

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

In the Matter of the Accusation  
Against:

Hozair Mohammed Syed, M.D.

Physician's and Surgeon's  
Certificate No. A 111058

Respondent.

Case No.: 800-2019-062318

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 May 19, 2023.

IT IS SO ORDERED: April 20, 2023.

MEDICAL BOARD OF CALIFORNIA



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Richard E. Thorp, M.D., Chair  
Panel B

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **HOZAIR MOHAMMED SYED, M.D.**  
15 **751 South Weir Canyon Road, #157662**  
**Anaheim, CA 92808**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 111058**

18 Respondent.

Case No. 800-2019-062318

OAH No. 2022090856

**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. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board  
23 of California (Board). William Prasifka previously brought this action solely in his official  
24 capacity as the Executive Director of the Board.<sup>1</sup> Complainant is represented in this matter by  
25 Rob Bonta, Attorney General of the State of California, by Karolyn M. Westfall, Deputy Attorney  
26 General.

27  
28 <sup>1</sup> Effective December 31, 2022, William Prasifka retired as Executive Director of the Board.

1           2.     Respondent Hozair Mohammed Syed, M.D. (Respondent) is represented in this  
2 proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road  
3 Irvine, CA 92620.

4           3.     On or about February 5, 2010, the Board issued Physician's and Surgeon's Certificate  
5 No. A 111058 to Respondent. The Physician's and Surgeon's Certificate was in full force and  
6 effect at all times relevant to the charges brought in Accusation No. 800-2019-062318, and will  
7 expire on October 31, 2023, unless renewed.

8   **JURISDICTION**

9           4.     Accusation No. 800-2019-062318 was filed before the Board, and is currently  
10 pending against Respondent. The Accusation and all other statutorily required documents were  
11 properly served on Respondent on September 6, 2022. Respondent timely filed his Notice of  
12 Defense contesting the Accusation.

13          5.     A copy of Accusation No. 800-2019-062318 is attached hereto as Exhibit A and is  
14 incorporated herein by reference.

15   **ADVISEMENT AND WAIVERS**

16          6.     Respondent has carefully read, fully discussed with counsel, and understands the  
17 charges and allegations in Accusation No. 800-2019-062318. Respondent has also carefully read,  
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
19 Disciplinary Order.

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

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

28     ///

1 CULPABILITY

2 9. Respondent admits that, at an administrative hearing, Complainant could establish a  
3 *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-  
4 2019-062318, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate  
5 No. A 111058 to disciplinary action.

6 10. Respondent further agrees that if he ever petitions for modification or early  
7 termination of probation, or if an accusation and/or petition to revoke probation is filed against  
8 him before the Medical Board of California, all of the charges and allegations contained in  
9 Accusation No. 800-2019-062318, shall be deemed true, correct, and fully admitted by  
10 Respondent for purposes of any such proceeding or any other licensing proceeding involving  
11 Respondent in the State of California or elsewhere.

12 11. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of  
13 probation pursuant to Business and Professions Code section 2228.1, serves to protect the public  
14 interest.

15 12. Respondent agrees that his Physician's and Surgeon's Certificate No. A 111058 is  
16 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
17 in the Disciplinary Order below.

18 CONTINGENCY

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

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

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 111058  
9 issued to Respondent Hozair Mohammed Syed, M.D., is revoked. However, the revocation is  
10 stayed and Respondent is placed on probation for five (5) years from the effective date of the  
11 Order on the following terms and conditions:

12 1. **PATIENT DISCLOSURE**. Before a patient's first visit following the effective date  
13 of this order and while Respondent is on probation, Respondent must provide all patients, or  
14 patient's guardian or health care surrogate, with a separate disclosure that includes the  
15 respondent's probation status, the length of the probation, the probation end date, all practice  
16 restrictions placed on the respondent by the board, the board's telephone number, and an  
17 explanation of how the patient can find further information on Respondent's probation on  
18 Respondent's profile page on the board's website. Respondent shall obtain from the patient, or  
19 the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.  
20 Respondent shall not be required to provide a disclosure if any of the following applies: (1) The  
21 patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the  
22 disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure  
23 and sign the copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit  
24 is unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the  
25 patient until immediately prior to the start of the visit; (4) Respondent does not have a direct  
26 treatment relationship with the patient.

