

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

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

Sonya Raymond Murray, M.D.

**Physician's and Surgeon's
Certificate No. A 77254**

Respondent.

Case No.: 800-2019-061131

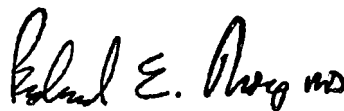
DECISION

**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



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

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

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

Case No. 800-2019-061131

OAH No. 2022020675

15 **SONYA RAYMOND MURRAY, M.D.**
16 **6 Adele Street**
Ladera Ranch, CA 92694-1524

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 **Physician's and Surgeon's Certificate**
18 **No. A 77254,**

19 Respondent.

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

23 **PARTIES**

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

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1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to each and every charge and allegation contained in the
4 First Amended Accusation No. 800-2019-061131 and agrees that she has thereby subjected her
5 Physician's and Surgeon's Certificate No. A 77254 to disciplinary action.

6 10. Respondent agrees that if she ever petitions for early termination or modification of
7 probation, or if an accusation and/or petition to revoke probation is filed against her before the
8 Medical Board of California, all of the charges and allegations contained in the First Amended
9 Accusation No. 800-2019-061131 shall be deemed true, correct and fully admitted by Respondent
10 for purposes of any such proceeding or any other licensing proceeding involving Respondent in
11 the State of California.

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 her Physician's and Surgeon's Certificate No. A 77254 is
16 subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in
17 the Disciplinary Order below.

18 CONTINGENCY

19 13. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the
20 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
21 submitted to the Board for its consideration in the above-entitled matter and, further, that the
22 Board shall have a reasonable period of time in which to consider and act on this Stipulated
23 Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent
24 fully understands and agrees that she may not withdraw her agreement or seek to rescind this
25 stipulation prior to the time the Board considers and acts upon it.

26 14. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null
27 and void and not binding upon the parties unless approved and adopted by the Board, except for
28 this paragraph, which shall remain in full force and effect. Respondent fully understands and

1 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
2 Disciplinary Order, the Board may receive oral and written communications from its staff and/or
3 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
4 the Board, any member thereof, and/or any other person from future participation in this or any
5 other matter affecting or involving Respondent. In the event that the Board does not, in its
6 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
7 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
8 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
9 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order
10 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any
11 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
12 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

13 **ADDITIONAL PROVISIONS**

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

17 16. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
18 including copies of the signatures of the parties, may be used in lieu of original documents and
19 signatures and, further, that such copies shall have the same force and effect as originals.

20 17. In consideration of the foregoing admissions and stipulations, the parties agree that
21 the Board may, without further notice or formal proceeding, issue and enter the following
22 Disciplinary Order:

23 **DISCIPLINARY ORDER**

24 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 77254 issued
25 to Respondent Sonya Raymond Murray, M.D. is hereby revoked. However, the revocation is
26 stayed and Respondent is placed on probation for five (5) years on the following terms and
27 conditions:

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1 1. CLINICAL DIAGNOSTIC EVALUATIONS AND REPORTS: Within thirty (30)
2 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter as
3 may be required by the Board or its designee, Respondent shall undergo and complete a clinical
4 diagnostic evaluation, including any and all testing deemed necessary, by a Board-appointed
5 board certified physician and surgeon. The examiner shall consider any information provided by
6 the Board or its designee and any other information he or she deems relevant, and shall furnish a
7 written evaluation report to the Board or its designee.

8 The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon
9 who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of
10 physicians and surgeons with substance abuse disorders, and is approved by the Board or its
11 designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable
12 professional standards for conducting substance abuse clinical diagnostic evaluations. The
13 evaluator shall not have a current or former financial, personal, or business relationship with
14 Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and
15 independent evaluation. The clinical diagnostic evaluation report shall set forth, in the
16 evaluator's opinion, whether Respondent has a substance abuse problem, whether Respondent is a
17 threat to himself or herself or others, and recommendations for substance abuse treatment,
18 practice restrictions, or other recommendations related to Respondent's rehabilitation and ability
19 to practice safely. If the evaluator determines during the evaluation process that Respondent is a
20 threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24)
21 hours of such a determination.

