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

In the Matter of the Accusation Against: Moinuddin Habib Mokhashi, M.D. Physician's & Surgeon's Certificate No. C 153051 Respondent.	Case No. 800-2022-087336

DECISION

The attached Decision 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 25, 2026.

IT IS SO ORDERED: January 26, 2026.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
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Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **MOINUDDIN HABIB MOKHASHI, M.D.** **P.O. Box 20878** **Bakersfield, CA 93390** **Physician's and Surgeon's Certificate No. C 153051,** Respondent.	Case No. 800-2022-087336 OAH No. 2025050299 **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 Rebecca L. Smith, Deputy Attorney General.

2. Moinuddin Habib Mokhashi, M.D. (Respondent) is represented in this proceeding by attorney Derek F. O'Reilly-Jones, whose address is 355 South Grand Avenue, Suite 1750 Los Angeles, California 90071-1562.

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3. On or about December 6, 2017, the Board issued Physician's and Surgeon's Certificate No. C 153051 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-087336, and will expire on September 30, 2027, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-087336 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 April 4, 2025. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-087336 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. 800-2022-087336. 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.

CULPABILITY

10. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2022-087336, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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. 800-2022-087336, 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. C 153051 to disciplinary action.

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

RESERVATION

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

CONTINGENCY

14. 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.

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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.

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. C 153051 issued to Respondent Moinuddin Habib Mokhashi, M.D. is Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient 1, as set forth in Accusation No. 800-2022-087336, is as follows:

> You committed acts constituting unprofessional conduct and negligence in violation of Business and Professions Code section 2234, and subdivisions (b) and (c), with respect to your care and treatment of a single patient in 2022, as set forth in Accusation No. 800-2022-087336.

1. **EDUCATION COURSE.** Within sixty (60) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than forty (40) hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-five (65) hours of CME of which forty

(40) hours were in satisfaction of this condition.

2. **CLINICIAN-PATIENT COMMUNICATION COURSE.** Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in a clinician-patient communication course 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 clinician-patient communication course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A clinician-patient communication 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 fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

3. **PROFESSIONALISM PROGRAM (ETHICS COURSE).** Within sixty (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 fifteen (15) calendar days after successfully completing the program or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

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

Failure to complete the entire program not later than six (6) months after Respondent's initial enrollment shall constitute unprofessional conduct and is grounds for further disciplinary action unless the Board or its designee agrees in writing to a later time for completion. Based on Respondent's performance in and evaluations from the assessment, education, and training, the program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with program recommendations. At the completion of the program, Respondent shall submit to a final evaluation. The program shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at

Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

A professional boundaries 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.

If Respondent fails to complete the program within the designated time period, Respondent shall cease the practice of medicine within three (3) calendar days after being notified by the Board or its designee that Respondent failed to complete the program.

5. **FITNESS FOR DUTY PROGRAM.** Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a fitness for duty program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health. The components of the fitness evaluation are customized to Respondent, his job description and the clinical environment, and may include: a medical examination, specialty medical evaluation, psychiatric evaluation, behavioral assessment, neuropsychological testing, and simulated procedural/skills evaluation. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation as determined by the program for the assessment and evaluation. Respondent shall pay all expenses associated with the fitness for duty program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent is fit to perform safely and independently as

a physician. Based on Respondent's performance on the fitness for duty assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the fitness for duty program is solely within the program's jurisdiction.

6. **INVESTIGATION/ENFORCEMENT COST RECOVERY.** Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $31,317.75 (Thirty-One Thousand Three Hundred Seventeen Dollars and Seventy-Five Cents), payable within sixty (60) calendar days of the effective date of this Decision. Costs shall be payable to the Medical Board of California. Failure to pay such costs shall constitute unprofessional conduct and is grounds for further disciplinary action.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

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

7. **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. 800-2022-087336 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.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek F. O'Reilly-Jones. 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: 11/6/25

MOINUDDIN HABIB MOKHASHI, M.D.
Respondent

I have read and fully discussed with Respondent Moinuddin Habib Mokhashi, 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: 11/06/2025

DEREK F. O'REILLY-JONES
Attorney for Respondent

ENDORSEMENT

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

DATED: November 12, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-087336

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

In the Matter of the Accusation Against: **MOINUDDIN HABIB MOKHASHI, M.D.** **P.O. Box 20878** **Bakersfield, CA 93390** **Physician's and Surgeon's Certificate No. C 153051,** Respondent.	Case No. 800-2022-087336 **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 December 6, 2017, the Board issued Physician's and Surgeon's Certificate Number C 153051 to Moinuddin Habib Mokhashi, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on September 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.

