

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

In the Matter of the Accusation  
Against:

Michael Fielding Allen, M.D.

Physician's and Surgeon's  
Certificate No. G 73771

Respondent.

Case No.: 800-2018-044591

**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 March 24, 2022.

IT IS SO ORDERED: February 22, 2022.

MEDICAL BOARD OF CALIFORNIA



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Laurie Rose Lubiano, J.D., Chair  
Panel A

1 ROB BONTA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
Deputy Attorney General  
4 State Bar No. 111898  
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*Attorneys for Complainant*  
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2018-044591

13 **MICHAEL FIELDING ALLEN, M.D.**  
14 **800 Howe Ave Ste 370**  
**Sacramento CA 95825-3965**

OAH No. 2021100495

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

15 **Physician's and Surgeon's Certificate No. G**  
16 **73771**

17 Respondent.

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

20 **PARTIES**

21 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
22 California (Board). He brought this action solely in his official capacity and is represented in this  
23 matter by Rob Bonta, Attorney General of the State of California, by Lawrence Mercer, Deputy  
24 Attorney General.

25 2. Respondent Michael Fielding Allen, M.D. (Respondent) is represented in this  
26 proceeding by attorney Richard A. Jaffe, whose address is: 770 L Street, Suite 950  
27 Sacramento, CA 95814.  
28





1 Respondent is placed on probation for three (3) years on the following terms and conditions:

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

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

16 Respondent shall submit a certification of successful completion to the Board or its  
17 designee not later than 15 calendar days after successfully completing the course, or not later than  
18 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

9 3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
10 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
11 program approved in advance by the Board or its designee. Respondent shall successfully  
12 complete the program not later than six (6) months after Respondent's initial enrollment unless  
13 the Board or its designee agrees in writing to an extension of that time.

14 The program shall consist of a comprehensive assessment of Respondent's physical and  
15 mental health and the six general domains of clinical competence as defined by the Accreditation  
16 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
17 Respondent's current or intended area of practice. The program shall take into account data  
18 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
19 Accusation(s), and any other information that the Board or its designee deems relevant. The  
20 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
21 than five (5) days as determined by the program for the assessment and clinical education  
22 evaluation. Respondent shall pay all expenses associated with the clinical competence  
23 assessment program.

24 At the end of the evaluation, the program will submit a report to the Board or its designee  
25 which unequivocally states whether the Respondent has demonstrated the ability to practice  
26 safely and independently. Based on Respondent's performance on the clinical competence  
27 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
28 scope and length of any additional educational or clinical training, evaluation or treatment for any

1 medical condition or psychological condition, or anything else affecting Respondent's practice of  
2 medicine. Respondent shall comply with the program's recommendations.

3 Determination as to whether Respondent successfully completed the clinical competence  
4 assessment program is solely within the program's jurisdiction.

5 If Respondent fails to enroll, participate in, or successfully complete the clinical  
6 competence assessment program within the designated time period, Respondent shall receive a  
7 notification from the Board or its designee to cease the practice of medicine within three (3)  
8 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
9 until enrollment or participation in the outstanding portions of the clinical competence assessment  
10 program have been completed. If the Respondent did not successfully complete the clinical  
11 competence assessment program, the Respondent shall not resume the practice of medicine until a  
12 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
13 cessation of practice shall not apply to the reduction of the probationary time period.

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

23 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
24 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
25 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
26 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
27 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
28 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the

1 signed statement for approval by the Board or its designee.

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

6       If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
7 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
8 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
9 shall cease the practice of medicine until a monitor is approved to provide monitoring  
10 responsibility.

11       The monitor(s) shall submit a quarterly written report to the Board or its designee which  
12 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
13 are within the standards of practice of medicine and whether Respondent is practicing medicine  
14 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
15 that the monitor submits the quarterly written reports to the Board or its designee within 10  
16 calendar days after the end of the preceding quarter.

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

25       In lieu of a monitor, Respondent may participate in a professional enhancement program  
26 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
27 review, semi-annual practice assessment, and semi-annual review of professional growth and  
28 education. Respondent shall participate in the professional enhancement program at Respondent's



1 expense during the term of probation.

2 5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from  
3 writing, issuing or otherwise aiding and abetting the writing or issuance of exemptions from any  
4 vaccine for any patient or other persons. After the effective date of this Decision, all patients  
5 being treated by the Respondent shall be notified that the Respondent is prohibited from writing,  
6 issuing or otherwise aiding and abetting the writing or issuance of exemptions from any vaccine.  
7 Any new patients must be provided this notification at the time of their initial appointment.

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

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

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

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

27 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
28 governing the practice of medicine in California and remain in full compliance with any court

1 ordered criminal probation, payments, and other orders.

