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

In the Matter of the Accusation Against: Robert Jeffrey Altman, M.D. Physician's and Surgeon's Certificate No. G 74028 Respondent.	Case No. 800-2021-083486

DECISION

The attached Stipulated Surrender of License and 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 3, 2026.

IT IS SO ORDERED January 27, 2026.

MEDICAL BOARD OF CALIFORNIA

For

Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
JADE WOLANSKY
Deputy Attorney General
State Bar No. 215479
California Department of Justice
1300 I Street, Suite 125
Sacramento, CA 95814
Telephone: (916) 210-7287
Facsimile: (916) 327-2247
E-mail: Jade.Wolansky@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **ROBERT JEFFREY ALTMAN, M.D.** **Sutter Gould Medical Foundation** **1401 Spanos Court, Ste 230** **Modesto, CA 95355** **Physician's and Surgeon's Certificate No. G 74028** Respondent.	Case No. 800-2021-083486 OAH No. 2024110858 **STIPULATED SURRENDER OF LICENSE AND 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 Jade Wolansky, Deputy Attorney General.

2. Respondent Robert Jeffrey Altman, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road Irvine, CA 92620.

3. On or about May 12, 1992, the Board issued Physician's and Surgeon's Certificate No. G 74028 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-083486 and will expire on May 31, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-083486 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 August 27, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-083486 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. 800-2021-083486. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

CULPABILITY

9. Respondent understands that the charges and allegations in Accusation No. 800-2021-083486, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the for the Third and Fourth Causes for Discipline in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in the Third and Fourth Causes for Discipline in Accusation No. 800-2021-083486, 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. G 74028 to disciplinary action.

12. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

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. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

15. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. G 74028 without further notice to, or opportunity to be heard by, Respondent.

16. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his

consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

17. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

18. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

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19. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 74028, issued to Respondent ROBERT JEFFREY ALTMAN, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in the Third and Fourth Causes for Discipline of Accusation No. 800-2021-083486 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $94,810.00 (ninety-four thousand, eight-hundred and ten dollars), prior to issuance of a new or reinstated license.

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6. 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 agency in the State of California, all of the charges and allegations contained in the Third and Fourth Causes for Discipline of Accusation No. 800-2021-083486 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 licensure.

7. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $94,810.00 (ninety-four thousand, eight-hundred and ten dollars), prior to issuance of a new or reinstated license.

8. 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 agency in the State of California, all of the charges and allegations contained in the Third and Fourth Causes for Discipline of Accusation No. 800-2021-083486 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 licensure.

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ACCEPTANCE

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

DATED: 1/15/2026

ROBERT JEFFREY ALTMAN, M.D.
Respondent

I have read and fully discussed with Respondent ROBERT JEFFREY ALTMAN, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: January 15, 2026

Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: January 16, 2026

Respectfully submitted,

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General

JADE WOLANSKY
Deputy Attorney General
Attorneys for Complainant

FR2023300756

Exhibit A

Accusation No. 800-2021-083486

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
MEGAN R. O'CARROLL
Deputy Attorney General
State Bar No. 215479
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7543
Facsimile: (916) 327-2247
Attorneys for Complainant

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

In the Matter of the Accusation Against: **Robert Jeffrey Altman, M.D.** **Sutter Gould Medical Foundation** **1401 Spanos Court, Ste 230** **Modesto, CA 95355** **Physician's and Surgeon's Certificate No. G 74028,** Respondent.	Case No. 800-2021-083486 **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 May 12, 1992, the Medical Board issued Physician's and Surgeon's Certificate No. G 74028 to Robert Jeffrey Altman, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2026, 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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. 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.

6. Section 726 of the Code states:

(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this or under any initiative act referred to in this division.

(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, to his or her spouse or person in an equivalent domestic relationship.

7. Section 729 of the Code states:

(a) Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(b) Sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor is a public offense:

(1) An act in violation of subdivision (a) shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(2) Multiple acts in violation of subdivision (a) with a single victim, when the offender has no prior conviction for sexual exploitation, shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(3) An act or acts in violation of subdivision (a) with two or more victims shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(4) Two or more acts in violation of subdivision (a) with a single victim, when the offender has at least one prior conviction for sexual exploitation, shall be

punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(5) An act or acts in violation of subdivision (a) with two or more victims, and the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000).

