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

In the Matter of the Accusation Against: Christine Ming-Guay Lee, M.D. Physician's and Surgeon's Certificate No. A 110732 Respondent.	Case No. 800-2017-037794

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 4, 2021.

IT IS SO ORDERED February 25, 2021.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

UXAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: CHRISTINE MING-GUAY LEE, M.D. 46 Peninsula Center, Suite E Rolling Hills Estates, CA 90274 Physician's and Surgeon's Certificate A 110732, Respondent.	Case No. 800-2017-037794 OAH No. 2020070282 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

1. William Prasifka ("Complainant") is the Executive Director of the Medical Board of California ("Board).[1] He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of California, by Claudia Morehead, Deputy Attorney General.

2. Christine Ming-Guay Lee, M.D. ("Respondent") is represented in this proceeding by attorney Nicholas Jurkowitz, Fenton Law Group, LLP, 1990 South Bundy Drive, Suite 777, Los

[1] Kimberly Kirchmeyer was Complainant when the Accusation was filed, and became the Director of the Department of Consumer Affairs on October 28, 2019.

Angeles, California 90025.

3. On January 13, 2010, the Board issued Physician's and Surgeon's Certificate No. A 110732 to Respondent. That Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-037794 and will expire on September 30, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-037794 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 8, 2019. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2017-037794 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-037794. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2017-037794, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2017-037794, a true and correct copy of which is attached hereto as Exhibit A, and that those charges constitute cause for discipline. Respondent hereby gives up her right to contest that cause for discipline exists based on those charges and allegations.

10. Respondent agrees that if she ever petitions for reinstatement of her Physician's and Surgeon's Certificate No. A 110732, all of the charges and allegations contained in Accusation No. 800-2017-037794 shall be deemed true, correct and fully admitted by Respondent for purposes of that reinstatement proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent understands that by signing this stipulation, she enables the Board to issue an order accepting the surrender of her Physician's and Surgeon's Certificate without further process.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

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

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14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. A 110732, issued to Respondent Christine Ming-Guay Lee, M.D., is surrendered and accepted by the Board.

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

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

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations, and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2017-037794 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition. Good cause having been shown pursuant to Business and Professions Code section 2307, subdivision (b)(1), Respondent may file a petition for reinstatement two years from the effective date of the decision in resolution of Accusation No. 800-2017-037794.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-037794 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

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

DATED: 12/31/2020

CHRISTINE MING-GUAY LEE, M.D.
Respondent

I have read and fully discussed with Respondent Christine Ming-Guay Lee, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 12/31/2020

NICHOLAS D. JURKOWITZ
FENTON LAW GROUP, LLP
Attorney for Respondent

ENDORSEMENT

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

DATED: 12/31/2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
BRIAN D. BILL
Deputy Attorney General

CLAUDIA MOREHEAD
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-037794

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Oct. 8 20 19
BY A. Cabania ANALYST

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

In the Matter of the Accusation Against: CHRISTINE MING-GUAY LEE, M.D. 46 Peninsula Center, Suite E Rolling Hills Estates, CA 90274 Physician's and Surgeon's Certificate No. A 110732, Respondent.	Case No. 800-2017-037794 **A C C U S A T I O N**

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 January 13, 2010, the Medical Board issued Physician's and Surgeon's Certificate Number A 110732 to Christine Ming-Guay Lee, M.D. ("Respondent"). That Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2021, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following

laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

STATUTORY PROVISIONS

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> (d) Incompetence.
>
> (e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct which would have warranted the denial of a certificate.
>
> (g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

6. Section 726 of the Code states:

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

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

7. Section 729 of the Code states:

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

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

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

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

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

(4) Two or more acts in violation of subdivision (a) with a single victim, when the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one

thousand dollars ($1,000), or by both that imprisonment and fine.

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

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

(c) For purposes of this section:

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

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

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

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

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

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

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

8. Section 2228.1 of the Code states:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

probationary license was imposed.

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

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

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

REGULATORY PROVISIONS

9. California Code of Regulations, title 16, section 1360, states:

> For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act.

FACTUAL ALLEGATIONS COMMON TO ALL CAUSES FOR DISCIPLINE

10. On or about January 12, 2016, Respondent treated Patient 1, a then 45-year-old male, when he presented as a new patient to establish care at a medical facility.[1] Among other things, Patient 1 reported being seen by a therapist and previously being treated with Seroquel and Lexapro which he stopped taking due to the lack of effectiveness. Respondent treated Patient 1 over the ensuing months for various medical reasons.

