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

In the Matter of the Accusation Against: Kelly Alice White, M.D. Physician's and Surgeon's Certificate No. A 156556 Respondent.	Case No.: 800- 2022-088976

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 26, 2026.

IT IS SO ORDERED: February 24, 2026.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
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ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **KELLY ALICE WHITE, M.D.** **93 La Patera Drive** **Camarillo, California 93010** **Physician's and Surgeon's Certificate No. A 156556,** Respondent.	Case No. 800-2022-088976 OAH No. 2025090226 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent Kelly Alice White, M.D. (Respondent) is represented in this proceeding by attorneys Derek F. O'Reilly-Jones, Esq., and Nicholas Archibald, Esq., whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, California, 90071-1562.

3. On or about June 18, 2018, the Board issued Physician's and Surgeon's Certificate No. A 156556 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-088976, and will expire on September 30, 2027, unless renewed.

JURISDICTION

4. On June 5, 2025, Accusation No. 800-2022-088976 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 June 5, 2025. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2022-088976 is attached hereto as Exhibit A and hereby incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, discussed with her attorneys, and fully understands the charges and allegations in Accusation No. 800-2022-088976. Respondent has also carefully read, discussed with her attorneys, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each right set forth above.

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

CULPABILITY

10. Respondent understands and agrees that the charges and allegations contained in Accusation No. 800-2022-088976, if proven at an administrative hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate No. A 156556.

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case or factual basis for the charges and allegations contained in Accusation No. 800-2022-088976, and that she has thereby subjected her Physician's and Surgeon's Certificate to disciplinary action, and that she hereby agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

12. This Stipulated Settlement and Disciplinary Order shall be subject to approval by the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that she may not withdraw her agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether to approve and adopt this Stipulated Settlement and Disciplinary Order, 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 Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. If the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, except for 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 Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion, and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

14. Respondent agrees that if she ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all the charges and allegations contained in Accusation No. 800-2022-088976 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

ADDITIONAL PROVISIONS

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

16. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 156556 issued to Respondent KELLY ALICE WHITE, M.D., is revoked. However, the revocation is stayed, and Respondent is placed on probation for thirty-five (35) months from the effective date of the Decision on the following terms and conditions:

1. MEDICAL RECORD KEEPING COURSE.

Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents

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

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

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

2. PROFESSIONALISM PROGRAM (ETHICS COURSE).

Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations 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 CME requirements for renewal of licensure.

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

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

3. MONITORING – PRACTICE.

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

The Board or its designee shall provide the approved practice monitor with copies of this Decision and Accusation, and a proposed monitoring plan. Within fifteen (15) calendar days of receipt of the Decision and Disciplinary Order and Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Disciplinary Order and the Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

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

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

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

If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

4. PROHIBITED PRACTICE.

During probation, Respondent is prohibited from practicing, performing, or treating patients in the area of hemophilia. After the effective date of this Decision, all patients being treated for hemophilia by Respondent shall be notified that Respondent is prohibited from practicing,

performing, or treating patients in the area of hemophilia. All patients being treated for hemophilia by Respondent must be provided this oral notification at the time of their initial consultation.

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

5. NOTIFICATION.

Within seven (7) days of the effective date of this Decision, the Respondent shall provide true copies 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 fifteen (15) calendar days.

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

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES.

During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

7. 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.

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8. INVESTIGATION/ENFORCEMENT COST RECOVERY.

Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, investigation, expert review, and legal review, as applicable, in the amount of $46,587.20 (forty-six thousand five hundred eighty-seven dollars and twenty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of this agreement and shall be deemed an act of unprofessional conduct and a separate and distinct basis for discipline.

Payment must be made in full within thirty (30) calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with the payment plan shall be considered an act of unprofessional conduct and a violation of probation, and a separate and distinct basis for discipline.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

9. 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 ten (10) calendar days after the end of the preceding quarter.

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

11. 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.

12. NON-PRACTICE WHILE ON PROBATION.

Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (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 forty (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 eighteen (18) calendar months, Respondent shall successfully complete the FSMB's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

13. COMPLETION OF PROBATION.

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

14. 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.

15. 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 her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (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.

