

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

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

Tommy Paul Saborido, M.D.

**Physician's and Surgeon's
Certificate No. A 160082**

Respondent.

Case No.: 800-2023-100869

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 10, 2025.

IT IS SO ORDERED: August 11, 2025.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, M.D., Chair
Panel B**

1 ROB BONTA
Attorney General of California
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8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 800-2023-100869

12 **TOMMY PAUL SABORIDO, M.D.**
13 **Ampla Clinic**
14 **7981 CA-99**
Los Molinos, CA 96055

15 **Physician's and Surgeon's Certificate No. A**
16 **160082**

STIPULATED SETTLEMENT
AND DISCIPLINARY ORDER

17 Respondent.

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

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

26 2. Respondent Tommy Paul Saborido, M.D. (Respondent) is represented in this
27 proceeding by attorney Paul Chan, whose address is: 1851 Heritage Lane, Suite 128
28 Sacramento, CA 95815-4996.

1 3. On or about December 26, 2018, the Board issued Physician's and Surgeon's
2 Certificate No. A 160082 to Tommy Paul Saborido, M.D. (Respondent). The Physician's and
3 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in
4 Accusation No. 800-2023-100869, and will expire on December 31, 2026, unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2023-100869 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on March 20, 2025. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2023-100869 is attached as exhibit A and incorporated
11 herein by reference.

12 **ADVISEMENT AND WAIVERS**

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2023-100869. Respondent has also carefully read,
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

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

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

25 **CULPABILITY**

26 9. Respondent understands and agrees that the charges and allegations in Accusation
27 No. 800-2023-100869, if proven at a hearing, constitute cause for imposing discipline upon his
28 Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2023-100869, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 160082 to disciplinary action.

ACKNOWLEDGMENT

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

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

RESERVATION

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

CONTINGENCY

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

1 action between the parties, and the Board shall not be disqualified from further action by having
2 considered this matter.

3 16. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
4 be an integrated writing representing the complete, final and exclusive embodiment of the
5 agreement of the parties in this above entitled matter.

6 17. Respondent agrees that if he ever petitions for early termination or modification of
7 probation, or if an accusation and/or petition to revoke probation is filed against him before the
8 Board, all of the charges and allegations contained in Accusation No. 800-2023-100869 shall be
9 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
10 other licensing proceeding involving Respondent in the State of California.

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

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

17 **DISCIPLINARY ORDER**

18 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 160082
19 issued to Respondent Tommy Paul Saborido, M.D. is revoked. However, the revocation is stayed
20 and Respondent is placed on probation for five (5) years on the following terms and conditions:

21 1. **PATIENT DISCLOSURE**. Before a patient's first visit following the effective date
22 of this order and while the Respondent is on probation, the Respondent must provide all patients,
23 or patient's guardian or health care surrogate, with a separate disclosure that includes the
24 Respondent's probation status, the length of the probation, the probation end date, all practice
25 restrictions placed on the Respondent by the board, the board's telephone number, and
26 an explanation of how the patient can find further information on the Respondent's probation on
27 the Respondent's profile page on the board's website. Respondent shall obtain from the patient,
28 or the patient's guardian or health care surrogate, a separate, signed copy of that

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

2. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedules IV and V of the Act.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use

1 of marijuana.

2 3. CONTROLLED SUBSTANCES - ABSTAIN FROM USE. Respondent shall abstain
3 completely from the personal use or possession of controlled substances as defined in the
4 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
5 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
6 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide
7 illness or condition.

8 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
9 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone
10 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
11 telephone number.

12 4. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the
13 use of products or beverages containing alcohol.

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

21 The psychotherapist shall consider any information provided by the Board or its designee
22 and any other information the psychotherapist deems relevant and shall furnish a written
23 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
24 psychotherapist with any information and documents that the psychotherapist may deem
25 pertinent.

26 Respondent shall have the treating psychotherapist submit quarterly status reports to the
27 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
28 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of

1 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
2 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
3 period of probation shall be extended until the Board determines that Respondent is mentally fit
4 to resume the practice of medicine without restrictions.

