

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

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

**Derakhsh Fozouni, M.D.**

**Physician's and Surgeon's  
Certificate No. A 95051**

**Respondent.**

**Case No. 800-2020-069571**

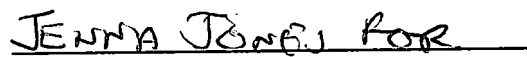
**DECISION**

**The attached Stiputlated Surrender of License and Disciplinary Order  
is hereby adopted as the Decision and Order of the Medical Board of  
California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on December 31, 2024.**

**IT IS SO ORDERED December 4, 2024.**

**MEDICAL BOARD OF CALIFORNIA**



**Reji Varghese  
Exectutive Director**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 ROSEMARY F. LUZON  
Deputy Attorney General  
4 State Bar No. 221544  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9074  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

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

15 **Derakhsh Fozouni, M.D.**  
16 **35400 Bob Hope Dr., Unit 202**  
**Rancho Mirage, CA 92270**

17 **Physician's and Surgeon's Certificate**  
18 **No. A 95051,**

19 Respondent.

Case No. 800-2020-069571

OAH No. 2024040234

**STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY ORDER**

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

22 **PARTIES**

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

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2. Derakhsh Fozouni, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: DOYLE SCHAFFER McMAHON, LLP, 5440 Trabuco Road, Irvine, CA 92620.

3. On or about April 21, 2006, the Board issued Physician's and Surgeon's Certificate No. A 95051 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Second Amended Accusation No. 800-2020-069571 and will expire on September 30, 2025, unless renewed.

## JURISDICTION

4. On October 29, 2024, Second Amended Accusation No. 800-2020-069571 was filed before the Board, and is currently pending against Respondent. The Second Amended Accusation and all other statutorily required documents were properly served on Respondent on October 29, 2024. Respondent timely filed his Notice of Defense contesting the Second Amended Accusation.

5. A true and copy of Second Amended Accusation No. 800-2020-069571 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Second Amended Accusation No. 800-2020-069571. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Second 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, having been fully advised of same by his attorney, Raymond J. McMahon, Esq.

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8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in Second Amended Accusation No. 800-2020-069571, and Respondent hereby gives up his rights to contest those charges. Respondent further agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A 95051 to disciplinary action. Respondent hereby surrenders his Physician's and Surgeon's Certificate No. A 95051 for the Board's formal acceptance with an agreed upon effective date of December 31, 2024.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 95051 is subject to discipline and he agrees to be bound the Board's imposition of discipline as set forth in the Disciplinary Order below.

11. Respondent further agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate No. A 95051, or if an accusation or petition to revoke probation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Second Amended Accusation No. 800-2020-069571 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

## CONTINGENCY

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

13. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. A 95051 without further notice to, or opportunity to be heard by, Respondent.

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1           14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the  
2 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated  
3 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his  
4 consideration in the above-entitled matter and, further, that the Executive Director shall have a  
5 reasonable period of time in which to consider and act on this Stipulated Surrender of License and  
6 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands  
7 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the  
8 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

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

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1 **ADDITIONAL PROVISIONS**

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

5 17. The parties understand and agree that Portable Document Format (PDF) and facsimile  
6 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures  
7 thereto, shall have the same force and effect as the originals.

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

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 95051, issued  
13 to Respondent Derakhsh Fozouni, M.D., is surrendered effective December 31, 2024, and  
14 accepted by the Board.

15 1. The surrender of Respondent's Physician's and Surgeon's Certificate No. A 95051  
16 and the acceptance of the surrendered license by the Board shall constitute the imposition of  
17 discipline against Respondent. This stipulation constitutes a record of the discipline and shall  
18 become a part of Respondent's license history with the Board.

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

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

23 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
24 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must  
25 comply with all the laws, regulations, and procedures for reinstatement of a revoked or  
26 surrendered license in effect at the time the petition is filed, and all of the charges and allegations  
27 contained in Second Amended Accusation No. 800-2020-069571 shall be deemed to be true,

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1 correct, and admitted by Respondent when the Board determines whether to grant or deny the  
2 petition.

3 5. Respondent shall pay the Board its costs of investigation and enforcement in this  
4 matter in the amount of \$90,288.50 (ninety thousand two hundred eighty-eight dollars and fifty  
5 cents) prior to issuance of a new or reinstated license.

6 6. If Respondent should ever apply or reapply for a new license or certification, or  
7 petition for reinstatement of a license, by any other health care licensing agency in the State of  
8 California, all of the charges and allegations contained in Second Amended Accusation No. 800-  
9 2020-069571 shall be deemed to be true, correct, and admitted by Respondent for the purpose of  
10 any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

11 ACCEPTANCE

12 I have carefully read the above Stipulated Surrender of License and Disciplinary Order and  
13 have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the  
14 stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 95051.  
15 I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and  
16 intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
17 California.

18  
19 DATED: 11.20.2024

  
DERAKHSH FOZOUNI, M.D.  
Respondent

22 I have read and fully discussed with Respondent Derakhsh Fozouni, M.D., the terms and  
23 conditions and other matters contained in this Stipulated Surrender of License and Disciplinary  
24 Order. I approve its form and content.

25  
26 DATED: November 20, 2024

  
RAYMOND J. MCMAHON, ESQ.  
Attorney for Respondent

27  
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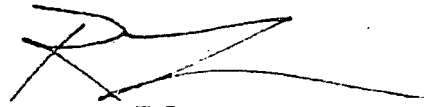
**ENDORSEMENT**

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

DATED: 11/21/24

Respectfully submitted,

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



ROSEMARY F. LUZON  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Second Amended Accusation No. 800-2020-069571**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 ROSEMARY F. LUZON  
Deputy Attorney General  
4 State Bar No. 221544  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9074  
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**

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

Case No. 800-2020-069571

**SECOND AMENDED ACCUSATION**

15 **Derakhsh Fozouni, M.D.**  
16 **35400 Bob Hope Dr., Unit 202**  
**Rancho Mirage, CA 92270**

17 **Physician's and Surgeon's Certificate**  
18 **No. A 95051,**

Respondent.

19  
20  
21 **PARTIES**

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

25 2. On or about April 21, 2006, the Board issued Physician's and Surgeon's Certificate  
26 No. A 95051 to Derakhsh Fozouni, M.D. (Respondent). The Physician's and Surgeon's  
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
28 expire on September 30, 2025, unless renewed.

**JURISDICTION**

3. This Second Amended Accusation supersedes the First Amended Accusation filed on June 28, 2023, and 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 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .

5. Section 2227 of the Code states:

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

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

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

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

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

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

...

6. Section 2052 of the Code states:

(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in this chapter [Chapter 5, the Medical Practice Act], or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.

1 (b) Any person who conspires with or aids or abets another to commit any act  
2 described in subdivision (a) is guilty of a public offense, subject to the punishment  
3 described in that subdivision.

4 (c) The remedy provided in this section shall not preclude any other remedy  
5 provided by law.

