

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

**In the Matter of the First Amended
Accusation Against:**

Robin Alvin Bernhoft, M.D.

**Physician's and Surgeon's
Certificate No. G 34278**

Respondent.

Case No.: 800-2018-044589

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 30, 2022.

IT IS SO ORDERED: August 31, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 RYAN J. MCEWAN
Deputy Attorney General
4 State Bar No. 285595
1300 I Street, Suite 125
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7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation
13 Against:

14 **ROBIN ALVIN BERNHOFT, M.D.**
15 **1200 Maricopa Highway, Suite A**
Ojai, CA 93023

16 **Physician's and Surgeon's Certificate No. G**
17 **34278**

18 Respondent.

Case No. 800-2018-044589

OAH No. 2021070448

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

22 **PARTIES**

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

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1 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
2 every right set forth above.

3 **CULPABILITY**

4 9. Respondent understands and agrees that the charges and allegations in the First
5 Amended Accusation No. 800-2018-044589, if proven at a hearing, constitute cause for imposing
6 discipline upon his Physician's and Surgeon's Certificate.

7 10. Respondent does not contest that, at an administrative hearing, Complainant could
8 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
9 2018-044589, a true and correct copy of which is attached hereto as Exhibit A, and that he has
10 thereby subjected his Physician's and Surgeon's Certificate, No. G 34278 to disciplinary action.

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

14 **CONTINGENCY**

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

25 13. Respondent agrees that if he ever petitions for early termination or modification of
26 probation, or if an accusation and/or petition to revoke probation is filed against him before the
27 Board, all of the charges and allegations contained in the First Amended Accusation No. 800-
28 2018-044589 shall be deemed true, correct and fully admitted by respondent for purposes of any

1 such proceeding or any other licensing proceeding involving Respondent in the State of
2 California.

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

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

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 34278 issued
11 to Respondent Robin Alvin Bernhoft, M.D. is revoked. However, the revocation is stayed and
12 Respondent is placed on probation for three (3) years on the following terms and conditions:

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

23 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective
24 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
25 advance by the Board or its designee. Respondent shall provide the approved course provider
26 with any information and documents that the approved course provider may deem pertinent.
27 Respondent shall participate in and successfully complete the classroom component of the course
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The medical
2 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
3 Medical Education (CME) requirements for renewal of licensure.

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

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 calendar days after successfully completing the course, or not later than
11 15 calendar days after the effective date of the Decision, whichever is later.

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

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

27 Respondent shall submit a certification of successful completion to the Board or its
28 designee not later than 15 calendar days after successfully completing the program or not later

1 than 15 calendar days after the effective date of the Decision, whichever is later.

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

11 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
12 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
13 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
14 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
15 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
16 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
17 signed statement for approval by the Board or its designee.

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

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

27 The monitor(s) shall submit a quarterly written report to the Board or its designee which
28 includes an evaluation of Respondent's performance, indicating whether Respondent's practices

1 are within the standards of practice of medicine, and whether Respondent is practicing medicine
2 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
3 that the monitor submits the quarterly written reports to the Board or its designee within 10
4 calendar days after the end of the preceding quarter.

5 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
6 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
7 name and qualifications of a replacement monitor who will be assuming that responsibility within
8 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
9 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
10 notification from the Board or its designee to cease the practice of medicine within three (3)
11 calendar days after being so notified. Respondent shall cease the practice of medicine until a
12 replacement monitor is approved and assumes monitoring responsibility.

13 In lieu of a monitor, Respondent may participate in a professional enhancement program
14 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
15 review, semi-annual practice assessment, and semi-annual review of professional growth and
16 education. Respondent shall participate in the professional enhancement program at Respondent's
17 expense during the term of probation.

18 5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
19 issuing, renewing, or extending any medical vaccine exemptions.