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

6 6. CLINICAL DIAGNOSTIC EVALUATIONS AND REPORTS: Within thirty (30)
7 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter as
8 may be required by the Board or its designee, Respondent shall undergo and complete a clinical
9 diagnostic evaluation, including any and all testing deemed necessary, by a Board-appointed
10 board certified physician and surgeon. The examiner shall consider any information provided by
11 the Board or its designee and any other information he or she deems relevant, and shall furnish a
12 written evaluation report to the Board or its designee.

13 The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon
14 who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of
15 physicians and surgeons with substance abuse disorders, and is approved by the Board or its
16 designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable
17 professional standards for conducting substance abuse clinical diagnostic evaluations. The
18 evaluator shall not have a current or former financial, personal, or business relationship with
19 Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and
20 independent evaluation. The clinical diagnostic evaluation report shall set forth, in the
21 evaluator's opinion, whether Respondent has a substance abuse problem, whether Respondent is a
22 threat to himself or herself or others, and recommendations for substance abuse treatment,
23 practice restrictions, or other recommendations related to Respondent's rehabilitation and ability
24 to practice safely. If the evaluator determines during the evaluation process that Respondent is a
25 threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24)
26 hours of such a determination.

27 In formulating his or her opinion as to whether Respondent is safe to return to either part-
28 time or full-time practice and what restrictions or recommendations should be imposed, including

1 participation in an inpatient or outpatient treatment program, the evaluator shall consider the
2 following factors: Respondent's license type; Respondent's history; Respondent's documented
3 length of sobriety (i.e., length of time that has elapsed since Respondent's last substance use);
4 Respondent's scope and pattern of substance abuse; Respondent's treatment history, medical
5 history and current medical condition; the nature, duration and severity of Respondent's
6 substance abuse problem or problems; and whether Respondent is a threat to himself or herself or
7 the public.

8 For all clinical diagnostic evaluations, a final written report shall be provided to the Board
9 no later than ten (10) days from the date the evaluator is assigned the matter. If the evaluator
10 requests additional information or time to complete the evaluation and report, an extension may
11 be granted, but shall not exceed thirty (30) days from the date the evaluator was originally
12 assigned the matter.

13 The Board shall review the clinical diagnostic evaluation report within five (5) business
14 days of receipt to determine whether Respondent is safe to return to either part-time or full-time
15 practice and what restrictions or recommendations shall be imposed on Respondent based on the
16 recommendations made by the evaluator. Respondent shall not be returned to practice until he or
17 she has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating
18 that he or she has not used, consumed, ingested, or administered to himself or herself a prohibited
19 substance, as defined in section 1361.51, subdivision (e), of Title 16 of the California Code of
20 Regulations.

21 Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall
22 not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic
23 evaluation, including any and all testing deemed necessary by the examiner, the Board or its
24 designee, shall be borne by the licensee.

25 Respondent shall not engage in the practice of medicine until notified by the Board or its
26 designee that he or she is fit to practice medicine safely. The period of time that Respondent is
27 not practicing medicine shall not be counted toward completion of the term of probation.

28 Respondent shall undergo biological fluid testing as required in this Decision at least two (2)

1 times per week while awaiting the notification from the Board if he or she is fit to practice
2 medicine safely.

3 Respondent shall comply with all restrictions or conditions recommended by the examiner
4 conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified
5 by the Board or its designee.

6 7. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven (7)
7 days of the effective date of this Decision, Respondent shall provide to the Board the names,
8 physical addresses, mailing addresses, and telephone numbers of any and all employers and
9 supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's
10 worksite monitor, and Respondent's employers and supervisors to communicate regarding
11 Respondent's work status, performance, and monitoring.

12 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
13 Well Being Committee Chair, or equivalent, if applicable, when the Respondent has medical staff
14 privileges.

15 8. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to
16 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
17 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
18 follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall
19 make daily contact with the Board or its designee to determine whether biological fluid testing is
20 required. Respondent shall be tested on the date of the notification as directed by the Board or its
21 designee. The Board may order a Respondent to undergo a biological fluid test on any day, at
22 any time, including weekends and holidays. Except when testing on a specific date as ordered by
23 the Board or its designee, the scheduling of biological fluid testing shall be done on a random
24 basis. The cost of biological fluid testing shall be borne by the Respondent.