22 In formulating his or her opinion as to whether Respondent is safe to return to either part-
23 time or full-time practice and what restrictions or recommendations should be imposed, including
24 participation in an inpatient or outpatient treatment program, the evaluator shall consider the
25 following factors: Respondent's license type; Respondent's history; Respondent's documented
26 length of sobriety (i.e., length of time that has elapsed since Respondent's last substance use);
27 Respondent's scope and pattern of substance abuse; Respondent's treatment history, medical
28 history and current medical condition; the nature, duration and severity of Respondent's

1 substance abuse problem or problems; and whether Respondent is a threat to himself or herself or
2 the public.

3 For all clinical diagnostic evaluations, a final written report shall be provided to the Board
4 no later than ten (10) days from the date the evaluator is assigned the matter. If the evaluator
5 requests additional information or time to complete the evaluation and report, an extension may
6 be granted, but shall not exceed thirty (30) days from the date the evaluator was originally
7 assigned the matter.

8 The Board shall review the clinical diagnostic evaluation report within five (5) business
9 days of receipt to determine whether Respondent is safe to return to either part-time or full-time
10 practice and what restrictions or recommendations shall be imposed on Respondent based on the
11 recommendations made by the evaluator. Respondent shall not be returned to practice until he or
12 she has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating
13 that he or she has not used, consumed, ingested, or administered to himself or herself a prohibited
14 substance, as defined in section 1361.51, subdivision (e), of Title 16 of the California Code of
15 Regulations.

16 Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall
17 not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic
18 evaluation, including any and all testing deemed necessary by the examiner, the Board or its
19 designee, shall be borne by the licensee.

20 Respondent shall not engage in the practice of medicine until notified by the Board or its
21 designee that he or she is fit to practice medicine safely. The period of time that Respondent is
22 not practicing medicine shall not be counted toward completion of the term of probation.
23 Respondent shall undergo biological fluid testing as required in this Decision at least two (2)
24 times per week while awaiting the notification from the Board if he or she is fit to practice
25 medicine safely.

26 Respondent shall comply with all restrictions or conditions recommended by the examiner
27 conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified
28 by the Board or its designee.

1 2. CONTROLLED SUBSTANCES - ABSTAIN FROM USE. Respondent shall abstain
2 completely from the personal use or possession of controlled substances as defined in the
3 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
4 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
5 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide
6 illness or condition.

7 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
8 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone
9 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
10 telephone number.

11 3. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the
12 use of products or beverages containing alcohol.

13 4. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to
14 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
15 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
16 follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall
17 make daily contact with the Board or its designee to determine whether biological fluid testing is
18 required. Respondent shall be tested on the date of the notification as directed by the Board or its
19 designee. The Board may order a Respondent to undergo a biological fluid test on any day, at
20 any time, including weekends and holidays. Except when testing on a specific date as ordered by
21 the Board or its designee, the scheduling of biological fluid testing shall be done on a random
22 basis. The cost of biological fluid testing shall be borne by the Respondent.

23 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
24 During the second year of probation and for the duration of the probationary term, up to five (5)
25 years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
26 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing
27 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
28 of random tests to the first-year level of frequency for any reason.

1 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
2 approved in advance by the Board or its designee, that will conduct random, unannounced,
3 observed, biological fluid testing and meets all of the following standards:

4 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
5 Association or have completed the training required to serve as a collector for the United
6 States Department of Transportation.

7 (b) Its specimen collectors conform to the current United States Department of
8 Transportation Specimen Collection Guidelines.

9 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
10 by the United States Department of Transportation without regard to the type of test
11 administered.

12 (d) Its specimen collectors observe the collection of testing specimens.

13 (e) Its laboratories are certified and accredited by the United States Department of Health
14 and Human Services.

15 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
16 of receipt and all specimens collected shall be handled pursuant to chain of custody
17 procedures. The laboratory shall process and analyze the specimens and provide legally
18 defensible test results to the Board within seven (7) business days of receipt of the
19 specimen. The Board will be notified of non-negative results within one (1) business day
20 and will be notified of negative test results within seven (7) business days.

21 (g) Its testing locations possess all the materials, equipment, and technical expertise
22 necessary in order to test Respondent on any day of the week.

