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

In the Matter of the Accusation Against: Kwi Yun Cassie Yu, M.D. Physician's & Surgeon's Certificate No C 168614 Respondent.	Case No.: 800-2022-088730

DENIAL BY OPERATION OF LAW
PETITION FOR RECONSIDERATION

No action having been taken on the petition for reconsideration, filed by David M. Balfour, Esq. on behalf of Respondent, Kwi Yun Cassie Yu, M.D., and the time for action having expired at 5:00 p.m. on March 4, 2026, the petition is deemed denied by operation of law.

SUPERIOR COURT OF CALIFORNIA,
COUNTY OF SAN DIEGO
CENTRAL

MINUTE ORDER

DATE: 02/19/2026 TIME: 8:30 AM DEPT: C-73

JUDICIAL OFFICER: MICHAEL D. WASHINGTON
CLERK: Yvette Mapula
REPORTER/ERM: Not Reported
BAILIFF/COURT ATTENDANT: S. Bauer

CASE NO: **26CU005012C** CASE INIT.DATE: 01/29/2026
CASE TITLE: **Yu vs Medical Board of California**
CASE CATEGORY: Civil CASE TYPE: (U)Writ of Mandate: Writ of Mandamus - Other

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HEARING TYPE: Ex Parte Hearing
MOVING PARTY:

APPEARANCES
David M Balfour, Attorney for Petitioner Kwi Yun Cassie Yu, MD, present in person.
Keith C Shaw, Attorney for Respondent Medical Board of California, present in person.
Kwi Yun Cassie Yu, MD, Petitioner, present in person.

Ex parte application to stay of medical board decision requested by plaintiff.

The Court receives, reviews opposition, and notes all transcripts have not been provided. The Court hears argument of counsel.

Ex Parte Hearing continued per Court to March 02, 2026 at 9:00 am before Judge Michael D. Washington.

The Court on its own motion orders temporary Stay of Medical Board Decision until continued ex parte hearing date, the Court will make final ruling at that time.

Plaintiff to give notice.

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

In the Matter of the Accusation Against: **Kwi Yun Cassie Yu, M.D.** **Physician's & Surgeon's Certificate No. C 168614** **Respondent.**	**Case No. 800-2022-088730** **ORDER GRANTING STAY** **(Government Code Section 11521)**

David Balfour. Esq. on behalf of Respondent, Kwi Yun Cassie Yu M.D., has filed a Request for Stay of execution of the Decision in this matter with an effective date of February 2, 2026, at 5 p.m.

Execution is stayed until February 23, 2026, at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Respondent to file a Petition for Reconsideration.

DATED: February 2, 2026

Sharlene Smith For
Reji Varghese
Executive Director
Medical Board of California

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

In the Matter of the Accusation Against: **Kwi Yun Cassie Yu, M.D.** **Physician's & Surgeon's Certificate No. C 168614** **Respondent.**	**Case No. 800-2022-088730** **ORDER GRANTING STAY** **(Government Code Section 11521)**

David Balfour. Esq. on behalf of Respondent, Kwi Yun Cassie Yu M.D., has filed a Request for Stay of execution of the Decision in this matter with an effective date of January 2, 2026, at 5 p.m.

Execution is stayed until February 2, 2026, at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Respondent to file a Petition for Reconsideration.

DATED: December 22, 2025

Sharlene Smith For

Reji Varghese
Executive Director
Medical Board of California

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

In the Matter of the Accusation Against: Kwi Yun Cassie Yu, M.D. Physician's and Surgeon's Certificate No. C 168614 Respondent.	Case No.: 800-2022-088730

DECISION

The attached Stipulated Settlement 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 January 2, 2026.

IT IS SO ORDERED: December 4, 2025.

MEDICAL BOARD OF CALIFORNIA

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

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

In the Matter of the Accusation Against:

KWI YUN CASSIE YU, M.D., Respondent

Case No. 800-2022-088730

OAH No. 2025030312

PROPOSED DECISION

Mary Agnes Matyszewski, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on September 30, and October 1, 2, and 9, 2025, by videoconference.

Keith C. Shaw, Deputy Attorney General, Department of Justice, represented complainant, Reji Varghese, Executive Director of the Medical Board of California (board), Department of Consumer Affairs, State of California.

David Balfour, Buchalter APC, represented respondent, Kwi Yun Cassie Yu, M.D., who was present throughout the hearing. Of note, respondent spelled her name Kwiyun Cassie Yu on her curriculum vitae, but her board license certification spelled it like the caption; it was not clear which was the proper spelling.

Oral and documentary evidence was received. The record remained open until October 10, 2025, to allow complainant to upload redacted exhibits. Thereafter, the record was closed and matter was submitted for decision on October 10, 2025.

PROTECTIVE ORDER

A protective order has been issued sealing exhibits identified in the order. It is not practical to redact these documents. A reviewing court, parties to this matter, and a government agency decision maker or designee under Government Code section 11517 may review materials subject to the protective order provided that this material is protected from disclosure to the public.

SUMMARY

Complainant alleged that respondent committed gross negligence and repeated acts of negligence when she failed to conduct suicide risk assessments for Patient A (this is how the patient will be identified to protect his privacy), and when she continued prescribing medications to former patients following her termination, and that she failed to maintain adequate and accurate records of her treatment. Respondent asserted she reasonably relied on the suicide risk assessments performed by other therapists, that she did conduct suicide risk assessments during her sessions, and that she made the decision that her presence at Patient A's May 10, 2022, assessment was not necessary. As to the allegations of prescribing after termination, respondent asserted she still had a patient-physician relationship with the patients requiring that she provide continuity of care to them.

The evidence established that respondent was grossly negligent for not attending Patient A's May 10, 2022, assessment, but was not grossly negligent with her other assessments at her sessions with him, although her records were not accurately and adequately documented. The evidence established respondent was grossly negligent for failing to maintain medical records of the patients to whom she continued to prescribe following termination, although she was not grossly negligent for prescribing because she still had a patient-physician relationship with them. Based on those two gross negligence findings, respondent committed repeated negligent acts. She also failed to maintain adequate and accurate medical records.

On this record, a three-year term of probation with terms and conditions will protect the public.

FACTUAL FINDINGS

Licensing and Jurisdictional Background

1. The board issued Physician and Surgeon's Certificate No. C 168614 to respondent on April 22, 2020. That certificate was in full force and effect at all times herein and will expire on April 30, 2026, unless renewed. There is no history of discipline against the license.

2. Complainant signed the accusation in his official capacity on February 6, 2025. Complainant alleged respondent violated Business and Professions Code sections 2227 and 2234, subdivisions (b), gross negligence, and (c), repeated negligent acts, when she (1) failed to conduct a suicide risk assessment as part of the initial psychiatric evaluation, during the course of treatment, and/or at the time of a safety crisis for Patient A, and (2) continued to treat former patients by prescribing

medications following her termination even though she no longer had treatment relationships with those patients and did not document these treatments (First Cause for Discipline); violated Business and Professions Code sections 2227 and 2234, subdivision (c), when she engaged in repeated negligent acts during her care and treatment of Patient A (Second Cause for Discipline), and violated Business and Professions Code sections 2227 and 2266 when she failed to maintain adequate and accurate records (Third Cause for Discipline). Complainant requested discipline be imposed, and sought the costs of the investigation and enforcement of this matter.

Evidence Introduced at Hearing

3. Witnesses testified and documents were introduced. The factual findings reached herein are based on that evidence.

RESPONDENT'S BACKGROUND, EDUCATION, AND EXPERIENCE

4. Respondent received her Bachelor of Arts in history from Northwestern University in 1991. She received a post baccalaureate certificate in pre-medicine in 1996 from Columbia University. She received a post baccalaureate certificate in neuroanatomy from Virginia Commonwealth University School of Medicine in 2006, and also received her medical degree from there in 2010. Respondent did both her internship in internal medicine and her residency in psychiatry and behavioral sciences at Johns Hopkins University from 2010 to 2013. She completed a child and adolescent psychiatry fellowship at the University of Washington School of Medicine in 2015. She is board certified by the American Board of Psychiatry and Neurology in both general psychiatry and child and adolescent psychiatry. She has received honors and awards, participates in professional organizations, and is also licensed in the state of Washington.

5. Respondent testified about her education and experience, including how her employment with Shields began part-time, her hours were increased over time, but that she declined Shields's offer to work full time.

6. Respondent introduced a Shields job description for her position which identified her responsibilities, primary duties, and secondary duties, among other things. Relying on that document, respondent and her expert opined that respondent's primary duty was to prescribe and monitor psychiatric medications. However, both respondent's and her expert's testimony in this regard was not persuasive and was contradicted by the job description which also identified as some of respondent's primary duties that she was to observe patients to detect indications of abnormal physical behavior, mental behavior, or involvement with alcohol or drugs; to review notes and information collected to identify problems and concerns; to and administer therapeutic treatment, counsel clients, and consult with parents, guardians, teachers or others as appropriate or necessary. First and foremost on the job description was a Summary section identifying her responsibilities which included obtaining information concerning medical history or other pertinent information, as well as assessing for other social services.

7. Respondent gave long, thorough answers to questions posed to her which demonstrated her vast education and knowledge. However, as noted below, her record keeping did not reflect that same attention to detail, especially as many of her records, as also noted below, were inconsistent, and appeared to contain information that had been cut-and-pasted from her prior visits with Patient A, much of which was no longer applicable and/or outdated.

COMPLAINANT'S EXPERT'S BACKGROUND, EDUCATION, AND EXPERIENCE

8. Peter Ferren, M.D., graduated with an anthropology degree from Harvard University in 1992. He received his medical degree from Yale University School of Medicine in 1997. He did a two month medical student rotation in pediatrics in South Africa in 1995. He received his Masters of Public Health from the Rollins School of Public Health of Emory University in 1996. He did his internship and psychiatry residency at Emory University School of Medicine from 1997 to 2000. He did a one-month international child psychiatry training in Australia. He did his fellowship in child psychiatry at Yale Child Study Center from 2000 to 2002. Dr. Ferren is licensed in both California and Georgia. He is board certified by the American Board of Psychiatry and Neurology in both general psychiatry and child and adolescent psychiatry. He has taught psychiatry and child and adolescent psychiatry at the University of California, San Francisco (UCSF), since 2002, where he is currently a clinical professor. He has been an attending psychiatrist at several hospitals, and has been at Zuckerberg San Francisco General Hospital, UCSF, since 2004. He has also been a volunteer faculty psychiatrist at Christian Medical College in India since 2007. Dr. Ferren has been the recipient of numerous honors and awards, been involved in many professional organizations, given several presentations, and taught numerous classes. His curriculum vitae outlined his academic and professional experiences.

9. Dr. Ferren authored a report and testified consistent with it at this hearing. In his report, he identified the records he reviewed, but summarized only a few of the sessions that were documented in the chart. Dr. Ferren cited to recognized authorities in support of his opinions, which are summarized below.

10. Dr. Ferren testified about his extensive experience treating, and supervising/training those who treat, patients in low income settings. Much of Dr.

Ferren's work was similar to that of respondent's work at Shields. Dr. Ferren has been a board expert since 2007 and correctly defined the terms standard of care and extreme departure.

RESPONDENT'S EXPERT'S BACKGROUND, EDUCATION, AND EXPERIENCE

11. Caitlin Costello, M.D., graduated with a Bachelor of Arts from Haverford College in 2002. She received her medical degree from Johns Hopkins University School of Medicine. (Of note, she testified she did not know respondent before this case.) Dr. Costello was a psychiatry resident at Johns Hopkins Hospital from 2008 to 2012. She was a child and adolescent psychiatry fellow at New York-Presbyterian Hospital of Columbia and Cornell Universities from 2012 the 2014, and a forensic psychiatry fellow at UCSF from 2014 to 2015. In 2016 she received specialized training in comprehensive behavioral intervention for tics at University of California, Los Angeles. Dr. Costello is board certified from the American Board of Psychiatry and Neurology in general psychiatry, child and adolescent psychiatry, and forensic psychiatry. She has been a professor at UCSF since 2015, where she is currently a psychiatry associate clinical professor. She is also the UCSF Training Director in the Child and Adolescent Psychiatry Training Program, the Medical Director of UCSF's child and Adolescent Psychiatry Ambulatory Services, and the Chief of Child Forensic Psychiatry at UCSF's Forensic Psychiatry, Psychiatry and Law Program. Dr. Costello has received numerous honors and awards, is a member of several professional organizations, has made numerous presentations, and taught courses at several programs for UCSF. Her curriculum vitae outlined her education and professional experiences.

12. Dr. Costello authored a report and testified consistent with it at hearing. She reviewed the same records Dr. Ferren reviewed. Her opinions are summarized

below. Dr. Costello testified about her experience treating patients similar to Patient A, in similar settings, as well as supervising others who do so, and her extensive work with treatment teams like the ones at issue here. She correctly defined the term standard of care.

THERAPIST DESIGNATIONS IN THE SHIELDS RECORDS

13. The Shields records documented the numerous individuals involved in Patient A's care and their various therapist designations. These individuals made up the treatment teams who met with and assessed the patients and were involved in Patient A's care. Official Notice is taken of the meaning of those designations as follows:

14. An Assistant Professional Clinical Counselor (APCC) is a mental health professional who has completed the education requirements, including a master's degree in counseling or a related field, and is currently working under supervision to gain the necessary clinical experience to become licensed. APCCs are trained to provide therapeutic services and are held to the same ethical guidelines as licensees.

15. An Associate Marriage and Family Therapist (AMFT) is a professional who is on the path to becoming a licensed marriage and family therapists. AMFTs typically have completed a graduate degree in marriage and family therapy or related field and are in the process of accumulating supervised hours working directly with clients to achieve full licensure.

16. A Licensed Marriage and Family Therapist (LMFT) is a fully licensed professional who has completed the necessary education, supervised experience, and licensing exams. LMFTs specialize in diagnosing and treating mental and emotional disorders within the context of marriage, couples, and family systems, and can practice

independently without supervision. They typically hold a master's degree in counseling or marriage and family therapy.

17. MSW refers to an individual who holds a Master of Social Work degree which enables individual to practice social work independently after completing a specified number of supervised practice hours. MSWs are trained to address complex social issues and provide mental health support, often working in various settings. An MSW is a key step for becoming a Licensed Clinical Social Worker (LCSW).

18. An LCSW is a Licensed Clinical Social Worker who has completed a master's in social work and met the licensing requirements to provide mental health services.

19. A Master of Science (MS) is a type of educational degree earned by a therapist. The MS designation indicates the individual has completed a Master of Science program, often specializing in a field related to counseling or mental health.

20. Behavioral Activation (BA) designates a licensed mental health professional who has additional training and experience in behavioral activation, a structured, brief psychotherapeutic approach that aims to increase engagement in adaptive activities, decrease engagement in activities that maintain depression, and solve problems that limit access.

21. Complainant repeatedly questioned Dr. Costello about her use of the term "licensed" in her report, arguing that Patient A's record demonstrated that his therapists were unlicensed. However, nothing about her use of the term "licensed" contradicted or undercut her opinions, as discussed below. In his closing argument, complainant's counsel repeatedly stressed that "unlicensed" individuals were involved in Patient A's care, arguing this was why respondent should have participated in the

May 10, 2022, call and why respondent's expert's opinions should be discounted. However "unlicensed" is not the same as uneducated, untrained, and unprepared to assess and treat Patient A. As the Shields records amply demonstrated, as noted below, the healthcare providers involved in Patient A's care had the requisite education and training to provide care to Patient A, and their care was supervised by licensed individuals, all of which fully complied with the law. There was no showing that those therapists were not able to provide the required care to Patient A, and complainant's argument was not persuasive. As respondent's expert credibly testified, her use of the word "licensed" in her report encompassed therapists who are supervised by licensed individuals, as allowed by law.

Evidence Regarding Patient A's Treatment

SHIELDS MENTAL HEALTH RECORDS

Dates and Types of Records

22. Although the accusation alleged Patient A became a Shields patient in 2020, the Shields records contained notes for Patient A's prior treatment in 2016 and 2018, but those visits did not involve respondent, were not alleged, and will not be addressed in this decision.

23. The Shields records were written on Los Angeles County Department of Mental Health (LACDMH) documents. The records contained duplicates and were chronologically out of order. While many records were submitted and/or approved days after the services were rendered, they also were created late at night indicating the extremely long hours Shields employees were working, especially during the pandemic. Respondent testified that notes were not in the chart until approved, so some notes may not have been available for her review at the time of her sessions.

24. There were also different types of records in the chart, depending on the service being offered, and the names of those notes will be included as respondent testified the type of note showed the kind of service being provided. The visits at issue took place during the COVID-19 pandemic so were telephonic sessions.

25. Almost all of the notes documented that the plan in case of an emergency during a session with Patient A was for the clinician to call 911 or contact an identified emergency contact depending on the situation, and that both Patient A and his mother were aware of this plan.

Patient A's 2020-2022 Treatment at Shields

26. A Non-Billable Note to Chart (COVID-19 Telephone) entered by Christina Flynn, MSW, documented her January 27, 2020, call with Patient A's mother to make arrangements for intake assessment. The mother told Ms. Flynn that Patient A will receive mental health services through his elementary school, so Ms. Flynn "will close out referral." She submitted her note on January 29, 2020, which her supervisor, Victoria Marie Cameron, LMFT, approved the same day.

27. A Non-Billable Note to Chart (COVID-19 Telephone) documented Brittany Grant, APCC's, June 4, 2020, attempt to contact Patient A's mother to set up an intake appointment, but there was no answer. Ms. Grant was unable to leave a voicemail due to the mailbox being full. She submitted her note on June 4, 2020, which her supervisor, MaryCollette Ukattah, LMFT, approved on June 5, 2020.

28. A Non-Billable Note to Chart (COVID-19 Telephone) documented Ms. Grant's June 15, 2020, attempt to contact Patient A's mother for an intake appointment, but there was no answer and she was unable to leave a voicemail as there was no option to do so. Ms. Grant would attempt to call back on a later date to

reschedule. She submitted her note on June 15, 2020, which her supervisor, Ms. Ukattah, approved on June 16, 2020.

29. An Assessment/Diagnostic Interview (COVID-19 Telephone) note by Ms. Grant documented her June 17, 2020, telephone interview. At the time, Patient A was eight years old and his mother reported he struggles "with change of any sort" which lasts about three to four months. She reported he has mild autism spectrum disorder (autism), a learning disability, anxiety, sleep walks and talks, and had "the anxiety talk." He "has always been this way," and has been in therapy "since he was 2.5 years old." He cannot sit still for longer than 20 minutes and "always has to be moving." Patient A's mother reported numerous symptoms and behaviors, including Patient A wishing to die, hitting himself, and pulling his hair. Ms. Grant took a history of Patient A's symptoms, behaviors and past treatments. It was agreed that Patient A's goal would be to decrease his anxiety-related symptoms from seven times per week to four times per week. (Of note, this goal remained Patient A's goal in all subsequent records.) Ms. Grant requested to meet separately with Patient A to conduct a mental status examination. He was able to comprehend the questions and express areas of interest. Ms. Grant submitted her note on June 29, 2020, which her supervisor, Ms. Ukattah, approved on June 30, 2020.

30. On June 17, 2020, Ms. Grant performed a Child/Adolescent Full Assessment. At the time, Patient A was in the second grade living with his biological mother, who never married, his three older sisters, and two cousins. The reason for the referral was that Patient A was being seen by another agency but his mother preferred he be seen on a weekly basis. She reported that he had his first severe panic attack on Mother's Day and had a few more mild panic attacks since then. Both she and Patient A were unaware of his triggers. Patient A's mother reported that he had been

diagnosed with mild autism, attention deficit hyperactivity disorder (ADHD), and specific learning disability by his school during his recent Individualized Education Program (IEP) evaluation. She reported that due to Patient A's autism and ADHD, he struggles with pulling his hair twice a week, hitting himself in the head with his hand twice a week, being able to sit longer than 20 minutes seven times per week, being easily distracted seven times per week, and struggling with change once or twice a year for three to four months. Patient A's mother reported that he "'has always been this way,'" and had been receiving mental health services since he was two and one-half years old. Currently he had interpersonal, intrapersonal, and education/academic functional impairments.

In the section marked "Suicidal Thoughts/Attempts," which referenced the "Columbia Suicide Severity Rating Scale Screener (LACDMH version)" (CSSRS, a suicide risk assessment tool which uses a series of questions to assess risk). The boxes marked "No" were checked in response to the questions asking if, in the past 30 days, Patient A had wished he were dead, wished he went to sleep and did not wake up, had any thoughts of killing himself, or had done anything, started to do anything, or prepared to do anything to end his life. In the additional comments section regarding suicidal thoughts or attempts, the therapist documented that Patient A's mother reported that Patient A "has wished to be dead before, but believes it was used as a way of expressing intense feelings of emotion due to [Patient A] struggling to verbalize his thoughts and feelings." The box marked "No" was checked in response to question asking if there had been any self-harm.

Patient A had not had any psychiatric hospitalizations but had been receiving mental health services at multiple different agencies since 2014 with this being his

third time at Shields, having received treatment in 2016 and 2018. As noted above, those visits will not be addressed in this decision.

The section inquiring as to Patient A's response to treatment and parent/child satisfaction, Patient A's mother reported that she was referred to a clinic for medication and psychological assessments due to the severity of Patient A's symptoms and behaviors. However, that clinic was only able to see Patient A every other week and she would like him to be seen weekly. She also reported being unable to follow-up with his medication services "due to being forgetful and busy." She reported the services had been "somewhat helpful," but now anxiety symptoms "have come up," which is not something Patient A has dealt with before, which was why she felt he needed to be seen more than twice a month and switched clinics.

There was no history of trauma or exposure to trauma. Patient A was on no medications but his mother reported she would give him melatonin "from time to time to help him sleep." Patient A's pediatrician was identified, and his past medical history included, asthma/lung disease, and milk and seasonal allergies. Patient A was delivered by emergency C-section because the cord was wrapped around his neck. Patient A's mother reported postpartum depression because Patient A cried "a lot at night," struggled to sleep, and "had a sleep disorder."

The "Developmental Milestones" section of the assessment documented that Patient A did not speak until he was "3.5 years old" when he was put in speech therapy, was not potty trained until "3.5 years old" "due to being scared of the toilet," cried often, "struggled to be separated" from his mother, and was diagnosed with parasites at age two. In his "Early Years," ages four to six, Patient A struggled to start school and adjust to the new schedule, struggled with separation, and his parents separated when he was five years old, with him rarely seeing his father. In his

"Latency," ages 7 to 11, Patient A struggled when moving teachers for the beginning of the year. He struggles until he gets used to others, but does have friends, and had good self-care. Patient A was in special education classes and had an IEP. He had low grades and read at the first grade level. He struggled to sit still, was easily distracted, had difficulty focusing and following directions, and was in danger of being held back a grade. Patient A reported he wanted to quit school at sixth grade but did not know what he wanted to do for work, stating he wanted to quit because he is not good at school and struggles to follow along. There was a family history of mental illness. Patient A's mother reported having depression and anxiety and being psychiatrically hospitalized in 2007. One of Patient A's sisters was hospitalized for cutting in September 2018.

Patient A's mother reported they are close family and Patient A's sisters are very supportive. Patient A is very close to his mother and sisters. As discipline, she will yell or take away items but if there is a conflict, the family will often avoid it. She reported the family is very supportive of one another. The therapist believed Patient A's family are "very patient and willing to work together."

The "Family Needs" section documented that Patient A's mother reported the family needs to work on understanding Patient A's needs better. The therapist believed the family could work on being more accepting of Patient A's differences. Patient A's mother reported the family is expecting to help Patient A "be able to understand what he is going through better and have more support and control himself."

The "Mental Status Exam" section noted that Patient A's thought process was normal/linear. His ability to cooperate and engage was indifferent. He related appropriately to his caregiver. His speech and language rate were normal. His

attention/concentration were "short attention span," and "easily distractible." His behavior activity level was "hyperactive" and "fidgety." His long-term and short-term memory, gross motor skills, and fine motor skills were all intact. His fund of knowledge/intelligence was below average. His cognitive ability/insight were good. He had no behavioral disturbances. His mood was euthymic/normal. His anxiety was "separation difficulties." He denied suicidal and homicidal thoughts.

The "Summary and Diagnosis" section of the assessment noted that Patient A's strengths were that his mother reported he "is a good kid in general and does not want to get into trouble." He "cares a lot of what other people think." The clinical formulation section summarized the assessment and noted that due to Patient A's current symptoms, behaviors and functional impairments, he met medical necessity and diagnostic criteria for panic disorder, ADHD, and autism. The therapist ruled out generalized anxiety disorder. Panic disorder was the primary diagnosis, the other two were secondary diagnoses. Ms. Grant submitted her note on June 24, 2020, which her supervisor, Ms. Cameron, approved on July 10, 2020.

31. A Plan Development (COVID-19 Telephone) documented Mental Health Rehabilitation Specialist Isabel Fregoso, BA's, July 14, 2020, consultation with Ms. Grant for plan development purposes regarding collateral interventions to assist Patient A in mental health treatment. The treatment team discussed both Patient A's current and presenting symptoms and behaviors, the latter of which included "breathing heavily, panic, partly elevated, feeling of choking, chest pain, shaking, feeling like he was going to die, mild autism, ADHD, specific learning disability, pulling his hair [two times per week], hitting himself in the head with his hand [two times per week], being unable to sit still longer than 20 minutes [seven times per week], being easily distracted [seven times per week], and struggling with change." The treatment team discussed Patient

A's functional impairments at school, which included interpersonal, intrapersonal and education/academic impairments. The treatment team established a plan to provide Patient A's mother with ongoing psychoeducation about stress, anxiety, trauma, and expressing oneself and provide her with appropriate skills to reinforce learned coping strategies to decrease Patient A's anxiety-related symptoms. The treatment team established a plan to locate and provide Patient A "with tcm (acronym not explained although it was identified in the record as being a type of service Patient A would receive twice a month) that includes enjoyable activities after school/weekends, tutoring, homeschooling, online schools, and mentorships and resources in the community to address and increase engagement with peers and family." Ms. Fregoso "will collaboratively help [Patient A] access linkages and help work through any identified barriers with skills provided." Ms. Fregoso submitted her note on July 16, 2020, which her supervisor, Guadalupe Perez, M.S., approved on July 21, 2020.

32. A Collateral Contact (COVID-19 Telephone) note documented Ms. Fregoso's July 21, 2020, telephonic collateral session with Patient A's mother "for the purpose of assisting [Patient A] with mental health [treatment]." Ms. Fregoso addressed the importance of parenting skills and psychoeducation information provided to Patient A's mother, helped identify skills that could be emphasized at home if anxiety related symptoms were displayed, and stressed the importance of redirecting Patient A. She provided suggestions for activities at home because Patient A's mother reported that Patient A "often reports being bored as a way to cope with anxiety." Patient A's mother reported that he is often bored, has difficulty engaging with others, and that caring for the family pet has become a positive way for him to cope when upset. Ms. Fregoso submitted her note on July 22, 2020, which her supervisor, Ms. Perez approved the same day.

33. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's July 21, 2020, telephone call with Patient A's mother to assess Patient A's needs and resources available to assist him and his family during COVID as it had caused Patient A stress and exacerbated his anxiety symptoms. Ms. Fregoso provided community resources that would address basic needs, as well as help with positive social interactions and improve communication in the family by providing overall security and safety. Community resource links were provided which she "thoroughly" explained to decrease any barriers accessing the services. Ms. Fregoso submitted her note on July 23, 2020, which her supervisor, Ms. Perez, approved on August 3, 2020

34. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented Ms. Grant's July 24, 2020, attempt to contact Patient A for individual psychotherapy, but there was no answer. Ms. Grant left a message to return her call. Ms. Grant submitted her note on July 24, 2020, which her supervisor, Ms. Ukattah, approved on July 27, 2020.

35. Ms. Grant's Individual Psychotherapy (COVID-19 Telephone) note documented her July 29, 2020, telephonic session with Patient A who "reported feeling good at the moment, but reported feeling angry yesterday." He "presented with normal energy." Patient A reported becoming angry the day before because his older siblings yelled at him after he got angry from losing his video game. He reported he went outside and was throwing the lawn chairs around to help release his anger. He also reported he would try to take deep breaths the next time he becomes angry but, that he has tried that before and he "sometimes forgets to do it in the moment." His mother usually helps him but she was not feeling well yesterday so was not around to help. He reported feeling scared because he had to take out the trash cans and they have spiders on them which increases his anxiety. Patient A and Ms. Grant discussed

ways to reduce spiders being on the trash cans. The plan was for Ms. Grant to speak with Patient A for individual psychotherapy on August 5, 2020 "to help decrease his anxiety-related symptoms and behaviors through psychoeducation." Ms. Grant submitted her note on July 29, 2020, which her supervisor, Ms. Ukattah, approved on August 6, 2020.

36. Ms. Grant's Individual Psychotherapy (COVID-19 Telephone) note documented her August 5, 2020, telephone session with Patient A who reported feeling happy and presented with high energy. Patient A discussed a play date he had yesterday with a friend who like to "play fight" which Patient A did not like to do as much, but it helped reduced his anxiety. The therapist "praised [Patient A] for being able to regulate his emotions." Ms. Grant submitted her note on August 13, 2020, which her supervisor, Ms. Ukattah, approved the same day.

37. Ms. Grant's Individual Psychotherapy (COVID-19 Telephone) note documented her August 12, 2020, telephonic session with Patient A during which she asked questions and validated his feelings of anxiety and boredom. She reminded him of COVID-19 precautions. Patient A was receptive to speaking with her over the phone and was able to increase his verbalization of thoughts and feelings. He reported being happy, but also bored due to having nothing to do. He reported not really having any anxiety except the past week when he was sick and believes his whole family contracted COVID. He reported throwing up and struggling to breathe, but currently feels much better. He denied feeling angry and reported liking to keep his hands busy and enjoying playing video games to help decrease his anxiety related symptoms and behaviors. He reported not pulling his hair or hitting himself since pre-kindergarten due to learning to keep his hands busy. with a stress ball. He reported no longer needing the ball and no longer having the urge to pull his hair or hit himself. Ms. Grant

submitted her note on August 12, 2020, and it was approved by her supervisor, Ms. Ukattah, on August 17, 2020.

