

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

In the Matter of the Accusation  
Against:

Joseph Sandor Haraszti, M.D.

Physician's and Surgeon's  
Certificate No. G 37865

Respondent.

Case No.: 800-2019-058543

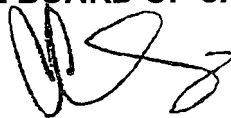
**DECISION**

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 November 9, 2023.

IT IS SO ORDERED: October 10, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
4 State Bar No. 173955  
300 South Spring Street, Suite 1702  
5 Los Angeles, California 90013  
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6 Facsimile: (916) 731-2117  
*Attorneys for Complainant*  
7

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

12 In the Matter of the Accusation Against:  
13 JOSEPH SANDOR HARASZTI, M.D.  
14 2810 East Del Mar Boulevard, Suite 8A  
15 Pasadena, California 91107-4323  
16 Physician's and Surgeon's Certificate G 37865.  
17 Respondent.

Case No. 800-2019-058543

OAH No. 2023020352

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

20 **PARTIES**

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

25 2. Respondent Joseph Sandor Haraszti, M.D. (Respondent) is represented in this  
26 proceeding by attorney Michelle A. Birtja, of Wood, Smith, Henning & Berman, 10960 Wilshire  
27 Boulevard, 18th Floor, Los Angeles, California 90024-3804.  
28

1           3.     On August 21, 1978, the Board issued Physician's and Surgeon's Certificate No. G  
2 37865 to Joseph Sandor Haraszti, M.D. (Respondent). That license was in full force and effect at  
3 all times relevant to the charges brought in Accusation No. 800-2019-058543, and will expire on  
4 April 30, 2024, unless renewed.

### 5                                   JURISDICTION

6           4.     Accusation No. 800-2019-058543 was filed before the Board, and is currently  
7 pending against Respondent. The Accusation and all other statutorily required documents were  
8 properly served on Respondent on August 4, 2022. Respondent timely filed his Notice of  
9 Defense contesting the Accusation.

10          5.     A copy of Accusation No. 800-2019-058543 is attached as Exhibit A and is  
11 incorporated herein by reference.

### 12                                   ADVISEMENT AND WAIVERS

13          6.     Respondent has carefully read, fully discussed with counsel, and understands the  
14 charges and allegations in Accusation No. 800-2019-058543. Respondent has also carefully read,  
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
16 Disciplinary Order.

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

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

### 25                                   CULPABILITY

26          9.     Respondent understands and agrees that the charges and allegations in Accusation  
27 No. 800-2019-058543, if proven at a hearing, constitute cause for imposing discipline upon his  
28 Physician's and Surgeon's Certificate.



1           15. 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           16. 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. G 37865  
9 issued to Respondent Joseph Sandor Haraszi, M.D. is revoked. However, the revocation is  
10 stayed and Respondent is placed on probation for five (5) years on the following terms and  
11 conditions:

12           1.   CONTROLLED SUBSTANCES - TOTAL RESTRICTION. Respondent shall not  
13 order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined in  
14 the California Uniform Controlled Substances Act or the federal Controlled Substances Act, until  
15 he fully complies with Conditions 4 and 5 herein, which require him to complete a Prescribing  
16 Practices Course and a Medical Record Keeping Course.

17           Respondent shall not issue an oral or written recommendation or approval to a patient or a  
18 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical  
19 purposes of the patient within the meaning of Health and Safety Code section 11362.5.

20           2.   CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. After fully  
21 complying with Conditions 4 and 5 herein by completing a Prescribing Practices Course and a  
22 Medical Record Keeping course, Respondent shall not order, prescribe, dispense, administer,  
23 furnish, or possess any controlled substances as defined by the California Uniform Controlled  
24 Substances Act of the federal Controlled Substances Act, except as follows:

25           A.   Respondent shall not order, prescribe, dispense, administer, furnish, or possess any  
26                   controlled substance listed in Schedule I of the California Uniform Controlled  
27                   Substances Act or federal Controlled Substances Act.

28           B.   Respondent shall not order, prescribe, dispense, administer, furnish, or possess any

1 controlled substance listed in Schedule II of the California Uniform Controlled  
2 Substances Act or federal Controlled Substances Act, except Adderall, Vyvanse,  
3 Ritalin, Concerta and Metadate.

4 C. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any  
5 controlled substance listed in Schedule III of the California Uniform Controlled  
6 Substances Act or federal Controlled Substances Act, except Suboxone.

7 D. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any  
8 controlled substance listed in Schedule IV of the California Uniform Controlled  
9 Substances Act or federal Controlled Substances Act, except Ativan, Klonopin and  
10 Restoril.

11 E. Respondent shall not prescribe any controlled substance listed in Schedule V of  
12 the California Uniform Controlled Substances Act of federal Controlled  
13 Substances Act.

14 Respondent shall not issue an oral or written recommendation or approval to a patient or a  
15 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical  
16 purposes of the patient within the meaning of Health and Safety Code section 11362.5.

