

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

In the Matter of the Accusation
Against:

Andrew Gabriel Turner, M.D.

Physician's and Surgeon's
Certificate No. A 162635

Respondent.

Case No.: 800-2023-096010

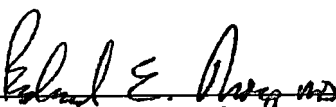
DECISION

The attached Stipulated Settlement and Disciplinary 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 August 30, 2024.

IT IS SO ORDERED: August 1, 2024.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, Chair
Panel B

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9465
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

15 **ANDREW GABRIEL TURNER, M.D.**
16 **113 Jayhawk**
17 **Irvine, CA 92602-1918**

18 **Physician's and Surgeon's Certificate**
19 **No. A 162635,**

20 Respondent.

Case No. 800-2023-096010

OAH No. 2024030475

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Rob Bonta, Attorney General of the State of California, by Karolyn M. Westfall,
27 Deputy Attorney General.

28 ///

///

1 **CULPABILITY**

2 9. Respondent admits that, at an administrative hearing, Complainant could establish a
3 *prima facie* case with respect to the charges and allegations contained in Accusation No.
4 800-2023-096010, and agrees that he has thereby subjected his Physician's and Surgeon's
5 Certificate No. A 162635 to disciplinary action.

6 10. Respondent further agrees that if an accusation is filed against him in the future
7 before the Medical Board of California, all of the charges and allegations contained in Accusation
8 No. 800-2023-096010, shall be deemed true, correct, and fully admitted by Respondent for
9 purposes of any such proceeding or any other licensing proceeding involving Respondent in the
10 State of California or elsewhere.

11 11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 162635 is
12 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
13 in the Disciplinary Order below.

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

17 **CONTINGENCY**

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

28 ///

1 otherwise unable to comprehend the disclosure and sign the copy of the disclosure and a guardian
2 or health care surrogate is unavailable to comprehend the disclosure and sign the copy; (2) The
3 visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including
4 consultations in inpatient facilities; (3) Respondent is not known to the patient until immediately
5 prior to the start of the visit; (4) Respondent does not have a direct treatment relationship with the
6 patient.

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

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

26 A medical record keeping course taken after the acts that gave rise to the charges in the
27 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
28 or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

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

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

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

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

24 5. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the
25 effective date of this Decision, Respondent shall enroll in a professional boundaries program
26 approved in advance by the Board or its designee. Respondent, at the program's discretion, shall
27 undergo and complete the program's assessment of Respondent's competency, mental health
28 and/or neuropsychological performance, and at minimum, a 24 hour program of interactive

1 education and training in the area of boundaries, which takes into account data obtained from the
2 assessment and from the Decision(s), Accusation(s) and any other information that the Board or
3 its designee deems relevant. The program shall evaluate Respondent at the end of the training
4 and the program shall provide any data from the assessment and training as well as the results of
5 the evaluation to the Board or its designee.

6 Failure to complete the entire program not later than six (6) months after Respondent's
7 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees
8 in writing to a later time for completion. Based on Respondent's performance in and evaluations
9 from the assessment, education, and training, the program shall advise the Board or its designee
10 of its recommendation(s) for additional education, training, psychotherapy and other measures
11 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with
12 program recommendations. At the completion of the program, Respondent shall submit to a final
13 evaluation. The program shall provide the results of the evaluation to the Board or its designee.
14 The professional boundaries program shall be at Respondent's expense and shall be in addition to
15 the Continuing Medical Education (CME) requirements for renewal of licensure.

16 The program has the authority to determine whether or not Respondent successfully
17 completed the program.

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

23 If Respondent fails to complete the program within the designated time period, Respondent
24 shall cease the practice of medicine within three (3) calendar days after being notified by the
25 Board or its designee that Respondent failed to complete the program.

26 6. PSYCHIATRIC EVALUATION. Within 30 calendar days of the effective date of
27 this Decision, and on whatever periodic basis thereafter may be required by the Board or its
28 designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological

1 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall
2 consider any information provided by the Board or designee and any other information the
3 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its
4 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not
5 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all
6 psychiatric evaluations and psychological testing.

