

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

In the Matter of the Statement of
Issues Against:

Tracy Jean Hourigan, M.D.
215 1/2 35th Street
Newport Beach, CA 92663

Physician's and Surgeon's
Certificate No. A 70991

Respondent.

Case No. 20-1999-96264

AGREEMENT FOR
SURRENDER OF LICENSE

TO ALL PARTIES:

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

1. Complainant, William Prasifka, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").
2. Tracy Jean Hourigan, M.D. ("Respondent") has carefully read and fully understands the effect of this Agreement.
3. Respondent understands that by signing this Agreement she is enabling the Board to issue this order accepting the surrender of license without further process. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Board regarding this Agreement, without notice to or participation by Respondent. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

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1 4. Respondent acknowledges that on April 29, 1999, a Statement of
2 Issues was filed against her and on February 17, 2000, a Decision was rendered
3 wherein her license was issued on a probationary basis for a period of four (4)
4 years with various standard terms and conditions.

5 5. The current disciplinary action provides in pertinent part, "Following the
6 effective date of this Decision, if Respondent ceases practicing due to retirement
7 or health reasons or is otherwise unable to satisfy the terms and conditions of
8 probation, Respondent may voluntarily tender her certificate to the Board."
9 (Condition #11).

10 6. Upon acceptance of the Agreement by the Board, Respondent
11 understands she will no longer be permitted to practice as a physician and
12 surgeon in California, and also agrees to surrender her wallet certificate, wall
13 license and any D.E.A. Certificate(s) for an address in California.

14 7. Respondent fully understands and agrees that if Respondent ever files
15 an application for relicensure or reinstatement in the State of California, the Board
16 shall treat it as a Petition for Reinstatement of a revoked license in effect at the
17 time the Petition is filed. In addition, any Medical Board Investigation Report(s),
18 including all referenced documents and other exhibits, upon which the Board is
19 predicated, and any such Investigation Report(s), attachments, and other exhibits,
20 that may be generated subsequent to the filing of this Agreement for Surrender of
21 License, shall be admissible as direct evidence, and any time-based defenses,
22 such as laches or any applicable statute of limitations, shall be waived when the
23 Board determines whether to grant or deny the Petition.
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ACCEPTANCE

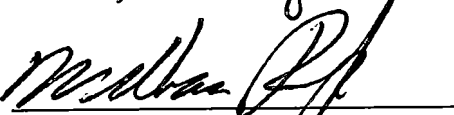
I, Tracy Jean Hourigan, M.D. have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. A 70991, to the Medical Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and that I have delivered to the Board my wallet certificate and wall license.


Tracy Jean Hourigan, M.D.

4/28/2021
Date


Attorney or Witness

4-28-21
Date


William Prasifka
Executive Director
Medical Board of California

MAY 11 2021
Date

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