27 2. **EDUCATION COURSE**. Within 60 calendar days of the effective date of this  
28 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee

1 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
2 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
3 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
4 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
5 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
6 completion of each course, the Board or its designee may administer an examination to test  
7 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
8 hours of CME of which 40 hours were in satisfaction of this condition.

9 3. 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 4. 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  
2 provide 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 5. 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, 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  
26 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the  
27 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement  
28 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,

1 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the  
2 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed  
3 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 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 5 calendar days of  
20 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
21 name and qualifications of a replacement monitor who will be assuming that responsibility within  
22 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
23 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 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision,  
5 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
6 Chief Executive Officer at every hospital where privileges or membership are extended to  
7 Respondent, at any other facility where Respondent engages in the practice of medicine,  
8 including all physician and locum tenens registries or other similar agencies, and to the Chief  
9 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
10 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
11 calendar days.

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

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

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

19 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
20 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
21 \$20,000.00 (twenty thousand dollars and zero cents). Costs shall be payable to the Medical  
22 Board of California. Failure to pay such costs shall be considered a violation of probation.

23 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
24 by a payment plan approved by the Medical Board of California. Any and all requests for a  
25 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with  
26 the payment plan shall be considered a violation of probation.

27 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
28 to repay investigation and enforcement costs.

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

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

6           11. GENERAL PROBATION REQUIREMENTS.

7           Compliance with Probation Unit

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

9           Address Changes

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

15          Place of Practice

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

19          License Renewal

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

22          Travel or Residence Outside California

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

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

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

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

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

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

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

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

1           14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
3 completion of probation. This term does not include cost recovery, which is due within 30  
4 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
5 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
6 shall be fully restored.

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

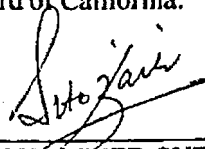
14           16. LICENSE SURRENDER. Following the effective date of this Decision, if  
15 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
16 the terms and conditions of probation, Respondent may request to surrender his or her license.  
17 The Board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

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

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the  
4 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated  
5 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
6 bound by the Decision and Order of the Medical Board of California.

7  
8 DATED: 03/08/23



9 \_\_\_\_\_  
10 HOZAIR MOHAMMED SYED, M.D.  
11 Respondent

12 I have read and fully discussed with Respondent Hozair Mohammed Syed, M.D., the terms  
13 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
14 Order. I approve its form and content.

15 DATED: March 8, 2023



16 \_\_\_\_\_  
17 RAYMOND J. MCMAHON, ESQ.  
18 Attorney for Respondent

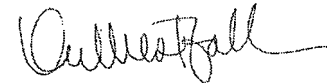
19 ENDORSEMENT

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

22 DATED: 3/8/23

23 Respectfully submitted,

24 ROB BONTA  
25 Attorney General of California  
26 ALEXANDRA M. ALVAREZ  
27 Supervising Deputy Attorney General



28 KAROLYN M. WESTFALL  
Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 800-2019-062318**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
Deputy Attorney General  
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6 San Diego, CA 92186-5266  
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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2019-062318

14 **HOZAIR MOHAMMED SYED, M.D.**  
15 **751 South Weir Canyon Road, #157662**  
**Anaheim, CA 92808**

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

16 **Physician's and Surgeon's Certificate**  
17 **No. A 111058**

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 Affairs  
22 (Board).

23 2. On or about February 5, 2010, the Medical Board issued Physician's and Surgeon's  
24 Certificate No. A 111058 to Hozair Mohammed Syed, M.D. (Respondent). The Physician's and  
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
26 herein and will expire on October 31, 2023, unless renewed.

27 ///

28 ///

**JURISDICTION**

1  
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 of the Code states:

6           (a) A licensee whose matter has been heard by an administrative law judge of  
7 the 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           (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
22 medical review or advisory conferences, professional competency examinations,  
23 continuing education activities, and cost reimbursement associated therewith that are  
24 agreed to with the board and successfully completed by the licensee, or other matters  
25 made confidential or privileged by existing law, is deemed public, and shall be made  
26 available to the public by the board pursuant to Section 803.1.