6 7. Section 2264 of the Code states:

7 The employing, directly or indirectly, the aiding, or the abetting of any  
8 unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in  
9 the practice of medicine or any other mode of treating the sick or afflicted which  
10 requires a license to practice constitutes unprofessional conduct.

11 8. Section 2261 of the Code states:

12 Knowingly making or signing any certificate or other document directly or  
13 indirectly related to the practice of medicine or podiatry which falsely represents the  
14 existence or nonexistence of a state of facts, constitutes unprofessional conduct.

15 9. Section 810 of the Code states:

16 (a) It shall constitute unprofessional conduct and grounds for disciplinary  
17 action, including suspension or revocation of a license or certificate, for a health care  
18 professional to do any of the following in connection with their professional  
19 activities:

20 (1) Knowingly present or cause to be presented any false or fraudulent claim for  
21 the payment of a loss under a contract of insurance.

22 (2) Knowingly prepare, make, or subscribe any writing, with intent to present or  
23 use the same, or to allow it to be presented or used in support of any false or  
24 fraudulent claim.

25 ...

26 10. Section 2234 of the Code states:

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

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

(b) Gross negligence.

...

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

...

1 11. Section 3501 of the Code states:

2 (a) "Board" means the Physician Assistant Board.

3 (b) "Approved program" means a program for the education of physician  
4 assistants that has been formally approved by the board.

5 (c) "Trainee" means a person who is currently enrolled in an approved  
6 program.

7 (d) "Physician assistant" or "PA" means a person who meets the requirements  
8 of this chapter and is licensed by the board.<sup>1</sup>

9 ...

10 12. California Code of Regulations, title 16, section 1399.502, states:

11 (a) "Board" means Physician Assistant Board.

12 ...

13 (c) "Physician assistant" means a person who is licensed by the board as a  
14 physician assistant.

15 (d) "Trainee" means a person enrolled and actively participating in an approved  
16 program of instruction for physician assistants.

17 (e) "Approved program" means a program for the education and training of  
18 physician assistants which has been approved by the board.<sup>2</sup>

19 ...

20 13. Section 3503 of the Code states:

21 No person other than one who has been licensed to practice as a physician  
22 assistant shall practice as a physician assistant or in a similar capacity to a physician  
23 and surgeon or podiatrist or hold himself or herself out as a "physician assistant," or  
24 shall use any other term indicating or implying that he or she is a physician assistant.

25 14. California Code of Regulations, title 16, section 1399.520, states:

26 No person shall practice as a physician assistant in this state unless he or she is  
27 a trainee or is licensed to practice as a physician assistant by the board.

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<sup>1</sup> These definitions apply to section 3503 of the Code, *infra*.

<sup>2</sup> These definitions apply to California Code of Regulations, title 16, section 1399.520,  
*infra*.

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

5 16. Section 2236 of the Code states:

6 (a) The conviction of any offense substantially related to the qualifications,  
7 functions, or duties of a physician and surgeon constitutes unprofessional conduct  
8 within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record  
of conviction shall be conclusive evidence only of the fact that the conviction

9 (b) The district attorney, city attorney, or other prosecuting agency shall notify  
10 the Medical Board of the pendency of an action against a licensee charging a felony  
or misdemeanor immediately upon obtaining information that the defendant is a  
11 licensee. The notice shall identify the licensee and describe the crimes charged and  
the facts alleged. The prosecuting agency shall also notify the clerk of the court in  
12 which the action is pending that the defendant is a licensee, and the clerk shall record  
prominently in the file that the defendant holds a license as a physician and surgeon.

13 (c) The clerk of the court in which a licensee is convicted of a crime shall,  
14 within 48 hours after the conviction, transmit a certified copy of the record of  
conviction to the board. The division may inquire into the circumstances surrounding  
15 the commission of a crime in order to fix the degree of discipline or to determine if  
the conviction is of an offense substantially related to the qualifications, functions, or  
16 duties of a physician and surgeon.

17 (d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is  
18 deemed to be a conviction within the meaning of this section and Section 2236.1.  
The record of conviction shall be conclusive evidence of the fact that the conviction  
occurred.

19 17. California Code of Regulations, title 16, section 1360, states:

20 (a) For the purposes of denial, suspension or revocation of a license pursuant to  
21 Section 141 or Division 1.5 (commencing with Section 475) of the code, a crime,  
professional misconduct, or act shall be considered to be substantially related to the  
22 qualifications, functions or duties of a person holding a license if to a substantial  
degree it evidences present or potential unfitness of a person holding a license to  
23 perform the functions authorized by the license in a manner consistent with the public  
health, safety or welfare. Such crimes, professional misconduct, or acts shall include  
24 but not be limited to the following: Violating or attempting to violate, directly or  
indirectly, or assisting in or abetting the violation of, or conspiring to violate any  
25 provision of state or federal law governing the applicant's or licensee's professional  
practice.

26 ...

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1 COST RECOVERY

2 18. Section 125.3 of the Code states:

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

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

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

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

16 (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  
17 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.

18 (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.

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

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

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

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

28 ///

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

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Aiding and Abetting Unlicensed Practice of Medicine)**

5 19. Respondent has subjected his Physician's and Surgeon's Certificate No. A 95051 to  
6 disciplinary action under sections 2227, 2264, and 2234, subdivision (a), of the Code, as defined  
7 by sections 2052, subdivision (b), 3501, and 3503 of the Code, and by California Code of  
8 Regulations, title 16, sections 1399.502 and 1399.520, in that he aided and abetted the unlicensed  
9 practice of medicine, as more particularly alleged hereinafter:

10 **Respondent's Employment of N.H. as an Unlicensed Physician Assistant**

11 20. In or about June 2019, N.H. commenced employment as a physician assistant at  
12 Respondent's medical office in Palm Springs, California.

13 21. At the time, N.H. had completed physician assistant school, but she had not passed  
14 the Physician Assistant National Certification Exam, the board exam required to practice as a  
15 physician assistant.

16 22. In or about September 2020, N.H. finally passed the board exam and, on or about  
17 September 14, 2020, N.H. became certified by the National Commission on Certification of  
18 Physician Assistants (NCCPA).

19 23. To date, however, N.H. has not been granted a license authorizing her to practice as a  
20 physician assistant in the State of California.

21 24. Despite lacking a California physician assistant license, from in or around June 2019  
22 through November 2020, N.H. continued to work as a physician assistant at Respondent's  
23 medical office providing care and treatment to patients.

24 25. Respondent billed patients for the medical services provided by N.H. In doing so,  
25 Respondent identified himself as the provider of these services and he received the resulting  
26 payments for these services.