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 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

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

6. 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

7. 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.

COST RECOVERY

8. Business and Professions Code section 125.3 states that:

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

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

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

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

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any

appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

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

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

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

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

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

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

9. Section 2266 of the Code states:

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that he engaged in gross negligence in the care and treatment of Patient 1.[1] The circumstances are as follows:

11. On January 11, 2022, Patient 1, a then 20-year-old female patient, presented to Respondent, a pediatric endocrinologist at VCH in Madera, for a follow-up examination regarding her thyroid condition. Patient 1 appeared for her visit with Respondent by herself. Patient 1 stated that she was being seen by Respondent for a regular endocrinology check-up. Patient 1 stated that a medical assistant took her weight and vital signs and she was then taken to

[1] For privacy purposes, the patient in this Accusation is referred to as Patient 1.

the examination room to be seen by Respondent. In the examination room, Patient 1 remained clothed in yoga pants and a loose fitting long sleeve shirt.

12. Patient 1 stated that when Respondent entered the examination room, he asked where Patient 1's mother was and Patient 1 responded that her mother was at work. No chaperone was present in the examination room with Respondent.

13. During the examination, Respondent sat down on the examination table next to Patient 1. While sitting next to Respondent and talking to him, Patient 1 told Respondent that she could tell that she had gained weight. Respondent then instructed Patient 1 to stand up, extend her hands and spin. Patient 1 followed Respondent's instructions. Respondent stated that Patient 1 looked good. Patient 1 sat back down on the examination table next to Respondent. As Patient 1 and Respondent discussed Patient 1's weight in kilograms, Respondent asked Patient 1 if she was able to convert her weight to pounds. Patient 1 stated that she did not know how to convert kilograms to pounds. Respondent told Patient 1 that they could figure it out. He instructed Patient 1 to stand on the examination table and get on his shoulders. Respondent stood with his back facing Patient 1, grabbed her hands, and slightly squatted until Patient 1 was stable on his shoulders. Patient 1 rested her hands on top of Respondent's head. Respondent had his hands around Patient 1's legs holding her thighs. As Respondent did squat pulses, his hands slightly moved, as if he was gripping Patient 1's thighs. Patient 1 stated that Respondent had guessed that she was "around 130 pounds." Respondent laughed as he almost lost his balance turning around to put Patient 1 back on the examination table. Patient 1 got off Respondent's shoulders the same way she got on his shoulders – she hopped off from behind him back onto the examination table. Patient 1 approximated being on his shoulders for a minute to a minute and-a-half. Once Respondent put Patient 1 down, she sat in the middle of the examination table. Respondent sat down next to Patient 1 on the table. Using a notepad, Respondent converted Patient 1's weight from kilograms to pounds. Respondent told Patient 1 that her vital signs were good.

14. Patient 1 stated that Respondent asked her if she had any questions and she said that she had a sore throat. Respondent got up from the examination table and using a tongue depressant, Respondent looked down Patient 1's throat. He said that her tonsils were swollen.

Respondent told Patient 1 to look and when she said that she could not, he told her to use her cellphone. Respondent told Patient 1 to use Snapchat[2] because it took better videos. Respondent told Patient 1 that she should record it [the examination] to show her mother. Patient 1 recorded a 1-2 second video. Respondent asked Patient 1 to be added to her Snapchat. Patient 1 stated that she only uses Snapchat for family. Respondent sat back down next to Patient 1 on the examination table and gave her a side hug, telling her that she was doing good. Respondent then got up and left the examination room. Respondent returned to the examination room and told Patient 1 that there were supplements she should take and that he has them in his office. Patient 1 followed Respondent to his office and he showed her over the counter iron supplements on his computer. Respondent gave Patient 1 a paper that identified the iron supplements she should be taking. As she walked away, Respondent gave her another side hug. Patient 1 continued her care with other providers at VCH but did not return to see Respondent.

15. Respondent's documentation for the January 11, 2022, reflected that Patient 1 was first seen by him on September 10, 2019 after being referred to him with urgent concerns about hyperthyroidism. Respondent noted that he reviewed the results of the laboratory studies performed on January 10, 2022, and that Patient 1's complete blood count was normal except that her hemoglobin was low at 10.5 (normal reference range 12.0-16.0), her vitamin D level was low at 20.5 (normal reference range 30.0-100.0) and that her thyroid-stimulating immunoglobulin (TSI) and thyrotropin (TSH) receptor antibody were pending.[3] Patient 1's height was documented to be 152.5 centimeters and her weight was 60.1 kilograms (132 pounds, 7.9 ounces).[4] Respondent noted that Patient 1 was on seizure medications before, has taken high-dose vitamin D, is on oral contraceptives for endometriosis, and has gained "about 6 pounds weight since last visit." Respondent performed a review of systems and physical examination.

