

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

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

Ahsan Rauf Shaikh, M.D.

**Physician's and Surgeon's
Certificate No. A 72258**

Respondent.

Case No.: 800-2021-084223

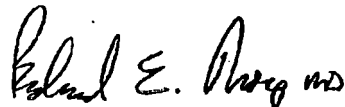
DECISION

The attached Stipulated Settlement of 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 20, 2026.

IT IS SO ORDERED: January 22, 2026.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 MACHAELA M. MINGARDI
Supervising Deputy Attorney General
3 CAITLIN ROSS
Deputy Attorney General
4 State Bar No. 271651
455 Golden Gate Avenue, Suite 11000
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E-mail: Caitlin.Ross@doj.ca.gov
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2021-084223

12 **AHSAN RAUF SHAIKH, M.D.**
13 **4850 Union Ave.**
San Jose, CA 95124-5156

OAH No. 2025050190

14 **Physician's and Surgeon's Certificate**
15 **No. A 72258**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

Respondent.

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

20 **PARTIES**

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

25 2. Respondent Ahsan Rauf Shaikh, M.D. (Respondent) is represented in this proceeding
26 by attorney Thomas E. Still, Esq., whose address is: 12901 Saratoga Avenue
27 Saratoga, CA 95070-4110.
28

3. On or about June 26, 2000, the Board issued Physician's and Surgeon's Certificate No. A 72258 to Ahsan Rauf Shaikh, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-084223, and will expire on November 30, 2027, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-084223 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 July 31, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-084223 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. 800-2021-084223. 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.

9. Respondent acknowledges the fact that, if adopted by the Board, the Board will report this Stipulated Settlement and Disciplinary Order to the National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB) and publicly post such enforcement action, and Respondent hereby waives any and all objections thereto.

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11. 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.

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.

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15. 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.

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

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

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

19 4. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the
20 effective date of this Decision, Respondent shall enroll in a professional boundaries program
21 approved in advance by the Board or its designee. Respondent, at the program's discretion, shall
22 undergo and complete the program's assessment of Respondent's competency, mental health
23 and/or neuropsychological performance, and at minimum, a 24-hour program of interactive
24 education and training in the area of boundaries, which takes into account data obtained from the
25 assessment and from the Decision(s), Accusation(s) and any other information that the Board or
26 its designee deems relevant. The program shall evaluate Respondent at the end of the training
27 and the program shall provide any data from the assessment and training as well as the results of
28 the evaluation to the Board or its designee.

1 Failure to complete the entire program not later than six (6) months after Respondent's
2 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees
3 in writing to a later time for completion. Based on Respondent's performance in and evaluations
4 from the assessment, education, and training, the program shall advise the Board or its designee
5 of its recommendation(s) for additional education, training, psychotherapy and other measures
6 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with
7 program recommendations. At the completion of the program, Respondent shall submit to a final
8 evaluation. The program shall provide the results of the evaluation to the Board or its designee.
9 The professional boundaries program shall be at Respondent's expense and shall be in addition to
10 the Continuing Medical Education (CME) requirements for renewal of licensure.

11 The program has the authority to determine whether or not Respondent successfully
12 completed the program.

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

18 Respondent shall not practice medicine until Respondent has successfully completed the
19 program and has been so notified by the Board or its designee in writing.

20 5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
21 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
22 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
23 licenses are valid and in good standing, and who are preferably American Board of Medical
24 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
25 relationship with Respondent, or other relationship that could reasonably be expected to
26 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
27 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
28 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

1 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
2 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
3 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
4 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
5 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
6 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
7 signed statement for approval by the Board or its designee.

8 Within 60 calendar days of the effective date of this Decision, and continuing throughout
9 probation, Respondent's practice monitor shall be monitored by the approved monitor.
10 Respondent shall make all records available for immediate inspection and copying on the
11 premises by the monitor at all times during business hours and shall retain the records for the
12 entire term of probation.

13 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
14 date of this Decision, Respondent shall receive a notification from the Board or its designee to
15 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
16 shall cease the practice of medicine until a monitor is approved to provide monitoring
17 responsibility.

