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

In the Matter of the First Amended Accusation Against: Gregory Castillo, M.D. Physician's and Surgeon's Certificate No. A 53294 Respondent.	Case No. 800-2019-058598

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 October 26, 2021.

IT IS SO ORDERED October 19, 2021.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
VLADIMIR SHALKEVICH
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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 First Amended Accusation Against: **GREGORY CASTILLO, M.D.** **6559 Orion Avenue** **Van Nuys, CA 91406** **Physician's and Surgeon's Certificate No. A 53294,** Respondent.	Case No. 800-2019-058598 OAH No. 2021080617 **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). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Vladimir Shalkevich, Deputy Attorney General.

2. GREGORY CASTILLO, M.D. (Respondent) is represented in this proceeding by attorney Nicholas Jurkowitz, Esq., whose address is: 1990 South Bundy Drive, Suite 777 Los Angeles, CA 90025.

3. On or about July 20, 1994, the Board issued Physician's and Surgeon's Certificate No. A 53294 to GREGORY CASTILLO, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-058598 and will expire on August 31, 2021, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2019-058598 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on or about August 18, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of First Amended Accusation No. 800-2019-058598 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 First Amended Accusation No. 800-2019-058598. 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 his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his 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.

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CULPABILITY

8. Respondent understands that the charges and allegations in First Amended Accusation No. 800-2019-058598, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the First Amended Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. 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 his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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.

12. 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.

13. 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:

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ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 53294, issued to Respondent GREGORY CASTILLO, 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 his pocket license and, if one was issued, his 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 First Amended Accusation No. 800-2019-058598 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

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 First Amended Accusation, No. 800-2019-058598 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.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Nicholas Jurkowitz, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate.

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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: 9/20/21

GREGORY CASTILLO, M.D.
Respondent

I have read and fully discussed with Respondent GREGORY CASTILLO, 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: 10-4-21

NICHOLAS JURKOWITZ, ESQ.
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: October 4, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

VLADIMIR SHALKEVICH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-058598

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

In the Matter of the First Amended Accusation Against: **GREGORY CASTILLO, M.D.** **6559 Orion Avenue** **Van Nuys, CA 91406-6313** **Physician's and Surgeon's Certificate No. A 53294,** Respondent.	Case No. 800-2019-058598 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about July 20, 1994, the Medical Board issued Physician's and Surgeon's Certificate Number A 53294 to Gregory Castillo, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2023, unless renewed.

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JURISDICTION

3. This First Amended 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 states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

(g) The 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 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

7. 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.

8. Section 729 of the Code states, in pertinent part:

(a) Any physician and surgeon...who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient ..., or with a former patient ... when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon ... has referred the patient ... to an independent and objective physician and surgeon ... recommended by a third-party physician and surgeon...for treatment, is guilty of sexual exploitation by a physician and surgeon....

(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.

9. Section 2246 of the Code states:

Any proposed decision or decision issued under this article that contains any finding of fact that the licensee engaged in any act of sexual exploitation, as described in paragraphs (3) to (5), inclusive, of subdivision (b) of Section 729, with a patient shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.

10. 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.

DEFINITIONS

11. Section 243.4 of the Penal Code states, in pertinent part:

...

(e) ...

(2) As used in this subdivision, "touches" means physical contact with another person, whether accomplished directly, through the clothing of the person committing the offense, or through the clothing of the victim.

(f) As used in subdivisions (a), (b), (c), and (d), "touches" means physical contact with the skin of another person whether accomplished directly or through the clothing of the person committing the offense.

(g) As used in this section, the following terms have the following meanings:

(1) "Intimate part" means the sexual organ, anus, groin, or buttocks of any person, and the breast of a female.

FACTUAL ALLEGATIONS

12. On August 7, 2019 the Board received a mandatory Health Facility / Peer Review report form, as required by the provisions of Business and Professions Code section 805 et seq., which stated that on July 29, 2019, Facey Medical Group (Facey) voted to terminate Respondent's privileges. The termination was prompted by Facey's investigation of a complaint submitted by Patient 2. Respondent resigned his privileges on or about August 2, 2019, before he was formally notified of the termination of his privileges. The Board's subsequent investigation revealed that the termination of Respondent's privileges related to his interactions with three patients.