11. On or about November 29, 2016, Respondent saw Patient 1 for a follow up visit. He reported feeling stressed and sad lately, having marital problems, and being estranged from his family. Patient 1's spouse, a female, was also Respondent's patient. Patient 1 declined medication or counseling at the medical facility, but Respondent noted that he was seeing an outside counselor every other week. Respondent documented providing Emergency Room ("ER") precautions. She ordered an Adenosine Stress Test. Respondent teared up when Patient 1 told her what he had been through in his life.

12. In or around December of 2016, Patient 1 sought treatment from a psychiatrist, but he did not continue seeing the psychiatrist because he did not want to resume taking psychiatric medications.

[1] The patient's name is not used to protect his right of privacy.

13. On or about January 11, 2017, Respondent saw Patient 1 for a follow-up visit. He reported feeling depressed and angry. He stated that he kept getting rejected on online dating apps. Respondent documented a diagnosis of major depressive disorder, current episode, severe. She noted that he walked out of the clinic before the exam was over, and that he stated, "'I can't expect doctor to help me meet new friends.'" Respondent documented that she provided ER precautions and instructed him to follow up with his therapist and psychiatry regularly. She noted that she would place a follow up call to check up on him.

14. On or about January 13, 2017, Respondent sent a message to Patient 1 via the medical facility's patient portal asking how he was doing. She referenced having reviewed an online posting he made and commented on it. A few days later, he responded that he was "sad and lonely" and referenced a conversation wherein she offered to introduce him to friends. He stated that after the last appointment with her, he knew it was a lie.

15. On or about May 31, 2017, Respondent saw Patient 1 for a follow up visit for depression. She noted in his medical record that he had continued depression, declined medication therapy, had passive suicide ideation, and had restarted counseling. She documented that she was concerned about him and wished that he recovered, gave him ER precautions, and directed him to follow up with her routinely.

16. She also gave Patient 1 her personal cellular telephone number and personal e-mail address. Commencing that day, she began exchanging messages of a personal and sexual nature with Patient 1. Respondent revealed her personal and marital problems to Patient 1.

17. In or around early June of 2017, Respondent suggested to Patient 1 that he should change primary care physicians because "things would get messy." She told him that her husband knew a lot of people at the medical facility. She told him that if he had another female physician she would be jealous. She recommended a male physician. On or about June 20, 2017, Patient 1 switched his primary care physician to a male physician.

18. On or about June 4, 2017, Respondent e-mailed Patient 1 that she was attracted to him and had had the urge to kiss him since they first met. She also e-mailed that she had sexual thoughts about him, described what she would do to him sexually, indicated that she had

pondered a future together, and wrote that she considered having his baby. She stated that she loved his kisses on her neck and ears. She e-mailed that she was surprised by how quickly they had feelings for each other.

19. On or about June 5, 2017, Patient 1 asked Respondent several personal and sexual questions via e-mail, which Respondent answered with sexual information. She told him that if she were divorced, she would marry him.

20. On or about that same day, Patient 1 sent Respondent a bouquet of flowers, a love note, and a teddy bear to the medical facility. Patient 1 asked if she liked them. She responded in the affirmative. She thanked him for bringing the bear into her life and stated that the flowers were sweet, thoughtful, and romantic.

21. On or about June 9, 2017, Patient 1 returned to see Respondent with a complaint of right wrist pain for two days. He reported grieving the loss of his bird. He declined grief counseling and psychiatric medications. He reported intermittent suicidal ideation, seeing a tree outside his house, and picking a branch to hang himself. Respondent documented verbally contracting for safety and directing him to return if symptoms worsened or failed to improve or otherwise return in two weeks. She noted that he requested a Sexually Transmitted Disease ("STD") panel.

22. On that same date, Respondent and Patient 1 had sexual relations in the exam room. That evening, Respondent e-mailed Patient 1 a love poem, stated that she was going to cry before she went home from work, and compared them to Romeo and Juliet.

23. On or about June 13, 2017, Respondent responded via e-mail to Patient 1's intimate and sexual questions with intimate and sexual information. She also e-mailed him several photographs of herself. However, on or about that same date, Respondent wanted to end their romantic and sexual relationship. She did not want to hurt Patient 1's wife whom Respondent had seen for care and treatment that month. She told him she had strong feelings for him. Patient 1 threatened suicide because he felt he had nothing to live for.

