

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

In the Matter of the Accusation  
Against:

Seth Camhi, M.D.

Physician's and Surgeon's  
Certificate No. A 121153

Case No.: 800-2019-053979

Respondent.

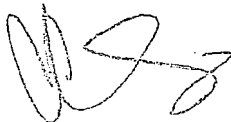
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 2, 2023.

IT IS SO ORDERED: January 31, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 GIOVANNI F. MEJIA  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:  
  
**SETH CAMHI, M.D.**  
8929 University Center Ln., Suite 201  
San Diego, CA 92122  
  
Physician's and Surgeon's Certificate  
No. A 121153,  
  
Respondent.

Case No. 800-2019-053979  
  
OAH No. 2022040466  
  
**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

21 **PARTIES**

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

26 2. Respondent Seth Camhi, M.D. (Respondent) is represented in this proceeding by  
27 attorney Steven H. Zeigen, Esq., whose address is: Rosenberg, Shpall & Zeigen, APLC,  
28 10815 Rancho Bernardo Rd., Suite 310, San Diego, CA 92127-2189.



1 he has thereby subjected his Physician's and Surgeon's Certificate No. A 121153 to disciplinary  
2 action.

3 10. Respondent agrees that if he ever petitions for early termination or modification of  
4 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
5 Board, all of the charges and allegations contained in Accusation No. 800-2019-053979 shall be  
6 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
7 other licensing proceeding involving Respondent in the State of California.

8 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
9 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
10 Disciplinary Order below.

#### 11 CONTINGENCY

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

#### 22 ADDITIONAL PROVISIONS

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

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



1 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
2 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
3 and 4) the indications and diagnosis for which the controlled substances were furnished.

4 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
5 records and any inventories of controlled substances shall be available for immediate inspection  
6 and copying on the premises by the Board or its designee at all times during business hours and  
7 shall be retained for the entire term of probation.

8 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
9 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
10 for its prior approval educational program(s) or course(s) which shall not be less than 60 hours  
11 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
12 correcting any areas of deficient practice or knowledge, focused in the areas of primary care,  
13 wellness and/or preventive medicine, and shall be Category I certified. The educational  
14 program(s) or course(s) shall be at Respondent's expense and shall be in addition to the  
15 Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
16 completion of each course, the Board or its designee may administer an examination to test  
17 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 85  
18 hours of CME of which 60 hours were in satisfaction of this condition.

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

28 ////

1 A prescribing practices course 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 course would have  
4 been approved by the Board or its designee had the course 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 course, or not later than  
8 15 calendar days after the effective date of the Decision, whichever is later.

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

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

23 Respondent shall submit a certification of successful completion to the Board or its  
24 designee not later than 15 calendar days after successfully completing the course, or not later than  
25 15 calendar days after the effective date of the Decision, whichever is later.

26 6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
27 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
28 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.

1 Respondent shall participate in and successfully complete that program. Respondent shall provide  
2 any information and documents that the program may deem pertinent. Respondent shall  
3 successfully complete the classroom component of the program not later than six (6) months after  
4 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
5 time specified by the program, but no later than one (1) year after attending the classroom  
6 component. The professionalism program shall be at Respondent's expense and shall be in  
7 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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



1 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
2 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
3 signed statement for approval by the Board or its designee.

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

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

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

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

27 In lieu of a monitor, Respondent may participate in a professional enhancement program  
28 approved in advance by the Board or its designee that includes, at minimum, quarterly chart

1 review, semi-annual practice assessment, and semi-annual review of professional growth and  
2 education. Respondent shall participate in the professional enhancement program at Respondent's  
3 expense during the term of probation.

4 8. PROHIBITED PRACTICE. During probation, Respondent is prohibited from making  
5 or issuing any written exemption from immunization, or any other written statement providing  
6 that any child is exempt from the requirements of Chapter 1, commencing with Section 120325,  
7 of the Health and Safety Code or any successor statute relating to requirements for immunization  
8 against childhood diseases. After the effective date of this Decision, all patients being treated by  
9 the Respondent shall be notified of this prohibition. Any new patients must be provided this  
10 notification at the time of their initial appointment.