27       5.     Section 2228.1 of the Code states, in pertinent part:

28           (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),  
the board and the Podiatric Medical Board of California shall require a licensee to  
provide a separate disclosure that includes the licensee's probation status, the length  
of the probation, the probation end date, all practice restrictions placed on the licensee  
by the board, the board's telephone number, and an explanation of how the patient  
can find further information on the licensee's probation on the licensee's profile page  
on the board's online license information internet web site, to a patient or the  
patient's guardian or health care surrogate before the patient's first visit following the  
probationary order while the licensee is on probation pursuant to a probationary order  
made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or  
admitted findings or prima facie showing in a stipulated settlement establishing any  
of the following:



1 ...  
2 (D) Inappropriate prescribing resulting in harm to patients and a probationary  
3 period of five years or more.

4 (2) An accusation or statement of issues alleged that the licensee committed any  
5 of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a  
6 stipulated settlement based upon a nolo contendere or other similar compromise that  
7 does not include any prima facie showing or admission of guilt or fact but does  
8 include an express acknowledgment that the disclosure requirements of this section  
9 would serve to protect the public interest.

10 (b) A licensee required to provide a disclosure pursuant to subdivision (a) shall  
11 obtain from the patient, or the patient's guardian or health care surrogate, a separate,  
12 signed copy of that disclosure.

13 (c) A licensee shall not be required to provide a disclosure pursuant to  
14 subdivision (a) if any of the following applies:

15 (1) The patient is unconscious or otherwise unable to comprehend the  
16 disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a  
17 guardian or health care surrogate is unavailable to comprehend the disclosure and  
18 sign the copy.

19 (2) The visit occurs in an emergency room or an urgent care facility or the visit  
20 is unscheduled, including consultations in inpatient facilities.

21 (3) The licensee who will be treating the patient during the visit is not known to  
22 the patient until immediately prior to the start of the visit.

23 (4) The licensee does not have a direct treatment relationship with the patient.

24 (d) On and after July 1, 2019, the board shall provide the following  
25 information, with respect to licensees on probation and licensees practicing under  
26 probationary licenses, in plain view on the licensee's profile page on the board's  
27 online license information internet web site.

28 (1) For probation imposed pursuant to a stipulated settlement, the causes  
alleged in the operative accusation along with a designation identifying those causes  
by which the licensee has expressly admitted guilt and a statement that acceptance of  
the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes  
for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the  
probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

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1 6. Section 2234 of the Code, states, in pertinent part:

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

5 ...

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

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

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

18 (d) Incompetence.

19 ...

20 7. Section 2266 of the Code states: The failure of a physician and surgeon to  
21 maintain adequate and accurate records relating to the provision of services to their  
22 patients constitutes unprofessional conduct.

23 8. Health and Safety Code Section 11165.4<sup>1</sup> states, in pertinent part:

24 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer,  
25 or furnish a controlled substance shall consult the patient activity report or  
26 information from the patient activity report obtained from the CURES database to  
27 review a patient's controlled substance history for the past 12 months before  
28 prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the  
patient for the first time and at least once every six months thereafter if the prescriber  
renews the prescription and the substance remains part of the treatment of the patient.

...

### COST RECOVERY

9. Section 125.3 of the Code states:

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

<sup>1</sup> This section became operative October 2, 2018.

1 investigation and enforcement of the case.

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

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

7 (d) The administrative law judge shall make a proposed finding of the amount  
8 of reasonable costs of investigation and prosecution of the case when requested  
9 pursuant to subdivision (a). The finding of the administrative law judge with regard to  
10 costs shall not be reviewable by the board to increase the cost award. The board may  
11 reduce or eliminate the cost award, or remand to the [ALJ] if the proposed decision  
12 fails to make a finding on costs requested pursuant to subdivision (a).

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

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

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

17 (2) Notwithstanding paragraph (1), the board may, in its discretion,  
18 conditionally renew or reinstate for a maximum of one year the license of any  
19 licensee who demonstrates financial hardship and who enters into a formal agreement  
20 with the board to reimburse the board within that one-year period for the unpaid  
21 costs.

