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

In the Matter of the First Amended Accusation Against: Ashish Kanaiyalal Patel, M.D. Physician's and Surgeon's Certificate No. A 94801 Respondent.	Case No.: 800-2023-103866

DECISION

The attached Proposed 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 March 4, 2026.

IT IS SO ORDERED: February 2, 2026.

MEDICAL BOARD OF CALIFORNIA

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

BEFORE THE
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DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against:

ASHISH KANAIYALAL PATEL, M.D., Respondent

Case No. 800-2023-103866

OAH No. 2025030055

PROPOSED DECISION

Marcie Larson, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on December 8 and 9, 2025, in Sacramento, California.

Jannsen Tan, Deputy Attorney General, represented complainant Reji Varghese, Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

Paul Chan, Attorney at Law, represented Respondent Ashish Kanaiyalal Patel, M.D., who appeared at the hearing.

Evidence was received, the record was closed, and the matter was submitted for decision on December 9, 2025.

FACTUAL FINDINGS

Background and Procedural History

1. On April 5, 2006, the Board issued Respondent Physician's and Surgeon's Certificate Number A 94801 (certificate). Respondent 's certificate will expire on April 30, 2028, unless renewed or revoked.

2. On March 6, 2025, complainant, in his official capacity, filed a First Amended Accusation against Respondent alleging that cause exists to discipline his certificate based on a criminal conviction for driving a vehicle with a blood alcohol concentration (BAC) above 0.08 percent, using alcohol in a dangerous manner, and dishonesty. Complainant alleged Respondent 's conduct constitutes violations of Business and Professions Code sections 2234, subdivisions (a) and (e), 2236, and 2239. Complainant also seeks an award of the Board's investigation and prosecution costs.

3. Respondent timely filed a Notice of Defense. The matter was set for an evidentiary hearing before an ALJ of the OAH, an independent adjudicative agency of the State of California, pursuant to Government Code section 11500 et seq.

Respondent 's Criminal Conviction

4. On September 26, 2024, in the Superior Court of California, County of Stanislaus, Respondent was convicted on his plea of no contest of driving with a BAC of 0.08 percent or more, a violation of Vehicle Code section 23152, subdivision (b), a misdemeanor. Respondent was ordered to serve two days in jail, was placed on three years of informal probation, ordered to complete a First Offender Driving Under the Influence (DUI) program and pay various fines and fees.

5. The circumstances underlying Respondent 's conviction occurred on December 1, 2023, at approximately 8:00 p.m. Officers from the Modesto Police Department were dispatched to the scene of a two-vehicle accident. A passenger in the vehicle that was hit contacted emergency services to report the accident.

6. Officer Nicholas Haro was one of the officers who arrived at the scene. Officer Haro prepared a report, testified at hearing and narrated his body-camera video recording of his investigation. Upon arriving at the scene, Officer Haro learned from Victim 1 that Respondent 's vehicle crashed into the back of Victim 1's vehicle when it was stopped at a stop sign. Victim 1's adult daughter, the passenger that called 911, was in the vehicle at the time of the collision. Victim 1 reported that he did not see Respondent 's vehicle approach the back of his vehicle because Respondent 's headlights were not on.

7. Victim 1 and his daughter reported that after the collision, Respondent told them not to contact authorities to report the accident. Respondent explained that he did not want to report the accident because he was a doctor and that they could handle the collision privately. Victim 1 told Respondent that he needed to get a police report for his insurance. Respondent became agitated when he learned the police would be called. Respondent also was upset when Victim 1 took a picture of his license plate.

8. Respondent 's wife and nephew arrived on the scene shortly after the collision. They were notified of the collision from the vehicle's electronic notification system. Respondent 's home was within walking distance of the accident.

9. When Officer Haro spoke to Respondent, he denied that he was the driver of the vehicle that crashed into Victim 1's vehicle. Respondent contended that his wife

was the driver of the vehicle. At one point, Respondent began to speak to his wife in their native language and Officer Haro could not understand what they were saying. However, it appeared to Officer Haro that Respondent was trying to convince his wife to admit that she was the driver of the vehicle.

