

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

In the Matter of the Accusation  
Against:

Stacy Sachiko Hull, M.D.

Physician's and Surgeon's  
Certificate No. G 83123

Case No.: 800-2017-033157

Respondent.

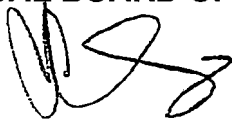
**DECISION**

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

This Decision shall become effective at 5:00 p.m. on December 30, 2021.

IT IS SO ORDERED: November 30, 2021.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D. , Chair  
Panel A

1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
1300 I Street, Suite 125  
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:  
13  
14 **STACY SACHIKO HULL, M.D.**  
Department of OB-GYN  
6600 Bruceville Road  
15 Sacramento, CA 95823  
16 Physician's and Surgeon's Certificate No. G  
83123  
17  
18 Respondent.

Case No. 800-2017-033157

OAH No. 2020070123

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
25 California (Board). He brought this action solely in his official capacity and is represented in this  
26 matter by Rob Bonta, Attorney General of the State of California, by Jannsen Tan, Deputy  
27 Attorney General.  
28



1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2017-033157, if proven at a hearing, constitute cause for imposing discipline upon her  
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
6 or factual basis for the charges in the Accusation, and that Respondent hereby gives up her right  
7 to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, complainant could  
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
10 2017-033157, a true and correct copy of which is attached hereto as Exhibit A, and that she has  
11 thereby subjected her Physician's and Surgeon's Certificate, No. G 83123 to disciplinary action.

12 12. Respondent agrees that her Physician's and Surgeon's Certificate is subject to  
13 discipline and she agrees to be bound by the Board's probationary terms as set forth in the  
14 Disciplinary Order below.

15 RESERVATION

16 13. The admissions made by Respondent herein are only for the purposes of this  
17 proceeding, or any other proceedings in which the Medical Board of California or other  
18 professional licensing agency is involved, and shall not be admissible in any other criminal or  
19 civil proceeding.

20 CONTINGENCY

21 14. This stipulation shall be subject to approval by the Medical Board of California.  
22 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
23 Board of California may communicate directly with the Board regarding this stipulation and  
24 settlement, without notice to or participation by Respondent or her counsel. By signing the  
25 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
26 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
27 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
28 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 15. Respondent agrees that if she ever petitions for early termination or modification of  
4 probation, or if an accusation and/or petition to revoke probation is filed against her before the  
5 Board, all of the charges and allegations contained in Accusation No. 800-2017-033157 shall be  
6 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
7 other licensing proceeding involving Respondent in the State of California.

8 16. The parties understand and agree that Portable Document Format (PDF) and facsimile  
9 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
10 signatures thereto, shall have the same force and effect as the originals.

11 17. In consideration of the foregoing admissions and stipulations, the parties agree that  
12 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
13 enter the following Disciplinary Order:

14 **DISCIPLINARY ORDER**

15 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 83123 issued  
16 to Respondent Stacy Sachiko Hull, M.D. is revoked. However, the revocation is stayed and  
17 Respondent is placed on probation for three (3) years on the following terms and conditions:

18 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
19 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
20 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
21 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
22 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
23 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
24 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
25 completion of each course, the Board or its designee may administer an examination to test  
26 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
27 hours of CME of which 40 hours were in satisfaction of this condition.

28 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective

1 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
2 advance by the Board or its designee. Respondent shall provide the approved course provider  
3 with any information and documents that the approved course provider may deem pertinent.  
4 Respondent shall participate in and successfully complete the classroom component of the course  
5 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
6 complete any other component of the course within one (1) year of enrollment. The medical  
7 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
8 Medical Education (CME) requirements for renewal of licensure.

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

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

17 3. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
18 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
19 Chief Executive Officer at every hospital where privileges or membership are extended to  
20 Respondent, at any other facility where Respondent engages in the practice of medicine,  
21 including all physician and locum tenens registries or other similar agencies, and to the Chief  
22 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
23 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
24 calendar days.

25 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

26 4. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
27 governing the practice of medicine in California and remain in full compliance with any court  
28 ordered criminal probation, payments, and other orders.

1           5.    QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
2 under penalty of perjury on forms provided by the Board, stating whether there has been  
3 compliance with all the conditions of probation.

4           Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
5 of the preceding quarter.

6           6.    GENERAL PROBATION REQUIREMENTS.

7           Compliance with Probation Unit

8           Respondent shall comply with the Board's probation unit.

9           Address Changes

10          Respondent shall, at all times, keep the Board informed of Respondent's business and  
11 residence addresses, email address (if available), and telephone number. Changes of such  
12 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
13 circumstances shall a post office box serve as an address of record, except as allowed by Business  
14 and Professions Code section 2021, subdivision (b).

15          Place of Practice

16          Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
17 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
18 facility.

19          License Renewal

20          Respondent shall maintain a current and renewed California physician's and surgeon's  
21 license.

22          Travel or Residence Outside California

23          Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
24 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
25 (30) calendar days.

26          In the event Respondent should leave the State of California to reside or to practice,  
27 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
28 departure and return.

1           7.    INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
2 available in person upon request for interviews either at Respondent's place of business or at the  
3 probation unit office, with or without prior notice throughout the term of probation.

4           8.    NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
7 defined as any period of time Respondent is not practicing medicine as defined in Business and  
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
10 Respondent resides in California and is considered to be in non-practice, Respondent shall  
11 comply with all terms and conditions of probation. All time spent in an intensive training  
12 program which has been approved by the Board or its designee shall not be considered non-  
13 practice and does not relieve Respondent from complying with all the terms and conditions of  
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
15 on probation with the medical licensing authority of that state or jurisdiction shall not be  
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
17 period of non-practice.

18           In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
19 months, Respondent shall successfully complete the Federation of State Medical Boards' Special  
20 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
21 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
22 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

23           Respondent's period of non-practice while on probation shall not exceed two (2) years.

24           Periods of non-practice will not apply to the reduction of the probationary term.

25           Periods of non-practice for a Respondent residing outside of California will relieve  
26 Respondent of the responsibility to comply with the probationary terms and conditions with the  
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
28 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or



1 Controlled Substances; and Biological Fluid Testing.

2 9. COMPLETION OF PROBATION. Respondent shall comply with all financial  
3 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
4 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
5 be fully restored.

6 10. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
7 of probation is a violation of probation. If Respondent violates probation in any respect, the  
8 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
9 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
10 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
11 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
12 the matter is final.

13 11. LICENSE SURRENDER. Following the effective date of this Decision, if  
14 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
15 the terms and conditions of probation, Respondent may request to surrender his or her license.  
16 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
17 determining whether or not to grant the request, or to take any other action deemed appropriate  
18 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
19 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
20 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
21 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
22 application shall be treated as a petition for reinstatement of a revoked certificate.

23 12. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
24 with probation monitoring each and every year of probation, as designated by the Board, which  
25 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
26 California and delivered to the Board or its designee no later than January 31 of each calendar  
27 year.

28 13. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for

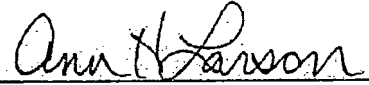
1 a new license or certification, or petition for reinstatement of a license, by any other health care  
 2 licensing action agency in the State of California, all of the charges and allegations contained in  
 3 Accusation No. 800-2017-033157 shall be deemed to be true, correct, and admitted by  
 4 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
 5 restrict license.

**ACCEPTANCE**

7 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
 8 discussed it with my attorney, Ann H. Larson, Esq. I understand the stipulation and the effect it  
 9 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
 10 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
 11 Decision and Order of the Medical Board of California.

12  
 13 DATED: 8/12/21   
 14 STACY SACHIKO HULL, M.D.  
 Respondent

15 I have read and fully discussed with Respondent Stacy Sachiko Hull, M.D. the terms and  
 16 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
 17 I approve its form and content.

18 DATED: 8/12/21   
 19 ANN H. LARSON, ESQ.  
 Attorney for Respondent

**ENDORSEMENT**

22 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
 23 submitted for consideration by the Medical Board of California.

24  
 25  
 26  
 27  
 28

1 DATED: 8/13/2021

Respectfully submitted,

2 ROB BONTA  
3 Attorney General of California  
4 STEVEN D. MUNI  
5 Supervising Deputy Attorney General

*Jannsen Tan*

6 JANNSEN TAN  
7 Deputy Attorney General  
8 *Attorneys for Complainant*

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10 SA2019300782  
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**Exhibit A**

**Accusation No. 800-2017-033157**

1 XAVIER BECERRA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
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Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

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

12  
13 In the Matter of the Accusation Against:

Case No. 800-2017-033157

14 **Stacy Sachiko Hull, M.D.**  
15 **Department of OB-GYN**  
6600 Bruceville Road  
16 **Sacramento, CA 95823**

**A C C U S A T I O N**

17 **Physician's and Surgeon's Certificate**  
18 **No. G 83123,**

Respondent.

19  
20  
21 **PARTIES**

22 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity  
23 as the Interim Executive Director of the Medical Board of California, Department of Consumer  
24 Affairs (Board).

25 2. On or about June 14, 1996, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. G 83123 to Stacy Sachiko Hull, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on April 30, 2022, unless renewed.

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**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 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.

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

3 (2) When the standard of care requires a change in the diagnosis, act, or  
4 omission that constitutes the negligent act described in paragraph (1), including, but  
5 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.

6 (d) Incompetence.

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

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

11 (g) The failure by a certificate holder, in the absence of good cause, to attend  
12 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.

13 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
14 adequate and accurate records relating to the provision of services to their patients constitutes  
15 unprofessional conduct.

16 **FIRST CAUSE FOR DISCIPLINE**  
17 **(Gross Negligence)**

18 7. Respondent is subject to disciplinary action under sections 2234 (b), in that she was  
19 grossly negligent in her care and treatment of Patient A<sup>1</sup>. The circumstances are as follows:

20 8. Respondent is a physician and surgeon board certified in obstetrics and gynecology  
21 who had worked with Kaiser Permanente Medical Center (Kaiser) at all times alleged in this  
22 Accusation.

