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

In the Matter of the Accusation Against:	)	
	)	
	)	
NORMAN J. LACHMAN, M.D.	)	Case No. 17-2004-161777
	)	
Physician's and Surgeon's	)	
Certificate No. G-15903	)	
	)	
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 November 9, 2009.

IT IS SO ORDERED October 8, 2009.

MEDICAL BOARD OF CALIFORNIA

By: Hedy Chang, Chair
Panel B

EDMUND G. BROWN JR., Attorney General
of the State of California
TRINA L. SAUNDERS,
Deputy Attorney General
California Department of Justice
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(213) 620-2193
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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: NORMAN J. LACHMAN, M.D. Physician's and Surgeon's Certificate No. G 15903, Respondent.	Case No. 17-2004-161777 OAH No. 2008080669 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California, Department of Consumer Affairs ("the Board"), the parties agree to the following stipulated settlement which will be submitted to the Board for its approval and adoption as the final disposition of the Accusation.

PARTIES

1. Complainant David Thornton, the Executive Director of the Medical Board of California. He brought this action solely in his official capacity and is represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Trina L. Saunders, Deputy Attorney General.

2. Respondent Norman Lachman, M.D. ("Respondent") is represented in this proceeding by Attorney Peter Osinoff of Bonne, Jones, Bridges, et al, whose address is 3699

Wilshire Boulevard, 10th Floor, Los Angeles, California 90010-2719.

3. On December 13, 1968, the Board issued Physician's and Surgeon's Certificate No. G15903 to Respondent Norman Lachman, M.D. Respondent placed this certificate in inactive status, effective March 30, 2006.

JURISDICTION

4. Accusation No. 17-2004-1617776 was filed before the Board on July 13, 2007, and is currently pending against Respondent. The Accusation, together with all other statutorily required documents, was duly served on Respondent in accordance with the California Administrative Procedure Act, and Respondent timely filed a Notice of Defense contesting the accusation. A copy of the accusation is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read and discussed with his counsel the nature of the charges and allegations in the accusation and the effects of this stipulated settlement 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 accusation, the right to be represented by counsel at his own expense, 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.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 17-2004-161777, if proven at a hearing, constitute cause for imposing discipline

against his Physician's and Surgeon's Certificate No.G15903. Respondent does not admit the charges.

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

10. Respondent agrees that his Physician's and Surgeon's license is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to the approval of the Board. Respondent understands and agrees that the Board's staff and counsel for complainant may communicate directly with the Board regarding this stipulation, without notice to or participation by Respondent or his counsel. If the Board fails to adopt this stipulation as its order, the stipulated settlement, except for this paragraph, shall be of no force or effect. The stipulated settlement 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 agree that facsimile copies of this stipulated settlement, including facsimile signatures on it, shall have the same force and effect as the original.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Division shall, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G15903 is revoked. However, revocation is stayed, and Respondent is placed on probation for five (5) years upon the following terms and conditions:

A. CLINICAL ASSESSMENT AND TRAINING PROGRAM. Within 60 calendar days of the effective date of this decision, Respondent shall enroll in a clinical training

or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program").

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in which Respondent was alleged to have been deficient and which takes into account data obtained from the assessment, Decision, Accusation, and any other information that the Division or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based upon Respondent's performance and test results in the assessment and clinical education, the Program will advise the Division or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. The Program's determination whether or not Respondent passed the examination or successfully completed the Program shall be binding.

Respondent shall complete the Program not later than six months after Respondent's initial enrollment unless the Division or its designee agrees in writing to a later time for completion.

Failure to participate in and complete successfully all phases of the clinical training program outlined above is a failure to fulfill this condition precedent.

Failure to complete the entire Program, including any additional recommended evaluation, treatment or training, not later than six months after Respondent's initial enrollment shall constitute a violation of this condition unless the Division or its designee agrees in writing to a later time for completion.

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The Program's determination whether or not Respondent completed the Program shall be binding.

Respondent shall not practice medicine until he has successfully completed the Program and has been so notified by the Board or its designee in writing, except that Respondent may practice within the clinical assessment and training program approved by the Board or its designee. Respondent's practice of medicine shall be restricted only to that which is required by the approved training program.