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

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

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

27 10. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
28 prohibited from supervising physician assistants.

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

4           12. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
5 ordered to reimburse the Board its costs of investigation and enforcement in the amount of \$6,020  
6 (six thousand twenty dollars). Costs shall be payable to the Medical Board of California. Failure  
7 to pay such costs shall be considered a violation of probation.

8           Any and all requests for a payment plan shall be submitted in writing by Respondent to the  
9 Board.

10           The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
11 repay investigation and enforcement costs.

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

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

17           14. GENERAL PROBATION REQUIREMENTS.

18           Compliance with Probation Unit

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

20           Address Changes

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

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1           Place of Practice

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

5           License Renewal

6           Respondent shall maintain a current and renewed California physician's and surgeon's  
7 license.

8           Travel or Residence Outside California

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

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

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

18           16. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
19 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
20 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
21 defined as any period of time Respondent is not practicing medicine as defined in Business and  
22 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
23 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
24 Respondent resides in California and is considered to be in non-practice, Respondent shall  
25 comply with all terms and conditions of probation. All time spent in an intensive training program  
26 which has been approved by the Board or its designee shall not be considered non-practice and  
27 does not relieve Respondent from complying with all the terms and conditions of probation.  
28 Practicing medicine in another state of the United States or Federal jurisdiction while on

1 probation with the medical licensing authority of that state or jurisdiction shall not be considered  
2 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-  
3 practice.

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

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

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

11 Periods of non-practice for a Respondent residing outside of California will relieve  
12 Respondent of the responsibility to comply with the probationary terms and conditions with the  
13 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
14 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
15 Controlled Substances; and Biological Fluid Testing.

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

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

27 19. LICENSE SURRENDER. Following the effective date of this Decision, if  
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

1 the terms and conditions of probation, Respondent may request to surrender his or her license.  
2 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
3 determining whether or not to grant the request, or to take any other action deemed appropriate  
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
8 application shall be treated as a petition for reinstatement of a revoked certificate.

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

14 21. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a  
15 new license or certification, or petition for reinstatement of a license, by any other health care  
16 licensing action agency in the State of California, all of the charges and allegations contained in  
17 Accusation Nos. 800-2017-038533 and 800-2019-053979 shall be deemed to be true, correct, and  
18 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
19 seeking to deny or restrict license.

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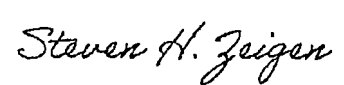
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Steven H. Zeigen, 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.

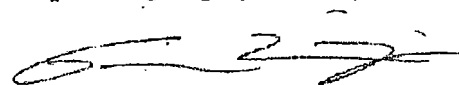
DATED: 7/5/22   
SETH CAMHI, M.D..  
Respondent

I have read and fully discussed with Respondent Seth Camhi, 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: July 6, 2022   
STEVEN H. ZEIGEN, ESQ.  
Attorney for Respondent

ENDORSEMENT

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

DATED: July 6, 2022 Respectfully submitted,  
ROB BONTA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
  
GIOVANNI F. MEJIA  
Deputy Attorney General  
Attorneys for Complainant

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Attorney General of California  
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6 San Diego, CA 92186-5266  
Telephone: (619) 738-9072  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

Case No. 800-2019-053979

15 **Seth Camhi, M.D.**  
8929 University Center Ln., Suite 201  
San Diego, CA 92122-1006

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 121153,**

18 Respondent.

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  
22 Affairs (Board).

23 2. On or about May 2, 2012, the Medical Board issued Physician's and Surgeon's  
24 Certificate No. A 121153 to Seth Camhi, M.D. (Respondent). The Physician's and Surgeon's  
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
26 expire on May 21, 2024, unless renewed.

