

**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**

1 UXAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 CLAUDIA MOREHEAD, State Bar No. 205340
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9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2017-037794

14 CHRISTINE MING-GUAY LEE, M.D.

OAH No. 2020070282

15 46 Peninsula Center, Suite E
16 Rolling Hills Estates, CA 90274

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

17 Physician's and Surgeon's Certificate A 110732,

18 Respondent.

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

21 **PARTIES**

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

26 2. Christine Ming-Guay Lee, M.D. ("Respondent") is represented in this proceeding by
27 attorney Nicholas Jurkowitz, Fenton Law Group, LLP, 1990 South Bundy Drive, Suite 777, Los
28

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

1 Angeles, California 90025.

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

6 **JURISDICTION**

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

12 **ADVISEMENT AND WAIVERS**

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

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

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

25 **CULPABILITY**

26 8. Respondent understands that the charges and allegations in Accusation No. 800-2017-
27 037794, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and
28 Surgeon's Certificate.

1. 9. For the purpose of resolving the Accusation without the expense and uncertainty of
2 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a *prima*
3 *facie* case with respect to the charges and allegations contained in Accusation No. 800-2017-
4 037794, a true and correct copy of which is attached hereto as Exhibit A, and that those charges
5 constitute cause for discipline. Respondent hereby gives up her right to contest that cause for
6 discipline exists based on those charges and allegations.

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

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

15 CONTINGENCY

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

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

28 //

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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CHRISTINE MING-GUAY LEE, M.D.
Respondent


NICHOLAS D. JURKOWITZ

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

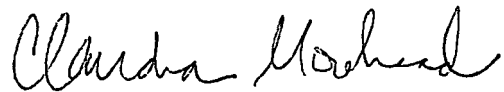
ENDORSEMENT

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

1 XAVIER BECERRA
2 Attorney General of California
3 E. A. JONES III
4 Supervising Deputy Attorney General
5 CLAUDIA RAMIREZ
6 Deputy Attorney General
7 State Bar No. 205340
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO 04.8 20 19
BY A. GERBERIA ANALYST

8
9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2017-037794

14 CHRISTINE MING-GUAY LEE, M.D.
15 46 Peninsula Center, Suite E
16 Rolling Hills Estates, CA 90274

A C C U S A T I O N

17 Physician's and Surgeon's Certificate
18 No. A 110732,

Respondent.

19 **PARTIES**

20 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs ("Board").

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

27 **JURISDICTION**

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

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

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

7 STATUTORY PROVISIONS

8 5. Section 2234 of the Code, states:

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

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

13 (b) Gross negligence.

14 (c) Repeated negligent acts. To be repeated, there must be two or more
15 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.

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

18 (2) When the standard of care requires a change in the diagnosis, act, or
19 omission that constitutes the negligent act described in paragraph (1), including, but
20 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.

21 (d) Incompetence.

22 (e) The commission of any act involving dishonesty or corruption which is
23 substantially 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
25 certificate.

26 (g) The practice of medicine from this state into another state or country
27 without meeting the legal requirements of that state or country for the practice of
28 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.

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

4 6. Section 726 of the Code states:

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

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

13 7. Section 729 of the Code states:

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

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

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

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

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

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

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

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

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

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

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

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

28 (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.

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

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

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

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

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

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

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

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

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

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

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

21 23. On or about June 13, 2017, Respondent responded via e-mail to Patient 1's intimate
22 and sexual questions with intimate and sexual information. She also e-mailed him several
23 photographs of herself. However, on or about that same date, Respondent wanted to end their
24 romantic and sexual relationship. She did not want to hurt Patient 1's wife whom Respondent
25 had seen for care and treatment that month. She told him she had strong feelings for him. Patient
26 1 threatened suicide because he felt he had nothing to live for.

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

1 suicidal ideation. He threatened to hang himself. Dr. S.H. advised Respondent that the patient's
2 suicidal ideation was an urgent matter and that Respondent should call the police to do a welfare
3 check² and a 5150 psychiatric evaluation.³ She thanked Dr. S.H. for his insightful message and
4 informed him of Patient 1's alleged inappropriate sexual conduct toward her. Among other
5 things, Dr. S.H. advised that she needed to refer Patient 1 to another primary care physician,
6 preferably a male.

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

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

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

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

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

26 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.

27 ³ 5150 refers to an involuntary evaluation. Section 5150 is a section of the California
28 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.

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

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

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

10 32. On or about June 29, 2017, Respondent and Patient 1 had sexual intercourse at a
11 hotel. They met with a divorce attorney. They went to several museums. She gave him
12 \$2000.00 in cash.

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

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

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

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

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

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

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

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

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

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

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

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Sexual Misconduct with a Patient)**

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

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

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

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

17 **SECOND CAUSE FOR DISCIPLINE**

18 **(Sexual Exploitation of a Current and Former Patient)**

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

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

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

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

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

13 THIRD CAUSE FOR DISCIPLINE

14 (Gross Negligence)

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

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

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

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

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

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

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

14 FOURTH CAUSE FOR DISCIPLINE

15 (Repeated Negligent Acts)

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

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

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

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

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

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

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

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

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

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

2 **FIFTH CAUSE FOR DISCIPLINE**

3 **(Unprofessional Conduct)**

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

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

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

11 **PRAYER**

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

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

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

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

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

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1 5. Taking such other and further action as deemed necessary and proper.
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5 DATED: October 8, 2019
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KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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