B. ETHICS COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in ethics, at Respondent's expense, approved in advance by the Division or its designee. Failure to successfully complete the course during the first year of probation is a violation of probation.

An ethics 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 Division or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Division 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 Division ir its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

C. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the effective date of this Decision, Respondent shall enroll in a professional boundaries program, at Respondent's expense, equivalent to the Professional Boundaries Program, Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine ("Program"). 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 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 Division 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 Division or its designee.

Failure to complete the entire Program not later ant six months after Respondent's initial enrollment shall constitute a violation of probation unless the Division 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 Division 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 Division or its designee.

STANDARD CONDITIONS

D. NOTIFICATION. Prior to engaging in the practice of medicine, Respondent shall provide a true copy of the 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 coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days of the effective date of this Decision.

This condition shall apply to any changes in hospitals, other facilities, or insurance carrier during the course of Respondent's probation.

E. PHYSICIAN ASSISTANTS. During probation, Respondent is prohibited from supervising physician assistants.

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

G. 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 reports not later than ten (10) calendar days after the end of the preceding quarter.

H. PROBATION UNIT COMPLIANCE. Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses. 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(b).

Respondent shall not engage in the practice of medicine in Respondent's place of residence. Respondent shall maintain a current and renewed California physician and surgeon's license.

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 that thirty (30) calendar days.

I. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available for interviews either at Respondent's place of business or at the probation unit office, with the Board or its designee upon request at various intervals and either with or without notice throughout the term of probation.

J. RESIDING OR PRACTICING OUT-OF-STATE. 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 thirty (30) calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding thirty (30) calendar days in which Respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the

practice of medicine within California. A Board-ordered period of suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside of California will not apply to the reduction of the probationary period. Periods of temporary or permanent residence or practice outside of California will relieve Respondent of the conditions with the exception of this condition and the following terms and conditions of probation: Obey all laws and Probation Unit Compliance.

Respondent's license shall be automatically canceled if Respondent's periods of temporary or permanent residence or practice outside of California total two years. However, Respondent's license shall not be canceled as long as Respondent is residing and practicing medicine in another State of the United States and is on active probation with the medical licensing authority of that State, in which case the two year period shall begin on the date probation is completed or terminated in that State.

K. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT. In the event Respondent resides in the State of California and for any reason Respondent stops practicing medicine in California, he shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice in California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Board or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically canceled if Respondent resides in California and for a total of two (2) years, fails to engage in the practice of medicine in California, as defined in sections 2051 and 2052 of the Business and Professions Code.

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

M. 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, Petition to Revoke Probation, or 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.

N. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practice due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, he may request to voluntarily surrender his license. The Board reserves the right to evaluate Respondent's request and exercise its discretion as to whether 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 15 calendar days, deliver his wallet and wall certificate to the Board or its designee, and Respondent shall no longer practice medicine in the State of California. Respondent will no longer be subject to the terms and conditions of probation, and the surrender of Respondent's license shall be deemed disciplinary action. If Respondent reapplies for a medical license, the application shall be deemed a petition for reinstatement of a revoked certificate. Respondent will be required to comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 17-2004-161777 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

Nothing in this stipulation prevents Respondent from changing the status of his license to disabled, if he so qualifies.

O. 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 Medicine and delivered to the Board or its designee within 60 days after the start of the new fiscal year. Failure to pay costs within 30 calendar days of this date is a violation of probation.

P. INACTIVE STATUS LICENSE. Respondent's physician and surgeon's certificate is presently in inactive status, which, Respondent acknowledges and agrees, precludes him from practicing medicine. All terms and conditions of this Stipulated Decision and Disciplinary Order shall remain in full force and effect (including the automatic cancellation provision for two years of non-practice in California). However, all terms and conditions which require and presuppose the authority to practice medicine to fulfill are tolled, including provisions A (Clinical Assessment and Training Program), B (Ethics Course), C (Professional Boundaries Course), D (Notification), E (Physician Assistants), G (Quarterly Declarations), I (Interview with Board or Designee), and O (Probation Monitoring Costs). If Respondent wishes to resume the practice of medicine and return to active status at any time before his certificate would be canceled for non-practice (Condition K), all conditions of probation will be imposed effective the date of return to active status. Respondent is aware that the Clinical Assessment and Training Program (Condition A), Ethics Course (Condition B), and Professional Boundaries Course (Condition C), are conditions precedent to resuming the practice of medicine, except within the confines of the program. Respondent agrees that any further limitations on practice recommended by the Clinical Assessment and Training Program shall become part of his probation.