16. PROBATION MONITORING COSTS.

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

17. FUTURE ADMISSIONS CLAUSE.

If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-088976 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Derek F. O'Reilly-Jones, Esq., and Nicholas Archibald, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 2/12/2026

Signed by:
58D0A320EE7C465...
KELLY ALICE WHITE, M.D.
Respondent

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

DATED: 02.12.2026

Derek O'Reilly-Jones
DEREK F. O'REILLY-JONES, ESQ.
Attorney for Respondent
NICHOLAS ARCHIBALD, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: February 12, 2026

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

JOSEPH F. MCKENNA III
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-088976

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **KELLY ALICE WHITE, M.D.** **93 La Patera Drive** **Camarillo, California 93010** **Physician's and Surgeon's Certificate No. A 156556,** Respondent.	Case No. 800-2022-088976 **A C C U S A T I O N**

PARTIES

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

2. On or about June 18, 2018, the Board issued Physician's and Surgeon's Certificate No. A 156556 to Kelly Alice White, 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 September 30, 2025, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2220 of the Code states, in relevant part:

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

STATUTORY PROVISIONS

5. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

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6. Section 2234 of the Code states, in relevant part:

> 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.
>
> ...
>
> (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.
>
> ...

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

8. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

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.

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FACTUAL ALLEGATIONS

10. On December 10, 2024, Respondent, with her attorney present, was interviewed by a Division of Investigation investigator and a district medical consultant working on behalf of the Board about her care and treatment of Patients A, B, C, and D.[1] During the subject interview, Respondent answered questions about her medical education, training, and experience; and she also discussed her level of medical training and experience specifically in the area of hematology and treating patients with hemophilia. Respondent answered questions and provided information that is relevant to the allegations and charges contained in this Accusation, including but not limited to the following:

(a) Respondent is not a Board-certified hematologist and has no formal training in hematology beyond continuing medical education training.

(b) Respondent is not affiliated with a hemophilia treatment center.

(c) Respondent, during her entire medical career, has treated less than ten (10) patients with hemophilia.

(d) Respondent works at DRG Pharmacy, LLC (*dba* Hueneme Family Pharmacy), which is owned by Respondent's husband. Respondent's husband is not a pharmacist.

(e) Hueneme Family Pharmacy is a specialty pharmacy for patients with hemophilia and it specializes in prescriptions for hemophilia blood factor products.

(f) At Hueneme Family Pharmacy, Respondent assists with running the Patient Management Program, which involves contacting patients of the pharmacy to discuss medication management and related issues involved with their medical care.

(g) In Respondent's role in the Patient Management Program, she has direct access to medical records of patients of Hueneme Family Pharmacy; and her direct access includes medical records of both patients who enroll in the program and patients who opt out of the program.

[1] To protect the confidentiality of the patients involved in this matter, their true names have not been used in this Accusation. The patients' identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with Government Code section 11507.6.

(h) As part of Respondent's own independent medical practice, and separate from her employment with Hueneme Family Pharmacy, she treated Patients A, B, C, and D for hemophilia.

(i) Because of Respondent's role at Hueneme Family Pharmacy, she has direct access to medical records from other medical providers of Patients A, B, C, and D, namely, multiple board-certified hematologists who were already treating the patients' hemophilia diagnosis.

(j) Patients A, B, C, and D were all diagnosed with hemophilia, and each patient had established care with a board-certified hematologist prior to seeing Respondent.

(k) Patients A, B, C, and D all filled numerous prescriptions for hemophilia medications, issued by Respondent, at Hueneme Family Pharmacy.

(l) Respondent used the physical address of Hueneme Family Pharmacy as the business address of her own independent medical practice.

(m) Respondent did not obtain signed written consent and/or authorization from Patients A, B, C, or D prior to treatment for hemophilia.

(n) Respondent alleges that she obtained "verbal consent" from each patient prior to treating them for hemophilia.

(o) Respondent did not obtain signed written consent from Patients A, B, C, or D prior to reviewing their medical records from other medical providers maintained at Hueneme Family Pharmacy.

(p) Respondent alleges that she obtained "verbal consent" from each patient prior to reviewing their records from other medical providers maintained at the pharmacy.