10. Officer Haro spoke to Respondent 's nephew, who reported that he was with Respondent 's wife at their home when they received an alert about the collision. He confirmed that Respondent 's wife was not driving Respondent 's vehicle at the time of the collision.

11. For a period of approximately seven minutes, Officer Haro questioned Respondent about whether he was the driver of the vehicle. Respondent repeatedly denied driving the vehicle. At one point, Officer Haro told Respondent to "stop lying" and to tell the truth about who was driving the vehicle. Respondent then admitted he was the driver of the vehicle during the collision.

12. Officer Haro observed that Respondent had objective signs of intoxication. He asked Respondent if he had been drinking alcohol. Respondent stated that he drank two glasses of wine, then he stated that he did not drink alcohol and "never ever had it." He also told Officer Haro that he ate a salad and "rib eye" steak for dinner that evening. Respondent informed Officer Haro that he was a "well-known" doctor at Kaiser Hospital and that he worked in "critical care" and takes care of "patients in ICU [Intensive Care Unit]." Respondent also mentioned he worked in "sleep medicine." Respondent stated that he did not want to jeopardize his career. At one point, Respondent pretended to cry until Officer Haro told him to stop. Officer Haro felt that Respondent was trying to dissuade him from performing his duties and hoping to receive leniency.

13. Officer Haro administered a series of field sobriety tests, which Respondent failed to satisfactorily perform. Respondent declined to submit to a Preliminary Alcohol Screening. However, he completed a breath test which registered his BAC at 0.16 and 0.15 percent.

Board's Investigation

14. On or about February 2, 2024, Respondent submitted to the Board a completed "Criminal Action Reporting Form." Respondent notified the Board of his December 1, 2023, arrest and charges filed against him for DUI. On October 8, 2024, Respondent submitted to the Board a second "Criminal Action Reporting Form" notifying the Board of his September 26, 2024, criminal conviction.

15. Jillian Alexander, Special Investigator for the Board, was assigned to investigate Respondent 's arrest and conviction. Investigator Alexander testified at hearing concerning her investigation. On October 25, 2024, Investigator Alexander interviewed Respondent. His attorney was present. Respondent described the events on December 1, 2023, and the accident. Investigator Alexander asked Respondent if he told Victim 1 or his daughter not to call 911. Respondent stated "No, I did not." Investigator Alexander also asked Respondent if he told the police officers that his wife was driving his vehicle at the time of the accident. Respondent stated:

> No, this is not accurate. What happened is my wife, um, become [*sic*] very stressful. And then she started talking to me in my own language and there was some confusion, but I did not. I accepted the complete responsibility. I made a mistake. And I was driving the car.

16. Investigator Alexander asked Respondent if he was aware that the entire interaction with police was video recorded. Respondent stated that he was aware, and he continued to deny that he told police his wife was driving his vehicle at the time of the accident.

Respondent 's Evidence

17. Respondent is 49 years old. He was born and raised in India. In 2000, he completed medical school in India. From 2000 until 2001, Respondent completed a residency in anesthesiology and critical care at the Civil Hospital, Ahmedabad, India. In 2002, Respondent became engaged to his wife who lived in Southern California. Respondent moved to the United States and worked as a Voluntary Research Assistant, at the Department of Leaning and Neurobiology at the University of California (UC), Irvine.

18. In 2003, Respondent became a licensed physician in New Jersey. Between 2003 and 2006, Respondent completed his internship and residency in internal medicine at the Saint Barnabas Medical Center, Livingston, New Jersey. Between 2006 and 2009, Respondent completed a fellowship in pulmonary and critical care medicine at the Los Angeles County/University of Southern California Medical Center in Los Angeles, California.