27 ////

28 ////



1 JURISDICTION

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

5 4. Section 2227, subdivision (a) of the Code states:

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

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

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

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

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

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

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

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  
24 conduct includes, but is not limited to, the following:

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

27 (b) Gross negligence.

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

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

(2) When the standard of care requires a change in the diagnosis, act, or  
omission that constitutes the negligent act described in paragraph (1), including, but  
not limited to, a reevaluation of the diagnosis or a change in treatment, and the

1 licensee's conduct departs from the applicable standard of care, each departure  
2 constitutes a separate and distinct breach of the standard of care.

3 .....

4 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
5 adequate and accurate records relating to the provision of services to their patients constitutes  
6 unprofessional conduct.

7 COST RECOVERY

8 7. Business and Professions Code section 125.3 states that:

9 (a) Except as otherwise provided by law, in any order issued in resolution of a  
10 disciplinary proceeding before any board within the department or before the  
11 Osteopathic Medical Board upon request of the entity bringing the proceeding, the  
12 administrative law judge may direct a licensee found to have committed a violation or  
13 violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
14 investigation and enforcement of the case.

15 (b) In the case of a disciplined licentiate that is a corporation or a partnership,  
16 the order may be made against the licensed corporate entity or licensed partnership.

17 (c) A certified copy of the actual costs, or a good faith estimate of costs where  
18 actual costs are not available, signed by the entity bringing the proceeding or its  
19 designated representative shall be prima facie evidence of reasonable costs of  
20 investigation and prosecution of the case. The costs shall include the amount of  
21 investigative and enforcement costs up to the date of the hearing, including, but not  
22 limited to, charges imposed by the Attorney General.

23 (d) The administrative law judge shall make a proposed finding of the amount  
24 of reasonable costs of investigation and prosecution of the case when requested  
25 pursuant to subdivision (a). The finding of the administrative law judge with regard to  
26 costs shall not be reviewable by the board to increase the cost award. The board may  
27 reduce or eliminate the cost award, or remand to the administrative law judge if the  
28 proposed decision fails to make a finding on costs requested pursuant to  
subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as  
directed in the board's decision, the board may enforce the order for repayment in any  
appropriate court. This right of enforcement shall be in addition to any other rights  
the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be  
conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or  
reinstate the license of any licensee who has failed to pay all of the costs ordered  
under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion,  
conditionally renew or reinstate for a maximum of one year the license of any

1 licensee who demonstrates financial hardship and who enters into a formal agreement  
2 with the board to reimburse the board within that one-year period for the unpaid  
costs.

3 (h) All costs recovered under this section shall be considered a reimbursement  
4 for costs incurred and shall be deposited in the fund of the board recovering the costs  
to be available upon appropriation by the Legislature.

5 (i) Nothing in this section shall preclude a board from including the recovery of  
6 the costs of investigation and enforcement of a case in any stipulated settlement.

7 (j) This section does not apply to any board if a specific statutory provision in  
8 that board's licensing act provides for recovery of costs in an administrative  
disciplinary proceeding.

9 **FIRST CAUSE FOR DISCIPLINE**

10 **(Gross Negligence)**

11 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 121153 to  
12 disciplinary action under section 2234, subdivision (b) of the Code in that he committed gross  
13 negligence in the course of his care and treatment of one or more patients. The circumstances are  
14 as follows:

15 9. On or about July 6, 2017, Patient A and Patient B,<sup>1</sup> minor siblings, presented to  
16 Respondent. At the time Patient A was approximately three years old and Patient B was  
17 approximately two years old.

18 10. This was Respondent's first medical appointment with Patient A or Patient B, or both.

19 11. In a note for the appointment on or about July 6, 2017, Respondent documented or  
20 caused to be documented that Patient A "[was] going to be attending school soon and needs  
21 evaluation as her mom does not want to vaccinate her and needs a letter stating that. She has no  
22 other concerns while here today."

23 12. Respondent did not document a medical history or family medical history for  
24 Patient A.