ACCEPTANCE

I have carefully read the above Stipulation and have fully discussed its terms and conditions with my attorney, Peter Osinoff. I understand the effect this stipulation will have on my physician and surgeon's certificate. I enter into this stipulated settlement voluntarily, knowingly, and intelligently, and I agree to be bound by the order and decision of the Medical

Board of California. I further agree that a facsimile copy of this stipulated settlement, including facsimile copies of signatures, may be used with the same force and effect as the original.

DATED: 4/14/09.

NORMAN LACHMAN, M.D.
Respondent

I have read and fully discussed with Respondent Norman Lachman, M.D. the terms and conditions and other matters contained in the above stipulated settlement. I approve its form and content.

DATED: 5/1/09.

PETER OSINOFF
BONNE JONES BRIDGES ET AL
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulation is hereby respectfully submitted for consideration by the Medical Board of California, Department of Consumer Affairs.

DATED: May 1, 2009.

EDMUND G. BROWN JR., Attorney General
of the State of California

TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 17-2004-161777

EDMUND G. BROWN JR., Attorney General
of the State of California
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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 13, 2007
BY

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

In the Matter of the Accusation Against: NORMAN J. LACHMAN, M.D. 862 N. Kenter Avenue Los Angeles, California 90049 Physician's and Surgeon's Certificate No. G 15903, Respondent.	Case No. 17-2004-161777 **ACCUSATION**

Complainant alleges:

PARTIES

1. David T. Thornton (Complainant) brings this Accusation in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On or about December 13, 1968, the Board issued Physician's and Surgeon's Certificate Number G 15903 to Norman J. Lachman, M.D. (Respondent). The Physician's and Surgeon's Certificate is inactive and will expire on August 31, 2009, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board under the authority of the following sections of the Business and Professions Code (Code).

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

5. Section 2234 of the Code states:

"The Division of Medical Quality 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 [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

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

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

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

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

6. Section 2266 of the Code provides:

"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."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent is subject to disciplinary action under Code section 2234, subdivision (b) in that he was grossly negligent in the care and treatment of patients M.B. and I.B.[1] The circumstances are as follows:

A. In late 2000, patient M.B., then age 25, resumed a therapeutic relationship with Respondent, a psychiatrist. M.B. had previously been in family therapy with Respondent but that relationship terminated in 1994 when Respondent sustained serious injuries in an automobile accident. Although the purpose of M.B.'s initial contact with Respondent in 2000 was to seek a referral to another psychiatrist or other therapist, Respondent encouraged M.B. to resume therapy with him based on the earlier therapeutic relationship.

B. M.B. was in therapy with Respondent from approximately late 2000 through April 2004. During a part of this period, Respondent also engaged in conjoint therapy sessions which included M.B., his sister, I.B., and Dr. J.M., a psychologist. Respondent did not maintain any records of the therapeutic sessions with either M.B. or I.B.

C. M.B.'s initial contact with Respondent in 2000 was by telephone and most,

1. The names of the patients are abbreviated to protect privacy.

but not all, of the subsequent sessions were conducted through e-mail or over the phone. Respondent insisted on almost daily sessions and many of the phone sessions were three to four hours long. In addition, M.B. met with Respondent almost every Saturday and Sunday for sessions which lasted at least three hours. For the phone sessions, Respondent would usually initiate the call. Although M.B. maintained a full-time job while studying for the GMAT (Graduate Management Admission Test), Respondent would usually call after 9:00 p.m. and expected M.B. to prepare written analyses of their sessions before he went to bed. Respondent would then critique the analyses. Many of the critiques were by e-mail which often arrived after 12:00 a.m. In addition, Respondent ordered M.B. to prepare written assignments based on his notes and although M.B. asked Respondent to reduce the homework because of his work schedule, Respondent refused.