23 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
24 for the detection of alcohol and illegal and controlled substances.

25 (i) It maintains testing sites located throughout California.

26 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
27 computer database that allows the Respondent to check in daily for testing.

28 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff

1 access to drug test results and compliance reporting information that is available 24 hours a
2 day.

3 (l) It employs or contracts with toxicologists that are licensed physicians and have
4 knowledge of substance abuse disorders and the appropriate medical training to interpret
5 and evaluate laboratory biological fluid test results, medical histories, and any other
6 information relevant to biomedical information.

7 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
8 while practicing, even if the Respondent holds a valid prescription for the substance.

9 Prior to changing testing locations for any reason, including during vacation or other travel,
10 alternative testing locations must be approved by the Board and meet the requirements above.

11 The contract shall require that the laboratory directly notify the Board or its designee of
12 non-negative results within one (1) business day and negative test results within seven (7)
13 business days of the results becoming available. Respondent shall maintain this laboratory or
14 service contract during the period of probation.

15 A certified copy of any laboratory test result may be received in evidence in any
16 proceedings between the Board and Respondent.

17 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
18 administered to himself or herself a prohibited substance, the Board shall order Respondent to
19 cease practice and instruct Respondent to leave any place of work where Respondent is practicing
20 medicine or providing medical services. The Board shall immediately notify all of Respondent's
21 employers, supervisors and work monitors, if any, that Respondent may not practice medicine or
22 provide medical services while the cease-practice order is in effect.

23 A biological fluid test will not be considered negative if a positive result is obtained while
24 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
25 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

26 After the issuance of a cease-practice order, the Board shall determine whether the positive
27 biological fluid test is in fact evidence of prohibited substance use by consulting with the
28 specimen collector and the laboratory, communicating with the licensee, his or her treating

1 physician(s), other health care provider, or group facilitator, as applicable.

2 For purposes of this condition, the terms “biological fluid testing” and “testing” mean the
3 acquisition and chemical analysis of a Respondent’s urine, blood, breath, or hair.

4 For purposes of this condition, the term “prohibited substance” means an illegal drug, a
5 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
6 Respondent and approved by the Board, alcohol, or any other substance the Respondent has been
7 instructed by the Board not to use, consume, ingest, or administer to himself or herself.

8 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
9 substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the
10 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
11 any other terms or conditions the Board determines are necessary for public protection or to
12 enhance Respondent’s rehabilitation.

13 5. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS. Within thirty (30) days of
14 the effective date of this Decision, Respondent shall submit to the Board or its designee, for its
15 prior approval, the name of a substance abuse support group which he or she shall attend for the
16 duration of probation. Respondent shall attend substance abuse support group meetings at least
17 once per week, or as ordered by the Board or its designee. Respondent shall pay all substance
18 abuse support group meeting costs.

19 The facilitator of the substance abuse support group meeting shall have a minimum of three
20 (3) years’ experience in the treatment and rehabilitation of substance abuse, and shall be licensed
21 or certified by the state or nationally certified organizations. The facilitator shall not have a
22 current or former financial, personal, or business relationship with Respondent within the last five
23 (5) years. Respondent’s previous participation in a substance abuse group support meeting led by
24 the same facilitator does not constitute a prohibited current or former financial, personal, or
25 business relationship.

26 The facilitator shall provide a signed document to the Board or its designee showing
27 Respondent’s name, the group name, the date and location of the meeting, Respondent’s
28 attendance, and Respondent’s level of participation and progress. The facilitator shall report any

1 unexcused absence by Respondent from any substance abuse support group meeting to the Board,
2 or its designee, within twenty-four (24) hours of the unexcused absence.

3 6. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE. Within thirty
4 (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or
5 its designee for prior approval as a worksite monitor, the name and qualifications of one or more
6 licensed physician and surgeon, other licensed health care professional if no physician and
7 surgeon is available, or, as approved by the Board or its designee, a person in a position of
8 authority who is capable of monitoring the Respondent at work.

