

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

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

**Mohammad Hassan Rasekhi,
M.D.**

**Physician's and Surgeon's
Certificate No. A 48861**

Respondent.

Case No. 800-2021-083713

DECISION

The attached Stipulated Surrender of License and 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 December 2,
2024. IT IS SO ORDERED November 25, 2024.**

MEDICAL BOARD OF CALIFORNIA

A handwritten signature in black ink, appearing to read 'Reji Varghese', is written over a horizontal line.

**Reji Varghese
Executive Director**

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 MARSHA E. BARR-FERNANDEZ
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7 *Attorneys for Complainant*

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

11 In the Matter of the First Amended Accusation
Against:

Case No. 800-2021-083713

12 **MOHAMMAD HASSAN RASEKHI, M.D.**
14550 Haynes Street
13 Van Nuys, CA 91411-1613

OAH No. 2024060772

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

14 **Physician's and Surgeon's Certificate**
15 **No. A 48861,**

16 Respondent.

17 Whereas a First Amended Accusation is pending against Mohammad Hassan Rasekhi,
18 M.D. (Respondent), he decided to retire from the practice of medicine. In the interest of a prompt
19 and speedy settlement of this matter, consistent with the public interest and the responsibility of
20 the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree
21 the following Stipulated Surrender of License shall be the final disposition of the First Amended
22 Accusation.

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 Marsha E. Barr-Fernandez,
27 Deputy Attorney General.

28 ///

2. Mohammad Hassan Rasekhi, M.D. (Respondent) is represented in this proceeding by attorney Peter Osinoff, whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.

3. On or about November 5, 1990, the Board issued Physician's and Surgeon's Certificate No. A 48861 to Respondent. That license was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2021-083713 and will expire on November 30, 2024, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2021-083713 was filed before the Board and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on October 3, 2024. Respondent timely filed his Notice of Defense. A copy of First Amended Accusation No. 800-2021-083713 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2021-083713. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended 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.

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

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1 **CULPABILITY**

2 8. Respondent understands that the charges and allegations in First Amended
3 Accusation No. 800-2021-083713, if proven at a hearing, constitute cause for imposing discipline
4 upon his Physician's and Surgeon's Certificate.

5 9. For the purpose of resolving the First Amended Accusation without the expense and
6 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could
7 establish a prima facie case for the charges in the First Amended Accusation and that those
8 charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause
9 for discipline exists based on those charges.

10 10. Respondent understands that by signing this stipulation he enables the Board to issue
11 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
12 process.

13 **RESERVATION**

14 11. The admissions made by Respondent herein are only for the purposes of this
15 proceeding, or any other proceedings in which the Medical Board of California or other State
16 agency is involved and shall not be admissible in any other criminal or civil proceeding.

17 **CONTINGENCY**

18 12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
19 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...
20 stipulation for surrender of a license."

21 13. Respondent understands that, by signing this stipulation, he enables the Executive
22 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his
23 Physician's and Surgeon's Certificate No. A 48861 without further notice to, or opportunity to be
24 heard by, Respondent.

25 14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the
26 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated
27 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his
28 consideration in the above-entitled matter and, further, that the Executive Director shall have a

1 reasonable period of time in which to consider and act on this Stipulated Surrender of License and
2 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands
3 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the
4 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

5 15. The parties agree that this Stipulated Surrender of License and Disciplinary Order
6 shall be null and void and not binding upon the parties unless approved and adopted by the
7 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full
8 force and effect. Respondent fully understands and agrees that in deciding whether or not to
9 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive
10 Director and/or the Board may receive oral and written communications from its staff and/or the
11 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the
12 Executive Director, the Board, any member thereof, and/or any other person from future
13 participation in this or any other matter affecting or involving Respondent. In the event that the
14 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this
15 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it
16 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
17 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
18 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason
19 by the Executive Director on behalf of the Board, Respondent will assert no claim that the
20 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,
21 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or
22 of any matter or matters related hereto.

23 ADDITIONAL PROVISIONS

24 16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties
25 herein to be an integrated writing representing the complete, final, and exclusive embodiment of
26 the agreements of the parties in the above-entitled matter.

27 ///

28 ///

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

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 48861, issued to Respondent Mohammad Hassan Rasekhi, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations, and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2021-083713 shall be deemed to be true, correct, and admitted by Respondent when the Board determines whether to grant or deny the petition.