D. The face to face sessions were conducted in Respondent's home where, on occasion, Respondent struck M.B. in the stomach, chest and legs with a cane. On at least one occasion, Respondent struck M.B. in his testicles with his hand. Over the course of the sessions Respondent called M.B. stupid and crazy. This claim was corroborated by Dr. J.M. who noted that Respondent called M.B. stupid during their conjoint sessions. Dr. J.M. further noted that Respondent was emotionally abusive toward M.B. As examples of this emotional abuse, M.B. stated: Respondent made him buy dog food and threatened to make him eat it; Respondent ordered him not to contact his sister, I.B., without his permission; Respondent referred to M.B. by a girl's name and told him to imagine a male orally copulating him; Respondent asked M.B. to set him up with his female friends and also to send naked photos of M.B.'s girlfriends which Respondent would keep in his possession; and Respondent asked M.B. to record pornographic videos for him and made sexual innuendos regarding his sister, I.B.

E. I.B., who had also been in family therapy with Respondent as a teenager, contacted him again in 2000 because of problems she was having with her then boyfriend. In March 2002, at age 28, I.B. commenced therapy with Dr. J.M., a psychologist and terminated her sessions with Respondent in April 2003. In October 2001, I.B.'s

boyfriend submitted a complaint to the Board regarding the frequency, locations, and duration of the sessions I.B. had with Respondent. According to M.B., Respondent was informed of the complaint by the father of I.B. and M.B. Respondent then directed M.B. and his sister to prepare a written defense of Respondent's actions which Respondent modified before it was sent to the Board under I.B.'s name in December 2001.

F. I.B.'s sessions with Respondent were also very discomforting. Respondent was very controlling and isolated her from her family and friends. On one occasion, Respondent called while I.B. was at the library. Respondent told her she did not have his permission to be at the library. Respondent also told I.B. to stop attending Alcoholics Anonymous meetings even though he was aware of her drinking problem. There were occasions where Respondent made sexually charged comments to I.B. He told her she was a hot tamale and that she would have been attracted to him when he was younger. After I.B. terminated the relationship with her boyfriend and expressed that she was sexually attracted to other males, Respondent inquired about the details of her sex life.

G. According to M.B., Respondent never furnished a bill for his services because he was receiving disability insurance based on his 1994 automobile accident. Respondent maintained that his time was a gift and M.B. was directed to repay him a financial gift which M.B. was not to deduct on his taxes as medical services. In response to Respondent's directives, M.B. made his checks payable to Respondent's accountant or simply wrote "gift" on the check. During one session M.B. mentioned that he had an extra computer. Respondent asked M.B. to give it to him and M.B. complied. About two years later, Respondent told M.B. that the computer was a piece of crap and insisted that M.B. get him a new one. M.B. purchased a new computer system for Respondent which cost $3,400. During several of the face to face sessions, Respondent would suggest going to dinner at various restaurants where Respondent would continue the sessions in the presence of other patrons and servers. I.B. was also present at several of these sessions and Respondent expected them to pay for the meals in addition to the sessions. M.B. estimated that Respondent was taken out for meals about six times a week over a period

of several months..

H. There came a point during M.B.'s therapy when Respondent instituted a system where fines were imposed for various infractions such as allowing Respondent to do most of the talking or M.B. making inappropriate comments. Over the course of about six months, M.B. incurred fines totaling $80,000 which Respondent said were only a fraction of the fines actually incurred and which M.B. was directed to pay by obtaining a loan from a bank. When M.B. was unable to qualify for a personal loan for $80,000, Respondent decided to forgive the debt.

