

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

**In the Matter of the Accusation
Against:**

Narayana Sirman Ambati, M.D.

**Physician's & Surgeon's
Certificate No C 41681**

Respondent.

Case No. 800-2015-017719

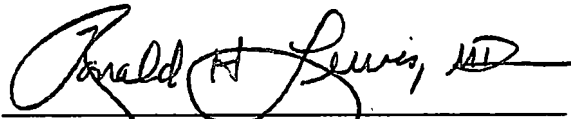
DECISION

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

This Decision shall become effective at 5:00 p.m. on June 17, 2020.

IT IS SO ORDERED: May 18, 2020.

MEDICAL BOARD OF CALIFORNIA



**Ronald H. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 MICHAEL C. BRUMMEL
Deputy Attorney General
4 State Bar No. 236116
California Department of Justice
5 2550 Mariposa Mall, Room 5090
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8 *Attorneys for Complainant*

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

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In the Matter of the Accusation Against:

Case No. 800-2015-017719

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NARAYANA SIRMAN AMBATI, M.D.
7014 N Whitney Ave, Ste. A
Fresno, CA 93720-0155

OAH No. 2018110317

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**Physician's and Surgeon's Certificate
No. C 41681**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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Respondent.

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

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PARTIES

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1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Michael C. Brummel, Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2015-017719, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
7 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest
8 those charges. Respondent agrees that if he ever petitions for early termination or modification of
9 probation, or if the Board ever petitions for revocation of probation, all of the charges and
10 allegations contained in Accusation No. 800-2015-017719 shall be deemed true, correct and fully
11 admitted by respondent for purposes of that proceeding or any other licensing proceeding
12 involving respondent in the State of California.

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

16 CONTINGENCY

17 12. This stipulation shall be subject to approval by the Medical Board of California.
18 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
19 Board of California may communicate directly with the Board regarding this stipulation and
20 settlement, without notice to or participation by Respondent or his counsel. By signing the
21 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
22 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
23 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
24 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
25 action between the parties, and the Board shall not be disqualified from further action by having
26 considered this matter.

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

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

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

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

27 Failure to complete the entire program not later than six (6) months after Respondent's
28 initial enrollment shall constitute a violation of this Order unless the Board or its designee agrees

1 in writing to a later time for completion. Based on Respondent's performance in and evaluations
2 from the assessment, education, and training, the program shall advise the Board or its designee
3 of its recommendation(s) for additional education, training, psychotherapy and other measures
4 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with
5 program recommendations. At the completion of the program, Respondent shall submit to a final
6 evaluation. The program shall provide the results of the evaluation to the Board or its designee.
7 The professional boundaries program shall be at Respondent's expense and shall be in addition to
8 the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

19 4. PSYCHIATRIC EVALUATION. Within 30 calendar days of the effective date of
20 this Decision, and on whatever periodic basis thereafter may be required by the Board or its
21 designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological
22 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall
23 consider any information provided by the Board or designee and any other information the
24 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its
25 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not
26 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all
27 psychiatric evaluations and psychological testing.

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

3 5. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and
4 conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and
5 grounds for further disciplinary action.

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Exhibit A

Accusation No. 800-2015-017719

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 3 20 18
BY K. Voong ANALYST

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

In the Matter of the Accusation Against:
NARAYANA SIRMAN AMBATI, M.D.
7014 N. Whitney Ave., Suite A
Fresno, CA 93720-0155
Physician's and Surgeon's License
No. C41681,

Respondent.

Case No. 800-2015-017719

ACCUSATION

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).
2. On or about December 3, 1984, the Medical Board issued Physician's and Surgeon's Certificate No. C41681 to Narayana Sirman Ambati, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on February 29, 2020, unless renewed.

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JURISDICTION

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

4 4. Section 2234 of the Code states:

5 “The board shall take action against any licensee who is charged with unprofessional
6 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
7 limited to, the following:

8 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
9 violation of, or conspiring to violate any provision of this chapter.

10 “(b) Gross negligence.

11 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
12 omissions. An initial negligent act or omission followed by a separate and distinct departure from
13 the applicable standard of care shall constitute repeated negligent acts.

14 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
15 that negligent diagnosis of the patient shall constitute a single negligent act.