25 ///

26 \_\_\_\_\_  
27 <sup>1</sup> In the interests of preserving patient confidentiality, a pseudonym is used for any patient  
28 referenced in this Accusation. The true identity of any such patient is known to Respondent or  
will be disclosed to Respondent following Complainant's receipt of a duly issued request for  
discovery.

1 13. Respondent documented or caused to be documented that Patient A's review of " "  
2 systems, vital signs and physical examination were normal.

3 14. Respondent documented or caused to be documented an assessment that Patient A  
4 "had been evaluated and based on her family history has been exempt [sic] from all  
5 vaccinations."

6 15. On or about July 6, 2017, Respondent issued a vaccination exemption letter for  
7 Patient A stating, in pertinent part:

8 This letter is a medical exemption from vaccination. I am the Family Physician  
9 for [Patient A]. I thoroughly evaluated the past and current medical history and family  
10 history of this patient. It is my opinion that she be exempt from all vaccinations  
11 including measles [sic], mumps, rubella, chicken pox, polio, Hib,<sup>2</sup> hepatitis B,  
12 diphtheria [sic], tetanus, and pertusis [sic] for the rest of childhood for the following  
13 reasons: family history of autoimmune disorders, IBD, Neurodevelopmental  
14 Disorders, and Psychiatric [sic] Disorders. I agree that due to these factors, which will  
15 persist indefinitely, there could be a severe reaction to further vaccinations.

16 16. In fact, as of July 6, 2017, Respondent had failed to establish or document, or both, an  
17 adequate basis for Patient A's exemption from all vaccinations for all of childhood.

18 17. In a note for the July 6, 2017 appointment, Respondent documented or caused to be  
19 documented that Patient B "...[was there] today with her mother. [Patient B was there] today for  
20 evaluation for need for vaccinations. She [had] no other concerns while [there] today."

21 18. Respondent did not document any medical history or family medical history for  
22 Patient B.

23 19. Respondent documented or caused to be documented that Patient B's review of  
24 systems, vital signs and physical examination were normal.

25 20. Respondent documented or caused to be documented an assessment that Patient B  
26 "presents with mother for vaccination exemption. Letter provided as requested."

27 21. On July 6, 2017, Respondent issued a vaccination exemption letter for Patient B  
28 stating, in pertinent part:

This letter is a medical exemption from vaccination. I am the Family Physician  
for [Patient B]. I thoroughly evaluated the past and current medical history and family  
history of this patient. It is my opinion that she be exempt from all vaccinations

<sup>2</sup> "Hib" is an abbreviation for haemophilus influenzae type b vaccine.

1 including measles [sic], mumps, rubella, chicken pox, polio, Hib,<sup>3</sup> hepatitis B,  
2 diphtheria [sic], tetanus, and pertusis [sic] for the rest of childhood for the following  
3 reasons: family history of autoimmune disorders, IBD, Neurodevelopmental  
4 Disorders, and Psychaitric [sic] Disorders. I agree that due to these factors, which will  
5 persist indefinitely, there could be a severe reaction to further vaccinations.

6 22. In fact, as of July 6, 2017, Respondent had failed to establish or document, or both, an  
7 adequate basis for Patient B's exemption from all vaccinations for all of childhood.

8 23. On or about March 20, 2019, Respondent received a facsimile stating, in substance,  
9 that the parent of Patient A and Patient B had presented the July 6, 2017 vaccine exemption  
10 letters issued by Respondent to the patients' school district, but that such letters "[did] not meet  
11 the legal requirements for [the district] to enroll [the patients] in school."

12 24. On or about March 20, 2019, Respondent issued a "Medical Exemption to Required  
13 Immunizations" form for Patient A. In the form, Respondent certified, in pertinent part, that:

14 ...[Patient A] has a physical condition or medical circumstances such that  
15 [i]mmunization otherwise required for admission to school, child care center, day  
16 nursery, nursery school, family day care home, or development center in California is  
17 not considered safe.