9 The worksite monitor shall not have a current or former financial, personal, or familial
10 relationship with Respondent, or any other relationship that could reasonably be expected to
11 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
12 designee. If it is impractical for anyone but Respondent's employer to serve as the worksite
13 monitor, this requirement may be waived by the Board or its designee, however, under no
14 circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

15 The worksite monitor shall have an active unrestricted license with no disciplinary action
16 within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms
17 and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth
18 by the Board or its designee.

19 Respondent shall pay all worksite monitoring costs.

20 The worksite monitor shall have face-to-face contact with Respondent in the work
21 environment on as frequent a basis as determined by the Board or its designee, but not less than
22 once per week; interview other staff in the office regarding Respondent's behavior, if requested
23 by the Board or its designee; and review Respondent's work attendance.

24 The worksite monitor shall verbally report any suspected substance abuse to the Board and
25 Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected
26 substance abuse does not occur during the Board's normal business hours, the verbal report shall
27 be made to the Board or its designee within one (1) hour of the next business day. A written
28 report that includes the date, time, and location of the suspected abuse; Respondent's actions; and

1 any other information deemed important by the worksite monitor shall be submitted to the Board
2 or its designee within 48 hours of the occurrence.

3 The worksite monitor shall complete and submit a written report monthly or as directed by
4 the Board or its designee which shall include the following: (1) Respondent's name and
5 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)
6 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
7 worksite; (5) the dates Respondent had face-to-face contact with the worksite monitor; (6) the
8 names of worksite staff interviewed, if applicable; (7) a report of Respondent's work attendance;
9 (8) any change in Respondent's behavior and/or personal habits; and (9) any indicators that can
10 lead to suspected substance abuse by Respondent. Respondent shall complete any required
11 consent forms and execute agreements with the approved worksite monitor and the Board, or its
12 designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

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

22 7. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING
23 LICENSEES. Failure to fully comply with any term or condition of probation is a violation of
24 probation.

25 A. If Respondent commits a major violation of probation as defined by section
26 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take
27 one or more of the following actions:

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1 (1) Issue an immediate cease-practice order and order Respondent to undergo a clinical
2 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of
3 Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice
4 order issued by the Board or its designee shall state that Respondent must test negative for at least
5 a month of continuous biological fluid testing before being allowed to resume practice. For
6 purposes of determining the length of time a Respondent must test negative while undergoing
7 continuous biological fluid testing following issuance of a cease-practice order, a month is
8 defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until
9 notified in writing by the Board or its designee that he or she may do so.

10 (2) Increase the frequency of biological fluid testing.

11 (3) Refer Respondent for further disciplinary action, such as suspension, revocation, or
12 other action as determined by the Board or its designee.

13 B. If Respondent commits a minor violation of probation as defined by section
14 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take
15 one or more of the following actions:

16 (1) Issue a cease-practice order;

17 (2) Order practice limitations;

18 (3) Order or increase supervision of Respondent;

19 (4) Order increased documentation;

20 (5) Issue a citation and fine, or a warning letter;

21 (6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in
22 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
23 Regulations, at Respondent's expense;

24 (7) Take any other action as determined by the Board or its designee.

25 C. Nothing in this Decision shall be considered a limitation on the Board's authority
26 to revoke Respondent's probation if he or she has violated any term or condition of probation. If
27 Respondent violates probation in any respect, the Board, after giving Respondent notice and the
28 opportunity to be heard, may revoke probation and carry out the disciplinary order that was

1 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
2 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
3 is final, and the period of probation shall be extended until the matter is final.

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

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

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

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

10. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist with any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

11. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal

1 relationship with Respondent, or other relationship that could reasonably be expected to
2 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
3 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
4 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

21 The monitor(s) shall submit a quarterly written report to the Board or its designee which
22 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
23 are within the standards of practice of medicine, and whether Respondent is practicing medicine
24 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
25 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
26 preceding quarter.

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified. Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

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

12 12. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven (7)
13 days of the effective date of this Decision, Respondent shall provide to the Board the names,
14 physical addresses, mailing addresses, and telephone numbers of any and all employers and
15 supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's
16 work site monitor, and Respondent's employers and supervisors to communicate regarding
17 Respondent's work status, performance, and monitoring.

18 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
19 Well Being Committee Chair, or equivalent, if applicable, when the Respondent has medical staff
20 privileges.