16 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
17 constitutes the negligent act described in paragraph (1), including, but not limited to, a
18 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
19 applicable standard of care, each departure constitutes a separate and distinct breach of the
20 standard of care.

21 “(d) Incompetence.

22 “(e) The commission of any act involving dishonesty or corruption which is substantially
23 related to the qualifications, functions, or duties of a physician and surgeon.

24 “(f) Any action or conduct which would have warranted the denial of a certificate.

25 “(g) The practice of medicine from this state into another state or country without meeting
26 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
27 apply to this subdivision. This subdivision shall become operative upon the implementation of the
28 proposed registration program described in Section 2052.5.

1 would sway back and forth rubbing his erect penis against her arm and shoulder area. Respondent
2 continued to rub his erect penis against the arm and shoulder area of Witness B during the duration
3 of the prostate biopsy procedures. Respondent engaged in this conduct during each prostate
4 biopsy procedure that he performed with Witness B, as long as there were no other non-patient
5 third parties present to observe his conduct. If a family member, another technician or an
6 interpreter were present, Respondent would not engage in any inappropriate touching of Witness
7 B. At times, Witness B was required to stand during the prostate biopsy procedure. While
8 standing, she could feel Respondent moving back and forth rubbing his erect penis against the left
9 side of her buttock below the hip. Respondent would continue to rub his erect penis against
10 Witness B while she was standing for approximately one minute in duration. Witness B was able
11 to feel Respondent pump his erect penis against her while she attempt to perform the ultrasound
12 biopsy procedure. After the prostate biopsy procedure was complete, Witness B would attempt to
13 report the prostate measurements to Respondent. As she did, she could feel Respondent rocking
14 back and forth rubbing his erect penis against her from behind. Witness B continued to move her
15 chair closer to the ultrasound unit and further away from Respondent. Respondent would persist,
16 continually rubbing his erect penis against Witness B and following her as she attempted to move
17 away from him. When the patient finished getting dressed and was about to exit the bathroom,
18 Respondent would pat her on the shoulder, say "good job," and leave the room.

19 13. On or about the end of 2009, continuing through 2014, Respondent hugged Witness B
20 on multiple occasions in the dark lit procedure room after the procedure, while the patient was
21 getting dressed. Respondent placed one arm around Witness B, and placed his other arm lower on
22 her other side touching the side of her breast. On some occasions, Respondent would brush
23 against her breast in the dark examination room.

24 14. On some occasions, Respondent would hug her and rub against her breast with the
25 side of his hand in the dark examination room. While hugging her, Respondent sometimes asked
26 her how her family was doing. Respondent's unwelcome hugs lasted for approximately 15-30
27 seconds. When Respondent finally let go of Witness B, he would tell her "good job" and pat her
28 on the shoulder.

1 17. On or about August 12, 2014, Witness A was scheduled to perform a prostate biopsy
2 procedure with Respondent at approximately 11:45 a.m. The patient was seated on the table in a
3 left lateral decubitus position facing away from the monitor. Respondent was standing behind
4 Witness A while she began taking prostate measurements. Witness A squatted down to look at the
5 television screen for a clearer view, because she was having difficulty obtaining a good image of
6 the patient's prostate. Respondent began to rub his erect penis on the back of her leg just below
7 her left buttocks in a swaying motion. Respondent's conduct was offensive, unwelcome and made
8 Witness A feel extremely uncomfortable, nervous and caused her to begin to shake. Respondent's
9 inappropriate touching made it even more difficult for Witness A to obtain good images of the
10 patient's prostate.