24. On or about June 14, 2017, Respondent reached out for a consultation with psychiatry at the medical facility where she worked and communicated with Dr. S.H. concerning Patient 1's

suicidal ideation. He threatened to hang himself. Dr. S.H. advised Respondent that the patient's suicidal ideation was an urgent matter and that Respondent should call the police to do a welfare check[2] and a 5150 psychiatric evaluation.[3] She thanked Dr. S.H. for his insightful message and informed him of Patient 1's alleged inappropriate sexual conduct toward her. Among other things, Dr. S.H. advised that she needed to refer Patient 1 to another primary care physician, preferably a male.

25. Later that afternoon, Patient 1 sent Respondent an e-mail asking personal and intimate questions. Less than an hour later, Respondent responded with personal and intimate information.

26. Later that evening, Respondent asked personnel at the medical facility for a transfer of care of Patient 1 to a male primary care physician because Patient 1 was allegedly making her feel uncomfortable and she allegedly feared sexual harassment.

27. Despite acknowledging Dr. S.H.'s above-mentioned recommendations, Respondent did not contact the police until the next day, June 15, 2017. She documented that "last time spoken with patient is this AM, where he states he already bought rope from Home Depot to hang himself with." That evening, they met at a park to talk. She saw the rope that he intended to use to hang himself. They kissed while at the park. Patient 1 felt that everything was better. Later that night, she apologized to Patient 1 via email for not responding to his text messages and stated she would talk to him later when she got home from work.

28. On or about June 20, 2017, Dr. A.S. informed Patient 1 via telephone that his care was being transferred to a male physician and that written notification would follow. Patient 1 received written notification from the medical facility regarding the transfer of care in or around August of 2017.

29. On or about June 25, 2017, Respondent emailed Patient 1 that she could not wait to

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[2] A welfare check occurs when the police respond to a requested area to check on the safety or well-being of a person. Officers will then report back with their findings.

[3] 5150 refers to an involuntary evaluation. Section 5150 is a section of the California Welfare and Institutions Code which allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him- or herself, and/or others and/or gravely disabled.

be his wife and wondered what his current wife would do. She wondered what he had done to make her fall madly in love with him. She thanked him for making her so happy.

30. On or about June 26, 2017, Respondent and Patient 1 had sexual intercourse at a hotel. The next day, she emailed Patient 1 that she was unsure whether they should continue their relationship. Patient 1 did not immediately respond. She apologized for the hurt she put him through.

31. On or about June 28, 2017, Respondent's husband found out about the affair. Respondent emailed Patient 1 that she loved and cared for him, and that she was going to run away from her family for him and get disowned for him.

32. On or about June 29, 2017, Respondent and Patient 1 had sexual intercourse at a hotel. They met with a divorce attorney. They went to several museums. She gave him $2000.00 in cash.

33. On or about July 1, 2017, Respondent broke up with Patient 1. Patient 1 told his wife about his affair with Respondent. Patient 1 could not eat due to his depression from the breakup.

34. On or about July 3, 2017, Patient 1's wife talked to Respondent about the affair. Respondent did not deny the relationship, said she was sorry, and asked for forgiveness. Respondent told Patient 1's wife that she had given Patient 1 $2,000.00 to help out. She offered to give Patient 1's wife $10,000.00 and deposit it in her separate bank account if she had one. Patient 1's wife declined to accept the $10,000.00 and asked Respondent for time to reimburse the $2,000.00 she had given her husband.

35. On or about July 5, 2017, Patient 1's wife spoke with Respondent to follow up on medical issues, as Respondent was still her primary care physician. Respondent again asked her for forgiveness.

36. On or about July 9, 2017, Respondent emailed Patient 1 that she missed him very much. A few days later, she emailed Patient 1 that her body still lusted to be close to him and she cried when she could not talk to him. She apologized for hurting him and causing him so much pain. She stated that she was hurting too and the heartbreak was unbearable. She stated that she was close to resigning from her employer, had written a resignation letter, and would be giving up

her medical profession. She wondered if he would love her less after she quit her job.

37. On or about July 14, 2017, Respondent emailed Patient 1 that she needed him more than ever. She stated that she felt guilty for hurting Patient 1's wife. She created an AOL Instant Messenger ("AIM") to communicate with Patient 1. She used letters for their names and letters and numbers for a love message.