38. A Plan Development (COVID-19 Telephone) note documented Ms. Fregoso's August 12, 2020, meeting with Ms. Grant for plan development purposes regarding linkages that would promote utilization and skill building and increase he engagement of family and others. The treatment team discussed the need to support Patient A's mother with assistance in accessing community services as she reported barriers. The treatment team "will collaboratively help mother access and use resources/linkages accordingly by discussing, providing suggestions and working through identified barriers. Treatment team discussed monitoring follow-up by conducting phone calls." The treatment team discussed Patient A's current symptoms and behaviors reported by his mother which are vital to help Ms. Fregoso assess for appropriate linkages and resources. Ms. Fregoso submitted her note on August 17, 2020, which her supervisor, Ms. Ukattah, approved on September 2, 2020.

39. An Individual Psychotherapy (COVID-19 Telephone) note documented Ms. Grant's August 19, 2020, telephone session with Patient A who "reported feeling good and presented with high energy." Ms. Grant discussed Patient A's anxiety of meeting his teacher in person, which he had not yet done due to the pandemic, because of issues he had with last year's teacher. Patient A reported an incident where a student made a rude comment about Patient A's mother so he took the student to the back of the school and threw him to the ground. The teacher "got them both in trouble" and, as a result, Patient A did not want return to that teacher or the class. He discussed crying and refusing to go to school until his mother switched teachers to help him decrease his anxiety. Patient A "actively listened" to Ms. Grant explain ways he could have handled the situation differently; he discussed how he does not like

others to speak poorly about his family, but would try her suggestions if the situation happened again. Patient A reported enjoying his Zoom learning and looking forward to it. Ms. Grant submitted her note on August 31, 2020, which her supervisor, Ms. Ukattah, approved on September 3, 2020.

40. In a Non-Billable Note, to Chart (COVID-19 Telephone), Ms. Fregoso documented her August 19, 2020, unsuccessful attempts to call Patient A's mother "to make collateral contact and review tcm linkages." Ms. Fregoso left a message for Patient A's mother to call back. Her supervisor, Ms. Perez, approved her note on September 2, 2020.

41. Ms. Fregoso's Collateral Contact (COVID-19 Telephone) note documented her August 21, 2020, session with Patient A's mother "for the purpose of assisting [Patient A] with mental health [behavior]." Patient A had an increase in anxiety during the COVID-19 pandemic. Ms. Fregoso reviewed parenting education associated with anxiety, communication, and support with Patient A 's mother who reported how Patient A's symptoms negatively affect the family and make it difficult for him to perform daily living skills such as hygiene, sleep, following directions, and completing tasks. Ms. Fregoso introduced and discussed strategies with Patient A's mother to empower Patient A to work through his anxious thoughts. Patient A's mother was receptive to these suggestions. Ms. Fregoso submitted her note on September 2, 2020, which her supervisor, Ms. Perez, approved on September 17, 2020.

42. Ms. Fregoso's Targeted Case Management (COVID-19 Telephone) note documented her August 21, 2020, telephone conversation with Patient A's mother to assist her with decreasing Patient A's anxiety-related symptoms and behaviors "by providing community-based linkage aimed at alleviating [symptoms/behaviors] exacerbated by financial hardship during [COVID-19] pandemic." Ms. Fregoso provided

a linkage to county resources and explained the linkages "thoroughly to decrease any barriers with accessing via phone/online." Patient A's mother agreed to access the linkage and was grateful for it being provided. Ms. Fregoso submitted her note on September 2, 2020, which her supervisor Ms. Perez, approved on September 17, 2020.

43. A Non-Billable Note to Chart (COVID-19 Telephone) documented Ms. Grant's August 26, 2020, attempt to contact Patient A for individual therapy, but there was no answer. She left a voicemail for Patient A or his mother to return her call and the mother texted that Patient A's sessions needed to be rescheduled due to his starting school. It was agreed to reschedule his therapy session for Mondays at 3:00 p.m. Ms. Grant submitted her note on August 26, 2020, which was approved by her supervisor, Ms. Ukattah, on August 31, 2020.

44. In a Non-Billable Note to Chart (COVID-19 Telephone) Ms. Grant documented her August 31, 2020, attempt to contact Patient A for individual psychotherapy but there was no answer and she was unable to leave a voicemail as there was no option to do so. Ms. Grant submitted her note on August 31, 2020, which was approved by her supervisor, Ms. Ukattah, that same day.

45. A Targeted Case Management (COVID-19 Telephone) note documented a September 2, 2020, telephone call between Ms. Fregoso and Patient A to assist with decreasing his anxiety-related symptoms and behaviors "by facilitating linkage to medication support and medical evaluation with Shields psychiatrist [respondent] on [September 21, 2020] at 3pm." Ms. Fregoso "discussed and inquired regarding linkage for [Patient A] to medication support/psychiatric support. [Ms. Fregoso] inquired and discussed challenges/barriers to accessing linkage so that [Ms. Fregoso] can help support access services." Ms. Fregoso provided Patient A's mother "with information vital with improving understanding of how medical evaluation and psychiatric support

can help [Patient A] increase overall functioning. [Ms. Fregoso] praised mother for flexibility and for being open to [Shields] psychiatrist. Mother was responsive and agreed to further support [Patient A] by attending scheduled appointments and providing support at home with skills and information provided." She also agreed to maintain contact with the treatment team to address concerns with Patient A's symptoms and behaviors. Ms. Fregoso would provide further follow up with scheduled appointments with respondent and support Patient A's mother with the recommendations provided. The next follow-up would be at the medical evaluation/psychiatric appointment with respondent. Ms. Fregoso submitted her note on September 8, 2020, which her supervisor, Ms. Perez, approved on September 18, 2020.

46. Ms. Grant's Individual Psychotherapy (COVID-19 Telephone) note documented that on September 3, 2020, Patient A reported "feeling good and presented with high energy." They discussed how school was going "due to school being a source of anxiety for him in the past." Patient A reported having difficulty focusing and finishing his homework, as well as being easily distracted. They brainstormed ideas to help Patient A reduce the noise and distractions while in the classroom Zoom setting, and discussed why he "cusses often due to his [mother] bringing up the issue." Patient A confirmed "he does because often, especially when his older sister is helping him with his homework," but he struggled to understand why he uses that language. Ms. Grant "psychoeducated [Patient A] on the negative consequences of using bad language and encouraged him to try to think about what he is feeling in the moment when he uses those words." Patient A "actively listened to the psychoeducation and reported that he wants to stop cussing but feels like it is hard to do so." He expressed how he usually does not want to feel annoyed or frustrated. Ms. Grant praised Patient A for gaining that insight and provided feedback

on how he can more positively express his emotions. Ms. Grant submitted her note on September 3, 2020, which her supervisor, Ms. Ukattah, approved on September 14, 2020.

47. On September 11, 2020,[1] Ms. Grant conducted a telephone session. Patient A reported "feeling good," but his mother reported he was "struggling with wanting to hurt himself." Ms. Grant engaged Patient A in discussion and he explained he grabbed a knife from the kitchen and cut his arm "after his sister made him upset and 'stressed' due to not helping him input a password for his game." Patient A became emotional, was crying, and "struggled to form his thoughts and speak in complete sentences." Patient A cleaned the wound with soap and water and then went to sleep. While in bed trying to sleep, "he had thoughts about wanting to hurt 'someone,' but did not have a specific person in mind or a specific way in which he would hurt the person." Ms. Grant assessed Patient A for suicidal ideation, homicidal ideation, and self-harm. Patient A denied having any current suicidal ideation, homicidal ideation, or self-harm thoughts, and "denied feeling like he wants to hurt himself again." She discussed with Patient A ways he can express his feelings in healthier ways and "helped create a safety plan that he can utilize in order to help decrease his suicidal ideation and self-harm." Patient A was receptive and would give

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[1] Another September 11, 2020, note written a few hours before this session documented that the session was canceled due to "company holiday on scheduled session day" and could not be re-scheduled due to conflicting schedules. No explanation for this was offered at hearing.

Ms. Grant's "ideas a try." Ms. Grant submitted her note on September 21, 2020, which her supervisor, Ms. Ukattah, approved that same day.

48. A Collateral Contact (COVID-19 Telephone) note documented Ms. Grant's September 17, 2020, telephonic session with Patient A's mother who reported he had been expressing defiant symptoms and behaviors. He was expressing feelings of self-harm and suicidal ideation. He becomes frustrated when trying to complete his schoolwork due to not understanding what is going on the classroom and he refuses to sit at the desk his mother bought for him. Patient A's mother believed the self-harm/suicidal ideation "is a way for [Patient A] to get what he wants" and she has begun to set more boundaries and rules in order for him "to understand the seriousness of what he is saying." She told him that if he continued to make such statements, she may have to call the police or take him to the hospital but he said "he did not care." She reached out to Patient A's father who spoke to Patient A about his behaviors and that seemed to help him "straighten up a bit," but he was still struggling with defiant behaviors since school started. Patient A's mother agreed that Patient A needs to practice his reading but explained that "she is struggling with her own depression/anxiety and has little time to help [Patient A]." She bought exercise equipment to help Patient A decrease his energy levels to help him focus and has been in contact with the school counselor and was working on getting the counselor to contact Ms. Grant so they could collaborate on Patient A's treatment. Ms. Grant validated purchasing noise canceling headphones for Patient A, placing all knives and other sharp objects out of reach, and making sure he was supervised at all times, especially when making self-harm/suicidal ideation statements. Ms. Grant encouraged Patient A's mother to get the "necessary paperwork in to the school as soon as possible" so Ms. Grant could collaborate with the school counselor. Ms. Grant

submitted her note on September 21, 2020, which her supervisor, Ms. Ukattah, approved that same date.

49. A Collateral Contact (COVID-19 Telephone) note documented Ms. Fregoso's September 21, 2020, telephone call with Patient A's mother to assist with Patient A's mental health treatment. She inquired about Patient A's symptoms and behaviors and his progress with decreasing anxiety. Ms. Fregoso "continued to review psychoeducation re: anxiety, trauma and expressing oneself/communication" and discussed symptoms and behaviors that continue to interfere with Patient A's ability to follow directions, complete tasks, and how that affects him. Patient A's mother reported not being available for the psychiatrist appointment due to experiencing stress and difficulties in the home and "just not being ready for appointment at assigned time." Patient A becomes easily frustrated, is unable to complete schoolwork, has difficulty completing assignments due to not understanding the work, and lacking the ability to focus. Ms. Fregoso "reinforced and encouraged supporting [Patient A] with structure the daily routine can provide" which would help increase daily expectations and responsibilities. She reinforced continuing to allow Patient A to address his worries, name them, verbalize possibilities, and establish positive counter thoughts, which would empower him to work through his anxious thoughts. She stressed the importance of providing him with consequences for his behaviors, both positive and negative, and praising him when he displays desired behaviors. A follow-up collateral session was scheduled for October 6, 2020. Ms. Fregoso submitted her note on September 25, 2020, which her supervisor, Ms. Perez, approved on September 28, 2020.

50. On September 21, 2020, Ms. Grant documented in a (Non-Billable) Note to Chart (COVID-19 Telephone) her attempt to contact Patient A's mother to remind

her of her appointment with Patient A but there was no answer. Ms. Grant was unable to leave a voicemail due to the inbox being full but she left a text message for the mother to reschedule the appointment. Ms. Grant submitted her note on September 21, 2020, which her supervisor, Ms. Ukattah, approved the same day.

Respondent's September 21, 2020, Session (No-Show)

51. Also on September 21, 2020, respondent documented in a Med Support - New Client/Moderate to High Severity note that Patient A was a no-show for his appointment with her.

52. In a (Non-Billable) Note to Chart (COVID-19 Telephone), Jaccarriah Johnson, M.A., A.M.F.T, documented that on October 2, 2020, he reached out to Patient A's mother "to engage in [mental health services] as attending therapist." There was no response and he left a voicemail. He submitted his note on October 2, 2020, which his supervisor Ms. Ukattah, approved on October 5, 2020.

53. A Collateral Contact (COVID-19 Telephone) documented Mr. Johnson's October 6, 2020, telephone call with Patient A's mother. He introduced himself as Patient A's primary therapist continuing Patient A's mental health services. He inquired of Patient A's needs and the reason for the mental health services. Patient A's mother reported that Patient A often experiences anger outbursts which include yelling, screaming, cursing at her and others, becoming aggressive, and "fight with sibling." Patient A becomes angry, sometimes threatening to harm himself or take his life. Patient A threatened to take his life twice in September, but she did not provide specific dates, and he had difficulty attending school virtually. He has low self-esteem regarding his abilities, a "sense of hopelessness at times (based on [mother's] description), reacts to situations, laughs and talks to himself, has an imaginary friend

(which Mr. Johnson thought could be developmental), reports seeing a man in his window, sleep walks and talks to himself at night, and hears noises of someone opening the door." She sometimes uses melatonin to help Patient A sleep. There were virtual school challenges Patient A faced including difficulty logging in for school and limited privacy/study space in the home which made concentrating difficult. She described Patient A as "good-natured" but he does not respond well to directives. The difficulties began when he could not return to school because of the pandemic. He was currently in third grade and had previously been evaluated and diagnosed with ADHD and autism, and had an IEP in place for school. She reported the school was able to accommodate Patient A and his needs and his teachers were supportive by providing resources to her. Patient A had a lot of friends and was able to get along with others. She shared her own mental health history and how it impacts her parenting. There was a family history of schizophrenia. Patient A is her youngest child and the family has a close relationship. Patient A's communications with his biological father are a stressor for him. She reported Patient A threatens to kill himself or harm himself when he becomes angry, and threatened to take his life in the past 30 days, two instances which occurred in September. Patient A has said "'he prefers dying than living.'" She shared the plan of calling 911 in the event of a life-threatening emergency. Mr. Johnson expressed empathy and provided feedback regarding his "minimal experience working with [Patient A and his mother]" and advised that some of Patient A 's symptoms and behaviors "can be related to his diagnosis and brain function." Mr. Johnson recommended that Patient A's mother consult with the Shields's child psychiatrist regarding Patient A's needs to determine if he requires a higher level of care and to help her parent more effectively and with insight. Mr. Johnson provided various suggestions to Patient A's mother and informed her about "having a safety plan in place," a copy of which he emailed to her which she confirmed

receiving, which he documented in an October 6, 2020, Non-Billable Note to Chart. He also recommended she "utilize the Psychiatric Mobile Response Team" in addition to the plan of calling 911. He scheduled a visit for October 7, 2020, to meet with Patient A to review the safety plan and scheduled a psychiatric consult for October 20, 2020. Mr. Johnson submitted his note on October 9, 2020, which his supervisor, Ms. Cameron, approved that same date.

54. An Individual Psychotherapy (COVID-19 Telephone) note documented Mr. Johnson's On October 6, 2020, telephonic therapy session with Patient A who presented "with pleasant tone, engaged." Patient A reported becoming angry sometimes having difficulty managing his anger, as well as having difficulty sleeping at night. He reported being afraid of the night and "'seeing things move.'" Mr. Johnson introduced himself as the new primary therapist and engaged in therapeutic dialogue to establish rapport. Patient A discussed his hobbies and interests, what he liked about school, and his close relationship with his siblings and cousins, stating that his "sister defends him and helps them." He reported becoming angry when he has conflict with his family and will usually respond by sitting and staring at a wall or pretending to be bored. He reported having a grandmother who is 103 years old who demonstrates understanding and some empathy regarding Patient A's mother's need to provide care. Patient A "has some difficulty when away from [his mother] due to missing her when she runs errands for family and is taking care of others." He demonstrated his ability to understand family needs and working together and was open to future sessions. Mr. Johnson's plan was to meet with Patient A on October 7, 2020, "to review the safety plan (no current safety concerns)." Mr. Johnson submitted his note on October 9, 2020, which his supervisor, Ms. Cameron, approved that same date.

55. Complainant's expert referred to this note while testifying, explaining how it was inconsistent. Dr. Ferren opined that this entry indicating Mr. Johnson reviewed the safety plan but that there were no current safety concerns was inconsistent because he questioned why a safety plan would be reviewed if there were no safety concerns. However, as respondent and Dr. Costello opined, and as a review of the records showed, a safety plan had been created because of prior issues and that plan was reviewed at this session even though there were currently no safety concerns. In other words, during this visit, there were no safety concerns, but there was a safety plan in place because of prior concerns, and that plan was reviewed. (Dr. Ferren's inability to understand that distinction raised concerns regarding the aggressiveness of his opinions.)

56. On October 7, 2020, Patient A was a no-show for his telephonic appointment with Mr. Johnson, who left a message to reschedule. Patient A's mother called and rescheduled for October 8, 2020. Mr. Johnson submitted his note on October 13, 2020, which his supervisor, Ms. Ukattah, approved on October 19, 2020.

57. In an Individual Psychotherapy (COVID-19 Telephone) note, Mr. Johnson documented his October 8, 2020, telephone session with Patient A who presented with a pleasant tone. Patient A reported difficulty getting along with others sometimes, becoming aggressive, and fighting with peers when at school. Patient A discussed his triggers which included difficulty accepting no, waiting or being patient and having jealous feelings of others. He whines until his parents give in, enjoys "'fighting or roughhousing,'" and sees himself as a "'bad kid.'" He reported knowingly annoying others, doing it intentionally, and liking to "'fight and bully others.'" Mr. Johnson documented that he was unsure how true Patient A's report of enjoying bullying others might be. Patient A reported and then denied having bruising on his stomach

from the roughhousing with his older brother. Patient A was able to distinguish behaviors from bullying and able to "reflect on/and review [the] current safety plan." Mr. Johnson listened and provided feedback, positively reframing perspectives to provide Patient A with age-appropriate insight. Mr. Johnson's plan was to follow-up with the mother and consult his supervisor. Mr. Johnson submitted his note on October 14, 2020, which his supervisor, Ms. Cameron, approved on October 29, 2020.

58. Mr. Johnson's Collateral Contact (COVID-19 Telephone) note documented his October 8, 2020, follow-up telephone call with Patient A's mother regarding Patient A's behaviors at home and interactions with adult/family members. She reported times when he yells, curses and has difficulty controlling himself, but denied any safety concerns. Patient A engages in roughhousing with his older brother and cousin. Mr. Johnson shared examples of inappropriate behaviors that can be considered abusive, and "reframed [Patient A's] energy as a possible need for positive activities that will allow him to exert physical energy." Patient A's mother did not want him to take up a sport that would reinforce aggressive behaviors but "was open to soccer." Mr. Johnson submitted his note on October 13, 2020, which his supervisor, Ms. Cameron, approved on October 28, 2020.

59. In a Non-Billable Note to Chart, Mr. Johnson documented his October 8, 2020, consultation with Ms. Cameron regarding his session with Patient A and his follow-up session with Patient A's mother. The plan was for Mr. Johnson to gather additional information regarding Patient A's case "due to having insufficient details regarding safety assessment." Mr. Johnson submitted his note on October 22, 2020, which his supervisor, Ms. Cameron, approved October 27, 2020.

60. A Collateral Contact (COVID-19 Telephone) note documented Mr. Johnson's October 14, 2020, telephonic session with Patient A's mother regarding

Patient A's safety. No new symptoms or behaviors were reported. Patient A's mother discussed "roughhousing, between family members, but no injuries." She appeared "to be somewhat tearful during [the] call." Mr. Johnson's plan was to follow-up with his supervisor. He submitted his note on October 23, 2020, which his supervisor, Ms. Ukattah, approved on October 26, 2020.

61. Mr. Johnson's Non-Billable Note to Chart (COVID-19 Telephone) documented his October 14, 2020, consultation with Shields's Behavioral Health Services Director Danielle Lowe, PMH-C, MSW Registered Associate CSW, and Shields's Behavioral Health Services-Children's Mental Health Program Director Christina Ramirez, LCSW, regarding Patient A's safety and care. He submitted his note that same date which his supervisor, Ms. Ukattah, approved on October 19, 2020.

62. Mr. Johnson's Non-Billable Note to Chart (COVID-19 Telephone) documented his October 16, 2020, telephone call to Patient A's mother to follow-up regarding mental health services, but there was no response and he left a voicemail. He submitted his note on October 23, 2020, which his supervisor, Ms. Ukattah, approved on October 26, 2020.

63. In Non-Billable Note to Chart, Mr. Johnson documented his October 20, 2020, telephone call to Patient A and his mother regarding the new therapist, Cindy Colon, MSW. He was able to speak with Patient A but could not reach Patient A's mother. Mr. Johnson submitted his note on October 20, 2020, which his supervisor, Ms. Ukattah, approved on October 23, 2020.

64. On October 20, 2020, Ms. Colon, conducted a telephonic assessment with Patient A, his mother, and respondent to review Patient A's symptoms and behaviors which she documented in a Child/Adolescent Assessment Addendum. Patient A had

difficulty completing homework and sees shadows which causes anxiety three times a week. Patient A does not like to be alone, uses "bad words," and fights with his older sisters. Ms. Colon submitted her note on October 23, 2020, which her supervisor, Rebecca Moreno, MSW., approved that same date.

65. Ms. Colon's Plan Development (COVID-19 Telehealth) note documented her contact on October 20, 2020. Patient A was an eight-year-old Hispanic male brought to the agency by his mother who reported he was seen by another agency but she preferred he be seen on a weekly basis. He had his first severe panic attack on Mother's Day where he was breathing heavily, panicked, had an elevated heart rate, had a feeling of being choked, had chest pain, was shaking, and felt like he was going to die. He had a few more mild panic attacks since that time. Both his mother and Patient A were unaware of his triggers. He had been diagnosed with mild autism, ADHD, and specific learning disability by his school during his IEP evaluation. Due to his autism and ADHD diagnosis, he struggled with pulling his hair in the past and hitting himself in the head with his hand. His current symptoms included being easily distracted seven times a week, having difficulty completing homework five times a week, and having difficulty sleeping due to anxious thoughts five times a week. Patient A's mother reported that he "'has always been this way'" and had been receiving mental health services since he was "2.5 years old (2014)." Given his current symptoms and behaviors, he has "functional limitations in intrapersonal (difficulty adapting to frequent change), interpersonal (difficulty communicating, lacks impulse control), and educational/academic (inability to follow directives in class, difficulty focusing on homework assignments, trouble with task completion.)" Ms. Colon provided psychoeducation and support to Patient A's mother and advised that Patient A would not be able to receive medication without participating in therapeutic services. Ms.

Colon submitted her note on October 27, 2020, which her supervisor, Ms. Moreno, approved on October 28, 2020.

Respondent's October 20, 2020, Session (Initial Visit)

66. In an October 20, 2020, Med Support-Follow-Up/Moderate to High Severity (COVID-19 Telehealth) note, respondent documented her telephone contact with Patient A's family. She checked the box indicating that she had reviewed relevant parts of Patient A's clinical record. She documented Patient A's past and current history, as well as a family history. Patient A's "grandmother admitted she been allowing" Patient A "to have more due to COVID related in-home changes." In December, Patient A had been told he would have to be in a special education class which scared him. He "cried for a long time" and his mother insisted he return to general education. He was "doing better with a changed IEP in March 2020." Patient A is challenged each year with meeting new teachers and classmates and is very attached to his family. He sees a counselor weekly and "has IEP 3 days per week." Patient A has struggled with low patience and hyperactivity since he was a toddler. He is happy to wake up but has always refused to do his schoolwork. Zoom has been extremely hard on him "because his focus and motivation for learning complete assignments [*sic*]." Patient A becomes angry when tasked to do his work, threatening to destroy property and speaking to the family using foul language. He refuses to be around people he does not know, cannot remain in a car for a long time, is very afraid of the dark and struggles with being alone. He panics when he hears noises from outside and says he sees a shadow or someone outside. He has been pulling his hair and his hairline receded. He was diagnosed with ADHD in the past. He has not been prescribed psychiatric medications in the past. Patient A had severe separation anxiety during early grade school, would cry when there was a substitute teacher, and controls

himself at school but then will "unload at home." He would become "extremely dysregulated and angry." Respondent performed a mental status exam, noting that Patient A's mood was positive with anxiety and his affect was labile, his thought form was linear with intact associations, his thought content was developmentally intact with perseveration about his anxiety and being alone, and his attention/concentration was severely impaired with task demand. His fund of knowledge was below average and he had marginal judgment/insight.

Respondent diagnosed Patient A with ADHD. combined type, generalized anxiety disorder, and social anxiety disorder. She noted he showed a strong introversion developmentally evidenced by the presence of separation anxiety and stranger phobia. He had strong social skills of kindness and affable character. His family history was notable for generalized anxiety disorder in both his sister and mother. His symptoms were "common personality traits leading to various anxiety spectrum disorders. Though symptoms of ADHD are profoundly impairing to [Patient A's] academic functioning, we must first treat the anxiety disorders give in [*sic*] that effective treatments for ADHD will worsen anxiety and under my the [*sic*] efficacy of stimulants. I reviewed the adverse side effects of fluoxetine[2] with [Patient A's mother] who provided consent. Not concerned about autism due to no evidence of the 2 core symptoms: communication deficit and fixated/restricted/repetitive behaviors." Respondent checked the box indicating that Patient A's diagnosis had changed.

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[2] Fluoxetine, commonly known as Prozac, is a selective serotonin reuptake inhibitor (SSRI) used primarily to treat depression, anxiety, obsessive-compulsive disorder (OCD), and panic attacks. It works by increasing serotonin levels in the brain, which helps improve mood and emotional stability.

Respondent's plan was to start fluoxetine 4 milligrams, 1 mL for four days and then increase to 8 mg equals 2 mL, monitor Patient A's sleep, mood lability, separation anxiety, headache and nausea.

67. In an October 20, 2020, Diagnosis Information Form (Office) note, respondent documented that Patient A's diagnoses were generalized anxiety disorder and major depressive order, recurrent severe without psychotic features. Respondent checked the box indicating this was a "Clinical Update to Current Diagnosis."

68. In her October 20, 2020, Medication Consent and Treatment Plan (MH 730) (Other Facility) note, respondent documented her discussions with Patient A's mother regarding the medication, however she did not identify the medication in the section where the information should have been inputted. The objective was to reduce the symptoms of "major depression, generalized anxiety disorder" as evidenced by "depressed mood, low energy, low motivation, low self-concept, poor sleep." Respondent checked the boxes indicating that she would "Monitor clinical effectiveness and side effects" of the medication with a proposed frequency of contact "Every other week."

69. In a Diagnosis Information Form (Other Facility), respondent documented her October 20, 2020, diagnoses of generalized anxiety disorder and major depressive disorder, recurrent severe without psychotic features. She checked the box indicating this was a "Clinical Update to Current Diagnosis." Respondent submitted her note on October 26, 2020.

70. Respondent testified that her entry of "major depression" in her Med Support-Follow-Up/Moderate to High Severity (COVID-19 Telehealth) note was inaccurate as she did not diagnose Patient A with that condition. However, she failed

to explain why she also made that incorrect documentation in her three other notes. The fact that she had four notes with "major depressive disorder" as Patient A's diagnosis, one record which had that disorder as being "recurrent severe without psychotic features," and another with noted he had "depressed mood, low energy, low motivation, low self-concept, poor sleep," demonstrated her inattention to detail, despite her lengthy, thorough testimony about her thought process.

71. In an Individual Psychotherapy (COVID-19 Telehealth) note, Ms. Colon documented her October 22, 2020, telephonic session with Patient A who engaged in the therapy and expressed about times he felt scared. Patient A reported seeing shadows and having difficulty sleeping. He "engaged in practicing positive affirmations" and actively listened. Ms. Colon submitted her note on October 27, 2020, which her supervisor, Ms. Moreno, approved on October 28, 2020.

72. In a Plan Development (Telephone) note, Ms. Colon documented her October 27, 2020, telephone contact with Patient A's mother to review Patient A's goals and needs. Patient A's mother reported that Patient A's current symptoms included fighting with his sister, not completing homework assignments, sleeping late, and not liking to be alone or go out. Ms. Colon discussed Patient A's IEP and Patient A's mother agreed to allow Ms. Colon to collaborate with Patient A's school counselor. She reported that Patient A was doing "somewhat much better with the medication," but he cannot focus or complete school assignments. Ms. Colon's plan was to reach out to the school counselor, work with Patient A to build report and the therapeutic relationship, look for tutoring resources, and work with the family "to establish academic structure to increase grades." Ms. Colon submitted her note on October 27, 2020, which her supervisor, Ms. Moreno, approved on October 28, 2020.

73. On October 28, 2020, Ms. Colon, as documented in her Individual Psychotherapy (COVID-19 Telehealth) note, conducted a mindfulness activity with Patient A and psychoeducated him about mindfulness. She practiced deep breathing exercises with him and reviewed practicing positive affirmations. Patient A partially engaged in the mindfulness activity and fully engaged in the positive affirmations. He reported getting better grades the prior school year and did not know how that had changed this year. He reported not wanting to complete his homework. He agreed to "follow through a reward system." Ms. Colon's plan was to brainstorm a reward system with Patient A's mother that was manageable for the family. She was also going to reach out to Patient A's school counselor to collaborate and assess his academic support system. Ms. Colon submitted her note on October 29, 2020, which her supervisor, Ms. Moreno, approved on October 30, 2020.

74. On November 3, 2020, as documented in a Plan Development (COVID-19 Telephone) note, Ms. Fregoso consulted with Ms. Colon "for plan development purposes regarding interventions/linkages" to help Patient A "decrease his anxiety-related [symptoms] and promote utilization of skill building and increase engagement with family and others." The treatment team discussed his current symptoms and behaviors, his presenting symptoms and behaviors at intake which included "breathing heavily, panicked, heart rate elevated, feeling of choking, chest pain, shaking, feeling like he was going to die, mild autism, ADHD, and specific learning disability, pulling his hair [twice a week], hitting himself in the head with his hand [twice a week] being unable to sit still longer than 20 minutes [seven times a week], being easily distracted [seven times a week], and struggling with change." The team discussed his difficulty communicating, lack of impulse control, difficulty focusing on homework assignments, and trouble with task completion. The treatment team established a plan for Ms. Fregoso to provide Patient A with individual rehabilitation to help improve, maintain

and restore his functioning, including his "adaptive skills, socialization, self-regulation, self-care, coping through teaching, roll-playing, and practicing learned skills." The team also established a plan to provide him with enjoyable activities and community resources to "address and increase engagement with peers and families." Ms. Fregoso submitted her note on November 3, 2020, which her supervisor, Ms. Perez approved on November 30, 2020.