18 The monitor shall submit a quarterly written report to the Board or its designee which
19 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
20 are within the standards of practice of medicine, and whether Respondent is practicing medicine
21 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
22 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
23 preceding quarter.

24 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
25 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
26 name and qualifications of a replacement monitor who will be assuming that responsibility within
27 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
28 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a

1 notification from the Board or its designee to cease the practice of medicine within three (3)
2 calendar days after being so notified. Respondent shall cease the practice of medicine until a
3 replacement monitor is approved and assumes monitoring responsibility.

4 In lieu of a monitor, Respondent may participate in a professional enhancement program
5 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
6 review, semi-annual practice assessment, and semi-annual review of professional growth and
7 education. Respondent shall participate in the professional enhancement program at Respondent's
8 expense during the term of probation.

9 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
10 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
11 where: 1) Respondent merely shares office space with another physician but is not affiliated for
12 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
13 location.

14 If Respondent fails to establish a practice with another physician or secure employment in
15 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
16 Respondent shall receive a notification from the Board or its designee to cease the practice of
17 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
18 practice until an appropriate practice setting is established.

19 If, during the course of the probation, the Respondent's practice setting changes and the
20 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
21 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
22 If Respondent fails to establish a practice with another physician or secure employment in an
23 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
24 shall receive a notification from the Board or its designee to cease the practice of medicine within
25 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
26 appropriate practice setting is established.

27 7. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
28 practicing in-person medicine and instead may only practice telehealth medicine. Additionally,

1 during probation, Respondent is prohibited from treating female patients. After the effective date
2 of this Decision, all patients being treated by Respondent shall be notified that Respondent is
3 prohibited from practicing in-person medicine and instead may only practice telehealth medicine.
4 After the effective date of this Decision, all patients being treated by Respondent shall be notified
5 that Respondent is prohibited from treating female patients. Any new patients must be provided
6 both of these notifications at the time of their initial appointment.

7 Respondent shall maintain a log of all patients to whom the required oral notification was
8 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
9 medical record number, if available; 3) the full name of the person making the notification; 4) the
10 date the notification was made; and 5) a description of the notification given. Respondent shall
11 keep this log in a separate file or ledger, in chronological order, shall make the log available for
12 immediate inspection and copying on the premises at all times during business hours by the Board
13 or its designee, and shall retain the log for the entire term of probation.

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

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

23 9. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
24 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
25 advanced practice nurses.

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

1 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
2 ordered to reimburse the Board its costs of investigation and enforcement, including expert
3 review costs, in the amount of \$66,389.75 (sixty-six thousand and three hundred eighty-nine
4 dollars and seventy-five cents). Costs shall be payable to the Medical Board of California.
5 Failure to pay such costs shall be considered a violation of probation.

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

10 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
11 to repay investigation and enforcement costs.

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

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

17 13. GENERAL PROBATION REQUIREMENTS.

18 Compliance with Probation Unit

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

20 Address Changes

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

26 Place of Practice

27 Respondent shall not engage in the practice of medicine in Respondent's place of residence
28 except for telehealth medicine. Respondent shall not practice medicine at a patient's place of

1 residence. Respondent is prohibited from practicing in-person medicine and instead may only
2 practice telehealth medicine.

3 License Renewal

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

6 Travel or Residence Outside California

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

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

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

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

1 period of non-practice.

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

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

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

9 Periods of non-practice for a Respondent residing outside of California will relieve
10 Respondent of the responsibility to comply with the probationary terms and conditions with the
11 exception of this condition and the following terms and conditions of probation: Obey All Laws;
12 General Probation Requirements; and Quarterly Declarations.

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

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

26 18. LICENSE SURRENDER. Following the effective date of this Decision, if
27 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
28 the terms and conditions of probation, Respondent may request to surrender his or her license.

1 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
2 determining whether or not to grant the request, or to take any other action deemed appropriate
3 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
4 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
5 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
6 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
7 application shall be treated as a petition for reinstatement of a revoked certificate.

8 19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
9 with probation monitoring each and every year of probation, as designated by the Board, which
10 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
11 California and delivered to the Board or its designee no later than January 31 of each calendar
12 year.