25 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
26 During the second year of probation and for the duration of the probationary term, up to five (5)
27 years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
28 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing

1 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
2 of random tests to the first-year level of frequency for any reason.

3 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
4 approved in advance by the Board or its designee, that will conduct random, unannounced,
5 observed, biological fluid testing and meets all of the following standards:

6 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
7 Association or have completed the training required to serve as a collector for the United
8 States Department of Transportation.

9 (b) Its specimen collectors conform to the current United States Department of
10 Transportation Specimen Collection Guidelines.

11 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
12 by the United States Department of Transportation without regard to the type of test
13 administered.

14 (d) Its specimen collectors observe the collection of testing specimens.

15 (e) Its laboratories are certified and accredited by the United States Department of Health
16 and Human Services.

17 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
18 of receipt and all specimens collected shall be handled pursuant to chain of custody
19 procedures. The laboratory shall process and analyze the specimens and provide legally
20 defensible test results to the Board within seven (7) business days of receipt of the
21 specimen. The Board will be notified of non-negative results within one (1) business day
22 and will be notified of negative test results within seven (7) business days.

23 (g) Its testing locations possess all the materials, equipment, and technical expertise
24 necessary in order to test Respondent on any day of the week.

25 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
26 for the detection of alcohol and illegal and controlled substances.

27 (i) It maintains testing sites located throughout California.

28 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line

1 computer database that allows the Respondent to check in daily for testing.

2 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
3 access to drug test results and compliance reporting information that is available 24 hours a
4 day.

5 (l) It employs or contracts with toxicologists that are licensed physicians and have
6 knowledge of substance abuse disorders and the appropriate medical training to interpret
7 and evaluate laboratory biological fluid test results, medical histories, and any other
8 information relevant to biomedical information.

9 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
10 while practicing, even if the Respondent holds a valid prescription for the substance.

11 Prior to changing testing locations for any reason, including during vacation or other travel,
12 alternative testing locations must be approved by the Board and meet the requirements above.

13 The contract shall require that the laboratory directly notify the Board or its designee of
14 non-negative results within one (1) business day and negative test results within seven (7)
15 business days of the results becoming available. Respondent shall maintain this laboratory or
16 service contract during the period of probation.

17 A certified copy of any laboratory test result may be received in evidence in any
18 proceedings between the Board and Respondent.

19 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
20 administered to himself or herself a prohibited substance, the Board shall order Respondent to
21 cease practice and instruct Respondent to leave any place of work where Respondent is practicing
22 medicine or providing medical services. The Board shall immediately notify all of Respondent's
23 employers, supervisors and work monitors, if any, that Respondent may not practice medicine or
24 provide medical services while the cease-practice order is in effect.

25 A biological fluid test will not be considered negative if a positive result is obtained while
26 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
27 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

28 After the issuance of a cease-practice order, the Board shall determine whether the positive

1 biological fluid test is in fact evidence of prohibited substance use by consulting with the
2 specimen collector and the laboratory, communicating with the licensee, his or her treating
3 physician(s), other health care provider, or group facilitator, as applicable.

4 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
5 acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

6 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
7 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
8 Respondent and approved by the Board, alcohol, or any other substance the Respondent has been
9 instructed by the Board not to use, consume, ingest, or administer to himself or herself.

10 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
11 substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the
12 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
13 any other terms or conditions the Board determines are necessary for public protection or to
14 enhance Respondent's rehabilitation.

15 9. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS. Within thirty (30) days of
16 the effective date of this Decision, Respondent shall submit to the Board or its designee, for its
17 prior approval, the name of a substance abuse support group which he or she shall attend for the
18 duration of probation. Respondent shall attend substance abuse support group meetings at least
19 once per week, or as ordered by the Board or its designee. Respondent shall pay all substance
20 abuse support group meeting costs.

21 The facilitator of the substance abuse support group meeting shall have a minimum of three
22 (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed
23 or certified by the state or nationally certified organizations. The facilitator shall not have a
24 current or former financial, personal, or business relationship with Respondent within the last five
25 (5) years. Respondent's previous participation in a substance abuse group support meeting led by
26 the same facilitator does not constitute a prohibited current or former financial, personal, or
27 business relationship.