75. Also on November 3, 2020, Ms. Colon documented in a Collateral Contact (Telephone) note that she advised Mental Health Services (MHS) (entity not explained) that Patient A's mother does not provide structure to Patient A and that Patient A needs additional support because his mother is overwhelmed. Ms. Colon coordinated with MHS to "review positive affirmations and deep breathing and provide rehab services" to Patient A and advised MHS that Patient A's mother "demonstrated lack of interest" about involving MHS in treatment. MHS reported that Patient A's mother "does not engage much or put an effort in treatment with previous therapist." MHS asked Ms. Colon if Patient A needs rehabilitation services and additional mental health support. Ms. Colon would notify Patient A's mother about involving MHS. Ms. Colon submitted her note on November 4, 2020, which her supervisor, Ms. Moreno, approved on November 5, 2020.

76. An Individual Psychotherapy (COVID-19 Telehealth) note documented Ms. Colon's November 4, 2020, telephonic session with Patient A who reported "he behaved bad today and that he needs to complete his homework." He reported feeling annoyed and "closes his fist to punch as a result of being angry." He partially engaged in breathing exercises and reported needing help completing his homework but "nobody helps him at home." He also reported that "asking for help does sound like a bad idea for him." Ms. Colon validated his feelings, challenged him to ask for help, and

practiced deep breathing exercises to help him manage his feelings. Her plan was to develop a reward system with Patient A's mother. Ms. Colon submitted her note on November 5, 2020, which her supervisor, Ms. Moreno, approved on November 6, 2020.

77. A Collateral Contact (Telephone) note documented Ms. Colon's November 4, 2020, telephone call with Patient A's mother during which she reviewed helping Patient A complete his homework. She explored ways to reward Patient A and how to keep track of completed homework to motivate him. Ms. Colon discussed ways for Patient A's mother to "dedicate a developing structure to help [Patient A] achieve academic success." Patient A's mother reported that she is "overwhelmed with the school because the school wants [Patient A] to complete homework assignments." She was receptive to rewarding him and planned to fix a space for him to do his homework "but needs help." Patient A's mother reported that "she has been feeling sleepy, depressed, and stressed." Ms. Colon's plan was to continue to motivate Patient A's mother and provide psychoeducation to help her help Patient A achieve success and improve his behaviors. Ms. Colon submitted her note on November 5, 2020, which her supervisor, Ms. Moreno, approved on November 6, 2020.

78. Also on November 4, 2020, Ms. Colon contacted Patient A's school to speak with the counselor, was provided with her email, and sent an email introducing herself and requesting a time to meet.

79. In a (Non-Billable) Note to Chart (COVID-19 Telephone) note, Ms. Fregoso documented her November 4, 2020, unsuccessful attempts to contact Patient A's mother to provide services. She left a voicemail for Patient A's mother to call back. Ms. Fregoso submitted her note on December 2, 2020, which her supervisor, Ms. Perez, approved on December 17, 2020.

80. In an Individual Psychotherapy (COVID-19 Telehealth) note, Ms. Colon documented that on November 12, 2020, she met telephonically with Patient A, who reported he felt scared a few days ago and was able to reduce his symptoms by practicing deep breathing exercises. He reported finishing his homework and completing his assignments the past three days. He has been "doing really good and he feels excited about his sister's gathering." He "partially engaged in mindfulness activity and practiced positive affirmations." Ms. Colon praised Patient A by highlighting his efforts to complete his homework. Ms. Colon submitted her note on November 16, 2020, which her supervisor, Ms. Moreno, approved on November 17, 2020.

81. On November 12, 2020, Ms. Colon, as documented in a Collateral Contact (Telephone) note, called Patient A's school psychologist, introduced herself, and discussed Patient A's accommodations. The school psychologist reported that Patient A had extra time to complete assignments and to read, had shortened assignments, but had regressed in reading due to the pandemic and distance learning. The school psychologist believed Patient A would benefit from a smaller class size, but his mother did not want to proceed. She also reported that Patient A has mentioned in the past that he wanted to die due to losing at video games in September. Ms. Colon told the school psychologist that Patient A had not expressed any suicidal thoughts or plans. Ms. Colon's plan was to continue collaborating with the school psychologist and educate Patient A's mother about his mental health. Ms. Colon submitted her note on November 16, 2020, which her supervisor, Ms. Moreno, approved on November 17, 2020.

82. In a Collateral Contact (Telephone) note, Ms. Colon documented her November 12, 2020, call to Patient A's mother to assess his progress and explore his

symptoms and suicide. She told Patient A's mother that the school psychologist had informed her that Patient A had made comments of wishing to be dead due to losing his video game. Ms. Colon explored with Patient A's mother whether Patient A had "made any other self-harm behaviors or suicide comments." Patient A's mother reported that Patient A made a comment after losing a video game in September and had not made any other comments. She talked to him about not making such comments and to be careful what he says or he could be "hospitalized and away from his family." She reported she would feel bad if he made any comments and would be scared if he transferred to a smaller class due to being exposed to special education students. She knows Patient A is capable and she is working for him to do better. Ms. Colon reinforced the importance of Patient A's safety and that she would explore symptoms and behaviors of suicide ideation with Patient A. She also discussed the benefits of the smaller class size being offered to Patient A per his school psychologist, and provided community resources to Patient A's mother, who was receptive to receiving them. Ms. Colon submitted her note on November 17, 2020, which her supervisor, Ms. Moreno, approved on November 18, 2020.

83. In an Individual Psychotherapy (Office) note, Ms. Colon documented her November 19, 2020, telephonic visit with Patient A and his mother. She assessed Patient A for "any thoughts of self-harm and suicide since her last meeting with school psychologist." Patient A reported he does not have any current thoughts of suicide or self-harm. He engaged in relaxation therapeutic activities and was receptive during the session. Ms. Colon educated Patient A on grounding exercises to reduce anxiety. She submitted her note on November 23, 2020, which her supervisor, Ms. Moreno, approved on November 24, 2020.

84. In two separate (Non-Billable) Notes to Chart (Telephone), Ms. Colon documented that she called Patient A 's mother two different times on November 20, 2020, to conduct a collateral visit but she did not answer. Ms. Colon submitted her notes on November 23, 2020, which her supervisor, Ms. Moreno, approved on November 24, 2020.

85. In a Collateral Contact (Telephone) note, Ms. Colon documented her November 25, 2020, call to Patient A's mother to assess his anxiety. Patient A's mother reported he had an anxiety attack from going to the store, but he has not made any suicidal comments. She was receptive to practicing deep breathing exercises when Patient A presents with anxiety or panic attacks. Ms. Colon submitted her note on November 25, 2020, which her supervisor, Ms. Moreno, approved on December 2, 2020.

86. In a Plan Development (COVID-19 Telephone) note, Ms. Fregoso documented her December 1, 2020, consultation with Ms. Colon "for plan development purposes regarding Collateral and Targeted case management that will assist [Patient A] in mental health treatment." The treatment team discussed Patient A's recent episodes of panic attacks when going to a store, his inability to focus and complete homework assignments, his self-harm behaviors, and his suicidal comments. The treatment team discussed that Patient A and his mother "often times [*sic*] struggle to implement suggestions/interventions presented and showed [*sic*] in therapy sessions." The treatment team discussed Ms. Fregoso's "challenges to connect with mother to provide collateral interventions aimed at teaching appropriate skills that mother can utilize to reinforce learned coping strategies and support [Patient A] in decreasing anxiety-related [symptoms]." The treatment team established the plan for Ms. Fregoso to continue making attempts to provide individual rehabilitation to

Patient A and collateral interventions with his mother. Ms. Fregoso submitted her note on December 2, 2020, which her supervisor, Ms. Perez, approved on December 7, 2020.

87. On December 2, 2020, Ms. Fregoso documented her unsuccessful attempts to make collateral contact and continue services with Patient A in a (Non-Billable) Note to Chart (COVID-19 Telephone). Ms. Fregoso left a voicemail. Her supervisor, Ms. Perez, approved the note on December 7, 2020.

88. In an Individual Psychotherapy (Office) note, Ms. Colon documented her December 3, 2020, telephonic session with Patient A who reported he "has felt good" and denied any symptoms of panic attack. He reported yelling when he was with the school psychologist, did not yell at her, but he was frustrated. He reported being behind in his reading. Ms. Colon psychoeducated Patient A about anger management skills to practice when he feels frustrated. Her plan was to contact the school psychologist to further explore the incident that made him frustrated. Ms. Colon submitted her note on December 4, 2020, which her supervisor, Ms. Moreno, approved that same date.

89. On December 4, 2020, Ms. Fregoso documented her unsuccessful attempts to make collateral contact and continue services with Patient A in a (Non-Billable) Note to Chart (COVID-19 Telephone). Ms. Fregoso left a voicemail. Her supervisor, Ms. Perez, approved the note on December 7, 2020.

90. Ms. Colon's Individual Psychotherapy (Office) note documented her December 10, 2020, telephone conference with Patient A to assess his symptoms and behaviors. He did not report any current incidents with anxiety or with improper anger management. He partially engaged in the therapeutic activity of expressing positive affirmations. Ms. Colon's plan was to reach out to Patient A's mother to determine his

progress. Ms. Colon submitted her note on December 11, 2020, which her supervisor, Ms. Moreno, approved on December 14, 2020.

91. A Collateral Contact (Telephone) note documented Ms. Colon's December 15, 2020, call with Patient A's mother due to receiving Patient A's mother's report that she had sent Patient A a picture of another boy working on his homework and Patient A "got mad and frustrated and texted saying bad words and included the word killing." Ms. Colon validated Patient A's mother's feelings and worries about Patient A and encouraged her to communicate with him and ask for forgiveness. Ms. Colon's plan was to assess Patient A's symptoms and suicide ideation. Ms. Colon submitted her note on December 16, 2020, which her supervisor, Ms. Moreno, approved on December 17, 2020.

92. In her Individual Psychotherapy (COVID-19 Telehealth) note, Ms. Colon documented her December 15, 2020, telephonic session with Patient A to assess him for symptoms and behaviors of self-harm and suicide ideation. Patient A denied having any suicidal ideation. He "responded yes to thoughts of self-harm" but answered no when asked, "What were his thoughts about hurting himself." He denied having thoughts about self-harm and suicide ideation. Ms. Colon engaged Patient A in a therapeutic game activity to learn about anxiety and he reported feeling hurt when his mother sent him a picture of her friend's son working on his homework. Patient A started to cry in session. Ms. Colon empathized with him. She motivated him to continue practicing positive affirmations and validated his feelings. Her plan was to continue implementing psychoeducation for him to manage his feelings and working with his mother to collaborate and practice positive parenting skills and positive modeling. Ms. Colon submitted her note on December 16, 2020, which her supervisor, Ms. Moreno, approved on December 17, 2020.

93. A Targeted Case Management (COVID-19 Telephone) note documented a December 21, 2020, telephone meeting between Ms. Fregoso and Patient A to assist him with decreasing his anxiety-related symptoms and behaviors by providing free community resources to him and his family aimed at improving family functioning and decreasing pandemic-caused financial hardship. Ms. Fregoso submitted her note on December 22, 2020, which her supervisor, Ms. Perez, approved on December 23, 2020.

94. A (Non-Billable) Note to Chart (Telephone) documented that Patient A did not show up for his scheduled individual session with Ms. Colon on December 21, 2020. She submitted her note on December 22, 2020, which her supervisor, Ms. Moreno, approved that same day.

95. A Collateral Contact (Telephone) note documented Ms. Colon's December 22, 2020, telephone call with Patient A's mother who reported he was doing better and had not expressed suicide ideation or behaviors. She reported she apologized to Patient A for showing him the picture of another boy doing his homework. Ms. Colon encouraged the family to bond in healthy activities and linked them to services. Ms. Colon submitted her note on December 23, 2020, which her supervisor, Ms. Moreno, approved the same date.

96. Ms. Colon had a telephonic therapy session with Patient A on January 7, 2021, which she documented in an Individual Psychotherapy (Office) note. Patient A denied any suicidal ideation or thoughts of self-harm. He did not report any trouble with panic attacks and denied any conflict with his family. Ms. Colon submitted her note on January 11, 2021, which her supervisor, Ms. Moreno, approved the same day.

97. In a (Non-Billable) Note to Chart (COVID-19 Telephone), Ms. Fregoso documented her January 13, 2021, unsuccessful attempt to reach Patient A's mother

"to make collateral contact and begin individual rehab sessions with [Patient A]." She left a voicemail for Patient A's mother to call back. Ms. Fregoso submitted her note on January 20, 2021, which her supervisor, Ms. Perez, approved on January 25, 2021.

98. On January 14, 2021, Ms. Colon had a telephonic therapy session with Patient A which she documented in an Individual Psychotherapy (COVID-19 Telehealth) note. Patient A denied any symptoms or behaviors of suicide ideation. He reported being "good with his mother and family." Patient A was "dismissive during session and quiet during session." He reported he did not know the reason for being quiet. Ms. Colon's plan was to follow up with Patient A's mother. Ms. Colon submitted her note on January 19, 2021, which her supervisor, Ms. Moreno, approved on January 20, 2021.

99. In a Collateral Contact (Telephone) note, Ms. Colon documented her January 14, 2021, telephone call with Patient A's mother to assess his symptoms and behaviors. Patient A's mother reported noticing that Patient A "has been jealous due to her niece that has been staying at her house." She reported that Patient A has been bored staying at home due to COVID-19 and sometimes gets mad. She would like him to be screened by a psychiatrist and receive medication to "relax his mood." Ms. Colon validated the mother's feelings and informed her about "submitting a psychiatrist request for [Patient A] to review medication." Ms. Colon's plan was to complete a psychiatrist referral and continue to work with Patient A's mother in treatment. Ms. Colon submitted her note on January 19, 2021, which her supervisor, Ms. Moreno, approved the same day.

100. In an Individual Psychotherapy (Telephone) note, Ms. Colon documented her January 15, 2021, telephone session with Patient A who reported "he has been doing good about his anxiety [symptoms] and anger related [behaviors]." He reported

"also doing good with his mother." Patient A "partially engaged" during the session. Ms. Colon submitted her note on January 25, 2021, which her supervisor, Ms. Moreno, approved on January 26, 2021.

101. In a Collateral Contact (Telephone) note, Ms. Colon documented her January 22, 2021, phone call with Patient A's mother who did not report any incidents of Patient A's symptoms and behaviors. She reported that she and Patient A have tested positive for COVID-19 and had been staying home drinking teas. Ms. Colon offered to provide her with COVID-19 resources, and Patient A's mother would let her know if she needed them. Ms. Colon submitted her note on June 25, 2021, which her supervisor, Ms. Moreno, approved the same day.

102. A Targeted Case Management (COVID-19 Telephone) note documented the January 20, 2021, telephonic meeting between Ms. Fregoso and Patient A's mother to monitor resources provided to the family and ensure they meet Patient A's needs as well as increase his engagement with peers and family and alleviate his symptoms and behaviors exacerbated by pandemic-related financial hardship. Based upon Patient A's mother's responses, Ms. Fregoso assessed that Patient A continued to have a need for resources for food/home items and utility assistance, and Patient A's mother reported that the resources have been positive and she was grateful for the information provided. Ms. Fregoso submitted her note on February 8, 2021, which her supervisor, Ms. Perez, approved on February 23, 2021.

103. Ms. Colon documented her January 22, 2021, telephonic therapy session with Patient A in an Individual Psychotherapy (Telephone) note. Ms. Colon assessed Patient A for symptoms of anxiety and behaviors about anger. She conducted a deep breathing exercise during the session, and assessed him for COVID symptoms. Patient A reported "he has been doing good about his anxiety [symptoms] and anger related

[behaviors]." He also reported "doing good with his mother." He was "partially engaged during session." Ms. Colon submitted her note on January 25, 2021, which her supervisor, Ms. Moreno, approved on January 26, 2021.

104. In a Collateral Contact (Telephone) note, Ms. Colon documented her January 22, 2021, telephone conference with Patient A's mother to assess for Patient A's symptoms and behaviors. Patient A's mother did not report any incidents of Patient A's symptoms and behaviors. Ms. Colon informed Patient A's mother about the scheduled appointment with respondent and to advise if she needed any resources. Ms. Colon's plan was to continue reminding Patient A's mother about the scheduled appointment with respondent and "conduct collateral" with her. Ms. Colon submitted her note on January 25, 2021, which her supervisor, Ms. Moreno, approved the same day.

105. In a Collateral Contact (Telephone) note, Ms. Colon documented her January 29, 2021, telephone session with Patient A's mother to assess his anxiety symptoms and behaviors, academic progress and support from the school and his well-being due to COVID-19. Patient A's mother reported that he has been calm and "she tells him to behave good otherwise she will discipline by taking away the video games." She reported that "she is flexible with [Patient A] and he is doing good." Ms. Colon submitted her note on February 1, 2021, which her supervisor, Ms. Moreno approved the same day.

106. An Individual Psychotherapy (Telephone) note documented Ms. Colon's February 5, 2021, telephone session with Patient A during which he reported "he has been doing good." He denied having any trouble with homework and denied feeling angry with others. Ms. Colon assessed him for signs and behaviors related to anxiety, for any trouble with homework or in his classroom and for any symptoms and

behaviors related to anger. Her plan was to continue meeting with Patient A and collaborate with his mother to further assess his needs. She submitted her note on February 8, 2021, which her supervisor, Ms. Moreno, approved that same day.

107. Ms. Colon's Collateral Contact (Telephone) note documented her February 5, 2021, telephone session with Patient A's mother who reported that her niece has been temporarily staying with them since November 2020, and the niece has a social worker. She reported that Patient A and her niece "have had their bad moments." She has not spoken to Patient A about her niece but is open to talk to him about his feelings. Ms. Colon validated Patient A's mother's concerns and informed her that Patient A "has been quiet." She questioned Patient A's mother about her niece's case and encouraged her to talk with Patient A about her niece. Ms. Colon submitted her note on February 8, 2021, which her supervisor, Ms. Moreno, approved the same day.

108. Ms. Fregoso documented her February 5, 2021, telephone session with Patient A and his mother in a Targeted Case Management (COVID-19 Telephone) note. She assisted him with decreasing his anxiety-related symptoms and behaviors by providing community resources to alleviate his symptoms and behaviors that were exacerbated by financial hardship during the pandemic. The resources would also assist the family with accessing basic needs to enable them "to build greater stability, safety and well-being as the current financial stressors at home impairs [*sic*] mother's ability to provide effective parenting which contribute to [Patient A's] symptoms due to constant worry and concern about family financial state." Patient A's mother was receptive to the resources being provided. Ms. Fregoso submitted her note on February 11, 2021, which her supervisor, Ms. Perez, approved on February 23, 2021.

109. A Plan Development (COVID-19 Telephone) note documented a February 10, 2021, telephonic meeting between Ms. Fregoso and Ms. Colon. The two reviewed Patient A's progress, discussed his challenges and his being less engaged in sessions and losing focus easily. They discussed the mother's report that he attended school daily and has an increased ability to follow directions and complete work assigned. They discussed various community resources to alleviate his symptoms and behaviors that were exacerbated by the family's current financial hardship. Ms. Fregoso would access linkages and help work through any identified barriers. She submitted her note on February 22, 2021, which her supervisor, Ms. Perez, approved on March 1, 2021.

110. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented her February 12, 2021, telephonic session with Patient A during which she assessed him for self-harm and suicide ideation, symptoms and behaviors for anxiety, and his relationship with his cousin. He reported he has been "doing good." He denied any self-harm or suicide ideation, denied having any anxiety symptoms or behaviors, and reported that he plays with his cousin. Patient A "passively engaged during session." Ms. Colon psychoeducated Patient A about anger management skills. She submitted her note on February 16, 2021, which her supervisor, Ms. Moreno, approved the same day.

111. An Individual Psychotherapy (Office) note documented Ms. Colon's February 25, 2021, telephonic session with Patient A during which she assessed him for self-harm and suicide ideation. Patient A denied having any self-harm or suicide ideation. He reported he was going to "jump off for going back to school and reported that he was joking." She engaged him in therapeutic games to educate him about anger and psychoeducated him about warning signs and coping skills. Ms. Colon

submitted her note on March 1, 2021, which her supervisor, Ms. Moreno, approved the same day.

112. A Collateral Contact (COVID-19 Telehealth) note documented Ms. Colon's February 25, 2021, telephone session with Patient A's mother who reported he has been "okay and sometimes struggles with logging into his classes." He spends a lot of time on his video games and she was receptive to removing them until he finishes his homework. She was "looking forward for psychiatric follow-up" and reported that Patient A does not have any medication. Ms. Colon's plan was to attend the psychiatric follow-up appointment with Patient A and his mother. Ms. Colon submitted her note on March 2, 2021, with her supervisor, Ms. Moreno, approved the same day.

113. On February 19, 2021, Patient A did not appear for his scheduled individual session with Ms. Colon which she documented in a (Non-Billable) Note to Chart (COVID-19 Telehealth). She submitted her note on February 22, 2021, which her supervisor, Ms. Moreno, approved the same day.

Respondent's March 2, 2021, Session

114. On March 2, 2021, respondent also completed a Med Support-New Client/Moderate to High Severity (COVID-19 Telehealth) note documenting her session that same day. She noted that Patient A was a shy nine-year-old boy with a past psychiatric history of ADHD and generalized anxiety disorder presenting with worries and inattention. He was prescribed fluoxetine for one month and got headaches. He caught the flu twice and then got COVID. As result, much of last year was spent missing school, and he now had an IEP. He was still talking at night in his sleep, was afraid of loud sounds, but "sleep is good with melatonin." Patient A "still

struggles with taking the pill and was amenable to direction to open the capsule and sprinkle it onto a spoonful of apple sauce [*sic*]." Patient A uses bad words when frightened and "panicked again" when his mother got sick a few weeks ago. Respondent documented that Patient A's current medication was fluoxetine, but did not complete the part of the document asking for "responses, side effects." Patient A's adherence to medication was "fair." Respondent noted "did not ask" in the section asking for Patient A's physician's name and telephone number. In the psychosocial and developmental history section respondent inputted that Patient A was born at term with "no complications," which contradicted the other records documenting he was born with the nuchal cord wrapped around his neck. Respondent documented further "+ social smile, + stranger anxiety, + liked affection, + joint attention, + severe separation anxiety when school first started, still struggles with going to school, frequent headaches, talks a lot in his sleep." Patient A was in third grade, starting an IEP, "struggles with inattention, school avoidance due to fear of leaving mom, talking to other kids." Respondent documented in the mental status exam that Patient A smiles and hides, was shy, was fidgety and unable to sit still, made good eye contact when more comfortable, hides on the bed, evades the camera, places mask at his eye and was playful. He reported that he was "'happy and sometimes scared.'" His affect was full, his thought form was linear with intact associations, he had no psychotic content or perceptual abnormalities, there were no safety concerns, his memory was "impaired or does not want to share," and his judgment/insight were "marginal."

Respondent's assessment/clinical impression was:

> [Patient A] is an affable and shy nine-year-old boy with the past psych history of ADHD and generalized anxiety disorder currently not taking his fluoxetine. Family history is

> noncontributory. Early psychosocial history reveals high risk traits for generalized anxiety disorder evidenced by severe separation anxiety from his mother and continued worries when he perceives mom to be unwell. Academics have been challenging for [Patient A] due to his social anxiety and inability to sustain his attention. He now has an IEP but remains impaired in his ability to stay on task to learn the material. He has had a positive response to fluoxetine. He also reported having headache which continues even when fluoxetine was stopped late December. Given positive response to fluoxetine we will restart it first and then after one week add to this regiment [*sic*] a low-dose methylphenidate to target inattentive symptoms. We reviewed the risks versus benefits of methylphenidate to which Mom consented.

Respondent checked the box indicating that Patient A's diagnosis remains the same. Her plan was to start fluoxetine 10 mg capsules each morning for generalized anxiety disorder, start methylphenidate[3] ER 10 mg capsules seven days after starting fluoxetine for ADHD, and continued melatonin 5 mg at night for sleep support.

115. A March 2, 2021, Outpatient Medication Review (Other Facility) form completed by respondent documented the methylphenidate and fluoxetine being prescribed to address Patient A's ADHD and anxiety. The potential side effects of nausea/appetite changes, appetite suppression and insomnia were documented, and

[3] Methylphenidate is a central nervous system stimulant used to treat ADHD.

respondent checked the box documenting that this form had been read to Patient A's mother.

116. Respondent completed a Medication Consent and Treatment Plan (MH 730) (Other Facility) documenting her March 2, 2021, medication consent discussions by checking off boxes on the form. The objective was to reduce the symptoms of ADHD and generalized anxiety disorder as evidenced by "inattention, school impairment, inability to separate from mom, constant worries about mom's well-being." The portion of the form where information about the medication prescribed including its name, date, dosage, and frequency was not filled in, so it is unclear from this document what medication was prescribed.

117. A Plan Development (COVID-19 Telehealth) note written by Ms. Colon documented her attendance at the March 2, 2021, psychiatric evaluation with respondent. Patient A's symptoms and behaviors were assessed, he and his mother answered multiple questions, and conversation took place regarding ways to support his treatment goals and decrease his symptoms and behaviors. Patient A's mother reported he says bad words, has minimal focus in school, and hyperactivity. "The following medication plan was given; For generalized anxiety disorder: start fluoxetine 10 mg capsules each morning. For ADHD start methylphenidate ER 10 mg capsules seven days after starting fluoxetine. For sleep support continue melatonin 5 mg at night." Ms. Colon submitted her note on March 11, 2021, which her supervisor, Ms. Perez, approved on April 1, 2021.

118. On March 10, 2021, Ms. Fregoso met telephonically with Ms. Colon "regarding Collateral and individual rehab sessions aimed at improving, maintaining and restoring [Patient A's] functioning by providing adaptive skills, socialization, self-regulation, self-care, coping through teaching, role-playing, and practicing learned

skills." The two reviewed Patient A's progress and discussed his challenges. They also discussed the "recent challenge/barrier with contacting mother and providing individual rehab to [Patient A] and agreed to further work together to connect with mother and inform her of the importance of having [Patient A] receive individual rehab sessions with [Ms. Fregoso]." They discussed how Patient A engages in the session but loses focus easily, and discussed the most recent report from his mother regarding his symptoms and behaviors in the home. The treatment team established the plan for Ms. Fregoso to provide individual rehabilitation sessions "to assist, improve, maintain and restore [Patient A's] functioning with adaptive skills, socialization, self-regulation, self-care, coping through teaching, role-playing, and practicing learned skills." Ms. Fregoso submitted her note on March 16, 2021, which her supervisor, Ms. Perez, approved on March 17, 2021.

119. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented Ms. Fregoso's March 11, 2021, unsuccessful attempts to make collateral contact and provide individual rehabilitation to Patient A. She left a voicemail. She submitted her note on March 12, 2021, which her supervisor, Ms. Perez, approved on March 17, 2021.

120. An Individual Psychotherapy (COVID-19 Telehealth) note documented Ms. Colon's March 12, 2021, telephonic session with Patient A during which she assessed him for symptoms and behaviors related to anger, assessed his relationship with his mother, and asked how he likes his medication. She presented a therapeutic activity to practice mindfulness and engaged him to practice mindfulness during the session. Patient A reported "he is doing good and that everything is good." He was "somewhat engaged in therapeutic game" and "demonstrated difficulty engaging in therapeutic game." He was "distracted during the session by playing with his toys" but was responsive to the therapist and "demonstrated his personal toys." Ms. Colon

submitted her note on April 9, 2021, which her supervisor, Ms. Ramirez, approved on April 14, 2021.

121. A Collateral Contact (Telephone) note documented Ms. Colon's March 12, 2021, telephone session with Patient A's mother during which she assessed for any self-harm or suicide ideation from Patient A, assessed his symptoms and behaviors related to anxiety and anger, and asked how he was responding to medication. She also inquired if Patient A's mother had any concerns about Patient A's symptoms or treatment. Patient A's mother reported that she had not heard any suicide ideation or witnessed self-harm from Patient A. She planned to get a trampoline for him to utilize instead of playing long periods of video games. She reported that sometimes he does not want to take his medication and she was receptive to Ms. Colon continuing working with him. Ms. Colon would further explore with Patient A taking his medication. Ms. Colon submitted her note on April 1, 2021, which her supervisor, Ms. Ramirez, approved the same day.

122. On March 18, 2021, Ms. Fregoso documented her unsuccessful attempts to make collateral contact and provide individual rehabilitation to Patient A in a (Non-Billable) Note to Chart (COVID-19 Telehealth). She left a voicemail and would consult with Ms. Colon regarding her inability to contact Patient A. Ms. Fregoso submitted her note on March 25, 2021, which her supervisor, Ms. Perez, approved on March 26, 2021.

123. A (Non-Billable) Note to Chart (COVID-19 Telehealth) note documented that Patient A did not show up for his weekly scheduled individual therapy with Ms. Colon on March 19, 2021. Ms. Colon submitted her note on March 22, 2021, which her supervisor, Ms. Perez, approved on March 26, 2021.

124. Ms. Fregoso's Plan Development (COVID-19 Telephone) note documented her March 25, 2021, consultation with Ms. Colon to monitor Patient A's progress. The treatment team discussed the challenges/barriers in contacting Patient A's mother to coordinate his individual rehabilitation sessions and the mother's recent agreement to continue those services. Ms. Fregoso submitted her note on March 26, 2021, which her supervisor, Ms. Perez, approved on March 31, 2021.

125. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telephone) documented her March 18, 2021, unsuccessful attempts to make collateral contact with Patient A's mother so she could provide individual rehabilitation to Patient A. She left a voicemail and would consult with Ms. Colon regarding her inability to contact Patient A and his mother. Ms. Fregoso submitted her note on March 25, 2021, which her supervisor, Ms. Perez, approved on March 26, 2021.

126. Ms. Colon's Plan Development (COVID-19 Telehealth) note documented the March 26, 2021, meeting with Ms. Fregoso during which she informed her that Patient A's mother agreed to continue with the rehabilitation services and for Ms. Fregoso to let Ms. Colon know if Patient A's mother needed any additional support. Ms. Colon submitted her note on May 18, 2021, which her supervisor, Ms. Ramirez, approved on May 24, 2021.

127. A Collateral Contact (Telephone) note documented Ms. Colon's March 26, 2021, telephone call with Patient A's mother who reported that he still feels anxious to go outside in the car or with others. She reported purchasing a trampoline and that exercising on it has helped him feel better. She reported that "everything has been the same as far as in the school" and she "does not pressure him." She reported Ms. Fregoso has been helpful with resources and she would like to continue receiving

that support. Ms. Colon submitted her note on July 15, 2021, which her supervisor, Ms. Perez, approved on July 22, 2021.

128. Ms. Colon's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented that Patient A did not show up for his scheduled session on April 2, 2021. Ms. Colon submitted her note on April 6, 2021, which her supervisor, Ms. Perez, approved on April 13, 2021.

Respondent's April 5, 2021, Session (No-Show)

129. Respondent's April 5, 2021, Med Support-Follow-Up/Moderate To High Severity (COVID-19 Telehealth) note signed by respondent that same day was blank, with none of the boxes being checked or any information provided, apparently indicating Patient A was a no-show for this appointment.

130. A (Non-Billable) Note to Chart (COVID-19 Telehealth) completed by Ms. Colon documented that Patient A missed his April 5, 2021, scheduled psychiatric follow-up appointment which was rescheduled to May 4, 2021. Ms. Colon submitted her note on April 13, 2021, which her supervisor, Ms. Perez, approved that same day.

131. A Collateral Contact (COVID-19 Telephone) note documented the April 6, 2021, telephone call between Ms. Fregoso and Patient A's mother, who was "open and receptive" for Patient A to receive individual rehabilitation sessions and her receiving collateral sessions. Patient A's mother provided detailed information regarding Patient A's daily symptoms and behaviors displayed at home and was concerned about his negative behaviors that include him being easily distracted, and his inability to follow directions. Ms. Fregoso submitted her note on April 8, 2021, which her supervisor, Ms. Perez, approved on April 13, 2021.

132. In a Targeted Case Management (COVID-19 Telehealth) note, Ms. Fregoso documented her April 6, 2021, telephone session with Patient A to assist him with decreasing his anxiety-related symptoms and behaviors. Ms. Fregoso provided community resource links to assist Patient A and noted that his mother was receptive and open to these being provided. Ms. Fregoso submitted her note on April 13, 2021, which her supervisor, Ms. Perez, approved the same day.

133. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented her April 16, 2021, telephonic session with Patient A who presented with feeling tired seven times per week and poor sleep seven times per week. He reported feeling worried one time per week. He reported staying up late and going to sleep late. He disengaged and demonstrated a challenging time to engage in the therapeutic deep breathing exercises. Ms. Colon assessed him for symptoms of anxiety, assessed to identify themes for poor sleeping, and reinforced practicing relaxation coping skills to prepare for sleep. Ms. Colon submitted her note on April 19, 2021, with her supervisor, Ms. Perez, approved on April 28, 2021.

134. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented that Patient A was a no-show for his individual rehabilitation session on April 19, 2021. Ms. Fregoso submitted her note on April 20, 2021, which her supervisor, Ms. Perez, approved on April 21, 2021.

135. Ms. Colon's Collateral Contact (COVID-19 Telehealth) note documented her April 22, 2021, telephone call with Patient A's mother who reported that he has been presenting with headaches five to six times a week, one panic attack, and poor sleeping five to six times a week. He was running and could not breathe and she would like to get him checked to determine if he had any breathing problems or respiratory issues as a side effect after having COVID-19. Patient A's mother inquired if Ms. Colon

knew of any resources and wanted to ask the doctor about Patient A's "breathing problems, bleeding from the nose, headaches, anxiety attack after running, and sleep disorder." She would like to take Patient A to a sleep disorder specialist. She also inquired about getting a letter to have Patient A's dog registered as a support animal. Patient A's mother was "receptive with information." Ms. Colon inquired about triggers for Patient A's panic attack, agreed that a medical examination was "a great idea," helped Patient A's mother prepare a list of questions for the doctor, and agreed to ask her supervisor about specialists. Ms. Colon also suggested various community resources and provided links. Ms. Colon submitted her note on April 27, 2021, which her supervisor, Ms. Perez, approved on April 28, 2021.

136. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented her April 26, 2021, unsuccessful attempts to make collateral contact with Patient A's mother to provide services to Patient A. She was unable to leave a message because the voicemail was full. Ms. Fregoso submitted her note on April 30, 2021, which her supervisor, Ms. Perez, approved on May 4, 2021.

137. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented her April 28, 2021, unsuccessful attempts to make collateral contact with Patient A's mother to provide services to Patient A. She was unable to leave a message because the voicemail was full. Ms. Fregoso submitted her note on April 30, 2021, which her supervisor, Ms. Perez, approved on May 4, 2021.

138. An Individual Psychotherapy (COVID-19 Telehealth) note documented Ms. Colon's telephonic session with Patient A on April 30, 2021. He reported that sometimes he cannot sleep and sometimes he stays up late watching videos on his tablet. He was receptive to practicing sleep hygiene skills and reported that he has a trampoline where he gets a lot of exercise. He was "receptive in answering PS3-35

questionnaire" (not explained at hearing). Ms. Colon submitted her note on May 3, 2021, which her supervisor, Ms. Perez, approved on May 4, 2021.

139. Ms. Colon's Collateral Contact (COVID-19 telephone) documented her April 30, 2021, telephone call with Patient A's mother who reported he was having trouble sleeping seven times a week and had one panic attack. She reported she was not able to take him to his doctor because they had to go to the emergency room. She reported being unable to get in contact with Ms. Fregoso and had "trouble finding time to schedule with [mental health rehabilitation]." She was receptive to following up with appointments, practicing deep breathing exercise and engaging Patient A in outdoor activities. Ms. Colon submitted her note on May 18, 2021, which her supervisor, Ms. Perez, approved on May 25, 2021.

140. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented her April 30, 2021, unsuccessful attempts to make collateral contact with Patient A's mother to provide services to Patient A. She was unable to leave a message because the voicemail was full. Ms. Fregoso submitted her note on April 30, 2021, which her supervisor, Ms. Perez, approved on May 4, 2021.

141. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented that Ms. Fregoso telephoned Patient A's mother on May 3, 2021, to inform her that she would be unable to provide individual rehabilitation to Patient A due to Ms. Fregoso being out sick. Ms. Fregoso submitted her note on May 6, 2021, which her supervisor, Ms. Perez, approved on May 11, 2021.

Respondent's May 4, 2021, Session

142. Respondent's May 4, 2021, Med Support-Follow-Up/Moderate To High Severity (COVID-19 Telehealth) note documented that Patient A returned for follow-up

after starting methylphenidate. His mother reported that the pharmacy was out of methylphenidate so he has only been taking fluoxetine. Some nights Patient A has difficulty falling asleep and Patient A's mother gives him melatonin. She believes he may have a sleeping disorder due to waking up at 3 or 4 a.m. Patient A has missed over 30 days of school and his mother reported "she is not going to enforce it due to his anxiety. We discussed the importance of enforcing school attendance." Patient A and his mother described "about 5 episodes since May 2020 in which [Patient A] is unable to breathe, turns red without mood symptoms (fear, impending doom). He had an episode 3 days ago while playing outside on his trampoline and running after his dog." Patient A described that he could not breathe and was red. Respondent advised Patient A's mother to get a "pediatric evaluation for asthma. Since [*sic*] panic attack [diagnosis] occurs after underlying medical conditions have been ruled out. There were no symptoms of worrying about having another one nor avoided situations that triggered these episodes." Respondent documented in the current psychiatric medication section that Patient A was not taking his methylphenidate ER 10 mg each morning, was taking fluoxetine 10 mg daily and melatonin, but she did not list a melatonin dosage. In the mental status examination section, respondent documented that Patient A was "well-nourished, developed, smiles and hides, shy," he was fidgety and unable to sit still but made good eye contact when he was more comfortable. He was playful. His thoughts were linear and intact. He had no psychotic content or perceptual abnormalities and there were no safety concerns. Respondent assessment/ impression was the same as documented in her March 2, 2021, note but she now added: "has not picked up methylphenidate which mom reported that she would do today."

143. Ms. Colon's Plan Development (COVID-19 Telehealth) note documented her attendance at respondent's May 4, 2021, session with Patient A. Ms. Colon asked

Patient A and his mother to describe Patient A's sleeping schedule to further assess his symptoms and behaviors. Patient A's mother reported he sleeps at 12:00 a.m. and wakes up around 8 or 9 a.m., stays up late at night and had panic attacks. "[Respondent] asked [Patient A] to describe panic attacks. [Patient A] reports that he felt that he was getting hot, could not breathe, and sweating. [Respondent] reinforced mother [to] take client to his pediatrician to evaluate for possible asthma." The plan, per respondent's order, was for Patient A to continue to take fluoxetine 10 mg capsules each morning for anxiety, to start methylphenidate ER 10 mg capsules seven days after starting fluoxetine, and continue melatonin 5 mg at night for sleep support. Ms. Colon submitted her note on May 5, 2021, which her supervisor, Ms. Perez, approved on May 25, 2021.

144. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented that on May 10, 2021, Patient A was a no-show for his individual rehabilitation session. She planned to consult with Ms. Colon due to Patient A's multiple missed rehabilitation sessions. Ms. Fregoso submitted her note on May 10, 2021, which her supervisor, Ms. Perez, approved on May 12, 2021.

145. A Collateral Contact (COVID-19 Telephone) note documented Ms. Fregoso's May 11, 2021, telephone session with Patient A's mother who reported "in detail regarding some difficulties experienced with rehab sessions for [Patient A] especially with keeping track of sessions[']day and time as mother reported does not write or keep track of sessions on calendar or agenda." She reported being receptive to receiving rehabilitation services and "provided input" as to how those services would further support Patient A's coping skills and increase his ability to emotionally self-regulate. Ms. Fregoso "provided guidance, clarification and set firm limits and boundaries with mother for compliance with rehab sessions with [Patient A] ([Patient

A] has missed 4 consecutive rehab sessions) and explained that reinforcing positive behaviors, modeling, and reinforcing skills learned during therapy, and rehabilitative services is vital with helping [Patient A] improve, maintain, and restore [Patient A's] functioning by improving adaptive skills, socialization, self-regulation, self-care and coping through teaching, role-playing and practicing learned skills." Ms. Fregoso "reiterated the importance of redirecting" Patient A and provided examples of coping skills to Patient A's mother. Patient A's mother wrote down and calendared the rehabilitation sessions. Ms. Fregoso submitted her note on May 13, 2021, which her supervisor, Ms. Perez, approved on May 14, 2021.

146. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's May 12, 2021, telephone session with Patient A to assist him with decreasing his anxiety-related symptoms and behaviors by locating and providing community resource links. Patient A's mother was grateful for the linkage provided and agreed to access the linkage. Ms. Fregoso submitted her note on May 27, 2021, which her supervisor, Ms. Perez, approved on June 1, 2021.

147. In a (Non-Billable) Note to Chart (COVID-19 Telehealth), Ms. Colon documented that on May 14, 2021, she notified Patient A's mother that her Zoom was not working, and Patient A's mother advised to reschedule for the following week. Ms. Colon submitted her note on May 17, 2021, which her supervisor, Ms. Perez, approved on June 1, 2021.

148. Ms. Fregoso's (Non-Billable) Note To Chart (COVID-19 Telephone) documented that on May 17, 2021, Patient A's mother reported Patient A would not be available for his individual rehabilitation session. Ms. Fregoso submitted her note on May 20, 2021, which her supervisor, Ms. Perez, approved on May 27, 2021.

149. Ms. Fregoso's Individual Rehab (COVID-19 Telehealth) note documented her May 24, 2021, telephonic session with Patient A who was receptive to engage with her. His "tone and energy were normal." He "moved a few times out of camera frame" but was consistent with engaging with Ms. Fregoso. He talked about activities he liked doing at home with family and reported understanding Ms. Fregoso's role. He agreed to meet again for rehabilitation. He was able to "engage in rapport building activity" and "responded well to praise." Ms. Fregoso submitted her note on May 27, 2021, which her supervisor, Ms. Perez, approved on June 1, 2021.

Respondent's May 24, 2021 Session (No-Show)

150. Respondent's Med Support-Follow-Up/Moderate To High Severity (COVID-19 Telehealth) note, documenting a service date of May 24, 2021, was blank, with none of the boxes checked off or spaces filled, because Patient A canceled as Ms. Colon's note documented below.

151. Ms. Colon's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented that on May 24, 2021, Patient A's mother canceled the scheduled appointment with respondent because Patient A's "school schedule changed." Ms. Colon submitted her note on June 1, 2021, which her supervisor, Ms. Perez, approved on June 3, 2021.

152. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's May 25, 2021, telephonic session with Patient A to decrease his anxiety-related symptoms and behaviors. She provided community resource links and encouraged Patient A's mother to access them with Patient A. Ms. Fregoso submitted her note on May 27, 2021, which her supervisor, Ms. Perez, approved on June 1, 2021.

153. A Collateral Contact (COVID-19 Telephone) note documented Ms. Colon's June 10, 2021, telephone call with Patient A's mother who reported he had a difficult time breathing twice in the past few weeks during the night. She gave him medicine that helped. She had not been able to take Patient A to get screened but planned to take him to his medical doctor. She was receptive to psychoeducation. Ms. Colon informed Patient A's mother that respondent had ruled out panic attacks by the way Patient A described he could not breathe and possibly had symptoms of asthma. She reinforced with Patient A's mother to continue practicing breathing exercises to decrease his anxiety and get him medically screened for side effects of having COVID-19. Ms. Colon submitted her note on June 7, 2021, which her supervisor, Ms. Perez, approved on June 25, 2021.

154. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's June 10, 2021, telephonic session with Patient A to assist him with decreasing his anxiety-related symptoms and behaviors. She provided community resources and encouraged Patient A's mother to access them with him. Ms. Fregoso submitted her note on June 15, 2021, which her supervisor, Ms. Perez, approved on June 21, 2021.

155. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented her June 11, 2021, telephonic session with Patient A who denied feeling anxious or having any panic attacks. He reported "feeling happy and rated to feel happy at a 7 [out of 10]." He denied having any difficulty breathing and reported "he is sleeping good." He does not want to play video games during the summer, denied having any interest in playing sports, and reported he would like to continue receiving therapy. Ms. Colon submitted her note on June 14, 2021, which her supervisor, Ms. Perez, approved on June 29, 2021.

156. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented that on June 14, 2021, Patient A was a no-show for his scheduled individual rehabilitation session. Ms. Fregoso submitted her note on June 17, 2021, which her supervisor, Ms. Perez, approved on June 24, 2021.

157. A Targeted Case Management (COVID-19 Telephone) noted Ms. Fregoso's June 15, 2021, telephonic session with Patient A and his mother during which she gathered information and provided community resource links to assist him with increasing focus and concentration. Ms. Fregoso submitted her note on June 22, 2021, which her supervisor, Ms. Perez, approved on June 24, 2021.

158. Ms. Colon's (Non-Billable) Note to Chart (COVID-19 Telephone) documented that on June 15, 2021, Patient A's mother reported that she was in Mexico and would not be able to meet for the week. Ms. Colon submitted her note on June 29, 2021, which her supervisor, Ms. Perez, approved on June 30, 2021.

159. Ms. Colon's Client Treatment Plan documented that Patient A and his mother were seen on June 16, 2021. Patient A's mother's long-term goals for her son were for him "to be able to control himself and have better support and feel more comfortable when he goes out." Patient A "was unable to determine a goal." Objective #1 was to have decreased Patient A's anxiety-related symptoms and behaviors from seven times per week to four times per week. One clinical intervention Patient A would receive was individual psychotherapy four times per month to help him identify triggers for his anxiety symptoms, psychoeducation about anxiety and how it can manifest in his symptoms or behaviors, and help him identify coping skills and enjoyable activities to decrease his anxiety levels. Ms. Colon identified the various techniques that would be used. Another clinical intervention to be used was tcm (acronym not explained) two times a month which would help locate and identify

community resources. A third clinical intervention was individual rehabilitation two times per month to address Patient A's functioning. The fourth clinical intervention was "collateral" to occur two times per month where staff would provide ongoing psychoeducation and teach appropriate skills. Ms. Colon submitted her note on September 10, 2021, which her supervisor, whose name was illegible, approved on September 13, 2021.

160. Ms. Fregoso's Individual Rehab (COVID-19 Telehealth) note documented her June 21, 2021, individual rehabilitation session with Patient A whose "tone and energy were normal." He was receptive to engaging with Ms. Fregoso and discussed activities he had done that week. He reported having fun and wanting to do those activities again. He engaged well in a rapport building activity and responded well to praise. Ms. Fregoso submitted her note on June 24, 2021, which her supervisor, Ms. Perez, approved on June 25, 2021.

161. Ms. Colon's Child/Adolescent Assessment Addendum (MS 536A) (COVID-19 Telehealth) documented her June 25, 2021, assessment of Patient A's medical and psychiatric history, living situation, reason for referral/chief complaint, other information, and his mental status. Patient A's mother reported his new symptoms include not feeling comfortable when he is outside of his home and in public settings. Wearing a face mask makes him anxious when he is in an outside setting. Patient A's mother "did not provide further [symptoms] that interfere with [Patient A's] functioning. [Patient A's] mental status includes to be happy and expressive." Patient A's mother denied any suicide ideation, homicidal ideation or self-harm symptoms and behaviors. She "did not report any MI concerns as well." (Acronym not explained.) Ms. Colon submitted her note on July 14, 2021, which her supervisor, Colette James, LMFT, approved on August 3, 2021.

162. Ms. Colon's Collateral Contact (COVID-19 Telehealth) note documented her June 25, 2021, telephonic annual review with Patient A's mother who reported she would like to continue receiving mental health services for Patient A. Ms. Colon "reviewed and conducted CANS and PSC scale." (Acronyms not explained.)She "acknowledged mother's concerns and informed mother" she would reach out to Ms. Fregoso to further assist with case management needs. Ms. Colon also completed and reviewed other forms such as ICC and TB questionnaire (acronyms not explained). Ms. Colon was receptive to Patient A's mother's new goal that she would like Patient A to learn to "manage his social anxiety of being out with others." Ms. Colon submitted her note on June 29, 2021, which her supervisor, Ms. Perez, approved on June 30, 2021.

163. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telehealth) documented that on June 28, 2021, Patient A's mother advised that Patient A was not available for individual rehabilitation because he was ill. Ms. Fregoso submitted her note on June 28, 2021, which her supervisor, Ms. Perez, approved on June 29, 2021.

164. Ms. Colon's Collateral Contact (COVID-19 Telephone) note documented her telephone call with Patient A's mother on June 29, 2021. Ms. Colon reinforced the significance of attending psychiatric follow-up sessions and assessed for Patient A's triggers of feeling angry. Patient A's mother reported he was angry over the weekend because he wanted her to be outside. Ms. Colon psychoeducated Patient A's mother that anger can be an anxiety symptom and both can make Patient A feel out of control. She reinforced with Patient A's mother to practice coping skills. Patient A's mother was receptive to Ms. Colon's suggestions. Ms. Colon submitted her note on June 30, 2021, which her supervisor, Ms. Perez, approved the same day.

165. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented the June 29, 2021, telephonic session she had with Patient A during

which she assessed his symptoms and behaviors. Patient A reported feeling happy and denied any anxiety symptoms or behaviors. He reported practicing deep breathing exercises once a week and feeling happy for being on summer break. He reported a beach outing during which a wave "almost took him when he was in the water," but denied any anxiety symptoms or behaviors, although he felt scared but did not feel anxious or experience a panic attack. Ms. Colon psychoeducated Patient A on practicing coping skills and reinforced practicing relaxation techniques. Ms. Colon submitted her note on July 6, 2021, which her supervisor, Ms. Perez, approved on July 7, 2021.

Respondent's June 30, 2021, Session (No-Show)

166. Respondent's Med Support-Follow-Up/Moderate To High Severity (COVID-19 Telehealth) note, documenting a service date of June 30, 2021, was blank with no boxes checked or filled, indicating Patient A was a no-show.

167. Ms. Fregoso's Non-Billable Note to Chart (COVID-19 Telephone) documented that on July 6, 2021, she consulted with Ms. Colon for plan development and to monitor Patient A's progress. The treatment team discussed the annual documentation update which took place, the report provided by Patient A's mother, and that newly identified interventions would include community resources and pediatrician links. Ms. Fregoso submitted her note on July 7, 2021, which her supervisor, Ms. Perez, approved on July 15, 2021.

168. Ms. Colon's Non-Billable Note to Chart (COVID-19 Telephone) documented that on July 9, 2021, "Family canceled appointment due to [Patient A] feeling sleepy." Ms. Colon submitted her note on July 13, 2021, which her supervisor, Ms. Perez, approved on July 30, 2021.

169. Ms. Fregoso's Individual Rehab (COVID-19 Telehealth) note documented her July 12, 2021, telephone session with Patient A whose tone and energy were normal. He was able to present himself on camera for 23 minutes and turned the camera off for the rest of the session. He was receptive to engage with Ms. Fregoso and shared playing outside on his trampoline, playing with his dog, and was receptive to activities aimed at decreasing anxiety. He shared that "worry is caused by not having his dog anymore, something happening to his dog and being away from his dog for an extended amount of time." Ms. Fregoso "provided psychoeducation regarding what anxiety is and helped describe a recent situation in which anxiety or worry was experienced and helped [Patient A] tell what he was thinking that cause anxiety as a way to explore calming thoughts and feelings." Ms. Fregoso submitted her note on July 13, 2021, which her supervisor, Ms. Perez, approved on July 15, 2021.

170. A Targeted Case Management (COVID-19 Telehealth) note documented Ms. Fregoso's July 13, 2021, telephone call with Patient A's mother to assess for any new linkages or needs of Patient A or his family or community resources aimed at decreasing high-risk behaviors of self-harm. Ms. Fregoso provided community resource links which Patient A's mother agreed to access, as well as maintain contact for any further assistance. Ms. Fregoso submitted her note on July 21, 2021, which her supervisor, Ms. Perez, approved on July 22, 2021.

171. An Individual Psychotherapy (COVID-19 Telehealth) note documented Ms. Colon's July 15, 2021, telephone session with Patient A during which she assessed his symptoms and behaviors, assessed his anxiety symptoms and behaviors, and assessed him for any social anxiety symptoms and behaviors. She explored any triggers when he is around others in a social outdoor environment and explored how he was managing his feelings. Patient A reported feeling happy in the past week seven

times a week. He denied feeling any anger or anxiety symptoms and behaviors. He reported feeling nervous when he is close around others in public and reports feeling weird when he is close to strangers. He does not know what helps him when he feels nervous around others and Ms. Colon reinforced practicing deep breathing, mindfulness and grounding exercise as coping skills to reduce any symptoms and behaviors related to anxiety in social settings. Ms. Colon submitted her note on July 16, 2021, which her supervisor, Ms. Perez, approved on August 3, 2021.

172. An Individual Psychotherapy (COVID-19 Telehealth) note documented Ms. Colon's telephone session with Patient A on July 21, 2021. She assessed him for symptoms and behaviors, social anxiety symptoms and behaviors, and explored his reasons for staying home to determine any related anxiety symptoms. Patient A denied any anxiety symptoms or behaviors in the past week and reported feeling calm seven times a week. He denied any anxiety in social environment settings. He reported that he mostly stays home and does not go out but does so because he is used to staying home and not because he feels nervous or anxious to be around others. Ms. Colon would continue to monitor his anxiety-related symptoms and behaviors. She submitted her note on July 21, 2021, which her supervisor, Ms. Perez, approved on August 3, 2021.

173. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 telephone) documented her unsuccessful July 27, 2021, call to Patient A's mother to inform her she was out ill and unable to provide individual rehabilitation as scheduled. She left a voicemail to reschedule but those attempts to reschedule were also unsuccessful. Ms. Fregoso submitted her note on August 4, 2021, which her supervisor, Ms. Perez, approved on August 17, 2021.

174. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's July 29, 2021, telephone call with Patient A's mother to monitor his progress. Ms. Fregoso inquired as to whether the community resource links she had provided were helpful, but Patient A's mother advised that those linkages had not yet been accessed due to not having time, however she planned to access them the following week. Ms. Fregoso submitted her note on August 5, 2021, which her supervisor, Ms. Perez, approved on August 6, 2021.

175. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented her July 30, 2021, telephonic session with Patient A who presented feeling sick three times a week but denied any anxiety symptoms or behaviors. Ms. Colon explored his symptoms and behaviors related to anxiety. Patient A reported he had not felt worried in the past week and was receptive in watching a psychoeducational video. He enjoys playing on the trampoline to relax and self-care, enjoys coloring and painting, and reported he had been going to sleep earlier. Ms. Colon submitted her note on July 30, 2021, which her supervisor, Ms. Perez, approved on August 3, 2021.

176. A Collateral Contact (COVID-19 Telephone) note documented Ms. Colon's July 30, 2021, telephone call with Patient A's mother to monitor Patient A's symptoms and behaviors. Patient A's mother reported he has been having trouble with listening to complete tasks at home and he responds angrily. He "throws things and says bad words when he gets mad." Patient A's mother was receptive with the psychoeducation Ms. Colon provided and reported she would be taking Patient A to the doctor to check his breathing. Ms. Colon submitted her note on July 30, 2021, which her supervisor, Ms. Perez, approved on August 3, 2021.

Respondent's August 3, 2021, Session

177. Respondent's Med Support-Follow-Up/Moderate To High Severity (COVID-19 Telehealth) note documented her August 3, 2021, telephone session with Patient A and his mother. Patient A "has been struggling with increased frequency of anger and frustrated emotions." His pediatrician diagnosed an allergy to sesame seeds and was waiting for Patient A to return for an asthma evaluation. Patient A's mother picked up his methylphenidate and he took it two times and then refused. "He has not been taking any medicines." Patient A's mother reported she could not force him, and reported "worsening frustration leading to property destruction." Patient A "provided no recent adverse side effect, that led him to stop taking his medicines." Respondent "recommended taking fluoxetine first since it will help him with moodiness and wait until school starts to start methylphenidate," and Patient A's mother agreed. Respondent documented that Patient A's current psychiatric medications were fluoxetine 10 mg by mouth daily (not taking) and methylphenidate ER 10 mg each morning (not taking). Respondent added sesame seeds to the allergy list. Respondent's mental status and assessment entries were similar to those she entered on March 2, 2021, and May 4, 2021, including having Patient A's mom pick up his methylphenidate which was not an issue at this visit.

178. Ms. Colon's Plan Development (COVID-19 Telehealth) note documented her August 3, 2021, meeting with respondent, Patient A, and Patient A's mother to follow-up with Patient A's progress with medication. Ms. Colon informed respondent that Patient A has not been consistent with medication and asked Patient A how he feels when he takes it. Respondent "reinforced therapist to track how many times does client take medication. [Respondent] asked [Patient A] how does he feel with medication whether good or bad. [Respondent] asked [Patient A] if he would like to

improve in his school. [Patient A] did not respond . . . And did not report any side effects with medication." Patient A reported that he does not want to take medication and respondent informed him of the benefits of taking it and that it was his choice if he would like to continue taking medication "to get better and decrease his moody" symptoms and behaviors. Patient A was receptive to taking medication. The plan was to have Patient A take fluoxetine 10 mg capsule one time a day and for Ms. Colon to track and monitor his medicine intake. Ms. Colon submitted her note on August 4, 2021, which her supervisor, Ms. Moreno, approved the same day.

179. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telephone) documented her August 3, 2021, call to Patient A's mother to advise her that the Shields agency was closed on August 2, 2021, so she was unable to provide individual rehabilitation to Patient A as scheduled and wanted to reschedule the session. Her attempts to reschedule were unsuccessful and she left a voicemail but did not hear back from Patient A's mother. Ms. Fregoso submitted her note on August 4, 2021, which her supervisor, Ms. Perez, approved on August 17, 2021.

180. An Individual Rehab (COVID-19 Telehealth) note documented Ms. Fregoso's August 6, 2021, telephonic session with Patient A. Due to his mother's recent report of his increased aggressive and defiant behaviors, Ms. Fregoso attempted to engage him "in rehab activity 'How I react to anger' and describe situations where [he] might feel upset/angry" to discuss and analyze his negative and aggressive reactions and provide options for a better way to manage his negative emotions. Patient A's tone and energy were normal but guarded during the activity. He presented on camera with his dog, and talked about his dog and what they have been doing at home. He discussed his feelings regarding returning to school, stating he was excited and happy to return to school. He reported that he often yells and throws things at his

mother and anyone else around at that moment and stated that yelling and throwing things makes him feel good. During feedback, Patient A reported that he was unsure if he would react differently. Ms. Fregoso submitted her note on August 9, 2021, which her supervisor, Ms. Perez, approved on August 17, 2021.

181. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's August 6, 2021, telephone session with Patient A and his mother during which she provided linkage to "tutoring to help decrease anxiety possibly caused by challenges with academic performance, a lack of understanding with subjects and struggle with completing homework assignments thus triggering inability to cope appropriately" and impeding his ability to actively work on treatment goals. Ms. Fregoso provided community resource links. She submitted her note on August 10, 2021, which her supervisor, Ms. Perez, approved on August 17, 2021.