13 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
14 a new license or certification, or petition for reinstatement of a license, by any other health care
15 licensing action agency in the State of California, all of the charges and allegations contained in
16 Accusation No. 800-2021-084223 shall be deemed to be true, correct, and admitted by
17 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or

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1 restrict license.

2
3 **ACCEPTANCE**

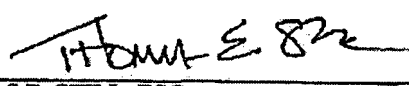
4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
5 discussed it with my attorney, Thomas E. Still, Esq. I understand the stipulation and the effect it
6 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
7 Disciplinary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

9
10 DATED: 12/29/25


11 **AHSAN RAUF SHAIKH, M.D.**
Respondent

12 I have read and fully discussed with Respondent Ahsan Rauf Shaikh, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15
16 DATED: 12/30/25


17 **THOMAS E. STILL, ESQ.**
Attorney for Respondent

18 **ENDORSEMENT**

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

21
22 DATED: 12-30-25

Respectfully submitted,

23 **ROB BONTA**
Attorney General of California
24 **MACHAELA M. MINGARDI**
Supervising Deputy Attorney General

25 
26 **CAITLIN ROSS**
Deputy Attorney General
27 *Attorneys for Complainant*

28 SF2024401535 / 44913103

Exhibit A

Accusation No. 800-2021-084223

1 ROB BONTA
Attorney General of California
2 MACHAELA M. MINGARDI
Supervising Deputy Attorney General
3 CAITLIN ROSS
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7 Attorneys for Complainant

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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. 800-2021-084223

14 **Ahsan Rauf Shaikh, M.D.**
15 **2542 S BASCOM AVE STE 100**
16 **CAMPBELL, CA 95008-5541**

A C C U S A T I O N

17 **Physician's and Surgeon's Certificate**
18 **No. A 72258,**

Respondent.

19 **PARTIES**

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

23 2. On June 26, 2000, the Medical Board issued Physician's and Surgeon's Certificate
24 Number A 72258 to Ahsan Rauf Shaikh, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on November 30, 2025, unless renewed.

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 provides that a licensee who is found guilty under the
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
7 one year, placed on probation and required to pay the costs of probation monitoring, or such other
8 action taken in relation to discipline as the Board deems proper.

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

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

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

14 (b) Gross negligence.

15 (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts
16 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.

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

19 (2) When the standard of care requires a change in the diagnosis, act, or
20 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
21 departure constitutes a separate and distinct breach of the standard of care.

22 ...

23 **ETHICAL PRINCIPLES**

24 6. The American Medical Association, Code of Medical Ethics Opinion 1.1.1 governs
25 Patient-Physician Relationships. Opinion 1.1.1, states, in part:

26 "The practice of medicine, and its embodiment in the clinical encounter between a patient
27 and a physician, is fundamentally a moral activity that arises from the imperative to care for
28 patients and to alleviate suffering. The relationship between a patient and a physician is based on

1 trust, which gives rise to physicians' ethical responsibility to place patients' welfare above the
2 physician's own self-interest or obligations to others, to use sound medical judgment on patients'
3 behalf, and to advocate for their patients' welfare."

4 7. The American Medical Association, Code of Medical Ethics Opinion 9.1.1 governs
5 Romantic or Sexual Relationships with Patients. Opinion 9.1.1 states:

6 "Romantic or sexual interactions between physicians and patients that occur concurrently
7 with the patient physician relationship are unethical. Such interactions detract from the goals of
8 the patient-physician relationship and may exploit the vulnerability of the patient, compromise the
9 physician's ability to make objective judgments about the patient's health care, and ultimately be
10 detrimental to the patient's well-being.

11 A physician must terminate the patient-physician relationship before initiating a dating,
12 romantic, or sexual relationship with a patient.

13 Likewise, sexual or romantic relationships between a physician and a former patient may be
14 unduly influenced by the previous physician-patient relationship. Sexual or romantic
15 relationships with former patients are unethical if the physician uses or exploits trust, knowledge,
16 emotions, or influence derived from the previous professional relationship, or if a romantic
17 relationship would otherwise foreseeably harm the individual.

18 In keeping with a physician's ethical obligations to avoid inappropriate behavior, a
19 physician who has reason to believe that nonsexual, nonclinical contact with a patient may be
20 perceived as or may lead to romantic or sexual contact should avoid such contact."