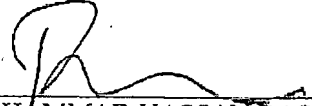
5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-083713 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

1 6. Respondent shall pay the agency its costs of investigation and enforcement in the
2 amount of \$40,552.25 prior to issuance of a new or reinstated license.

3 ACCEPTANCE


4 I have carefully read the above Stipulated Surrender of License and Order and have fully
5 discussed it with my attorney, Peter Osinoff. I understand the stipulation and the effect it will
6 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of
7 License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the
8 Decision and Order of the Medical Board of California.

9
10 DATED: 11/12/2024


11 MOHAMMAD HASSAN RASEKHI, M.D.
Respondent

12 I have read and fully discussed with Respondent Mohammad Hassan Rasekhi, M.D. the
13 terms and conditions and other matters contained in this Stipulated Surrender of License and
14 Order. I approve its form and content.

15
16 DATED: 11/13/2024


17 PETER OSINOFF
Attorney for Respondent


18
19 ENDORSEMENT

20 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
21 for consideration by the Medical Board of California of the Department of Consumer Affairs.

22 DATED: Nov. 13, 2024

Respectfully submitted,

23 ROB BONTA
Attorney General of California
24 JUDITH T. ALVARADO
Supervising Deputy Attorney General

25 
26 MARSHA E. BARR-FERNANDEZ
27 Deputy Attorney General
28 Attorneys for Complainant

LA2023604305

Exhibit A

First Amended Accusation No. 800-2021-083713

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
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Attorneys for Complainant
7

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
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STATE OF CALIFORNIA

11 In the Matter of the First Amended Accusation
Against:

Case No. 800-2021-083713

12 **Mohammad Hassan Rasekhi, M.D.**
13 **14550 Haynes Street**
14 **Van Nuys, CA 91411-1613**

FIRST AMENDED ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. A 48861,**

Respondent.

17
18 **PARTIES**

19 1. Reji Varghese (Complainant) brings this First Amended Accusation solely in his
20 official capacity as the Executive Director of the Medical Board of California, Department of
21 Consumer Affairs (Board).

22 2. On or about November 5, 1990, the Board issued Physician's and Surgeon's
23 Certificate Number A 48861 to Mohammad Hassan Rasekhi, M.D. (Respondent). The
24 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
25 charges brought herein and will expire on November 30, 2024, unless renewed.

26 ///

27 ///

28 ///

JURISDICTION

3. This First Amended 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 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the

1 physician and surgeon or his or her professional liability insurer to pay an amount in
2 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
respect to any claim that injury or damage was proximately caused by the physician's
and surgeon's error, negligence, or omission.

3 (c) Investigating the nature and causes of injuries from cases which shall be
4 reported of a high number of judgments, settlements, or arbitration awards against a
physician and surgeon.

5 6. Section 2227 of the Code states:

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

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

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

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

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

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

17 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
18 medical review or advisory conferences, professional competency examinations,
19 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.

20 7. Section 2228 of the Code states:

21 The authority of the board or the California Board of Podiatric Medicine to
22 discipline a licensee by placing him or her on probation includes, but is not limited to,
the following:

23 (a) Requiring the licensee to obtain additional professional training and to pass
24 an examination upon the completion of the training. The examination may be written
or oral, or both, and may be a practical or clinical examination, or both, at the option
25 of the board or the administrative law judge.

26 (b) Requiring the licensee to submit to a complete diagnostic examination by
27 one or more physicians and surgeons appointed by the board. If an examination is
ordered, the board shall receive and consider any other report of a complete
28 diagnostic examination given by one or more physicians and surgeons of the
licensee's choice.

///

1 (c) Restricting or limiting the extent, scope, or type of practice of the licensee,
2 including requiring notice to applicable patients that the licensee is unable to perform
3 the indicated treatment, where appropriate.

4 (d) Providing the option of alternative community service in cases other than
5 violations relating to quality of care.

6 8. Section 2228.1 of the Code states.

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

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

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

22 ...

23 (2) An accusation or statement of issues alleged that the licensee committed any
24 of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a
25 stipulated settlement based upon a nolo contendere or other similar compromise that
26 does not include any prima facie showing or admission of guilt or fact but does
27 include an express acknowledgment that the disclosure requirements of this section
28 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.