19. Since completing his fellowship in 2009, Respondent has worked as a Senior Physician for the Permanente Medical Group (Kaiser) in Modesto, California. In 2012, Respondent became the Assistant Chief of Pulmonary and Critical Care Since 2015, Respondent has been the Chief of Sleep Medicine for Central Valley and Fresno, California.

20. Although Respondent has worked in Kaiser's Sleep Medicine clinic for 10 years, during the pandemic he would take shifts in the ICU. However, as of December 1, 2023, he was not an ICU physician taking care of critically ill patients.

21. Respondent explained the circumstances surrounding his arrest on December 1, 2023. Respondent organized a holiday dinner for his Kaiser staff at a restaurant less than two miles from his home. Respondent explained that the event started at 5:00 p.m. Wine was served at the event. There were wine bottles on the table. The gathering was the first that had occurred since the pandemic. Spirits were high. Respondent does not know how much alcohol he drank. Respondent explained that he only ate a salad that evening because he was inadvertently given a steak to eat. However, Respondent is vegetarian.

22. When Respondent left the dinner around 7:45 p.m. he did not feel intoxicated. Respondent does not know how he hit Victim 1's vehicle. He did not know he had a collision until his vehicle's airbag deployed. Respondent contends that after the airbag deployed, he was in shock and has no independent recollection of what occurred that evening, including any statements he made to the victims or the police. He did not watch the police videos until February 2025. Respondent contends he did not review any material about his arrest and conviction prior to his interview with Investigator Alexander.

23. After Respondent 's arrest, he was advised by his criminal defense attorney to attend Alcoholics Anonymous (AA). Respondent attended AA for one month. He stopped attending because he does not have "addiction issues." Respondent rarely drank alcohol before his arrest and stopped drinking alcohol since his arrest. However, he found the meetings "very useful" in helping him understand "what people go

through." He believes that attending AA made him a "much better physician" because he can "hold space" for his patients and colleagues who are struggling.

24. Respondent has a strong support system including his wife and two adult children. Respondent 's family sees him as a "hero" and has forgiven him for the mistake he has made. Respondent explained that his children are proud of him for confronting his mistake and making the decision to no longer drink alcohol. Respondent also has the support from his colleagues, many of whom provided letters of support. Respondent also meets once a month with Eh Raymond Mu, M.D., Chief of the Professional Staff Wellbeing Committee for Kaiser, to discuss changes Respondent has made in his life, such as regularly meditating and becoming more active in his temple.

25. To address his ethical shortcomings, Respondent took a two-day ethics course. Respondent learned that his behavior was unprofessional and unethical because he put other people at risk. He understands that dishonesty was also a serious ethical lapse for which he takes full responsibility.

26. Respondent assures the Board that his conduct on December 1, 2023, was an isolated incident. That evening he was "scared and frightened." However, since that incident he has taken steps to ensure he does not repeat his mistakes. Most notably, Respondent no longer drinks alcohol. Respondent contends that he does not require monitoring by the Board. Additionally, he believes that being placed on probation will affect his Board certification and ability to manage the Kaiser Sleep Clinic.

EXPERT TESTIMONY

27. Between May 5 and June 16, 2025, John G. Rosenberg, M.D., conducted a psychiatric evaluation of Respondent to determine whether he suffers from a substance use disorder and if he requires monitoring by the Board. Dr. Rosenberg prepared a report of his findings and testified at hearing consistent with his report.

28. Dr. Rosenberg graduated from UC San Francisco School of Medicine in 1982 and obtained his medical license. Between 1982 and 1985, Dr. Rosenberg completed a residency in psychiatry at the UC San Francisco Langley Porter Institute. After Dr. Rosenberg completed his residency, he opened a private practice and began working as a staff psychiatrist at the Berkeley Therapy Institute until 2021. His practice included management of adult psychiatric disorders and performing comprehensive evaluations of physicians and other healthcare providers. Since 2021, Dr. Rosenberg has worked as a consulting psychiatrist performing "comprehensive evaluations of healthcare professionals." Dr. Rosenberg estimated that he has performed between 150 and 200 physician evaluations.