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[2] Snapchat is a communication service application for connecting individuals with their friends and family, through messages, photos, and videos.

[3] In an addendum, Respondent noted that the TSI result was low at less than 0.10 (normal reference range is less than 0.55) and the TSH Receptor Antibody was low at less than 1.10 (normal reference range was less than 1.75).

[4] Patient 1's weight at the August 23, 2021 visit was 57.2 kilograms (126 pounds, 1.7 ounces).

There is no documentation of swollen tonsils. With respect to Respondent's assessment, he noted that Patient 1 had Hashitoxicosis, both clinically and biochemically, which had resolved, "partly hastened by use of low dose methimazole and then anticipating the usual hypothyroid phase, was started on low dose LT4 since September 2020." He further noted that "the recent laboratory values showed subclinical thyrotoxicosis, which needs assessment for possibility of Grave's disease and that fortunately, Patient 1 was asymptomatic." Respondent's plan was to increase Patient 1's levothyroxine dose to 88 mcg; restart the high-dose vitamin D for the next 12 weeks, start over-the-counter Nature Made iron 65 mg tablets from Costco for the next four months, and take over-the-counter multivitamin and calcium 500. Patient 1's medical records reflect that during the visit with Respondent, there was 30 minutes of face-to-face encounter and that more than fifty percent (50%) of the time was spent on counseling and education. Patient 1 was instructed to return in four months for follow up.

16. At the time of Respondent's September 27, 2024 Board interview, Respondent denied assessing Patient 1's weight by having her spin around, placing Patient 1 on his shoulders, sitting on the examination table next to Patient 1, and requesting to be on Patient 1's Snapchat.

Assessing Patient 1's Weight by Having Her Spin Around.

17. The standard of care requires the use of a scale or measurements when assessing a patient's weight. Asking a patient to stand up, extend her arms, and spin around is not a medically appropriate method for assessing weight or body compensation.

18. Respondent's request that Patient 1 extend her arms and spin around, followed by commenting on her appearance, is an extreme departure from the standard of care.

Placing Patient 1 on Respondent's Shoulders to Estimate Weight in Kilograms.

19. If a conversion of a patient's weight from pounds to kilograms is necessary, the conversion can be made by calculating the number of pounds divided by 2.2. Estimating a patient's weight by having the patient sit on the physician's shoulders is not a medically appropriate method for assessing weight and lacks scientific validity.

20. Respondent's placement of Patient 1 on his shoulders to estimate her weight is an extreme departure from the standard of care.

Sitting on the Examination Table with Patient 1.

21. The standard of care requires that a patient sit or lie on the examination table alone. There is no medically justifiable reason for a physician to sit on the examination table with the patient. There is no medically justifiable reason for a physician to engage in physical contact such as hugging a patient.

22. Respondent's sitting on the examination table beside Patient 1 and giving Patient 1 side hugs during her January 11, 2022 visit is an extreme departure from the standard of care.

Appropriate Social Boundaries with Patients Must be Maintained.

23. The standard of care requires that physicians maintain appropriate social boundaries with patients. Professional interactions should occur through HIPAA-compliant systems that document communications in the patient's medical record.

24. Asking a patient for social media contact breaches professional boundaries and blurs the line between a professional and personal relationship. Communication between a physician and a patient must be strictly professional and occur within compliant systems. Respondent's request that Patient 1 add him to her Snapchat application is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

25. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that he engaged in repeated acts of negligence in the care and treatment of Patient 1. The circumstances are as follows:

26. The allegations of the First Cause for Discipline are incorporated herein by reference as if fully set forth.

27. Each of the alleged acts of gross negligence set forth above in the First Cause for Discipline is also a negligent act.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

28. Respondent is subject to disciplinary action under Code section 2234, in that his

actions represent unprofessional conduct in the care and treatment of Patient 1. The circumstances are as follows:

29. The allegations of the First and Second Causes for Discipline are incorporated herein by reference as if fully set forth.

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 C 153051, issued to Respondent Moinuddin Habib Mokhashi, M.D.;

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

3. Ordering Respondent Moinuddin Habib Mokhashi, 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: APR 04 2025

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

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