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

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

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

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

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

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

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

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

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

16 STATUTORY PROVISIONS

17 9. Section 726 of the Code states:

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

22 (b) This section shall not apply to consensual sexual contact between a licensee
23 and his or her spouse or person in an equivalent domestic relationship when that
24 licensee provides medical treatment, other than psychotherapeutic treatment, to his or
25 her spouse or person in an equivalent domestic relationship.

26 10. Section 729 of the Code states:

27 (a) Any physician and surgeon, psychotherapist, alcohol and drug abuse
28 counselor or any person holding himself or herself out to be a physician and surgeon,
29 psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual
30 intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or
31 with a former patient or client when the relationship was terminated primarily for the
32 purpose of engaging in those acts, unless the physician and surgeon, psychotherapist,
33 or alcohol and drug abuse counselor has referred the patient or client to an
34 independent and objective physician and surgeon, psychotherapist, or alcohol and
35 drug abuse counselor recommended by a third-party physician and surgeon,
36 psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual
37 exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse
38 counselor.

39 (c) For purposes of this section:

1
2 (3) "Sexual contact" means sexual intercourse or the touching of an intimate
part of a patient for the purpose of sexual arousal, gratification, or abuse.

3 (4) "Intimate part" and "touching" have the same meanings as defined in
4 Section 243.4 of the Penal Code.

5
6 11. Section 2234 of the Code states:

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

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

11 (b) Gross negligence.

12 (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
13 separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

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

16 (2) When the standard of care requires a change in the diagnosis, act, or
17 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
18 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

19 (d) Incompetence.

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

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

23 (g) The failure by a certificate holder, in the absence of good cause, to attend
24 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.

25 12. Unprofessional conduct under section 2234 of the Code is conduct which breaches
26 the rules or ethical code of the medical profession, or conduct which is unbecoming a member in
27 good standing of the medical profession and which demonstrates an unfitness to practice
28 medicine. (*Shea v. Bd. of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

1 13. Section 2263 of the Code states:

2 The willful, unauthorized violation of professional confidence constitutes
3 unprofessional conduct.

4 14. Section 2266 of the Code states:

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

7 **COST RECOVERY**

8 15. Section 125.3 of the Code states:

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

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

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

23 (d) The administrative law judge shall make a proposed finding of the amount
24 of reasonable costs of investigation and prosecution of the case when requested
25 pursuant to subdivision (a). The finding of the administrative law judge with regard
26 to costs shall not be reviewable by the board to increase the cost award. The board
27 may reduce or eliminate the cost award, or remand to the administrative law judge if
28 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.

///

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

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

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

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

14 FACTUAL ALLEGATIONS

15 16. Respondent is board certified in Internal Medicine. Respondent is the founder and
16 Chief Medical Officer of Southern California Medical Center, Inc. (SCMC). SCMC operates five
17 clinics, which provide health care services such as general medical care, dental services,
18 physicals, immunization, well child checkups, blood pressure screenings, laboratory services,
19 specialist referrals, family care practitioners, primary care, family/internal medicine, pediatrics,
20 podiatry, and obstetrics/gynecology.

21 17. On November 30, 2021, the Board received a complaint alleging that Respondent
22 "has engaged in a pattern of sexually assaulting young female patients, as well as employees who
23 began as patients." The Board thereafter initiated an investigation of the allegations.

24 Patient 1:¹

25 18. On or about 2005, Patient 1, then age 12, became a patient of Respondent. From that
26 time until 2020, Respondent was Patient 1's designated primary care provider.

27 19. In or around May 2016, when Patient 1 was approximately age 23, Respondent hired
28 Patient 1 to work at SCMC. Once employed by SCMC, Patient 1 became Respondent's
subordinate. Shortly after Patient 1 started working at SCMC, Respondent began making
sexually explicit and/or suggestive comments and remarks to Patient 1. The behavior escalated to
Respondent making sexual advances towards, and having sexual relations and sexual contact with
Patient 1. The inappropriate and unwanted behavior towards Patient 1 constituted sexual abuse

¹ The patients are identified in this Accusation by number for privacy purposes.

1 and/or sexual misconduct and/or sexual relations and/or sexual contact, and continued until
2 Patient 1 took a medical leave from her employment in approximately September 2020. Patient 1
3 suffered through Respondent's sexual abuse and/or sexual misconduct and/or sexual relations
4 and/or sexual contact because she was afraid doing otherwise would result in her losing her job.

