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

In the Matter of the Accusation Against: Lindsay Ramzi Kiriakos, M.D. Physician's and Surgeon's Certificate No. A 79342 Respondent.	Case No.: 800-2019-063022

DECISION

The attached Stipulated Settlement 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 January 21, 2022.

IT IS SO ORDERED: December 22, 2021.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
REBECCA L. SMITH
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State Bar No. 179733
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **LINDSAY RAMZI KIRIAKOS, M.D.** **11633 San Vicente Boulevard, Suite 306** **Los Angeles, California 90049** **Physician's and Surgeon's Certificate** **No. A 79342,** Respondent.	Case No. 800-2019-063022 OAH No. 2021030575 **STIPULATED SETTLEMENT AND DISCIPLINARY 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 Rebecca L. Smith, Deputy Attorney General.

2. Lindsay Ramzi Kiriakos, M.D. (Respondent) is represented in this proceeding by attorney Joel Bruce Douglas, whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071-1562.

3. On or about June 5, 2002, the Board issued Physician's and Surgeon's Certificate No. A 79342 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-063022, and will expire on June 30, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-063022 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 18, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-063022 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-063022. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-063022, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2019-063022, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 79342 to disciplinary action.

12. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

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

CONTINGENCY

14. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, 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 Settlement 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.

15. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2019-063022 shall be

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deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 79342 issued to Respondent Lindsay Ramzi Kiriakos, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for seven (7) years on the following terms and conditions:

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

2. MEDICAL RECORD KEEPING COURSE – CONDITION SATISFIED. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial

enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

3. PROFESSIONALISM PROGRAM (ETHICS COURSE) – CONDITION SATISFIED. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

Failure to complete the entire program not later than six (6) months after Respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on Respondent's performance in and evaluations from the assessment, education, and training, the program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with program recommendations. At the completion of the program, Respondent shall submit to a final evaluation. The program shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

A professional boundaries course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

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

6. PSYCHOTHERAPY. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist with any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo psychiatric

evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

7. MONITORING - PRACTICE. Within thirty (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within sixty (60) calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

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If Respondent fails to obtain approval of a monitor within sixty (60) calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within ten (10) calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

8. PROHIBITED PRACTICE. During probation, Respondent is prohibited from accepting any new female patients for care and treatment. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent is prohibited from accepting any new female patients for care and treatment. Any new patients

must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

9. PATIENT DISCLOSURE. Before a patient's first visit following the effective date of this order and while the Respondent is on probation, the Respondent must provide all patients, or patient's guardian or health care surrogate, with a separate disclosure that includes the Respondent's probation status, the length of the probation, the probation end date, all practice restrictions placed on the Respondent by the board, the board's telephone number, and an explanation of how the patient can find further information on the Respondent's probation on the Respondent's profile page on the board's website. Respondent shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure. Respondent shall not be required to provide a disclosure 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 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) Respondent is not known to the patient until immediately prior to the start of the visit; (4) Respondent does not have a direct treatment relationship with the patient.

10. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief

Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within fifteen (15) calendar days.

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

11. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

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

Respondent shall submit quarterly declarations not later than ten (10) calendar days after the end of the preceding quarter.

14. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

19. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in

determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

21. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-063022 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 license.

ACCEPTANCE

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

DATED: _____ _____

LINDSAY RAMZI KIRIAKOS, M.D.
Respondent

determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

21. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-063022 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 license.

ACCEPTANCE

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

DATED: 12/7/21

LINDSAY RAMZI KIRIAKOS, M.D.
Respondent

I have read and fully discussed with Respondent Lindsay Ramzi Kiriakos, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 12/8/21

JOEL BRUCE DOUGLAS
Attorney for Respondent

ENDORSEMENT

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

DATED: 12/9/2021

Respectfully submitted,

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

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

LA2021600154

Exhibit A

Accusation No. 800-2019-063022

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

In the Matter of the Accusation Against:	Case No. 800-2019-063022
Lindsay Ramzi Kiriakos, M.D. **11633 San Vicente Blvd., Ste. 306** **Los Angeles, CA 90049** **Physician's and Surgeon's Certificate No. A 79342,** Respondent.	**A C C U S A T I O N**

PARTIES

1. William Prasifka (Complainant) brings this 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 June 5, 2002, the Medical Board issued Physician's and Surgeon's Certificate Number A 79342 to Lindsay Ramzi Kiriakos, 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 June 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.