20 After the effective date of this Decision, any patient who requests a medical vaccine
21 exemption or requests a consultation for a medical vaccine exemption shall be notified that
22 Respondent is prohibited from issuing, renewing, or extending any medical vaccine exemptions.
23 Respondent shall maintain a log of all patients to whom the required oral notification was made.
24 The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical
25 record number, if available; 3) the full name of the person making the notification; 4) the date the
26 notification was made; and 5) a description of the notification given. Respondent shall keep this
27 log in a separate file or ledger, in chronological order, shall make the log available for immediate
28 inspection and copying on the premises at all times during business hours by the Board or its

1 designee, and shall retain the log for the entire term of probation.

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

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

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

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

17 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
18 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
19 \$2,247.50. Costs shall be payable to the Medical Board of California. Failure to pay such costs
20 shall be considered a violation of probation.

21 Any and all requests for a payment plan shall be submitted in writing by respondent to the
22 Board.

23 The filing of bankruptcy by Respondent shall not relieve respondent of the responsibility to
24 repay investigation and enforcement costs.

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

28 Respondent shall submit quarterly declarations not later than 10 calendar days after the end

1 of the preceding quarter.

2 11. GENERAL PROBATION REQUIREMENTS.

3 Compliance with Probation Unit

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

5 Address Changes

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

11 Place of Practice

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

15 License Renewal

16 Respondent shall maintain a current and renewed California physician's and surgeon's
17 license.

18 Travel or Residence Outside California

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

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

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

28 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or

1 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
2 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
3 defined as any period of time Respondent is not practicing medicine as defined in Business and
4 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
5 patient care, clinical activity or teaching, or other activity as approved by the Board. If
6 Respondent resides in California and is considered to be in non-practice, Respondent shall
7 comply with all terms and conditions of probation. All time spent in an intensive training
8 program which has been approved by the Board or its designee shall not be considered non-
9 practice and does not relieve Respondent from complying with all the terms and conditions of
10 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
11 on probation with the medical licensing authority of that state or jurisdiction shall not be
12 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
13 period of non-practice.

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

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

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

21 Periods of non-practice for a Respondent residing outside of California will relieve
22 Respondent of the responsibility to comply with the probationary terms and conditions with the
23 exception of this condition and the following terms and conditions of probation: Obey All Laws;
24 General Probation Requirements; Quarterly Declarations.

25 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. Upon successful completion of probation, Respondent's certificate shall
28 be fully restored.

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

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

18 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
19 with probation monitoring each and every year of probation, as designated by the Board, which
20 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
21 California and delivered to the Board or its designee no later than January 31 of each calendar
22 year.

23 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
24 a new license or certification, or petition for reinstatement of a license, by any other health care
25 licensing action agency in the State of California, all of the charges and allegations contained in
26 the First Amended Accusation No. 800-2018-044589 shall be deemed to be true, correct, and
27 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
28 seeking to deny or restrict license.

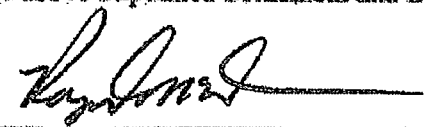
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq.. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. 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.

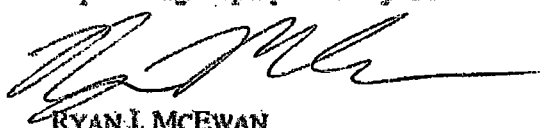
DATED: 3/24/2022 
ROBIN ALVIN BERNHOFT, M.D.
Respondent

I have read and fully discussed with Respondent Robin Alvin Bernhoft, 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: 3/24/2022 
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: 3/25/2022 Respectfully submitted.
ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

RYAN J. MCEWAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-044589

1 ROB BONTA
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Supervising Deputy Attorney General
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9 **BEFORE THE**
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12 In the Matter of the First Amended Accusation
Against:

13 **Robin Alvin Bernhoft, M.D.**
14 **1200 Maricopa Highway, Suite A**
15 **Ojai, CA 93023**

16 **Physician's and Surgeon's Certificate**
No. G 34278,

17 Respondent.

Case No. 800-2018-044589

OAH No. 2021070448

FIRST AMENDED ACCUSATION

18
19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about June 14, 1993, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 34278 to Robin Alvin Bernhoft, 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 March 31, 2023, unless renewed.