21 8. The American Psychiatric Association has promulgated *The Principles of Medical*
22 *Ethics with Annotations Especially Applicable to Psychiatry (Principles with Annotations)*. As
23 explained, in part, in the Foreword to the 2013 Edition:

24 ALL PHYSICIANS should practice in accordance with the medical code of ethics set
25 forth in the Principles of Medical Ethics of the American Medical Association.

26 ...

27 However, these general guidelines have sometimes been difficult to interpret
28 for psychiatry, so further annotations to the basic principles are offered in this
document. While psychiatrists have the same goals as all physicians, there are special
ethical problems in psychiatric practice that differ in coloring and degree from ethical

1 problems in other branches of medical practice, even though the basic principles are
2 the same. The annotations are not designed as absolutes and will be revised from
3 time to time so as to be applicable to current practices and problems.

4 9. The *Principles with Annotations* provide, in pertinent part:

5 *Section 1¹*

6 *A physician shall be dedicated to providing competent medical care with*
7 *compassion and respect for human dignity and rights.*

8 1. A psychiatrist shall not gratify his or her own needs by exploiting the
9 patient. The psychiatrist shall be ever vigilant about the impact that his or her conduct
10 has upon the boundaries of the doctor-patient relationship, and thus upon the well-
11 being of the patient. These requirements become particularly important because of the
12 essentially private, highly personal, and sometimes intensely emotional nature of the
13 relationship established with the psychiatrist.

14 10. The *Principles with Annotations* further provide:

15 *Section 2²*

16 *A physician shall uphold the standards of professionalism, be honest in all*
17 *professional interactions and strive to report physicians deficient in character or*
18 *competence, or engaging in fraud or deception to appropriate entities.*

19 1. The requirement that the physician conduct himself/herself with propriety in
20 his or her profession and in all the actions of his or her life is especially important in
21 the case of the psychiatrist because the patient tends to model his or her behavior after
22 that of his or her psychiatrist by identification. Further, the necessary intensity of the
23 treatment relationship may tend to activate sexual and other needs and fantasies on
24 the part of both patient and psychiatrist, while weakening the objectivity necessary
25 for control. Additionally, the inherent inequality in the doctor-patient relationship
26 may lead to exploitation of the patient. Sexual activity with a current or former
27 patient is unethical.

28 **COST RECOVERY**

11. Section 125.3 of the Code provides:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a

¹ The *AMA Principles of Medical Ethics* from which the *Principles with Annotations* is derived provides: "A physician shall be dedicated to providing competent medical care with compassion and respect for human dignity and rights." (*AMA Principles*, Section 1.)

² The *AMA Principles of Medical Ethics* from which the *Principles with Annotations* is derived provides: "A physician shall uphold the standards of professionalism, be honest in all professional interactions and strive to report physicians deficient in character or competence, or engaging in fraud or deception to appropriate entities." (*AMA Principles*, Section 2.)

1 licensee found to have committed a violation or violations of the licensing act to pay a sum not to
2 exceed the reasonable costs of the investigation and enforcement of the case.

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

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

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

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

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

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

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

28

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

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

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

8 FACTUAL ALLEGATIONS

9 12. Respondent specializes in psychiatry. During the period when the events set forth in
10 this Accusation took place, Respondent practiced as a child and adolescent psychiatrist. At least a
11 portion of his work was with an entity (referred to herein as Health Treatment Entity) which
12 provided mental and behavioral health treatment to foster care children.

13 Patient 1³

14 13. Between 2017 and 2021, Patient 1 received care through a variety of Health
15 Treatment Entity treatment programs. Patient 1 first saw Respondent for psychiatric care in late
16 2017, when she was 14 years old. She had grown up for many years in foster care, having been
17 removed from her parental care at a young age. She had lived in several foster care and other
18 non-parental custodial settings over the years. She has a history of neglect and sexual abuse. She
19 had an extensive history of significant interpersonal traumas, including ones perpetrated by adults
20 in positions of caregiving and trust. In approximately December 2017, Respondent diagnosed
21 Patient 1 with Attention Deficit-Hyperactivity Disorder [combined type] and Oppositional
22 Defiance Disorder with "rule out" diagnoses of bipolar disorder and posttraumatic stress disorder.
23 After March 2018, there was a gap in treatment with Respondent. In 2019, the then sixteen-year-
24 old Patient 1 became pregnant and had a child. Respondent again treated Patient 1 at regular
25 intervals and prescribed medication to treat the patient's symptoms.