5. 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.

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6. 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.

7. Subdivision (a) of 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.

8. 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.

FACTUAL ALLEGATIONS

9. Patient 1,[1] a 29-year-old female, sought out Respondent for psychiatric treatment which began on or about March 2, 2018. Patient 1 presented with symptoms of panic attacks/panic disorder manifested by increased heart rate, shakiness, nausea, chest tightness, menstrual symptoms, and mild agoraphobia. The patient also gave a history of sexual abuse by her domestic partner, chronic anxiety, difficulty with concentration, and a presumptive diagnosis of attention deficit hyperactivity disorder (ADHD) which is what Patient 1 was told by a prior psychiatrist, in 2017. The patient related that she had been taking Ritalin, as needed, and had trials of multiple antidepressants, including Zoloft and Paxil for anxiety, which she told Respondent were not helpful.

10. Respondent did not contact and/or did not document contacting Patient 1's previous provider or providers. Respondent did not assess and did not document assessing in more detail the patient's prior antidepressant trials. Respondent did not perform and did not document a complete history to validate the diagnosis of ADHD. Respondent did not use and did not document any validated metrics to score the severity of several pre-established domains, such as

[1] The patient is identified by a number to protect her privacy. The patient's identity is known to the Respondent and/or will be provided to him in response to Request for Discovery.

task completion, procrastination, or interrupting, that are elements of the criteria which assist in forming the diagnosis of ADHD.

11. Respondent diagnosed Patient 1 with panic disorder, agoraphobia, generalized anxiety disorder, and chronic depression. Once again, Respondent failed to elicit and /or document a sufficient history and physical examination to support these diagnoses.

12. Respondent prescribed Valium[2] on a routine basis for Patient 1's anxiety without obtaining and/or documenting Patient 1's informed consent. Respondent did not document his reasoning for his decision to prescribe Valium, as opposed to any other medication, to Patient 1. Respondent also told Patient 1 to continue taking Ritalin[3] 20mg on a prn basis (as needed). Throughout Respondent's treatment of Patient 1, Respondent did not assess the effectiveness of these medications and did not verify, document verifying, or document reasons for not verifying, Patient 1's controlled medication compliance as required by Health and Safety Code, section 11165.4.

13. Respondent also arranged to see Patient 1 approximately every 7 days for in-person therapy. Respondent claimed that he was rendering cognitive behavioral therapy to Patient 1. However, Respondent documented in Patient 1's therapy notes that he engaged in some form of role playing and exposure therapy, which are not the tenets of cognitive behavioral therapy and do not have a place in standard treatment of the conditions Respondent diagnosed Patient 1 with. Additionally, between March 23, 2018 and April 15, 2018, Respondent's therapy notes refer to many items that one would see in psychodynamic/interpersonal therapy, such as references to problems with Patient 1's mother, issues with her boyfriend moving out, and superficial cutting; items not normally addressed in cognitive behavioral therapy. During this time, Respondent did not clearly document in what fashion he was medicating the patient, what compliance she had with her medications, and the level to which she was experiencing any symptoms of the

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[2] Valium is also known as diazepam. It is a long acting benzodiazepine and a dangerous drug pursuant to Business and Professions Code section 4022, as well as a Schedule IV controlled substance pursuant to Health and Safety Code section 11517, subdivision (c)(9).

[3] Ritalin is also known as methylphenidate. It is a stimulant and a dangerous drug pursuant to Business and Professions Code section 4022, as well as a Schedule II controlled substance pursuant to Business and Professions Code section 11055, subdivision (d)(6).

diagnoses Respondent ascribed to Patient 1. Respondent also proactively sought out, reviewed and/or analyzed Patient 1's social media activity, including photographs, and other social media users' reactions, which he discussed with Patient 1 during therapy sessions.