5 20. In July 2020, Patient 1 had a close contact with a person who had been diagnosed
6 with COVID-19. Patient 1 was directed to quarantine and provided SCMC a doctor's note
7 excusing her from work for approximately two (2) weeks. Respondent wanted Patient 1 to grant
8 him access to Patient 1's medical records to verify the reason for the absence, which Patient 1
9 declined to grant. Shortly after returning to work, Patient 1 learned that Respondent had directed
10 an employee at SCMC to falsify Patient 1's signature on a release of records in order for
11 Respondent to access Patient 1's medical records. Shortly thereafter, in September 2020, Patient
12 1 took a medical leave from her employment at SCMC.

13 21. Respondent was interviewed by the Board's investigator during the investigation.
14 During Respondent's interview, Respondent conceded that his office manager contacted the
15 emergency department "or something" in an attempt to verify that Patient 1 had made a visit
16 there.

17 22. During Respondent's interview, Respondent conceded that he had a physician-patient
18 relationship with Patient 1 since she became his patient as a child. Respondent also conceded that
19 he formed a social relationship with Patient 1 and stated he recommended that SCMC hire her,
20 claiming she was desperate for a job and that Respondent felt pity for her.

21 23. During Respondent's interview, Respondent was asked about the physician-patient
22 interactions he had with Patient 1, as documented in her medical records. Specifically,
23 Respondent was asked about focused visits for complaints of, among other things, back pain and
24 hair loss, in which breast exams were noted as having been performed for unknown reasons.
25 Respondent denied performing breast exams during those visits and conceded that the medical
26 record does not accurately reflect the details about the visit or the examinations actually
27 performed.

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1 **Patient 2:**

2 24. In or about 2016, Patient 2, age 62, became a patient of Respondent and SCMC.
3 Patient 2 first met Respondent through the physician/patient relationship established at SCMC.
4 Due to Patient 2's status as a patient of SCMC, Respondent had access to Patient 2's medical
5 records, which included private information, including her home address and contact information.

6 25. Starting in or around May 2017, Respondent diagnosed Patient 2 with mental health
7 disorders, including but not limited to, anxiety, depression, hallucinations, and suicidal ideation.
8 Due to concern over Patient 2's suicidal ideation and/or potential for overdosing, Respondent
9 called Patient 2 on her cell phone during and after clinic hours on various occasions to check on
10 her and to make sure she was still alive. Patient 2 would also call Respondent on his cellphone in
11 distress, crying, and saying nobody loved her. Respondent referred her to do cognitive behavioral
12 therapy. Respondent did not document the mental health diagnoses, treatment plan, or
13 interactions in Patient 2's chart, nor did Respondent refer Patient 2 to get an appropriate mental
14 health evaluation by a psychiatrist or other qualified mental health practitioner for the mental
15 health issues Respondent assessed as serious and ongoing.

16 26. On or about September 2, 2017, Respondent arrived at Patient 2's home unexpectedly
17 and without invitation. Although surprised by the visit, Patient 2 permitted Respondent to enter
18 her home. After entering Patient 2's home and without Patient 2's consent and over Patient 2's
19 protests, Respondent made sexual advances towards, and had sexual contact with, Patient 2.

20 **Patient 3:**

21 27. Patient 3 was employed at SCMC from 2007 through 2017. Patient 3 was
22 Respondent's subordinate. In or about 2015, Patient 3 also became Respondent's patient. During
23 the time Patient 3 was employed at SCMC, Respondent made sexually explicit and/or suggestive
24 comments and remarks to Patient 3. The behavior escalated to Respondent making sexual
25 advances towards, and having sexual contact and sexual relations with, Patient 3. The
26 inappropriate and unwanted behavior towards Patient 3 constituted sexual abuse and/or sexual
27 misconduct and/or sexual relations and/or sexual contact, and continued until Patient 3 resigned

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1 from her position at SCMC in 2017. Patient 3 suffered through Respondent's sexual abuse and/or
2 sexual misconduct and/or sexual relations and/or sexual contact because she was afraid doing
3 otherwise would result in her losing her job.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Sexual Misconduct)**

6 28. Respondent Mohammad Hassan Rasekhi, M.D. is subject to disciplinary action under
7 section 726 of the Code in that Respondent engaged in sexual misconduct with three (3) patients.
8 The circumstances are as follows:

9 29. The allegations set forth in paragraphs 16 through 27 are incorporated herein by
10 reference as if fully set forth.