29. Dr. Rosenberg's evaluation of Respondent included a four-hour interview, a review of records related to Respondent 's DUI incident and the Board's investigation and disciplinary action, psychological testing administered by Renee Talmon Psy.D., and a review of Respondent 's CURES report[1] for the past 24 months. Dr. Rosenberg also conducted "collateral" telephone calls with Respondent 's wife; and two colleagues.

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[1] CURES is the Controlled Substance Utilization Review and Evaluation System maintained by the California Department of Justice, which tracks all Schedule II through V controlled substances dispensed to patients in California.

Dr. Rosenberg also required Respondent to submit to hair follicle testing to screen for alcohol and drug use.

30. Respondent explained to Dr. Rosenberg the events surrounding his DUI. Respondent informed Dr. Rosenberg that during the holiday dinner the evening of his arrest, he drank two glasses of wine and ate a salad. He did not feel intoxicated when he drove home. Respondent explained that after he realized he hit Victim 1's vehicle, he became "extremely frightened and panicked." Dr. Rosenberg noted that Respondent provided the following information:

> The police officer took him aside for some testing related to sobriety. He is aware that he kept telling the police officer that he was a physician. He was frightened and panicky, feeling "that my life was over." He felt that his career and his family were on the line, as he felt "certain" that he would be fired. He was panicky, feeling immediately felt [*sic*] that he was going to fail in his burden of responsibility to support his family and the two families in India that he continues to support by paying for the education of the families' children. He was overwhelmed and frightened.
>
> When I asked [Respondent] why he repeated that he was a physician, he stated that his background, having grown up in India, led him to believe that physicians have some status, and he felt that he was needing to call upon that to get forgiveness from the police officer. He realizes retrospectively that this was irrational and not useful. [Respondent] also stated that he informed the 9-1-1

> emergency system in his communications with them that he was driving. However, he became panicky and scared when the police arrived. His wife was there, which also seemed to lead to a sense of heightened apprehension. He was speaking to his wife in their language of Gujarati. He did not recall the content of this conversation, though he was told of it later. It was in this state that he told the police officer that he had not been driving but rather that his wife had been driving. After a few minutes, the police officer confronted him telling him to be honest in his communication and he changed his story, acknowledging that he had been the driver.

31. Respondent reported that he never experienced cravings for alcohol and never consumed alcohol while at work. He only consumed alcohol occasionally and stopped drinking alcohol after his arrest.

32. Dr. Rosenberg noted that Respondent 's hair follicle test was positive for zolpidem, which is a sleep aid. Respondent reported that he used zolpidem on four to five occasions over the previous three months. Respondent obtained the medication in India. Respondent was also prescribed alprazolam, an anxiety medication, two days prior to his interview with Dr. Rosenberg.

33. Dr. Rosenberg utilized the Diagnostic and Statistical Manual of Mental Disorders (DSM), to determine if Respondent meets the criteria for a substance use disorder. Dr. Rosenberg explained that Respondent "does not meet DSM criteria for an alcohol use disorder, as there has been one single episode, and his past shows no pattern of recurrent difficulties of any sort related to alcohol consumption."

34. Dr. Rosenberg also explained that under the "ASAM (American Society for Addiction Medicine) criteria for treatment of substance use disorders, the diagnosis of substance use can be more stringent in individuals working in safety sensitive occupations." Applying the ASAM, Respondent "does not meet the criteria for substance abuse or a substance use disorder, as even these inclusive criteria require more than one episode of excessive consumption."

35. Dr. Rosenberg concluded that based on his evaluation, Respondent has "no diagnosed psychiatric condition, and no indication of a substance use disorder or problem, and no indication of problematic personality traits." Dr. Rosenberg opined that "monitoring, group meetings, or the use of a worksite monitor, as might be required in the application of the Uniform Standards, would be unnecessary, inappropriate, and a waste of resources in this specific situation."