Patient 1[1]

13. Patient 1, a male, who was 47-years-old at the time, was seen by Respondent on several occasions. His final visit was on October 2, 2013. Respondent saw Patient 1 for a physical exam on that date. During the exam, while lying down on the examination bed, Respondent palpated Patient 1 near his waist. Respondent then pulled down Patient 1's pants and underwear, placed his mouth on Patient 1's penis and orally copulated Patient 1. Patient 1 was alarmed and pushed Respondent away from him, yelling in Spanish: "What are you doing!" Respondent told Patient 1 that this is how he was examining him, while moving toward Patient 1 in an apparent attempt to orally copulate Patient 1 a second time. Patient 1 pushed Respondent away, got off the examining table and walked out of the examining room. Patient 1 then informed the front office staff about what happened. Patient 1 did not return to see Respondent.

14. Patient 1 was contacted and interviewed, approximately in September, 2015, by Facey staff who asked to meet with him at their office located on Rinaldi Street in Mission Hills. During the meeting, an unidentified member of Facey Staff explained to Patient 1 that the exam conducted by Respondent was done improperly. Patient 1 felt satisfied with the information provided to him by the staff and due to his embarrassment, he did not pursue the matter further.

[1] Patients are designated by number for privacy reasons. Respondent is aware of the patients' names. Patient names will be disclosed to Respondent upon a written Request for Discovery.

Patient 2

15. Patient 2, a male, who was approximately 25-years-old at the time was seen by Respondent on several occasions, the last two times being on March 22, 2019 and on May 28, 2019.

16. Respondent performed a history and physical examination of Patient 2, on or about March 22, 2019, at which time the patient was concerned about unintended weight loss of about 15 pounds during the previous four months. There was no reported positivity for STD's with the patient or his partners. Respondent ordered laboratory screening for Patient 2 to rule out HIV and other sexually transmitted diseases, thyroid abnormalities, anemia and diabetes. He recommended that Patient 2 increase his intake of protein and return for a more complete follow up.

17. After Patient 2's laboratory test results were reported as normal, Patient 2 returned to see Respondent on May 28, 2019. During the appointment, Respondent behaved in a manner that made Patient 2 feel physically violated and distraught.

18. Respondent's examination of Patient 2 on May 28, 2019 was very intrusive and performed without appropriate explanation and documentation. There was no informed consent for the intrusive examinations performed. No chaperone was present or offered to Patient 2.

19. During the visit on May 28, 2019, Respondent rubbed Patient 2's knee and shoulder in a suggestive manner while speaking to him. Respondent instructed Patient 2 to change into a gown for the physical examination. During the physical examination, as Respondent was using his stethoscope to listen to Patient 2's chest, Respondent was standing directly in front of Patient 2, who was seated on the examination table. Respondent rubbed his genitals against Patient 2's knees. Patient 2 felt that Respondent developed an erection as he was rubbing his genitals against Patient 2's knees.

20. Respondent then instructed Patient 2 to lay down on the examination table, face up. Respondent folded Patient 2's gown below the patient's pelvic area and examined Patient 2's abdomen and genital areas. Without wearing gloves, Respondent pressed on the base of Patient 2's penis and inguinal areas. Respondent examined Patient 2's testicles while he was laying

down. Patient 2 described this exam: "He was examining my penis and testicles in a way I've never had before and pulling it and to the point of a fondle."

21. Respondent stated in his interview with the Board's investigators that the exam of Patient 2 was concerning because he felt "extensive amounts of lymph nodes" and that he observed two small circular scaly-red superficial lesions or abrasions on the mid to proximal shaft of the patient's penis. Respondent, however, did not document observing any lesions on the patient's genitals in Patient 2's medical record. Respondent also stated that he did not wear gloves during this part of examination because "you can't percuss with your gloves on. And you lose the tactile sensation with gloves on as well."

22. Respondent then had Patient 2 stand up for a further genital exam. As to this examination, Patient 2 described that Respondent, after putting on examination gloves, was stroking, pulling on his penis and fondling it.