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

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1 calendar days. This condition shall apply to any change(s) in hospitals, other facilities or
2 insurance carrier.

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

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

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

24 17. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
25 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
26 limited to, expert review, amended accusations, legal reviews, and investigation(s), as applicable,
27 in the amount of \$7,000.00 (seven thousand dollars). Costs shall be payable to the Medical Board
28 of California. Failure to pay such costs shall be considered a violation of probation.

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

5 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
6 to repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

12 19. GENERAL PROBATION REQUIREMENTS.

13 Compliance with Probation Unit

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

15 Address Changes

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

21 Place of Practice

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

25 License Renewal

26 Respondent shall maintain a current and renewed California physician's and surgeon's
27 license.

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1 Travel or Residence Outside California

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

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

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

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

25 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
26 months, Respondent shall successfully complete the Federation of State Medical Board's Special
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program

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1 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
2 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

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

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

23 24. LICENSE SURRENDER. Following the effective date of this Decision, if
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
25 the terms and conditions of probation, Respondent may request to surrender his or her license.
26 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
27 determining whether or not to grant the request, or to take any other action deemed appropriate
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
4 application shall be treated as a petition for reinstatement of a revoked certificate.

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

10 26. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
11 a new license or certification, or petition for reinstatement of a license, by any other health care
12 licensing action agency in the State of California, all of the charges and allegations contained in
13 the First Amended Accusation No. 800-2019-061131 shall be deemed to be true, correct, and
14 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
15 seeking to deny or restrict license.

16 ACCEPTANCE

17 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
18 discussed it with my attorney, Elisa B. Wolfe-Donato, Esq. I fully understand the stipulation and
19 the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
20 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
21 bound by the Decision and Order of the Medical Board of California.

22 DATED: 8/30/2022


23 SONYA RAYMOND MURRAY, M.D.
Respondent

24 I have read and fully discussed with Respondent Sonya Raymond Murray, M.D., the terms
25 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
26 Order. I approve its form and content.

27 DATED: 8-31-2022


28 ELISA B. WOLFE-DONATO
Attorney for Respondent


ENDORSEMENT

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

DATED: Aug. 31, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General


LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

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8 *Attorneys for Complainant*

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

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

Case No. 800-2019-061131

15 **SONYA RAYMOND MURRAY, M.D.**
16 **6 Adele Street**
Ladera Ranch, CA 92694-1524

FIRST AMENDED ACCUSATION

[Cal. Gov. Code, § 11507.]

17 **Physician's and Surgeon's Certificate**
18 **No. A 77254,**

Respondent.

19
20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about December 5, 2001, the Board issued Physician's and Surgeon's
26 Certificate No. A 77254 to Sonya Raymond Murray, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on November 30, 2023, unless renewed.

1 **JURISDICTION**

2 3. This First Amended Accusation, which supersedes Accusation No. 800-2019-061131
3 filed on October 27, 2021, in the above-entitled matter, is brought before the Board, under the
4 authority of the following laws. All section references are to the Business and Professions Code
5 (Code) unless otherwise indicated.

6 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

21 5. Section 2234 of the Code, states, 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
conduct includes, but is not limited to, the following:

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

26 (b) Gross negligence.

27 (c) Repeated negligent acts. To be repeated, there must be two or more
28 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 (1) An initial negligent diagnosis followed by an act or omission medically
2 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

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

6 ...

7 6. Section 822 of the Code states:

8 If a licensing agency determines that its licentiate's ability to practice his or her
9 profession safely is impaired because the licentiate is mentally ill, or physically ill
affecting competency, the licensing agency may take action by any one of the
10 following methods:

11 (a) Revoking the licentiate's certificate or license.

12 (b) Suspending the licentiate's right to practice.

13 (c) Placing the licentiate on probation.

14 (d) Taking such other action in relation to the licentiate as the licensing agency
in its discretion deems proper.

15 The licensing section shall not reinstate a revoked or suspended certificate or
16 license until it has received competent evidence of the absence or control of the
condition which caused its action and until it is satisfied that with due regard for the
17 public health and safety the person's right to practice his or her profession may be
safely reinstated.