28 The facilitator shall provide a signed document to the Board or its designee showing

Respondent's name, the group name, the date and location of the meeting, Respondent's attendance, and Respondent's level of participation and progress. The facilitator shall report any unexcused absence by Respondent from any substance abuse support group meeting to the Board, or its designee, within twenty-four (24) hours of the unexcused absence.

10. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE. Within thirty (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a worksite monitor, the name and qualifications of one or more licensed physician and surgeon, other licensed health care professional if no physician and surgeon is available, or, as approved by the Board or its designee, a person in a position of authority who is capable of monitoring the Respondent at work.

The worksite monitor shall not have a current or former financial, personal, or familial relationship with Respondent, or any other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board or its designee. If it is impractical for anyone but Respondent's employer to serve as the worksite monitor, this requirement may be waived by the Board or its designee, however, under no circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

The worksite monitor shall have an active unrestricted license with no disciplinary action within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth by the Board or its designee.

Respondent shall pay all worksite monitoring costs.

The worksite monitor shall have face-to-face contact with Respondent in the work environment on as frequent a basis as determined by the Board or its designee, but not less than once per week; interview other staff in the office regarding Respondent's behavior, if requested by the Board or its designee; and review Respondent's work attendance.

The worksite monitor shall verbally report any suspected substance abuse to the Board and Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected substance abuse does not occur during the Board's normal business hours, the verbal report shall

1 be made to the Board or its designee within one (1) hour of the next business day. A written
2 report that includes the date, time, and location of the suspected abuse; Respondent's actions; and
3 any other information deemed important by the worksite monitor shall be submitted to the Board
4 or its designee within 48 hours of the occurrence.

5 The worksite monitor shall complete and submit a written report monthly or as directed by
6 the Board or its designee which shall include the following: (1) Respondent's name and
7 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)
8 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
9 worksite; (5) the dates Respondent had face-to-face contact with the worksite monitor; (6) the
10 names of worksite staff interviewed, if applicable; (7) a report of Respondent's work attendance;
11 (8) any change in Respondent's behavior and/or personal habits; and (9) any indicators that can
12 lead to suspected substance abuse by Respondent. Respondent shall complete any required
13 consent forms and execute agreements with the approved worksite monitor and the Board, or its
14 designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

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

24 11. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING
25 LICENSEES . Failure to fully comply with any term or condition of probation is a violation of
26 probation.

27 A. If Respondent commits a major violation of probation as defined by section
28 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take

1 one or more of the following actions:

2 (1) Issue an immediate cease-practice order and order Respondent to undergo a clinical
3 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of
4 Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice
5 order issued by the Board or its designee shall state that Respondent must test negative for at least
6 a month of continuous biological fluid testing before being allowed to resume practice. For
7 purposes of determining the length of time a Respondent must test negative while undergoing
8 continuous biological fluid testing following issuance of a cease-practice order, a month is
9 defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until
10 notified in writing by the Board or its designee that he or she may do so.

11 (2) Increase the frequency of biological fluid testing.

12 (3) Refer Respondent for further disciplinary action, such as suspension, revocation, or
13 other action as determined by the Board or its designee.

14 B. If Respondent commits a minor violation of probation as defined by section
15 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take
16 one or more of the following actions:

17 (1) Issue a cease-practice order;

18 (2) Order practice limitations;

19 (3) Order or increase supervision of Respondent;

20 (4) Order increased documentation;

21 (5) Issue a citation and fine, or a warning letter;

22 (6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in
23 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
24 Regulations, at Respondent's expense;

25 (7) Take any other action as determined by the Board or its designee.

26 C. Nothing in this Decision shall be considered a limitation on the Board's authority
27 to revoke Respondent's probation if he or she has violated any term or condition of probation. If
28 Respondent violates probation in any respect, the Board, after giving Respondent notice and the

1 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
2 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
3 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
4 is final, and the period of probation shall be extended until the matter is final.

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

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

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

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

20 15. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
21 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
22 limited to, expert review, legal reviews, investigation, as applicable, in the amount of \$46,061.75
23 (Forty Six Thousand Sixty One Dollars and Seventy Five Cents). Costs shall be payable to the
24 Medical Board of California. Failure to pay such costs shall be considered a violation of
25 probation.