23. During his interview with the Board's investigators, Respondent stated that in examining Patient 2's penis while the patient was standing up, he "attempted to milk the penis because of concerns for looking for STDs or discharge."

24. Respondent then instructed Patient 2 to bend over, and after Patient 2 complied, Respondent conducted a rectal exam of Patient 2 without prior explanation of what he was about to do.

25. As Patient 2 was leaving, he realized that Respondent forgot to remove a wart on Patient 2's finger or hand. He returned and was taken to Respondent's office, where the wart was treated. Patient 2 felt that Respondent spoke with him in a flirtatious and suggestive manner. Respondent failed to document this second part of the patient encounter.

26. After the visit with Respondent, Patient 2 felt violated and emotionally distraught. He wrote a letter to Respondent with a copy to Facey, dated on or about June 10, 2019. The letter stated:

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"Good Afternoon Dr. Castillo,

I am writing you to let you know how uncomfortable I was left feeling after our appointment on Tuesday May 28th, 2019. Since leaving, I have been going back and forth in my head whether or not I should speak out about it, and have much regret that I did not stand up for myself during the incidents. I felt that you were quite touchy and over the top with me, especially for a normal physical exam, an exam that I have been receiving routinely my entire life, and have never left feeling even remotely close to what I am feeling now. I am unaware of your sexual preference, and would be the last person to care. However, while examining me I felt it was completely unnecessary to do a number of things in which you did. Things that in the moment, made me feel uncomfortable, and while looking back at them, make me feel even more uneasy. I believe people let these things happen in the moment because they place their trust in people who hold the title of such a prestigious profession. However, you were doing exams such a chest exam and were clearly pressing your genitals up against my leg and knee area. I felt that this was an exam well in arms reach and did not require you to be anywhere remotely that close to me to perform. The constant placing your hand on my knee and shoulder. The ungloved examination of my genitals while I was lying on my back. Which again, never in my 25 years has a doctor performed a genital check on me whilst I lay on the table. This type of exam has only happened while the doctor has protected his/her hands with gloves, and I am standing in the upright position. Immediately following, when I did arise into the upright position, you did a second examination of my genitals and stayed in the penile region for what I, and any average reasonable person would have considered to be uncomfortably long. This uncomfortable exam was followed by another one where you examined my prostate anally. Yet another exam with which I have never received at a physical, or heard of being part of procedure for a 25 year old male. Based on this unexpected exam, you were quick to prescribe antibiotics, a prescription that I did not fill because of your lack of confidence and overall hesitation in diagnosis.

Mentally, I did not necessarily know how to compartmentalize all of this, because I have never experienced it. Upon leaving, I came back to reception to get my wart on my finger frozen off, they mentioned you were busy. I met you in the hallway, and you agreed to take me back into a patient room to proceed with the freezing of the wart. You brought me into your office instead and shut the door. Again, putting your hand on my shoulder and knee numerous times. A friendly gesture or not, it made me noticeably uncomfortable. I made the follow up appointment with you to see if any of this would take place again, but can not let this sit on my mind any longer. I am contacting you today to inform you that 1. I will certainly not be at our follow up appointment on July 9th and will not be continuing with you as my General Practitioner, and 2. I will be notifying Facey Human Resources to let them know of the instances that have left me uncomfortable. I do not wish any ill harm to you or your career, but do feel that you have an integral and ethical obligation to uphold as a doctor. If this commitment can not be honored by you, then I hope me coming forward serves as prevention of no other person; Man, Woman, or Child leaves your office feeling the way I did.

Your former patient,
[Patient 2]"

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Patient 3

27. On or about August 28, 2019, after Respondent's privileges at Facey were already surrendered and the Board's investigation was ongoing, Facey contacted Medical Board investigators and informed them that they were made aware of another recent complaint against Respondent. The nature of the complaint was that Patient 3, a 19-year-old male, saw Respondent for a physical examination and felt that the exam was "off" or "weird." Patient 3 did not want to continue seeing or have any follow up appointments with Respondent. Patient 3 changed doctors and mentioned his concerns regarding Respondent to the new physician. A Facey peer review subcommittee met with Patient 3 and interviewed him. Their interview and the Board's subsequent investigation revealed the following:

28. Patient 3 saw Respondent on June 4, 2019, at approximately noon, for a routine physical examination. It was his first visit at Facey.