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

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

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

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 10. Respondent has subjected his Physician's and Surgeon's Certificate No. A 111058 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of  
5 the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B,  
6 and C, and D,<sup>2</sup> as more particularly alleged hereinafter:

7 **PATIENT A**

8 11. On or about November 30, 2018, Patient A, a then thirty-one-year-old male,  
9 presented to Respondent for the first time for psychiatric treatment with complaints of panic  
10 attacks and mood swings. Patient A had been previously diagnosed with bipolar disorder  
11 approximately nine years earlier and prescribed medications since that time. At the conclusion of  
12 this visit, Respondent diagnosed Patient A with bipolar II disorder, and prescribed Lamictal,<sup>3</sup>  
13 Celexa,<sup>4</sup> trazadone,<sup>5</sup> and Xanax.<sup>6</sup> Respondent did not review CURES<sup>7</sup> on or before this visit.

14 12. Between on or about November 30, 2018, and on or about November 21, 2019,  
15 Patient A presented to Respondent for approximately twenty (20) clinical visits. For each of  
16 these visits, Respondent's handwritten notes in Patient A's chart are short and difficult to read.  
17 Throughout that time, Respondent regularly prescribed Patient A various medications, including,  
18

19 <sup>2</sup> To protect the privacy of the patients involved, the patients' names have not been  
included in this pleading. Respondent is aware of the identity of the patients referred to herein.

20 <sup>3</sup> Lamictal (brand name for Lamotrigine) is an anticonvulsant medication used to treat  
seizures and bipolar disorder. It is a dangerous drug pursuant to section 4022 of the Code.

21 <sup>4</sup> Celexa (brand name for citalopram) is a selective serotonin reuptake inhibitor used to  
22 treat depression. It is a dangerous drug pursuant to section 4022 of the Code.

23 <sup>5</sup> Trazadone is an antidepressant sedative medication, and a dangerous drug pursuant to  
section 4022 of the Code.

24 <sup>6</sup> Xanax (brand name for alprazolam) is a Schedule IV controlled substance pursuant to  
25 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section  
4022 of the Code. It is a benzodiazepine medication used to treat anxiety.

26 <sup>7</sup> CURES (Controlled Substances Utilization Review and Evaluation System) is a database  
27 maintained by the Department of Justice of Schedule II, III and IV controlled substance  
prescriptions dispensed in California serving the public health, regulatory oversight agencies, and  
28 law enforcement.

1 but not limited to, Xanax and Klonopin,<sup>8</sup> but he did not review CURES and was unaware that  
2 Patient A was being prescribed these same medications on a regular basis by other prescribers.

3 13. On or about February 1, 2019, Patient A presented to Respondent for a follow-up. At  
4 this visit, Patient A informed Respondent that he had an electroencephalogram (EEG) performed  
5 and was diagnosed with epilepsy.<sup>9</sup> Respondent did not further discuss and/or document any  
6 further discussion with Patient A regarding this diagnosis, he did not request a copy of the EEG  
7 report at any time, and did not speak with Patient A's neurologist at any time to verify the  
8 diagnosis.

9 14. On or about November 22, 2019, Respondent received a letter in the mail from  
10 Patient A's mother. In this letter, Patient A's mother informed Respondent that Patient A abuses  
11 benzodiazepines, is being prescribed these medications by multiple physicians, is abusive and  
12 violent when taking benzodiazepines, and was hospitalized a few months earlier for an overdose.  
13 Patient A's mother requested Respondent stop prescribing benzodiazepines to Patient A, and to  
14 try to get him into an inpatient facility as soon as possible for detoxification from these dangerous  
15 drugs.

16 15. On or about November 29, 2019, Respondent reviewed Patient A's CURES report for  
17 the first time.

18 16. On or about December 5, 2019, Patient A presented to Respondent for a follow-up  
19 and final visit. At this visit, Respondent confronted Patient A about receiving benzodiazepines  
20 from other physicians. Respondent informed Patient A that he would not prescribe any more  
21 benzodiazepines until Patient A discontinued receiving them from other physicians. At the  
22 conclusion of this visit, Respondent discontinued Xanax and prescribed Patient A trazadone,  
23 Lamictal and Celexa. Respondent did not refer Patient A to a dual diagnosis program and/or to a  
24 detoxification or rehabilitation facility at that time or any time thereafter.