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**N.H.'s Care and Treatment of Patients**

26. Between on or about January 15, 2020, and November 24, 2020, N.H. provided care and treatment to twelve (12) patients as follows:

	PATIENT VISITS WITH N.H.
Patient A <sup>3</sup>	<ul style="list-style-type: none"><li>February 5, 2020</li><li>July 2, 2020</li></ul>
Patient B	<ul style="list-style-type: none"><li>November 17, 2020</li><li>November 24, 2020</li></ul>
Patient C	<ul style="list-style-type: none"><li>November 4, 2020</li></ul>
Patient D	<ul style="list-style-type: none"><li>November 17, 2020</li></ul>
Patient E	<ul style="list-style-type: none"><li>November 18, 2020</li></ul>
Patient F	<ul style="list-style-type: none"><li>February 14, 2020</li><li>June 12, 2020</li></ul>
Patient G	<ul style="list-style-type: none"><li>February 6, 2020</li><li>May 5, 2020</li><li>June 2, 2020</li><li>June 22, 2020</li></ul>
Patient H	<ul style="list-style-type: none"><li>September 8, 2020</li></ul>
Patient I	<ul style="list-style-type: none"><li>February 12, 2020</li><li>August 12, 2020</li><li>October 20, 2020</li><li>October 21, 2020</li></ul>
Patient J	<ul style="list-style-type: none"><li>January 15, 2020</li></ul>
Patient K	<ul style="list-style-type: none"><li>February 10, 2020</li></ul>
Patient L	<ul style="list-style-type: none"><li>October 28, 2020</li></ul>

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<sup>3</sup> References to Patients A to L herein are used to protect patient privacy.

1        **Patient A**

2        ***February 5, 2020, Visit***

3        27. On or about February 5, 2020, at approximately 8:40 a.m., Patient A was seen by  
4 N.H. for an annual examination. Respondent was not present during the visit. N.H. performed a  
5 physical exam of Patient A. The exam components were as follows: general, head, eyes, neck,  
6 cardiovascular, neurology, genitourinary, gastrointestinal, musculoskeletal, dermatology, and  
7 chest. As part of the genitourinary exam, N.H. examined Patient A's external genitalia, urethral  
8 meatus, vagina, cervix, uterus, and adnexa. N.H. also performed a pap smear.

9        28. Although only N.H. saw Patient A during this visit, Respondent is identified as the  
10 provider on the corresponding progress notes. In addition, the appointment status report  
11 identified Respondent as the provider for this visit.

12        29. Patient A was billed for the medical services provided during this visit with N.H., and  
13 Respondent's office submitted a claim to Patient A's insurance for these charges, resulting in  
14 payment. Respondent was identified as the provider on the corresponding billing statement and  
15 claim, not N.H.

16        30. Despite these multiple representations, Respondent did not provide medical services  
17 to Patient A during this visit.

18        ***July 2, 2020, Visit***

19        31. On or about July 2, 2020, at approximately 1:40 p.m., Patient A was seen by N.H. for  
20 removal of her Nexplanon®, a birth control implant. Respondent was not present during the visit.  
21 N.H. performed a short physical exam of Patient A and removed the implant.

22        32. Although only N.H. saw Patient A during this visit, Respondent is identified as the  
23 provider on the corresponding progress notes. In addition, the appointment status report  
24 identified Respondent as the provider for this visit.

25        33. Patient A was billed for the medical services provided during this visit with N.H., and  
26 Respondent's office submitted a claim to Patient A's insurance for these charges, resulting in  
27 payment. Respondent was identified as the provider on the corresponding billing statement and  
28 claim, not N.H.

1           34. Despite these multiple representations, Respondent did not provide medical services  
2 to Patient A during this visit.

3           **Patient B**

4           *November 17, 2020, Visit*

5           35. On or about November 17, 2020, at 9:40 a.m., Patient B was seen by N.H.  
6 Respondent was not present during the visit. N.H. performed a sonogram. In addition, Patient B  
7 asked several questions regarding concerns she had about her health. The progress notes for this  
8 visit stated as follows: "no complaints, GBS POS, PN records given, on sono VTX 2910grams,  
9 a/p: 27yo P1021@35+wks NV one wk, h/o LGA will induce @ 39 wks, adjusted EDC to  
10 12/19/20 to match first sono @ AWHC[.]"

11           36. Although only N.H. saw Patient B during this visit, Respondent is identified as the  
12 provider on the corresponding progress notes. In addition, the appointment status report  
13 identified Respondent as the provider for this visit.

14           37. Patient B was billed for the medical services provided during this visit with N.H.,  
15 with Respondent identified as the provider.

16           38. Despite these multiple representations, Respondent did not provide medical services  
17 to Patient B during this visit.

18           *November 24, 2020, Visit*

19           39. On or about November 24, 2020, at 10:40 a.m., Patient B was seen by N.H. for a  
20 consultation, during which they discussed the date she would be induced and the missed diagnosis  
21 of her short cervix. N.H. also performed a sonogram. Respondent was not present during the  
22 visit, but Patient B observed Respondent walking around the office after her visit with N.H.  
23 concluded. The progress notes for this visit stated as follows: "pt c/o vaginal pressure and  
24 braxton hicks, denies vb/leaking, labor precautions reviewed, pt verbalized understanding, fm  
25 good per pt, induction sched for 12/13@10pm. a/p: 27y/o P1021@36wks, h/o LGA, nv 1 wk[.]"

26           40. Although only N.H. saw Patient B during this visit, Respondent is identified as the  
27 provider on the corresponding progress notes. In addition, the appointment status report  
28 identified Respondent as the provider for this visit.

1           41. Patient B was billed for the medical services provided during this visit with N.H., and  
2 Respondent's office submitted a claim to Patient B's insurance for these charges, resulting in  
3 payment. Respondent was identified as the provider on the corresponding billing statement and  
4 claim, not N.H.

5           42. Despite these multiple representations, Respondent did not provide medical services  
6 to Patient B during this visit.

7           **Patient C**

8           *November 4, 2020, Visit*

9           43. On or about November 4, 2020, at approximately 10:20 a.m., Patient C had a follow-  
10 up visit with N.H. Respondent was not present during the visit. N.H. performed a short physical  
11 exam of Patient C, discussed the results of her pap smear, and assessed her condition. In addition,  
12 N.H. ordered a urinalysis test and they discussed Patient C's birth control options, including  
13 placement of an IUD.

14           44. Although only N.H. saw Patient C during this visit, Respondent is identified as the  
15 provider on the corresponding progress notes. In addition, the appointment status report  
16 identified Respondent as the provider for this visit.

17           45. Patient C was billed for the medical services provided during this visit with N.H., and  
18 Respondent's office submitted a claim to Patient C's insurance for these charges, resulting in  
19 payment. Respondent was identified as the provider on the corresponding billing statement and  
20 claim, not N.H.

21           46. Despite these multiple representations, Respondent did not provide medical services  
22 to Patient C during this visit.

23           **Patient D**

24           *November 17, 2020, Visit*

25           47. On or about November 17, 2020, at approximately 9:00 a.m., Patient D had an  
26 antepartum check-up with N.H. Respondent was not present during the visit. N.H. asked Patient  
27 D if she had any questions about her pregnancy, if she was experiencing any pain or discharge,  
28 and how she was feeling. The progress notes for this visit stated as follows: "nno compalint,

1 sGBS NEG, PN records given., BGMS okay, a/p: 28yo P0@36wks GDMA1, GBS NEG, NV one  
2 wk[.]”

3 48. Although only N.H. saw Patient D during this visit, Respondent is identified as the  
4 provider on the corresponding progress notes. In addition, the appointment status report  
5 identified Respondent as the provider for this visit.