26 14. In the later part of 2020, Patient 1 turned 18, but continued to receive voluntary
27 support from Health Treatment Entity. She continued to receive care and prescriptions from

28 ³ Patients are identified by numbers to protect privacy.

1 Respondent. From March through May 2021, Respondent documented three telehealth
2 appointments describing his treatment plan with psychotropic medication. Respondent's record
3 for visits in March and April 2021 note that he prescribed medication for Patient 1's depression
4 and ADHD, as well as for insomnia in April 2021.

5 15. Respondent's last documented encounter for Patient 1 was on June 27, 2021. His
6 record noted an appointment for one hour with a "Place of Service" location of "Field." June 27,
7 2021, was a Sunday, but the note was not made until two days later. Respondent did not note
8 why the visit was in-person, why it took place outside of business hours, or that it involved
9 driving to a remote location with his patient. His record does not mention anything unusual about
10 the appointment, but consists only of a brief summary of medication issues.

11 16. According to Patient 1, Respondent suggested an appointment location at the beach or
12 a park, Patient 1 agreed to the beach, and Respondent scheduled the June 27, 2021 appointment as
13 a trip to the beach. Arrangements were made mostly by text messages, between Patient 1 and
14 Respondent, using his personal cell phone. Respondent met Patient 1 in the parking lot of a local
15 business, where they had planned she would leave her car. Respondent got out of his vehicle,
16 approached her and gave her a hug, an event she described as unusual. Patient 1 got into
17 Respondent's car. Respondent took Patient 1 to a restaurant for lunch, and suggested that they
18 would go to a shopping center instead of the beach, in order to avoid traffic. This particular
19 shopping center is a location where Respondent had previously gone in his personal life. While
20 they were together during this encounter, Respondent made a number of personal comments to
21 Patient 1. For example, he said that she was thin and wrapped his hand around her wrist, and
22 during a conversation in which she expressed that her family did not acknowledge her
23 accomplishments, Respondent grabbed and held onto her hand for a prolonged period of time
24 until she pulled it away, and told her that he appreciated and cared about her. At the shopping
25 center, Respondent kept placing his hand on Patient 1's lower back and would stand directly
26 behind her. Respondent made inappropriate comments in response to Patient 1's reason for not
27 wanting to go to an ice cream shop at the shopping center, the two walked across the street to
28 another mall and ate ice cream at that mall, and Respondent acted in a manner that made Patient 1

1 very uncomfortable. He attempted to lean closer to her as they ate ice cream, and made personal
2 comments such as telling Patient 1 that he wanted to spoil her, and "it looks like I'm your sugar
3 daddy." When Patient 1 spilled ice cream on her pants, Respondent attempted to wipe the ice
4 cream off of her pants. Eventually, Patient 1 told Respondent she had a headache and wanted to
5 leave. Respondent told Patient 1 that he would later show her a technique to help with her
6 headache. In the car on the return trip, Respondent made inappropriate statements that made
7 Patient 1 uncomfortable. When they got back to the parking lot, Patient 1 got out of
8 Respondent's car and began to put her leftover food in her car. Respondent got out of the driver's
9 seat of his car and moved into the back seat of his car. He asked Patient 1 to join him. Patient 1
10 got in the back seat with Respondent, and he proceeded to massage her shoulders and told her to
11 lean back, which Patient 1 did to the point where she was lying face up on Respondent's lap.
12 Respondent then massaged her head and face while saying she was tense and needed to loosen up.
13 As Patient 1 moved to get up, Respondent hugged her for longer than the typical amount of time
14 for a hug.