29. After meeting with Respondent and having the initial discussion of reason for visit for a routine physical examination, Respondent told Patient 3 to take his clothes off, including his underwear, and change into a gown, but to leave his socks on. Respondent stepped out while Patient 3 changed.

30. Respondent performed his physical examination with Patient 3 initially sitting on the examination table. The physical exam included a heart and lungs exam with the stethoscope. Respondent then used his hands to touch Patient 3's chest at which time he stroked Patient 3's nipples. Respondent then had Patient 3 get up and stand on the floor for the genital examination. Respondent did not put on gloves. Respondent touched Patient 3's penis for some time. Patient 3 described the examination as Respondent stroking his penis. Patient 3 found it strange that Respondent examined his penis at all, as this had not happened before with other physical exams, and Patient 3 had not expressed any complaints with regard to his genitals during this visit. Respondent asked Patient 3 if he has sex with boys and Patient 3 answered in the affirmative. Patient 3 also told Respondent that he has had several sexual partners and has had unprotected sex with them. Respondent asked Patient 3 if he masturbated, to which the patient also answered in the affirmative. Respondent also performed a testicular exam and had Patient 3 turn his head and

cough to each side. Respondent did not wear gloves during any part of the genital examination. Patient 3 also felt Respondent was aroused during the clinical examination and that Respondent had an erection.

31. When Respondent was done with the examination, Respondent confirmed that Patient 3's phone number was still the same as the number in Patient 3's chart information. Respondent asked Patient 3 if he would come to his house in Van Nuys. Patient 3 told Respondent that he had a test at school that day and could not. Respondent advised Patient 3 to make a follow up appointment, and referred him to the lab.

32. Respondent sent a text message to Patient 3 at approximately 1:00 pm on June 4, 2019, to confirm that he had the correct number, and saying that it was nice to meet him. The patient texted back: "...it's was nice to meeting you too. Thanks for that my dick it was so happy. I can't wait to see you tonight." Patient 3 informed Respondent that he was going to get out of school at 6:20 p.m. He asked: "Do you want to have sex with me only one time? Or do you want have sex with me more then once." Respondent replied by text message: "Let's meet today and see how things go but I have a feeling I'm gonna want to do it again."

33. Respondent, driving his vehicle, picked up Patient 3 from Golden Oak Adult School, and together they went to Patient 3's apartment. Respondent went into the patient's apartment where the two of them engaged in sexual activity, which included touching as described in Section 243.4 of the Penal Code.

FIRST CAUSE FOR DISCIPLINE

(Sexual Misconduct)

34. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 726 of the Code in that he engaged in sexual misconduct with three patients. The circumstances are as follows:

35. Paragraphs 12 through 33 are incorporated herein by reference.

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SECOND CAUSE FOR DISCIPLINE

(Sexual Exploitation)

36. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 729 of the Code in that he engaged in sexual contact with three patients. The circumstances are as follows:

37. Paragraphs 12 through 33 are incorporated herein by reference.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence)

38. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that he committed acts of gross negligence in his care and treatment of three patients. The circumstances are as follows:

39. Paragraphs 12 through 33 are incorporated herein by reference.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

40. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he committed repeated acts of negligence in the care and treatment of three patients. The circumstances are as follows:

41. Paragraphs 12 through 33 are incorporated herein by reference.

FIFTH CAUSE FOR DISCIPLINE

(Record Keeping)

42. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 2266 of the Code in that he failed to keep adequate and accurate records of the care and treatment of three patients. The circumstances are as follows:

43. Paragraphs 12 through 33 are incorporated herein by reference.

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 53294, issued to Gregory Castillo, M.D.;

2. Revoking, suspending or denying approval of Gregory Castillo, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Gregory Castillo, M.D., if placed on probation, to pay the Board the costs of probation monitoring;

4. Ordering Gregory Castillo, M.D., if placed on probation, to comply with patient notification provisions of Business and Probation Code section 2228.1; and

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

DATED: AUG 18 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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