6 49. Patient D was billed for the medical services provided during this visit with N.H., and  
7 Respondent’s office submitted a claim to Patient D’s insurance for these charges, resulting in  
8 payment. Respondent was identified as the provider on the corresponding billing statement and  
9 claim, not N.H.

10 50. Despite these multiple representations, Respondent did not provide medical services  
11 to Patient D during this visit.

12 **Patient E**

13 ***November 18, 2020, Visit***

14 51. On or about November 18, 2020, at approximately 9:20 a.m., Patient E was seen by  
15 N.H. for her annual exam and to follow-up on an abnormal pap smear. Respondent was not  
16 present during the visit. N.H. performed a physical exam of Patient E. The exam components  
17 were as follows: general, head, eyes, neck, cardiovascular, neurology, genitourinary,  
18 gastrointestinal, musculoskeletal, dermatology, and chest. As part of the genitourinary exam,  
19 N.H. examined Patient E’s external genitalia, urethral meatus, vagina, cervix, uterus, and adnexa.  
20 N.H. also performed a pap smear. In addition, Patient E reported to N.H. that she was feeling  
21 depressed.

22 52. Although only N.H. saw Patient E during this visit, Respondent is identified as the  
23 provider on the corresponding progress notes. In addition, the appointment status report  
24 identified Respondent as the provider for this visit.

25 53. Patient E was billed for the medical services provided during this visit with N.H., and  
26 Respondent’s office submitted a claim to Patient E’s insurance for these charges, resulting in  
27 payment. Respondent was identified as the provider on the corresponding billing statement and  
28 claim, not N.H.

1           54. Despite these multiple representations, Respondent did not provide medical services  
2 to Patient E during this visit.

3           **Patient F**

4           ***February 14, 2020, Visit***

5           55. On or about February 14, 2020, at approximately 9:00 a.m., Patient F was seen by  
6 N.H. for an initial obstetric exam. Respondent was not present during the visit. N.H. performed a  
7 physical exam of Patient F. The exam components were as follows: general, head, eyes, ENT,  
8 neck, cardiovascular, neurology, gastrointestinal, genitourinary, musculoskeletal, dermatology,  
9 respiratory, psychiatry, and chest. As part of the genitourinary exam, N.H. examined Patient F's  
10 external genitalia, urethral meatus, vagina, cervix, uterus, and adnexa. N.H. also performed a pap  
11 smear. Additional progress notes for this visit stated as follows: "New OB, planned pregnancy,  
12 TVS IUP@6.5, PN panel/supps, PAP, C/S done today. Advised pt to take PNV, and Vit B6 for  
13 N/V, sent today, a/p: 21 y/o P2001 @6wks, h/o trisomy 18, nv 3 wks, nv 1st AFP[.]"

14           56. Although only N.H. saw Patient F during this visit, Respondent is identified as the  
15 provider on the corresponding progress notes. In addition, the appointment status report  
16 identified Respondent as the provider for this visit.

17           57. Patient F was billed for the medical services provided during this visit with N.H., and  
18 Respondent's office submitted a claim to Patient F's insurance for these charges, resulting in  
19 payment. Respondent was identified as the provider on the corresponding billing statement and  
20 claim, not N.H.

21           58. Despite these multiple representations, Respondent did not provide medical services  
22 to Patient F during this visit.

23           ***June 12, 2020, Visit***

24           59. On or about June 12, 2020, at approximately 8:40 a.m., Patient F was seen by N.H.  
25 for an antepartum visit. The progress notes for this visit stated as follows: "pt c/o some braxton  
26 hicks on/off, denies VB/leaking or current cramping or urinary sx's, advised pt to increase water  
27 intake to 1.5L, labor precautions reviewed w/pt, pt verbalized understanding. per pt had MFM

28       ///

1 apt, f/u on 7/3, will get NIPT results from MFM. fm good per pt. GTT given, a/p: 21y/o  
2 P2001@23+wks, nv 3 wks, nv GTT results[.]”

3 60. Although only N.H. saw Patient F during this visit, Respondent is identified as the  
4 provider on the corresponding progress notes. In addition, the appointment status report  
5 identified Respondent as the provider for this visit.

6 61. Patient F was billed for the medical services provided during this visit with N.H., and  
7 Respondent’s office submitted a claim to Patient F’s insurance for these charges, resulting in  
8 payment. Respondent was identified as the provider on the corresponding billing statement and  
9 claim, not N.H.

10 62. Despite these multiple representations, Respondent did not provide medical services  
11 to Patient F during this visit.

12 **Patient G**

13 ***February 6, 2020, Visit***

14 63. On or about February 6, 2020, at approximately 10:20 a.m., Patient G was seen by  
15 N.H. for an initial obstetric visit during the last trimester of her pregnancy. She was transitioning  
16 care to Respondent from a prior provider. Respondent was not present during the visit. N.H.  
17 performed a physical exam of Patient G. The exam components were as follows: general, head,  
18 eyes, ENT, neck, cardiovascular, neurology, gastrointestinal, genitourinary, musculoskeletal,  
19 dermatology, respiratory, psychiatry, and chest. As part of the genitourinary exam, N.H.  
20 examined Patient G’s external genitalia, urethral meatus, vagina, cervix, uterus, and adnexa.

21 64. Although only N.H. saw Patient G during this visit, Respondent is identified as the  
22 provider on the corresponding progress notes. In addition, the appointment status report  
23 identified Respondent as the provider for this visit.

24 65. Patient G was billed for the medical services provided during this visit with N.H., and  
25 Respondent’s office submitted a claim to Patient G’s insurance for these charges, resulting in  
26 payment. Respondent was identified as the provider on the corresponding billing statement and  
27 claim, not N.H.

28 ///

1           66. Despite these multiple representations, Respondent did not provide medical services  
2 to Patient G during this visit.

3           *May 5, 2020, Visit*

4           67. On or about May 5, 2020, at approximately 3:20 p.m., Patient G was seen by N.H. for  
5 an initial postpartum visit. Respondent was not present during the visit. N.H. performed a  
6 physical exam of Patient G. The exam components were as follows: psychiatry, genitourinary,  
7 chest, and incision. As part of the genitourinary exam, N.H. examined Patient G's external  
8 genitalia, urethral meatus, and vagina. For the psychiatry exam, N.H. conducted a depression  
9 screening. In addition, N.H. removed Patient G's bandages and she checked and cleaned her  
10 incision.

11          68. Although only N.H. saw Patient G during this visit, Respondent is identified as the  
12 provider on the corresponding progress notes. In addition, the appointment status report  
13 identified Respondent as the provider for this visit.

14          69. Patient G was billed for the medical services provided during this visit with N.H., and  
15 Respondent's office submitted a claim to Patient G's insurance for these charges, resulting in  
16 payment. Respondent was identified as the provider on the corresponding billing statement and  
17 claim, not N.H.

18          70. Despite these multiple representations, Respondent did not provide medical services  
19 to Patient G during this visit.

