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

Respondent.

Case No. 800-2017-032412

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

[Signature]

Kristina D. Lawson, J.D., Chair
Panel B
BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

TARA ALAINA ZANDVIJET, M.D.
2991 Kalmia St.
San Diego, CA 92104

Physician’s and Surgeon’s Certificate
No. A 71646

Respondent.

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

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

PARTIES

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

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

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

JURISDICTION

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

ADVISEMENT AND WAIVERS

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

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

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

CULPABILITY

7. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2017-032412 and that her Physician’s and Surgeon’s Certificate No. A 71646 is
therefore subject to discipline. Respondent further agrees that if she ever petitions for early
termination or modification of probation, or if an Accusation is filed against her before the Board,
all of the charges and allegations contained in Accusation No. 800-2017-032412 shall be deemed
true, correct and fully admitted by Respondent for purposes of any such proceeding or any other
licensing proceeding involving respondent in the State of California or elsewhere.

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

**CONTINGENCY**

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

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

ADDITIONAL PROVISIONS

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

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

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

DISCIPLINARY ORDER

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

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

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

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

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

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

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

3. **PROHIBITED PRACTICE.** During probation, Respondent is prohibited from making or issuing any written exemption from immunization, or any other written statements providing that any child is exempt from the requirements of Chapter 1 (commencing with Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 of the
Health and Safety Code. After the effective date of this Decision, all patients being treated by
Respondent shall be notified of this prohibition. Any new patients must be provided this
notification at the time of their initial appointment.

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

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

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

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

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

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

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

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

8. **GENERAL PROBATION REQUIREMENTS.**

   **Compliance with Probation Unit**
   
   Respondent shall comply with the Board’s probation unit.

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

   **Place of Practice**
   
   Respondent shall not engage in the practice of medicine in Respondent’s or patient’s place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

   **License Renewal**
   
   Respondent shall maintain a current and renewed California physician’s and surgeon’s license.

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

   In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.
9. **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.

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

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

Respondent’s period of non-practice while on probation shall not exceed two (2) years. Periods of non-practice will not apply to the reduction of the probationary term. Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
11. **COMPLETION OF PROBATION.** Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

14. **PROBATION MONITORING COSTS.** Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.
15. **FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-032412 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

**ACCEPTANCE**

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

DATED: 6/17/2020

TARA ALAINA ZANDVIET, M.D.
Respondent

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

DATED: June 18, 2020

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent
ENDORSEMENT

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

DATED: July 20, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

TESSA L. HEUNIS
Deputy Attorney General
Attorneys for Complainant
Exhibit A

Accusation No. 800-2017-032412
BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: Case No. 800-2017-032412

Tara Alaina Zandvliet, M.D., ACCUSATION
2991 Kalmia St
San Diego, CA 92104

Physician’s and Surgeon’s Certificate
No. A 71646,

Respondent.

PARTIES

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

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

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

...

5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

...

6. Section 2266 of the Code states:

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

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

OTHER RELEVANT STATUTORY PROVISIONS

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

(a) As used in this chapter, 'governing authority' means the governing board of 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.

(b) The governing authority shall not unconditionally admit any person as a 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 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:

   (1) Diphtheria.
   (2) Haemophilus influenzae type b.
   (3) Measles.
   (4) Mumps.
   (5) Pertussis (whooping cough).
   (6) Poliomyelitis.
   (7) Rubella.
   (8) Tetanus.
   (9) Hepatitis B.
   (10) Varicella (chickenpox).
   (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 American Academy of Pediatrics, and the American Academy of Family Physicians.

(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

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

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

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

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

(2) For purposes of this subdivision, ‘grade span’ means each of the following:
(A) Birth to preschool.
(B) Kindergarten and grades 1 to 6, inclusive, including transitional kindergarten.
(C) Grades 7 to 12, inclusive.

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

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

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

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

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

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

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

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

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

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

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

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

(TARA ALAINA ZANDVIET, M.D.) ACCUSATION NO. 800-2017-032412
medical records pertaining to the paternal grandmother, on which neither the asthma nor
the rabies vaccine (or the alleged reaction to it) were documented.

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

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

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

   “I certify under penalty of perjury that I have personally examined the pertinent
medical records of [Patient A]’s [(date of birth)] family, and find her qualified per
California law SB2774 for a medical exemption to vaccines. I have medical
documentation in my possession upon which I base this determination. I am currently
waiting for my schedule to accommodate their appointment, which will be the second
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
exemption will be permanent and include DtaP, TdaP, MMR, Polio, Varicella, Hib,
PCV, Meningitis and Hepatitis A and B. Thank you for understanding the challenges
of scheduling during the school rush!”

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

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

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

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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
"[G]enerally, in the family, ... a consistent pattern of multiple people with an 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."

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

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

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

"[Patient A] has a strong family history of hyperimmune conditions like 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 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 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 medical exemption for vaccines is permanent. It includes, but is not limited to, Hep B, Varicella, Tdap, Dtap, Hib, PCV, Polio, Meningitis and MMR, as well as any vaccine currently on the CDC recommended vaccine list and any vaccines added to the list in the future.”

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

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

27. Patient A’s mother (“Mrs. A”) contacted respondent on or about August 15, 2016, expressing concern about the medical exemption provided by respondent and the grounds on which it was based, including whether medical records had been fabricated. In response, respondent stated, “[i]n terms of falsifying medical documents, it didn’t happen – I have the records direct from the doctor.” In fact, respondent had received medical documentation regarding the family members’ reported (relevant) conditions from only one person, namely, someone reported to be Patient A’s great uncle.
28. Respondent provided investigators in this matter with a transcript of what she typically tells patients and their parents in her group visits. It includes the following passage:

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

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

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

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

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

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

33. Respondent estimates that, as of June 2019, she had provided roughly 1,000 medical exemptions since California Senate Bill 277 was passed.
FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

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

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

35. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in her care and treatment of Patient A, which include, but are not limited to:
   (a) Granting permanent vaccine exemption for Patient A based on a remote and irrelevant family medical history; and
   (b) Failing to maintain adequate and accurate medical records.

THIRD CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

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

FOURTH CAUSE FOR DISCIPLINE
(Unprofessional Conduct)

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

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 71646, issued to Respondent Tara Alaina Zandvliet, M.D.;

2. Revoking, suspending or denying approval of Respondent Tara Alaina Zandvliet, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Tara Alaina Zandvliet, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: October 1, 2019

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