I. Over time, Respondent became increasingly concerned that he would not be paid and asked M.B. to provide financial notes of the debt owed which was to include time for services rendered to I.B. and the father of M.B. and I.B. Respondent never provided a figure but told M.B. that his services were $150 per hour and for M.B. to do the math. M.B. gave Respondent two notarized promissory notes dated July 2, 2002. One note was for $200,000 and the second for $300,000. In addition, M.B. made provisions in his Will for the payment of the promissory notes to Respondent and for the payment to Respondent of an additional $300,000, in the event Respondent was alive at the time of M.B.'s death. During the year 2003, M.B. wrote three cashier checks payable to Respondent with the notation "gift" on the checks. The checks were dated July 21, August 25 and November 14, respectively, and totaled $73,073.12. Respondent did not immediately cash the checks and M.B. stopped payment in May 2004 after he terminated the therapeutic relationship. Subsequent to the stopped payment orders, Respondent unsuccessfully presented the endorsed checks for payment.

8. Respondent's involvement with I.B. and M.B., both individually and jointly, involved a physician-patient relationship. The standard of practice requires avoidance of conflicting relationships, and the avoidance of treatment modalities involving physical abuse, emotional abuse, and berating, insulting, and demeaning behavior towards patients. Also to be avoided are comments with sexual overtones, therapy in public places, undefined session times, and extended telephone and e-mail sessions. The standard of care further requires a physician to

maintain patient records and establish a defined financial arrangement for services provided.

9. The following acts and/or omissions by Respondent with respect to patients M.B. and I.B., individually and/or collectively, represent extreme departures from the standard of care:

A. Physically striking M.B.;

B. Berating and insulting M.B.;

C. Conducting therapeutic sessions with I.B. and/or M.B. in public facilities;

D. Conducting therapeutic sessions with I.B. and/or M.B. without specified time limits;

E. Conducting extended therapeutic sessions with I.B. and/or M.B. over the telephone;

F. Conducting therapeutic sessions with M.B. by e-mail;

G. Failing to maintain records for I.B. and/or M.B. ;

H. Failing to establish definitive financial arrangements for payment for Respondent's services to I.B. and/or M.B.;

I. Instituting a system of fines for M.B.;

J. Directing M.B. to note on financial instruments that payments to Respondent were gifts; and

K. Permitting I.B. and/or M.B. to provide him with computers, meals and other items in association with his services as a physician.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

10. Respondent is subject to disciplinary action under Code section 2234, subdivision (c) in that he engaged in repeated negligent acts in the care and treatment of patients M.B. and I.B. The circumstances are as follows:

A. The facts and allegations in paragraphs 7 and 8, are incorporated here by

reference.

11. The following acts and/or omissions by Respondent constitute negligent acts committed in the care and treatment of patients M.B. and I.B.:

A. Physically striking M.B.;

B. Berating and insulting M.B.;

C. Conducting therapeutic sessions with I.B. and/or M.B. in public facilities;

D. Conducting therapeutic sessions with I.B. and/or M.B. without specified time limits;

E. Conducting extended therapeutic sessions with I.B. and/or M.B. over the telephone;

F. Conducting therapeutic sessions with M.B. by e-mail;

G. Failing to maintain records for I.B. and/or M.B. ;

H. Failing to establish definitive financial arrangements for payment for Respondent's services to I.B. and/or M.B.;

I. Instituting a system of fines for M.B.;

J. Directing M.B. to note on financial instruments that payments to Respondent were gifts; and

K. Permitting I.B. and/or M.B. to provide him with computers, meals and other items in association with his services as a physician.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

12. Respondent is subject to disciplinary action under Code section 2234, subdivision (d) in that he was incompetent in the care and treatment of patients M.B. and I.B. The circumstances are as follows:

A. The facts and allegations in paragraphs 7 through 9, are incorporated here by reference.

FOURTH CAUSE FOR DISCIPLINE

(Failing to Maintain Adequate and Accurate Records)

13. Respondent is subject to disciplinary action under Code section 2266 in that he failed to maintain adequate and accurate records with respect to his care and treatment of patients M.B. and I.B. The circumstances are as follows:

A. The facts and allegations in paragraphs 7 and 8, are incorporated here by reference.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 15903 issued to Norman J. Lachman, M.D.;

2. Revoking, suspending or denying approval of Norman J. Lachman, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. If placed on probation, ordering Norman J. Lachman, M.D. to pay the Division of Medical Quality the costs of probation monitoring;

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

DATED: July 13, 2007.

DAVID T. THORNTON
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant