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

In the Matter of the Accusation Against: J. Eduardo Guzman, M.D. Physician's and Surgeon's Certificate No. A 38124 Respondent.	Case No.: 800-2022-094200

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 February 4, 2026.

IT IS SO ORDERED: January 5, 2026.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Chair
Panel A

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Attorney General of California
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **J. EDUARDO GUZMAN, M.D.** **201 S. Miller St., Ste. 103** **Santa Maria, CA 93454-5248** **Physician's and Surgeon's Certificate No. A 38124** Respondent.	Case No. 800-2022-094200 OAH No. 2025020108 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Trina L. Saunders, Deputy Attorney General.

2. Respondent J. Eduardo Guzman, M.D. is represented in this proceeding by attorney Mark B. Connely, whose address is 444 Higuera Street, Third Floor, San Luis Obispo, CA 93401.

3. On or about March 8, 1982, the Board issued Physician's and Surgeon's Certificate No. A 38124 to J. Eduardo Guzman, M.D. (Respondent). That Physician's and Surgeon's

Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-094200, and will expire on June 30, 2027, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-094200 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 6, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-094200 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-094200. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary 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 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2022-094200, if proven at a hearing, constitute cause for imposing discipline upon his 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. 800-2022-094200, 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 38124 to disciplinary action.

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

CONTINGENCY

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

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

15. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-094200 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.

16. The parties understand and agree that Portable Document Format (PDF) and facsimile

copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 38124 issued to Respondent J. Eduardo Guzman, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in

advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have

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

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

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

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

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

6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $25,394.00 (twenty-five thousand three hundred ninety-four dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to

repay investigation and enforcement costs, including expert review costs.

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

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

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of

departure and return.

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

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

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

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

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

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.

11. 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.

12. 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.

13. 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.

14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

California and delivered to the Board or its designee no later than January 31 of each calendar year.

15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-094200 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 8-20-25

J. EDUARDO GUZMAN, M.D.
Respondent

I have read and fully discussed with Respondent J. Eduardo Guzman, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 08/20/2025

MARK B. CONNELY
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: August 21, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A:

Accusation No.: 800-2022-094200

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

In the Matter of the Accusation Against: **J. Eduardo Guzman, M.D.** **201 S. Miller St., Ste. 103** **Santa Maria, CA 93454-5248** **Physician's and Surgeon's Certificate No. A 38124,** Respondent.	Case No. 800-2022-094200 **ACCUSATION**

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 March 8, 1982, the Board issued Physician's and Surgeon's Certificate Number A 38124 to J. Eduardo Guzman, 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 June 30, 2025, unless renewed.

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.

STATUTORY PROVISIONS

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 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.

STATUTORY PROVISIONS

6. Section 2234 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.

7. Section 2266 of the Code states:

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

8. Unprofessional conduct is conduct which breaches rules or ethical codes of a profession or conduct which is unbecoming a member in good standing of a profession. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3rd 564, 575.).

COST RECOVERY

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DEFINITIONS

10. As used herein, the terms below will have the following meanings:

"Adderall" is a brand name for a combination medication which contains mixed amphetamine salts (the mixture is composed of equal parts racemic amphetamine and dextroamphetamine). It is generally used to treat attention deficit hyperactivity disorder, but also has a high potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d)(1), and a dangerous drug as defined in Code section 4022.

"ADHD" means attention deficit hyperactivity disorder.

"Amphetamine" is a strong central nervous system stimulant that is used in the treatment of attention deficit hyperactivity disorder, narcolepsy, and obesity. It is also commonly used as a recreational drug. It is a dangerous drug as defined in Code section 4022. It is a Schedule II controlled substance, as designated by Health and Safety Code section 11055, subdivision (d)(1)."Depakote" is a brand name for sodium valproate or divalproex sodium which is an anticonvulsant mood stabilizer drug that can be used to treat bipolar disorder and seizures. It can also help prevent migraine headaches. It can cause serious liver and pancreas problems, birth defects, and suicidal thoughts. It is a dangerous drug as defined in Code section 4022.

"Including" means including, without limitation.

"Lamotrigine" is an anticonvulsant medication used to treat seizures and bipolar disorder. It is sold under various brand names, including Lamictal XR, Lamictal ODT, Lamictal Starter (Orange) Kit. It is a dangerous drug as defined in Code section 4022.

"Latuda" is a brand name for lurasidone. which is an antipsychotic medication used to treat schizophrenia and bipolar disorder. It is a dangerous drug pursuant to Code section 4022.

"Luvox" is a brand name for "fluvoxamine" which is an SSRI used to treat OCD) in adults and children. It is a dangerous drug pursuant to Code section 4022.

"OCD" means obsessive-compulsive disorder.

"Prozac" is a brand name for fluoxetine, a medication used to treat depression, OCD, bulimia nervosa, and panic disorder. It is also an SSRI. It is dangerous drug as defined in Code section 4022.

"SSRI" means selective serotonin reuptake inhibitors.

"Vyvanse" is a brand name for lisdexamfetamine, which is a stimulant used as part of a treatment program to control symptoms of ADHD (e.g., more difficulty focusing, controlling actions, and remaining still or quiet than other people who are the same age) in adults and children. It is a psychostimulant prodrug of the phenethylamine and amphetamine chemical classes. It is a dangerous drug as defined in Code section 4022.

"Wellbutrin®" is a brand name for bupropion, which is an antidepressant medication used to treat major depression and to assist with smoking cessation. It is also sold under various brand names including, Zyban, Voxra, Aplenzin and Budeprion, among others. It is a dangerous drug as defined in Code section 4022. It is alsothought to work in the brain and nerves on the chemical messengers norepinephrine and dopamine. Wellbutrin XL is used to treat major depressive disorder.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11. Respondent J. Eduardo Guzman, M.D. is subject to disciplinary action under section 2234 (b) of the code in that he was grossly negligent in the care and treatment of Patient A[1]. The circumstances are as follows:

12. On or about June 6, 2018, Patient A, a then 12 -year-old, female, presented to Respondent for a psychiatric evaluation, and for Respondent to assume the management of her psychotropic medications, which had been previously managed by another provider (Doc2). Respondent documented a psychiatric evaluation or "Clinical Assessment" which consisted of a three-page document containing primarily checked boxes. Respondent documented that Patient A was taking Vyvanse and Adderall prescribed by a different physician from Doc2

[1] For privacy reasons, the patient in this pleading is identified as Patient A. The patient's full name will be disclosed upon a timely request for discovery pursuant to Government Code section 11507.6.

(Doc3), and that Patient A's last physical examination was a year before this visit and conducted by a physician other than himself. Respondent documented that Patient A was a victim of abuse, specifically that she had been fondled by a friend of her mother. No contact information was documented for any of the previous physician(s) who prescribed medications to Patient A (i.e., Doc2 and Doc 3) or conducted her physical examination. Respondent's medical 'records for Patient A did not contain a documented medical history, including any cardiac history or any family medical or psychiatric history. Respondent's medical records for Patient A did not include any rating scale for ADHD, any authorization to disclose and exchange information with the most recent prescribing physician, the primary care provider, or the school, or any collateral history from outside sources. Respondent failed to adequately document Patient A's vital signs. Respondent diagnosed Patient A with ADHD, predominately inattentive presentation, Depressive Disorder not otherwise specified, Post Traumatic Stress Disorder (PTSD), and one medical condition, chronic fatigue. However, he failed to adequately document any rationale substantiating the diagnoses. Respondent failed to obtain any outside records to substantiate these diagnoses. Respondent only documented attention/concentration problems to support his ADHD diagnosis. Additionally, Respondent only documented "hypervigilance" to support his PTSD diagnosis. Respondent's documented treatment plan was to "improve" "poor concentration difficulty" with an intervention of medications and psychotherapy, and improve depressed mood and PTSD by the same intervention. Respondent's evaluation notes for this visit concluded with a statement that the patient is "already in therapy." However, Respondent failed to document the therapist's name, contact information, release of information to speak with the therapist to obtain collateral information and coordinate care, or a stated plan to do so.

13. Between 2018, and Patient A's last visit, on or about December 16, 2022, Respondent documented fifty-three visits with Patient A. Patient A's father was present during these visits, with the exceptions of the last six to eight appointments in 2022, and one appointment on or about August 16, 2019. During the time period Respondent treated Patient A, he was responsible for Patient A's medication management. Respondent prescribed the following medications to Patient A during his course of treating Patient A: Adderall, Depakote, Latuda, Luvox, Prozac, Vyvanse,

and Wellbutrin.

14. Respondent's medical records for Patient A contain lab results dated December 27, 2018. They include results from a comprehensive metabolic panel, including liver function tests and valproic acid levels.

15. On or about January 30, 2019, Respondent documented that unspecified lab results for Patient A were within normal limits. This note appears to refer to the December 27, 2018 labs, which are the only lab results contained in Respondent's medical records for Patient A However, Respondent did not document the valproic acid level, which was high at 119, based on a range for seizure control, but appropriate for mania control- a symptom of bipolar disorder never elicited or documented in Respondent's medical records for Patient A.

16. On or about August 16, 2019, approximately one week before Patient A's fourteenth birthday, Respondent saw Patient A alone. Respondent documented that Patient A came to the visit without her father and noted that Patient A had begun to text and send sexual pictures of herself to strangers.

17. On or about June 21, 2019, Respondent increased Patient A's dose of Depakote.

18. On or about September 13, 2019, Respondent discontinued Patient A's Depakote, due to weight gain, which Respondent indicated was a known adverse effect. Respondent initiated a trial of lamotrigine at an appropriate initial dose of 25mg/day for four weeks. However, Respondent prescribed 120 tablets, instead of 30 tablets, which indicates an abrupt increase in titration from 25mg to 200mg/day.