23 9. On or about July 25, 2012, Respondent saw Patient A for an office visit. Patient A  
24 was at the time, a 38-year-old female who had been Respondent's patient since 2009.  
25 Respondent documented that the reason for the visit was "contraceptive management." Patient A  
26 requested long term contraception. She was a G11P6<sup>2</sup>. Patient A reported her last menstrual

27 <sup>1</sup> Patient names and information have been removed. All witnesses will be identified in  
28 discovery.

<sup>2</sup> Gravida 11, Para 6 means she had 11 pregnancies and 6 live births.

1 period was July 6, 2012, and stated that there was no possibility that she could be pregnant.  
2 However, she had taken a morning after pill on June 9, 2012. Patient A also stressed a need for  
3 immediate treatment, as she would no longer have health insurance as of August 2012.  
4 Respondent documented that she discussed the Essure procedure and tubal ligation with Patient  
5 A. Patient A stated that she was not comfortable with Essure as she does not want copper in her  
6 body. She also declined tubal ligation due to anesthesia effects and recovery. Respondent  
7 documented that she discussed Mirena IUD vis-à-vis Paragard. She added that Patient A was  
8 informed that an IUD cannot be placed on her due to scar tissue. Respondent documented that  
9 Patient A received information about the Mirena IUD and had read the booklet. Respondent  
10 documented that Patient A understands the indication for IUD use, risks, and other treatment  
11 options. Respondent documented that all of Patient A's questions were answered and that Patient  
12 A opted to proceed with the Mirena IUD placement. Prior to placement of the Mirena IUD,  
13 Respondent failed to perform a pregnancy test. Respondent failed to perform and/or document a  
14 pre-procedure pelvic examination. Respondent failed to document the condition of the cervix and  
15 perform a bi-manual examination that would assess the size, shape, and consistency of the uterus,  
16 along with evaluating the adnexa. Respondent failed to document her thought process and  
17 interactions with Patient A.

18 10. On or about August 13, 2012, Patient A called Kaiser hospital to report irregular  
19 bleeding and report that she was not sure if the string is still in her vagina. An urgent  
20 appointment was scheduled.

21 11. On or about August 14, 2012, Patient A went for a follow up visit. Another provider  
22 saw Patient A. The IUD strings could not be visualized, and Patient A was diagnosed with a 10  
23 week gestation by transvaginal ultrasound examination. A due date of March 6, 2013 was  
24 established. The IUD was left in place, and Patient A chose to continue the pregnancy.

25 12. On or about August 17, 2012, Respondent saw Patient A for a follow up visit.  
26 Respondent failed to document an adequate discussion of the risks and benefits of retaining the  
27 IUD. Respondent failed to discuss the October 15, 2012 ultrasound with Patient A. The  
28 ultrasound was performed through the abdomen and did not provide a sufficiently detailed



1 visualization of the lower uterine segment and cervix. Respondent failed to discuss the  
2 advantages of a transvaginal ultrasound, MRI or hysteroscopy, for better visualization. The  
3 ultrasound identified the placental edge at 3.3 cm from the internal cervical os, within reach of a  
4 vaginal approach. The IUD was in the inferior margin of the placenta. Respondent failed to  
5 document that Patient A was educated about the risks and benefits of these findings, such as  
6 increased risks of bleeding, abruption, and miscarriage associated with the specific location of the  
7 IUD. Respondent failed to discuss with Patient A the risks and benefits of a relatively low  
8 position of the IUD that would have made IUD retrieval more feasible.

9 13. Patient A was at 28 weeks and 4 days into her pregnancy when she returned due to  
10 premature rupture of membranes. The ensuing labor was complicated by chorioamnionitis.  
11 Patient A delivered a male infant who suffers from cerebral palsy related to the circumstances of  
12 his birth.

13 14. Respondent committed gross negligence in her care and treatment of Patient A in that  
14 Respondent failed to insure that Patient A was not pregnant at the time of the IUD insertion.

15 **SECOND CAUSE FOR DISCIPLINE**  
16 **(Repeated Negligent Acts)**

17 15. Respondent's license is subject to disciplinary action under section 2234, subdivision  
18 (c), of the Code, in that she committed repeated negligent acts during the care and treatment of  
19 Patient A, as more fully described in paragraphs 7 through 14, above, and those paragraphs are  
20 incorporated by reference as if fully set forth herein.

21 16. Respondent committed repeated negligent acts in her care and treatment of Patient A,  
22 as more particularly alleged hereinafter:

23 A. Respondent failed to rule out the possibility of a pregnancy despite Patient A's use of  
24 the morning-after-pill.

25 B. Respondent failed to obtain adequate informed consent since she failed to explain the  
26 complete risks and benefits of placement and the subsequent removal of the IUD.

27 C. Respondent failed to maintain adequate documentation.

28 ///