For purposes of subdivision (a), in no instance shall consent of the patient or client be a defense. However, physicians and surgeons shall not be guilty of sexual exploitation for touching any intimate part of a patient or client unless the touching is outside the scope of medical examination and treatment, or the touching is done for sexual gratification.

(c) For purposes of this section:

(1) "Psychotherapist" has the same meaning as defined in Section 728.

(2) "Alcohol and drug abuse counselor" means an individual who holds himself or herself out to be an alcohol or drug abuse professional or paraprofessional.

(3) "Sexual contact" means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

(4) "Intimate part" and "touching" have the same meanings as defined in Section 243.4 of the Penal Code.

(d) In the investigation and prosecution of a violation of this section, no person shall seek to obtain disclosure of any confidential files of other patients, clients, or former patients or clients of the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(e) This section does not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

(f) If a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in a professional partnership or similar group has sexual contact with a patient in violation of this section, another physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in the partnership or group shall not be subject to action under this section solely because of the occurrence of that sexual contact.

8. Section 2228.1 of the Code states.

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the

patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

COST RECOVERY

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FACTUAL ALLEGATIONS

Patient 1

10. Respondent is Board-certified in Obstetrics and Gynecology. He practices as an obstetrician and gynecologist at Sutter Gould Medical Group (SGMG), in Modesto, California. Patient 1 was initially treated by Respondent from approximately 2008 through 2011.[1] In 2011, however, her insurance carrier changed, and she began seeing a gynecologist outside of SGMG. That gynecologist closed his practice in 2020, and Patient 1 decided to return to Respondent's practice because her insurance once again included SGMG providers.

11. When Patient 1 made an appointment to see Respondent for follow up gynecological care in approximately December of 2020, she was a 54-year-old woman. Patient 1 presented to Respondent's office at SGMG on or about December 18, 2020. At the beginning of the appointment, Respondent entered the room and spoke with Patient 1 while Patient 1 was fully clothed. During this initial consultation, when discussing a stressful portion of her medical history, Patient 1 began to cry. Respondent approached Patient 1 and brushed away her tears with

[1] Patients are referred to by numbers in this document to protect their privacy.

his hand before providing her with a tissue. As Patient 1 continued speaking, Respondent placed his hand over her hands. He then hugged her. Patient 1 felt uncomfortable with this touching and hugging and was wondering if this interaction was appropriate. Respondent then left the room so Patient 1 could undress and put on a medical gown.

12. Respondent reentered the room to perform a genital examination. Patient 1 recalls that an assistant entered the room with Respondent and stood behind him as he performed the examination. The assistant was several feet behind Respondent, however, and therefore Patient 1 does not believe the assistant was in a position to view the examination. The assistant did not identify herself to Patient 1. Just before Respondent inserted the speculum to perform the vaginal examination, Patient 1 felt him tap on her clitoris in a pronounced manner that felt intentional. Patient 1 found the examination to be very different from previous exams she had undergone and was extremely uncomfortable. Patient 1 was shocked and upset by the exam and froze. Respondent did not document the identity of the assistant who was present in the room during the examination. Patient 1's medical records do, however, show that Medical Assistant P.N. was the person who initially led Patient 1 back to the examination room. She may or may not have served as a chaperone for the examination of Patient 1, but does not recall.

13. After the examination, Patient 1 allowed the front office staff to schedule a follow up appointment for her with Respondent. Patient 1 had already determined to cancel this appointment and not see Respondent again. Patient 1 later canceled the appointment and made an appointment with a different gynecologist the following year. At her appointment with the new gynecologist, Patient 1 told the new gynecologist what had happened at her appointment the previous year with Respondent, and how much it upset her. The new gynecologist encouraged Patient 1 to report her experience to the SGMG administration, which Patient 1 did. Patient 1 did not find SGMG's handling of her complaint to be reassuring or transparent, and decided to file a complaint with the Board.