(q) Patients A, B, C, and D were not enrolled in the Patient Management Program at Hueneme Family Pharmacy.

(r) Respondent did not inform Patients A, B, C, or D, in writing, that her husband owned Hueneme Family Pharmacy.

(s) Respondent alleges that she verbally notified the patients her husband owns Hueneme Family Pharmacy.

11. Patient A

(a) In or around December 2020, Respondent held a single telephonic visit with Patient A. Patient A had been previously diagnosed with severe hemophilia A.

(b) Respondent, despite not being Board-certified in hematology, not having any formal training in an accredited hematology program, and not being affiliated with a hemophilia treatment center, saw Patient A for purposes of treating this patient's severe hemophilia A.

(c) Respondent reviewed Hueneme Family Pharmacy's medical records for Patient A without obtaining prior written consent from this patient.

(d) Respondent did not obtain signed written consent and/or authorization from Patient A prior to treating this patient for severe hemophilia A.

(e) For this single telephonic visit, Respondent documented the history and physical on a handwritten, undated 2-page report on blank sheets of paper. There were no clinic identifiers or patient registration information documented by Respondent in the record for Patient A.

(f) Respondent's medical record for Patient A includes an addendum dated August 28, 2024, which is several years after the telephonic visit in December 2020.

(g) Respondent issued multiple clotting factor prescriptions that were sent to Hueneme Family Pharmacy to be filled for this patient.

(h) Respondent did not inform Patient A, in writing, that her husband owned Hueneme Family Pharmacy.

12. Patient B

(a) On or about July 28, 2021, Respondent held a single telephonic visit with Patient B. Patient B had been previously diagnosed with mild hemophilia A.

(b) Respondent, despite not being Board-certified in hematology, not having any formal training in an accredited hematology program, and not being affiliated with a hemophilia treatment center, saw Patient B for purposes of treating this patient's mild hemophilia A.

(c) Respondent reviewed Hueneme Family Pharmacy's medical records for Patient B without obtaining prior written consent from this patient.

(d) Respondent did not obtain signed written consent and/or authorization from Patient B prior to treating this patient for mild hemophilia A.

(e) For this single telephonic visit, Respondent documented a 2-page handwritten history and physical of Patient B. Pictures were included but with no physician signature. There were no clinic identifiers or patient registration information documented by Respondent in the record for Patient B.

(f) Multiple undocumented telephonic visits were noted in the record for Patient B.

(g) The date of the initial telephonic visit was on or about July 28, 2021. However, the date of the initial prescription issued by Respondent to Patient B was dated May 27, 2020.

(h) Respondent's medical record for Patient B includes an addendum dated August 28, 2024, which is several years after the single telephonic visit held on or about July 28, 2021.

(i) Respondent issued multiple prescriptions to Patient B that were sent to Hueneme Family Pharmacy to be filled for this patient.

(j) Respondent did not inform Patient B, in writing, that her husband owned Hueneme Family Pharmacy.

13. Patient C

(a) In or around 2020,[2] Respondent held a single telephonic visit with Patient C. Patient C had been previously diagnosed with severe hemophilia B.

(b) Respondent, despite not being Board-certified in hematology, not having any formal training in an accredited hematology program, and not being affiliated with a hemophilia treatment center, saw Patient C for purposes of treating this patient's severe hemophilia B.

[2] The initial prescription issued by Respondent to Patient C is dated "6/4/20."

(c) Respondent reviewed Hueneme Family Pharmacy's medical records for Patient C without obtaining prior written consent from this patient.

(d) Respondent did not obtain signed written consent and/or authorization from Patient C prior to treating this patient for severe hemophilia B.

(e) For this single telephonic visit, Respondent documented an undated 2-page handwritten history and physical of Patient C on blank sheets of paper. There were no clinic identifiers or patient registration information documented by Respondent in the record for Patient C.

(f) Respondent's medical record for Patient C includes an addendum dated August 28, 2024, which is several years after the telephonic visit in or around 2020.

(g) Respondent issued multiple prescriptions to Patient C that were sent to Hueneme Family Pharmacy to be filled for this patient.

(h) Respondent did not inform Patient C, in writing, that her husband owned Hueneme Family Pharmacy.