28 ///

JURISDICTION

1
2 3. This First Amended Accusation is brought before the Board, under the authority of
3 the following laws. All section references are to the Business and Professions Code (Code) unless
4 otherwise indicated.

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

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

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

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

15 “(b) Gross negligence. att:cs

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

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

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

28 “(d) Incompetence.

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“ . . . ”

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.”

OTHER STATUTES

7. Health and Safety Code section 120335 states:

“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 influenzae 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 Department of Health and Human Services, the American Academy of Pediatrics, and the American Academy of Family Physicians.

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

1 regulations.

2 “(c) Exemptions from immunization for medical reasons.

3 “(d) For the keeping of adequate records of immunization so that health
4 departments, schools, and other institutions, parents or guardians, and the persons
5 immunized will be able to ascertain that a child is fully or only partially immunized,
6 and so that appropriate public agencies will be able to ascertain the immunization
7 needs of groups of children in schools or other institutions.

8 “(e) Incentives to public health authorities to design innovative and creative
9 programs that will promote and achieve full and timely immunization of children.”

10 8. Section 120370 of the Health and Safety Code states:¹

11 “(a) (1) Prior to January 1, 2021, if the parent or guardian files with the
12 governing authority a written statement by a licensed physician and surgeon to the
13 effect that the physical condition of the child is such, or medical circumstances
14 relating to the child are such, that immunization is not considered safe, indicating the
15 specific nature and probable duration of the medical condition or circumstances,
16 including, but not limited to, family medical history, for which the physician and
17 surgeon does not recommend immunization, that child shall be exempt from the
18 requirements of this chapter, except for Section 120380, and exempt from Sections
19 120400, 120405, 120410, and 120415 to the extent indicated by the physician and
20 surgeon’s statement.

21 “(2) Commencing January 1, 2020, a child who has a medical exemption issued
22 before January 1, 2020, shall be allowed continued enrollment to any public or
23 private elementary or secondary school, child care center, day nursery, nursery

24 ¹ Effective January 1, 2016, through December 31, 2019, Health and Safety Code section
25 120370, subdivision (a), stated: “If the parent or guardian files with the governing authority a
26 written statement by a licensed physician to the effect that the physical condition of the child is
27 such, or medical circumstances relating to the child are such, that immunization is not considered
28 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 I
(commencing with Section 120325, but excluding Section 120380) and Sections 120400, 120405,
120410, and 120415 to the extent indicated by the physician’s statement.”

1 school, family day care home, or developmental center within the state until the child
2 enrolls in the next grade span.

3 "For purposes of this subdivision, 'grade span' means each of the following:

4 "(A) Birth to preschool, inclusive.

5 "(B) Kindergarten and grades 1 to 6, inclusive, including transitional
6 kindergarten.

7 "(C) Grades 7 to 12, inclusive.

8 "..."

9 **COST RECOVERY**

10 9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
11 administrative law judge to direct a licensee found to have committed a violation or violations of
12 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
13 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
14 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
15 included in a stipulated settlement.

16 **FACTUAL ALLEGATIONS**

17 10. At all relevant times, Respondent was a physician and surgeon providing medical
18 care at his clinic, Bernhoft Center for Advanced Medicine, in Ojai, California. Respondent is not
19 a pediatrician and at all relevant times was not the primary care physician for Patient A, Patient B,
20 or Patient C.²

21 11. During an interview with Board investigators (the "Board Interview"), Respondent
22 stated that he mostly treats adults and "very rarely see[s] children." He also stated that his office
23 does not have a scale or a blood pressure cuff that could accommodate an infant.

24 12. In 2015, the California Legislature amended Health and Safety Code section 120325
25 to eliminate personal beliefs as a basis for exemption from required immunizations for school-
26 aged children. As a consequence, school-aged children not subject to any other exception were
27

28 ² Patient names are omitted to protect patient privacy. They will be provided in discovery.

1 required to have immunizations for 10 vaccine-preventable childhood illnesses as a condition of
2 public school attendance.

3 Patient A

4 13. Patient A is a male minor child, born in March 2018.