25  
26 <sup>8</sup> Klonopin (brand name for Clonazepam) is a Schedule IV controlled substance pursuant  
27 to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to  
28 section 4022 of the Code. It is a benzodiazepine medication used to treat anxiety.

<sup>9</sup> Epilepsy is a disorder of the brain characterized by repeated seizures.

1 **PATIENT B**

2 17. On or about February 20, 2017,<sup>10</sup> Patient B, a then twenty-nine-year-old male,  
3 presented to Respondent for the first time for psychiatric treatment. Patient B had a history of  
4 opiate addiction for eight years, and complained of depressive symptoms including low energy,  
5 low motivation, anxiety, and insomnia. Patient B reported taking Suboxone<sup>11</sup> for one year, but  
6 confessed to Respondent that he continued to smoke and inject heroin. Respondent did not refer  
7 Patient B to an addiction specialist or a higher level of care at that time, and did not prescribe a  
8 trial of non-controlled medications for depressive symptoms. At the conclusion of this visit,  
9 Respondent prescribed Patient B cyclobenzaprine,<sup>12</sup> Klonopin, and Suboxone.

10 18. On or about March 13, 2017, Patient B presented to Respondent for a follow-up. At  
11 this visit, Respondent informed Patient B that he is not an addiction specialist and recommended  
12 Patient B an addiction specialist for his care, but did not refer him to a dual diagnosis program or  
13 addiction specialist on that visit or any visit thereafter. At the conclusion of this visit, Respondent  
14 diagnosed Patient B with opioid dependence and prescribed Klonopin and Suboxone.

15 19. On or about October 3, 2017, Patient B presented to Respondent for a follow-up. At  
16 this visit, Patient B informed Respondent that he had previously been diagnosed with attention  
17 deficit hyperactivity disorder and complained of low concentration and focus. At the conclusion  
18 of this visit, Respondent prescribed Patient B Adderall.<sup>13</sup>

19 ///

20  
21 <sup>10</sup> Patient B's certified complete record does not contain any treatment notes that predate  
22 June 5, 2017. Information regarding Respondent's treatment of Patient B prior to June 5, 2017,  
came from Respondent's statements at his subject interview on or about October 28, 2021.

23 <sup>11</sup> Suboxone (brand name for buprenorphine and naloxone) is a Schedule III controlled  
24 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous  
drug pursuant to section 4022 of the Code. It is a narcotic medication used to treat narcotic  
dependence.

25 <sup>12</sup> Cyclobenzaprine (brand name Flexeril) is a muscle relaxant, and dangerous drug  
26 pursuant to section 4022 of the Code.

27 <sup>13</sup> Adderall (brand name for dextroamphetamine and amphetamine) is a Schedule II  
28 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a  
dangerous drug pursuant to Business and Professions Code section 4022. It is an amphetamine  
salts medication used for attention deficit hyperactivity disorder and narcolepsy.

1           20. On or about January 2, 2018, Patient B presented to Respondent for a follow-up. At  
2 this visit, Patient B informed Respondent that he was ok and had no complaints. According to his  
3 records, at the conclusion of this visit, Respondent continued Patient B on his "same  
4 medications."

5           21. On or about January 4, 2018, Respondent prescribed Patient B Xanax for an unknown  
6 purpose. Patient B did not have a documented visit with Respondent on January 4, 2018, and  
7 Respondent's treatment records prior to that date do not reflect a plan to prescribe this  
8 medication.

9           22. Between on or about March 13, 2017, and on or about October 2, 2018, Patient B  
10 presented to Respondent for approximately twenty (20) clinical visits. For each of these visits,  
11 Respondent's handwritten notes in Patient B's chart are short and difficult to read. Throughout  
12 that time, Respondent regularly prescribed Patient B various medications, including, but not  
13 limited to, Xanax, Klonopin, and Adderall, but did not order any urine or serum drug toxicologies  
14 on Patient B at any time.