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

1 the payment plan shall be considered a violation of probation.

2 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
3 repay investigation and enforcement costs, including expert review costs.

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

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

9 17. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

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

12 Address Changes

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

18 Place of Practice

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

22 License Renewal

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

25 Travel or Residence Outside California

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

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

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

7 19. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
10 defined as any period of time Respondent is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If
13 Respondent resides in California and is considered to be in non-practice, Respondent shall
14 comply with all terms and conditions of probation. All time spent in an intensive training
15 program which has been approved by the Board or its designee shall not be considered non-
16 practice and does not relieve Respondent from complying with all the terms and conditions of
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
18 on probation with the medical licensing authority of that state or jurisdiction shall not be
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
20 period of non-practice.

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

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

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

28 Periods of non-practice for a Respondent residing outside of California will relieve

Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

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

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

22. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

23. PROBATION MONITORING COSTS. Respondent shall pay the costs associated


1 with probation monitoring each and every year of probation, as designated by the Board, which
2 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
3 California and delivered to the Board or its designee no later than January 31 of each calendar
4 year.

5 24. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
6 a new license or certification, or petition for reinstatement of a license, by any other health care
7 licensing action agency in the State of California, all of the charges and allegations contained in
8 Accusation No. 800-2023-100869 shall be deemed to be true, correct, and admitted by
9 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
10 restrict license.

11
12 ACCEPTANCE

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


18
19 DATED: 05/21/2025

 Tommy Saborido (May 21, 2025 09:40 PDT)

TOMMY PAUL SABORIDO, M.D.
Respondent

21 I have read and fully discussed with Respondent Tommy Paul Saborido, M.D. the terms
22 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
23 Order. I approve its form and content.

24
25 DATED: 5/21/25


PAUL CHAN
Attorney for Respondent

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ENDORSEMENT

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

DATED: 7/15/2025

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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39002966

Exhibit A

Accusation No. 800-2023-100869

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Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
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Attorneys for Complainant

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

13 In the Matter of the Accusation Against:

Case No. 800-2023-100869

14 **Tommy Paul Saborido, M.D.**
15 **Ampla Clinic**
16 **7981 CA-99**
17 **Los Molinos, CA 96055**

A C C U S A T I O N

18 **Physician's and Surgeon's Certificate**
19 **No. A 160082,**

Respondent.

20 **PARTIES**

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

24 2. On or about December 26, 2018, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 160082 to Tommy Paul Saborido, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on December 31, 2026, unless renewed.
28

1 JURISDICTION

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

20 5. Section 118, subdivision (b), of the Code provides that the
21 suspension/expiration/surrender/cancellation of a license shall not deprive the
22 Board/Registrar/Director of jurisdiction to proceed with a disciplinary action during the period
23 within which the license may be renewed, restored, reissued or reinstated.

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STATUTORY PROVISIONS

6. Section 2234¹ of the Code states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

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

1 7. Section 2266 of the Code states:

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

5 8. Section 820 of the Code states:

6 Whenever it appears that any person holding a license, certificate or permit
7 under this division or under any initiative act referred to in this division may be
8 unable to practice his or her profession safely because the licentiate's ability to
9 practice is impaired due to mental illness, or physical illness affecting competency,
10 the licensing agency may order the licentiate to be examined by one or more
11 physicians and surgeons or psychologists designated by the agency. The report of the
12 examiners shall be made available to the licentiate and may be received as direct
13 evidence in proceedings conducted pursuant to Section 822.

14 9. Section 822 of the Code states:

15 If a licensing agency determines that its licentiate's ability to practice his or her
16 profession safely is impaired because the licentiate is mentally ill, or physically ill
17 affecting competency, the licensing agency may take action by any one of the
18 following methods:

19 (a) Revoking the licentiate's certificate or license.

20 (b) Suspending the licentiate's right to practice.

21 (c) Placing the licentiate on probation.

22 (d) Taking such other action in relation to the licentiate as the licensing agency
23 in its discretion deems proper.