14. On or about May 31, 2018, Respondent noted that Patient 1 developed a "transferential" attraction to him. On or about June 8, 2018, Respondent noted his own, countertransference, attraction to the Patient 1. Respondent documented a "curbside consult," and referral to a marriage and family therapist. In his interview with the Board investigators Respondent explained that he felt the need to refer the patient out at this early stage, however the patient refused. This refusal was not documented. Respondent failed to consider, and did not document a consideration, that it was contingent upon him as the physician to insist to the patient that the treatment was in fact compromised. If Patient 1 refused the referral, it also became contingent upon him to offer a series of referrals and to recuse himself from further treatment. But that is not what Respondent did. Respondent continued to provide psychotherapy to Patient 1 after he documented in her chart that he would establish "firm boundaries."

15. On or about June 15, 2018, Respondent prescribed to Patient 1 Seroquel, an antipsychotic medication that is prescribed off-label to insomnia patients for its sedative effect. Respondent documented in Patient 1's chart that Seroquel was prescribed for insomnia, however, Respondent did not document or explain his reasoning for this choice of medication.

16. From September 20, 2018 through January 10, 2019, Respondent's weekly sessions with Patient 1 are documented as brief and unchanging mental status exams that include a limited commentary about the patient's life events. These records do not reflect cognitive behavior therapy. The manner of Respondent's record keeping made it is extremely difficult to ascertain what treatment the patient was actually receiving and whether she was making any progress.

17. Starting on January 10, 2019, Respondent began to chart that Patient 1's tendency to pursue men in relationships required firm boundaries and, again, documented that he referred Patient 1 to a marriage and family therapist. In addition, Respondent engaged in a supervisory experience with another psychiatrist to discuss transference/countertransference issues. In Respondent's records for Patient 1, there is a paucity of information as to what actually

transpired, what actions the patient had taken, what attempts there were to set boundaries with the patient, and what guidance in supervision was given to him.

18. On or about January 24, 2019, Respondent charted in Patient 1's records a discussion of transference/countertransference issues and a "possible referral to another psychiatrist if the situation intensifies." Respondent's records contained no explanation about what occurred. Respondent's records for Patient 1 do not clearly establish whether a transfer of her therapy to a marriage and family therapist was already underway. However, despite making attempts to transfer Patient 1's therapy, Respondent continued to see Patient 1. On or about January 28, 2019, Respondent charted that a "clear significant boundary violation" on his part occurred, which had an anti-therapeutic effect on Patient 1. No details were recorded. After that event Respondent began efforts to refer the patient to another psychiatrist for medication management. Yet, even after attempting to arrange a referral, Respondent continued to have contacts with Patient 1, in-person on February 12, 2019 and March 6, 2019, as well as by text messages and video conferences.

19. Respondent's admissions during his interview with the Board's investigators, the text messages exchanged between Respondent and Patient 1, and Patient 1's complaint to the Board, show a steady erosion and eventual disregard for professional boundaries by Respondent while he was providing psychotherapy to Patient 1 as follows:

A) Respondent described himself to Patient 1 as a "pick-up artist".

B) Respondent told Patient 1, during therapy, that he and Patient 1 would "probably be hooking up" if they were single.

C) During the course of treatment Respondent discussed a video-game chat room to Patient 1 which led Patient 1 to join the chat room and communicate with Respondent in a sexually provocative manner. Respondent did not know that he was communicating with a patient until she told him during therapy. After she informed him, Respondent continued to render therapy to Patient 1. Respondent provided updated chat room information to Patient 1 in a text message at or near the time Patient 1's care was transferred to other providers.

D) During a video therapy session Respondent asked Patient 1 to show him her breasts.

E) Respondent accessed Patient 1's social media, including photos, and discussed them with the patient during therapy.

F) Respondent told Patient 1 that he would like to ejaculate on her.

G) During an in-person therapy session on or about January 28, 2019, Patient 1 described the anti-therapeutic incident as follows:

"Our session took place the day before his son was to be born. I specified to him no touching, no kissing. He told me to stand and turn around - I did. He unzipped my dress and breathed along my back and neck, and then told me to sit down and breathed along my inner thighs. During this, he did touch me. He tried to convince me we could continue to see each other, and I declined. He kissed my forehead and I left. Afterwards, he texted me asking if he could come to my house for another session, and I declined."