7 Respondent shall comply with all restrictions or conditions recommended by the evaluating
8 psychiatrist within 15 calendar days after being notified by the Board or its designee.

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

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

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

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

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

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

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

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

26 The monitor shall submit a quarterly written report to the Board or its designee which
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
28 are within the standards of practice of medicine, and whether Respondent is practicing medicine

1 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
2 that the monitor submits the quarterly written reports to the Board or its designee within 10
3 calendar days after the end of the preceding quarter.

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

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

17 9. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
18 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
19 where: 1) Respondent merely shares office space with another physician but is not affiliated for
20 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
21 location.

22 If Respondent fails to establish a practice with another physician or secure employment in
23 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
24 Respondent shall receive a notification from the Board or its designee to cease the practice of
25 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
26 practice until an appropriate practice setting is established.

27 If, during the course of the probation, the Respondent's practice setting changes and the
28 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent

1 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
2 If Respondent fails to establish a practice with another physician or secure employment in an
3 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
4 shall receive a notification from the Board or its designee to cease the practice of medicine within
5 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
6 appropriate practice setting is established.

7 10. THIRD PARTY CHAPERONE. During probation, Respondent shall have a third
8 party chaperone present while consulting, examining or treating female patients. Respondent
9 shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its
10 designee for prior approval name(s) of persons who will act as the third party chaperone.

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

16 Each third party chaperone shall sign (in ink or electronically) and date each patient
17 medical record at the time the chaperone's services are provided. Each third party chaperone
18 shall read the Decision and the Accusation, and fully understand the role of the third party
19 chaperone.

20 Respondent shall maintain a log of all patients seen for whom a third party chaperone is
21 required. The log shall contain the: 1) patient initials, address and telephone number; 2) medical
22 record number; and 3) date of service. Respondent shall keep this log in a separate file or ledger,
23 in chronological order, shall make the log available for immediate inspection and copying on the
24 premises at all times during business hours by the Board or its designee, and shall retain the log
25 for the entire term of probation.

26 Respondent is prohibited from terminating employment of a Board-approved third party
27 chaperone solely because that person provided information as required to the Board or its
28 designee.

1 If the third party chaperone resigns or is no longer available, Respondent shall, within five
2 (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for
3 prior approval, the name of the person(s) who will act as the third party chaperone. If Respondent
4 fails to obtain approval of a replacement chaperone within 30 calendar days of the resignation or
5 unavailability of the chaperone, Respondent shall receive a notification from the Board or its
6 designee to cease the practice of medicine within three (3) calendar days after being so notified.
7 Respondent shall cease the practice of medicine until a replacement chaperone is approved and
8 assumes monitoring responsibility.

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

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

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

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

24 14. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
25 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
26 \$24,869.00 (twenty-four thousand eight hundred sixty-nine dollar and zero cents). Costs shall be
27 payable to the Medical Board of California. Failure to pay such costs shall be considered a
28 violation of probation.

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

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

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

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

12 16. GENERAL PROBATION REQUIREMENTS.

13 Compliance with Probation Unit

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

15 Address Changes

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

21 Place of Practice

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

25 License Renewal

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

28 ///

1 Travel or Residence Outside California

2 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
3 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
4 (30) calendar days. In the event Respondent should leave the State of California to reside or to
5 practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the
6 dates of departure and return.

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

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

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

1 Respondent's period of non-practice while on probation shall not exceed two (2) years.
2 Periods of non-practice will not apply to the reduction of the probationary term.
3 Periods of non-practice for Respondent residing outside of California will relieve
4 Respondent of the responsibility to comply with the probationary terms and conditions with the
5 exception of this condition and the following terms and conditions of probation: Obey All Laws;
6 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
7 Controlled Substances; and Biological Fluid Testing..