24 The licensing section shall not reinstate a revoked or suspended certificate or
25 license until it has received competent evidence of the absence or control of the
26 condition which caused its action and until it is satisfied that with due regard for the
27 public health and safety the person's right to practice his or her profession may be
28 safely reinstated.

1 10. Section 11153² of the Health & Safety Code states:

2 (a) A prescription for a controlled substance shall only be issued for a
3 legitimate medical purpose by an individual practitioner acting in the usual course of
4 his or her professional practice. The responsibility for the proper prescribing and
5 dispensing of controlled substances is upon the prescribing practitioner, but a
6 corresponding responsibility rests with the pharmacist who fills the prescription.
7 Except as authorized by this division, the following are not legal prescriptions: (1) an
8 order purporting to be a prescription which is issued not in the usual course of
9 professional treatment or in legitimate and authorized research; or (2) an order for an
10 addict or habitual user of controlled substances, which is issued not in the course of
11 professional treatment or as part of an authorized narcotic treatment program, for the

28 ² 2023 version of the statute, effective at the time of the allegations herein.

1 purpose of providing the user with controlled substances, sufficient to keep him or her
2 comfortable by maintaining customary use.

3 (b) Any person who knowingly violates this section shall be punished by
4 imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or in a
county jail not exceeding one year, or by a fine not exceeding twenty thousand dollars
(\$20,000), or by both that fine and imprisonment.

5 (c) No provision of the amendments to this section enacted during the second
6 year of the 1981-82 Regular Session shall be construed as expanding the scope of
practice of a pharmacist.

7 11. Section 11154 of the Health & Safety Code states:

8 (a) Except in the regular practice of his or her profession, no person shall
9 knowingly prescribe, administer, dispense, or furnish a controlled substance to or for
10 any person or animal which is not under his or her treatment for a pathology or
condition other than addiction to a controlled substance, except as provided in this
division.

11 (b) No person shall knowingly solicit, direct, induce, aid, or encourage a
12 practitioner authorized to write a prescription to unlawfully prescribe, administer,
dispense, or furnish a controlled substance.

13 COST RECOVERY

14 12. Section 125.3 of the Code states:

15 (a) Except as otherwise provided by law, in any order issued in resolution of a
16 disciplinary proceeding before any board within the department or before the
Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
17 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
18 investigation and enforcement of the case.

19 (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.

20 (c) A certified copy of the actual costs, or a good faith estimate of costs where
21 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
22 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
23 limited to, charges imposed by the Attorney General.

24 (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
25 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
26 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
27 (a).

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

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

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

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

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

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

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

23 FACTUAL ALLEGATIONS

24 13. Respondent is a physician and surgeon, board certified in Family Medicine.

25 14. On or about January 12, 2023, May 15, 2023, and June 6, 2023, Respondent
26 prescribed methylphenidate hydrochloride³ to a family member⁴ without documentation.

27 15. On or about September 13, 2023, and October 9, 2023, Respondent underwent a
28 psychological evaluation. The evaluator found that Respondent met the criteria for diagnosis of a
29 mental condition that required weekly psychotherapy.

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32 ³ Methylphenidate hydrochloride, sold under the brand name Ritalin, is a central nervous
33 system (CNS) stimulant used almost exclusively for the treatment of ADHD. It is a Schedule II
34 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a
35 dangerous drug pursuant to Code section 4022.

36 ⁴ The identity of the patient is redacted to protect confidentiality and will be provided in
37 Discovery.

1 16. On or about January 13, 2024, Respondent was arrested by the Shasta County
2 Sherriff's Office for a violation of Penal Code section 646.9(a) (Stalking) and section 488 (Petty
3 Theft).

4 17. On or about January 19, 2024, a family member of Respondent called the Shasta
5 County Sherriff's Office, Burney Station, to report that Respondent had been making suicidal
6 statements. Respondent was staying in Circle of Hope substance abuse facility. The counselor at
7 the facility told Respondent's family member that Respondent was not suicidal but was going
8 through normal withdrawal symptoms.

9 18. On or about January 29, 2024, Respondent was arrested by the Shasta County
10 Sherriff's Office for a violation of PC 273.6 – Violation of Domestic Violence Restraining Order.