17 3. CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO  
18 RECORDS AND INVENTORIES

19 Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed,  
20 administered, or possessed by respondent, and any recommendation or approval which enables a  
21 patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical  
22 purposes of the patient within the meaning of Health and Safety Code section 11362.5, during  
23 probation, showing all the following: 1) the name and address of patient; 2) the date; 3) the  
24 character and quantity of controlled substances involved; and 4) the indications and diagnosis for  
25 which the controlled substances were furnished.

26 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
27 records and any inventories of controlled substances shall be available for immediate inspection  
28 and copying on the premises by the Board or its designee at all times during business hours

1 and shall be retained for the entire term of probation.

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

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

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

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

28 A medical record keeping course taken after the acts that gave rise to the charges in the

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
2 or its designee, be accepted towards the fulfillment of this condition if the course would have  
3 been approved by the Board or its designee had the course been taken after the effective date of  
4 this Decision.

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

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

18 A professionalism program 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 program would have  
21 been approved by the Board or its designee had the program 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 program or not later  
25 than 15 calendar days after the effective date of the Decision, whichever is later.

26 7. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
27 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
28 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose



1 licenses are valid and in good standing, and who are preferably American Board of Medical  
2 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
3 relationship with Respondent, or other relationship that could reasonably be expected to  
4 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
5 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
6 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

1           If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
2 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
3 name and qualifications of a replacement monitor who will be assuming that responsibility within  
4 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
5 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
6 notification from the Board or its designee to cease the practice of medicine within three (3)  
7 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
8 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

1           11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
2 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of be  
3 \$36,556.25.

4           Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be  
5 considered a violation of probation.

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

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

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

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

17           13. GENERAL PROBATION REQUIREMENTS.

18           Compliance with Probation Unit

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

20           Address Changes

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

26           Place of Practice

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

1 facility.

2 License Renewal

3 Respondent shall maintain a current and renewed California physician's and surgeon's  
4 license.

5 Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

26 18. LICENSE SURRENDER. Following the effective date of this Decision, if  
27 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
28 the terms and conditions of probation, Respondent may request to surrender his or her license.

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

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

13 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
14 a new license or certification, or petition for reinstatement of a license, by any other health care  
15 licensing action agency in the State of California, all of the charges and allegations contained in  
16 Accusation No. 800-2019-058543 shall be deemed to be true, correct, and admitted by  
17 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
18 restrict license.

19 ACCEPTANCE

20 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
21 discussed it with my attorney, Michelle A. Birtja. I understand the stipulation and the effect it  
22 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
23 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
24 Decision and Order of the Medical Board of California.

25  
26 DATED: 8/29/2023

Joseph Sandor Haraszti, M.D.  
JOSEPH SANDOR HARASZTI, M.D.  
Respondent

1 I have read and fully discussed with Respondent Joseph Sandor Haraszti, M.D. the terms  
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
3 Order. I approve its form and content.

4 DATED: August 29, 2023



5 MICHELLE A. BIRTJA  
6 *Attorney for Respondent*


6 **ENDORSEMENT**

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

9 DATED: August 29, 2023

10 Respectfully submitted,

11 ROB BONTA  
12 Attorney General of California  
13 ROBERT MCKIM BELL  
14 Supervising Deputy Attorney General

15   
16 VLADIMIR SHALKEVICH  
17 Deputy Attorney General  
18 *Attorneys for Complainant*

19 LA2022602412  
20 66165254.docx

**Exhibit A**

**Accusation No. 800-2019-058543**



1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 TAN N. TRAN  
Deputy Attorney General  
4 State Bar No. 197775  
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6 Facsimile: (916) 731-2117  
*Attorneys for Complainant*  
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-058543

13 **JOSEPH SANDOR HARASZTI, M.D.**  
14 **2810 E. Del Mar Blvd., Suite 8A**  
**Pasadena, CA 91107-4323**

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

15 **Physician's and Surgeon's Certificate**  
16 **No. G 37865,**

Respondent.

17  
18  
19 **PARTIES**

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

23 2. On or about August 21, 1978, the Board issued Physician's and Surgeon's Certificate  
24 Number G 37865 to Joseph Sandor Haraszti, M.D. (Respondent). The Physician's and Surgeon's  
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
26 expire on April 30, 2024, 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 2004 of the Code states:

6           The board shall have the responsibility for the following:

7           (a) The enforcement of the disciplinary and criminal provisions of the Medical  
8 Practice Act.

9           (b) The administration and hearing of disciplinary actions.

10          (c) Carrying out disciplinary actions appropriate to findings made by a panel or  
an administrative law judge.

11          (d) Suspending, revoking, or otherwise limiting certificates after the conclusion  
12 of disciplinary actions.

13          (e) Reviewing the quality of medical practice carried out by physician and  
14 surgeon certificate holders under the jurisdiction of the board.

15          (f) Approving undergraduate and graduate medical education programs.

16          (g) Approving clinical clerkship and special programs and hospitals for the  
17 programs in subdivision (f).

18          (h) Issuing licenses and certificates under the board's jurisdiction.