15 17. Patient 1 also states that on a few occasions before the June 27, 2021 incident,
16 Respondent made comments that were unusual. For example, when Patient 1 forgot to take her
17 medication, he said something along the lines of "do I have to go over there and spank you" and
18 "I'll have to go over there and make you swallow them." Patient 1 states that Respondent also at
19 various points took her out to dinner on her birthday, bought gifts for her and for her child,
20 offered to host her child's birthday party at his home, followed Patient 1 on Instagram, and
21 engaged with her social media profile. During one in-office visit in 2019, Patient 1 states that
22 Respondent performed a short shoulder massage in his office.

23 18. During an investigative interview with personnel from Health Treatment Entity, when
24 discussing the June 27, 2021 encounter with Patient 1, Respondent stated that he accommodated
25 Patient 1's request for an in-person visit, and that his touching that occurred during the June 27
26 appointment was done in a "validating and therapeutic way" that was maybe "misinterpreted" by
27 Patient 1. He acknowledged hugging Patient 1, but during his Board interview, downplayed it as
28 a "side hug." He conceded that he had performed a sort of massage in his car at the end of the

1 encounter; but described it as a therapeutic method to relieve headaches by using fingers on the
2 temples. According to Respondent, Patient 1 was unable to accomplish the maneuver on her
3 own, so he performed it on her to teach her how to do it. He stated that the procedure occurred in
4 the front seat of the car. Respondent also stated that when Patient 1 was in Respondent's car and
5 close to tears while discussing her failure to get support or recognition from her family,
6 Respondent told Patient 1 that she should be very proud and briefly put his hand on hers to
7 emphasize the point. Respondent stated that his touches of Patient 1 were intended to be
8 supportive. Respondent denied many of Patient 1's allegations.

9 19. Within a few days of the June 27, 2021 encounter, Patient 1 reached out to
10 Respondent by a text message sent to his private cell phone, asking to "talk about yesterday".
11 Patient 1 did not answer calls from Respondent after that message, but later sent him the
12 following message:

13
14 Sorry I wasn't picking up, this is very serious to me I couldn't figure out how to put my
15 thoughts into words. I've been thinking a lot about how yesterday went and there's a lot of
16 things that I've been processing that have made me uncomfortable. Yesterday you got more
17 physical with me more often than you ever used to and I tried to brush it off because I
18 wasn't comfortable with the the [sic] hug but you still touched me more throughout our
19 meeting, by holding your hand on my back when we walked, or holding my hand for an
20 excessive amount of time in the car, once I told you about my headache I feel like in a way
21 that was taken to your advantage by offering me to get in the backseat for a massage and
22 you asked me to lean on you which did make me uncomfortable as well, along with the hug
23 from behind as I was getting out of your car. Of all people, you know my past better than
24 anyone, and it felt like in a way you tried to have your way with me even knowing I have a
25 boyfriend and you're married and with kids. It felt unprofessional and out of line and it left
26 me feeling really uncomfortable about our meeting and stuck processing everything. It felt
27 like the reason you were asking me to get in the back seat was pretty apparent and for those
28 reasons I feel like it's best if we keep our visits virtual for now[.]

22 Respondent texted back that he was sorry for making Patient 1 feel uncomfortable and
23 asked if he could call her. Patient 1 did not respond.

24 20. Respondent's actions harmed Patient 1 because after the June 27, 2021 incident,
25 Patient 1 decided that she was unable to continue services with her long-term psychiatrist.
26 Additionally, Patient 1 believed that as a result of this conduct that she would have more
27 difficulty trusting future health care providers in a therapeutic relationship.

Patient 2

21. Patient 2 was Respondent's patient at Health Treatment Entity for approximately five years beginning in June 2015. At that time she was a young teenager. Patient 2 became a dependent of the court in 2013 due to sexual abuse by a close family member, and subsequently had multiple failed foster care placements. She suffered from physical abuse and severe psychiatric illness including depression and hallucinations, and she demonstrated suicidal behavior resulting in psychiatric hospitalizations.

22. Early in Respondent's treatment of Patient 2, he noted her difficulties with maintaining appropriate boundaries with male peers. Over the course of approximately five years of treating Patient 2, he several times noted vulnerability and concerns regarding her self-esteem, interpersonal relationships, safety, and sexuality.