18 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct
19 which breaches the rules or ethical code of the medical profession, or conduct which is
20 unbecoming a member in good standing of the medical profession, and which demonstrates an
21 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
22 575.)

23 COST RECOVERY

24 8. Section 125.3 of the Code states:

25 (a) Except as otherwise provided by law, in any order issued in resolution of a
26 disciplinary proceeding before any board within the department or before the
Osteopathic Medical Board upon request of the entity bringing the proceeding, the
27 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
28 investigation and enforcement of the case.

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

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

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

10 (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
11 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.

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

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

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

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

21 (i) Nothing in this section shall preclude a board from including the recovery of
22 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
disciplinary proceeding.

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FACTUAL ALLEGATIONS¹

Mental Evaluation

9. On or about January 10, 2020, Respondent agreed to participate in a mental examination by a Board-appointed psychiatrist pursuant to Business and Professions Code section 820.

10. On or about March 18, 2020, Respondent participated in an interview with Board-appointed psychiatrist, Dr. M.N. During this interview, Respondent admitted smoking cigarettes since she was thirteen (13) years old, having her first drink of alcohol when she was seven (7) years old, and ingesting marijuana since she was nineteen (19) years old.

11. During the interview with Dr. M.N., Respondent recalled being hospitalized for depression in or around 1998, 1999, and 2002. Respondent also recalled being hospitalized for substance abuse rehabilitation in or around 2005 and participating in a 12-step program from 2005 through 2008.

12. According to Respondent, she remained sober from 2005 through 2015. However, in 2015, Respondent suffered a manic episode and relapsed for a period of three (3) weeks, resulting in another hospitalization.

13. According to Respondent, in 2019, Respondent ingested marijuana products on a daily basis, and in or around October 2019, Respondent began participating in an intensive outpatient rehabilitation program to address her substance abuse issues.

14. As part of the mental evaluation, Respondent also participated in several psychological tests administered by Dr. M.N.

15. On or about March 28, 2020, after an extensive review of investigation materials, including, but not limited to, Respondent's treatment records and psychological test scores, Dr. M.N. determined Respondent suffers from Bipolar I Disorder and Substance Abuse Disorder. According to Dr. M.N., Respondent's mental condition impairs Respondent's ability to practice medicine safely.

¹ Conduct occurring more than seven (7) years prior to the filing of the original Accusation filed on October 27, 2021, or more than three (3) years after discovery is not alleged as a basis for discipline.

Patient A²

16. On or about April 11, 2019, Patient A, a then 21-year-old student³ at Saddleback College Student Health Center (SSHC), first presented for medication review with Respondent, who was at the time employed by SSHC as a primary care physician. Patient A had a medical history significant for attention deficit hyperactivity disorder (ADHD) since the age of nine (9) and was regularly prescribed Vyvanse⁴ by his primary care physician for the past ten (10) years. Beginning in or around April 2018, Patient A sought psychotherapy treatment at SSHC to address Patient A's issues with ADHD, and was found to also display symptoms consistent with generalized anxiety disorder and depressive disorder. In or around April 2019, the SSHC psychologist referred Patient A to Respondent for a pharmacological consultation.

17. On or about April 11, 2019, Respondent met with Patient A for an initial visit. According to records, Patient A reported identifying as asexual and that a past trial of Adderall⁵ was unsuccessful. According to records, Respondent decided to prescribe Lexapro⁶ (10 mg per day) to Patient A to address his generalized anxiety disorder.

18. From on or about April 11, 2019, through on or about September 5, 2019, Patient A presented for a total of ten (10) visits with Respondent at SSHC. According to records, over the
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² For patient privacy purposes, the patients' true names are not used in the instant Accusation to maintain patient confidentiality. The patients' identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery and in accordance with Government Code section 11507.6.

³ Patient A was biologically born a female who was beginning to transition to male over the course of treatment with Respondent. For consistency purposes, Patient A will be referred to as a male.

⁴ Vyvanse, brand name for lisdexamfetamine, is a Schedule II 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 commonly prescribed to treat attention deficit hyperactivity disorder.

⁵ Adderall, brand name for dextroamphetamine and amphetamine, is a Schedule II 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 used for attention deficit hyperactivity disorder and narcolepsy.