20           *June 2, 2020, Visit*

21          71. On or about June 2, 2020, at approximately 10:20 a.m., Patient G was seen by N.H.  
22 for a follow-up postpartum visit. Respondent was not present during the visit. N.H. performed a  
23 physical exam of Patient G. The exam components were as follows: psychiatry, genitourinary,  
24 chest, and incision. As part of the genitourinary exam, N.H. examined Patient G's external  
25 genitalia, urethral meatus, and vagina. For the psychiatry exam, N.H. conducted a depression  
26 screening. In addition, N.H. checked Patient G's incision and they discussed Patient G's reports  
27 of feeling anxious and stressed. N.H. started Patient G on hydroxyzine for treatment of her  
28 anxiety.



1        72. Although only N.H. saw Patient G during this visit, Respondent is identified as the  
2 provider on the corresponding progress notes. In addition, the appointment status report  
3 identified Respondent as the provider for this visit.

4        73. Patient G was billed for the medical services provided during this visit with N.H., and  
5 Respondent's office submitted a claim to Patient G's insurance for these charges, resulting in  
6 payment. Respondent was identified as the provider on the corresponding billing statement and  
7 claim, not N.H.

8        74. Despite these multiple representations, Respondent did not provide medical services  
9 to Patient G during this visit.

10        *June 22, 2020, Visit*

11        75. On or about June 22, 2020, at approximately 3:40 p.m., Patient G was seen by N.H.  
12 Respondent was not present during the visit. According to the progress notes for this visit,  
13 Patient G presented for a postpartum depression check. N.H. conducted a depression screening as  
14 part of the psychiatry exam and they discussed hospital intervention, which Patient G declined.  
15 They also discussed Patient G's hydroxyzine use and N.H. advised her to continue on the  
16 medication.

17        76. Although only N.H. saw Patient G during this visit, Respondent is identified as the  
18 provider on the corresponding progress notes. In addition, the appointment status report  
19 identified Respondent as the provider for this visit.

20        77. Patient G was billed for the medical services provided during this visit with N.H., and  
21 Respondent's office submitted a claim to Patient G's insurance for these charges, resulting in  
22 payment. Respondent was identified as the provider on the corresponding billing statement and  
23 claim, not N.H.

24        78. Despite these multiple representations, Respondent did not provide medical services  
25 to Patient G during this visit.

26        ///

27        ///

28        ///

1           **Patient H**

2           ***September 8, 2020, Visit***

3           79. On or about September 8, 2020, at approximately 10:40 a.m., Patient H was seen by  
4 N.H. for an antepartum visit. Respondent was not present during the visit. The progress notes for  
5 this visit stated as follows: "no complaints, on sono VTX, GBS DONE, BTL counseling was  
6 previously done (8/10) and desire for sterilization confirmed again a/p: 31 yo P2002@5+wks  
7 CSx2, NV one wk f/u GBS[.]"

8           80. Although only N.H. saw Patient H during this visit, Respondent is identified as the  
9 provider on the corresponding progress notes. In addition, the appointment status report  
10 identified Respondent as the provider for this visit.

11           81. Patient H was billed for the medical services provided during this visit with N.H., and  
12 Respondent's office submitted a claim to Patient H's insurance for these charges, resulting in  
13 payment. Respondent was identified as the provider on the corresponding billing statement and  
14 claim, not N.H.

15           82. Despite these multiple representations, Respondent did not provide medical services  
16 to Patient H during this visit.

17           **Patient I**

18           ***February 12, 2020, Visit***

19           83. On or about February 12, 2020, at approximately 3:20 p.m., Patient I was seen by  
20 N.H. for a new obstetric visit. Respondent was not present during the visit. N.H. performed a  
21 physical exam of Patient I. The exam components were as follows: general, head, eyes, ENT,  
22 neck, cardiovascular, neurology, gastrointestinal, genitourinary, musculoskeletal, dermatology,  
23 respiratory, psychiatry, and chest. As part of the genitourinary exam, N.H. examined Patient I's  
24 external genitalia, urethral meatus, vagina, cervix, uterus, and adnexa. Additional progress notes  
25 for this visit stated as follows: "new OB, unplanned a she was on the pill. TVS IUP@7w2D a/p:  
26 21 yo P1001@8+wks CSx1, BMI31.6, NV 3 wks, f.u PN panel supps ANA, start ASA[.]"

27           ///

28           ///

1           84. Although only N.H. saw Patient I during this visit, Respondent is identified as the  
2 provider on the corresponding progress notes. In addition, the appointment status report  
3 identified Respondent as the provider for this visit.

4           85. Patient I was billed for the medical services provided during this visit with N.H., and  
5 Respondent's office submitted a claim to Patient I's insurance for these charges, resulting in  
6 payment. Respondent was identified as the provider on the corresponding billing statement and  
7 claim, not N.H.

8           86. Despite these multiple representations, Respondent did not provide medical services  
9 to Patient I during this visit.

10           *August 12, 2020, Visit*

11           87. On or about August 12, 2020, at approximately 4:00 p.m., Patient I was seen by N.H.  
12 for an antepartum visit. The progress notes for this visit stated as follows: "no complaints MFM  
13 has already started NST/BPP 2x/week, unsure of PP contraceptona/p: 22yo P1001 @34+wks NV  
14 one wk for GBS&EFW[.]"

15           88. Although only N.H. saw Patient I during this visit, Respondent is identified as the  
16 provider on the corresponding progress notes. In addition, the appointment status report  
17 identified Respondent as the provider for this visit.

18           89. Patient I was billed for the medical services provided during this visit with N.H., and  
19 Respondent's office submitted a claim to Patient I's insurance for these charges, resulting in  
20 payment. Respondent was identified as the provider on the corresponding billing statement and  
21 claim, not N.H.

22           90. Despite these multiple representations, Respondent did not provide medical services  
23 to Patient I during this visit.

24           *October 20, 2020, Visit*

25           91. On or about October 20, 2020, at approximately 8:20 a.m., Patient I was seen by N.H.  
26 for a birth control consultation, insertion of an intrauterine device (IUD), and a urine pregnancy  
27 test. Respondent was not present during the visit. N.H. performed a short physical exam of  
28 Patient I and inserted the IUD.

1           92. Although only N.H. saw Patient I during this visit, Respondent is identified as the  
2 provider on the corresponding progress notes. In addition, the appointment status report  
3 identified Respondent as the provider for this visit.

4           93. Patient I was billed for the medical services provided during this visit with N.H., and  
5 Respondent's office submitted a claim to Patient I's insurance for these charges, resulting in  
6 payment. Respondent was identified as the provider on the corresponding billing statement and  
7 claim, not N.H.

8           94. Despite these multiple representations, Respondent did not provide medical services  
9 to Patient I during this visit.

10           ***October 21, 2020, Visit***

11           95. On or about October 21, 2020, at approximately 4:20 p.m., Patient I was seen by N.H.  
12 for a postpartum visit. Respondent was not present during the visit. N.H. performed a physical  
13 exam of Patient I. The exam components were as follows: psychiatry, genitourinary, chest, and  
14 incision. As part of the genitourinary exam, N.H. examined Patient I's external genitalia, urethral  
15 meatus, vagina, cervix, uterus, and adnexa.