In his interview with the Board's investigators, Respondent described this incident as follows: "I recall that portion of the -- the session which -- and I thought that that was the -- the most inappropriate ... at some point, the patient stood up, kind of made conversation, and I said, well, what -- you know, what are you doing? And she said, well, stand next to me. And I was like well, what do you want? She was like, trust me. I'm going to show you how good my boundaries are. And so, I stood next to her. And we didn't touch, but somehow it progressed to me -- um -- tracking her skin with -- with -- uh -- with my -- with my -- uh -- with my lips, you know, with my face as if I was going to kiss her, but I didn't. And -- uh -- I ended up -- uh -- tracking the parts of her body that were exposed. She was wearing -- um -- a revealing dress, so it was her -- uh -- so, I do recall that being her neck, her left -- her arms, and her legs, the -- the parts that were revealed by the dress. And then, I sat back down, and she sat back down. And that -- that I recall as being the most -- uh -- the most intense it got on a -- um -- on a physical level."

H) Even though Respondent purported to have referred Patient 1 to other providers, he remained involved in her care and remained in contact with Patient 1. However, these contacts were inappropriate and outside of the standard of care. On or about February 5, 2019, Patient 1 showed Respondent a portion of a screen-play she wrote soon after her treatment with

Respondent began in which one of the characters was a psychiatrist, based on Respondent, who was seduced by his patient. Patient 1 described that character as "rather handsome" in her screenplay. Respondent, in a text message told Patient 1 that she had a typo, and the word "rather" should have been "extremely."

I) Even after attempting to refer Patient 1 to other providers, Respondent continued to engage with her in a flirtatious manner, telling her that he was still her psychiatrist and offering her to have additional therapy sessions in-person. When Patient 1 expressed reluctance to communicate with Respondent, he continued to contact her, telling Patient 1 that he missed his "favorite patient" and offering to have additional interactions with her. Respondent convinced Patient 1 to have a video session on or about February 26, 2019. The session was interrupted by Respondent's spouse and ended abruptly. On February 27, 2019, Respondent texted the following to Patient 1: "Thanks for taking my call last night. (Fyi, I had just had dinner with my dad...I was tipsy but not drunk etc.) You asked me what would have happened had we met again. My guess is more of the same... A mixture of discussion, boundary pushing, confusion and somehow still restraint (the past is the best predictor of the future). I am glad that you said no and that, as a result, things never progressed further than they did. I ended up disclosing to my wife the major details of what happened between us (without mentioning your name). It feels better now to have it out in the open. I am sorry to have put you through such turmoil. You deserved better than that, especially from me."

FIRST CAUSE FOR DISCIPLINE

(Sexual Misconduct)

20. Respondent Lindsay Ramzi Kiriakos, M.D. is subject to disciplinary action under section 726 of the Code in that he engaged in sexual misconduct with Patient 1. The circumstances are as follows:

21. The allegations of Paragraphs 9 through 19, as set forth above, are incorporated herein by reference.

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SECOND CAUSE FOR DISCIPLINE

(Gross Negligence)

22. Respondent Lindsay Ramzi Kiriakos, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code because he committed acts of gross negligence while rendering psychotherapy to Patient 1. The circumstances are as follows:

23. The allegations of Paragraphs 9 through 20, as set forth above, are incorporated herein by reference.

24. Respondent's engaging in sexual misconduct as alleged in the First Cause for Discipline was an extreme departure from the standard of care.

25. Respondent's use of social media as alleged in paragraphs 9 through 20 was an extreme departure from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

26. Respondent Lindsay Ramzi Kiriakos, M.D. is subject to disciplinary action under sections 2234 and 2228.1, because he engaged in unprofessional conduct and sexual misconduct while rendering psychotherapy to Patient 1. The circumstances are as follows:

27. The allegations of Paragraphs 9 through 24, as set forth above, are incorporated herein by reference.

FOURTH CAUSE FOR DISCIPLINE

(Record Keeping)

28. Respondent Lindsay Ramzi Kiriakos, M.D. is subject to disciplinary action under section 2266 of the Code because he failed to keep accurate and adequate records of his care and treatment of Patient 1. The circumstances are as follows:

29. Allegations of Paragraphs 9 through 19, as set forth above, are incorporated herein by reference.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 79342, issued to Lindsay Ramzi Kiriakos, M.D.;

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

3. Ordering Lindsay Ramzi Kiriakos, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: FEB 18 2021

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

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