⁶ Lexapro, brand name for escitalopram, is a dangerous drug pursuant to Business and Professions Code section 4022. It is commonly prescribed to treat depression and anxiety.

1 course of treatment, Respondent prescribed Lexapro, Wellbutrin,⁷ and testosterone⁸ to Patient A,
2 who later identified as nonbinary and requested hormone therapy. At the final visit with Patient
3 A, Respondent noted Patient A's diagnoses to include depression, anxiety, and gender identity
4 disorder.

5 19. At no time over the course of Respondent's treatment with Patient A at SSHC did
6 Respondent request or obtain permission from Patient A to access Patient A's private contact
7 information for Respondent's private use.

8 20. On or about October 3, 2019, Respondent sent a text message to Patient A, inviting
9 Patient A to continue treatment with Respondent in her private practice. Patient A agreed to a
10 visit and went to see Respondent that same day.

11 21. Upon arrival at Respondent's private clinic, Respondent insisted Patient A remove his
12 shoes. Respondent began vaping in front of Patient A while giving him a tour of her new office
13 space. Respondent's office space was decorated with several unusual items, including, but not
14 limited to, bowls containing white powder identified by Respondent to be cannabidiol⁹ (CBD),
15 crystals, and CBD infused gummies.

16 22. During this visit, Respondent asked Patient A to join her in vaping, which Patient A
17 refused. Respondent also insisted over Patient A's refusal, that Patient A eat a few gummy bears
18 infused with CBD.

19 23. During this visit, Respondent invited Patient A to socialize and asked Patient A to
20 bring his dog over for a playdate.

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24 ⁷ Wellbutrin, brand name for bupropion, is a dangerous drug pursuant to Business and Professions
Code section 4022. It is commonly prescribed to treat depression.

25 ⁸ Testosterone, brand name Androgel, is a Schedule III controlled substance pursuant to Health
26 and Safety Code section 11056, subdivision (f), and a dangerous drug pursuant to Business and
Professions Code section 4022.

27 ⁹ Cannabidiol is a component of medical marijuana, cannabis, that does not contain
28 tetrahydrocannabinol (THC), the psychoactive ingredient found in marijuana.

24. At the end of the visit, when Patient A brought up the issue of his gender transition, Respondent picked up her prescription pad to write a prescription to Patient A for testosterone. Respondent then asked Patient A how Respondent should write the prescription.

Patient B

25. On or about May 10, 2018, Patient B, a then 20-year-old student¹⁰ at SSHC, first presented for a medical consultation with Respondent, who was at the time employed by SSHC as a primary care physician. Patient B reported a history of severe anxiety and experiencing panic attacks and manic episodes. Patient B had been regularly participating in psychotherapy, but now felt the need for medication to address potential issues of anxiety, depression, attention deficit disorder (ADD), and bipolar disorder.

26. On or about May 18, 2018, Respondent met with Patient B to discuss possible medications. According to records, Respondent noted a plan for Patient B to complete psychological testing, seek evaluation by a psychiatrist, and a prescription for Ativan.¹¹ According to records, Respondent prescribed Ativan (1 mg, three times per day) to Patient B and noted a diagnosis of anxiety and depression.

27. From on or about May 18, 2018, through on or about September 12, 2019, Patient B presented for a total of fourteen (14) visits with Respondent at SSHC. According to records, over the course of treatment, Respondent prescribed Ativan, Lexapro, and Lamictal¹² to Patient B. At the final visit with Patient B, Respondent noted Patient B's diagnoses to include, among other things, bipolar disorder, depression, anxiety, and gender identity disorder. At the final visit, Respondent invited Patient B to continue treatment with Respondent at her private practice where she would have a variety of marijuana strains for Patient B to try.

¹⁰ Patient B was biologically born a female who was transitioning to male over the course of treatment with Respondent. For consistency purposes, Patient B will be referred to as a male.

¹¹ Ativan, brand name for lorazepam, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is commonly prescribed to treat anxiety and seizure disorders.

¹² Lamictal, brand name for lamotrigine, is a dangerous drug pursuant to Business and Professions Code section 4022. It is commonly prescribed to treat epilepsy and bipolar disorder.