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

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

7 10. GENERAL PROBATION REQUIREMENTS.

8 Compliance with Probation Unit

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

10 Address Changes

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

16 Place of Practice

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

20 License Renewal

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

23 Travel or Residence Outside California

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

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

1 departure and return.

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

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

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

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

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

26 Periods of non-practice for a Respondent residing outside of California will relieve  
27 Respondent of the responsibility to comply with the probationary terms and conditions with the  
28 exception of this condition and the following terms and conditions of probation: Obey All Laws;

1 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
2 Controlled Substances; and Biological Fluid Testing..

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

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

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

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

1 17. 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. 800-2018-044591 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  
8 ACCEPTANCE

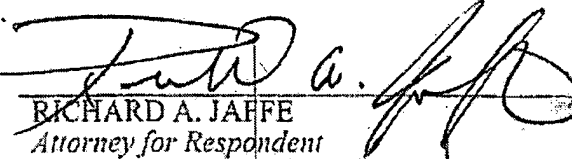
9 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
10 discussed it with my attorney, Richard A. Jaffe. I understand the stipulation and the effect it will  
11 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
12 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
13 Decision and Order of the Medical Board of California.

14  
15 DATED: 12/16/21

  
16 MICHAEL FIELDING ALLEN, M.D.  
17 Respondent

18  
19  
20 I have read and fully discussed with Respondent Michael Fielding Allen, M.D. the terms  
21 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
22 Order. I approve its form and content.

23 DATED: 12/14/21

  
24 RICHARD A. JAFFE  
25 Attorney for Respondent

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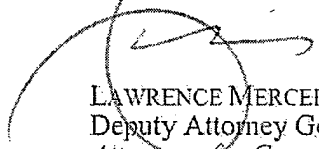
ENDORSEMENT

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

DATED: 12/17/2021

Respectfully submitted,

ROB BONTA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General



LAWRENCE MERCER  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2018-044591**

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
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12 In the Matter of the Accusation Against:

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13 **Michael Fielding Allen, M.D.**  
14 **800 Howe Ave Ste 370**  
**Sacramento CA 95825-3965**

**ACCUSATION**

15 **Physician's and Surgeon's Certificate No. G**  
16 **73771**

17 Respondent.

18  
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs  
22 (Board).

23 2. On or about April 7, 1992, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number G 73771 to Michael Fielding Allen, M.D. (Respondent). The Physician's and  
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
26 herein and will expire on March 31, 2022, unless renewed.



1  
2 **JURISDICTION**

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

6 4. Section 2227 of the Code states:

7 (a) A licensee whose matter has been heard by an administrative law judge of  
8 the Medical Quality Hearing Panel as designated in Section 11371 of the Government  
9 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:

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

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

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

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

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

18 (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
19 medical review or advisory conferences, professional competency examinations,  
20 continuing education activities, and cost reimbursement associated therewith that are  
agreed to with the board and successfully completed by the licensee, or other matters  
made confidential or privileged by existing law, is deemed public, and shall be made  
available to the public by the board pursuant to Section 803.1.

21 5. Section 2234 of the Code, states:

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

24 . . . (b) Gross negligence.

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

28 (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 provides that the failure to maintain adequate and accurate records is unprofessional conduct.

### OTHER STATUTES

7. Health and Safety Code section 120325 provides:

In enacting this chapter, but excluding Section 120380, and in enacting Sections 120400, 120405, 120410, and 120415, it is the intent of the Legislature to provide:

(a) A means for the eventual achievement of total immunization of appropriate age groups against the following childhood diseases:

(1) Diphtheria.

(2) Hepatitis B.

(3) Haemophilus influenza type b.

(4) Measles.

(5) Mumps.

(6) Pertussis (whooping cough).

(7) Poliomyelitis.

(8) Rubella.

(9) Tetanus.

(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

1 Department of Health and Human Services, the American Academy of Pediatrics, and the  
2 American Academy of Family Physicians.

3 (b) That the persons required to be immunized be allowed to obtain immunizations from  
4 whatever medical source they so desire, subject only to the condition that the immunization be  
5 performed in accordance with the regulations of the department and that a record of the  
6 immunization is made in accordance with the regulations.

7 (c) Exemptions from immunization for medical reasons.

8 (d) For the keeping of adequate records of immunization so that health departments,  
9 schools, and other institutions, parents or guardians, and the persons immunized will be able to  
10 ascertain that a child is fully or only partially immunized, and so that appropriate public agencies  
11 will be able to ascertain the immunization needs of groups of children in schools or other  
12 institutions.

13 (e) Incentives to public health authorities to design innovative and creative programs that  
14 will promote and achieve full and timely immunization of children.