19          (i) Administering the board's continuing medical education program.

20       5.    Section 2227 of the Code states:

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

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

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

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

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

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

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

9 **STATUTORY PROVISIONS**

10 6. Section 2234 of the Code, states:

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

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

16 (b) Gross negligence.

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

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

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

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is  
substantially related to the qualifications, functions, or duties of a physician and  
surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend  
and participate in an interview by the board. This subdivision shall only apply to a  
certificate holder who is the subject of an investigation by the board.

7. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription  
drugs, including prescription controlled substances, to an addict under his or her  
treatment for a purpose other than maintenance on, or detoxification from,

1 prescription drugs or controlled substances.

2 (b) A physician and surgeon may prescribe, dispense, or administer prescription  
3 drugs or prescription controlled substances to an addict for purposes of maintenance  
4 on, or detoxification from, prescription drugs or controlled substances only as set  
5 forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and  
6 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a  
7 physician and surgeon to prescribe, dispense, or administer dangerous drugs or  
8 controlled substances to a person he or she knows or reasonably believes is using or  
9 will use the drugs or substances for a nonmedical purpose.

10 (c) Notwithstanding subdivision (a), prescription drugs or controlled substances  
11 may also be administered or applied by a physician and surgeon, or by a registered  
12 nurse acting under his or her instruction and supervision, under the following  
13 circumstances:

14 (1) Emergency treatment of a patient whose addiction is complicated by the  
15 presence of incurable disease, acute accident, illness, or injury, or the infirmities  
16 attendant upon age.

17 (2) Treatment of addicts in state-licensed institutions where the patient is kept  
18 under restraint and control, or in city or county jails or state prisons.

19 (3) Treatment of addicts as provided for by Section 11217.5 of the Health and  
20 Safety Code.

21 (d)(1) For purposes of this section and Section 2241.5, addict means a person  
22 whose actions are characterized by craving in combination with one or more of the  
23 following:

24 (A) Impaired control over drug use.

25 (B) Compulsive use.

26 (C) Continued use despite harm.

27 (2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is  
28 primarily due to the inadequate control of pain is not an addict within the meaning of  
this section or Section 2241.5.

8. Section 2242 of the Code states:

22 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section  
23 4022 without an appropriate prior examination and a medical indication, constitutes  
24 unprofessional conduct. An appropriate prior examination does not require a  
25 synchronous interaction between the patient and the licensee and can be achieved  
26 through the use of telehealth, including, but not limited to, a self-screening tool or a  
27 questionnaire, provided that the licensee complies with the appropriate standard of  
28 care.

(b) No licensee shall be found to have committed unprofessional conduct within  
the meaning of this section if, at the time the drugs were prescribed, dispensed, or  
furnished, any of the following applies:

///

1 (1) The licensee was a designated physician and surgeon or podiatrist serving in  
2 the absence of the patient's physician and surgeon or podiatrist, as the case may be,  
3 and if the drugs were prescribed, dispensed, or furnished only as necessary to  
4 maintain the patient until the return of the patient's practitioner, but in any case no  
5 longer than 72 hours.

6 (2) The licensee transmitted the order for the drugs to a registered nurse or to a  
7 licensed vocational nurse in an inpatient facility, and if both of the following  
8 conditions exist:

9 (A) The practitioner had consulted with the registered nurse or licensed  
10 vocational nurse who had reviewed the patient's records.

11 (B) The practitioner was designated as the practitioner to serve in the absence  
12 of the patient's physician and surgeon or podiatrist, as the case may be.

13 (3) The licensee was a designated practitioner serving in the absence of the  
14 patient's physician and surgeon or podiatrist, as the case may be, and was in  
15 possession of or had utilized the patient's records and ordered the renewal of a  
16 medically indicated prescription for an amount not exceeding the original prescription  
17 in strength or amount or for more than one refill.

18 (4) The licensee was acting in accordance with Section 120582 of the Health  
19 and Safety Code.

20 9. Section 725 of the Code states:

21 (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
22 administering of drugs or treatment, repeated acts of clearly excessive use of  
23 diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or  
24 treatment facilities as determined by the standard of the community of licensees is  
25 unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist,  
26 physical therapist, chiropractor, optometrist, speech-language pathologist, or  
27 audiologist.

28 (b) Any person who engages in repeated acts of clearly excessive prescribing or  
administering of drugs or treatment is guilty of a misdemeanor and shall be punished  
by a fine of not less than one hundred dollars (\$100) nor more than six hundred  
dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than  
180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing,  
dispensing, or administering dangerous drugs or prescription controlled substances  
shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to  
this section for treating intractable pain in compliance with Section 2241.5.

10. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate  
records relating to the provision of services to their patients constitutes unprofessional  
conduct.

///

**COST RECOVERY**

11. Business and Professions Code section 125.3 states that:

(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 investigation and enforcement of the case.

(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.

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

(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 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 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 subdivision (a).