19. On or about October 11, 2019, Respondent increased Patient A's lamotrigine dose further to 300mg/day.

20. On or about October 28, 2022, Patient A presented to Respondent alone; she was not accompanied by an adult. At this visit, Patient A was still a minor. Respondent documented the following at that visit: Patient A was very upset with her diagnosis of bipolar disorder, but her mood and affect was appropriate; Patient A's condition was stable; and Patient A's treatment plan included Latuda 20mg at bedtime, and Vyvanse 36mg in the morning. Respondent failed to document any history for Patient A at this visit. Subsequently, Patient A reported to third parties

that during this visit, Respondent asked her if she had ever given a blow job or knew what an orgasm felt like. Patient A also alleged that Respondent asked her if she found him attractive.

21. On or about October 28, and November 4, 2022, Respondent prescribed Latuda to Patient A.

22. On or about August 25, 2023, as part of the investigation into the care and treatment Respondent provided to Patient A, Respondent was interviewed by Board representatives. During this interview, Respondent explained that Patient A's ADHD was diagnosed by "some other psychologist, I'm assuming." Respondent further reported that according to her father, Patient A was diagnosed at school, and that Respondent relied upon this reported diagnosis and continued her medication. Respondent determined that Patient A looked sluggish and therefore identified Patient A as having chronic fatigue. During Respondent's interview, he also reported that he did not provide psychotherapy to Patient A.

23. Respondent committed the following instances of gross negligence in the care and treatment of Patient A in that Respondent:

A. Completed a psychiatric evaluation of Patient A without taking and/or documenting, an adequate history, or making any attempt to obtain collateral information, including medical records from her previous providers;

B. Made psychiatric diagnoses without adequately substantiating them, including with criteria outlined in the DSM-5, and based the diagnoses solely on Patient A's appearance on a single visit;

C. Failed to adequately obtain and/or document, an informed consent for the prescribing of any psychotropic medications to Patient A;

D. Prescribed the psychostimulant medications, including Vyvanse and Adderall, to Patient A without obtaining any history or objective evidence to ensure Patient A could safely take the medications;

E. Prescribed antipsychotic medications, including Latuda, to Patient A without following consensus guidelines for safe initiation and monitoring for adverse effects;

F. Rapidly increased Patient A's lamotrigine, which increases the risk of inducing life-

threatening Stevens-Johnson Syndrome, and failed to obtain informed consent for this increase in dosage.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

24. Respondent J. Eduardo Guzman, M.D. is subject to disciplinary action under section 2234 (c) of the code, in that Respondent was repeatedly negligent in the care and treatment of Patient A. The circumstances are as follows:

25. The facts and allegations set forth in the First Cause for Discipline are incorporated by reference as if fully set forth.

26. The standard of care applicable to the initiation of psychiatric services with Patient A begins with a psychiatric evaluation that may take place over several appointments and a sufficient, yet appropriate, period of time. The purpose of the psychiatric evaluation is to make a working diagnosis of the patient, formulate the case, and develop a recommended treatment plan to be discussed with the patient and agreed to by the patient. Diagnoses may be added or discontinued over the course of treatment with adequate formulation and explanation reviewed with the patient and documented in the medical record. Respondent committed negligence when he failed to perform and/or document a substantive formulation in connection with his psychiatric evaluation for Patient A.

27. Respondent committed negligence when he documented a treatment plan for Patient A on or about June 6, 2018 that included psychotherapy, but subsequently failed to provide psychotherapy to Patient A or coordinate a treatment plan with a concurrent treating psychotherapist.

28. Respondent committed negligence when he failed to obtain and/or document, a developmentally-appropriate medical, personal, and social sexual history for Patient A relevant to the diagnosis, formulation, and treatment planning, including psychotropic medication while including only a trauma/sexual abuse history for Patient A.

29. Respondent also negligently failed to adequately document an elicited menstrual history from Patient A when prescribing psychotropic medications that could adversely affect a

pregnancy.

30. Respondent's acts and/or omissions constitute repeated negligent acts under the Code, and therefore subject Respondent's medical license to discipline.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

31. Respondent J. Eduardo Guzman, M.D. is subject to disciplinary action under section 2266 of the code in that Respondent failed to maintain adequate and accurate records related to the care and treatment of Patient A. The circumstances are as follows:

32. The facts and allegations set forth in the First and Second Causes for Discipline are incorporated by reference as if fully set forth.

DISCIPLINARY CONSIDERATIONS

33. To determine the degree of discipline, if any, to be imposed on Respondent J. Eduardo Guzman, M.D., Complainant alleges that on or about May 17, 2019, in a prior disciplinary action titled *In the Matter of the Accusation Against J. Eduardo Guzman, M.D.* before the Medical Board of California, in Case Number 800-2016-027559, Respondent's license was revoked, revocation stayed, and placed on probation for three years, with various terms and conditions for the below standard of care treatment he rendered to two patients in regards to the prescribing of medications. That decision is now final and is incorporated by reference as if fully set forth herein.

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 and Surgeon's Certificate Number A 38124, issued to Respondent J. Eduardo Guzman, M.D.;

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

3. Ordering Respondent J. Eduardo Guzman, 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

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

DATED: DEC 0 6 2024

for

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

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