5 14. Respondent saw Patient A on one occasion only, namely, on or about May 2, 2018,
6 when Patient A was approximately five weeks old. The purpose for the visit is documented as
7 “[v]accine exemption request.” A family history includes cancer in second-degree relatives,
8 diabetes in Patient A’s father, celiac disease, asthma, food allergies and depression. The history of
9 present illness in the visit summary states, “Sister had anaphylactoid reaction to immunizations,
10 several cousins suffered encephalitis after shot with prolonged obtundation.” Respondent further
11 notes a family history of “Type 1 DM, several others with DMI, one case of Crohn’s.”
12 Respondent documents an impression of “Adverse F Hx” and a plan for a “Letter.” There is
13 documentation of a physical examination consisting of a series of check marks.

14 15. On or about May 2, 2018, Respondent wrote a medical vaccine exemption letter for
15 Patient A stating only: “[Patient A] has a family history of adverse vaccine reactions and
16 autoimmunity (several diagnoses). Please exempt him permanently from all mandated vaccines.”
17 The medical exemption form attached to the letter exempts Patient A from all vaccines on a
18 permanent basis.

19 16. Medical records show that Patient A received pediatric care from other providers in
20 Newport Beach, California. The documentation shows that anticipatory guidance and vaccination
21 counseling is provided at each visit, but that the family refuses vaccination. Patient A was also
22 seen for viral syndrome at age 7 months, cervical lymphadenopathy at 15 months, a heart murmur
23 documented at 17 months, and a febrile illness with rash at 18 months.

24 17. Respondent’s medical records for Patient A do not contain any records or
25 documentation from other providers related to Patient A.

26 18. Respondent’s medical exemption letter is based on a medical history that reveals no
27 contraindication or caution with regards to vaccination (family history and described history of an
28 unverified vaccine reaction in the patient’s sister). Respondent’s explanation and/or rationale for

1 providing Patient A with a permanent exemption from all vaccinations, current and future, was
2 not consistent with, and was in direct opposition to, the recommendations of the Centers for
3 Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), and/or other
4 guiding bodies.

5 Patient B

6 19. Patient B is a female minor child born in August 2013.

7 20. Respondent saw Patient B on one occasion only, namely, on or about May 14, 2018,
8 when Patient B was four years old. The reason for the visit is documented as a word-of-mouth
9 referral for “[v]accine exemption request.” Patient B’s parent completed a medical history
10 checklist, checking allergies and chemical sensitivities as positive. A family history (second
11 degree relative) includes Parkinson’s Disease. The history of present illness documented by
12 Respondent states that Patient B had MMR three years ago and “had severe reaction including
13 encephalitis, obtundation which lasted a day or so.” Respondent also notes that Patient B had
14 local swelling with previous shots and a “[p]ersonality change after the MMR which lasted a few
15 days, skin rash over entire body, listlessness all of which lasted about three days.” There is
16 documentation of a physical examination consisting of a series of check marks. The assessment is
17 that Patient B had “adverse reaction to immunization,” “allergy,” and “Adverse F Hx
18 (autoimmunity).”

19 21. On or about May 14, 2018, Respondent wrote a medical vaccine exemption letter
20 stating only: “[Patient B] had an adverse neurological reaction to the MMR three years ago “¹¹
21 (encephalitis and anaphylactoid rash which lasted several days) and has a family history of
22 autoimmunity involving multiple relatives and diagnoses. Please exempt her permanently from all
23 mandated immunizations.” The medical exemption form attached to the letter exempts Patient B
24 from all vaccines on a permanent basis.

25 22. Medical records show that Patient B received pediatric care from other providers.
26 These records show that, at age 5 months, Patient B received emergency room treatment for croup
27 and pneumonia; at 18 months, she was diagnosed with a *S. aureus* infection. She also had
28 multiple well child visits with her pediatrician (not Respondent). At 13 months, Patient B was

1 found to be anemic and treated with iron drops. She was examined one month after her VZV
2 vaccine with a chief complaint of “bumps” and diagnosed with folliculitis. She was also seen at
3 15 months, after receiving vaccines, with a temperature of 102° (F) and emesis. By the time she
4 was evaluated, her fever had resolved. Multiple other visits were for common pediatric conditions
5 including stye, diarrhea, emesis, wheezing, fevers, infected finger (*S. aureus* culture positive),
6 otitis media, headaches, allergy symptoms, and multiple visits for rashes. Her diagnoses included
7 folliculitis, molloscum contagiosum, viral exanthems, and group A strep.