CHARACTER WITNESSES AND LETTERS OF SUPPORT

36. Two character witnesses testified at hearing and wrote letters on Respondent 's behalf. Sanjay Marwaha, M.D., is the Physician in Chief at Kaiser in the Central Valley and Respondent 's supervisor. Dr. Marwaha has known Respondent for 15 years. Dr. Marwaha described Respondent as a "compassionate physician with excellent clinical skills." He explained that Respondent is always willing to take on additional work to support his colleagues and patients. Dr. Marwaha has never received any complaints about Respondent . On the contrary, Respondent often receives high praise from his colleagues and patients. Respondent told Dr. Marwaha about his DUI conviction. He stated that Respondent "clearly admitted his mistake and was extremely remorseful."

37. Apurva Parmar, M.D., is a Family Physician at Kaiser. Dr. Parmar has known Respondent since 2008. Dr. Parmar assisted in recruiting Respondent to Kaiser. Over the years, Dr. Parmar and Respondent have become friends. Dr. Parmar described Respondent as a trusted physician who cares deeply for his patients. Dr. Parmar explained that Respondent has been a leader at Kaiser for many years and is regarded as a highly skilled physician.

Respondent shared with Dr. Parmar the information about his DUI arrest and conviction. Dr. Parmar has seen the remorse and regret Respondent feels for his conduct. Dr. Parmar has also witnessed Respondent 's efforts to move forward. Dr. Parmar believes that the incident has made Respondent focused on making changes in his life so that he does not repeat the same mistakes.

38. Respondent submitted many letters of support from colleagues. The letters unequivocally describe Respondent as a highly competent and caring physician who strives to give the best care to his patients. The authors also explain Respondent 's stellar reputation and deep regret for his misconduct.

Analysis

39. In addition to the *Manual of Model Disciplinary Orders and Disciplinary Guidelines,* 12th Edition, 2016 (Cal. Code Regs., tit. 16, § 1361, subd. (a)) (Disciplinary Guidelines), the Board has developed criteria to consider when determining the appropriate level of discipline to impose on a licensee convicted of a crime. Specifically, California Code of Regulations, title 16, section 1360.1 provides:

> When considering the suspension or revocation of a license, certificate or permit on the ground that a person holding a license, certificate or permit under the Medical Practice Act

has been convicted of a crime, the division, in evaluating the rehabilitation of such person and his or her eligibility for a license, certificate or permit shall consider the following criteria:

(1) The nature and severity of the act(s) or offense(s).

(2) The total criminal record.

(3) The time that has elapsed since commission of the act(s) or offense(s).

(4) Whether the licensee, certificate or permit holder has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.

(5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.

(6) Evidence, if any, of rehabilitation submitted by the licensee, certificate or permit holder.

40. Additionally, complainant contends Uniform Standards Related to Substance-Abusing Licensees set forth in California Code of Regulations, title 16, section 1361, apply to this matter, which provides in pertinent part:

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code section 11400 et seq.), the Medical Board of California shall consider the disciplinary guidelines entitled "Manual of

Model Disciplinary Orders and Disciplinary Guidelines" (12th Edition/2016) which are hereby incorporated by reference. Deviation from these orders and guidelines, including the standard terms of probation, is appropriate where the Board in its sole discretion determines by adoption of a proposed decision or stipulation that the facts of the particular case warrant such a deviation -- for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the Uniform Standards for Substance-Abusing Licensees as provided in section 1361.5, without deviation, for each individual determined to be a substance-abusing licensee.

41. The Uniform Standards for Substance-Abusing Licensees set forth in California Code of Regulations, title 16, section 1361.5, provides in pertinent part:

(a) If the licensee is to be disciplined for unprofessional conduct involving the use of illegal drugs, the abuse of drugs and/or alcohol, or the use of another prohibited substance as defined herein, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Code.