38. In July of 2017, Patient 1 was still a patient at the medical facility where Respondent worked. On or about July 20, 2017, Patient 1 got shots and waited for Respondent at the medical facility to meet her during lunchtime. Respondent messaged Patient 1, "Can you go to lab and leave urine then? For gonorrhea chlamydia?" Patient 1 responded, "Sure I will try to give a urine sample." Respondent stated, "Thanks so much! I think I ordered that 2 months ago." They tell each other they love one another.

39. That same day, Respondent had sexual relations with Patient 1 at his residence. They took selfies together inside his residence wherein they were smiling.

40. On or about July 21, 2017, just past midnight, Respondent e-mailed Patient 1 that her AIM messages had been compromised because her husband found them. She again attempted to break off her relationship with Patient 1. But later that morning, Respondent asked Patient 1 to send her the selfies that they took together the day before at his residence and that she looked forward to taking more together soon. They had plans to meet on July 21, 2017, but their plans "got foiled." Respondent and Patient 1 did not see each other again after July 20, 2017. Patient 1 was in a severe depressive state again.

41. From approximately July 21, 2017, to September 4, 2017, Respondent was on a leave of absence at work.

42. Between approximately June 17, 2017, and approximately October 4, 2017, Respondent accessed Patient 1's medical records even though she was no longer his physician. She allegedly checked his records to validate rumors she heard in the office regarding an examination of him performed by a female physician. A privacy screen was placed on his medical records, effective October 5, 2017.

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FIRST CAUSE FOR DISCIPLINE

(Sexual Misconduct with a Patient)

43. Respondent is subject to disciplinary action under Code section 726 for sexual misconduct in that she engaged in a sexual relationship with Patient 1 while he was under her professional care and treatment. The circumstances are as follows:

44. The facts and allegations in Paragraphs 10 through 42, above, are incorporated by reference and re-alleged as if fully set forth herein.

45. Respondent exchanged written communications of a personal and sexual nature with Patient 1 while she was his physician. She also had a sexual relationship with Patient 1 while she was his physician. Respondent's conduct in having a sexual relationship with a patient, particularly when she knew he had a history of depression and suicidal ideation, constitutes sexual misconduct.

46. Respondent's acts and/or omissions as set forth in Paragraphs 10 through 42, and Paragraphs 44 and 45, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute sexual misconduct pursuant to Code section 726. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Sexual Exploitation of a Current and Former Patient)

47. Respondent is subject to disciplinary action under Code sections 2234, subdivision (a), and 729 for sexual exploitation in that she had a sexual relationship with a current and former patient. The circumstances are as follows:

48. The facts and allegations in Paragraphs 10 through 42, above, are incorporated by reference and re-alleged as if fully set forth herein.

49. Respondent exchanged written communications of a personal and sexual nature with Patient 1 while she was his physician. She also had a sexual relationship with Patient 1 while she was his physician. Respondent's conduct in having a sexual relationship with a patient, particularly when she knew he had a history of depression and suicidal ideation, constitutes sexual misconduct.

50. Respondent continued to have a sexual relationship with Patient 1 following notification to the medical facility on June 14, 2017, that she was requesting transfer of care to a new primary care physician. She also told Patient 1 to switch primary care physicians for the purpose of continuing their sexual relationship. Accordingly, Respondent terminated the physician-patient relationship primarily for the purpose of continuing her sexual relationship with Patient 1. She did not refer Patient 1 to an independent and objective physician recommended by a third-party physician prior to entering into the sexual relationship. Respondent exploited the physician-patient relationship to meet her own needs.

51. Respondent's acts and/or omissions as set forth in Paragraphs 10 through 42, and Paragraphs 48 through 50, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute sexual exploitation pursuant to Code sections 2234, subdivision (a), and 729. Therefore, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence)

52. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), for gross negligence. The circumstances are as follows:

53. The facts and allegations in Paragraphs 10 through 42, above, are incorporated by reference and re-alleged as if fully set forth herein.

54. Respondent committed an extreme departure from the standard of care when she engaged in a sexual relationship with a patient. Respondent exchanged written communications of a personal and sexual nature with Patient 1 while she was his physician. She also had a sexual relationship with Patient 1 while she was his physician. Respondent's conduct having a sexual relationship with a patient, particularly when she knew he had a history of depression and suicidal ideation, constitutes sexual misconduct.