16           96. Although only N.H. saw Patient I during this visit, Respondent is identified as the  
17 provider on the corresponding progress notes. In addition, the appointment status report  
18 identified Respondent as the provider for this visit.

19           97. Patient I was billed for the medical services provided during this visit with N.H., and  
20 Respondent's office submitted a claim to Patient I's insurance for these charges, resulting in  
21 payment. Respondent was identified as the provider on the corresponding billing statement and  
22 claim, not N.H.

23           98. Despite these multiple representations, Respondent did not provide medical services  
24 to Patient I during this visit.

25           **Patient J**

26           ***January 15, 2020, Visit***

27           99. On or about January 15, 2020, at approximately 11:00 a.m., Patient J was seen by  
28 N.H. for removal of an IUD. Respondent was not present during the visit. N.H. performed a

1 short physical exam of Patient J. The exam components were as follows: general and  
2 genitourinary. As part of the genitourinary exam, N.H. examined Patient J's external genitalia,  
3 urethral meatus, vagina, cervix, uterus, and adnexa. N.H. then attempted to remove Patient J's  
4 IUD. After her visit with N.H. concluded, Patient J exited the exam room and saw Respondent in  
5 the office.

6 100. Although only N.H. saw Patient J during this visit, Respondent is identified as the  
7 provider on the corresponding progress notes. In addition, the appointment status report  
8 identified Respondent as the provider for this visit.

9 101. Patient J was billed for the medical services provided during this visit with N.H., and  
10 Respondent's office submitted a claim to Patient J's insurance for these charges, resulting in  
11 payment. Respondent was identified as the provider on the corresponding billing statement and  
12 claim, not N.H.

13 102. Despite these multiple representations, Respondent did not provide medical services  
14 to Patient J during this visit.

15 **Patient K**

16 ***February 10, 2020, Visit***

17 103. On or about February 10, 2020, at approximately 9:00 a.m., Patient K was seen by  
18 N.H. for an initial obstetric exam. Respondent was present alongside N.H. during the initial part  
19 of the visit only, and N.H. completed the rest of the visit without Respondent. The progress notes  
20 for this visit stated as follows: "New OB, unplanned pregnancy. TVS IUP@7w 4d. PAP, PN  
21 Panel/supps, C/S, done today. MFM referral for NT/T2DM. Discussed diet w/pt extensively,  
22 walking daily after dinner, 1 serving of fruit per day, with proteins and vegetables, pt verbalized  
23 understanding. Pt given 10 day food log and script for blood glucose monitor, advised pt to  
24 continue taking Metformin and check 4x daily. Start ASA (2RF) and PNV, risks benefits and  
25 alternatives discussed w/pt, pt verbalized understanding.RCS@39wks. a/p: 22y/o P1001@7wks,  
26 T2DM, nv 3wks, nv 1st AFP[.]"

27 ///

28 ///

1 104. Although Respondent saw Patient K during the initial part of this visit only,  
2 Respondent is identified as the sole provider on the corresponding progress notes. In addition, the  
3 appointment status report identified Respondent as the sole provider for this visit.

4 105. Patient K was billed for the medical services provided during this visit with  
5 Respondent and N.H., and Respondent's office submitted a claim to Patient K's insurance for  
6 these charges, resulting in payment. Respondent was identified as the sole provider on the  
7 corresponding billing statement and claim.

8 106. Despite these multiple representations, Respondent did not provide all of the medical  
9 services to Patient K during this visit.

10 **Patient L (Undercover Operation)**

11 ***October 28, 2020, Visit***

12 107. On or about October 28, 2020, at approximately 8:20 a.m., Investigator K.B. from the  
13 Division of Investigation, Health Quality Investigation Unit (HQIU), presented to Respondent's  
14 office seeking a prescription for birth control. Investigator K.B. posed as a new patient, "K.J."<sup>4</sup>

15 108. After Patient L arrived and checked in, Patient L was greeted by a staff member, who  
16 took her weight and walked her back to the exam room. The staff member obtained Patient L's  
17 blood pressure and some preliminary history. The staff member left the exam room and a nurse  
18 practitioner subsequently entered the room.

19 109. The nurse practitioner confirmed Patient L's pharmacy and obtained additional  
20 history. They discussed Patient L's current birth control situation and other birth control options,  
21 including an IUD. Patient L then requested to see N.H. Patient L explained to the nurse  
22 practitioner that her friend had recommended N.H. The nurse practitioner exited the exam room  
23 to get N.H.

24 110. When N.H. arrived in the exam room, Patient L told N.H. that she was there to obtain  
25 a birth control prescription. They had a lengthy discussion about payment for the visit, including  
26 the option of enrolling in the California Family PACT program. N.H. proceeded to re-take and

27 \_\_\_\_\_  
28 <sup>4</sup> Patient "K.J." is referred to hereinafter as Patient L.

1 confirm Patient L's history. N.H. then discussed her opinions on continuing on oral birth control  
2 as well as the option of IUDs as an alternative. N.H. gave Patient L a "birth control run down,"  
3 discussing the various options for birth control, her opinions of each option, and how they work.

4 111. N.H. told Patient L that she would send a birth control prescription to her pharmacy  
5 through the computer and it would be ready for pick-up in an hour. Initially, N.H. stated that the  
6 prescription would be for a three-month supply of pills, but she later stated that the prescription  
7 would be for an 11-month supply so that Patient L would not have to return for an office visit in  
8 three months. N.H. confirmed with Patient L that her last pap smear was negative, including for  
9 HPV, and N.H. told Patient L that she would be okay with waiting to do a pap smear until next  
10 year. N.H. stated that she would set an appointment for Patient L to return in one year to do a pap  
11 smear and full exam.

12 112. At the end of the visit, N.H. and Patient L left the exam room together. As N.H. and  
13 Patient L walked towards the office exit, Respondent was standing at a computer terminal in the  
14 hallway. Respondent acknowledged N.H. and Patient L as they walked past him.

15 113. Later the same day, on or about October 28, 2020, Patient L went to the pharmacy  
16 and picked up her birth control prescription. The prescription was for Ortho Tri-Cyclen  
17 (norgestimate-ethinyl estradiol). The quantity was 84, with three refills by October 28, 2021.  
18 The prescription fill date was October 28, 2020, and the prescriber was Respondent.

19 114. Patient L's medical chart included the progress notes for her October 28, 2020, visit  
20 with N.H. Although only N.H. saw Patient L during this visit, Respondent is identified as the  
21 provider. In addition, the appointment status report identified Respondent as the provider for this  
22 visit. The medical chart also included a copy of the prescription for Ortho Tri-Cyclen #84, with  
23 three refills. The prescription identified Respondent as the prescriber for this prescription.

24 115. Patient L was billed for the medical services provided during this visit with N.H.,  
25 resulting in a cash payment from Patient L. Respondent was identified as the provider on the  
26 corresponding billing statement, not N.H.