42. Complainant contends Respondent 's conviction and dangerous use of alcohol demonstrate that he is a substance abusing licensee, which requires the imposition of probation with terms to monitor substance abuse. However, Respondent

rebutted the presumption that he is a substance abusing licensee. Dr. Rosenberg was the only expert to testify and offer an opinion concerning this issue. He persuasively opined that Respondent does not meet any of the criteria for a substance use disorder as defined by the DSM or ASAM.

43. While the evidence did not establish that Respondent is a substance abusing licensee, applying the Board's criteria demonstrates that a period of probation and monitoring is necessary to protect the public. Respondent was convicted of driving his vehicle under the influence of alcohol with a BAC twice the legal limit. His use of alcohol was dangerous to himself and the occupants of the other vehicle he hit. Additionally, Respondent repeatedly lied to the police when questioned. For a period of seven minutes, Respondent repeatedly told Officer Haro that his wife was driving his vehicle and caused the collision. Respondent also tried to use his position as a physician to receive leniency, claiming he was an ICU physician when he was not.

44. Respondent has taken some steps to address his past conduct. Most notably he stopped drinking alcohol. He attended AA for one month, meets with Kaiser's wellness director and completed an ethics course. Respondent 's colleagues and friends describe him as a competent and caring physician. Respondent appeared truly remorseful for his conduct.

45. However, Respondent is still completing the terms of his criminal probation. As a result, there has been an insufficient amount of time to evaluate his rehabilitation. (*In re Gossage* (2000) 23 Cal.4th 1080, 1099 [a full and accurate analysis of one's rehabilitation requires a period of analysis during which he is not on probation or parole].) Additionally, Respondent has not submitted to regular biological fluid testing to ensure his sobriety and has not attended any counseling to address the underlying cause of his conduct.

46. The Disciplinary Guidelines for each violation committed by Respondent recommend a minimum of five years of probation along with special and standard terms and conditions. However, deviation from the Disciplinary Guidelines is warranted when considering all of the evidence. Consequently, three years of probation with appropriate terms and conditions corresponding with the violations Respondent committed is appropriate to protect the public.

The purpose of discipline is not to punish, but to protect the public by eliminating practitioners who are dishonest, immoral, disreputable or incompetent. (*Fahmy v. Medical Board of California* (1995) 38 Cal.App.4th 810, 817.) As a result, the standard term prohibiting Respondent from supervising physician assistants and advanced practice nurses is not necessary in this case for public protection. Ordering this term would be unduly punitive. Additionally, special terms requiring a medical evaluation and a practice monitor are not necessary to protect the public. There is no evidence Respondent is suffering from any medical condition affecting his ability to practice and no additional monitoring at work is necessary.

Costs

47. Pursuant to Business and Professions Code section 125.3, complainant requested that Respondent be ordered to reimburse the Board for the reasonable costs of the investigation and prosecution of the case. Complainant submitted a Declaration of the Deputy Attorney General with an attached computer printout that lists the amounts charged by the Attorney General's Office and a Declaration Of Investigative Activity listing the investigative costs. The declarations and computer printout show that the Attorney General's Office billed the Board $36,490 for prosecuting the case. The investigation costs are $1,062.75. These costs are reasonable in light of the allegations in this matter.

LEGAL CONCLUSIONS

1. The purpose of the Medical Practice Act is to assure the high quality of medical practice; in other words, to keep unqualified and undesirable persons and those guilty of unprofessional conduct out of the medical profession. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 574.) Business and Professions Code section 2229 states: "Protection of the public shall be the highest priority" for the Medical Board.

2. The purpose of administrative discipline is not to punish, but to protect the public by eliminating those practitioners who are dishonest, immoral, disreputable or incompetent. (*Fahmy v. Medical Board of California* (1995) 38 Cal.App.4th 810, 817.)