14. Patient D

(a) In or around 2021,[3] Respondent saw Patient D in a hotel conference room reportedly for a second opinion regarding a diagnosis of mild hemophilia A. Patient D had other medical issues including thrombocytopenia and a history of hepatitis C.[4]

(b) Respondent, despite not being Board-certified in hematology, not having any formal training in an accredited hematology program, and not being affiliated with a hemophilia treatment center, saw Patient D for purposes of diagnosing and/or treating this patient's mild hemophilia A.

(c) Respondent reviewed Hueneme Family Pharmacy's medical records for Patient D without obtaining prior written consent from this patient.

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[3] According to the patient drug history form, the initial prescription issued by Respondent to Patient D was dated "1/7/21."

[4] These medical issues are typically co-managed by a hematologist and gastroenterologist.

(d) Respondent did not obtain signed written consent and/or authorization from Patient D prior to treating this patient for mild hemophilia A.

(e) Respondent typed a 3-page, undated history and physical for Patient D. Patient D had been seen by a hematologist while hospitalized. Clotting factor replacement was not felt to be indicated by prior treating hematologist. However, Respondent was the only medical provider to prescribe factor replacement for Patient D. There were no clinic identifiers or patient registration information documented by Respondent in the record for Patient D.

(f) Respondent issued multiple prescriptions to Patient D that were sent to Hueneme Family Pharmacy to be filled for this patient.

(g) Respondent did not inform Patient D, in writing, that her husband owned Hueneme Family Pharmacy.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

15. Respondent has subjected her Physician's and Surgeon's Certificate No. A 156556 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in her care and treatment of Patients A, B, C, and D, as more particularly alleged hereinafter:

16. Patient A

(a) Paragraphs 10 and 11, above, are hereby incorporated by reference and realleged as if fully set forth herein.

(b) Respondent failed to provide competent care for hemophilia to Patient A.

(c) Respondent failed to maintain complete and accurate records for Patient A.

(d) Respondent engaged in a conflict of interest by sending hemophilia medication prescriptions for Patient A to be filled at Hueneme Family Pharmacy, which pharmacy was owned by Respondent's husband.

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17. Patient B

(a) Paragraphs 10 and 12, above, are hereby incorporated by reference and realleged as if fully set forth herein.

(b) Respondent failed to provide competent care for hemophilia to Patient B.

(c) Respondent failed to maintain complete and accurate records for Patient B.

(d) Respondent engaged in a conflict of interest by sending hemophilia medication prescriptions for Patient B to be filled at Hueneme Family Pharmacy, which pharmacy was owned by her husband.

18. Patient C

(a) Paragraphs 10 and 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

(b) Respondent failed to provide competent care for hemophilia to Patient C.

(c) Respondent failed to maintain complete and accurate records for Patient C.

(d) Respondent engaged in a conflict of interest by sending hemophilia medication prescriptions for Patient C to be filled at Hueneme Family Pharmacy, which pharmacy was owned by her husband.

19. Patient D

(a) Paragraphs 10 and 14, above, are hereby incorporated by reference and realleged as if fully set forth herein.

(b) Respondent failed to provide competent care for hemophilia to Patient D.

(c) Respondent failed to maintain complete and accurate records for Patient D.

(d) Respondent engaged in a conflict of interest by sending hemophilia medication prescriptions for Patient D to be filled at Hueneme Family Pharmacy, which pharmacy was owned by her husband.

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SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

20. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 156556 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records relating to the provision of services to Patients A, B, C, and D, as more particularly alleged in paragraphs 10 through 19, above, which are hereby incorporated by reference as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

21. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 156556 to disciplinary action under sections 2227 and 2234 of the Code, as defined by sections 2234, subsections (a) and (c), and 2266, of the Code, in that Respondent has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10 through 20, above, which are hereby incorporated by reference and realleged as if fully 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 No. A 156556, issued to Respondent Kelly Alice White, M.D.;

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

3. Ordering Respondent Kelly Alice White, M.D., to pay the Board the costs of the investigation and enforcement of this case;

4. Ordering Respondent Kelly Alice White, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: JUN 05 2025

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

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