27 116. Despite these multiple representations, Respondent did not provide medical services  
28 to Patient L during this visit.

1 **N.H.'s Admissions of Unlicensed Practice**

2 117. On or about December 2, 2020, N.H. was interviewed by an investigator from the  
3 Division of Investigation, HQIU.

4 118. N.H. identified herself as a physician assistant, but she admitted that she was not  
5 licensed by the Physician Assistant Board. N.H. stated that after commencing her employment at  
6 Respondent's office as a physician assistant in or around June 2019, she shadowed Respondent,  
7 another physician assistant, and a nurse practitioner for training purposes during the mornings.  
8 She studied for the physician assistant board exam in the afternoons.

9 119. Beginning in or around December 2019, N.H. admitted that she began seeing patients.  
10 She stated that she would only complete the initial questionnaire and take their history, but she  
11 denied touching any patients. According to N.H., Respondent was with her when she saw  
12 patients and she would tell Respondent what was happening with each patient while he charted.

13 120. Beginning in or around late 2019 or early 2020, N.H. stated that she began to "help  
14 pick up the slack" because Respondent was "under a lot of stress" and "being pulled in a thousand  
15 directions." N.H. admitted that she started seeing patients by herself. N.H. also admitted that,  
16 between the timeframe of June 2019 and June 2020, she knew she was practicing medicine  
17 without a license.

18 121. Initially, N.H. denied writing any prescriptions for patients, but she later  
19 acknowledged that prescriptions were routinely sent to the pharmacy through the EMR system  
20 without Respondent's knowledge, including by her.

21 122. According to N.H., she would leave her work out for Respondent to review every  
22 other day, which included patient charts and her notes of patient visits.

23 123. N.H. admitted that she knew she was practicing medicine without a license and that  
24 what she was doing was wrong.

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1 **Respondent's Admissions Regarding N.H.'s Unlicensed Practice**

2 ***HQIU Interview***

3 124. On or about December 2, 2020, Respondent was interviewed by an investigator from  
4 the Division of Investigation, HQIU.

5 125. Respondent identified N.H. as a "newly appointed physician assistant." Initially, he  
6 stated that N.H. had passed her board exam and "we're waiting for her license to come through."  
7 He subsequently acknowledged that she was not licensed and described her as a "student."

8 126. Respondent explained that while waiting for N.H. to pass her board exam, he was  
9 "training her to work here and take some load off of me." Specifically, Respondent stated that he  
10 was providing clinical training to N.H. in obstetrics so that "[o]nce she gets her license and  
11 becomes fully certified...she can hit the ground running as opposed to be deficient in her  
12 obstetrical aspect."

13 127. Respondent admitted that he allowed N.H. to see patients by herself, but stated that it  
14 was under his supervision. He explained that they communicated about all of the patients she saw  
15 and that she told him all about them. When he was not at the office, Respondent stated that N.H.  
16 talked with the nurse practitioner. Respondent claimed that the nurse practitioner was in charge  
17 of supervising N.H. in his absence, which the nurse practitioner denied.

18 128. Respondent later stated that he did not allow N.H. to treat patients by herself. He  
19 explained that "everything is done with my supervision" or the nurse practitioner's supervision.  
20 Further, when patients were seen and evaluated by N.H., Respondent stated that N.H. would not  
21 have set up a management plan. Rather, "[e]verything would have been with me. Any  
22 management plan is with me." He explained that "she evaluates patients and...manages patients  
23 with me. So, we talk about a management plan. We've gone over her evaluations and  
24 everything...else...the assessment and plan ---." Likewise, Respondent stated that the  
25 prescribing of medication would have been approved by him and he would have signed off on the  
26 prescription.

27 129. According to Respondent, "I've been training her as a student and part of her training,  
28 she has to see, learn and evaluate patients. If I'm doing everything for her, she is not going to

1 learn anything. So...she has to go learn, evaluate patients, discuss with me and  
2 get...management plan and over the past year we have done plenty of that."

3 130. With respect to billing, Respondent stated that he billed insurance for his services  
4 when N.H. saw and evaluated patients because he was the supervising physician. He explained  
5 that since he was "doing the management plan," the patients were "getting treated by me based on  
6 her evaluation."

7 131. Respondent stated that the only issue he saw with allowing N.H. to work at his office  
8 without a license was if she was seeing patients by herself and there was no input from him.  
9 According to Respondent, there was "absolutely" input from him.

10 132. Approximately six weeks earlier, on or about October 14, 2020, Respondent told  
11 HQU investigators that N.H. was a recent hire who had just passed her board exam and that they  
12 were working on getting her fully into the system. Respondent stated that N.H. was hired, but he  
13 did not have N.H. do any work and she had not officially started because they were waiting for  
14 her to get her license and pass her boards.

15 *Letter to Kaiser*

16 133. On or about December 7, 2020, Kaiser sent a letter to Respondent requesting  
17 information about his arrest, which took place on or about December 2, 2020, relating to charges  
18 of conspiracy to commit a crime, practicing medicine without a certificate, and second degree  
19 burglary.

20 134. On or about December 18, 2020, Respondent wrote a letter in response to Kaiser's  
21 letter. Respondent explained as follows regarding his involvement in N.H.'s care and treatment  
22 of patients:

23 For the past year and a half or so, I have been training and supervising a graduated  
24 physician assistant student with strong knowledge of gynecology but weak  
25 knowledge of obstetrics so that she can join my practice as a Physician Assistant after  
26 she passed her licensing board. She passed her licensing board examination in  
27 September 2020 and has been waiting to receive her Physician Assistant license since  
28 then, though she has yet to receive it due to staffing shortages due to COVID-19. At  
all times since she began in my office, I have been directly supervising and teaching  
her and at no time has she ever treated a patient without my direct knowledge and  
direction.

1           ***Follow-up Letter to Kaiser***

2           135. On or about January 15, 2021, Kaiser sent a follow-up letter to Respondent.

3           136. On or about January 27, 2021, Respondent's legal representative wrote a letter to  
4 Kaiser on behalf of Respondent, and Respondent attested to the truth of the letter on or about  
5 January 29, 2021.

6           137. The letter acknowledged that N.H. "was employed by [Respondent] and worked at his  
7 office" and that she did not have her Physician Assistant license. The letter further stated that  
8 N.H. "was authorized to perform a number of tasks under [Respondent]'s supervision although  
9 not credentialed to practice fully as a Physician's Assistant." The letter claimed that Respondent  
10 and N.H. "had an express agreement that she would stay within the bounds of his strict  
11 supervision. She would not engage in those diagnoses and treatments that can only be done by a  
12 fully credentialed Physician's Assistant until the license / certificate arrived." Lastly, the letter  
13 asserted that at the time of the undercover operation, *supra*, "[N.H.] was working under  
14 Respondent's direct supervision and within the bounds of what she was legally allowed to do.  
15 Before treating or prescribing treatment for the undercover law enforcement operative, [N.H.]  
16 consulted with [Respondent] and followed his instructions."

17           138. Paragraphs 146 through 149, below, are hereby incorporated by reference and  
18 realleged as if fully set forth herein.