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

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

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

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

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

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

(j) This section does not apply to any board if a specific statutory provision in

1 that board's licensing act provides for recovery of costs in an administrative  
2 disciplinary proceeding.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Gross Negligence/Repeated Negligent Acts – 6 Patients)**

5 12. Respondent Joseph Sandor Haraszti, M.D. is subject to disciplinary action under  
6 section 2234, subdivisions (b) and (c), of the Code for the commission of acts or omissions  
7 involving gross negligence/repeated negligent acts in the care and treatment of Patients 1, 2, 3, 4,  
8 5, and 6.<sup>1</sup> The circumstances are as follows:

9 **Patient 1**

10 13. Patient 1 (or "patient") is a sixty-three-year-old male who treated with Respondent  
11 from approximately 2002 through 2020.<sup>2</sup> Patient 1 came to Respondent for treatment of various  
12 conditions, including depression, anxiety, pain disorder, and other psychological conditions  
13 including Attention Deficit Hyperactivity Disorder (ADHD). Patient 1 had no history of prior  
14 mental health treatment apart from his internist having recently started him on Xanax (a.k.a.  
15 alprazolam, a controlled substance/benzodiazepine for anxiety). The patient also reported having  
16 a pain management specialist who started him on methadone (a synthetic opioid agonist used for  
17 chronic pain and opioid dependence).

18 14. It is unclear from the patient's chart when Respondent started prescribing opiate  
19 analgesics for Patient 1. However, per CURES (Controlled Substance Utilization Review and  
20 Evaluation System, a drug monitoring database for Schedule II through V controlled substances  
21 dispensed in California) for the timeframe from June 2013 through June 2020,<sup>3</sup> Respondent was  
22 prescribing to Patient 1 dangerous controlled medications, both opioid analgesics (morphine,  
23 oxycodone, and hydrocodone) and benzodiazepines (alprazolam, clonazepam, temazepam, and

24 <sup>1</sup> The patients are identified by number to protect their privacy.

25 <sup>2</sup> These are approximate dates based on the records available to the Board. Although  
26 some of the treatment of the patients described herein may be beyond the statute of limitations  
27 (SOL), specific departures identified in this Accusation are from 2015 through 2020, dates of  
28 treatment which are within the SOL, and any references to treatment beyond the SOL are made  
for the sake of completeness.

<sup>3</sup> Based on the CURES data, 2018 was the year in which Respondent prescribed to Patient  
1 the most medication, including morphine and oxycodone, and four benzodiazepines  
(alprazolam, clonazepam, temazepam, and lorazepam).

1 lorazepam).<sup>4</sup> Also per CURES, during the time period from June 2013 through June 2020,  
2 Patient 1 was also receiving multiple prescriptions for controlled substances from four other  
3 practitioners, with the majority of the prescriptions for opioid analgesics.

4 15. Respondent did not obtain adequate historical information to establish a legitimate  
5 medical indication for prescribing opioid analgesic pain medication to Patient 1. There was no  
6 documentation that Respondent physically examined the patient apart from recording blood  
7 pressure and pulse on several occasions. There are no imaging studies or prior records to  
8 corroborate the patient's history or to look for problems that might be treatable with more specific  
9 treatment than an opioid analgesic. There is no documentation of informed consent relative to his  
10 prescribing opioid analgesics to this patient and in combination with benzodiazepines, and no  
11 documentation that Respondent obtained a urine drug screen prior to prescribing opioid  
12 analgesics to this patient. Respondent did not have an opiate/pain medication treatment  
13 agreement (e.g., in order to explain to the patient about the dangers of controlled medications, not  
14 to obtain multiple prescriptions/combinations from different doctors, to only use one pharmacy,  
15 etc.), with Patient 1 and failed to check CURES to see if other doctors were also prescribing  
16 dangerous controlled medications to the patient.<sup>5</sup>

17 16. Furthermore, there is no documentation that Respondent was aware of the risks of  
18 prescribing both opioids and benzodiazepines to Patient 1, and no evidence that Respondent  
19 attempted to wean either the opioids or benzodiazepines. Also, there is no evidence that  
20 Respondent considered non-pharmacological treatments for this patient's pain.

21  
22 <sup>4</sup> Alprazolam is used for treatment of anxiety disorders and is a benzodiazepine of  
23 intermediate duration. Clonazepam is also used for treatment of anxiety and certain seizure  
24 disorders, and is a benzodiazepine of intermediate to long duration. Temazepam is used for  
25 treatment of insomnia and is a benzodiazepine of intermediate duration. Lorazepam is also used  
26 to treat anxiety and sleep disorders. These are all scheduled drugs and also considered dangerous  
27 drugs pursuant to Code section 4022.

28 <sup>5</sup> There were often lengthy gaps in treatment as the patient would at times return to  
Respondent after years of a "hiatus." Therefore, checking CURES would have informed  
Respondent the prescriptions Patient 1 may have obtained from other practitioners during these  
gaps. Also, CURES and billing codes showed that Respondent prescribed to Patient 1 a large  
number of controlled substances from March 2014 through June 2020, yet documentation (e.g.,  
visit/progress notes) were sparse or nonexistent to corroborate these visits/prescriptions. There is  
no evidence that Respondent ever checked CURES during the years he prescribed opioids to this  
patient, even after checking that CURES was mandated in California in October 2018.