11 18. Witness A tried to remain professional and not upset the patient by alerting them to
12 Respondent's conduct. Respondent told her to take a seat in her chair. Witness A sat in the
13 wheeled office chair, which was wedged between the patients table, the ultrasound machine, and
14 Respondent. Respondent then began to thrust his erect penis against Witness A's back, just above
15 her bra strap. Witness A kept leaning forward in the chair to prevent Respondent from touching
16 her, but was ultimately unable to pull away from Respondent as he continued to thrust his pelvis
17 toward Witness A in a sexual manner. Witness A described it as if Respondent was "humping her
18 backside." Respondent continued to thrust his erect penis against Witness A's backside in a sexual
19 manner for approximately three minutes. Witness A was able to clearly recall the duration
20 accurately, because Respondent continued to touch her for the entire three minutes that it took the
21 ultrasound machine to complete taking pictures of the patient's prostate. Witness A continued to
22 arch her back to get away from Respondent, while continuing to hold onto the probe that was
23 inserted into the patient's rectum during the entire incident. Respondent's thrusting became so
24 aggressive that Witness A's chair suddenly rolled backwards as she tried to move away from
25 Respondent's erect penis. Witness A completed taking the pictures of the patient's prostate and
26 tried to remain professional avoiding any reaction that might alert the patient to Respondent's
27 conduct. Once the examination was complete, Witness A exclaimed, "We're finished!" Witness A
28 immediately rose out of her chair and moved away from Respondent. Respondent exited the room

1 without saying a word.

2 19. Witness A immediately contacted Witness B and confided in her about Respondent's
3 inappropriate touching during the biopsy procedure. Witness A and Witness B agreed to contact a
4 human resources representative at Urology Associates about Respondent's inappropriate conduct.

5 20. On or about August 12, 2014, at approximately 1:35 p.m., Witness B contacted the
6 human resources representative seeking a meeting as soon as possible to discuss Respondent's
7 unprofessional conduct. Witness A and Witness B met the human resources representative
8 together and inquired about the process for reporting unprofessional conduct, and what they
9 needed to do to report unprofessional conduct and/or inappropriate touching of an employee by a
10 physician at the practice. They were reluctant to report Respondent by name, as they feared that
11 he would retaliate against them. The human resources representative told them that they would
12 need to identify the physician by name in order for the employer to take any action on the
13 complaint. Uncertain about whether to file a formal complaint, Witness A and Witness B agreed
14 to follow up with the human resources specialist.

15 21. On or about August 12, 2014, at about 5:00 p.m., Witness A contacted the human
16 resources specialist and asked for a meeting as soon as possible to continue their discussion from
17 earlier in the day. They arranged to meet at an off-site location at approximately 5:45 p.m. that
18 evening. During the meeting, Witness A reported that she had been inappropriately touched by
19 Respondent during the procedure earlier that day, and during every ultrasound prostate procedure
20 with Respondent since she started performing them alone in 2013.

21 22. On or about August 13, 2014, Witness B called the human resources representative
22 for the employer. Witness B expressed hesitation coming forward, but explained that she
23 understood what Witness A was experiencing because Respondent had done the same thing to her.

24 23. On or about August 27, 2014, Witness A entered Urology Associates of Central
25 California through a back entrance from the staff parking lot in an attempt to avoid any contact
26 with Respondent. On the day prior, Witness A provided a statement to an attorney conducting an
27 internal investigation related to the allegations of inappropriate conduct by Respondent. As
28 Witness A approached the door, Respondent opened the door, made eye contact with her and

1 stated either, "It doesn't look like you've been harassed," or "Well, it looks like you've been
2 harassed." Witness A was surprised, shocked and intimidated by Respondent's statement.
3 Witness A let out a nervous chuckle and walked to an empty ultrasound room in tears. Witness B
4 joined her in the ultrasound room and encouraged her to report the contact with Respondent to
5 someone in management at Urology Associates. Witness A agreed and contacted Witness C, one
6 of the physicians in the group that was aware of the allegations against Respondent. Witness C
7 invited Witness A into his office and immediately told her that he had overheard Respondent's
8 comment to her in the hallway. Witness C wrote down Respondent's comments on a post it note
9 immediately after overhearing Respondent's comments to Witness A. He provided the note to
10 Witness A to review and asked her if this is what Respondent said to her. Witness A confirmed
11 that the note reflected what Respondent said to her. Witness C told her that he was sorry that she
12 had to go through this and invited Witness A to remain in his office to collect herself before
13 returning to work. Witness C contacted his receptionist, and arranged for Witness B to cover
14 Witness A's first patient for the day so that she could collect herself. Witness A was unable to
15 participate in the first scheduled patient ultrasound that day, but was able to resume care for the
16 remainder of her patients.