55. Respondent committed an extreme departure from the standard of care when she engaged in a sexual relationship with a former patient. Respondent continued to have a sexual relationship with Patient 1 following notification to the medical facility on June 14, 2017, that she was requesting transfer of care to a new primary care physician. She also told Patient 1 to switch

primary care physicians for the purpose of continuing their sexual relationship. Accordingly, Respondent terminated the physician-patient relationship primarily for the purpose of continuing her sexual relationship with Patient 1. She did not refer Patient 1 to an independent and objective physician recommended by a third-party physician prior to entering into the sexual relationship. Respondent exploited the physician-patient relationship to meet her own needs.

56. Respondent committed an extreme departure from the standard of care when she accessed her former patient's medical record after she was no longer his physician. Respondent did not have a valid business reasons for accessing his medical records. She violated Patient 1's right to privacy and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

57. Respondent's acts and/or omissions as set forth in Paragraphs 10 through 42, and Paragraphs 53 through 56, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute grossly negligent acts pursuant to Code section 2234, subdivision (b). Therefore, cause for discipline exists.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

58. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), for committing repeated negligent acts. The circumstances are as follows:

59. The facts and allegations in Paragraphs 10 through 42, above, are incorporated by reference and re-alleged as if fully set forth herein.

60. Respondent departed from the standard of care when she engaged in a sexual relationship with a patient. Respondent exchanged written communications of a personal and sexual nature with Patient 1 while she was his physician. She also had a sexual relationship with Patient 1 while she was his physician. Respondent's conduct in having a sexual relationship with a patient, particularly when she knew he had a history of depression and suicidal ideation, constitutes sexual misconduct.

61. Respondent departed from the standard of care when she engaged in a sexual relationship with a former patient. Respondent continued to have a sexual relationship with Patient 1 following notification to the medical facility on June 14, 2017, that she was requesting

transfer of care to a new primary care physician. She also told Patient 1 to switch primary care physicians for the purpose of continuing their sexual relationship. Accordingly, Respondent terminated the physician-patient relationship primarily for the purpose of continuing her sexual relationship with Patient 1. She did not refer Patient 1 to an independent and objective physician recommended by a third-party physician prior to entering into the sexual relationship. Respondent exploited the physician-patient relationship to meet her own needs.

62. Respondent departed from the standard of care when she accessed her former patient's medical record after she was no longer his physician. Respondent did not have a valid business reason for accessing his medical records. She violated Patient 1's right to privacy and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

63. Respondent departed from the standard of care when she failed to discharge her obligations imposed by the physician-patient relationship when transferring care of a patient. Respondent submitted a request to the medical facility on June 14, 2017, for transfer of care of Patient 1 to another primary care physician. But she failed to notify Patient 1 in writing of the need to transfer care to a new primary care physician and the reasons for the transfer of care. She did not assure that the medical facility provided such written notification to him. She left her obligations in the hands of other personnel based on false allegations of sexual harassment.

64. Respondent departed from the standard of care in her management of Patient 1's suicidal ideation and delay in contacting the police. Respondent was treating Patient 1 for major depression with suicidal ideation. She identified the need for assistance and attempted to refer Patient 1 to psychiatry, which he declined. She then reached out for a consultation with psychiatry and communicated with Dr. S.H. Dr. S.H. advised Respondent that she should immediately contact the police to perform a welfare check and psychiatric evaluation of Patient 1. Respondent did not contact the police for a welfare check until the following morning despite acknowledging the recommendations by Dr. S.H. With a suicidal patient, time is of the essence.

65. Respondent's acts and/or omissions as set forth in Paragraphs 10 through 42, and Paragraphs 59 through 64, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts pursuant to Code section 2234,

subdivision (c). Therefore, cause for discipline exists.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

66. Respondent is subject to disciplinary action under Code section 2234 for unprofessional conduct. The circumstances are as follows:

67. The facts and allegations in Paragraphs 10 through 65, above, are incorporated by reference and re-alleged as if fully set forth herein.

68. Respondent's acts and/or omissions as set forth in Paragraphs 10 through 65, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute unprofessional conduct pursuant to Code section 2234. Therefore, cause for discipline exists.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 110732, issued to Respondent Christine Ming-Guay Lee, M.D.;

2. Revoking, suspending or denying approval of Respondent Christine Ming-Guay Lee, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Christine Ming-Guay Lee, M.D., if placed on probation, to disclose the disciplinary order to patients pursuant to section 2228.1 of the Code;

4. Ordering Respondent Christine Ming-Guay Lee, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: October 8, 2019

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

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