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

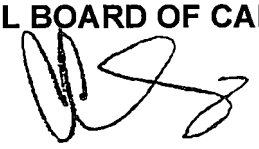
DECISION

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



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

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Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
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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. 2810 East Del Mar Boulevard, Suite 8A Pasadena, California 91107-4323 Physician's and Surgeon's Certificate G 37865. Respondent.	Case No. 800-2019-058543 OAH No. 2023020352 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

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

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

JURISDICTION

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

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

ADVISEMENT AND WAIVERS

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

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

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

CULPABILITY

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

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2019-058543, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 37865 to disciplinary action.

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

CONTINGENCY

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2019-058543 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. G 37865 issued to Respondent Joseph Sandor Haraszti, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

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

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

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

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

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

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

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

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

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

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

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

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

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

and shall be retained for the entire term of probation.

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

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of 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 course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

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

Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of 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 course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

facility.

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACCEPTANCE

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

DATED: 8/29/2023 Joseph Sandor Haraszti, M.D.

JOSEPH SANDOR HARASZTI, M.D.
Respondent

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

DATED: August 29, 2023

Michelle Birtja

MICHELLE A. BIRTJA
Attorney for Respondent

ENDORSEMENT

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

DATED: August 29, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

VLADIMIR SHALKEVICH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-058543

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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.** **2810 E. Del Mar Blvd., Suite 8A** **Pasadena, CA 91107-4323** **Physician's and Surgeon's Certificate No. G 37865,** Respondent.	Case No. 800-2019-058543 **A C C U S A T I O N**

PARTIES

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

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

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JURISDICTION

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

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

(f) Approving undergraduate and graduate medical education programs.

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

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

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

5. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of 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:

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

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

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

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

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

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, 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.

STATUTORY PROVISIONS

6. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

prescription drugs or controlled substances.

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

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

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

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

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

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

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is 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:

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

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

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

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

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

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

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

9. Section 725 of the Code states:

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

(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.

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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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts – 6 Patients)

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

Patient 1

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

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

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[1] The patients are identified by number to protect their privacy.

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

[3] 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).

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

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

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

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[4] Alprazolam is used for treatment of anxiety disorders and is a benzodiazepine of intermediate duration. Clonazepam is also used for treatment of anxiety and certain seizure disorders, and is a benzodiazepine of intermediate to long duration. Temazepam is used for treatment of insomnia and is a benzodiazepine of intermediate duration. Lorazepam is also used to treat anxiety and sleep disorders. These are all scheduled drugs and also considered dangerous drugs pursuant to Code section 4022.

[5] 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.

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

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

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

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

Patient 2

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

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

[6] Although Respondent appeared to be prescribing opioid painkillers (e.g., hydrocodone/Lortab) to Patient 2 from the beginning of her treatment (e.g., 2003-2004), in his 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.

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

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

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

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

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[7] Only one set of laboratory results could be located in the voluminous medical record, despite Respondent's treatment of Patient 2 for nearly two decades.

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

[9] 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.

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

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

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

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

Patient 3

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

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

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[10] The first note provided by Respondent for Patient 3 is dated July 18, 2019, almost a year after Respondent began prescribing medication to Patient 3.

[11] Of all the controlled substances Respondent issued to Patient 3, most were for 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.

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

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

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

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

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

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[12] It is important to monitor a patient's blood pressure while they are taking stimulants such as Adderall, as such stimulant medications can cause significant in systolic and diastolic blood pressure.

[13] Respondent corroborated in his interview with the Board that he never checked CURES during his treatment of Patient 3.

[14] 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.

Patient 4

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

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

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

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[15] Alprazolam or Xanax, is used for treatment of anxiety disorders and is a benzodiazepine of intermediate duration. Clonazepam or Klonopin, is also used for treatment of anxiety and certain seizure disorders, and is a benzodiazepine of intermediate to long duration. Temazepam 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.

Moreover, there is evidence that Respondent continued to prescribe controlled medications to Patient 4, despite there being no visit/progress notes to corroborate said prescriptions.[16]

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

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

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

Patient 5

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

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

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

[17] These three drugs are controlled stimulants used to treat ADHD. They are dangerous drugs pursuant to section 4022 of the Code.

[18] 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

adequately utilize CURES to monitor if the patient was receiving controlled substances from other practitioners.[19]

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

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

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

Patient 6

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

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

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

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through 2019.

[19] A progress note, dated July 11, 2019, showed that Respondent had "confronted" the 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.

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

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

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

SECOND CAUSE FOR DISCIPLINE

(Excessive Prescribing – 6 Patients)

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

THIRD CAUSE FOR DISCIPLINE

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

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

FOURTH CAUSE FOR DISCIPLINE

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

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

DISCIPLINARY CONSIDERATIONS

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

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

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. Revoking or suspending Physician's and Surgeon's Certificate Number G 37865, issued to Respondent Joseph Sandor Haraszti, M.D.;

2. Revoking, suspending or denying approval of Respondent Joseph Sandor Haraszti, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Joseph Sandor Haraszti, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and,

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

DATED: AUG 04 2022

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