15 8. Health and Safety Code section 120370 provides, in pertinent part:

16 (a) If the parent or guardian files with the governing authority a written statement by a  
17 licensed physician to the effect that the physical condition of the child is such, or medical  
18 circumstances relating to the child are such, that immunization is not considered safe, indicating  
19 the specific nature and probable duration of the medical condition or circumstances, including,  
20 but not limited to, family medical history, for which the physician does not recommend  
21 immunization, that child shall be exempt from the requirements of Chapter 1 (commencing with  
22 Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and  
23 120415 to the extent indicated by the physician's statement.  
24  
25  
26

27 **FACTUAL ALLEGATIONS**

1           9.     At all relevant times, Respondent Michael Fielding Allen, M.D., was a physician and  
2 surgeon with a specialization in pediatrics at his office in San Francisco, California. Beginning in  
3 2018, the Board received complaints that Respondent was issuing vaccine exemptions that did not  
4 appear to be appropriate or valid.

5           10.    Patient 1,<sup>1</sup> a six-year-old male child, was seen by a nurse practitioner and Respondent  
6 on September 18, 2018, and on March 5, 2019. The chief complaint was stated to be a request for  
7 a medical exemption because the child “gets sick a lot.” Respondent issued a temporary two-  
8 month exemption on October 8, 2018, which expired on December 6, 2018. The exemption  
9 applied to many vaccines, including vaccines for which the six-year-old was not eligible, and  
10 “any other immunization deemed necessary, now and/or in the future.” Respondent issued an  
11 additional two-month exemption on December 10, which expired on February 10, 2019. Because  
12 the exemption expired, Patient 1 was not permitted to attend school from February 12, 2019, and  
13 until Respondent provided a further, permanent exemption on March 4, 2019. A school nurse  
14 reported to the Board that the child’s mother attributed the delay to the family’s lack of funds to  
15 pay Respondent for another exemption letter. In a subsequent interview with the Board,  
16 Respondent stated that he provided the temporary exemptions to permit the child to attend school  
17 while the family prepared a family medical history. Respondent stated that he based his  
18 permanent vaccine exemption on a sibling history of vaccine reactions, paternal family history of  
19 multiple vaccine reactions, the child’s history of asthma and allergies and what Respondent  
20 termed “neurologic vulnerability.” He also considered a family history of Alzheimer’s disease to  
21 be pertinent because of what he termed neurotoxins in vaccines.

22           11.    Patient 2, a three-year-old female child, was seen by Respondent on August 3, 2018  
23 and October 16, 2018. She had received her scheduled vaccinations up to age 15 months from her  
24 treating physicians at Kaiser, after which the family refused further immunizations. The child’s  
25 parents requested a vaccine exemption from Respondent based upon the child’s reaction of  
26 “fussiness, fever and rash by injection sites after vaccines.” The parents also reported a reaction to  
27 a Vitamin K shot by Patient 2’s sibling (Patient 3), but stated that neither child’s vaccine reactions

28           <sup>1</sup> Patient names are redacted to protect privacy.

1 would be found in the records because their primary care providers said the responses were  
2 normal. In a vaccine exemption, dated October 29, 2018, Respondent listed Patient 2's vaccine  
3 reaction, her sibling's vaccine reaction<sup>2</sup> and a long list of family autoimmune disorders, allergies  
4 and mental illnesses. In a subsequent interview, Respondent stated that that his primary concerns  
5 in exempting the child from all presently required vaccines, as well as any deemed necessary in  
6 the future, were the "vaccine" reactions of Patient 2 and her sibling and the family history of  
7 vaccine reactions and autoimmune disorders.

8 12. Patient 3, the nine-month-old male sibling of Patient 2, was also seen by Respondent  
9 at the August 3, 2018 and October 16, 2018 visits. As stated, Patient 3 had not been vaccinated.  
10 He was jaundiced at birth and had not received the Hepatitis B vaccine, but only got a Vitamin K  
11 shot. At his initial visit, his parents reported teething, colic, food sensitivity and "hard to get to  
12 sleep," but an otherwise healthy infant. As with Patient 3's sibling, Respondent's plan was to  
13 obtain a family history. At his Board interview, Respondent stated that the medical circumstances  
14 that stood out as priority were the infant's Vitamin K shot reaction, where he reportedly went  
15 limp, the sibling's vaccine reaction and family history of vaccine reactions and autoimmune  
16 disorders. Kaiser records for Patient 3 reflect the advice of his treating physicians to adhere to the  
17 standard immunization schedule.