182. Ms. Colon's Collateral Contact (COVID-19 Telephone) note documented her August 12, 2021, telephone call with Patient A's mother to monitor his symptoms and behaviors. She reported that the family is worried about Patient A returning back to school in person five days a week and that she does not want him to return back to school in person. She did not know if the school could provide an exception for him. She planned to talk to the school nurse about him wearing a mask as he reported he has difficulty breathing with a facemask and has to wear one to school. She asked if Ms. Colon could write a letter to have him be excused. Ms. Colon explained that exception letters are usually written by a doctor and encouraged Patient A's mother to reach out to Patient A's doctor for such a letter. Ms. Colon submitted her note on August 16, 2021, which her supervisor, Ms. Moreno, approved on August 17, 2021.

183. An Individual Psychotherapy (COVID-19 Telehealth) note documented Ms. Colon August 12, 2021, telephone session with Patient A who denied having any

trouble managing his symptoms and behaviors. Ms. Colon assessed him for symptoms and behaviors. He reported practicing his times tables and feeling worried that people make comments if he sneezes in school. He reported having allergies and felt that others might think he has COVID-19 if he sneezes in class. He engaged in a progressive muscle relaxation activity with Ms. Colon. He reported sometimes wishing to have his own room, sometimes getting worried when his sister fights with her husband, but denied observing any physical fighting and reported that "they argue like joking around." She assessed him for safety and reinforced his practicing progressive muscle relaxation. She will continue to monitor him for any family violence. Ms. Colon submitted her note on August 16, 2021, which her supervisor, Ms. Moreno, approved on August 17, 2021.

184. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's meeting with Ms. Colon on August 12, 2021, to discuss and assess Patient A's needs. The treatment team discussed how Patient A and his family continued to experience financial hardships and basic needs continue to benefit Patient A which help decrease his anxiety related symptoms and behaviors. The treatment team discussed community resource links provided to Patient A's family which would continue to be monitored. Ms. Fregoso submitted her note on August 13, 2021, which her supervisor, Ms. Perez, approved on August 17, 2021.

185. A (Non-Billable) Note to Chart (COVID-19 Telehealth) documented that on August 19, 2021, Patient A's mother did not respond to Ms. Colon to provide a weekly individual session, and Ms. Colon would follow-up. Ms. Colon submitted her note on August 23, 2021, which her supervisor, Ms. Moreno, approved on August 24, 2021.

186. A Collateral Contact (COVID-19 Telephone) note documented Ms. Colon's August 23, 2021, telephone call with Patient A's mother who advised that Patient A was taking his medication but becoming more aggressive and she was worried. She asked if Ms. Colon could schedule an appointment with respondent sooner than the next one scheduled in two weeks. Patient A's mother reported that on the first day of school, Patient A's teacher asked "if he knew about himself" and she does not think Patient A liked how the teacher asked him. She reported taking away his phone and video game device. Ms. Colon advised she would reach out to respondent to schedule a follow-up appointment sooner than the scheduled appointment. Ms. Colon would also "further explore [Patient A's] feelings towards teacher comment to further assess the incident" and offered a family session for Patient A and his mother to further explore Patient A's feelings. Ms. Colon submitted her note on August 25, 2021, which her supervisor, Ms. Moreno, approved on August 26, 2021.

187. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's meeting with Patient A's mother on August 25, 2021, to monitor the links previously provided. Patient A's mother reported the "immediate need to obtain periodic assistance with [Patient A's] care and supervision to relieve family stress thus helping to decrease [Patient A's] anxiety [symptoms]." Given Patient A's mother's inability to navigate and access websites and computer, Ms. Fregoso assisted helping her log on and guided her through the websites to complete access and provide the required information. Ms. Fregoso submitted her note on August 26, 2021, which her supervisor, Ms. Lowe, approved on September 24, 2021.

188. A Collateral Contact (COVID-19 Telephone) note documented Ms. Colon's August 31, 2021, telephone call with Patient A's mother who reported that

Patient A had been biting his shirt four times a week and pulling his hair four times a week. He had been taking his medication consistently every day. He will get triggered when his sister makes comments that he is adopted and his mother has told his sister not to make comments that make Patient A "feel down." She also reported that Patient A "found out about her mother passing away and [he] was angry." Ms. Colon's plan was to meet with Patient A and discuss his feelings of grief and loss. Ms. Colon submitted her note on August 31, 2021, which her supervisor, Ms. Moreno, approved on September 1, 2021.

Respondent's August 31, 2021, Session (No Show)

189. Respondent's August 31, 2021, Med Support-Follow-Up/Moderate To High Severity (COVID-19 Telehealth) was blank, with none of the boxes being checked or any information provided, presumably because Patient A was a no-show. She submitted that note on November 23, 2021.

190. A Collateral Contact (COVID-19 Telephone) note documented Ms. Colon's September 2, 2021, telephone call with Patient A's mother who reported that Patient A had been acting frustrated and upset by slamming doors three to four times a week. He reported feeling worried that his teacher will get mad at him three or four times a week. He usually gets frustrated with homework when he does not understand it. She denied that he was part of an afterschool program for additional support. Ms. Colon explored the triggers for Patient A acting mad when he slams the doors and advised she would reach out to Patient A's counselor or school psychologist for further support for his educational needs. Ms. Colon submitted her note on September 3, 2021, which her supervisor, Ms. Moreno, approved on September 7, 2021.

191. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented Ms. Colon's September 7, 2021, attempt to contact Patient A's "caregiver to conduct collateral and caregiver was not available." Ms. Colon submitted her note on September 8, 2021, which her supervisor, Ms. Moreno, approved on September 9, 2021.

192. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's September 9, 2021, telephone session with Patient A's mother to monitor the community links previously sent, and discussed Patient A's mother's inability to access links due to her lack of understanding how to navigate and access online websites. Ms. Fregoso helped Patient A's mother work through those barriers. She submitted her note on September 15, 2021, which her supervisor, Ms. Perez, approved on September 29, 2021.

193. An Individual Psychotherapy (COVID-19 Telephone) note documented Ms. Colon's September 9, 2021, telephone session with Patient A where she "explored [his] symptoms and behaviors." Patient A reported feeling frustrated with completing homework three times a week, and reported feeling worried about getting in trouble with his teacher. He reported his teacher told him he did not know anything about himself, which made him feel bad. He was able to practice deep breathing exercises and did not tell anything to his teacher. He reported he would give his teacher "one more chance" and did not agree with Ms. Colon's suggestion to reach out to his teacher. She praised him for practicing deep breathing exercises and reinforced them as a way to cope with symptoms of behaviors. She asked if Patient A wanted her to speak with his teacher to advocate for him. Ms. Colon submitted her note on September 16, 2021, which her supervisor, Ms. Moreno approved on September 17, 2021.

194. Ms. Colon's Collateral Contact (COVID-19 Telephone) note documented her September 13, 2021 telephone call with Patient A's mother who called to obtain additional information about Patient A's diagnosis. Patient A's mother advised she was filling out forms for Patient A to receive community services and wanted to know if he had been diagnosed "anything related to sleeping disorder autism," noting he was diagnosed with sleeping disorder when younger. She reported that Patient A has been "behaving good and he has been waking up early around 4 or 5 a.m." and "goes to sleep around 9 or 10 p.m." Ms. Colon advised that Patient A had generalized anxiety and a previous diagnosis from a previous therapist was "major depressive." She advised that Patient A had not presented with any symptoms or behaviors for autism or sleeping disorder. She told the mother that Patient A has a follow-up appointment with respondent and any more questions she could pose to respondent. Ms. Colon submitted her note on September 16, 2021, which her supervisor, Ms. Moreno, approved on September 17, 2021.

Respondent's September 14, 2021, Session

195. Respondent's Med Support-Follow-Up/Moderate to High Severity (COVID-19 Telehealth) note documented her session with Patient A on September 14, 2021. He was in fourth grade, liked school, and was making friends. He had been taking fluoxetine daily for the past month. He started stimulants. He was waking at 5:00 a.m. and reported feeling tired in the morning. This changed sleep began when school started. He falls asleep quickly on melatonin at 9:00 p.m. and wakes up at 5:00 a.m. He had made strong improvement in his reading, receiving frequent comments from his IEP teacher. Respondent reviewed his medication: with him methylphenidate at 10 mg was prescribed when he weighed 70 kg, and she decided to increase

methylphenidate 20 mg and start trazodone[4] at 25-50 mg for sleep protection. His current medications were methylphenidate CD 10 mg every morning, fluoxetine 10 mg every morning, and melatonin 10 mg at night as needed. His adherence to medication had improved. In her mental status exam, respondent documented that Patient A smiles, is more interactive, he no longer acts shy. He was fidgety, unable to sit still, but made good eye contact when more comfortable and appears more serious. The rest of the mental status exam was essentially normal but his memory was either impaired or he did not want to share, his judgment/insight were marginal, his functioning and fund of knowledge were average, and his concentration was impaired.

Respondent documented that Patient A is an affable and shy nine-year-old boy with a past psychiatric history of ADHD and generalized anxiety disorder who is currently not taking his fluoxetine. Of note: this completely contradicted the earlier part of her note where she wrote he had been taking it consistently, as well as the later part of her note where she wrote that he started his medicines consistently beginning in August and had an increased willingness to cooperate. Other parts of her assessment appeared to be carried over from her earlier chart entries. Her plan was to continue treatment for generalized anxiety disorder restart fluoxetine 10 mg capsules each morning. For Patient A's ADHD: increase methylphenidate ER 20 mg capsules seven days after starting fluoxetine, and start trazodone 25-50 mg at night for sleep support.

196. A Plan Development (COVID-19 Telephone) note documented Ms. Colon's attendance at respondent's September 14, 2021, session with Patient A and his

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[4] Trazodone is an antidepressant primarily used to treat major depressive disorder, insomnia, and anxiety, which works increases serotonin levels in the brain.

mother "to follow-up with [Patient A's] progress with medication." Ms. Colon advised respondent that Patient A had been waking up really early and his mother was concerned. He wakes at 4:00 a.m. and goes to sleep at 9:00 p.m. Respondent advised that he is sleeping eight hours and waking up early which is common with children with ADHD. In response to mother's question, respondent advised that Patient A does not have any sleeping disorder or autism. He is being treated for anxiety and ADHD. Respondent advised Patient A's mother that once Patient A's anxiety is managed with medication, he will have better sleep. She told Patient A's mother she was going to provide medication for sleep, trazadone, that needs to be cut in half. Ms. Colon would track and monitor Patient A's medication intake. Ms. Colon submitted her note on September 16, 2021, which her supervisor, Ms. Moreno, approved on September 17, 2021.

197. A Collateral Contact (COVID-19 Telephone) note documented Ms. Colon September 14, 2021, telephone call with Patient A's mother to provide information about Patient A's diagnosis. Ms. Colon advised the mother that she should include on her application for regional center services that Patient A has generalized anxiety and ADHD. Ms. Colon said respondent did not change the previous diagnosis of depressive disorder but Ms. Colon would add ADHD and remove the previous diagnosis. Patient A's mother was receptive with inputting the appropriate diagnosis and including ADHD on the regional center application. Ms. Colon submitted her note on September 16, 2021, which her supervisor, Ms. Moreno, approved on September 17, 2021.

198. Ms. Colon September 15, 2021, Collateral Contact (COVID-19 Telephone) note documented her telephone call with Patient A's mother who reported he threw up after taking medication "1X a week." Ms. Colon advised that she would contact respondent to determine if there were any different indications for medicine. She

contacted respondent and informed her of Patient A's reaction with medication. Ms. Colon then informed Patient A's mother that, per respondent, to let Patient A's stomach rest for the day by not providing medicine and to give him the medication after breakfast. Ms. Colon told Patient A's mother that to treat Patient A, it is important he stay consistent with medication and to advise if he has any other reactions. Ms. Colon submitted her note on September 16, 2021, with her supervisor, Ms. Moreno, approved on September 17, 2021.

199. Ms. Fregoso's Individual Rehab (COVID-19 Telehealth) note documented her September 16, 2021 telephone session with Patient A who was able to present himself on camera with his dog. His tone and energy were appropriate, but he lacked focus. He played with his dog during the session and was distracted or attended to the dog. He denied experiencing or having symptoms of anxiety and reported not feeling worried or scared. He felt a little nervous on the first day of school and provided feedback regarding options to negative reactions. Ms. Fregoso provided tools and practiced skills with him. She submitted her note on September 17, 2021, which her supervisor, Ms. Perez, approved on September 29, 2021.

200. Ms. Colon's (Non-Billable) Note to Chart (COVID-19 Telephone) documented her attempt on September 24, 2021, to contact Patient A's mother to conduct a session with Patient A, but she was not available. Ms. Colon submitted her note on September 24, 2021, which her supervisor, Ms. Moreno, approved on September 27, 2021.

201. Ms. Fregoso documented that she contacted Patient A's mother on September 30, 2021, to advise her that she be unable to provide a rehabilitation sessions "due to being out." She submitted her note on September 30, 2021, which her supervisor, Ms. Perez, approved October 18, 2021.

202. A Collateral contact (COVID-19 telephone) note documented Ms. Colon's October 4, 2021, call to Patient A's mother who reported that Patient A has been doing well, sleeping well, taking medication and trying to complete his homework. She advised the therapist that Patient A does not have medication and reports that her daughter accidentally threw away 20 mg medication which Patient A needs for anxiety. Ms. Colon reminded Patient A's mother of the medications Patient A was currently taking. Ms. Colon's plan was to reach out to respondent to make a refill order for fluoxetine 10 mg. Ms. Colon submitted her note on October 6, 2021, which her supervisor, Ms. Moreno, approved on October 7, 2021.

203. An October 8, 2021, individual psychotherapy (COVID-19 Telehealth) note documented Ms. Colon's session with Patient A who reported feeling excited seven times a week and denied anxious symptoms or behaviors in the past week. He reported completing his homework, "doing good in school," being able to sleep, and eating well. He was receptive to practicing mindfulness with Ms. Colon. She submitted her note on September 13, 2021, which her supervisor, Ms. Moreno, approved October 14, 2021.

204. An October 12, 2021, Targeted Case management (COVID-19 telephone) note documented Ms. Fregoso's telephone call with Patient A's mother providing her community resource information and linkages. Ms. Fregoso submitted her note on October 18, 2021, which her supervisor, Ms. Perez, approved October 26, 2021.

205. An October 13, 2021, Collateral Contact (COVID 19 telephone) note documented Ms. Colon's telephone call with Patient A's mother who reported he was aggressive and getting angry five times a week. He gets angry when his family members do not understand his homework and cannot help him with it. She would like to have a family session to talk about coping with his anger, which Ms. Colon

scheduled. She submitted her note on October 15, 2021, which her supervisor, Ms. Moreno, approved October 18, 2021.

206. Ms. Colon's October 15, 2021, (Non-Billable) Note to Chart (COVID-19 Telehealth) documented that Patient A did not show up for his session and his mother reported he stayed after class at school. Ms. Colon submitted her note on October 18, 2021, which her supervisor, Ms. Moreno approved the same date.

207. Ms. Fregoso's October 18, 2021, Targeted Case Management (COVID-19 Telephone) note documented the community resources and linkages she provided to Patient A's mother. Ms. Fregoso submitted her note on October 21, 2021, which her supervisor, Ms. Perez, approved October 28, 2021.

208. Ms. Fregoso's October 21, 2021, Plan Development (COVID-19 Telephone) note documented her meeting with Ms. Colon to discuss Patient A and their agreed-upon plan to continue providing him rehabilitation services. Ms. Fregoso submitted her note on October 22, 2021, which her supervisor, Ms. Perez, approved on October 28, 2021.

209. Ms. Colon's Collateral Contact (COVID-19 Telehealth) note documented her October 22, 2021, telephone session with Patient A's mother who denied any anxiety related symptoms or behaviors. Patient A was attending an afterschool program where he completes his homework and she denied any anxiety symptoms or behaviors related to completing his homework. He was less anxious since he started receiving help from the afterschool program. Patient A's mother denied any concerns for him having difficulty managing anger, but reported she does notice he does not communicate much with her boyfriend. She asked if he had to take his medicine for ADHD on the weekend and reported she is not giving him medicine for sleep. Ms.

Colon advised Patient A's mother it would be helpful to ask respondent for instructions about medication and that he would have to complete an authorization form to take medication in school. Patient A's mother was receptive with asking respondent for medication instructions and providing a medication authorization form. Ms. Colon submitted her note on October 27, 2021, which her supervisor, Ms. Ramirez, approved on October 28, 2021.

210. Ms. Fregoso's Individual Rehab (COVID-19 Telehealth) note documented her October 25, 2021, session with Patient A whose tone was appropriate but he discussed his symptoms in detail and was concerned about having to go to the hospital because he does not like visiting hospitals. He was worried about not attending school and completing his homework and worried about not attending a parade. Ms. Fregoso engaged him in a worry jar activity to help decrease his anxious thoughts. She submitted her note on October 27, 2021, which her supervisor, Ms. Perez, approved on October 29, 2021.

211. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented her October 28, 2021, session with Patient A who denied any anxiety symptoms or behaviors in the past week. He reported being sick the past week and not going to school. He was receptive was psychoeducation regarding self-care techniques. She submitted her note on October 29, 2021, which her supervisor, Ms. Ramirez, approved on November 1, 2021.

212. Ms. Colon's Collateral Contact (COVID-19 telephone) note documented her October 28, 2021, session with Patient A's mother who was receptive to answering questions. Ms. Colon conducted on CANS and PSC-35 (acronyms not explained). Patient A's mother reported that he is often unable to sit still, sometimes spends time alone, and is behind on some of his school assignments. However, he is more

interested and focused with completing his homework than before. She planned to travel to Mexico for the holidays and is worried that Patient A is going to tell her that he wants to leave when they travel to Mexico. She was receptive to preparing him for the family trip to Mexico. Ms. Colon submitted her note on November 1, 2021, which her supervisor, Ms. Moreno, approved on November 2, 2021.

213. Ms. Fregoso's Targeted Case management (COVID-19 telephone) note documented her November 1, 2021, session with Patient A's mother and provided her with community resources and linkages. Ms. Fregoso submitted her note on November 3, 2021, which her supervisor, Ms. Perez, approved on November 4, 2021.

214. Ms. Colon's Collateral contact (COVID-19 telephone) note documented her November 4, 2021, session with Patient A's mother who reported he has been aggressive two times per week. She reported he was kicked off from the afterschool program and does not know what is triggering his behaviors. She does not know if the medicine made him more aggressive. She was receptive with asking respondent about his medications at the November 23, 2021, appointment. Ms. Colon submitted her note on November 8, 2021, which her supervisor, Ms. Moreno, approved that same date.

215. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented her November 5, 2021, session with Patient A who denied any anxiety symptoms or behaviors in the past week. He reported feeling excited about going to Mexico for vacation and denied having any anxiety about the trip. He reported that when he starts to get angry he practices breathing exercises. He was unable to identify any warning signs for when he starts to feel angry or anxious. Ms. Colon submitted her note on November 8, 2021, which her supervisor, Ms. Moreno, approved on November 9, 2021.

216. Ms. Fregoso's Targeted Case management (COVID-19 Telephone) note documented her November 5, 2021, session with Patient A and his mother in which she provided community resources and linkages. Patient A reported being compliant with his medication and Ms. Fregoso explained the importance of informing the treatment team of changes, including stopping medication, not obtaining refills, an inability to take the medications prescribed or any side effects. Ms. Fregoso submitted her note on November 12, 2021, which her supervisor, Ms. Perez, approved on November 29, 2021.

217. Ms. Colon's Collateral Contact (COVID-19 Telephone) note documented her November 9, 2021, session with Patient A's mother who reported that he talks back three to four times a week. She reported not knowing what triggers this behavior. Patient A was kicked out of the afterschool program and she does not know if the teachers were rude or if Patient A was misbehaving. She reported getting mad at Patient A because she was not feeling well, she was feeling depressed, and felt bad/sad. Ms. Colon reinforced with Patient A's mother to discuss her feelings with Patient A and apologize. Ms. Colon submitted her note on November 12, 2021, which her supervisor, Ms. Moreno, approved the same day.

218. In an Individual Rehab (COVID-19 Telehealth) note, Ms. Fregoso documented her November 9, 2021, session with Patient A whose tone and energy were appropriate. He reported being sad due to his mother screaming at him and not understanding why she was mad. He reported she might be upset due to his lying and talking back to her. He was able to engage in exercises to better describe his feelings/emotions and agreed to communicate his feelings to his mother in a calm manner. Ms. Fregoso submitted her note on November 15, 2021, which her supervisor, Ms. Perez, approved on November 20 to 2021.

219. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented her November 10, 2021, session with Patient A who denied any anxiety symptoms or behaviors in the past week. He denied having trouble managing his feelings at school or with his family, and denied having trouble practicing kindness in school or with his family. Ms. Colon submitted her note on November 16, 2021, which her supervisor, Ms. Moreno, approved the same day.

220. On November 16, 2021, Patient A was a no-show for his scheduled individual rehabilitation session with Ms. Fregoso. She submitted her note on November 18, 2021, which her supervisor, Ms. Perez, approved on November 20 to 2021.

221. Ms. Colon's Collateral Contact (COVID-19 Telephone) note documented her November 17, 2021, session with Patient A's mother who reported he was not having anxiety symptoms or behaviors in the past week and was feeling happy and excited about the upcoming trip to Mexico. She planned to take Patient A's medicine to give to him during the trip to Mexico. Ms. Colon submitted her note on November 20 to 2021, which her supervisor, Ms. Moreno, approved on November 23, 2021.

222. In a Targeted Case management (COVID-19 Telephone) note, Ms. Fregoso documented her November 18, 2021, session with Patient A and his mother during which he provided community resources and linkages. The family was still impacted by many financial stressors in the home due to a lack of income and those stressors impacted Patient A's behaviors and Patient A's mother's ability to effectively provide positive parenting practices that address those negative behaviors. Ms. Fregoso submitted her note on November 23, 2021, which her supervisor, Ms. Perez, approved on December 2, 2021.

223. In an Individual Rehab (COVID-19 Telehealth) note, Ms. Fregoso documented her November 22, 2021, session with Patient A who reported being sad due to not being able to return to the afterschool program but understood why he could no longer attend. Ms. Fregoso continues to engage Patient A in activities to decrease his anger and better describe his emotions. Ms. Fregoso submitted her note on November 24, 2021, which her supervisor, Ms. Perez, approved on December 2, 2021.

Respondent's November 23, 2021, Session

224. Respondent's Med Support-Follow-Up/Moderate to High Severity (COVID-19 Telehealth) note documented her November 23, 2021, session with Patient A who appeared "with observable height growth." He had been attending school regularly and his mother reported that he "has made tremendous strides at school, never refusing to go to school." He had greatly improved academically without any adverse comments. He sleeps at 8:00 p.m. and wakes up usually at 6:00 a.m., but at times wakes up at 3-4:00 a.m., he has been more frequently worrying about doing his homework perfectly, not wanting to disappoint his teacher. He is fully caught up at school and has been very regimented at night. He frequently worried that he is late or unable to hand in his homework. He stopped trazodone at night because he reported it did not help him with sleep, and gave him more restless sleep. His current medications were 10 mg of fluoxetine and 20 mg of methylphenidate. Respondent documented Patient A's weight. Respondent's mental status and assessment/clinical impression sections of her report were similar to those documented at her earlier sessions, and it was unclear which were the findings at this visit. The documentation also contradicted the chief complaint notation and her plan. Respondent did note that Patient A started his medications consistently in August and had an increased

willingness to cooperate and improved reading skills. Respondent's plan was to increase the fluoxetine to 20 mg for Patient A's generalized anxiety disorder, continue the 20 mg of methylphenidate for his ADHD, stop the trazodone and start clonidine 0.1 mg for sleep support.

225. Ms. Colon's Plan Development (COVID-19 Telehealth) note documented her November 23, 2021, session with respondent, Patient A, and Patient A's mother to follow-up with Patient A's symptoms, behaviors and medication. Patient A's mother reported that Patient A has been more interested in school and is responsible at home but reported that when he gets overwhelmed, he throws things, stands in the door and screams. She reported having an appointment with the regional center for an evaluation. If Patient A does not understand his homework, he gets aggressive. Respondent told Patient A's mother his aggressive behaviors are coming from his anxiety and asked if she would like to increase the fluoxetine dose. Patient A's mother was receptive to increasing his medication. Respondent advised that Patient A can take sleep medicine as needed and asked Ms. Colon to schedule a follow-up appointment after the holiday vacation. The plan was that Patient A would take fluoxetine 20 mg capsules each morning, methylphenidate 20 mg capsules seven days after starting fluoxetine, and for sleep support, he would stop the trazodone and start clonidine 0.1 mg.[5] Ms. Colon submitted her note on November 29, 2021, which her supervisor, Ms. Moreno, approved on November 30, 2021.

226. Ms. Fregoso's Targeted Case Management (COVID-19 Telephone) note documented her December 1, 2021, session with Patient A's mother to provide

[5] Clonidine is a medication primarily used to treat high blood pressure and ADHD which works by relaxing blood vessels and affecting certain brain receptors.

linkages to community resources. Ms. Fregoso assisted Patient A's mother in preparing for an upcoming meeting with a community resource. Ms. Fregoso submitted her note on December 6, 2021, which her supervisor, Ms. Perez, approved on December 16, 2021.

227. A Collateral Contact (COVID-19 Telephone) note documented Ms. Colon's December 2, 2021, session with Patient A's mother who reported that he did not want to go to school three times in the past week. She reported he is "too relaxed" and felt it might be because of the medication. He has also been sick and does not have energy or did not want to go to school. Ms. Colon's plan was to contact respondent to inform her about Patient A's new symptoms and behaviors. Ms. Colon submitted her note on December 7, 2021, which her supervisor, Ms. Moreno, approved on December 10, 2021.

228. Ms. Colon's Individual Psychotherapy (COVID-19 Telehealth) note documented her December 3, 2021, session with Patient A to discuss his symptoms or behaviors in the past week. He advised that he is acting responsibly at home, doing more chores without being told. Ms. Colon advised Patient A that he was being transferred to a different therapist as she was going on leave and Patient A reported feeling sad to not be able to see her anymore. She confirmed that he would continue to see Ms. Fregoso and respondent. Ms. Colon submitted her note on December 7, 2021, which her supervisor, Ms. Moreno, approved on December 10, 2021.

229. A Collateral Contact (COVID-19 Telehealth) note documented Ms. Colon's December 7, 2021, session with Patient A's mom who reported that he has lost his motivation to go to school four times in the past week. Patient A has also been sick and she feels that this plus his new medication is affecting his motivation. She reported not knowing if she should continue giving medication to Patient A. Ms. Colon

advised that she would reach out to respondent and notify her about Patient A's mother's concerns about medication. Ms. Colon submitted her note on December 9, 2021, which her supervisor, Ms. Moreno, approved on December 10, 2021.

230. An Individual Psychotherapy (COVID-19 Telehealth) note documented Ms. Colon's December 7, 2021, session with Patient A who reported feeling sick five times the past week. He denied any anxiety symptoms or behaviors and was receptive with psychoeducation and practicing self-care. Ms. Colon submitted her note on December 9, 2021, which her supervisor, Ms. Moreno, approved on December 10, 2021.

231. An Individual Rehab (COVID-19 Telehealth) note documented Ms. Fregoso's December 7, 2021, session with Patient A whose tone was appropriate but he had low energy. He was excited about his upcoming trip to Mexico. He was able to review effective coping skills but reported not practicing them at home. He agreed to communicate his feelings with his mother in a calm manner. Ms. Fregoso submitted her note on December 15, 2021, which her supervisor, Ms. Perez, approved on December 16, 2021.

232. A Targeted Case Management (COVID-19 Telehealth) note documented Ms. Colon's December 8, 2021, contact with respondent to notify her about Patient A's new symptoms and behaviors with his new medication sertraline. (Sertraline is an antidepressant medication primarily used to treat depression, anxiety disorders, and other mental health conditions by increasing serotonin levels in the brain.) It is unclear when this was prescribed and a collateral contact note on December 9, 2021, referenced below, discusses a call that date to advise of the new medication. She told respondent that Patient A's mother reported he was less motivated to go to school and that he first took sertraline 50 mg and was now taking 100 mg. Ms. Colon

informed respondent that Patient A's mother does not know if she should continue with the medicine. Respondent asked Ms. Colon what medicine and dose Patient A was taking. Respondent informed Ms. Colon that she refilled the medication to 75 mg and the plan was to inform Patient A's mother about the new dosage of medication, sertraline 75 mg. Ms. Colon submitted her note on December 9, 2021, which her supervisor, Ms. Moreno, approved on December 10, 2021.

233. In a (Non-Billable) Note to Chart (COVID-19 Telephone), Ms. Fregoso documented her December 8, 2021, meeting with Ms. Colon to monitor Patient A's progress and discuss his services. They discussed how the services were being transferred to another therapist as Ms. Colon was going on leave but that Ms. Fregoso would remain assigned to him. They discussed that the regional center had diagnosed Patient A with autism and that the mother reported he would remain with Shields for his mental health services and medication support at this time. Ms. Colon advised Ms. Fregoso that Patient A's mother's concerns had been reported to respondent in order to address them before they left for Mexico for two weeks. Ms. Fregoso submitted her note on December 13, 2021, which her supervisor, Ms. Perez, approved on December 16, 2021.

234. A Collateral Contact (COVID-19 Telephone) note documented Ms. Colon's December 9, 2021, call with Patient A's mother to advise her of respondent's new medication orders. Patient A's mother reported that Patient A "has lot [*sic*] motivation 4x week." She reported Patient A has not been acting the same and having no motivation to go to school. She is worried he will not improve when they travel to Mexico. Ms. Colon advised her that respondent ordered "sertraline 1.5 tab of mg daily." Patient A's mother is receptive to picking up a new medication and letting Ms.

Colon know if he had any side effects. Ms. Colon submitted her note on December 13, 2021, which her supervisor, Ms. Moreno, approved the same day.

235. Ms. Colon documented that Patient A did not appear for his session on December 14, 2021, and she would follow-up with his mother. Her supervisor, Ms. Moreno, approved the note on December 16, 2021.