11 19. On or about July 28, 2024, the Board's Expert Evaluator found that Respondent has a
12 mental condition that impacts his ability to safely practice medicine and is safe to practice
13 medicine with the implementation of his recommendations.

14 20. On or about September 15, 2024, Respondent was arrested by the Chico Police
15 Department for violation of Penal Code section 273.5, subd. (a) – Inflict Corporal Injury on
16 Cohabitant.

17 21. On or about January 4, 2025, the Board' Expert Evaluator issued an addendum report
18 where he found that Respondent has impaired mental state resulting in poor judgment in inflicting
19 bodily harm on his partner. He also opined that given the pattern and history of interpersonal
20 conflict, legal consequences, and ongoing mental health struggles, his ability to function is
21 compromised. The Board's Expert Evaluator found that Respondent had failed to disclose his
22 history of another mental condition during the initial mental evaluation. The Board Evaluator
23 also reviewed the bodycam footage of the September 15, 2024, arrest and found that Respondent
24 was under the influence of alcohol, described himself as manic, appeared disheveled, and
25 expressed poor insight and judgment regarding his situation. On the bodycam footage,
26 Respondent indicated that his manic episode was probably caused by taking a controlled
27 substance that was prescribed to him. The Board Evaluator was also concerned about possible
28 stimulant abuse given Respondent's presentation and history of stimulant abuse.

1 22. The Board Evaluator concluded that his opinion and recommendations have changed
2 since his July 28, 2024, report. He concluded that Respondent suffers from a mental condition
3 that impacts his ability to practice medicine. He added that Respondent is not safe to practice
4 medicine, Respondent poses as a danger or threat to public safety, and needs to take time away
5 from the medical profession to obtain appropriate treatment.

6 **CAUSE FOR ACTION**

7 **(Mental Illness and/or Physical Illness Affecting Competency)**

8 23. Respondent is subject to action under Code section 822, in that he is not safe to
9 practice medicine safely as he suffers from a mental illness that affects his competency to practice
10 medicine.

11 24. Paragraphs 13 through 22, above, are hereby incorporated by reference and realleged
12 as if fully set forth herein.

13 **FIRST CAUSE FOR DISCIPLINE**

14 **(Prescribing Dangerous Drugs Without Indication)**

15 25. Respondent is subject to disciplinary action under Code section 2242, in that he
16 prescribed, dispensed or furnished dangerous drugs to his family member without a prior
17 examination or indication.

18 26. Paragraphs 13 through 22, above, are hereby incorporated by reference and realleged
19 as if fully set forth herein.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Violation of Drug Statutes)**

22 27. Respondent is subject to disciplinary action under Code section 2238, in relation to
23 Health and Safety Code sections 11153 and 11154, in that he prescribed controlled substances to
24 his family member without documenting his medical purpose, medical indication and treatment
25 plan.

26 28. Paragraphs 13 through 22, above, are hereby incorporated by reference and realleged
27 as if fully set forth herein.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Medical Records)**

3 29. Respondent is subject to disciplinary action under Code section 2266, in that he failed
4 to maintain adequate and accurate records relating to his prescription of a controlled substance to
5 his family member.

6 30. Paragraphs 13 through 22, above, are incorporated here as if fully set forth.

7 **FOURTH CAUSE FOR DISCIPLINE**

8 **(General Unprofessional Conduct)**

9 31. Respondent is subject to disciplinary action under Code section 2234, in that he has
10 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct
11 which is unbecoming to a member in good standing of the medical profession, and which
12 demonstrates an unfitness to practice medicine, as alleged in paragraphs 13 through 22, above,
13 which are incorporated by reference and realleged as if fully set forth here.

14 **PRAYER**

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

17 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 160082,
18 issued to Respondent Tommy Paul Saborido, M.D.;

19 2. Revoking, suspending or denying approval of Respondent Tommy Paul Saborido,
20 M.D.'s authority to supervise physician assistants and advanced practice nurses;

21 3. Ordering Respondent Tommy Paul Saborido, M.D., to pay the Board the costs of the
22 investigation and enforcement of this case, and if placed on probation, the costs of probation
23 monitoring; and

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

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DATED: MAR 20 2025

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

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