1           17. Respondent's care and treatment of Patient 1, as described above, represents an  
2 extreme departure from the standard of care for:

3           A. Respondent's failure to properly evaluate Patient 1 prior to prescribing  
4 controlled substances for him;

5           B. Respondent's failure to appropriately monitor Patient 1 while prescribing  
6 controlled substances to him; and,

7           C. Respondent's failure to maintain adequate and accurate medical records of his  
8 care and treatment of Patient 1.

9           **Patient 2**

10           18. Patient 2 (or "patient") is a seventy-two-year-old female who treated with Respondent  
11 from approximately 2002 through 2019.<sup>6</sup> Patient 2 had various conditions including bipolar  
12 disorder and depression, chronic pain, and she experienced significant weight gain during this  
13 time period. Per CURES, for the timeframe from June 2013 through June 2020, Respondent was  
14 prescribing to Patient 2 hundreds of prescriptions for opioids (e.g., mostly hydrocodone (opiate  
15 analgesic)), benzodiazepines (alprazolam (for anxiety), diazepam (for anxiety), and flurazepam  
16 (for insomnia)), and stimulants (phentermine (weight loss drug) and methylphenidate (a.k.a.,  
17 Ritalin for ADHD); all dangerous drugs pursuant to section 4022 of the Code). During this time  
18 period, there were also approximately thirty-eight prescriptions written for Patient 2 from five  
19 other practitioners, thirty-three of which were for opioids.

20           19. There is no evidence that Respondent had an adequate treatment plan or treatment  
21 goals for his prescribing of opioid analgesics to this patient. There is no documentation that  
22 Respondent ever prepared a formal pain assessment to specifically describe the nature and extent  
23 of Patient 2's pain and the impact her pain had upon her functioning. There is no documentation  
24 that Respondent ever physically examined the patient regarding her chronic pain problem, and no

25 \_\_\_\_\_  
26           <sup>6</sup> Although Respondent appeared to be prescribing opioid painkillers (e.g.,  
27 hydrocodone/Lortab) to Patient 2 from the beginning of her treatment (e.g., 2003-2004), in his  
28 initial evaluation of the patient, Respondent did not mention the patient having a problem with  
pain, and references to the patient's chronic pain in the medical records are infrequent and  
inadequate to justify the amount of medication Respondent prescribed to the patient over the  
years.

1 documentation of an informed consent being given to the patient relative to Respondent's  
2 prescribing of opioid analgesics to Patient 2. There is no evidence that Respondent obtained a  
3 urine drug screen prior to prescribing opioid analgesics to this patient, and no evidence that  
4 Respondent checked CURES prior to prescribing opioid analgesics to this patient, or performed  
5 urine drug testing and CURES reviews on-going during his monitoring of the patient over the  
6 years.

7 20. There appeared to be lengthy gaps in treatment, as visit/progress notes from 2014  
8 through 2019 were sparse. For example, although there was evidence that Respondent was  
9 continuing to prescribe controlled substances to Patient 2 during this time period, there were no  
10 progress/visit notes to support those prescriptions. Respondent also did not perform a urine drug  
11 screen<sup>7</sup> for Patient 2 despite treating the patient for many years, and there is no evidence that  
12 Respondent checked CURES, even after it was mandated in October 2018.<sup>8</sup>

13 21. Respondent prescribed an opioid analgesic (hydrocodone) for Patient 2, concurrent  
14 with his prescription of three benzodiazepines (alprazolam, diazepam, and flurazepam) from 2013  
15 through 2019.<sup>9</sup> However, there was no evidence that Respondent recognized the potential  
16 adverse interactions between these medications, as there was no evidence that Respondent  
17 attempted to wean the patient off the opioid or benzodiazepine medications.

18 22. There was no adequate documentation that Respondent had a treatment plan or  
19 treatment goals for his prescribing of opioid analgesics to this patient, and Respondent did not  
20 have a pain medication treatment agreement with Patient 2. Also, there is no evidence that  
21 Respondent considered non-pharmacological treatments for Patient 2's chronic pain (e.g.,  
22 physical therapy), and there is no evidence that Respondent coordinated/consulted with Patient  
23 2's primary physician or other providers/specialists.

24 <sup>7</sup> Only one set of laboratory results could be located in the voluminous medical record,  
25 despite Respondent's treatment of Patient 2 for nearly two decades.

26 <sup>8</sup> Had Respondent checked CURES, he would or should have seen that Patient 2 had  
27 obtained a total of 38 prescriptions (including 33 prescriptions for opioid analgesics) for  
28 controlled substances from five other providers from 2015 through 2018.

<sup>9</sup> Co-prescribing opioids and benzodiazepines simultaneously to a patient is a risky  
combination due to the potential for adverse interactions between these medications. In August  
2016 the FDA issued a Boxed warning against combining prescriptions for opioids and  
benzodiazepines, stating that when used in combination, there is a serious risk of death.