23. Respondent provided Patient 2 with his personal cell phone number and they regularly exchanged text messages. According to Patient 2, they developed a close relationship. They met on multiple occasions outside of regular appointments. Respondent took Patient 2 to lunch with one of his children, and included her on multiple outings with his family. Respondent took Patient 2 to dinner with his family as a graduation present, and took her to the movies with his family. He drove her to pick up a lizard for therapeutic purposes. Respondent gave gifts to Patient 2, and they occasionally hugged.

24. In 2018, Health Treatment Entity staff became concerned about Respondent exceeding professional boundaries with Patient 2 and elevated the issue to management, and Respondent was counseled on the issue.

25. In 2020, Respondent bought Patient 2 an emotional support dog. In 2020, Patient 2 texted Respondent to update Respondent with good news on her sobriety status. Respondent responded, sending her heart emojis and saying that she had always been a kid that he loved.

26. Patient 2 never found Respondent's behavior sexual or inappropriate.

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FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Gross Negligence [Patient 1])

Violation of AMA Code of Medical Ethics Opinion 1.1.1)

27. Paragraphs 12-20 above are incorporated as if set forth herein.

28. Respondent is subject to disciplinary action under Business and Professions Code sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct - gross negligence) in that Respondent committed unprofessional conduct and committed gross negligence when he provided treatment to Patient 1 that violates the American Medical Association Code of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing harm.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Gross Negligence [Patient 1])

Boundaries Violation)

29. Paragraphs 12-20 above are incorporated as if set forth herein.

30. Respondent is subject to disciplinary action under Business and Professions Code sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct - gross negligence) in that Respondent exhibited poor judgment and failed to maintain therapeutic neutrality in the psychiatrist-patient relationship by demonstrating a lack of awareness of ethical and boundary issues with Patient 1. He failed to maintain clear boundaries with Patient 1, even before the June 27, 2021 encounter, by actions such as communicating with the patient through his personal cell phone, giving the patient a gift, following Patient 1 on social media, and engaging with Patient 1's social media profile. For the June 27, 2021 encounter, which Respondent deemed a medical appointment, Respondent exhibited poor judgment and failed to maintain therapeutic neutrality in the psychiatrist-patient relationship by demonstrating a lack of awareness of ethical and boundary issues. He used a personal cell phone to communicate with the patient. He arranged an encounter that took place on a Sunday—outside of usual business hours and outside a usual practice location (such as office or telehealth). Patient 1 met Respondent at an outdoor mall where Respondent normally goes in his personal life and rode in

1 his car. Patient 1 and Respondent engaged in physical contact, including hugging, hands on
2 temples, and hand on hand. They went to a shopping mall, ate a meal together, and then had ice
3 cream together. Respondent failed to maintain therapeutic neutrality in the physician-patient
4 relationship with Patient 1 by violating boundaries of method of communication, appointment
5 location and time, physical contact, eating together, purchasing a gift, and engagement over social
6 media.

7 **THIRD CAUSE FOR DISCIPLINE**

8 (Unprofessional Conduct - Gross Negligence [Patient 1])

9 Violation of AMA Code of Medical Ethics Opinion 9.1.1)

10 31. Paragraphs 12-20 above are incorporated as if set forth herein.

11 32. Respondent is subject to disciplinary action under Business and Professions Code
12 sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct -
13 gross negligence) in that Respondent committed unprofessional conduct and committed gross
14 negligence when he made statements and actions that violated the American Medical Association
15 Code of Medical Ethics Opinion 9.1.1 ethical principle prohibiting (1) nonsexual/nonclinical
16 contact with Patient 1 that Respondent had a reason to believe would be perceived as or leading to
17 romantic or sexual contact and (2) romantic interactions occurring concurrently with the Patient 1
18 patient-physician relationship, because such interactions detracted from the goals of the Patient 1
19 patient-physician relationship, exploited the vulnerability of Patient 1, compromised
20 Respondent's ability to make objective judgments about Patient 1's healthcare, and were
21 ultimately detrimental to Patient 1's well-being. Over the course of treatment, Respondent made
22 several inappropriate comments to Patient 1, a vulnerable patient with a history of sexual abuse
23 and trauma. On June 27, 2021, Respondent made inappropriate comments to Patient 1, while also
24 engaging in physical touching that was both inappropriate and unusual in the context of their
25 psychiatrist-patient relationship. On June 27, 2021, this conduct with Patient 1 occurred during
26 the course of a purported medical appointment, with some of the physical contact occurring in the
27 confined space of his personal car.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 (Unprofessional Conduct - Gross Negligence [Patient 2]

3 Violation of AMA Code of Medical Ethics Opinion 1.1.1)

4 33. Paragraphs 12 and 21-26 above are incorporated as if set forth herein.

