patient A’s risk of an adverse reaction (including hives) to
6 vaccines to be “slightly increased.”

7 24. On the same day as the office consultation with Patient A, respondent provided Mr. A
8 with a letter on her office letterhead, stating:

9 “[Patient A] has a strong family history of hyperimmune conditions like
10 asthma, autoimmune disease, and vaccine reactions. Given this level of immune
dysfunction in the family, I feel she is at high risk of a severe reaction to vaccines. If
11 there is an imminent medical threat in the community, we can consider giving a
single vaccine in a controlled medical environment. However, the benefits to her and
12 the community would have to greatly outweigh her very real personal risk. I would
recommend skin testing to the vaccine and all of its additives prior to this. This
13 medical exemption for vaccines is permanent. It includes, but is not limited to, Hep
B, Varicella, Tdap, Hib, PCV, Polio, Meningitis and MMR, as well as any
14 vaccine currently on the CDC recommended vaccine list and any vaccines added to
the list in the future.”

15 25. At the subject interview, respondent explained that the family history “vaccine
16 reactions” mentioned in the letter was a reference to the reaction to the rabies vaccine reportedly
17 suffered by Patient A’s grandmother at age 3 or some 58 years prior, as mentioned in Patient A’s
18 grandmother’s letter.

19 26. Respondent explained, further that the family history of “autoimmune disease”
20 mentioned in the letter was a reference to the psoriasis (reportedly suffered by Patient A’s
21 paternal great-grandmother, as mentioned in her letter).

22 27. Patient A’s mother (“Mrs. A”) contacted respondent on or about August 15, 2016,
23 expressing concern about the medical exemption provided by respondent and the grounds on
24 which it was based, including whether medical records had been fabricated. In response,
25 respondent stated, “[i]n terms of falsifying medical documents, it didn’t happen – I have the
26 records direct from the doctor.” In fact, respondent had received medical documentation
27 regarding the family members’ reported (relevant) conditions from only one person, namely,
28 someone reported to be Patient A’s great uncle.

1 28. Respondent provided investigators in this matter with a transcript of what she
2 typically tells patients and their parents in her group visits. It includes the following passage:

3 “The things in the vaccines are there for a reason - if any of you use colloidal
4 silver as an antiviral/antibiotic, then you know why aluminum is in the vaccines.
5 Something has to be in the vaccine to prevent bacteria from growing in it while it sits
6 on the shelf. Remember the spinal injections in Florida that killed many people
7 because they had a fungus growing in the steroidal solution? Well, how about
8 injecting bacteria along with your vaccine. No thanks. If not aluminum, then
9 neomycin antibiotic. You can't have nothing in it.”

10 This is inaccurate. In fact, aluminum acts as an adjuvant in vaccines. Adjuvants help the
11 body to produce an immune response strong enough to protect the person from the disease against
12 which he or she is being vaccinated.

13 29. The group visit transcript also encourages parents to “follow [their] gut” in deciding
14 on a vaccination schedule for each child, and to follow their children’s “gut,” too. She provides
15 the example of her daughter who, when she was 12, told respondent that she was “going to get the
16 flu this year and die,” as she had “felt it in [her] bones.” Respondent continued, “[t]hat’s a pretty
17 strong gut feeling. So I gave her the shot ...”

18 30. Respondent’s billing record for Patient A indicates a CPT code 99203, that is, a
19 Level 3 new patient office visit. CPT code 99203 requires a detailed history, a detailed physical
20 exam, low complexity medical decision-making, and presenting problems of moderate severity.
21 Respondent’s chart for Patient A contains a one-page medical record reflecting the care provided
22 at her appointment on or about August 15, 2016. The records do not indicate either a detailed
23 physical exam or a complete medical history (including Patient A’s immunization history).

24 31. Respondent’s medical chart for Patient A incorrectly documents Patient A’s great
25 uncle as having asthma. There is no evidence of his having asthma in any documents provided to
26 respondent.

27 32. Respondent’s medical chart for Patient A incorrectly documents Patient A’s uncle
28 (Mr. A’s half-brother) as having psoriasis, eczema and allergies. There is no evidence of his
29 having any of these conditions in any documents provided to respondent.

30 33. Respondent estimates that, as of June 2019, she had provided roughly 1,000 medical
31 exemptions since California Senate Bill 277 was passed.

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 34. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined
4 by section 2234, subdivision (b), of the Code, in that she committed gross negligence in her care
5 and treatment of Patient A, which includes, but is not limited to, granting permanent vaccine
6 exemption for Patient A based on a remote and irrelevant family medical history.

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts)**

9 35. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
10 defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent
11 acts in her care and treatment of Patient A, which include, but are not limited to:

12 (a) Granting permanent vaccine exemption for Patient A based on a remote and irrelevant
13 family medical history; and

14 (b) Failing to maintain adequate and accurate medical records.

15 **THIRD CAUSE FOR DISCIPLINE**

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

17 36. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
18 defined by section 2266, of the Code, in that she failed to maintain adequate and accurate records
19 relating to her provision of services to Patient A, as more particularly alleged in paragraphs 30
20 through 32, above, which are hereby realleged and incorporated by this reference as if fully set
21 forth herein.

22 **FOURTH CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct)**


24 37. Respondent is further subject to disciplinary action in that she has engaged in conduct
25 which breaches the rules or ethical code of the medical profession, or conduct that is unbecoming
26 to a member in good standing of the medical profession, and which demonstrates an unfitness to
27 practice medicine, as more particularly alleged in paragraphs 10 through 36, above, which are
28 hereby realleged and incorporated by this reference as if fully set forth herein.

1 P R A Y E R

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

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 71646,
5 issued to Respondent Tara Alaina Zandvliet, M.D.;
- 6 2. Revoking, suspending or denying approval of Respondent Tara Alaina Zandvliet,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 8 3. Ordering Respondent Tara Alaina Zandvliet, M.D., if placed on probation, to pay the
9 Board the costs of probation monitoring; and
- 10 4. Taking such other and further action as deemed necessary and proper.

11
12 DATED: October 1, 2019


13 KIMBERLY KIRCHMEYER
14 Executive Director
15 Medical Board of California
16 Department of Consumer Affairs
17 State of California
18 *Complainant*