Standard and Burden of Proof

3. Complainant bears the burden of proving each of the grounds for discipline alleged in the Accusation and must do so by clear and convincing evidence. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) Clear and convincing evidence is evidence that leaves no substantial doubt and is sufficiently strong to command the unhesitating assent of every reasonable mind. (*In re Marriage of Weaver* (1990) 224 Cal.App.3d 478, 487.)

Applicable Law

4. Business and Professions Code section 2227 provides in pertinent part that a licensee who has been found "guilty" of violations of the Medical Practices Act, shall:

(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.

5. Business and Professions Code section 2234, requires the Board to "take action against any licensee who is charged with unprofessional conduct." Unprofessional conduct includes but is not limited to:

(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.

[¶...¶]

(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.

6. Business and Professions Code section 2236, subdivision (a), provides:

The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

7. Business and Professions Code section 2239, subdivision (a), provides:

The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

8. California Code of Regulations, title 16, section 1360, provides, in relevant part:

[A] crime, professional misconduct, or act shall be considered to be substantially related to the qualifications,

functions or duties of a person holding a license if to a substantial degree it evidences present or potential unfitness of a person holding a license to perform the functions authorized by the license in a manner consistent with the public health, safety or welfare. Such crimes, professional misconduct, or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of state or federal law governing the applicant's or licensee's professional practice.

Cause for Discipline

9. Cause exists for discipline under Business and Professions Code sections 2234, subdivision (a), and 2236, subdivision (a). Respondent 's September 26, 2024 criminal conviction for driving under the influence of alcohol is substantially related to the qualifications, functions and duties of a physician.

10. Cause exists for discipline under Business and Professions Code sections 2234, subdivision (a), and 2239, subdivision (a). On December 1, 2023, Respondent used alcoholic beverages to the extent, or in such manner as to be dangerous or injurious to himself and to the public.

11. Cause exists for discipline under Business and Professions Code section 2234, subdivision (e). On December 1, 2023 Respondent was repeatedly dishonest with police officers. Dishonesty may be the misrepresentation or the concealment of material facts or in a statement of fact made with consciousness of its falsity. It is not

essential that the person charged with fraud should have received any benefit therefrom. The key is predicated upon the fact that another has been misled to his prejudice and not on the fact that the individual profited by his wrong. (*Fort v. Board of Medical Quality Assurance* (1982) 136 Cal.App.3d 12, 19.)

Physician honesty is critical. (*Windham v. Board of Medical Quality Assurance* (1980) 104 Cal.App.3d 461, 470.) "There is no other profession in which one passes so completely within the power and control of another as does the medical patient." (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 578.) "[T]here is more to being a licensed professional than mere knowledge and ability. Honesty and integrity are deeply and daily involved in various aspects of the practice." (*Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, 772-773, citing *Golde v. Fox* (1979) 98 Cal.App.3d 167, 176.)

Cost Recovery

12. Pursuant to Business and Professions Code section 125.3, a licensee found to have violated a licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth factors to be considered in determining the reasonableness of costs sought pursuant to statutory provisions like Business and Professions Code section 125.3. These factors include whether the licensee has been successful at hearing in getting charges dismissed or reduced, the licensee's subjective good faith belief in the merits of his position, whether the licensee has raised a colorable challenge to the proposed discipline, the financial ability of the licensee to pay, and whether the scope of the investigation was appropriate in light of the alleged misconduct.

13. Here, the scope of the investigation was appropriate to the alleged misconduct. Respondent did not establish a basis to reduce or eliminate the costs in this matter. As a result, Respondent shall pay the Board's costs totaling $37,552.75.

Conclusion

14. When all the evidence is considered, three years of probation with terms to monitor Respondent will adequately protect the public.

ORDER

Physician's and Surgeon's Certificate Number A 94801 issued to Respondent Ashish Kanaiyalal Patel, M.D. is revoked. However, the revocation is stayed and Respondent is placed on three years of probation under the following terms and conditions:

1. ALCOHOL -ABSTAIN FROM USE

Respondent shall abstain completely from the use of products or beverages containing alcohol.