1           23. Respondent's care and treatment of Patient 2, as described above, represents an  
2 extreme departure from the standard of care for:

3           A. Respondent's failure to properly evaluate Patient 2 prior to prescribing  
4 controlled substances for her;

5           B. Respondent's failure to appropriately monitor Patient 2 while prescribing  
6 controlled substances to her; and,

7           C. Respondent's failure to maintain adequate and accurate medical records of his  
8 care and treatment of Patient 2.

9           **Patient 3**

10           24. Patient 3 (or "patient") is a thirty-year-old male who treated with Respondent from  
11 approximately July 2019<sup>10</sup> to September 2020. Patient 3 indicated that he had ADHD and was  
12 taking many medications. There is no initial evaluation in the medical record authored by  
13 Respondent. Per Respondent, he was treating Patient 3 for acute psychotic disorder.

14           25. During this time period, Respondent prescribed to Patient 3 numerous controlled  
15 substances, mostly stimulants and psychotropic medications, such as Adderall, trazodone,  
16 phendimetrazine, armodafinil, phentermine, and temazepam.<sup>11</sup> There is no initial evaluation from  
17 Respondent to guide the analysis, and there is limited history to be gleaned from the sparse  
18 progress notes. There is no diagnostic formulation and there is no clear treatment plan with  
19 respect to the prescription of the multiple controlled substances. Respondent did not have any of  
20 Patient 3's hospital records, nor did he have any records from the patient's previous treating  
21 psychiatrist. The notes contained in the chart do not provide an adequate assessment of the  
22 patient's target symptoms, treatment goals, his response to treatment with the various  
23 medications, and whether the patient was tolerating the medications and taking them as directed.

24           ///

25           <sup>10</sup> The first note provided by Respondent for Patient 3 is dated July 18, 2019, almost a  
26 year after Respondent began prescribing medication to Patient 3.

27           <sup>11</sup> Of all the controlled substances Respondent issued to Patient 3, most were for  
28 phendimetrazine, a stimulant recommended for short term use, and phentermine, another  
stimulant weight loss drug. All listed medications are dangerous drugs pursuant to Code section  
4022.

1           26. Although Respondent was prescribing stimulants to Patient 3 (who had a history of  
2 psychosis), the medical record does not show that Respondent adequately monitored the patient  
3 for symptoms of psychosis, nor was there any documentation that Respondent monitored the  
4 patient's blood pressure.<sup>12</sup> Respondent was prescribing to Patient 3 "alerting" medications (e.g.,  
5 modafinil and armodafinil, drugs approved for excessive daytime sleepiness), while the patient  
6 was prescribed concomitant stimulants (e.g., Adderall and phendimetrazine). Although there was  
7 no documentation, Respondent asserts that he tried to diagnose the cause of the patient's daytime  
8 somnolence. There was also no documentation that Respondent took adequate steps to  
9 understand the cause of Patient 3's symptoms of insomnia.

10           27. Respondent was not adequately monitoring Patient 3's treatment with psychotropic  
11 medications, as some of his prescriptions were issued quite close together (e.g., within a week of  
12 each other), despite the patient's prescriptions being written for a 30-day supply. Respondent  
13 failed to utilize CURES<sup>13</sup> to monitor the patient's compliance with treatment relative to his  
14 prescription of controlled substances to the patient, and there was no documentation of a urine  
15 drug screen performed on this patient. The sparse progress notes do not provide an adequate  
16 assessment of the patient's target symptoms, treatment goals, his response to treatment with the  
17 various medications, and whether he was tolerating the medications and taking them as directed.<sup>14</sup>

18           28. Respondent's care and treatment of Patient 3, as described above, represents an  
19 extreme departure from the standard of care for:

20           A. Respondent's failure to appropriately monitor Patient 3 while prescribing  
21 psychotropic medications to him; and,

22           B. Respondent's failure to maintain adequate and accurate medical records of his  
23 care and treatment of Patient 3.

24 \_\_\_\_\_  
25           <sup>12</sup> It is important to monitor a patient's blood pressure while they are taking stimulants  
26 such as Adderall, as such stimulant medications can cause significant in systolic and diastolic  
27 blood pressure.

28           <sup>13</sup> Respondent corroborated in his interview with the Board that he never checked CURES  
during his treatment of Patient 3.

<sup>14</sup> Comparing the visit notes in the medical record with Respondent's Patient billing ledger  
showed that there appeared to be at least 25 missing notes for dates of service/treatment for  
Patient 3.

1 **Patient 4**

2 29. Patient 4 (or "patient") is a forty-eight-year-old female who treated with Respondent  
3 from approximately January 2018 to April 2020. The patient had various conditions including  
4 depression, anxiety, and somatic complaints. Patient 4 also reported using "recreational drugs"  
5 (e.g., cocaine, marijuana, etc.) as a minor.