14. During the Board's investigation of Patient 1's complaint, investigators interviewed Medical Assistant P.N. Medical Assistant P.N. did not have any specific recollection of Patient 1. When asked by investigators whether she has ever observed Respondent being inappropriate with

a patient, she reported that she had not, but that has observed occasions when patients found Respondent to be more physically demonstrative than they wished. For example, she observed an occasion where Respondent had his hand on the lower back of a patient who asked him to remove it. On another occasion, a patient told Medical Assistant P.N. that she had found Respondent to be touching her excessively during recent appointments, which would upset her husband. The patient asked Medical Assistant P.N. to tell Respondent this and to advise him not to touch her so much during appointments.

Patient 2

15. Patient 2 was treated by Respondent for obstetrical and gynecological care since approximately 2002. He delivered her first child in 2003. Patient 2 continued to see Respondent as her provider, on and off, for the next several years. She felt comfortable with him, and felt that he provided good care and was supportive and friendly. At one point, in approximately 2011, she was undergoing a difficult medical issue, and Respondent hugged her tightly for a very long time. She recalled feeling uncomfortable because the hug went on for too long, but she attributed this to the fact that she had been a long-time patient, and that Respondent intended to convey emotional support.

16. During Patient 2's second pregnancy, she had numerous appointments and occasions when she found Respondent's conduct was excessively familiar and physically intimate. He frequently hugged her, and frequently touched her for non-medical purposes and she became uncomfortable around him. In addition to the hugging, Patient 2 recalled occasions when Respondent rubbed her back while she was wearing only a medical gown. Respondent did not employ a chaperone during any of his appointments with Patient 2.

17. Patient 2 wanted Respondent to stop the personal, non-medical touching, but she did not know how to speak with him about it without offending him, and she did not want to change physicians mid-pregnancy. She began asking her cousin to accompany her to her appointments with Respondent in the hope that it would dissuade him from touching her so much, but Respondent continued to touch her a lot and her cousin observed this.

18. Patient 2 was admitted to Doctor's Medical Center (DMC), for a surgical delivery of her pregnancy. One of the nurses at DMC, Nurse D.B., is a family friend of Patient 2 and observed several interactions between Patient 2 and Respondent that she found to be overly familiar. She observed that Respondent hugged and touched Patient 2 often. Nurse D.B. reported that she had also observed Respondent to touch other patients excessively in the hospital, not just Patient 2. Another nurse who worked at DMC, Nurse S.J., also observed Respondent touching Patient 2 excessively and reported that Patient 2 was not the only patients she observed Respondent to be overly touchy and familiar with. Patient 2's husband also commented that he noticed Respondent to touch Patient 2 excessively and unnecessarily. At one of Patient 2's follow up appointments with Respondent after the birth, when Respondent completed the vaginal exam, he was standing in front of her between her open legs. He hugged Patient 2 from this position, which Patient 2 found to be incredibly awkward and uncomfortable.

19. Approximately one year later, Patient 2 experienced a painful feeling in her genital region and examined herself. She felt a lump that caused a great deal of pain when touched, and knew she needed to have it examined quickly. She did not want to see Respondent again, but she was too concerned about the pain and possible prognosis to wait to switch physicians. Therefore, she called and made an appointment with Respondent. Patient 2 was aware that due to the nature of her complaint and the location of the lump she felt that she would likely require a thorough manual examination that may include a digital rectal examination.

20. At the appointment on or about January 27, 2017, Patient 2 spoke with Medical Assistant P.N. and explained that she felt uncomfortable with how much Respondent touched her. P.N. explained that three of the Medical Assistants who worked with Respondent at SGMG had reported concerns to the group's administration about Respondent being overly familiar and excessively touching patients. Patient 2 felt hopeful that Respondent would be more professional during her exam that day because he had received this feedback.

21. Respondent entered the room to perform an examination of the lump Patient 2 felt. Respondent did not have a chaperone present during the examination. Patient 2 reported that Respondent first inserted his fingers into her vagina, and then also inserted fingers rectally.