236. Ms. Colon documented that on December 23, 2021, she sent a text message to Patient A's mother that Shields would be on sabbatical for the holidays from December 23, 2021, through January 2, 2022, and provided additional local resources to contact if needed. Ms. Colon submitted her note on December 23, 2021, which her supervisor, Ms. Ukattah, approved on January 10, 2022.

237. Ms. Fregoso documented that she met with Ms. Colon on January 5, 2022, to discuss and assess Patient A's needs and treatments. They discussed the plan to provide continuity of care to Patient A because this was Ms. Colon's last day before her leave and that a new therapist would be providing individual psychotherapy services to Patient A. Ms. Colon advised Ms. Fregoso to assist Patient A and his mother with scheduled psychiatric appointments in order to provide a better understanding, guidance and support as needed with medication. Ms. Fregoso agreed to attend Patient A's January 27, 2022, psychiatric appointment with respondent to support him and his mother during the transition to the new clinician. Ms. Fregoso submitted her note on January 7, 2022, which her supervisor, Ms. Perez, approved on January 10, 2022.

238. A Collateral Contact (COVID-19 Telephone) note documented Ms. Fregoso's January 6, 2022, session with Patient A's mother who reported he presents with low motivation four times a week. Patient A's mother reported that during the

Mexico trip, Patient A was sick with a cold and allergies. He is now stable but displays low motivation. Patient A's mother was receptive to the information provided. Ms. Fregoso submitted her note on January 18, 2022, which her supervisor, Ms. Perez, approved on January 26, 2022.

239. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's January 6, 2022, session with Patient A's mother to monitor the therapy and linkages provided to ensure they meet Patient A's needs. She also provided community resources and discussed the importance of informing the treatment team of changes including stopping medication, running out of it, not obtaining a refill, or an inability to take it as prescribed, as well as any side effects. Ms. Fregoso discussed the importance of attending the scheduled follow-up with respondent on January 27. Ms. Fregoso submitted her note on January 18, 2022, which her supervisor, Ms. Perez, approved on January 26, 2022.

240. An Individual Rehab (COVID-19 Telehealth) note documented Ms. Fregoso's January 14, 2022, session with Patient A whose tone and energy were appropriate. He reported being bored during the trip to Mexico as there was nothing for him to do. He reported being a little nervous to return to school and not being excited about assignments and schoolwork. He was able to review effective coping skills but reported not practicing them at home. He engaged in a relaxation activity and was receptive to other suggestions. Ms. Fregoso submitted her note on January 21, 2022, which her supervisor, Ms. Perez, approved on January 26, 2022.

241. In her January 19, 2022, Ms. Perez documented that Nia King, MSW. was assigned as Patient A's new clinician due to Ms. Colon going on leave.

242. In a Collateral Contact (COVID-19) note, Nia King documented her January 27, 2022, contact with Patient A's mother to inform her of the change in therapists, and Patient A's mother was aware of this change. She reported that Patient A was currently feeling sick and had not been to school all week. Patient A had still been consistently taking his medication. Ms. King submitted her note on January 31, 2022, which her supervisor, Ms. Lowe, approved on February 2, 2022.

Respondent's January 27, 2022, Session

243. Respondent's January 27, 2022, Med Support-Follow-Up/Moderate To High Severity (COVID-19 Telehealth) note documented her session with Patient A and his mother who had returned from vacation, school had resumed, but he had been sick. He had no anxiety or problem falling asleep. He corrected respondent's understanding of his social relations -he has one good friend with whom he spent a lot of time. Patient A's mother reported that Patient A did well during transit and being in Mexico. Others liked him and Patient A felt good about making friends in Mexico. Patient A's mother reported that the regional center evaluation opined that Patient A met the diagnostic criteria for autism and she would provide a copy of that evaluation to Shields. Respondent noted that Patient A's current medications were sertraline 75 mg and methylphenidate CD 20 mg.

244. Respondent's mental status and assessment/clinical impression notes were the same as documented in her prior records, again, making it difficult to discern which ones were Patient A's current conditions As noted before, the notations in these sections conflicted with the chief complaints and current medications listed in the other part of respondent's record and it was unclear which of these were presenting symptoms versus cut-and-pasted prior entries. Respondent's plan was to continue sertraline 75 mg and methylphenidate 20 mg. If Patient A continues to maintain his

current sleep habits of not needing clonidine, the dose of sertraline could be lowered at the next visit.

245. Ms. King documented her February 8, 2022, attempt to contact Patient A's mother to set up the session, but she did not answer. Ms. King left a message and submitted her note on February 14, 2022, which her supervisor, Ms. Cameron, approved the same day.

246. A Collateral Contact (COVID-19 Telephone) note documented Ms. Fregoso's February 9, 2022, session with Patient A's mother to provide psychoeducation about Patient A's anxiety and irritability and focus on empathizing skills that will improve his mental health condition. Patient A's mother reported a recent increase in aggressive behaviors, and that Patient A was "becoming easily irritable and upset with his sister." She reported that Patient A yelled, threw an item, and hit his sister when asked to take a break from video games after playing consecutively for five hours. He refused to do so and yelled aggressively. Patient A's mother attempted to calm him by talking to him. He had missed days of school due to being sick with allergies. She reported being overwhelmed by his negative behaviors. Patient A's mother listened attentively to psychoeducation and ways to decrease his anger outbursts and agreed to focus on using positive reinforcement and appropriate consequences. Ms. Fregoso submitted her note on February 15, 2022, which her supervisor, Ms. Perez, approved on February 17, 2022.

247. Ms. Fregoso's Individual Rehab (COVID-19 Telehealth) note documented her February 10, 2022, session with Patient A whose tone and energy were appropriate at the beginning of the session, but he later became easily angered. He was asked to explain the incident that escalated with him becoming aggressive with his sister but he refused to talk about what happened and yelled that it was "'his time and he can do

whatever he wants during his time.'" Patient A was not receptive to Ms. Fregoso and did not want to talk to her any further. He was not receptive to discussing recognizing signs of escalating anger and not open to learning alternative ways to channel anger nonviolently. He was not able to identify triggers or practice strategies to reduce the impulse to strike out at others. Ms. Fregoso submitted her note on February 15, 2022, which her supervisor, Ms. Perez, approved on February 22, 2022.

248. Ms. Perez documented that on February 11, 2022, Patient A's mother contacted Ms. Perez to request a change in therapist, was advised that Patient A will be pending reassignment, and was willing to wait for reassignment. Ms. Fregoso would check in with Patient A and his mother while the reassignment was pending. Ms. Perez submitted her note on February 15, 2022.

249. A Collateral Contact (COVID-19 Telephone) note documented Ms. Fregoso's February 17, 2022, session with Patient A's mother to continue addressing parent management techniques and skills aimed at decreasing Patient A's aggressive outbursts and review alternative ways to handle misbehavior. Patient A's mother was receptive. Ms. Fregoso submitted her note on February 23, 2022, which her supervisor, Ms. Perez, approved on February 28, 2022.

250. Ms. Fregoso documented that Patient A was a no-show for his individual rehabilitation session on February 17, 2022. She submitted her note on February 22, 2022, which her supervisor, Ms. Perez, approved on February 24, 2022.

251. In a Review of Records (Office) note, Ms. Perez documented her February 22, 2022, review of the records for the purpose of taking over the case as the new therapist. Her plan was to contact Patient A's mother to introduce herself and build rapport.

252. In a (Non-Billable) Note to Chart (COVID-19 Telephone), Ms. Fregoso documented her consultation with Patient A's new therapist, Manuel Aguirre, MA, on February 23, 2022, to discuss Patient A's treatment plan and services. They discussed Patient A's current medication regimen and upcoming psychiatry visit with respondent on March 3, 2022. They discussed Patient A's current living arrangements, present composition, and family relationships. Ms. Fregoso submitted her note on February 25, 2022, which her supervisor, Ms. Perez, approved on February 28, 2022.

253. A Targeted Case Management (COVID-19 Telephone) note documented Ms. Fregoso's February 22, 2022, telephone session with Patient A's mother to monitor Patient A's participation in medication services and help facilitate/coordinate medication refill for Patient A. Ms. Fregoso "engaged in detailed conversation and answered mother's questions and concerns regarding [Patient A's] current medications and how best to assist her with obtaining refill due to mother reporting that current pharmacy utilized to obtain medication does not at this time have medication for [Patient A] and informed mother [it] will have to order medication." Ms. Fregoso advised that respondent could send the refill to another pharmacy and confirmed a refill was needed. Ms. Fregoso advised that respondent was able to send the refill to a new pharmacy and suggested Patient A's mother call the pharmacy to ensure it was available and ready for pickup. Patient A's mother reported understanding this plan and agreed to follow up with the pharmacy that day. Ms. Fregoso submitted her note on February 24, 2022, which her supervisor, Ms. Perez, approved on February 28, 2022.

254. A Plan Development note documented Mr. Aguirre's February 23, 2022, consultation with Ms. Fregoso. Patient A was taking medications for ADHD and was also on the autism spectrum and being linked to regional center for additional services. Patient A has made improvements but recently had difficulty with controlling

his anger and had outbursts. His anxiety is triggered by various events. His mother could benefit from parenting skills. He is smart and independent, and usually does well in school, but has been struggling with attendance recently. Patient A "was not being medication compliant." Mr. Aguirre submitted his note on February 24, 2022, which his supervisor, Ms. Ramirez, approved on March 3, 2022.

255. A (Non-Billable) Note to Chart (Telephone) documented Mr. Aguirre's February 24, 2022, attempt to contact Patient A's mother, but there was no answer and the mailbox was full. He was unable to leave a voicemail and would attempt to contact her using other methods. He submitted his note on February 24, 2022, which his supervisor, Ms. Perez, approved on March 3, 2022.

256. Later that same day, Mr. Aguirre's Collateral Contact (COVID-19 Telephone) note documented his call to Patient A's mother to introduce himself, set up the first appointment, build rapport, and engage Patient A's mother in treatment for Patient A. She provided information regarding Patient A's current level of functioning, including recent emotional and behavioral symptoms. She reported that recently he had not been wanting to go to school for about two weeks. He has been misbehaving in school recently and has called her from his afterschool program telling her he did not want to be there. Patient A's mother thinks there is a problem at school but does not know what the problem is. She advised that school administrators have asked if there is a problem at home. Patient A has recently been regurgitating his food at home and at school, sneezing a lot, and she believes he is trying to make himself regurgitate on purpose, but she is not sure. Mr. Aguirre submitted his note on February 24, 2022, which his supervisor, Ms. Ramirez, approved on March 3, 2022.

257. An Individual Rehab (COVID-19 Telehealth) note documented Ms. Fregoso's February 25, 2022, telephonic session with Patient A whose tone and energy

were appropriate throughout the session. He did not display any irritability, nervousness or anger. He reported having a good day at school and talked about the challenges of having severe allergies. He liked playing outside at school, but not the work. He was able to identify things that trigger him to get upset, was able to explore ways he might get upset, and understood strategies to assist in reducing the impulse to strike out at others and get easily upset. Ms. Fregoso submitted her note on March 2, 2022, which her supervisor, Ms. Perez, approved on March 6, 2022.

258. In a (Non-Billable) Note to Chart (COVID-19 Telephone) note, Mr. Aguirre documented that on February 28, 2022, he briefly discussed the case with the previous therapist but was unable to provide services due to being unable to reach Patient A's mother who did not answer Mr. Aguirre's calls. His supervisor approved the note on March 1, 2022.

259. An Individual Psychotherapy (COVID-19 Telehealth) note documented Mr. Aguirre's March 1, 2022, telephone session with Patient A wherein Mr. Aguirre introduced himself and tried to build rapport. Patient A reported not wanting to go to school because it "'takes forever'" and he does not like homework. Patient A denied feeling nausea, regurgitating, fear, or worry. He explained that in the morning he feels sleepy, has a headache, and has a runny nose. He only feels irritable when his video games are taken away. Patient A "seemed open, honest, and friendly." He appeared distracted with difficulty showing his entire face on camera during the session. He "seemed receptive, engaged, and understood intervention." He appeared hyperactive, had poor impulse control, limited eye contact, was withdrawn, and defiant. He had no delusions or hallucinations, and normal thought process. He had a short attention span and was easily distractible. He had average intelligence and poor insight. He denied suicide ideation, homicidal ideation, and self-harm. Mr. Aguirre encouraged

Patient A to utilize time management techniques to finish his homework, encouraged him to replace his negative thoughts with positive thoughts, and provided psychoeducation about anxiety-related symptoms. Mr. Aguirre submitted his note on March 30, 2022, which his supervisor, Ms. Ramirez, approved on April 15, 2022.

260. A Collateral Contact (COVID-19 Telephone) note documented Mr. Aguirre's March 2, 2022, telephone call with Patient A's mother who "answered all the questions of the CANS/PSC-35" (acronyms not explained) and provided details about Patient A's mental health history. She explained that in the past, Patient A got a knife from the kitchen and said he was going to kill himself. She did not remember how long ago that was, but said "it was a long time ago." He previously stated he wanted to kill himself, but she does not remember when. She said Patient A "said these things when he was frustrated, angry and impulsive." She went on to say that Patient A "currently denies any suicidal ideation." Similarly, she explained that in the past when he got upset, he would break and throw things across the room including chairs. He has difficulty waiting for things and gets frustrated very easily. Mr. Aguirre inquired of whether Patient A was currently expressing suicidal ideation and whether there was a safety plan created. He explained that a safety plan would be created if Patient A expressed current suicidal ideation. Mr. Aguirre submitted his note on March 9, 2022, which his supervisor, Ms. Ramirez, approved March 15, 2022.

261. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented Ms. Fregoso's March 4, 2022, call from Patient A's mother who advised that Patient A would not be available for today's session. Ms. Fregoso submitted her note on March 18, 2022, which her supervisor, Ms. Perez, approved on April 4, 2022.

262. A (Non-Billable) note To Chart (COVID-19 Telephone) documented Mr. Aguirre's March 8, 2022, call to Patient A for their scheduled session but Patient A

stated he did "'not want to turn on the camera.'" Mr. Aguirre called Patient A's mother to request she complete a release of information form so he could contact Patient A's school and see if he could provide treatment there. Patient A's mother advised Mr. Aguirre to call at a later time because she was "going to drive." Mr. Aguirre submitted his note on March 8, 2022, which his supervisor, Ms. Ukattah, approved on March 9, 2022.

263. An Assessment/Diagnostic Interview (COVID-19 Telephone) note documented Mr. Aguirre's March 8, 2022, call with Patient A's mother to gather information regarding Patient A's previous suicidal ideation history. Mr. Aguirre "inquired about details related to [Patient A's suicidal ideation] history including dates, triggers, actions taken, behaviors, statements, and persons involved." Patient A's mother "provided detailed information regarding [Patient A's] past suicidal ideation history." She reported that the first incident occurred when Patient A told her directly he would rather kill himself than be in a classroom with 15 other special needs students. She explained that she had placed him in a special needs class to receive more school support, but took him out of that class and used additional IEP hours instead. She told the school counselor and Patient A's therapist after this incident occurred. The second time Patient A made a suicidal statement was within that same year. He sent her a text message stating he had obtained a small kitchen knife and tried to cut his hand. At the time, Patient A was being watched by his older adult sisters. When she got home, she checked Patient A's hands and he did not have any marks on them indicating he tried to cut himself. She also informed Patient A's therapist and school social worker after this incident occurred. The "last time [Patient A] made a suicidal statement was about one year ago," within one year of his first incident. Patient A did so in response to a picture she texted him of her friend's son doing his homework, which she did to show Patient A how he should be behaving. She

informed Patient A's therapist and his school counselor "right away after this occurred." Patient A's mother reported that Patient A currently denies any suicidal ideation. Mr. Aguirre's plan was to meet with Patient A to assess him for current suicidal ideation, self-harm, and homicidal ideation. He would complete a safety plan with Patient A and his mother if necessary. Mr. Aguirre submitted his note on May 2, 2022, which his supervisor, Ms. Ramirez, approved on May 4, 2022.

264. Mr. Aguirre's Child/Adolescent Assessment Addendum (MH 536A) (COVID-19 Telephone) note documented his March 8, 2022, call with Patient A's mother where he obtained Patient A's mental health history. Mr. Aguirre's plan was: "to assess for suicidal ideation, self-harm, homicidal ideation, and harm to others on a regular basis utilizing the CSSRS" and "assess for [suicidal ideation, self-harm, homicidal ideation, self-harm [*sic*]] on a regular basis." Mr. Aguirre submitted his note on April 8, 2022, which his supervisor, Ms. Ramirez, approved on April 29, 2022.

265. A Collateral Contact (COVID-19 Telephone) note documented Mr. Aguirre's March 14, 2022, call with Patient A's mother to follow-up on his current level of functioning. She reported that he had been complaining of headaches and had not been wanting to go to school. She wanted to know how to find information about someone with whom Patient A was speaking on the internet, whom she suspected was an adult. She asked if Mr. Aguirre could see Patient A in the library because there is no privacy in the home, and Shields was not allowed to go to Patient A's school due to there being no Memorandum of Understanding (MOU) between Shields and the school district. Mr. Aguirre referred Patient A's mother to her medical provider for Patient A's headaches and would continue to build rapport and engage Patient A. He discussed with Patient A's mother the importance of confidentiality and the limits of

confidentiality. Mr. Aguirre submitted his note on April 29, 2022, which his supervisor, Ms. Ukattah, approved the same day.

266. An Individual Psychotherapy (Office) note documented Mr. Aguirre's March 15, 2022, meeting with Patient A in the public library to provide in-person mental health therapy. Patient A reported feeling anxiety five times per week for the past couple of weeks. He discussed his likes and was receptive and cooperative with exercises Mr. Aguirre provided. Mr. Aguirre submitted his note on March 21, 2022, which his supervisor, Ms. Ramirez, approved on April 15, 2022.

267. Mr. Aguirre's (Non-Billable) Note to Chart (COVID-19 Telephone) documented his March 18, 2022, attempt to contact Patient A's mother to remind her about her follow-up appointment with respondent on April 21, 2022. He left a voicemail message for her. He submitted his note that same day that his supervisor, Ms. Ukattah, approved on March 21, 2022.

268. Ms. Fregoso's Targeted Case Management (COVID-19 Telephone) note documented her March 18, 2022, call with Patient A's mother to monitor Patient A's "participation in medication services and help facilitate/coordinate medication follow-up and refill." Ms. Fregoso "obtained insight about [Patient A's] recent [symptoms/behaviors] and the effect medication has on [Patient A], per mother report." Ms. Fregoso confirmed Patient A's refills and his pharmacy and advised mother to contact pharmacy to ensure medication is ready for pickup. Ms. Fregoso "stressed the importance of informing the treatment team of any changes/challenges including stopping medication, running out of medication, not obtaining medication/refill or inability to take medication as prescribed and any side effects caused by the use of medication so that [Ms. Fregoso] can assist as needed." Patient

A's mother reported understanding the plan. Ms. Fregoso submitted her note on March 22, 2022, which her supervisor, Ms. Perez, approved on March 23, 2022.

269. A Collateral Contact (COVID-19 Telephone) note documented Mr. Aguirre's March 22, 2022, call with Patient A's mother to obtain Patient A's current level of functioning. He reported he has not wanted to go to school and just wants to stay home. He does not want to take his medication in the morning because it makes him feel sick. He takes it in the afternoon when he gets home but respondent told her to give it to Patient A in the morning. Patient A sometimes does not want to go to sleep at night and wants to stay up late. Then he does not want to wake up in the morning. He is aggressive towards his sisters and curses at them. He wants to come home early from school, does not want to play as many games as before, "is irritable, gets angry very fast, screams and is aggressive with his grandson [*sic*]." She wanted a note from respondent so that school staff could give Patient A his medication at school. Mr. Aguirre's plan was to "continue attempt to provide this information to [respondent]." Mr. Aguirre submitted his note on March 23, 2022, which his supervisor, Ms. Ramirez, approved on April 15, 2022.

270. An Individual Psychotherapy (Office) note documented Mr. Aguirre's March 22, 2022, telehealth meeting with Patient A who reported feeling anxiety in the morning two times during the past week. He also feels sick sometimes in the morning and sometimes chokes. He was receptive and understood the concept of "the false alarm." He took a few minutes to turn on his camera and did not want to show his whole face. He stated that "'it feels weird'" to show his face on camera. Mr. Aguirre redirected and prompted Patient A several times related to his difficulty keeping his camera on and not wanting to show his whole face. They discussed things Patient A

could do to make himself feel better. Mr. Aguirre submitted his note on March 23, 2022, which his supervisor, Ms. Ramirez, approved on April 15, 2022.

271. Ms. Fregoso documented that Patient A was a no-show for his March 22, 2022, session. She submitted her note on March 24, 2022, which her supervisor, Ms. Perez, approved on March 30, 2022.

272. Ms. Fregoso's Targeted Case Management (COVID-19 Telephone) note documented her March 25, 2022, call with Patient A's mother who provided detailed information regarding Patient A's recent regional center assessment where he was diagnosed with autism. He had now been approved for services, but not psychiatric services, which she wanted to continue with Shields. She continued to have concerns with Patient A's current medication including him not wanting to go to sleep at night, waking up tired, and irritable in the morning, and that he has increased being verbally aggressive with family members at home. Ms. Fregoso provided assistance and guidance to Patient A's mother. Ms. Fregoso submitted her note on March 30, 2022, which her supervisor, Ms. Perez, approved the same day.

273. Mr. Aguirre documented that on April 4, 2022, he contacted Patient A's mother for Patient A's therapy session but she said he was not available. She reported that "she already got helped with the "Breath" application (not explained) by her own therapist." Mr. Aguirre referred her to two local hospitals for emergency medication assistance and advised that he had attempted to contact her last week. Mr. Aguirre submitted his note on April 4, 2022, which his supervisor, Ms. Ukattah, approved on April 6, 2022.

274. Mr. Aguirre's Collateral Contact (COVID-19 Telephone) note documented his April 5, 2022, call with Patient A's mother to discuss Patient A's current level of

functioning. He reported that Patient A has not been wanting to go to school for one whole week the past week and at least one day this week. He will be on spring break in a few days. She thinks he has not been going to school because of problems with his medications, but she admitted she is giving some medication in the morning and some medication in the afternoon. She stated that respondent's orders were to give the medication in the morning only but she said Patient A was having tantrums in the morning and she could not do anything. Mr. Aguirre discussed the importance of setting firm limits, following through, and being consistent with discipline. He advised her that she could take him to a local hospital for emergencies if she could not wait three weeks to meet with respondent. Mr. Aguirre's plan was that he "will continue attempt to provide this information to [respondent]." Mr. Aguirre submitted his note on April 5, 2022, which his supervisor, Ms. Ramirez, approved on April 15, 2022.

275. Mr. Aguirre's Individual Psychotherapy (COVID-19 Telehealth) note documented his April 5, 2022, telephone session with Patient A who reported staying home from school all last week because he had the flu, but then changed his answer and stated he did so because the "day's too long." He admitted being teased in school because of his chickens (he raises them), and sometimes the teacher will join in on the teasing. The teachers and the principal at school do nothing about the teasing and bullying. His mother does not believe this is why he does not want to go to school. He agreed to try to ignore the teasing or try different approaches to see if it will stop. Patient A turned his camera on and off during the session. Mr. Aguirre submitted his note on April 5, 2022, which his supervisor, Ms. Ramirez, approved on April 15, 2022.

276. Mr. Aguirre documented his April 12, 2022, attempt to contact Patient A's mother for his session with Patient A, but Patient A picked up the phone, said that his

mother will call Mr. Aguirre back, and hung up the phone. Mr. Aguirre submitted his note on April 14, 2022, which his supervisor, Ms. Ukattah, approved on April 15, 2022.

Respondent's April 21, 2022 Session (Last One)

277. At respondent's last session with Patient A, on April 21, 2022, her Med Support-Follow-Up/Moderate To High Severity (COVID-19 Telehealth) note, signed that same day, documented the following Chief Complaint/Presenting Problem:

> Since our last appointment in January [Patient A] has been struggling with his emotion regulation. Mom reported that out of nowhere his emotions become huge. He takes himself away from family and screams to get his frustrations out. He has stated, "Fuck my life." He has been angry and cursing. He has been missing more school, struggling, refuses school. He frequently states that school takes too many hours. He has difficulty with emotion regulation. He has urges to fight back. Regional Center [diagnosed Patient A] with autism. [H]e is extremely stressed out frequently, repeating the same questions to mom. We were able to get [Patient A's] vitals, and it turns out [Patient A] grew 7 inches and gained about 40lbs. He appeared today appearing very mature observably matured.

Respondent documented that Patient A's current medications were sertraline 75 mg and methylphenidate 20 mg by mouth daily. Respondent's mental status examination and assessment were similar to her prior entries, again making it difficult to discern which ones were her current assessments. Much of respondent's assessment

referenced the fluoxetine stoppage issues and the mother's failure to pick it up at the pharmacy, which were not current events. She documented that Patient A reported being in a good mood, was less anxious and more cooperative, and there were no safety concerns. Given his current weight of 70 kg, respondent would increase the methylphenidate to 20 mg, but this contradicted respondent's earlier entry in the Current Medications section where she documented that Patient A's current medication was methylphenidate 20 mg. Respondent noted Patient A had used melatonin in the past, and "liked clonidine for sleep," but had not needed sleep aid for the past six weeks. She would also consider lowering sertraline at the next visit. Her plan was to increase sertraline to 100 mg and methylphenidate 30 mg by mouth daily. Again, this contradicted the Assessment/Clinical Impression part of her note where she documented she would increase methylphenidate to 75 mg. (For whatever reason, this record was not in the certified Shields records introduced as Exhibit 6, which contained all of Patient A's records, but, instead was in the certified Shields records introduced as Exhibit 7, which only contained a few other documents, all of which were contained in Exhibit 6. No explanation for this was offered at hearing.)

278. Ms. Fregoso documented her April 26, 2022, telephone session with Patient A and his mother in a Targeted Case Management (COVID-19 Telephone) note. She provided community resources and linkages, noting that Patient A's current symptoms and behaviors continue to disrupt and interfere with his daily functioning. Patient A's mother agreed to access the links and was thankful for the information provided. Ms. Fregoso submitted her note April 27, 2022, which her supervisor, Ms. Perez, approved on April 28, 2022.

279. Mr. Aguirre documented his April 27, 2022, unsuccessful attempt to contact Patient A's mother. He left a voicemail message. His supervisor, Ms. Ukattah, approved his note on April 28, 2022.

280. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented Mr. Aguirre's attempt to contact Patient A's mother on April 29, 2022, but "there was no opportunity to leave a message." He submitted his note on April 29, 2022, which his supervisor, Ms. Ukattah, approved the same day.

281. Ms. Fregoso's Targeted Case Management (COVID-19 Telephone) note documented her April 26, 2022, telephone session with Patient A's mother in which she provided community resource links to help decrease Patient A's anxiety symptoms. Ms. Fregoso submitted her note on April 27, 2022, which her supervisor, Ms. Perez, approved on April 28, 2022.

282. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented that Patient A was a no-show for his April 26, 2022 session. Mr. Aguirre called Patient A's mother and left her a voicemail. He submitted his note on April 26, 2022, which his supervisor, Ms. Ukattah, approved the same day.

283. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented Mr. Aguirre's telephone call to Patient A's mother advising her that he was waiting for Patient A to join the session. Patient A's mother asked for a new link, which he sent, but Patient A still did not join. Mr. Aguirre had another session scheduled with a different individual so was not able to call Patient A's mother again. He submitted his note on April 26, 2022, which his supervisor, Ms. Ukattah, approved the same day.

284. A (Non-Billable) Note to Chart (COVID-19 Telephone) documented Mr. Aguirre's unsuccessful attempt to contact Patient A's mother on April 27, 2022. He left

a voicemail and submitted his note on April 27, 2022, which his supervisor, Ms. Ukattah, approved on April 28, 2022.

285. Mr. Aguirre's Individual Psychotherapy (COVID-19 Telehealth) note documented his April 28, 2022, telephonic session with Patient A to "assess, identify, label and rate [Patient A's symptoms] on a scale of 0 (low) to 10 (high) with Patient A." Patient A stated he did not experience any symptoms this past week. He participated in the relaxation coping skill exercises but "seemed in a rush." He was able to identify some emotions such as worry, fear, irritability, and feeling tense, and reported that he did not feel any of these. He kept his camera off during the session, stating he that he could not turn it on despite Mr. Aguirre's attempts to have him do so. Mr. Aguirre submitted his note on June 9, 2022, which his supervisor, Ms. Ukattah, approved on June 14, 2022.

286. Ms. Fregoso's Individual Rehab (COVID-19 Telehealth) note documented her April 29, 2022, telephonic session with Patient A whose "tone and energy were appropriate throughout the session." Patient A seemed to be in a happy mood due to celebrating his father's birthday. He did not display any anxiety-related symptoms (irritability, worry or anger) during the session. He reported "not attending school (in almost 1 month) due to being sick." He reported feeling frustrated/worried due to having to go to school and not understanding schoolwork. He was able to practice coping skills to manage his symptoms, and reported that doing so was beneficial. He agreed to practice these skills if the situation arises. Ms. Fregoso submitted her note April 29, 2022, which her supervisor, Ms. Lowe, approved on May 2, 2022.

287. Mr. Aguirre's Collateral Contact (COVID-19 Telehealth) note documented his May 2, 2022, telephone call with Patient A's mother to follow-up on her inquiry regarding what she could do to make Patient A go to school. Patient A's mother

admitted that "she will not follow the Doctor's orders as far as the amount of medication that the Doctor told her to give [Patient A] because [Patient A] 'feels sick.'" Mr. Aguirre discussed the importance of following the respondent's orders regarding the medications. He also discussed the importance of Patient A keeping the camera on during therapy which Patient A's mother said she would do. She also indicated she did not want Patient A in a smaller class even though the school suggested it and Mr. Aguirre explored whether a smaller class would assist Patient A in being motivated to go to school. He and Patient A's mother also discussed the importance of setting firm rules, following through, and being consistent with rewarding Patient A for his good behavior. Mr. Aguirre submitted his note on June 9, 2022, which his supervisor, Ms. Ukattah, approved on June 14, 2022.