6 30. Respondent prescribed multiple controlled substances for Patient 4, including three  
7 different benzodiazepines (alprazolam, clonazepam, and temazepam).<sup>15</sup> The medical record does  
8 not provide adequate justification for this combination of medicines, and for Respondent's  
9 prescribing of other benzodiazepines to Patient 4 concurrently. Moreover, Respondent failed to  
10 adequately use CURES to monitor Patient 4's compliance with treatment relative to his  
11 prescription of controlled substances to her, as the CURES database showed that other  
12 practitioners were also prescribing same or similar controlled substances to Patient 4 during the  
13 time period the patient was treating with Respondent. Also, Respondent prescribed to Patient 4  
14 antidepressants, which may have caused the patient to have side effects (e.g., weight gain,  
15 increase in blood pressure and high lipids count on blood testing, etc.), but Respondent failed to  
16 adequately monitor/record the patient's vital signs (e.g., weight, blood pressure, pulse,  
17 respirations, temperature) during her treatment.

18 31. Respondent's medical record keeping for Patient 4 is also inadequate. For example,  
19 the date of the initial evaluation is unclear and there is inadequate documentation of an  
20 appropriate examination prior to Respondent's prescribing various medications, including  
21 controlled substances, for Patient 4 and nothing to suggest that an informed consent (e.g., a  
22 thorough explanation of the medications, including the risks and benefits associated with the  
23 medications) was given to the patient for the various medications Respondent prescribed to her.

24  
25 <sup>15</sup> Alprazolam or Xanax, is used for treatment of anxiety disorders and is a benzodiazepine  
26 of intermediate duration. Clonazepam or Klonopin, is also used for treatment of anxiety and  
27 certain seizure disorders, and is a benzodiazepine of intermediate to long duration. Temazepam  
28 or Restoril, is used for treatment of insomnia and is a benzodiazepine of intermediate duration.  
All three medications are controlled substances and dangerous drugs pursuant to section 4022 of  
the Code.

1 Moreover, there is evidence that Respondent continued to prescribe controlled medications to  
2 Patient 4, despite there being no visit/progress notes to corroborate said prescriptions.<sup>16</sup>

3 32. Respondent's care and treatment of Patient 4, as described above, represents  
4 deviations from the standard of care (or simple negligence) for:

5 A. Respondent's failure to appropriately monitor Patient 4 while prescribing  
6 psychotropic medications to her; and,

7 B. Respondent's failure to maintain adequate and accurate medical records of his  
8 care and treatment of Patient 4.

9 **Patient 5**

10 33. Patient 5 (or "patient") is a twenty-four-year-old male who treated with Respondent  
11 from approximately January 2014 through September 2019. Respondent performed a mental  
12 status examination on Patient 5 during the initial psychiatric evaluation, but there was no mention  
13 of vital signs or any physical evaluation in the typed report. Respondent diagnosed Patient 5 with  
14 ADHD (Attention Deficit Hyperactivity Disorder) and probable bipolar 2 disorder with "history  
15 of polydrug experimentation."

16 34. During his treatment of Patient 5, Respondent prescribed to this patient multiple  
17 stimulants (e.g., Adderall, Vyvanse, methylphenidate (Ritalin)).<sup>17</sup> Respondent also  
18 concomitantly, prescribed benzodiazepines (e.g., clonazepam, alprazolam, lorazepam), to Patient  
19 5, but there was no evidence that Respondent was adequately monitoring these prescriptions. For  
20 example, there were lengthy gaps in treatment, missed appointments, and other "red flags," which  
21 showed noncompliance or other suspicious activity by the patient.<sup>18</sup> Respondent also failed to

22 <sup>16</sup> For example, in the eight months between Respondent's visits with Patient 4 in January  
23 and September 2018, records show that Respondent issued to Patient 4 eight prescriptions for  
24 diazepam (Valium), five prescriptions for clonazepam (Klonopin), and a prescription for  
25 lorazepam (Ativan) all three controlled substances are benzodiazepines and dangerous drugs  
pursuant to section 4022 of the Code.

26 <sup>17</sup> These three drugs are controlled stimulants used to treat ADHD. They are dangerous  
27 drugs pursuant to section 4022 of the Code.

28 <sup>18</sup> For example, the sparse progress notes showed a gap in treatment of approximately 14  
months from May 2018 to July 2019. However, there is evidence to show that Respondent  
continued to write multiple prescriptions of controlled medications to this patient in the interim  
between the visits. Moreover, comparing the visit notes in the medical record with the Patient  
Ledger (billing record) shows approximately 13 missing notes for dates of service between 2015

1 adequately utilize CURES to monitor if the patient was receiving controlled substances from  
2 other practitioners.<sup>19</sup>

3 35. Respondent's care and treatment of Patient 5, as described above, represents  
4 deviations from the standard of care (or simple negligence) for:

5 A. Respondent's failure to appropriately monitor Patient 5 while prescribing  
6 psychotropic medications to him; and,

7 B. Respondent's failure to maintain adequate and accurate medical records of his  
8 care and treatment of Patient 5.

9 **Patient 6**

10 36. Patient 6 (or "patient") is a sixty-two-year-old female who treated with Respondent  
11 from approximately January 2018 through August 2020, mainly for depression and anxiety.  
12 Respondent performed a mental status examination on Patient 6, but Respondent did not check  
13 vital signs or perform a physical exam on this patient.