1 28. On or about September 17, 2019, Patient B brought his partner to his first visit at
2 Respondent's private practice. Upon arrival at Respondent's private clinic, Respondent was
3 barefoot while giving Patient B and his partner a tour of her new office space. Respondent's
4 office space appeared cluttered and was decorated with several unusual items, including, but not
5 limited to, crystals, religious items, and jars of marijuana on Respondent's desk.

6 29. During this visit, Respondent attempted to persuade Patient B and his partner to
7 smoke marijuana through a pipe that was already packed with marijuana. When Patient B asked
8 what type of marijuana was in the pipe, Respondent indicated it was a blend of CBD and THC.
9 Patient B reluctantly smoked a little marijuana from the pipe offered to him by Respondent.

10 30. Respondent then passed the pipe to Patient B's partner, who refused to smoke.
11 However, Patient B's partner eventually took one small puff from the pipe after Respondent
12 insisted Patient B's partner should smoke the marijuana to be in solidarity with Patient B.

13 31. Respondent then smoked the remaining marijuana in the pipe during Patient B's visit.

14 32. After smoking the remaining marijuana, Respondent offered Patient B and his partner
15 several CBD products, including, but not limited to, CBD infused water and CBD infused lotion.

16 33. At the end of the visit, Respondent picked up her prescription pad to write a
17 prescription to Patient B for Lexapro and Lamictal, despite having just issued the same
18 prescription to Patient B at his last visit with Respondent one week earlier at SSHC. Patient B
19 never filled this second prescription.

20 **SECTION 822 CAUSE FOR ACTION**

21 **(Mental Illness Affecting Competency)**

22 34. Respondent is subject to action under section 822 of the Code, in that her ability to
23 practice medicine safely is impaired due to mental illness affecting competency, as more
24 particularly alleged in paragraphs 9 through 33, above, which are hereby incorporated by
25 reference and realleged as if fully set forth herein.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

35. Respondent has subjected her Physician's and Surgeon's Certificate No. A 77254 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that she committed gross negligence in her care and treatment of Patients A and B, as more particularly alleged hereinafter.

36. Respondent committed gross negligence in her care and treatment of Patient A, which included but was not limited to, the following:

- A. Paragraphs 16 through 24, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- B. Respondent inappropriately accessed Patient A's private contact information without Patient A's permission for Respondent's personal use in her private practice;
- C. Respondent engaged in unprofessional conduct during an office visit with Patient A by vaping in front of Patient A;
- D. Respondent engaged in unprofessional conduct during an office visit with Patient A by pressuring Patient A to vape with Respondent and pressuring Patient A to ingest CBD products presented by Respondent; and
- E. Respondent inappropriately invited Patient A to Respondent's home to socialize with Respondent.

37. Respondent committed gross negligence in her care and treatment of Patient B, which included but was not limited to, the following:

- A. Paragraphs 25 through 33, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- B. Respondent engaged in unprofessional conduct during an office visit with Patient B by smoking marijuana in front of Patient B and his partner; and
- C. Respondent engaged in unprofessional conduct during an office visit with Patient B by pressuring Patient B and his partner to smoke marijuana with

Respondent and pressuring Patient B and his partner to ingest CBD products presented by Respondent.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

38. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 77254 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in her care and treatment of Patients A and B, as more particularly alleged in paragraphs 16 through 37, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

39. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 77254 to disciplinary action under sections 2227 and 2234, of the Code, in that Respondent engaged in conduct which breaches the rules or ethical code of the medical profession or which was unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 16 through 38, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

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

1. Taking any action as authorized by section 822 of the Code, as the Board, in its discretion, deems necessary and proper;
2. Revoking or suspending Physician's and Surgeon's Certificate No. A 77254, issued to Respondent Sonya Raymond Murray, M.D.;
3. Revoking, suspending or denying approval of Respondent Sonya Raymond Murray, M.D.'s authority to supervise physician assistants and advanced practice nurses;


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1 4. Ordering Respondent Sonya Raymond Murray, M.D., to pay the Board the costs of
2 the investigation and enforcement of this case, and if placed on probation, the costs of
3 probation monitoring; and

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

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6 DATED: **FEB 07 2022**



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

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