11 **SECOND CAUSE FOR DISCIPLINE**

12 **(Sexual Exploitation)**

13 30. Respondent Mohammad Hassan Rasekhi, M.D. is subject to disciplinary action under
14 section 729 of the Code in that Respondent engaged in sexual exploitation by touching intimate
15 parts of the bodies of three (3) patients for the purpose of sexual arousal, gratification or abuse.
16 The circumstances are as follows:

17 31. The allegations set forth in the First Cause for Discipline are incorporated herein as if
18 fully set forth.

19 **THIRD CAUSE FOR DISCIPLINE**

20 **(Gross Negligence)**

21 32. Respondent Mohammad Hassan Rasekhi, M.D. is subject to disciplinary action under
22 section 2234, subdivision (b), of the Code in that Respondent engaged in grossly negligent
23 conduct with respect to his interactions with Patients 1, 2, and 3. The circumstances are as
24 follows:

25 33. The allegations set forth in the First and Second Causes for Discipline are
26 incorporated herein as if fully set forth.

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1 **Sexual Misconduct as to Patients 1, 2, and 3.**

2 34. The standard of care requires a physician to refrain from committing any acts of
3 sexual abuse, misconduct, or relations with a patient, client, or customer. The standard of care
4 also requires a physician to refrain from engaging in any act of sexual intercourse, sodomy, oral
5 copulation, or sexual contact with a patient. As set forth above, Respondent engaged in
6 egregiously exploitive and harassing sexual activity with Patients 1, 2, and 3. Respondent's
7 conduct was an extreme departure from the standard of care.

8 **Privacy Violation as to Patient 1.**

9 35. The standard of care requires physicians and employers to have explicit consent to
10 obtain any type of medical information about a patient and/or employee. The conduct of
11 Respondent and/or Respondent's office manager in contacting Patient 1's outside healthcare
12 provider without her consent in an effort to obtain medical information about her is inappropriate,
13 unethical, and unprofessional. If Respondent was unaware of his office manager's actions before
14 they occurred, as Chief Medical Officer of SCMC, once Respondent learned of his office
15 manager's actions, Respondent was required to have addressed and corrected the issue
16 immediately. His acts and omissions with respect to obtaining medical information about Patient
17 1 without her consent constituted an extreme departure from the standard of care.

18 **Sexual Harassment in the Workplace as to Patients 1 and 3.**

19 36. The standard of care requires physicians to refrain from engaging in sexual
20 harassment of subordinate employees. Sexual harassment can be defined as unwelcome sexual
21 advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
22 Sexual harassment in the practice of medicine is unethical. Sexual harassment exploits
23 inequalities in status and power, abuses the rights and trust of those who are subjected to such
24 conduct; interferes with an individual's work performance, and may influence or be perceived as
25 influencing professional advancement in a manner unrelated to clinical or academic performance
26 harm professional working relationships, and create an intimidating or hostile work environment;
27 and is likely to jeopardize patient care. Sexual relationships between medical supervisors and
28 trainees are not acceptable, even if consensual. Respondent's behavior in the workplace with

1 respect to Patients 1 and 3 was inappropriate, constituted sexual harassment, and was an extreme
2 departure from the standard of care.

3 **Failure to Refer Patient 2 for an Appropriate Mental Health Evaluation by a Psychiatrist or**
4 **Other Qualified Mental Health Practitioner.**

5 37. The standard of care requires internists to be comfortable and competent in
6 recognizing and assessing for depression and suicidal ideation, to be competent in managing
7 depression and suicidal ideation and/or knowing when to refer patients for specialized care of
8 depression and suicidal ideation, and to document their care regarding patients' depression and
9 suicidal ideation. Respondent's failure to document any of the mental health diagnoses, treatment
10 plan, or interactions in Patient 2's chart as set forth in Paragraph 25 above, and failure to refer
11 Patient 2 to get an appropriate mental health evaluation by a psychiatrist or other qualified mental
12 health practitioner for the mental health issues Respondent assessed as serious and ongoing, was
13 an extreme departure from the standard of care.