15 **PATIENT C**

16           23. On or about May 12, 2016, Respondent began providing psychiatric treatment to  
17 Patient C, a then twenty-nine-year-old male with a history of anxiety, social phobia, depression,  
18 insomnia, panic attacks, and agoraphobia. Respondent diagnosed Patient C with major depressive  
19 disorder and panic disorder, planned to rule out bipolar II disorder, and began prescribing  
20 controlled medications.

21           24. Between on or about July 10, 2017, and on or about March 10, 2020, Patient C  
22 presented to Respondent for approximately thirty-four (34) clinical visits. For each of these  
23 visits, Respondent's handwritten notes in Patient C's chart are short and difficult to read.

24           25. On or about July 10, 2017, Patient C presented to Respondent for a follow-up. At this  
25 visit, Patient C informed Respondent that he was experiencing flashbacks of his father throwing his  
26 head into a toilet approximately five to six times, and of being sexually assaulted for three years  
27 by his brother's friend. Respondent did not further discuss and/or document any further  
28 discussion with Patient C regarding the physical or sexual abuse, did not inquire whether the

1 abuse had been previously reported, did not inquire whether Patient C's abusers continued to  
2 surround themselves with underage youth, and did not contact law enforcement or a county child  
3 welfare agency to ask for recommendations regarding filing a report.

4 26. On or about October 26, 2018, Patient C presented to Respondent for a follow-up. At  
5 this visit, Patient C informed Respondent that he still recalls his physical and sexual abuse of  
6 childhood, specifically, that he was molested by his brother's friend and physically abused by his  
7 parents. Respondent did not further discuss and/or document any further discussion with Patient  
8 C regarding the physical or sexual abuse, did not inquire whether the abuse had been previously  
9 reported, did not inquire whether Patient C's abusers continued to surround themselves with  
10 underage youth, and did not contact law enforcement or a county child welfare agency to ask for  
11 recommendations regarding filing a report.

12 27. On or about October 28, 2021, Respondent participated in an interview with Board  
13 investigators. When asked about his reporting requirements after Patient C reported his sexual  
14 and physical abuse, Respondent stated that the abuse was long ago and there was nothing new to  
15 report.

16 **PATIENT D**

17 28. On or about February 6, 2017,<sup>14</sup> Patient D, a then fifty-four-year-old male, presented  
18 to Respondent for psychiatric treatment. Patient D had a history of generalized anxiety disorder,  
19 panic disorder with agoraphobia, and 15 years' sobriety from alcohol addiction without relapse.  
20 Patient D reported being previously prescribed Xanax 2mg four times daily and Valium<sup>15</sup> 10mg  
21 as needed. Respondent did not refer Patient D to an addiction specialist or a higher level of care  
22 at that visit or any visit thereafter, and did not prescribe Patient D non-controlled medications for  
23

24 <sup>14</sup> Patient D's certified complete medical record does not contain any treatment notes that  
25 predate August 2, 2017. Information regarding Respondent's treatment of Patient D prior to  
26 August 2, 2017, came from Respondent's statements at his subject interview on or about October  
27 28, 2021.

28 <sup>15</sup> Valium (brand name for diazepam) is a Schedule IV controlled substance pursuant to  
Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section  
4022 of the Code. It is an anxiolytic and sedative medication used to treat anxiety, muscle  
spasms, and seizures.



1 his anxiety. At the conclusion of the visit, Respondent determined Patient D to be stable, and  
2 maintained him on the same doses of Xanax and Valium.

3 29. On or about July 11, 2017, Respondent began prescribing Patient D lorazepam<sup>16</sup> 1 mg  
4 two times daily and Xanax 2mg four times daily.

5 30. On or about October 9, 2018, Patient D presented to Respondent for a follow-up. At  
6 this visit, Respondent discontinued lorazepam and prescribed Patient D Xanax 2mg three times  
7 daily and Valium 5mg daily.

8 31. Between on or about August 2, 2017, and on or about October 18, 2019, Patient D  
9 presented to Respondent for approximately twenty (20) clinical visits. For each of these visits,  
10 Respondent's handwritten notes in Patient D's chart are short and difficult to read. Throughout  
11 that time, Respondent regularly prescribed Patient D various medications, including, but not  
12 limited to, Xanax, Ativan, and Valium, but did not refer and/or document a referral for non-  
13 medication treatment options for anxiety.