17 24. On or about September 2, 2014, Respondent met with physicians from his practice and
18 an attorney who was conducting an internal investigation for the medical group into the complaints
19 of sexual harassment. Respondent denied having any knowledge of the complaints prior to the
20 meeting. Respondent appeared emotionless, and asked no questions for details about the
21 complaints. Respondent denied thrusting his penis into Witness A and Witness B. Respondent
22 admitted putting his arm around Witness B when talking to her. Respondent provided no
23 explanation for the allegations of sexual harassment, and agreed that the room was spacious
24 enough that there would not be occasions where he could accidentally bump into sonographers
25 during prostate biopsy procedures.

26 25. On or about September 3, 2014, Respondent called the attorney conducting the
27 internal investigation into the allegations of sexual misconduct. Respondent asked several
28 questions about the nature of the process. In contrast with his statements the prior day,

1 Respondent now asserted that he could see how people could run into each other in the
2 examination room, and that this was all a misunderstanding.

3 26. On or about April 16, 2015, Respondent was deposed as a part of a civil case.
4 Respondent denied having any knowledge of the complaint's made by Witness A and Witness B
5 prior to his meeting with his employer's internal investigator on September 2, 2014. Respondent
6 denied ever saying the word harassed to Witness B, and denied speaking to her on August 27,
7 2014, even though his statements were witnessed by Witness B and Witness C. Respondent stated
8 that there was "no possibility" that he could have incidentally pressed his penis against Witness A
9 or Witness B due to the size of the examination room, in contrast with his initial statement to the
10 attorney conducting the internal investigation. Respondent denied ever using the word "joystick"
11 in his discussions with Witness B. Respondent admitted that he read the internal investigation
12 report and that it accurately reflected what he said at the meeting on September 2, 2014.

13 27. On or about May 17, 2018, Respondent participated in a subject interview. In the
14 interview, he denied making any comments to Witness A or Witness B of a sexually harassing
15 nature. Respondent denied any inappropriate touching of Witness A or Witness B. In contrast
16 with his prior statements, he stated that incidental touching is an "infrequent occurrence" during a
17 prostate biopsy procedure. Respondent stated that he first learned about the complaints of sexual
18 harassment when he was invited to a meeting with physicians from his own office and a lawyer
19 conducting an internal investigation into the complaint. Respondent claims that he was not
20 provided any details of the complaints during the meeting, but that he denied any inappropriate
21 contact or messages with Witness A or Witness B. Respondent stated that he was surprised by the
22 allegations and agreed not to talk to Witness A or Witness B. When asked if he ever made a
23 statement to an ultrasound technician about a patient needing to release his joystick, Respondent
24 replied, "I might have made it." In his earlier statements, Respondent explicitly denied ever using
25 the term "joystick" or making a comment to Witness B about the patient's joystick.

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1 28. Respondent committed unprofessional conduct related to his conduct towards Witness
2 A, which included, but was not limited to the following:

3 A. Paragraphs 7 through 27, are hereby incorporated by reference as if fully set
4 forth herein; and,

5 B. Respondent inappropriately touched Witness A with his erect penis during
6 prostate biopsy procedures;

7 29. Respondent committed unprofessional conduct related to his conduct towards Witness
8 B, which included, but was not limited to the following:

9 A. Paragraphs 7 through 27, are hereby incorporated by reference as if fully set
10 forth herein;

11 B. Respondent inappropriately touched Witness B with his erect penis during
12 prostate biopsy procedures;

13 C. Respondent inappropriately touched Witness B on her shoulder during and after
14 patient procedures;

15 D. Respondent inappropriately touched Witness B by hugging her in the patient
16 procedure room;

17 E. Respondent inappropriately touched Witness B by touching and/or brushing
18 against her breast in the procedure room;

19 F. Respondent inappropriately commented to Witness B that a patient's seminal
20 vesicles were enlarged because he needed to relieve his joystick;

21 G. Respondent inappropriately commented to Witness B by asking her about her
22 sexual relations with her ex-boyfriend, his then current patient; and

23 H. Respondent inappropriately commented to Witness B, by telling her that he
24 wanted to take her, Witness A, and another sonographer out to dinner.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. C41681, issued to Narayana Sirman Ambati, M.D.;
2. Revoking, suspending or denying approval of Narayana Sirman Ambati, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Narayana Sirman Ambati, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: August 3, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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