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

In the Matter of the Accusation Against: **Philip Elihu Wolfson, M.D.** **25 Tamalpais Ave.** **San Anselmo, CA 94960-2145** **Physician's & Surgeon's Certificate No. G 33570,** Respondent.	Case No. 800-2022-092073 **A C C U S A T I O N**

PARTIES

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

2. On or about January 31, 1977, the Medical Board issued Physician's and Surgeon's Certificate Number G 33570 to Philip Elihu Wolfson, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2025, unless renewed.

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JURISDICTION

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

4. Section 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 physician and surgeon or his or her professional liability insurer to pay an amount in 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.

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

5. Section 2227 of the Code states:

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

whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

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

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

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

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

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

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

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

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

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

(b) Gross negligence.

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

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

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

. . .

7. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients for at least seven years after the last date of service to a patient constitutes unprofessional conduct.

COST RECOVERY

8. Section 125.3 of the Code provides:

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

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

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

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board

to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

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

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

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

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

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

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

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

FACTUAL ALLEGATIONS

9. The United States Drug Enforcement Administration lists ketamine as a Schedule III controlled substance, meaning that the drug has a currently accepted medical use and abuse of the drug may lead to moderate or low physical dependence or high psychological dependence.

10. According to the United States Drug Enforcement Administration, ketamine is a dissociative anesthetic that has some hallucinogenic effects. It distorts the perception of sight and

sound. It can make a user feel disconnected and detached from their pain and environment. Ketamine can induce a state of sedation (feeling calm and relaxed), immobility, decreased pain, and amnesia (no memory of events while under the influence of the drug). It is abused for these dissociative sensations and hallucinogenic effects.

11. When physicians prescribe medications to address any conditions, it is crucial that they document their rationale and thinking that justifies their decision and the risks, benefits, and alternatives. A physician must also keep adequate and accurate medical records.

Respondent's Background

12. Respondent graduated medical school in approximately the late 1960s. In 1977, he moved to California and became licensed with the Board. He practiced psychiatry and psychotherapy. He began his current practice in 2017, which involves a clinic where he sees psychiatry/psychotherapy patients.

13. Respondent also developed a nonprofit organization called Ketamine Research Foundation. Through that organization, he does research and publishes papers around various aspects of the use of ketamine for medical and psychiatric conditions. Respondent states that he also trains others in the proper use of ketamine-assisted psychotherapy.

Patient A

14. Patient A[1] is a family member of Respondent. At several points between August 2018 and July 2024, Patient A filled prescriptions for controlled substances medication prescribed by Respondent.

15. Respondent prescribed these controlled substances to Patient A for an extended period of time without any clear documented justification as to why Patient A could not find another prescriber.

16. Respondent's medical records for Patient A were highly inadequate and did not document many essential elements of an adequate medical record.

Patient B

17. In 2021, Patient B applied to participate in a ketamine psychotherapy training

[1] Pseudonyms are used for patient privacy—Respondent is aware of the patient identities.

event Respondent was running. After completing an intake form, she participated in Respondent's training event in September 2021, during which Patient B received a ketamine injection.

18. On September 28, 2021, a few days after the ketamine injection, Patient B received an email from a staff member for Respondent stating "Phil asked me to reach out and inquire if you still want him to write you a prescription." This email had a signature line for The Center For Transformational Psychotherapy, with the signature line containing the physical address and website address for Respondent's clinic. Patient B responded to the email, saying she was still very interested in a prescription. On October 4, 2021, Respondent responded via email, telling Patient B that he was calling in medication to a pharmacy. He stated "Called in the cream and 100mg rdts #30."[2] That same day, Patient B responded to ask if, in addition to the cream, Respondent was still recommending a low dose ketamine regularly to see if it helped with "all the symptoms (limb numbness)?" Respondent's reply that day included saying yes and that Patient B could "break the rtds in half and use 50 mg daily for a week and see where it gets you."

19. CURES records for Patient B show that on October 11, 2021, Patient B filled two separate prescriptions from Respondent for ketamine hydrochloride as components of a compound prescription. CURES lists each prescription as a 30-day supply.

20. Respondent did not have adequate medical record documentation for the ketamine prescriptions Patient B filled on October 11, 2021. Beyond what is noted in the email exchange between Respondent and Patient B, Respondent's medical records for Patient B do not document the rationale for ketamine prescriptions Patient B filled on October 11, 2021. Due to the lack of documentation, it is not even clear if one of the ketamine prescriptions is for the cream that was mentioned in the email exchange or if both prescriptions were for ketamine tablets.

21. Respondent neglected to document his ongoing physician-patient relationship with Patient B even after the training was over, his rationale for prescribing ketamine after the training, an appropriate mental status exam, and other crucial elements of a standard medical note.

[2] The abbreviation "rdts" presumably stands for "rapidly dissolving tablets."

Patient C

22. Patient C was a patient of Respondent. From August 2018 to February 2024, Patient C filled prescription medication that was controlled substances prescribed by Respondent.

23 Patient C also worked at Respondent's clinic. Respondent stated that Patient C was a colleague before she was a patient.

24. Respondent prescribed to Patient C over the course of many years with certain prescription medications that were controlled substances while Patient C was both an employee/co-worker and a patient at the same time.