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

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

21 21. LICENSE SURRENDER. Following the effective date of this Decision, if
22 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
23 the terms and conditions of probation, Respondent may request to surrender his or her license.
24 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
25 determining whether or not to grant the request, or to take any other action deemed appropriate
26 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
27 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
28 designee and Respondent shall no longer practice medicine: Respondent will no longer be subject

1 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
2 application shall be treated as a petition for reinstatement of a revoked certificate.

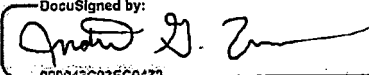
3 22. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
4 with probation monitoring each and every year of probation, as designated by the Board, which
5 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
6 California and delivered to the Board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

8 23. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
9 a new license or certification, or petition for reinstatement of a license, by any other health care
10 licensing action agency in the State of California, all of the charges and allegations contained in
11 Accusation No. 800-2023-096010 shall be deemed to be true, correct, and admitted by
12 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
13 restrict license.

14 **ACCEPTANCE**

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

20 DATED: 7/14/2024

DocuSigned by:


21 _____
22 ANDREW GABRIEL TURNER, M.D.
Respondent

23 I have read and fully discussed with Respondent Andrew Gabriel Turner, M.D., the terms
24 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
25 Order. I approve its form and content.

26 DATED: 7/15/2024


27 _____
28 DAVID M. BALFOUR ESQ
Attorney for Respondent

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

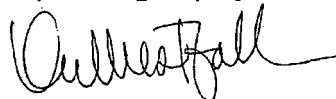
ENDORSEMENT

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

DATED: 7/16/24

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

SD2024800467
84631698.docx

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9465
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

In the Matter of the Accusation Against:

ANDREW GABRIEL TURNER, M.D.
113 Jayhawk
Irvine, CA 92602-1918

Physician's and Surgeon's Certificate
No. A 162635,

Respondent.

Case No. 800-2023-096010

A C C U S A T I O N

PARTIES

1. Reji Varghese (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 May 20, 2019, the Medical Board issued Physician's and Surgeon's Certificate No. A 162635 to Andrew Gabriel Turner, 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 May 31, 2025, unless renewed.
- ///

1 JURISDICTION

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

5 4. Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

21 ...

22 5. Section 726 of the Code states:

23 (a) The commission of any act of sexual abuse, misconduct, or relations with a
24 patient, client, or customer constitutes unprofessional conduct and grounds for
25 disciplinary action for any person licensed under this or under any initiative act
26 referred to in this division.

27 (b) This section shall not apply to consensual sexual contact between a licensee
28 and his or her spouse or person in an equivalent domestic relationship when that
licensee provides medical treatment, to his or her spouse or person in an equivalent
domestic relationship.

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

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.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

(b) Gross negligence.

...

7. 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.

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

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

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

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

...

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

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

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

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

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

///

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

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

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

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

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

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

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

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

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

19 COST RECOVERY

20 9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
21 administrative law judge to direct a licensee found to have committed a violation or violations of
22 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
23 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
24 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
25 included in a stipulated settlement.

26 FIRST CAUSE FOR DISCIPLINE

27 (Sexual Abuse, Misconduct, or Relations with a Patient)

28 10. Respondent has subjected his Physician's and Surgeon's Certificate No. A 162635 to
disciplinary action under section 726, of the Code, in that he engaged in sexual abuse,
misconduct, or relations with Patient A,¹ as more particularly alleged hereinafter:

¹ To protect the privacy of the patient involved, the patient's name has not been included
in this pleading. Respondent is aware of the identity of the patient referred to herein.

1 11. On or about July 2, 2020, Patient A, a then forty-five year old female, presented to
2 Respondent for psychiatric treatment. Patient A had a psychiatric history that included treatment
3 for attention deficit hyperactivity disorder (ADHD) with medications. Patient A reported stress
4 related to her employment and her recent marriage. At the conclusion of the visit, Respondent
5 diagnosed Patient A with ADHD and prescribed her Adderall² 20 mg.