14 32. Respondent committed repeated negligent acts in his care and treatment of Patients A,  
15 B, C, and D, that included, but was not limited to, the following:

- 16 A. Prescribing multiple benzodiazepines to Patient A for treatment of bipolar  
17 disorder and without ever checking CURES;
- 18 B. Failing to obtain collateral medical information for Patient A regarding his  
19 reported epilepsy diagnosis;
- 20 C. Abruptly refusing to prescribe Patient A benzodiazepines without referring  
21 Patient A to a dual diagnosis program and/or a detoxification or rehabilitation  
22 facility;
- 23 D. Prescribing benzodiazepines to Patient B, a patient with a substance abuse  
24 disorder, without first prescribing alternative non-controlled medications;
- 25 E. Failing to refer Patient B to a dual diagnosis program or addiction specialist at any  
26 time;

27 <sup>16</sup> Lorazepam (brand name Ativan) is a Schedule IV controlled substance pursuant to  
28 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section  
4022 of the Code. It is a sedative medication used to treat anxiety and seizure disorders.

- 1 F. Failing to perform any urine or serum drug toxicologies on Patient B at any time;
- 2 G. Failing to discuss and/or document a discussion with Patient C regarding whether
- 3 his abuse had been previously reported and whether Patient C's abusers continued
- 4 to surround themselves with underage youth, and failing to contact law
- 5 enforcement or a county child welfare agency to ask for recommendations
- 6 regarding filing a report;
- 7 H. Failing to refer Patient D to an addiction specialist or detoxification facility for
- 8 substance use disorder treatment at any time;
- 9 I. Failing to utilize first line agents for Patient D's anxiety disorder; and
- 10 J. Failing to refer Patient D for non-medication treatment options for his anxiety
- 11 disorder.

12 **SECOND CAUSE FOR DISCIPLINE**

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

14 33. Respondent has further subjected his Physician's and Surgeon's Certificate No.

15 A 111058 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the

16 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and

17 treatment of Patients A, B, C, and D, as more particularly alleged in paragraphs 10 through 32(J),

18 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

19 **THIRD CAUSE FOR DISCIPLINE**

20 **(Incompetence)**

21 34. Respondent has further subjected his Physician's and Surgeon's Certificate No.

22 A 111058 to disciplinary action under sections 2227 and 2234, as defined by section 2234,

23 subdivision (d), of the Code, in that he was incompetent in his care and treatment of Patient C, as

24 more particularly alleged in paragraphs 23 through 27, and 32(G), above, which are hereby

25 incorporated by reference and realleged as if fully set forth herein.

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**DISCIPLINARY CONSIDERATIONS**

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2       35. To determine the degree of discipline, if any, to be imposed on Respondent,  
3 Complainant alleges that on or about February 21, 2014, the Board issued a Decision and Order  
4 that became effective on or about March 21, 2014, in an action entitled, *In the Matter of the*  
5 *Accusation Against Hozair M. Syed, M.D.*, Medical Board of California Case No. 09-2010-  
6 211439. In that matter, and as a result of Respondent's sexual misconduct, gross and repeated  
7 negligent acts, record keeping violations, and general unprofessional conduct with a single patient  
8 in or around 2010, Respondent's Physician's and Surgeon's Certificate No. A 111058 was placed  
9 on probation for seven years, subject to various terms and conditions of probation. Pursuant to a  
10 Petition for Early Termination of Probation, Respondent's probation was terminated on or about  
11 March 15, 2019.

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1 PRAYER

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 111058, issued  
5 to Respondent, Hozair Mohammed Syed, M.D.;


6 2. Revoking, suspending or denying approval of Respondent, Hozair Mohammed Syed,  
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent, Hozair Mohammed Syed, M.D., to pay the Board the costs of  
9 the investigation and enforcement of this case, and if placed on probation, the costs of probation  
10 monitoring;

11 4. Ordering Respondent, Hozair Mohammed Syed, M.D., if placed on probation, to  
12 provide patient notification in accordance with Business and Professions Code section 2228.1;  
13 and

14 5. Taking such other and further action as deemed necessary and proper.

15  
16 DATED: SEP 06 2022

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

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