Respondent continued this physical examination for what felt like an excessively long time. Patient 2 estimated the examination continued for approximately 60 seconds. Patient 2 felt that Respondent's examination of her was excessively prolonged and unnecessary. She spoke up during the exam, saying things like "okay" in a voice to indicate that he needed to stop the exam, but he continued to the exam without speaking. Patient 2 became upset and reiterated approximately 5 or 6 times "okay" or "enough," but Respondent again did not stop. Finally, Patient 2 physically moved herself up to a sitting position and pulled herself away to stop the exam. As the exam was ending and Patient 2 sat up she observed that Respondent was not wearing gloves.

22. Respondent told Patient 2 that he did not feel any lump in her vagina and it was probably nothing to worry about. He gave her a hug from the side of the table and left. Patient 2 was very upset and felt disgusted and upset. Patient 2 left the medical office and immediately told her husband what had occurred. Patient 2 told several close friends and told them how upset she was about what occurred. She reported the matter to the SGMG administration. She never returned to see Respondent and transferred her care to another provider.

23. Respondent documented an examination of Patient 2 on or about January 24, 2017 in the medical record. He wrote that he felt a "firm small mass on the posterior vaginal wall and tender uterus." Respondent further documented that he advised Patient 2 "not to self examine for 4-6 weeks and then to see if it remains." He further wrote that "[w]e discussed probably adenomyosis and option for treatment." Patient 2 was unaware that this was in her medical record, and is certain that Respondent did not relay this information to her because she is certain she would have followed up immediately with another provider if Respondent had told her this information.

FIRST CAUSE FOR DISCIPLINE

(Sexual Exploitation)

24. Respondent's license is subject to disciplinary action under section 729 of the Code in that he committed sexual exploitation of Patients 1 and 2.

25. Paragraphs 10 through 23, above, are incorporated as if set forth herein.

SECOND CAUSE FOR DISCIPLINE

(Sexual Misconduct)

26. Respondent's license is subject to disciplinary action under section 726 of the Code, in that he committed sexual misconduct with Patients 1 and 2.

27. Paragraphs 10 through 23, above, are incorporated as if set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence)

28. Respondent's license is subject to disciplinary action under section 2234, subdivisions (b), of the Code, in that he was grossly negligent in his care and treatment of Patients 1 and 2.

29. Paragraphs 10 through 23, above, are incorporated by reference as if fully set forth herein.

30. Respondent was grossly negligent for his acts and omissions including, but not limited to, the following:

(a) Touching Patient 1's clitoris during a medical examination without a valid medical reason or documentation, and without patient consent and permission;

(b) Not offering a chaperone to Patient 2 for the examination in January of 2017;

(c) Not stopping a non-urgent exam when asked multiple times to do so by Patient 2;

(d) Not having worn gloves during the examination of Patient 2; and

(e) Violating the physician-patient relationship by being overly familiar with Patient 2, touching her repeatedly, and repeatedly embracing her, including on occasions when she was unclothed, and without a chaperone.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

31. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he was repeatedly negligent in his care and treatment of Patients 1 and 2.

32. Paragraphs 10 through 23, above, are incorporated by reference as if fully set forth herein.

33. Respondent was repeatedly negligent for his acts and omissions including, but not limited to, the following:

(a) Touching Patient 1's clitoris during a medical examination without a valid medical reason or documentation, and without patient consent and permission;

(b) Touching Patient 1 in a non-clinical manner (hugging, touching face, hand-clasping), without her consent during a medical appointment;

(c) Not offering a chaperone to Patient 2 for the examination in January of 2017;

(d) Not stopping a non-urgent exam when asked multiple times to do so by Patient 2;

(e) Not having worn gloves during the examination of Patient 2; and

(f) Violating the physician-patient relationship by being overly familiar with Patient 2, touching her repeatedly, and repeatedly embracing her, including on occasions when she was unclothed, and without a chaperone.

FIFTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

34. Respondent's license is subject to disciplinary action under section 2234 of the Code, in that he committed acts constituting general unprofessional conduct.

35. Paragraphs 10 through 23, above, are incorporated as if set forth herein.

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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 G 74028, issued to Respondent Robert Jeffrey Altman, M.D.;

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

3. Ordering Respondent Robert Jeffrey Altman, 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;

4. Ordering Respondent Robert Jeffrey Altman, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

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

DATED: AUG 2 7 2024

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

FR2023300756