5 34. Respondent is subject to disciplinary action under Business and Professions Code
6 sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct -
7 gross negligence) in that Respondent committed unprofessional conduct and committed gross
8 negligence when he provided treatment to Patient 2 that violates the American Medical
9 Association Code of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing
10 harm, including by using his own money, family, and personal weekend time outside of business
11 hours, which demonstrated how Respondent incorporated Patient 2 into his own life to meet
12 Respondent's own altruistic needs under the misguided belief that he was helping Patient 2's
13 treatment. Although this did not result in a complaint from this child patient, Patient 2 would be
14 expected to be confused by this attention resulting in exacerbation of feelings of anger, loneliness,
15 and abandonment by her family of origin. Respondent therefore violated the American Medical
16 Association Code of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing
17 harm to Patient 2.

18
19 **FIFTH CAUSE FOR DISCIPLINE**

20 (Unprofessional Conduct - Gross Negligence [Patient 2]

21 Boundaries Violation)

22 35. Paragraphs 12 and 21-26 above are incorporated as if set forth herein.

23 36. Respondent is subject to disciplinary action under Business and Professions Code
24 sections 2234 (unprofessional conduct) and/or 2234, subdivision (b) (unprofessional conduct -
25 gross negligence) in that Respondent exhibited poor judgment and failed to maintain therapeutic
26 neutrality in the psychiatrist-patient relationship with Patient 2 by demonstrating a lack of
27 awareness of ethical and boundary issues, including by using his personal cell phone to
28 communicate with Patient 2, met with the patient outside usual business hours and outside of a

1 practice location. He took Patient 2 to a place where he regularly goes in his personal life. He
2 included Patient 2 in social and family activities (including going to the movies and meals), and
3 purchased gifts for Patient 2. He engaged in communication with demonstration of nonclinical
4 affection. In taking these steps, Respondent exhibited poor judgment and failed to maintain
5 therapeutic neutrality in the psychiatrist-patient relationship with Patient 2 by demonstrating a
6 lack of awareness of ethical and boundary issues.

7 SIXTH CAUSE FOR DISCIPLINE

8 (Unprofessional Conduct – Repeated Negligent Acts)

9 37. Paragraphs 12-36 above are incorporated as if set forth herein.

10 38. Respondent is subject to disciplinary action under Business and Professions Code
11 sections 2234 (unprofessional conduct) and/or 2234, subdivision (c) (unprofessional conduct –
12 repeated negligent acts) in that Respondent committed repeated negligent acts when he
13 committed unprofessional conduct by committing at least two of the following:

14 A. Provided treatment to Patient 1 that violates the American Medical Association Code
15 of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing harm;

16 B. Exhibited poor judgment and failed to maintain therapeutic neutrality in the
17 psychiatrist-patient relationship with Patient 1 by demonstrating a lack of awareness of ethical
18 and boundary issues;

19 C. Provided care and treatment to Patient 1 that violated the American Medical
20 Association Code of Medical Ethics Opinion 9.1.1 ethical principle prohibiting romantic
21 interactions between physicians and patients occurring concurrently with the physician-patient
22 relationship and allowing nonsexual/nonclinical contact with a patient that could be perceived as
23 or leading to romantic or sexual contact;

24 D. Provided treatment to Patient 2 that violates the American Medical Association Code
25 of Medical Ethics Opinion 1.1.1 ethical principle and the principle of not doing harm;

26 E. Exhibited poor judgment and failed to maintain therapeutic neutrality in the
27 psychiatrist-patient relationship with Patient 2 by demonstrating a lack of awareness of ethical
28 and boundary issues.

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 72258, issued to Respondent Ahsan Rauf Shaikh, M.D.;

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

3. Ordering Respondent Ahsan Rauf Shaikh, 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: JUL 31 2024


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

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