288. A Targeted Case Management (COVID-19 Telephone) documented Ms. Fregoso's May 3, 2022, telephone call aimed at increasing Patient A's social interaction with peers outside his family by attending extracurricular activities in the community. She provided community resources and links. Patient A's mother reported that he could benefit from positive engagement in the community with others and she agreed to encourage and access activities for him. Ms. Fregoso submitted her note on May 4, 2022, which her supervisor, Ms. Perez, approved on May 11, 2022.

EVENTS LEADING UP TO RESPONDENT'S TERMINATION

289. Mr. Aguirre's Collateral Contact (COVID-19 Telehealth) note documented his May 10, 2022, telephone call to Patient A's mother to follow up on her request to speak with him. She reported Patient A has been struggling with anxiety five times a week. She stated she needs an appointment with respondent soon because she cannot wait until May 26, 2022, appointment. She stated Patient A made a suicidal ideation statement today, "I prefer dying instead of going to school." He also said "he wants to

hurt himself today, but would not provide details about what he meant." Patient A's mother said she was not home today because she was in the ICU with her sick mother but she will send her daughter's phone number to Mr. Aguirre for him to speak with her. Patient A's mother further explained she would try to participate in a safety plan today but was in a rush and had to go because she had to speak with her mother's doctor. Mr. Aguirre advised that he would send respondent a message and that he must speak with Patient A today and that a safety plan must be completed today due to Patient A's statements. Mr. Aguirre would also attempt to contact Patient A's sister. He submitted his note on May 10, 2022, which his supervisor, Ms. Ramirez, approved on May 31, 2022.

290. On May 10, 2022, at 12:04 p.m., Mr. Aguirre sent an email to respondent which he copied to Shields Psychiatric Services, Ms. Ukattah, and Ms. Ramirez, in which he wrote:

> Hello [respondent],
>
> The mother of [Patient A] asked me if I can send you a message to ask you if she can have an appointment sooner than 5/26/22. The reasons [*sic*] she is asking for an appointment sooner is that she said that [Patient A] is experiencing [suicidal ideation/self-harm]. I am going to try to assess [Patient A] and develop a safety plan with him and mother today if I can get in contact with [Patient A].
>
> Thank you.

291. On May 10, 2022, at 12:14 p.m., Shields Psychiatric Services emailed Mr. Aguirre and respondent, with copies to Ms. Ukattah and Ms. Ramirez, advising Mr.

Aguirre that they had "a cancellation for today at 3pm, please let me know if this works for [Patient A]."

292. On May 10, 2022, at 12:18 p.m., Mr. Aguirre emailed Shields Psychiatric Services and respondent, with copies to Ms. Ukattah and Ms. Ramirez advising that Patient A's mother was asking if her daughter could attend the appointment with Patient A as she "is in the ICU with her mother all day."

293. On May 10, 2022, at 12:27 p.m., Shields Psychiatric Services emailed Mr. Aguirre and respondent with copies to Ms. Ukattah and Ms. Ramirez, inquiring if Shields had a release of information for respondent to speak with Patient A's sister and to please correct her if she was wrong.

294. On May 10, 2022, at 12:36 p.m., respondent sent an email to Shields Psychiatric Services and Mr. Aguirre, with copies to Ms. Ukattah and Ms. Ramirez, asking Mr. Aguirre to please find out from Patient A's mother what Patient A was taking for the past three weeks, asking "Sertraline-what dose? Methylphenidate-what dose? Both medicines daily and consistently? I need this information BEFORE 3:PM OR NO APPT."

295. Respondent sent a second email on May 10, 2022, at 12:38 p.m. to Shields Psychiatric Services and Mr. Aguirre, with copies to Ms. Ukattah and Ms. Ramirez, stating: "**PLSE BE AWARE THAT I NEED TO KNOW [PATIENT A'S] MED REGIMEN IF AM TO SEE HIM TODAY. I AM NOT SEEING HIM WITHOUT THIS INFORMATION**." (Bold and all caps and as written in original.)

296. On May 10, 2022, at 2:07 p.m., Mr. Aguirre emailed respondent and Shields Psychiatric Services, with copies to Ms. Ukattah and Ms. Ramirez, advising that he had spoken with Patient A's mother "right now and asked her what medicine she

gave [Patient A] today per our conversation earlier. The mother stated that she gave [Patient A] 30 mg of an unknown name medicine this morning that she said you prescribed."

297. Ms. Ramirez sent an email on May 10, 2022, at 2:21 p.m. to Mr. Aguirre, respondent and Shields Psychiatric Services, with a copy to Ms. Ukattah and Ms. Fregoso, advising that Patient A's mother gave consent for the sister to attend the appointment today with Ms. Fregoso and Ms. Ramirez "can attend as [Mr. Aguirre] is out in the field. [Ms. Fregoso] is aware of Mom's concerns. Mom confirmed that [Patient A] took methylphenidate ER 30 mg capsule, extended release (40-60) sprinkle."

298. Mr. Aguirre sent an email on May 10, 2022, at 2:24 p.m. to Ms. Ramirez, respondent and psychiatric services, with a copy to Ms. Ukattah and Ms. Fregoso, advising that he tried calling Patient A sister but there was no answer, and he left a brief voicemail message.

299. Mr. Aguirre's (Non-Billable) Note to Chart (COVID-19 Telephone) documented his May 10, 2022, obtaining Patient A's mother's verbal consent to complete a release of information for Patient A's sister and attempt to contact her to assess Patient A and develop a safety plan, but there was no answer. He left a voicemail. Mr. Aguirre submitted his note on May 10, 2022, which his supervisor, Ms. Ukattah, approved on May 11, 2022.

300. On May 10, 2022, at 2:31 p.m., respondent sent the following email to Mr. Aguirre, Ms. Ramirez, and Shields Psychiatric Services, with a copy to Ms. Ukattah and Ms. Fregoso, as written in original:

Per earlier email - mom is not following directions. I will not see her when she was told to take BOTH sertraline and his stimulants. She stated a month ago that she was giving him 75mg even though she was told to give 100mg. At this point she completely disregarded my directions, stopping sertraline. His current mood lability, anger,etc are all adverse effects from taking ADD meds without anxiety meds.

sertraline which she stopped and get to 100mg bc this is what happens when you don't treat anxiety and only treat Attention Deficit Hyperactivity Disorder - NOT NEW INFORMATION.

I HAVE REPEATEDLY ADVISED HER 'NO' ONLY ADD MEDS - METHYLPHENIDATE and she knows.

I am not seeing now [Patient A's] sister to communicate the same issue.

STOP METHYLPHENIDATE FOR SEVEN DAYS.

RESTART SERTRALINE AT 50MG FOR 5 DAYS AND THEN INCREASE TO 100MG.

I am not going to reward for mom for not following directions and not being there today.

I'll be happy to see [Patient A] at the end of the month when he takes his meds as prescribed.

301. On May 10, 2022, at 2:54 p.m., Ms. Ramirez sent an email to respondent, Mr. Aguirre and Shields Psychiatric Services, with a copy to Ms. Ukattah, Ms. Fregoso and Ms. Lowe, in which she wrote, as written in original:

> Good afternoon,
>
> We can't provide those medication instructions that you just provided so we can keep the appointment so that the medications listed instructions listed in the email can be shared with the sister. [Ms. Fregoso] and I will be there to support with the conversation about the importance of taking medication as prescribed as I know you have already mentioned.
>
> Sister might be a better resource than mom at this point and so sharing the medication instructions listed in the email would be helpful to share with her.
>
> Additionally, [Patient A] needs to be assessed for safety concerns as [Patient A] stated today that he would rather die than go to school. Can you please assist us with assessing or safety during this appointment?

302. Ms. Lowe sent an email on May 10, 2022, at 3:02 p.m. to Ms. Ramirez, respondent, Mr. Aguirre, Shields Psychiatric Services, with copies to Ms. Ukattah and Ms. Fregoso, in which she stated, as written in original:

> Hello everyone.

First, looks like this family has an amazing support team! Thank you CMH (acronym not explained) for your coordination of care. [Ms. Ramirez and Ms. Fregoso] thank you for jumping in session to support this case. (team work!)

In regards to the medication instructions... we can copy and past the medication instructions provided by [respondent] adn provide them electronically to family, we can also encourage communication with the pharmacist if there are additional questions (in-between sessions as a resource).

Culturally we understand medication is a very new territory for many of our families. Let's continue to create a safe and open space for mother/ [Patient A] to share their barriers related to medication. I am sure mom is making every effort to support her child's mental health. If needed, we can review this case as a team to strategize some potential interventions that continue to support [Patient A's] goals.

Let me know if there is anything I can offer to support.

303. Ms. Ramirez sent the following email on May 10, 2022, at 3:10 p.m. to Ms. Lowe, respondent, Mr. Aguirre, Shields Psychiatric Services, with copies to Ms. Ukattah and Ms. Fregoso:

Hi [respondent],

I'm in the Zoom meeting, but it says it hasn't started. Are you able to join via Zoom?

304. Ms. Lowe sent Claribel Villaviray, Shields's Human Resources Administrator, an email on May 10, 2022, at 3:13 p.m. in which she wrote: "Just looping you in... Look at the email she sent refusing to see [Patient A]/ mother..." Ms. Villaviray replied to Ms. Lowe at 3:25 p.m. with the following email: "OMG...did [respondent] end up attending the meeting? [Ms. Ramirez] asked for help to assess safety of [Patient A]."

305. Thereafter Ms. Villaviray sent emails to administrators on May 10, 2022, enclosing the May 10, 2022, email thread and advising that respondent "did not show up to a client zoom session today" and sent an email refusing to see Patient A because his mother was not following respondent's directions for medication. She noted that Ms. Ramirez asked for respondent's help to assess Patient A's safety because he had said he would rather die than go to school and respondent "still didn't show up." Ms. Villaviray advised that Ms. Lowe would be "writing [respondent] up."

306. Ms. Fregoso's (Non-Billable) Note to Chart (COVID-19 Telephone) documented that on May 10, 2022, she was asked by Ms. Ramirez to assist Patient A and his mother during their scheduled appointment with respondent at 3:00 p.m. due to the therapist not being available. "Additionally appointment was canceled for 5-10 at 3pm by [respondent]." Ms. Fregoso submitted her note on May 12, 2022, which her supervisor, Ms. Perez, approved on May 26, 2022.

307. A Crisis Intervention (COVID-19 Telephone) note created by Mr. Aguirre documented that on May 10, 2022, Patient A's mother reported that Patient A had been struggling with anxiety five times a week. At 5:00 p.m., Mr. Aguirre contacted Patient A to conduct a risk assessment and safety plan. Patient A responded "Yes" to

the questions asking if he wished to be dead, had suicidal thoughts and suicidal intent, had suicide intent with a specific plan, and "No" to the question asking if he had suicidal thoughts with method. Patient A advised that he had suicidal thoughts, he admitted to an actual suicide attempt but stated that the information was "private" and he did not want to provide details about it. He admitted to current suicidality, and stated he had a plan but it was "private." He stated he had seen suicidal behavior on the Internet and news, but did not want to provide details. He reported being a victim of bullying at school, being made fun of by children and sometimes a teacher. His great-grandmother was sick in the hospital but he provided no further details. Patient A reported feelings of agitation, hopelessness, self-hate, and aggressive tendencies, scoring a 10 out of 10. He also scored as being reckless because of his history of throwing chairs in the home and breaking things. Mr. Aguirre assessed Patient A at a "High Acute Risk." Mr. Aguirre developed a safety plan with Patient A and his older sister who was instructed to call the Los Angeles Department (LAPD) Systemwide Mental Health Assessment Response Team (SMART) with Mr. Aguirre on the line (three way call) for them to go and assess Patient A for risk. Mr. Aguirre listened as LAPD officers asked Patient A questions about his intentions. Patient A admitted saying that he wanted to hurt and kill himself to get out of school. The SMART Team was not sent out per [Patient A's] sister because it was "'not necessary.'" Mr. Aguirre instructed Patient A's mother to contact ACCESS (acronym not explained) after LAPD officers left and Patient A was not assessed by the SMART Team. Patient A's mother stated she will take Patient A with her and contact ACCESS "after she gets back from running errands." Mr. Aguirre contacted Patient A's sister and Patient A's mother after the LAPD officers left to try to assess Patient A, but Patient A's mother did not answer her phone at 8:10 p.m. Mr. Aguirre texted a copy of the safety plan to Patient A's sister

and mother. Mr. Aguirre submitted his note on July 28, 2022, which his supervisor, Ms. Ukattah, approved the same day.

308. A Collateral Contact (COVID-19 Telephone) note documented Mr. Aguirre's May 11, 2022, telephone call with Patient A's mother to discuss Patient A's participation and cooperation during therapy. He advised of the importance of Patient A being supervised during the session as he often turns off the camera and the microphone, which makes it difficult to provide mental health services. He also discussed how Patient A is distracted by external things going on around him during the therapy session which does not allow him to fully participate. He also discussed with Patient A's mother how Patient A often wants to end the sessions early, after only 20 or 30 minutes. Patient A's mother advised that she has been unable to supervise him during therapy because her grandmother [*sic*] is sick in the hospital, but she does understand how these issues make it difficult to provide therapy. She will make sure that Patient A pays attention during the next session. Mr. Aguirre submitted his note on May 24, 2022, which his supervisor, Diana Hernandez, M.A., approved on May 25, 2022.

309. Mr. Aguirre's Targeted Case Management (School) note documented his May 11, 2022, travel to Patient A's school to provide therapy. He was advised that because of COVID-19, he was not allowed to enter the school site and needed permission from the district to do so. Mr. Aguirre's plan was to follow-up with the district. He submitted his note on May 24, 2022, which his supervisor, Ms. Hernandez, approved the same day.

310. Mr. Aguirre's (Non-Billable) Note to Chart (COVID-19 Telephone) documented his May 11, 2022, attempt to contact Patient A's mother to provide updated information from respondent and to review the safety plan. However, she did

not answer the phone, so he left a voicemail message for her. He submitted his note on May 11, 2022, which his supervisor, Ms. Ukattah, approved on May 16, 2022.

311. Mr. Aguirre's (Non-Billable) Note to Chart (COVID-19 Telephone) documented that on May 11, 2022, he sent a message to Patient A's mother "with Doctor's orders of new directions for [Patient A's] medications." He submitted his note on May 11, 2022, which his supervisor, Ms. Ukattah, approved on May 16, 2022.

312. Mr. Aguirre's Individual Psychotherapy (COVID-19 Telephone) note documented that on May 11, 2022, he met by telephone with Patient A "to debrief from crisis intervention from prior day (see note 5/10/22)." He attempted to process the previous day's events with Patient A who expressed that he did not want to talk about them and "declined to meet with" Mr. Aguirre. Mr. Aguirre assessed Patient A's safety using CSSRS. Patient A answered "No" to questions "reflecting no risk issues including MI, [suicidal ideation, and self-harm]." Patient A then became silent and did not speak after answering questions. His sister "took over the call and stated that [Patient A] was upset and did not want to speak with" Mr. Aguirre. Mr. Aguirre submitted his note on June 30, 2022, which his supervisor, Ms. Ukattah, approved the same day.

313. Records in the Shields chart shows that Patient A continued to receive services at Shields. However, those sessions occurred after respondent was terminated, so are not relevant to the issues alleged in the accusation. Accordingly, those records will not be referenced in this decision.

Respondent's Termination from Shields

314. Ms. Villaviray testified about how the May 10, 2022, incident and respondent's refusal to participate led to her firing. There was also evidence

introduced regarding that an Employee Improvement Plan (EIP) had been put in place for respondent during this time and how it also contributed to the termination decision, but that EIP was not alleged in the accusation, so was not considered in this decision.

315. When respondent was fired, Shields's plan was to hire a new child psychiatrist and to have patients seen by their primary care providers or referred to community clinics for medication refills in the interim. Although Ms. Villaviray explained it is Shields's practice to "immediately notify" patients of a physician's termination, no documents were introduced demonstrating this had been done. Moreover, Ms. Villaviray admitted that during her 20-year tenure at Shields, a child psychiatrist had never been terminated.

316. Ms. Villaviray also offered testimony about her Business and Professions Code section 805 report (805 report) to the board, unemployment filings made by respondent after termination, and loan documents. The 805 report contained additional matters that were not pled, so are not relevant, and the other matters were alleged and/or was not relevant, so these other matters will not be addressed in this decision, other than to note that Ms. Villaviray's testimony about respondent's hours worked was consistent with respondent's testimony about the hours she worked and was offered to work.

317. Ms. Villaviray acknowledged that this was the first time she filed an 805 report with the board. Respondent asserted there was no hearing as required before the 805 report was filed, so it should not have been filed with the board. That argument is rejected.

318. Business and Professions Code 805, subdivision (b)(2), requires the administrator of any peer review body or licensed health care facility or clinic to file an 805 report with the relevant agency within 15 days after a licensee's employment is terminated. Subdivision (a)(1)(B) defines peer review bodies to include clinics licensed under Health and Safety section 1200, et al. Health and Safety section 1200.1, subdivision (a), defines clinic to include those which provide direct psychological advice, services, or treatment to patients who remain less than 24 hours. Subdivision (c) states that any reference in any statute to Health and Safety Code section 1200 shall be deemed and construed to also be a reference to Health and Safety section 1200.1. As such, Shields was required to file an 805 report with the board and the evidence did not establish that Ms. Villaviray improperly did so.

319. Moreover, even if Shields had, once the board is notified of an issue, it must investigate. Thus, it was required to do so once it learned of respondent's termination. (Bus. & Prof. Code § 2220, subd. (a).)

Allegations Regarding Patient A's Treatment

320. Complainant alleged respondent was grossly and repeatedly negligent when she failed to conduct a suicide risk assessment as part of the initial psychiatric evaluation, during the course of treatment, and/or at the time of a safety crisis (May 10, 2022) for Patient A. Complainant also alleged respondent failed to adequately and accurately document her treatment of Patient A.

DR. FERREN'S OPINIONS REGARDING PATIENT A'S TREATMENT

321. Dr. Ferren opined that suicide risk assessment is a necessary component of a psychiatric evaluation and ongoing suicide risk assessment should be performed, as indicated, especially when the patient experiences new stressors or psychiatric

symptoms or has a psychiatric diagnosis associated with increased risk of suicidal ideation and attempt, such as anxiety disorder. The suicide risk assessment includes both active and passive current suicidal ideas, suicide plans, and suicide attempts. The standard of care includes taking action to hospitalize a patient who may be at imminent risk of suicide.

322. Dr. Ferren testified that a suicide risk assessment is a comprehensive evaluation of a patient, and a component of a psychiatric evaluation. Moreover, certain diagnoses, such as depression or anxiety, can increase the risk of suicide. Other precipitating factors, such as family history, should also be considered. Further, a suicide risk assessment should be conducted regardless of the other treating therapists' level of perceived risk.

323. Respondent should also have been mindful of the risk factors documented in the records and been listening for the emergence or changes in these risk factors and stressors. The records do not show that she did so.

324. Dr. Ferren opined that respondent established a treatment relationship with Patient A when she completed a psychiatric evaluation with him, his mother, and the therapist on October 20, 2020. Respondent did not document a suicide risk assessment or any review of the suicidal statements reported by Patient A's mother that were documented in the records one month earlier. Respondent "incongruously documented" in her record of that initial visit that Patient A had ADHD, generalized anxiety disorder, and social anxiety disorder but then later documented that he had generalized anxiety disorder and major depressive disorder. He also testified that

respondent noting Patient A was both "depressed" and "affable" was contradictory.[6] Dr. Ferren noted that Patient A's mother did not implement respondent's recommended treatment plan of starting fluoxetine to treat his ADHD and Patient A was not seen again by respondent for five months during which time he continued to make suicidal statements that were assessed by "other members of his treatment team."

325. The therapists documented suicide risk assessments at November 13, 2020, December 1, and December 15, 2020, visits. A therapist directly assessed Patient A for safety at the February 25, 2021, visit and in a telephone call with Patient A's mother. However, at respondent's March 2, 2021, visit, respondent documented "no safety concerns" without any further review or discussion of suicidal statements documented by Patient A's treatment team and in their ongoing suicide risk assessments. The therapist attending respondent's March 2, 2021, visit did not specifically document that any suicide risk assessment had been conducted.

326. Dr. Ferren opined that during respondent's six sessions with Patient A from May 4, 2021, through April 21, 2022, respondent's focus, supported by the treatment team's notes, was addressing adherence to her recommended treatment plan with psychotropic medications. Respondent did not document a detailed risk assessment beyond writing "no safety concerns" at any of those six appointments. At hearing, Dr. Ferren was asked specific questions about the records, further explaining his opinions summarized in his report.

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[6] As noted below, respondent testified that her documentation of depressive disorder was incorrect.

327. Dr. Ferren was critical that at the April 21, 2022 appointment, respondent did not address any of the history of suicidal ideation and behaviors documented by the therapist six weeks earlier at the March 8, 2022, visit but did document her own observation of the change in Patient A's emotional state and functioning. Again, although respondent reported this subjective and objective data, she did not document any assessment of Patient A's emotional state and only documented her medication treatment plan. The therapist's notes also did not document that respondent conducted a suicide risk assessment and, instead, focused on adherence to psychotropic medication.

328. On May 10, 2022, the therapist engaged respondent in an email exchange seeking to schedule an urgent appointment with Patient A and his sister as Patient A's mother was at the hospital with her dying mother. Although there was an appointment available with respondent that day, Dr. Ferren opined that respondent emphasized her focus on medication adherence rather than the clearly stated need for a suicide risk assessment. At one point, the therapist's supervisor intervened, and requested respondent's participation in assessing Patient A's safety. However, respondent did not join the session or respond to the supervisor's emails. Thereafter, respondent was terminated.

329. Dr. Feren opined that respondent did not document a suicide risk assessment in either her initial psychiatric evaluation or at her second reevaluation five months later. She simply documented "no safety concerns" at each visit which was inconsistent with the medical records. The therapists' notes preceding each visit with respondent, and the reason for the referral to respondent, clearly indicated the need for a thorough suicide risk assessment. As a licensed and board certified child and adolescent psychiatrist, respondent had more expertise than the unlicensed therapists,

police officers and SMART members "who may over-rely on structured or semi structured screening tools rather than conducting a comprehensive assessment involving multiple sources of information." Respondent's narrow focus on medication and lack of adherence to her treatment recommendations further ignored the suicide risk factors highlighted in the clinical guidelines that untreated severe anxiety and caregiver incapacity (such as a difficulty implementing treatment recommendations) increases the risk of suicidal behavior.

330. Per Dr. Ferren, the records documented respondent relied heavily on the therapists to obtain information about medication adherence, benefits, and adverse effects but there is no indication that respondent was equally attentive or responsive to their ongoing suicide risk assessments for intermittent suicidal ideation. At the time of the May 10, 2022, suicide risk assessment appointment in which respondent declined to participate, Patient A and his family members were experiencing a crisis because his maternal grandmother was medically hospitalized and ultimately passed away which limited his mother's ability to attend to his mental health and supervision, as well as likely was stressful for Patient A, and encompassed a new suicide risk factor meriting further evaluation.

331. Dr. Ferren noted that during her investigation interview, respondent's statements demonstrated she was well aware of Patient A's history of suicidal ideation based on reports by treatment team members, and not from her own assessment, and her lack of attention to suicide risk assessment suggests she had a one-dimensional perspective on this - false suicidal statements made for secondary gain - rather than considering the risk factors of untreated anxiety and possible truth at any moment of real suicide risk, perhaps due to a new stressor such as his maternal grandmother being ill and dying. Respondent's thought process, as stated during her interview,

suggests a confirmation bias that impaired her clinical decision-making. This confirmation bias impaired her decision-making during a reported crisis to take action herself to determine if Patient A was making a true claim that placed him at risk of suicide. Furthermore, when asked by a less experienced colleague to assist with the May 10, 2022, suicide risk assessment, respondent declined to do so and deferred this responsibility to others with less training than she. Even at her final appointment with Patient A on April 21, 2022, respondent documented observations of a clear change in Patient A's emotional state, but did not document any opinion, or assessment, or formulation for this change and its implications, including for suicide risk.

332. Dr. Ferren opined that the May 10, 2022, events demonstrated a change in Patient A's mother's prior claim that Patient A made his statements to get out of going to school or for other reasons, and given that his mother was not available, his grandmother was dying, and his mother's new concerns about his suicide statements, this warranted respondent's participation in the May 10, 2022, assessment.

333. Dr. Ferren opined that respondent's failure to consider and document a suicide risk assessment as part of the initial psychiatric evaluation, during the course of treatment, and at the time of a safety crisis, represented an extreme departure from the standard of care.

DR. COSTELLO'S OPINIONS REGARDING PATIENT A'S TREATMENT

334. Dr. Costello disagreed with Dr. Ferren's opinion that respondent deviated from the standard of care in her treatment of Patient A, opining there were no departures. Dr. Costello opined that the standard of care for a child psychiatrist when the child makes expressions of suicidal ideation is to ensure that an appropriate safety

risk assessment is performed by a qualified member of the mental health care team as to whether any imminent risk of harm is present or any higher level of care is required.

335. The child psychiatrist's role is to diagnose the underlying pathology leading to behaviors or statements and develop a treatment plan to address them. Suicides, although they do happen, are extremely rare in children ages 10 and under, and the licensed mental health care professionals, including licensed therapists, are qualified to perform safety risk assessments which is well within the scope of practice of therapists. The therapists treating Patient A had performed thorough safety risk assessments during the course of treatment, even before respondent became involved, and respondent reasonably relied on those safety risk assessments. Respondent's documentation of "no safety concerns" at each visit indicated her assessment and agreement with the ongoing assessments made by other members of the mental health care team, namely that there was no imminent risk of suicide or self-harm or change in the acuity of Patient A's condition that required a transition to a higher level of care, medical intervention, or immediate action.

336. Dr. Costello opined that as the treating child psychiatrist, respondent's treatment focused on efforts to properly diagnose Patient A's mental health issues (anxiety and ADHD) and to provide appropriate treatment for those diagnosed conditions. The treatments were intended to improve Patient A's symptoms and lessen future risks of mental health issues including suicide or self-harm. Contrary to Dr. Ferren's opinion that respondent's care was narrowly focused on medication and lack of adherence thereto, respondent's treatment appropriately focused on treating Patient A's diagnosed conditions which she reasonably assessed to be prompting his ideation and expressions. During the course of Patient A's treatment over the two and one-half years he was respondent's patient, her treatment plan heavily involved

Patient A's mother, his primary caregiver, through repeated conversations and interactions. Respondent's treatment plan had an expressed goal of minimizing Patient A's anxiety and controlling his ADHD to allow him to regularly attend and succeed in school.

337. Dr. Costello opined that respondent's "primary duties" at Shields, as set forth in its job description, included: "Prescribe and monitor psychiatric medications." Dr. Costello opined that respondent's role in Patient A's treatment team was predominantly medication support. She testified that Shields's treatment team model is one commonly found in mental health organizations. Respondent's notes were also titled "Med Support" which lent further proof that she was performing medication management.

338. Patient A had numerous therapists also involved in his care who were providing ongoing therapy sessions. Respondent identified anxiety and ADHD diagnoses and treated Patient A with appropriate medications for those diagnoses. From her treatment of Patient A and interactions with his mother, respondent "discerned a pattern of behavior where [Patient A] would become nonadherent to his recommended treatment regimen - taking only the stimulant medication and not taking the anxiety medication - and then his behavior, impulsiveness and statements would become more aggressive and he would refuse to attend school or other activity." Respondent found in repeated instances that setting the limit of insisting Patient A's mother require him to take his medications as prescribed prior to seeing respondent successfully worked to improve treatment adherence and led to improved symptoms and behavior.

339. Dr. Costello opined that on May 10, 2022, respondent "was requested by a new therapist to attend, virtually, a same day appointment with [Patient A], his adult

sister and various members of the treatment team." Respondent declined at that time, but clearly indicated she was willing to see Patient A regarding medication management at a subsequent date, the visit that was scheduled for May 26, 2022, approximately two weeks later. As respondent explained in her investigation interview, she never refused to see Patient A again, she just did not attend the May 10, 2022, crisis meeting the therapist requested.

340. Dr. Costello opined that the standard of care does not require a psychiatrist to be the healthcare professional who performs a safety risk assessment. Any licensed mental health care professional is qualified and should be able to perform an appropriate and sufficient safety risk for suicide risk assessment. In many treatment settings, those assessments are routinely performed by licensed mental health care providers other than a psychiatrist. Moreover, Shields had the ability to call other therapists or even a full crisis team to conduct a safety risk assessment. Other members of the treatment team were already present to perform the assessment and respondent's presence was not necessary for that purpose. While Shields may have wished for respondent to respond to their direction and participate, the standard of care did not require respondent, or any child psychiatrist, to participate in the May 10, 2022, crisis meeting safety assessment.

341. Additionally, Patient A's mother was not present during the "crisis meeting." Although she gave permission for Patient A's adult sister to be present at the visit, Patient A's mother was his primary and legal medical decision-maker and also the person who would be responsible for administering the medications to him and ensuring his adherence, which had been an ongoing issue. Thus, it was essential for his mother to be present and involved when, and if, respondent made any changes to the medication regimen. Respondent's presence at the meeting, beyond being

unnecessary, would have been unlikely to have been productive, as her primary role in the treatment team was medication support. Moreover, the police did not think the SMART team needed to be contacted for Patient A.

342. Dr. Costello opined that safety risk assessments of Patient A performed by other team members on May 10, 2022, as well as on previous occasions, were appropriately performed and appropriate evaluations were made. Patient A was never assessed to require hospitalization or any higher level of care. Respondent made a reasoned and reasonable clinical decision that it would not be productive for her to attend the May 10, 2022, meeting if Patient A was not taking his medications as prescribed and his mother was not engaged in trying to improve his adherence to his medication regimen. Based upon her experience treating Patient A since October 2020, respondent found that the limit setting of requiring him and his mother to comply with the prescribed medication regimen prior to further visits with respondent to discuss changes to the medication treatment plan to be the most effective method for encouraging compliance. Dr. Costello opined that respondent's care and treatment of Patient A on May 10, 2022, met the standard of care.