19                           **SECOND CAUSE FOR DISCIPLINE**

20                                   **(Dishonesty or Corruption)**

21           139. Respondent has subjected his Physician's and Surgeon's Certificate No. A 95051 to  
22 disciplinary action under sections 2227 and 2234, subdivision (e), of the Code, in that he engaged  
23 in an act or acts involving dishonesty that are substantially related to the qualifications, functions,  
24 or duties of a physician and surgeon, as more particularly alleged in paragraphs 19 through 138,  
25 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Insurance Fraud)**

3 140. Respondent has subjected his Physician's and Surgeon's Certificate No. A 95051 to  
4 disciplinary action under sections 2227, 2234, and 810 of the Code, in that he knowingly  
5 presented or caused to be presented a false claim for the payment of a loss under a contract of  
6 insurance, or he knowingly prepared, made, or subscribed a writing, with intent to present or use  
7 the same, or allowed it to be presented or used in support of any false claim, as more particularly  
8 alleged in paragraphs 19 through 138, above, which are hereby incorporated by reference and  
9 realleged as if fully set forth herein.

10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(False Representations)**

12 141. Respondent has subjected his Physician's and Surgeon's Certificate No. A 95051 to  
13 disciplinary action under sections 2227, 2261, and 2234, subdivision (a), of the Code, in that he  
14 knowingly made a document related to the practice of medicine which falsely represents the  
15 existence or nonexistence of a state of facts, as more particularly alleged in paragraphs 19 through  
16 138, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

17 **FIFTH CAUSE FOR DISCIPLINE**

18 **(Violations or Attempting to Violate Any Provision of the Medical Practice Act)**

19 142. Respondent has subjected his Physician's and Surgeon's Certificate No. A 95051 to  
20 disciplinary action under sections 2227 and 2234, subdivision (a), of the Code, in that he has  
21 violated or attempted to violate, directly or indirectly, provisions or terms of the Medical Practice  
22 Act, as more particularly alleged in paragraphs 19 through 138, above, which are hereby  
23 incorporated by reference and realleged as if fully set forth herein.

24 **SIXTH CAUSE FOR DISCIPLINE**

25 **(General Unprofessional Conduct)**

26 143. Respondent has subjected his Physician's and Surgeon's Certificate No. A 95051 to  
27 disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct  
28 which breaches the rules or ethical code of the medical profession, or conduct which is

1 unbecoming to a member in good standing of the medical profession, and which demonstrates an  
2 unfitness to practice medicine, as more particularly alleged in paragraphs 19 through 142, above,  
3 which are hereby incorporated by reference and realleged as if fully set forth herein.

4 **SEVENTH CAUSE FOR DISCIPLINE**

5 **(Gross Negligence)**

6 144. Respondent has subjected his Physician's and Surgeon's Certificate No. A 95051 to  
7 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
8 the Code, in that he committed gross negligence in his care and treatment of Patients A to L, as  
9 more particularly alleged in paragraphs 19 through 138, above, which are hereby incorporated by  
10 reference and realleged as if fully set forth herein.

11 145. Respondent committed gross negligence in his care and treatment of Patients A to L,  
12 which included, but was not limited to, the following:

13 A. Respondent allowed N.H. to practice medicine without a NCCPA  
14 certificate and without a license to practice as a physician assistant from the Physician  
15 Assistant Board.

16 B. Respondent allowed himself to be identified in the medical charts, billing  
17 records, and other related documentation as the provider for multiple visits, despite  
18 not seeing or providing any medical services to Patients A to J and Patient L during  
19 these visits and, in the case of Patient K, despite only being present during the initial  
20 part of the visit.

21 **EIGHTH CAUSE FOR DISCIPLINE**

22 **(Conviction of Crime Substantially Related to the Qualifications, Functions, or Duties of a  
23 Physician and Surgeon)**

24 146. Respondent has subjected his Physician's and Surgeon's Certificate No. A 95051 to  
25 disciplinary action under sections 2227 and 2234, as defined by section 2236, of the Code, and  
26 section 1360 of title 16 of the California Code of Regulations, in that he has been convicted of a  
27 crime substantially related to the qualifications, functions, or duties of a physician, as more  
28 particularly alleged hereinafter:

1 147. On or about June 26, 2023, the Riverside County District Attorney filed a felony  
2 criminal complaint against Respondent in the matter of *The People of the State of California vs.*  
3 *Derakhsh Fozouni MD, et al.*, Riverside County Superior Court, Case No. INF2301131. The  
4 complaint charged Respondent with one felony count of aiding and abetting the unlicensed  
5 practice of medicine by N.H., in violation of Business and Professions Code section 2052,  
6 subdivision (b).

7 148. On or about October 3, 2024, Respondent was convicted upon his plea of guilty to a  
8 misdemeanor charge of aiding and abetting the unlicensed practice of medicine by N.H., in  
9 violation of Business and Professions Code section 2052, subdivision (b). On or about the same  
10 date, Respondent was sentenced to summary probation for twelve months on the following terms  
11 and conditions: (1) obey all laws, ordinances, and court orders; (2) be committed to the custody  
12 of the Riverside County Sheriff for four days; (3) pay victim restitution in an amount to be  
13 determined by the probation department; (4) no out-of-state relocation for more than 45  
14 consecutive days in any 12-month period without first contacting the probation department; and  
15 (5) pay various fines and fees.

16 149. The criminal complaint also charged N.H. with two felony counts. The first count  
17 charged N.H. with making a false prescription for a drug, in violation of Business and Professions  
18 Code section 4324, subdivision (a). The second count charged N.H. with engaging in the  
19 unlicensed practice of medicine, in violation of Business and Professions Code section 2052,  
20 subdivision (a). On or about December 6, 2023, N.H. was convicted upon a plea of guilty to a  
21 misdemeanor charge of engaging in the unlicensed practice of medicine, in violation of Business  
22 and Professions Code section 2052, subdivision (a).

### 23 DISCIPLINARY CONSIDERATIONS

24 150. To determine the degree of discipline, if any, to be imposed on Respondent,  
25 Complainant alleges that, on or about September 17, 2020, in a prior disciplinary action before  
26 the Medical Board of California, titled *In the Matter of the Accusation Against Derakhsh*  
27 *Fozouni, M.D.*, Case No. 800-2016-027417, Respondent's license was publicly reprimanded in  
28 connection with his care and treatment of a single patient. Respondent was ordered to complete a

1 clinical assessment program, ethics course, medical record keeping course, and education course.  
2 That decision is now final and is incorporated by reference as if fully set forth herein.

3 PRAYER

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

6 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 95051, issued  
7 to Respondent Derakhsh Fozouni, M.D.;

8 2. Revoking, suspending or denying approval of Respondent Derakhsh Fozouni, M.D.'s  
9 authority to supervise physician assistants and advanced practice nurses;

10 3. Ordering Respondent Derakhsh Fozouni, M.D., to pay the Board the costs of the  
11 investigation and enforcement of this case, and if placed on probation, the costs of probation  
12 monitoring; and

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

14  
15 DATED: OCT 29 2024

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

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