6 12. Between on or about July 2, 2020, and on or about December 29, 2022, Patient A
7 presented to Respondent for psychiatric treatment via telephone, video, and in-person visits. On
8 multiple clinical visits throughout that time, Patient A informed Respondent of her relationship
9 struggles and eventual separation from her husband.

10 13. Sometime between on or about July 2, 2020, and on or about December 29, 2022,
11 during multiple clinical visits, Patient A asked Respondent for his private email address and made
12 flirtatious comments towards Respondent that included, but was not limited to, telling
13 Respondent she fantasized about being with a doctor, and telling Respondent that he should call
14 himself "Dr. Turn-on." Respondent did not document these comments in Patient A's chart at any
15 time.

16 14. Sometime between on or about July 2, 2020, and on or about December 29, 2022,
17 during a clinical visit, Patient A attempted to sit on Respondent's lap. Respondent did not
18 document this interaction in Patient A's chart at any time.

19 15. Sometime between on or about July 2, 2020, and on or about December 29, 2022,
20 during a clinical visit, Patient A "flashed" Respondent, intentionally exposing her bare breasts. In
21 response, Respondent stated, "those are nice." Respondent did not document this interaction in
22 Patient A's chart at any time.

23 16. On or about August 31, 2022, during a clinical visit, Respondent and Patient A
24 exchanged sexually explicit emails. Respondent did not document this interaction in Patient A's
25 chart at any time, and did not refer and/or document a referral of Patient A to another provider.

26
27 ² Adderall (brand name for dextroamphetamine and amphetamine) is a Schedule II
28 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a
dangerous drug pursuant to section 4022 of the Code. It is medication used to treat attention-
deficit hyperactivity disorder and narcolepsy.

1 17. Sometime after August 31, 2022, Patient A's husband viewed Respondent's sexually
2 explicit email exchange with Patient A and filed a complaint with Respondent's employer.

3 18. On or about December 28, 2022, Patient A submitted a message to Respondent's
4 employer expressing concern that her husband was making accusations against Respondent.

5 19. On or about December 29, 2022, Patient A presented to Respondent for psychiatric
6 treatment. During this visit, Respondent documented in Patient A's chart that her husband was
7 accusing her of liking her doctors. At the conclusion of this visit, Respondent recommended that
8 Patient A transfer to a female psychiatrist and seek psychotherapy.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Gross Negligence)**

11 20. Respondent has further subjected his Physician's and Surgeon's Certificate No.
12 A 162635 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
13 subdivision (b), of the Code, in that he was grossly negligent in his care and treatment of Patient
14 A, by engaging in multiple inappropriate sexual interactions, as more particularly alleged in
15 paragraphs 10 through 19, above, which are hereby incorporated by reference and realleged as if
16 fully set forth herein.

17 **THIRD CAUSE FOR DISCIPLINE**

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

19 21. Respondent has further subjected his Physician's and Surgeon's Certificate
20 No. A 162635 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of
21 the Code, in that he failed to maintain adequate and accurate records regarding his care and
22 treatment of Patient A, as more particularly alleged in paragraphs 10 through 19, above, which
23 are hereby incorporated by reference and realleged as if fully set forth herein.


24 **PRAYER**

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

27 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 162635, issued
28 to Respondent Andrew Gabriel Turner, M.D.;

- 1 2. Revoking, suspending or denying approval of Respondent Andrew Gabriel Turner,
- 2 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 3 3. Ordering Respondent Andrew Gabriel Turner, M.D., to pay the Board the costs of the
- 4 investigation and enforcement of this case, and if placed on probation, the costs of probation
- 5 monitoring;
- 6 4. Ordering Respondent Andrew Gabriel Turner, M.D., if placed on probation, to
- 7 provide patient notification in accordance with Business and Professions Code section 2228.1;
- 8 and
- 9 5. Taking such other and further action as deemed necessary and proper.

10
11 DATED: FEB 15 2024



REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

16 SD2024800467
17 84380524.docx

18
19
20
21
22
23
24
25
26
27
28