8 23. Respondent’s medical records for Patient B do not contain any records or
9 documentation from other providers related to Patient B. At the Board Interview, Respondent
10 stated that the information concerning Patient B was provided verbally from the family during the
11 visit, and that he did not recall reviewing outside records. He further stated that he did not receive
12 records to confirm Patient B’s reported reaction to the MMR vaccine.

13 24. Respondent’s letter for Patient B granting permanent exemption from vaccination is
14 based on a medical history provided by the child’s parent that is not verified with other medical
15 records. The child is reported to have had “encephalitis” but there is no documentation that there
16 was an emergency visit for her symptoms or even a physician’s visit to verify. Respondent also
17 uses the parent’s statement of an “anaphylactoid rash” after MMR but again no medical
18 documentation supports it. There is no documentation of anaphylaxis. The patient’s own personal
19 or family history does not reveal any contraindication or caution with regards to vaccination, yet
20 the permanent medical exemption to vaccination is provided. Respondent’s explanation and/or
21 rationale for providing Patient B with a permanent exemption from all vaccinations, current and
22 future, was not consistent with, and was in direct opposition to, the recommendations of the CDC,
23 AAP, and/or other guiding bodies.

24 Patient C

25 25. Patient C is a male minor child, born in April 2012.

26 26. Respondent saw Patient C on one occasion only, namely, on or about August 29,
27 2018, when Patient C was approximately six years old. The reason for the visit is documented as
28 a word-of-mouth referral for “[v]accine exemption request.” Respondent notes that Patient C’s

1 brother “had vaccine related issues including persistent neurological damage (tics, sleep apnea)
2 immediately subsequent to vaccination.” A family history includes a cousin with autism, mother’s
3 family members with Alzheimer’s and other family members with diabetes, Hashimoto’s,
4 inflammatory bowel disease, and psoriasis. Respondent notes that “details [are] not clear.” There
5 is no documentation of an attempt to obtain confirmatory records. Respondent makes a diagnosis
6 of eczema but does not note any abnormalities on the physical examination included in his
7 documentation. Respondent’s plan is “Letter.”

8 27. On or about August 29, 2018, Respondent wrote a medical vaccine exemption letter
9 for Patient C stating only: “[Patient C] has a significant family history of adverse vaccine reaction
10 and autoimmunity. Please exempt him permanently from all mandated vaccinations.” The
11 medical exemption form attached to the letter exempts Patient C from all vaccines on a permanent
12 basis.

13 28. Medical records show that Patient C received pediatric care from other providers.
14 These records show that, on or about January 14, 2019, another provider evaluated Patient C for
15 “evaluation of safety of vaccinations.” This evaluation notes the following: Patient C received
16 vaccinations in infancy and early childhood without incident; his last vaccinations were in
17 January 2013 (approximately 10 months of age); his mother is opposed to further vaccinations
18 due to fear of autism; he has not actually manifested any behavioral signs of autism; his brother
19 has “persistent neurologic damage” following vaccination and his cousin has autism (a history not
20 verified with medical records); he does not have eczema or any food allergies and is not at risk
21 for sleep apnea. The evaluating provider concludes that Patient C has nothing in his medical
22 history that would preclude administration of all childhood vaccinations, and he documents a
23 “strong” recommendation for continuing vaccination.

24 29. The Board also obtained medical records from a different provider showing office
25 visits and well child checks from 2017. On several occasions in early 2017, Patient C presents
26 with chief complaints of a persistent cough. In another visit, Patient C is diagnosed with tics but
27 there are no details, follow-ups visits or a diagnostic plan noted. A letter dated August 4, 2017,
28 provides Patient C with a temporary (3-month) medical vaccine exemption. The letter states that

1 Patient C was “being evaluated for some concerns,” and that he “should not receive any vaccines
2 until we receive the results from our testing.” The letter does not identify or explain the
3 “concerns” or the “testing” to be completed.