25. Respondent said that he had notes regarding the medication prescribing to Patient C, but that a search of his office could not uncover the notes and the notes were never located. If Respondent had notes regarding the medication prescribing for Patient C, Respondent neglected to secure Patient C's medical chart appropriately.

Patient D

26. Respondent stated that Patient D was his patient. Multiple times from August 2018 through June 2019, Patient D filled prescriptions from Respondent for ketamine hydrochloride.

27. For these prescriptions, Respondent did not appropriately document all the necessary information that standard medical notes are expected to contain. Some of these prescriptions from Respondent for Patient D were excessive and/or inappropriate.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Gross Negligence [Patient A])

28. The allegations in paragraphs 9 through 27, above, are hereby re-alleged and incorporated by reference as if fully set forth herein.

29. Respondent Philip Elihu Wolfson, M.D., committed unprofessional conduct and is subject to disciplinary action under Code section 2234, subdivision (b), in that, as set forth above in paragraphs 9 through 27, Respondent had a familial relationship with Patient A yet Respondent prescribed Patient A types of controlled substance medication for an extended period of time without any clear documented justification as to why Patient A could not find another prescriber.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Inadequate Recordkeeping [Patient A])

30. The allegations in paragraphs 9 through 27, above, are hereby re-alleged and incorporated by reference as if fully set forth herein.

31. Respondent Philip Elihu Wolfson, M.D., committed unprofessional conduct and is subject to disciplinary action under Code section 2234, subdivision (a), and/or Code section 2266, in that, as set forth above in paragraphs 9 through 27, Respondent failed to maintain adequate medical records for Patient A.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Inadequate Recordkeeping [Patient B])

32. The allegations in paragraphs 9 through 27, above, are hereby re-alleged and incorporated by reference as if fully set forth herein.

33. Respondent Philip Elihu Wolfson, M.D., committed unprofessional conduct and is subject to disciplinary action under Code section 2234, subdivision (a), and/or Code section 2266, in that, as set forth above in paragraphs 9 through 27, Respondent failed to maintain adequate medical records for Patient B.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Gross Negligence [Patient C])

34. The allegations in paragraphs 9 through 27, above, are hereby re-alleged and incorporated by reference as if fully set forth herein.

35. Respondent Philip Elihu Wolfson, M.D., committed unprofessional conduct and is subject to disciplinary action under Code section 2234, subdivision (b), in that, as set forth above in paragraphs 9 through 27, Respondent prescribed Patient C controlled substances over the course of many years while Patient C also was working at Respondent's clinic.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Inadequate Recordkeeping [Patient C])

36. The allegations in paragraphs 9 through 27, above, are hereby re-alleged and incorporated by reference as if fully set forth herein.

37. Respondent Philip Elihu Wolfson, M.D., committed unprofessional conduct and is subject to disciplinary action under Code section 2234, subdivision (a), and/or Code section 2266, in that, as set forth above in paragraphs 9 through 27, Respondent failed to maintain adequate and accurate medical records for Patient C by not securing Patient C's medical chart appropriately.

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Gross Negligence [Patient D])

38. The allegations in paragraphs 9 through 27, above, are hereby re-alleged and incorporated by reference as if fully set forth herein.

39. Respondent Philip Elihu Wolfson, M.D., committed unprofessional conduct and is subject to disciplinary action under Code section 2234, subdivision (b), in that, as set forth above in paragraphs 9 through 27, Respondent prescribed Patient D controlled substance medications but did not appropriately document all the necessary information that standard medical notes are expected to contain.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Inadequate Recordkeeping [Patient D])

40. The allegations in paragraphs 9 through 27, above, are hereby re-alleged and incorporated by reference as if fully set forth herein.

41. Respondent Philip Elihu Wolfson, M.D., committed unprofessional conduct and is subject to disciplinary action under Code section 2234, subdivision (a), and/or Code section 2266, in that, as set forth above in paragraphs 9 through 27, Respondent failed to maintain adequate and accurate medical records for Patient D.

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Repeated Negligent Acts)

42. The allegations in paragraphs 9 through 27, above, are hereby re-alleged and incorporated by reference as if fully set forth herein.

43. Respondent Philip Elihu Wolfson, M.D., committed unprofessional conduct and is subject to disciplinary action under Code section 2234, subdivision (c), in that, as set forth above

in paragraphs 9 through 27, Respondent committed repeated negligent acts when he committed at least two of the following:

a. Respondent had familial relationship with Patient A, yet Respondent prescribed Patient A controlled substances for an extended period of time without any clear documented justification as to why Patient A could not find another prescriber.

b. Respondent failed to maintain adequate medical records for Patient A.

c. Respondent failed to maintain adequate medical records for Patient B.

d. Respondent prescribed Patient C controlled substances over the course of many years while Patient C also was working at Respondent's clinic.

e. Respondent failed to maintain adequate and accurate medical records for Patient C by not securing Patient C's medical chart appropriately.

f. Respondent prescribed Patient D controlled substance medications but did not appropriately document all the necessary information that standard medical notes are expected to contain.

PRAYER

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

1. Revoking or suspending Physician's & Surgeon's Certificate Number G 33570, issued to Respondent Philip Elihu Wolfson, M.D.;

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

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

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

DATED: JUL 31 2025

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

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