RESPONDENT'S TESTIMONY ABOUT HER TREATMENT OF PATIENT A

343. Respondent gave lengthy, measured answers to the questions posed to her regarding her care and treatment of Patient A. She explained her role as providing medication support and her belief that she conducted proper risk assessments at each visit, which she documented by writing "no safety concerns." She explained the importance of carefully questioning children about their suicidal thoughts and/or attempts so as to not put ideas in their heads. She also explained the low risk of suicide among children, even those who make suicidal statements.

344. While testifying about the April 21, 2022, session, respondent went to great lengths to deny that Patient A had entered puberty. However, given what her chart note documented, her testimony sounded far-reaching, at best. Moreover, her testimony was impeached by her investigation interview during which she stated that Patient A had entered puberty at this visit, statements she tried to explain away at hearing. In short, her presentation on this issue and refusal to acknowledge what her record charted, called her ability to take accountability and be truthful into question.

345. When asked about the events leading up to May 10, 2022, respondent further explained that many of Patient A's symptoms came about when his mother failed to ensure he was taking his medications as prescribed, and when she was giving him the stimulant medication (methylphenidate), but not the anti-anxiety medication (sertraline), which increased his aggressive behaviors, as would be expected if he was only given the stimulant.

346. Respondent admitted May 10, 2022, was the first time she had even been asked to attend such a crisis session. After that request, she determined that Patient A's behaviors, as reported on May 10, 2022, were due to this failure to follow his medication regimen, which had been an ongoing issue. She also determined that since all she would be doing is telling Patient A's mother the same thing she had been telling her at her sessions with Patient A, her attendance at the May 10, 2022, session would not be beneficial and could do more harm than good. In addition, the mother did not act like this was urgent given her statement that she would take Patient A for an evaluation after she completed her errands. Despite her lengthy testimony regarding her risk-benefit analysis of attending the May 10, 2022, visit, what was most telling was her response to her attorney's questions, two separate times on two separate days, about why she did not attend when requested to do so by Ms. Ramirez.

During those lines of questioning, respondent physically bristled, appeared quite agitated and testified how Ms. Ramirez is not her supervisor, and does not tell her what to do. To coin a phrase, respondent's reaction appeared little more than: "She is not the boss of me."

347. Respondent further testified that she checked the records after May 10, 2022, which showed Patient A did not harm himself and that SMART did not need to be called. This further showed there was no need for her attendance.

EVALUATION OF ALLEGATIONS REGARDING PATIENT A

348. While it was clear that respondent's testimony regarding her thought process at her sessions with Patient A greatly exceeded her documentation of those visits, but for the May 10, 2022, visit, complainant failed to establish by clear and convincing evidence that respondent did not conduct a suicide risk assessment at her initial psychiatric evaluation and during the course of treatment of Patient A. In this regard, Dr. Costello's testimony about the types of assessments to perform on children and that documenting them by writing "no safety concerns" meets the standard of care is accepted over that of Dr. Ferren, and respondent's testimony that she did those assessments, even if not thoroughly documented, is accepted.

349. Complainant did establish by clear and convincing evidence that respondent committed an extreme departure from the standard of care and was grossly negligent when she failed to conduct a suicide risk assessment at the time of a safety crisis, May 10, 2022, for Patient A. Respondent's emails to her colleagues on May 10, 2022, were concerning, as was her testimony that the therapists were not her supervisors, and no credible reason was given for her failure to attend. In this regard, Dr. Ferren's opinions are accepted over those of Dr. Costello. Moreover, Dr. Costello's

emphasis on the treatment team being sufficient to conduct the May 10, 2022, assessment flies in the face of that team's repeated entreaties to respondent to participate and assess Patient A who was reported to be in crisis.

350. Even assuming respondent's primary responsibility was medication management, a position that is rejected, her duties, as outlined in her job description also required her to observe Patient A for indications of abnormal behavior and administer therapeutic treatment. As the records clearly showed, in the past, Patient A's mother provided explanations for his behavior, but had never before asked for an emergency session, which clearly demonstrated her concern that something about Patient A was different. Given this new concern and the statements Patient A was making, it was incumbent upon respondent to perform a suicide risk assessment, especially as a session with Patient A was scheduled for when respondent had an opening. Had she simply joined the 3:00 p.m. Zoom call, respondent would have met the standard of care. Respondent's rationale for why she did not attend was very concerning and demonstrated a failure to provide proper care.

351. Moreover, respondent's explanation for not attending was even more difficult to understand given that she had never before been asked to attend such a session. This only begged the question of why she did not do so when therapists, who were part of Patient A's treatment team, asked her to do so. Further, it is notable that respondent checked the records afterwards to ensure nothing had happened to Patient A. This demonstrated that she was not 100 percent sure that he was not suicidal on May 10, 2022, making it all the more important she attend the emergency session and perform a suicide risk assessment.

352. Respondent was overall defensive in her responses to questions posed to her, which made her appear either unable or unwilling to acknowledge she had done

anything wrong. Her demeanor when asked about the May 10, 2022, requests to attend demonstrated she refused to comply with requests from those who were not her boss, which undercut her defense of working with a team. It was those very team members who were asking for her help. She gave no good reason for refusing to perform a suicide assessment of Patient A on May 10, 2022.

Treating Patients After Respondent's Termination from Shields

353. On May 12, 2022, Ms. Villaviray emailed respondent advising that she requested her to come to the HR department for a mandatory meeting which respondent notified her she could not make. The purpose of the meeting was to inform respondent of her separation of employment "effective today." Ms. Villaviray's email referred to attachments "for details," and advised that respondent's last paycheck would be mailed out today.

354. On May 12, 2022, Ms. Villaviray sent respondent a letter by certified mail advising that respondent had been requested to attend a mandatory meeting with Ms. Villaviray and respondent's supervisor, Ms. Lowe, that respondent was unable to make. The letter informed respondent of her separation from employment "due to your unsatisfactory performance and misconduct outlined in the attached Employee Conference Report." The letter advised her that she was terminated effective today, May 12, 2022, and enclosed her wages and accrued vacation owed. The letter stated further: "As a separated employee, you are not allowed to contact any clients, employees, or report to any of our worksites." The letter instructed her further to return any assigned company equipment by May 13, 2022. The enclosed Employee Conference Report outlined the reasons for respondent's termination.

355. Respondent testified she was unable to attend the May 12, 2022, meeting at the time requested because she lived over an hour away, so would not make it there before Shields closed for the day, and was caring for her sick/elderly family members.

RESPONDENT'S EMAIL TO SHIELDS AFTER TERMINATION

356. After she was terminated in May, respondent sent the following email to Shields on August 12, 2022:

> Hello Shields team,
>
> I just wanted to let you know that I have received multiple calls from pharmacy [*sic*] and patients to continue their meds.
>
> For AOT patients-
>
> [Respondent listed three first names], I provided 90 day supply.
>
> [Respondent listed a different person by first initial and last name] - I refilled 90 days but her father continues to call me for an appt.
>
> [Respondent listed another different person by first initial and last name] - refilled 90 days
>
> Just heard from [respondent listed another different person by first initial and last name] and I will do the same.

Thanks.

357. In response thereto, after consulting with counsel, on August 12, 2022, Ms. Villaviray emailed respondent advising her to "immediately cease and desist contact with all [Shields] clients. You are no longer employed at [Shields]. Therefore, you are not authorized to provide services or prescribed [*sic*] medication under [Shields]." Ms. Villaviray wrote further that if respondent did "not comply to this cease and desist notice, we will be forced to take legal action against you."

ALLEGATIONS REGARDING TREATING PATIENTS AFTER FIRING

358. Complainant alleged that respondent committed gross negligence and repeated negligent acts when she continued to treat former patients by prescribing medications following her termination from Shields, even though she no longer had treatment relationships with these patients and did not document these treatments. Complainant also alleged respondent failed to adequately and accurately document her treatment of these patients.

RESPONDENT'S TESTIMONY REGARDING PRESCRIBING AFTER FIRING

359. Respondent testified that patients and pharmacies continued to contact her, even admitting to prescribing to more patients than were listed in her email. Neither she nor the patient's terminated the physician-patient relationship, and these patients required ongoing medication for their conditions. Respondent continued to prescribe to them to provide continuity of care. She notified Shields so that they would be aware that these patients continued to contact her seeking medication.

DR. FERREN'S OPINIONS REGARDING PRESCRIBING AFTER FIRING

360. Dr. Ferren opined that the standard care requires that in order to prescribe medication to a patient, there must be an active physician-patient treatment relationship and the physician must be able to document in a medical record the care that is provided. Although a physician might be considered to be abandoning a patient to whom care is not provided during an active physician-patient relationship, when a physician's employer terminates employment and access to documenting in the medical records, the employer assumes responsibility for providing continuity of care through another prescriber and absolves the physician of any ongoing responsibility.

361. Dr. Ferren opined that during respondent's investigation interview, she stated that she continued to fill prescriptions for 15 to 20 patients who contacted her after she was no longer employed by Shields and no longer had access to document her care in the Shields records. However, at her interview respondent merely said that 15 to 20 patients contacted her, she never said she prescribed to all of them. Her email identified six patients and at hearing she acknowledged prescribing to a few additional patients.

362. Dr. Ferren noted that respondent continued to prescribe to Shields's patients for approximately three months until she notified Shields that she was receiving and complying with these prescription requests and Shields told her to stop immediately. Respondent prescribed to these patients even though she no longer had a treatment relationship with them and was not documenting the care in a medical record. Dr. Ferren opined this was an extreme departure from the standard of care.

DR. COSTELLO'S OPINIONS REGARDING PRESCRIBING AFTER FIRING

363. Dr. Costello opined that the physician-patient relationship is not defined by employment. She disagreed with Dr. Ferren's opinions, finding that respondent's "prescribing and documentation as to these patients met the standard of care." Dr. Costello opined that the standard of care when treating patients and prescribing medications is the level of skill, knowledge and care in the diagnosis and treatment ordinarily possessed and exercised by other reasonably careful and prudent physicians in the same or similar circumstances. Physicians are required to provide continuity of care for their patients. Regarding documentation, the standard of care is to maintain adequate and accurate medical records regarding the patient care provided.

364. Dr. Costello opined that respondent was "in a difficult situation." Her patients were taking medications prescribed by her based upon her evaluations and assessments. Many of these medications must be taken continuously and without interruption. Respondent had seen, evaluated, and treated these patients with medications. Then, her employment was abruptly terminated and she was not advised by her former employer, despite asking, if a physician provider would be taking over the care of the patients respondent had previously seen. Respondent was contacted by a number of patients and pharmacies after being terminated, indicating Shields had either not arranged for subsequent care for the patients or had not adequately communicated the change in provider to them. There is no evidence that Shields assigned the patients to a new care provider or communicated to the patients regarding the change of provider. Until respondent was given information that a new provider had taken over the care of the patients, she would reasonably be concerned about the continuity of care for them and could even potentially have concerns about patient abandonment. Based upon her physician-patient relationships with these

patients, respondent had obligations to these established patients independent of her employment with Shields.

365. Dr. Costello felt respondent was doing her best to care for these patients with whom she had existing physician-patient relationships. In her email to Shields, respondent identified six patients for whom she provided refills, which was a subset of the 15 to 20 patients respondent said contacted her following her termination. Respondent did not want the patients' medications to lapse so refilled existing medications consistent with her existing treatment plans for those patients. Dr. Costello also testified that primary care physicians and community clinic physicians are reluctant to step in and prescribe psychotropic medications, so respondent doing so ensured the patients' continuity of care.

366. Dr. Costello also testified that there were many other places where information about the prescriptions could be obtained given that they were not documented in the Shields records. Pharmacy records could be obtained and insurers will not typically authorize duplicate refills which lowered the risk that patients could get duplicates. Also, even though respondent's August email did not identify the medications or the dosages, Shields employees could have accessed the charts to see what medications the patients were taking.

367. Dr. Costello opined that while respondent "ideally would have documented chart notes regarding the patient interactions prompting her refilling each of the patients' medications, [Shields] had taken away her access to the charts so she was unable to do so. [Respondent] did affirmatively notify [Shields] in writing of the contacts by patients and that she had refilled medications for these patients." Respondent identified the patients by name and email and indicated the refills provided. This was "substantiated information that would be typical to document in a

patient chart regarding a medication refill request." Shields responded with a cease-and-desist notice with which respondent complied. Dr. Costello opined that respondent's care of these patients met the standard of care.

368. Dr. Costello testified that the standard of care did not require respondent notify Shields of her prescriptions and that many physicians would not have done so.

EVALUATION OF ALLEGATIONS OF PRESCRIBING AFTER TERMINATION

Case Law Regarding the Physician-Patient Relationship

369. The relation of physician and patient is, in its inception, created by contract either express or implied. The contract may be general or may be limited by special terms. When general, the physician may undertake the treatment of a patient during the course of an illness wherever the patient may be. A physician is under no obligation to enter into such a general contract to treat a patient. A physician may limit his or her obligation by undertaking to treat the patient only for a certain ailment or injury at a certain place and at a specified time. When the physician so limits his or her employment, the physician is not required to treat his patient at another place nor to follow the patient into another city. (*McNamara v. Emmons* (1939) 36 Cal.App.2d 199, 204.)

370. A physician's duty of care to a patient does not arise until a physician-patient relationship is established. "[T]he relationship gives rise to the duty of care." (*Burgess v. Superior Court* (1992) 2 Cal.4th 1064, 1075, quoting 6 Witkin, Summary of Cal. Law (9th ed. 1988) Torts, § 776, p. 116.)

371. Absent this special relationship, a physician is under no duty to take affirmative action to assist or protect another, "no matter how great the danger in

which the other is placed, or how easily he could be rescued." Under California law, a physician-patient relationship arises as a result of a contract, express or implied, that the doctor will treat the patient with proper professional skill. Generally, the agreement comes into existence "'[w]hen the physician takes charge of a case and is employed to attend a patient[.]'" (*McCurry v. Singh* (2024) 104 Cal.App.5th 1170, 1176, citations omitted.)

372. Whether the physician owes a duty of care is a question of law. That duty does not arise until a physician-patient relationship is established. When a physician-patient relationship exists, "the patient has a right to expect the physician will care for and treat him with proper professional skills and will exercise reasonable and ordinary care and diligence toward the patient." Whether a duty of care is owed is decided on a case-by-case basis. (*Alexander v. Scripps Memorial Hospital La Jolla* (2018) 23 Cal.App.5th 206, 235, citations omitted.)

373. A physician owes a duty of care to the patient until such time as the patient terminates the physician-patient relationship. (*Zavala v. Arce* (1997) 58 Cal.App.4th 915, 933-934.)

374. A physician may terminate a patient only after giving the patient due notice and an ample opportunity to secure "other medical attendance." A physician cannot just walk away from a patient after accepting the patient for treatment. In the absence of the patient's consent, the physician must notify the patient he or she is withdrawing and allow ample opportunity to secure the presence of another physician. (*Zannini v. Liker* (2022) 74 Cal. App. 5th 610, 625, citations omitted.) Abandonment occurs when the physician has accepted responsibility for the patient and then withdrawn without giving enough notice to ensure timely continuity of treatment. (*Id.* at p. 627.)

375. Analysis of Prescribing After Termination Allegations As Dr. Ferren opined, respondent established a physician-patient relationship with Patient A on October 20, 2020, when she first performed a psychiatric evaluation of him. Complainant cited to no law, and indeed there is none, that states the physician-patient relationship ends when employment is terminated. At no time did any of the patients terminate their relationships with respondent, nor did she formally terminate them. Had she stopped prescribing to them, she could have been accused of abandoning her patients, as the medical consultant correctly alluded to during respondent's investigation interview.

376. Although Ms. Villaviray testified about Shields's custom and practice regarding patient-physician relationship termination, no evidence was introduced demonstrating that Shields notified any of respondent's patients about her termination. In fact, given that many continued to call her, the evidence suggested that none of them had been notified of her termination. While a better course of action would have been for respondent to immediately notify Shields when these patients first contacted her, absent termination of a patient-physician relationship, these patients remained respondent's responsibility.

377. However, that does not end the analysis. Respondent's email failed to indicate the medications and/or dosages she continued to prescribe. Further, while testifying, she acknowledged there were additional patients not listed in her email to whom she prescribed. And there was no medical documentation for any of these patients regarding what, when, or how much respondent prescribed and/or the patients' current conditions and reasons for the prescriptions. As an aside, given respondent's requests to Shields therapists about Patient A's prescriptions when she

was employed there, it was difficult to understand how she could know what she had done for each of these patients when she had no access to their charts.

378. It was also difficult to understand how Dr. Costello could conclude respondent's care and treatment of these patients met the standard of care given her opinions that (1) correctly defined the standard of care, to wit, the level of skill, knowledge and care in the diagnosis and treatment ordinarily possessed and exercised by other reasonably careful and prudent physicians in the same or similar circumstances, and (2) that the standard of care requires physicians to maintain adequate and accurate medical records regarding the patient care provided. Her opinions that information regarding the medications prescribed could be obtained from other sources such as pharmacies and insurers, missed the mark. To accept that opinion would be to negate the important role medical records play and the duty imposed on physicians to adequately and accurately document those records.

379. While complainant did not establish by clear and convincing evidence that respondent committed gross negligence when she continued to treat Shields patients with whom she had a patient-physician relationship that had not been terminated, complainant did establish by clear and convincing evidence that respondent committed gross negligence when she did not document her treatment of these patients. Her brief August 12, 2022, email to Shields was insufficient to constitute an adequately and/or accurately documented medical record, and as respondent admitted, the email itself was incomplete because it did not identify all patients to whom she prescribed.

380. Complainant also established by clear and convincing evidence that respondent failed to accurately and adequately document the treatment she continued rendering to Shields patients.

Repeated Negligent Acts Finding

381. Because complainant established two causes for discipline for gross negligence, in that respondent was grossly negligent for failing to perform a suicide assessment for Patient A on May 10, 2022, and for failing to properly document her treatment of the patients to whom she prescribed after her termination from Shields, complainant did establish by clear and convincing evidence that respondent committed repeated negligent acts.

Letters of Support

382. Respondent submitted several letters of support attesting to her good character, skills, and the "extraordinary care" she provided. A letter from one psychologist acknowledged not knowing "any details" of complainant's accusation. A physician who did his psychiatry residency training with respondent at Johns Hopkins University School of Medicine described respondent's "intellectual rigor, clinical acumen, and most notably a deep sense of compassion for patients" that respondent demonstrated throughout their training from 2010 to 2014. Others who worked or trained with respondent described her outstanding care and safe delivery of care to patients. The letters described respondent as dedicated and highly respected.

Costs of Investigation and Enforcement

383. Complainant seeks recovery of the investigation and enforcement costs pursuant to Business and Professions Code section 125.3, in the amount of $35,191.50 for 155.5 hours spent on this case by the Office of the Attorney General, and $17,297.75 for investigation costs. No expert costs were introduced. The actual costs incurred of $52,489.25 are supported by the documentation provided specifying the activity, amount billed, rates, and other pertinent information which complies with

California Code of Regulations, title 1, section 1042, subdivisions (b)(1) and (b)(2), and support a finding that those costs are reasonable in both the nature and extent of the work performed.

384. Paragraph 7 of the Deputy Attorney General's declaration referenced a "good faith estimate that the following additional hours will be incurred and billed," but no such hours were provided. However, if they had been, they would be disallowed for failing to comply with California Code of Regulations, title 1, section 1042, subdivision (b)(3).

385. Accordingly, the total reasonable costs of enforcement of this matter are $52,489.25. No evidence of respondent's ability to pay was provided other than the evidence introduced regarding the part-time hours she worked at Shields and the low income and Medi-Cal patients she treated.

LEGAL CONCLUSIONS

Purpose of Physician Discipline

1. 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.)

2. Business and Professions Code section 2229 states: "Protection of the public shall be the highest priority" for the board.

The Burden and Standard of Proof

3. Complainant bears the burden of establishing that the causes pled in the accusation are true. (*Martin v. State Personnel Medical Board* (1972) 26 Cal.App.3d 573, 582.)

4. The standard of proof required in an administrative action to discipline a physician and surgeon's certificate is "clear and convincing proof to a reasonable certainty." (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.)

5. Clear and convincing evidence requires a finding of high probability, or evidence so clear as to leave no substantial doubt; it must be sufficiently strong evidence to command the unhesitating assent of every reasonable mind. (*Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 594.) The requirement to prove by clear and convincing evidence is a "heavy burden, far in excess of the preponderance sufficient in most civil litigation. [Citation.]" (*Christian Research Institute v. Alnor* (2007) 148 Cal.App.4th 71, 84.)

Applicable Code Sections

6. Business and Professions Code section 2227 authorizes the board to discipline physicians who violate applicable laws and regulations.

7. Business and Professions Code section 2234 authorizes discipline for physicians who commit gross negligence (subd. (b)) or repeated negligent acts (subd. (c)).

8. Business and Professions Code section 2266 states that the failure of a physician and surgeon to maintain adequate and accurate records relating to the

provision of services to patients, for at least seven years after the last date of service, constitutes unprofessional conduct.

Applicable Case Law

STANDARD OF CARE

9. The standard of care requires that physicians exercise in diagnosis and treatment that reasonable degree of skill, knowledge and care ordinarily possessed and exercised by members of the medical profession under similar circumstances. The standard of care is a matter peculiarly within the knowledge of experts; it presents the basic issue in a malpractice action and can only be proved by their testimony, unless the conduct required by the particular circumstances is within the common knowledge of the layman. (*Williamson v. Prida* (1999) 75 Cal.App.4th 1417, 1424; *Flowers v. Torrance Memorial Hospital Medical Center* (1994) 8 Cal.4th 992, 1001.)

10. Specialists are held to that standard of learning and skill normally possessed by such specialists in the same or similar locality under the same or similar circumstances. (*Quintal v. Laurel Grove Hospital* (1964) 62 Cal.2d 154, 159.)

11. The standard of care involving the acts of a physician must be established by expert testimony. (*Elcome v. Chin* (2003) 110 Cal.App.4th 310, 317.) It is often a function of custom and practice. (*Osborn v. Irwin Memorial Blood Bank* (1992) 5 Cal.App.4th 234, 280.)

12. A physician is not necessarily negligent due to every "untoward result which may occur." (*Norden v. Hartman* (1955) 134 Cal.App.2d 333, 337.) A physician is negligent only where the error in judgment or lack of success is due to failure to perform any of the duties required of reputable members of the medical profession

practicing under similar circumstances. (*Black v. Caruso* (1960) 187 Cal.App.2d 195, 200-202.)

13. 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.)

NEGLIGENCE DEFINITIONS

14. The Medical Practice Act does not define "negligence." Courts have defined gross negligence as "the want of even scant care or an extreme departure from the ordinary standard of care." (*Kearl v. Medical Board of Medical Quality Assurance* (1986) 189 Cal.App.3rd 1040, 1052.)

15. So far as the phrase has any accepted meaning, "gross negligence" is "merely an extreme departure from the ordinary standard of care." (*Franz v. Medical Board of Medical Quality Assurance* (1982) 31 Cal. 3d 124, 138, citing *Gore v. Board of Medical Quality Assurance* (1980) 110 Cal.App.3d 184, 196 and *Cooper v. Board of Medical Examiners* (1975) 49 Cal.App.3d 931, 941.)

16. Simple negligence is merely a departure from the standard of care. (*Kearl, supra,* at p. 1054.)

17. A repeated negligent act involves two or more negligent acts or omissions. No pattern of negligence is required; repeated negligent acts means two or more acts of negligence. (*Zabetian v. Medical Board of California* (2000) 80 Cal.App.4th 462, 468.)

EVALUATING EXPERT OPINIONS

18. In determining the weight of each expert's testimony, the expert's qualifications, credibility, and bases for the opinions must be considered. In resolving any conflict in the testimony of expert witnesses, the opinion of one expert must be weighed against that of another. California courts repeatedly underscore that an expert's opinion is only as good as the facts and reason upon which that opinion is based: "Like a house built on sand, the expert's opinion is no better than the facts on which it is based." (*Kennemur v. State of California* (1982) 133 Cal.App.3d 907, 923.)

19. The failure to consider all of the facts may make the expert's opinions less persuasive (*People v. Coddington* (2000) 23 Cal.4th 529, 614), and the expert may be examined about whether the expert sufficiently took into account matters arguably inconsistent with the expert's conclusions. (*People v. Ledesma* (2006) 39 Cal.4th 641, 695.) An expert's opinion may be rejected if the reasons given for it are unsound. (*Kastner v. Los Angeles Metropolitan Transit Authority* (1965) 63 Cal.2d 52, 58.)

20. "Where an expert bases his conclusion upon assumptions which are not supported by the record, upon matters which are not reasonably relied upon [by] other experts, or upon factors which are speculative, remote or conjectural, then his conclusion has no evidentiary value. [Citations.]" (*Pacific Gas & Electric Co. v. Zuckerman* (1987) 189 Cal.App.3d 1113, 1135-1136.)

21. Relying on certain portions of an expert's opinion is entirely appropriate. A trier of fact may "accept part of the testimony of a witness and reject another part even though the latter contradicts the part accepted." (*Stevens v. Parke Davis & Co.* (1973) 9 Cal.3d 51, 67.) The trier of fact may also "reject part of the testimony of a witness, though not directly contradicted, and combine the accepted portions with bits

of testimony or inferences from the testimony of other witnesses thus weaving a cloth of truth out of selected material." (*Id.* at pp. 67-68, quoting from *Neverov v. Caldwell* (1958) 161 Cal.App.2d 762, 767.) The fact finder may also reject the testimony of a witness, even an expert, although it is not contradicted. (*Foreman & Clark Corp. v. Fallon* (1971) 3 Cal.3d 875, 890.)

The Board's Disciplinary Guidelines

22. The board's Manual of Model Disciplinary Orders and Disciplinary Guidelines (12th Edition 2016) used in the physician disciplinary process, were received in evidence and considered.

Evaluation of the Causes for Discipline Alleged

23. Complainant established by clear and convincing evidence that respondent committed gross negligence when she failed to conduct a suicide risk assessment at the time of Patient A's May 10, 2022, safety crisis. (Bus. & Prof. Code § 2234, subd. (b).)

24. Complainant established by clear and convincing evidence that respondent committed gross negligence when she did not document her treatment of former patients following her termination from Shields. (Bus. & Prof. Code § 2234, subds. (b) & (c).)

25. Owing to the finding that respondent committed the acts of gross negligence, noted above, complainant established by clear and convincing evidence that respondent committed repeated negligent acts. (Bus. & Prof. Code § 2234, subd. (c).)

26. Complainant established by clear and convincing evidence that respondent failed to maintain adequate and accurate records. (Bus. & Prof. Code, § 2266.)

Disposition

27. Having found cause to discipline respondent, the issue becomes what discipline to impose. In that regard, the board's disciplinary guidelines establish ranges of discipline based upon findings and the evidence, ranging from a maximum penalty of revocation and a minimum penalty of revocation stayed, and five years of probation with terms and conditions. California Code of Regulations, title 16, section 1360.1 sets forth factors to consider when deciding discipline. These were considered.

Respondent took no responsibility for her actions and visibly bristled when asked by her own attorney, on two separate occasions, why she did not attend the May 10, 2022, session. Her presentation and the records showed that she clearly was not a team member on May 10, 2022, and that, despite repeated entreaties for her to participate, she simply refused to do so. Her May 10, 2022, emails were quite concerning, especially her "reward" comment. When testifying about her post-firing prescribing to Shields patients, respondent's nonchalant admission that there were others to whom she prescribed who were not identified in her August 12, 2022, email, was also concerning. Despite her lengthy, thoughtful, and well-measured testimony, her incomplete and inaccurate records did not demonstrate that such thought went into the care she provided. On this record, there is no reason to deviate from the board's disciplinary guidelines except for the following:

The events at issue took place between three and five years ago during the COVID-19 pandemic. Respondent's sessions were all via telephone and the records

documented repeated issues with both therapy attendance and medication compliance. Respondent has enjoyed a distinguished career, with no complaints to the board, but for this matter. Accordingly, three years of probation is sufficient on these facts.

Additionally, on this record, neither a practice monitor nor a solo practice prohibition is required. Nor will respondent be subject to a prohibited practice or prohibited from supervising physician assistants or advanced practice nurses since there were no supervision issues in this matter. Moreover, given the very practice of psychiatric treatment, which involves therapy provided by other types of licensees, issuing a supervision restriction would likely greatly restrict respondent's ability to practice, which would be unduly punitive and likely inhibit her ability to comply with probation. Respondent will also not be ordered to attend a clinical competence assessment program as the record did not demonstrate that one was necessary to ensure public protection.

As to costs, a reduction is appropriate given that all parts of the gross negligence allegations were not sustained and because respondent has worked with low income patients, and part time while at Shields, so presumably has not been highly paid. Given those considerations, costs in the amount of $15,000 will be awarded.

ORDER

Certificate No. C 168614 issued to respondent, Kwi Yun Cassie Yu, M.D., is revoked. However, the revocation is stayed, and respondent is placed on probation for three years upon the following terms and conditions.

Severability Clause

Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1. 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.

2. 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.

3. Prescribing Practices Course

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices 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 prescribing practices course shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

4. Medical Record Keeping Course

Within 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 or its designee, be accepted towards the fulfillment of this

condition if the course would have been approved by the board or its designee had the course been taken after the effective date of this Decision.

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

5. Notification

Within seven (7) days of the effective date of this Decision, the 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.

6. 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.

7. 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.

8. 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 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 30 calendar days prior to the dates of departure and return.

9. 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.

10. 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 Board'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.

11. Completion of Probation

Respondent shall comply with all financial obligations (e.g., restitution, 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.

12. 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.

13. 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 or 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 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.

14. 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.

15. Costs

Respondent shall pay the costs associated with the enforcement of this matter in the amount of $15,000. Respondent may negotiate a payment plan with the Board. 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.

Mary Agnes Matyszewski (Nov 6, 2025 12:00:35 PST)

DATE: November 6, 2025

MARY AGNES MATYSZEWSKI
Administrative Law Judge
Office of Administrative Hearings