4 30. Respondent’s medical records for Patient C do not contain any records or
5 documentation from other providers related to Patient C, except for the August 2017 temporary
6 medical vaccine exemption letter noted in paragraph 28 above. Respondent’s August 29, 2018
7 visit summary does not mention the temporary exemption letter or any related test results.

8 31. Respondent’s letter for Patient C granting permanent exemption from vaccination is
9 based on a medical history provided by the child’s parent that is not verified with other medical
10 records. The patient’s own personal or family history does not reveal any contraindication or
11 caution with regards to vaccination, yet the permanent medical exemption to vaccination is
12 provided. Respondent’s explanation and/or rationale for providing Patient C with a permanent
13 exemption from all vaccinations, current and future, was not consistent with, and was in direct
14 opposition to, the recommendations of the CDC, AAP, and/or other guiding bodies.

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Gross Negligence)**

17 32. Respondent’s license is subject to disciplinary action under section 2234, subdivision
18 (b), of the Code, in that he has committed gross negligence in his care and treatment of Patient A,
19 Patient B, and Patient C, which includes, but is not limited to, granting permanent vaccine
20 exemptions without a clinical basis or justification, as more particularly alleged in paragraphs 10
21 through 31 above, which are hereby realleged and incorporated by this reference as if fully set
22 forth herein.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Repeated Negligent Acts)**

25 33. Respondent’s license is subject to disciplinary action under section 2234, subdivision
26 (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient
27 A, Patient B, and Patient C, as more particularly alleged in paragraphs 10 through 32 above,
28 which are hereby realleged and incorporated by this reference as if fully set forth herein.

1 Respondent committed an additional negligent act by practicing beyond the scope of his medical
2 background and training when he treated Patient A, a five-week old infant.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **(Incompetence)**

5 34. Respondent's license is subject to disciplinary action under section 2234, subdivision
6 (d), of the Code, in that he demonstrated incompetence in his care and treatment of Patient A,
7 Patient B, and Patient C, as more particularly alleged in paragraphs 10 through 33 above, which
8 are hereby realleged and incorporated by this reference as if fully set forth herein.

9 **FOURTH CAUSE FOR DISCIPLINE**

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

11 35. Respondent's license is subject to disciplinary action under section 2266 of the Code
12 in that he failed to maintain adequate and accurate medical records relating to the care and
13 treatment of Patient A, Patient B, and Patient C, as more particularly alleged in paragraphs 10
14 through 34 above, which are hereby realleged and incorporated by this reference as if fully set
15 forth herein.

16 **FIFTH CAUSE FOR DISCIPLINE**

17 **(General Unprofessional Conduct)**

18 36. Respondent's license is subject to disciplinary action under section 2234 of the Code
19 in that he has engaged in conduct which breaches the rules or ethics of the medical profession, or
20 conduct that is unbecoming to a member in good standing of the medical profession, and which
21 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10
22 through 35 above, which are hereby realleged and incorporated by this reference as if fully set
23 forth herein.

24 **PRAYER**

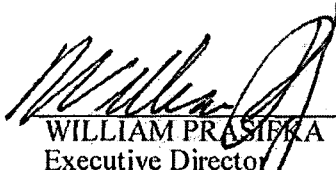
25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
26 and that following the hearing, the Medical Board of California issue a decision:

27 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 34278, issued
28 to Robin Alvin Bernhoft, M.D.;

- 1 2. Revoking, suspending or denying approval of Robin Alvin Bernhoft, M.D.'s authority
2 to supervise physician assistants and advanced practice nurses;
3 3. Ordering Robin Alvin Bernhoft, M.D., to pay the Board the costs of the investigation
4 and enforcement of this case, and if placed on probation, to pay the Board the costs of probation
5 monitoring; and
6 4. Taking such other and further action as deemed necessary and proper.

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DATED: MAR 10 2022



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

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