18 In the form, Respondent permanently exempted Patient A from immunizations for polio, DTaP,<sup>4</sup>  
19 MMR,<sup>5</sup> Hib, hepatitis B, varicella and Tdap.<sup>6</sup>

20 25. In fact, as of March 20, 2019, Respondent had failed to establish or document, or  
21 both, an adequate basis to permanently exempt Patient A from all of the immunizations listed in,  
22 the "Medical Exemption to Required Immunizations" form.

23 26. On or about March 20, 2019, Respondent issued a "Medical Exemption to Required  
24 Immunizations" form for Patient B. In the form, Respondent certified, in pertinent part, that:

25 ...[Patient B] has a physical condition or medical circumstances such that  
26 [i]mmunization otherwise required for admission to school, child care center, day  
27 nursery, nursery school, family day care home, or development center in California is  
28 not considered safe.

<sup>3</sup> "Hib" is an abbreviation for haemophilus influenzae type b vaccine.

<sup>4</sup> "DTaP" is an abbreviation for diphtheria, tetanus and acellular pertussis vaccine.

<sup>5</sup> "MMR" is an abbreviation for measles, mumps, and rubella vaccine.

<sup>6</sup> "Tdap" is an abbreviation for the vaccine used to protect older children, adolescents and adults from tetanus, diphtheria and pertussis.

1 In the form, Respondent permanently exempted Patient B from immunizations for polio, DTaP,  
2 MMR, Hib, hepatitis B, varicella and Tdap.

3 27. In fact, as of March 20, 2019, Respondent had failed to establish or document, or  
4 both, an adequate basis to permanently exempt Patient B from all of the immunizations listed in  
5 the "Medical Exemption to Required Immunizations" form.

6 28. Respondent committed gross negligence in the course of his treatment of Patient A  
7 including, but not limited to:

- 8 a. Failing to properly document Patient A's family medical history;
- 9 b. Issuing a vaccination exemption for Patient A listing a multitude of potential  
10 elements of family history, none of which were documented in the patient's medical record;
- 11 c. Failing to properly document the risks of non-vaccination to Patient A or  
12 discussion of such risks with a parent of Patient A, or both;
- 13 d. Failing to properly document a rationale for exempting Patient A from  
14 vaccination or immunization;
- 15 e. Failing to maintain adequate and accurate records for Patient A; and
- 16 f. Issuing improper exemptions for vaccination or immunization for Patient A.

17 29. Respondent committed gross negligence in the course of his treatment of Patient B  
18 including, but not limited to:

- 19 a. Failing to properly document Patient B's family medical history;
- 20 b. Issuing a vaccination exemption for Patient B listing a multitude of potential  
21 elements of family history, none of which were documented in the patient's medical record;
- 22 c. Failing to properly document the risks of non-vaccination to Patient B or  
23 discussion of such risks with Patient B's parents, or both;
- 24 d. Failing to properly document the rationale for exempting Patient B from  
25 vaccination or immunization;
- 26 e. Failing to maintain adequate and accurate records for Patient B; and
- 27 f. Issuing improper exemptions for vaccination or immunization for Patient B.

28 ////



1 failure to maintain adequate and accurate records. That decision is incorporated by reference as if  
2 fully set forth herein.

3 PRAYER

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

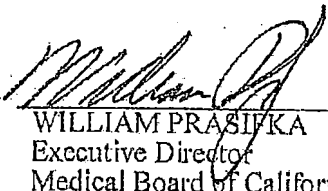
6 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 121153, issued  
7 to Respondent Seth Camhi, M.D.;

8 2. Revoking, suspending or denying approval of Respondent Seth Camhi, M.D.'s  
9 authority to supervise physician assistants and advanced practice nurses;

10 3. Ordering Respondent Seth Camhi, M.D., to pay the Board the costs of the  
11 investigation and enforcement of this case, and if placed on probation, the costs of probation  
12 monitoring; and

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

14  
15 DATED: FEB 25 2022

  
16 WILLIAM PRASIFKA  
17 Executive Director  
18 Medical Board of California  
19 Department of Consumer Affairs  
20 State of California  
21 Complainant

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