If Respondent has a confirmed positive biological fluid test for alcohol, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an Accusation and/or a Petition to Revoke Probation is effective. An Accusation and/or Petition to Revoke Probation shall be filed by the Board within 30 days of the notification to cease practice. If Respondent requests a hearing on the Accusation and/or petition to revoke probation, the Board shall provide Respondent with a hearing within 30 days of the request, unless Respondent stipulates

to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a proposed decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an Accusation or Petition to Revoke Probation within 30 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

2. CONTROLLED SUBSTANCES - ABSTAIN FROM USE

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

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

If Respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an Accusation and/or a Petition to Revoke Probation is effective. An Accusation and/or Petition to Revoke Probation shall be filed by the Board within 30 days of the notification to cease practice. If Respondent requests a hearing on the Accusation and/or Petition to Revoke Probation, the Board shall provide Respondent with a hearing within 30 days of the request, unless Respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a proposed decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an Accusation or Petition to Revoke Probation within 30 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

3. BIOLOGICAL FLUID TESTING

Respondent shall immediately submit to biological fluid testing, at Respondent 's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Prior to practicing medicine, Respondent shall contract with a laboratory or service approved in advance by the Board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

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

If Respondent fails to cooperate in a random biological fluid testing program within the specified time frame, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an Accusation and/or a Petition to Revoke Probation is effective. An Accusation and/or Petition to Revoke Probation shall be filed by the Board within 30 days of the notification to cease practice. If Respondent requests a hearing on the Accusation and/or Petition to Revoke Probation, the Board shall provide Respondent with a hearing within 30 days of the request, unless Respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a proposed decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its

Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an Accusation or Petition to Revoke Probation within 30 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

4. EDUCATION COURSE

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, 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 40 hours per year, for each year of probation. 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 65 hours of CME of which 40 hours were in satisfaction of this condition.

5. PROFESSIONALISM PROGRAM (ETHICS COURSE)

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

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

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

6. PSYCHIATRIC EVALUATION

Within 30 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter may be required by the Board or its designee, Respondent

shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board appointed board certified psychiatrist, who shall consider any information provided by the Board or designee and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological testing.

Respondent shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within 15 calendar days after being notified by the Board or its designee.

7. PSYCHOTHERAPY

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

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall

cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist.

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

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

8. NOTIFICATION

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

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

9. OBEY ALL LAWS

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

10. QUARTERLY DECLARATIONS

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

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

11. GENERAL PROBATION REQUIREMENTS

Compliance with Probation Unit. Respondent shall comply with the Board's probation unit.

Address Changes: Respondent shall, at all times, keep the Board informed of Respondent 's business and residence addresses, email address (if available), and telephone number.

Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

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

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

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

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

12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE

Respondent shall be available in person upon request for interviews either at Respondent 's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

13. NON-PRACTICE WHILE ON PROBATION

Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent 's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent

shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

Respondent 's period of non-practice while on probation shall not exceed two years. Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California, will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and Controlled Substances; and Biological Fluid Testing.

14. COMPLETION OF PROBATION

Respondent shall comply with all financial obligations (i.e., probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent 's certificate shall be fully restored.

15. VIOLATION OF PROBATION

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

16. LICENSE SURRENDER

Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his license. The Board reserves the right to evaluate Respondent 's request and to exercise its discretion in determining whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent 's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17. PROBATION MONITORING COSTS

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

18. INVESTIGATION AND ENFORCEMENT COSTS

Respondent shall pay the costs associated with the investigation and enforcement of this matter in the amount of $37,552.75. Respondent may negotiate a payment plan with the Board and the costs may be adjusted. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

DATE: January 6, 2026

Marcie Larson
Marcie Larson (Jan 6, 2026 14:33:43 PST)

MARCIE LARSON

Administrative Law Judge

Office of Administrative Hearings