14 **FOURTH CAUSE FOR DISCIPLINE**

15 **(Repeated Negligent Acts)**

16 38. Respondent Mohammad Hassan Rasekhi, M.D. is subject to disciplinary action under
17 section 2234, subdivision (c), of the Code in that Respondent committed repeated negligent acts
18 with respect to his conduct towards Patients 1, 2, and 3. The circumstances are as follows:

19 39. The allegations set forth in the First, Second, and Third Causes for Discipline are
20 incorporated herein as if fully set forth.

21 40. Each act of gross negligence is also a negligent act.

22 **Clinical Documentation with Respect to Patient 1.**

23 41. The standard of care requires office visit notes to include subjective and objective
24 information, as well as an assessment and plan. The subjective information is labeled as chief
25 complaint (CC) or reason for visit (RFV), history of present illness (HPI) or just "subjective", and
26 any review of systems (ROS) that the physician conducted. The objective information includes a
27 relevant physical examination (PE), and laboratory or other diagnostic results. This information
28 should support the assessment and plan (A/P). The assessment could be in the form of

1 diagnosis(es) and/or a narrative differential diagnosis. The plan communicates the treatment
2 and/or the recommended next steps.

3 42. In Patient 1's medical records, there are many deficiencies in Respondent's medical
4 notes. On February 20, 2015, Patient 1 was seen for back pain, and the PE includes a breast exam
5 that Respondent said was not done. On March 3, 2015, Patient 1 was seen for preventive care,
6 but Respondent did not document a PE or A/P. On April 28, 2015, Patient 1 was seen for hair
7 loss, and Respondent documented a full examination including a breast exam. On May 12, 2015,
8 Patient 1 had a visit for test results, and Respondent documented a full examination including a
9 breast exam. On August 8, 2016, Patient 1 was seen for a PE. Respondent documented a normal
10 breast exam in the PE, but documented breast lump in the A/P. On June 2, 2017, the
11 documentation of Patient 1's visit did not include a CC, RFV, or HPI. On August 30, 2017, the
12 documentation of Patient 1's visit did not include a CC, RFV, HPI, or a provider name. On June
13 8, 2018, Patient 1 was seen for a wound, but Respondent did not document an HPI or PE. On
14 November 14, 2018, Patient 1 was seen for back pain, but Respondent did not document a back
15 examination or ROS. Respondent's deficiencies in clinical documentation as set forth above
16 constitute simple departures from the standard of care.

17 FIFTH CAUSE FOR DISCIPLINE

18 (Unprofessional Conduct)

19 43. Respondent Mohammad Hassan Rasekhi, M.D. is subject to disciplinary action under
20 sections 726, 729, and 2234 of the Code in that Respondent has engaged in unprofessional conduct
21 which breaches the rules or ethical code of the medical profession, or conduct which is
22 unbecoming to a member in good standing of the medical profession, and which demonstrates an
23 unfitness to practice medicine. The circumstances are as follows:

24 44. The allegations set forth in the First, Second, Third, and Fourth Causes for Discipline
25 are incorporated herein as if fully set forth.

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1 SIXTH CAUSE FOR DISCIPLINE

2 (Failure to Maintain Adequate and Accurate Medical Records)

3 45. Respondent Mohammad Hassan Rasekhi, M.D. is subject to disciplinary action under
4 section 2266 of the Code in that Respondent failed to maintain adequate and accurate medical
5 records during his care of Patients 1 and 2. The circumstances are as follows:

6 46. The facts and allegations set forth in Paragraphs 23, 25, 41, and 42, are incorporated
7 by reference as if fully set forth.

8 PRAYER

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

11 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 48861,
12 issued to Respondent, Mohammad Hassan Rasekhi, M.D.;

13 2. Revoking, suspending or denying approval of Respondent, Mohammad Hassan
14 Rasekhi, M.D.'s authority to supervise physician assistants and advanced practice nurses;

15 3. Ordering Respondent, Mohammad Hassan Rasekhi, M.D., to pay the Board the costs
16 of the investigation and enforcement of this case, and if placed on probation, the costs of
17 probation monitoring;

18 4. Ordering Respondent, Mohammad Hassan Rasekhi, M.D., if placed on probation, to
19 provide patient notification in accordance with Business and Professions Code section 2228.1;
20 and,

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

22
23 DATED: OCT 03 2024

24  for
25 REJI VARGHESE
26 Executive Director
27 Medical Board of California
28 Department of Consumer Affairs
State of California
Complainant

LA2023604305