18 13. Patient 4, an unvaccinated two-year nine-month-old male, was seen on February 5  
19 and August 9, 2019. Patient 4 had been diagnosed with Autism Spectrum Disorder (ASD) and  
20 was receiving applied behavior analysis (ABA) and other therapies. Respondent's exemption,  
21 dated February 17, 2019 is based on the autism diagnosis, family history of vaccine  
22 reactions/anaphylaxis (without reference to a specific vaccine) family history of autoimmune  
23 disease and sibling's developmental delay. Respondent's records, which are in parts illegible,  
24 indicate that the child's parents were interested in a modified vaccine schedule; nevertheless,  
25 Respondent wrote a permanent exemption from all vaccines. At a subsequent interview,  
26 Respondent was asked if he had any concerns that, having received a permanent and global  
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28 <sup>2</sup> Patient 3 had not received any vaccinations as of the date of the exemption.

1 exemption, the child might not be vaccinated. Respondent did not accept any responsibility and  
2 stated that the permanent exemption was “just my opinion.”

3  
4 14. Patient 5, a 21-month-old male infant was seen by Respondent for the purpose of  
5 obtaining a vaccine exemption on October 27, 2017. The child’s mother stated that his Kaiser  
6 physicians would not provide him with an exemption and his daycare facility was requesting  
7 updated immunization records. The conditions reported in the parental report include a potential  
8 unknown syndrome (with genetic testing pending), developmental delay and constipation. On  
9 November 30, 2017, Respondent provided a permanent and global exemption from all vaccines,  
10 including any that might be required in the future. In a subsequent interview, Respondent stated  
11 that the significant matters underlying his exemption were the child’s reported vaccine reaction to  
12 the Hepatitis B vaccine and his Vitamin K shot after birth, as well as family history of adverse  
13 reactions following immunization, allergic conditions and autoimmune disease.

14 15. Patient 6, a five-year-old female, was seen by Respondent on August 14 and  
15 September 25, 2018, for a “vaccine consult.” Patient 6 received a temporary exemption on June 6,  
16 2018, before her first appointment with Respondent. Respondent’s records for this patient are  
17 largely illegible. At a subsequent interview, Respondent stated that the temporary exemption was  
18 based upon a verbal report that a sibling had an adverse reaction and was given because the child  
19 “needed to be in school.” On September 20, 2018, Respondent provided a permanent and global  
20 vaccine exemption based upon a reported sibling vaccine reaction, the child’s history of eczema  
21 and “neurological vulnerability” as well as a family history of autoimmune disorders, allergies  
22 and mental health disorders.

23 **CAUSE FOR DISCIPLINE**

24 **(Gross Negligence, Incompetence/Inadequate records)**

25 16. Respondent Michael Fielding Allen, M.D. is guilty of unprofessional conduct and his  
26 certificate is subject to disciplinary action under section 2234 and/or 2234(b) and/or 2234(c)  
27 and/or 2234(d) and/or 2266 in that Respondent engaged in acts of unprofessional conduct, gross  
28 and/or repeated negligence and/or demonstrated incompetence in issuing vaccine exemptions to

1 Patients 1 through 6, and failed to keep adequate and accurate records, including but not limited  
2 to, the following:

3 A. Respondent provided vaccine exemptions that were not based upon generally  
4 accepted standards established by the Centers for Disease Control and Prevention (CDC), through  
5 the Advisory Committee on Immunization Practices (ACIP), and the American Academy of  
6 Pediatrics (AAP), as published in the Red Book;

7 B. Respondent routinely provided exemptions that were based upon remote and  
8 irrelevant personal and family history, including allergic conditions and autoimmune diseases;

9 C. Respondent demonstrated a lack of basic medical knowledge regarding immunization  
10 practices and vaccine safety;

11 D. Respondent extended his exemptions to vaccines that might be required in the future,  
12 including those not yet developed, e.g. SARS-CoV-2, for which he had no basis to do a  
13 risk/benefit analysis;

14 E. Respondent demonstrated a lack of basic medical knowledge regarding the risk to  
15 child and to the public health posed by failure to vaccinate;

16 F. Respondent failed to obtain and/or failed to document informed refusal or to have  
17 parents sign an AAP-recommended Refusal to Vaccinate form and his records are in parts  
18 illegible.

19 **PRAYER**

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

22 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 73771,  
23 issued to Michael Fielding Allen, M.D.;

24 2. Revoking, suspending or denying approval of Michael Fielding Allen, M.D.'s  
25 authority to supervise physician assistants and advanced practice nurses;

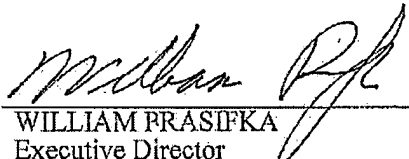
26 3. Ordering Michael Fielding Allen, M.D., if placed on probation, to pay the Board the  
27 costs of probation monitoring; and

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

DATED: DEC 14 2020



WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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