14 37. During his treatment of Patient 6, Respondent prescribed to the patient multiple  
15 prescriptions for both opioid analgesics (e.g., hydrocodone), as well as benzodiazepines (e.g.,  
16 alprazolam), and CURES showed that during the time frame in which Respondent issued these  
17 prescriptions to Patient 6, seven other practitioners were also issuing prescriptions for opioids  
18 (including hydrocodone) to her.

19 38. Respondent failed to adequately utilize CURES to monitor if Patient 6 was receiving  
20 controlled substances from other practitioners. The medical record for Patient 6 is inadequate and  
21 showed large gaps between office visits during which time Respondent continued prescribing the  
22 patient controlled substances. Moreover, comparing the visit notes in the medical record with the  
23 Patient Ledger (billing record) showed approximately 14 missing notes for dates of service  
24 between 2018 through 2020.

25 ///

26 \_\_\_\_\_  
through 2019.

27 <sup>19</sup> A progress note, dated July 11, 2019, showed that Respondent had "confronted" the  
28 patient with the fact that he [Patient 5] had received similar medications from different doctors.  
Apparently, Respondent may have been informed of this "doctor shopping" by the patient via a  
call from a pharmacy because Respondent did not recall ever checking CURES for Patient 5.

1 39. Respondent's care and treatment of Patient 6, as described above, represents  
2 deviations from the standard of care (or simple negligence) for:

3 A. Respondent's failure to appropriately monitor Patient 6 while prescribing  
4 psychotropic medications to him; and,

5 B. Respondent's failure to maintain adequate and accurate medical records of his  
6 care and treatment of Patient 6.

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Excessive Prescribing – 6 Patients)**

9 40. By reason of the facts and allegations set forth in the First Cause for Discipline above,  
10 Respondent Joseph Sandor Haraszti, M.D. is subject to disciplinary action under section 725 of  
11 the Code, in that Respondent excessively prescribed dangerous drugs to Patients 1, 2, 3, 4, 5, and  
12 6 above.

13 **THIRD CAUSE FOR DISCIPLINE**

14 **(Furnishing Dangerous Drugs without a Prior Examination or Medical Indication –  
15 6 Patients)**

16 41. By reason of the facts and allegations set forth in the First Cause for Discipline above,  
17 Respondent Joseph Sandor Haraszti, M.D. is subject to disciplinary action under section 2242 of  
18 the Code, in that Respondent furnished dangerous drugs to Patients 1, 2, 3, 4, 5, and 6 above,  
19 without conducting an appropriate prior examination and/or medical indication.

20 **FOURTH CAUSE FOR DISCIPLINE**

21 **(Failure to Maintain Adequate and Accurate Medical Records – 6 Patients)**

22 42. By reason of the facts and allegations set forth in the First Cause for Discipline above,  
23 Respondent Joseph Sandor Haraszti, M.D. is subject to disciplinary action under section 2266 of  
24 the Code, in that Respondent failed to maintain adequate and accurate records of his care and  
25 treatment of Patients 1, 2, 3, 4, 5, and 6 above.

26 **DISCIPLINARY CONSIDERATIONS**

27 43. To determine the degree of discipline, if any, to be imposed on Respondent Joseph  
28 Sandor Haraszti, M.D., Complainant alleges that on August 24, 2012, in a prior disciplinary



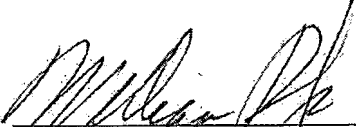
1 action titled *In the Matter of the First Amended and Supplemental Accusation Against Joseph*  
2 *Sandor Haraszti, M.D.* before the Medical Board of California, in Case Number 11-2007-188043,  
3 Respondent's license was placed on probation for a period of two years for allegations of gross  
4 negligence, repeated negligent acts, failure to maintain adequate/accurate medical records,  
5 violation of professional confidence, and general unprofessional conduct, pursuant to section  
6 2234, subdivisions (b) and (c), and sections 2266 and 2263, of the Code. That Decision is final  
7 and is incorporated by reference as if fully set forth.

8 **PRAYER**

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

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 37865,  
12 issued to Respondent Joseph Sandor Haraszti, M.D.;
- 13 2. Revoking, suspending or denying approval of Respondent Joseph Sandor Haraszti,  
14 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 15 3. Ordering Respondent Joseph Sandor Haraszti, M.D., to pay the Board the costs of the  
16 investigation and enforcement of this case, and if placed on probation, the costs of probation  
17 monitoring; and,
- 18 4. Taking such other and further action as deemed necessary and proper.

19  
20 DATED: AUG 04 2022

  
21 WILLIAM PRASIFKA  
22 Executive Director  
23 Medical Board of California  
24 Department of Consumer Affairs  
25 State of California  
26 Complainant