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

In the Matter of the Accusation Against:	)	
	)	
	)	
CHARLES ROY PHILLIPS, M.D.	)	Case No. 08-2012-228465
	)	
Physician's and Surgeon's	)	
Certificate No. G 16783	)	
	)	
	)	
Respondent.	)	

ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN "EFFECTIVE DECISION DATE" PORTION OF DECISION

On its own motion, the Medical Board of California (hereafter "board") finds that there is a clerical error in the "Effective Decision Date" portion of the Decision in the above-entitled matter and that such clerical error should be corrected.

IT IS HEREBY ORDERED that the "Effective Decision Date" contained on the Decision Order Page in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as "This Decision shall become effective at 5:00 p.m. on **May 14, 2015**."

Order Date: April 15, 2015.

By: Dev Gnanadev MD
Dev Gnanadev, M.D., Chair
Panel B

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

In the Matter of the Accusation Against:	)	
Charles Roy Phillips, M.D.	)	Case No. 08-2012-228465
Physician's and Surgeon's Certificate No. G 16783	)	
Respondent	)	

DECISION AND ORDER

The attached Proposed Decision 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 May 14, 2014.

IT IS SO ORDERED April 14, 2015.

MEDICAL BOARD OF CALIFORNIA

By: Dev Gnanadev MD

Dev Gnanadev, M.D., Chair
Panel B

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

In the Matter of the Accusation Against: CHARLES ROY PHILLIPS, M.D. Physician's and Surgeon's Certificate No. G 16783 Respondent.	OAH No. 2014020719 Case No. 08-2012228465

PROPOSED DECISION

This matter was heard before Administrative Law Judge Jonathan Lew, State of California, Office of Administrative Hearings, on March 2, 2015, in Fresno, California.

Mara Faust, Deputy Attorney General, appeared on behalf of complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

There was no appearance by, or on behalf of respondent Charles Roy Phillips, M.D.

Documentary evidence was received, the record was closed and the matter was submitted for decision on March 2, 2015.

FACTUAL FINDINGS

1. Complainant brought this Accusation solely in her official capacity. Complainant seeks to take action under Business and Professions Code section 822, which provides that the Board may revoke, suspend, place a licentiate on probation or take other proper action when it determines that a licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill affecting competency.[1]

[1] Business and Professions Code section 820 provides the following process for evaluating whether a licentiate is impaired: "Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the

2. The Board issued respondent Physician's and Surgeon's Certificate No. G 16783 on August 1, 1969. The license expired on August 31, 2014.

On September 15, 2003, respondent's Physician's and Surgeon's Certificate was placed on probation for five years with terms and conditions including that he take a psychiatric evaluation. On January 6, 2006, respondent petitioned for early termination of probation which was granted, effective July 27, 2006.

3. Compliance with the service and notice requirements under Government Code sections 11505 and 11509 was established. This matter proceeded by way of default under Government Code section 11520.[2]

4. Complainant contends that respondent is not safe to practice medicine at this time as he suffers from a mental illness that affects competency. On May 15, 2013, respondent agreed to voluntarily submit to a mental examination, the results of which prompted this action under Business and Professions Code sections 820 and 822. In considering this matter, both the chronology of events leading to respondent's mental examination and the results of the psychiatric examination will be discussed below in determining whether respondent's ability to practice medicine is impaired due to mental illness affecting competency.

5. Education and Work History. Respondent completed his medical training in 1968 at Northwestern Medical School. He interned one year at San Francisco General Hospital, and later completed a family practice residency at Contra Costa County Hospital in Martinez. He was board certified in family medicine, and later in emergency room medicine. He was current on his emergency room certification through 2012. From 1980 to 1982 respondent directed the Student Health Center at the University of California Irvine; and from 1982 to 1989, he engaged in family practice in an urgent care clinic in Grass Valley. In 1989 traveled to Saudi Arabia where he worked in an emergency room at King Faisal Hospital. He then returned to the western hemisphere to emergency room practice in Ontario, Canada. He worked concurrently in Minnesota. Between 1977 and April 1999 he worked for Kaiser. He also worked in Clovis, California for the Indian Health Service. After respondent's services were terminated as a full-time pool Kaiser emergency room physician, he worked in an emergency room position at the Corcoran District Hospital, near

---

licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822."

[2] Government Code section 11520, subdivision (a) provides in part: "If the respondent either fails to file a notice of defense, or, as applicable, notice of participation, or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent; ..."

Hanford, from 1999 through 2008. In the spring of 2009, respondent became the sole owner of the Golden State Medical Clinic, which eventually closed in October 2011. He then went to work full-time at an urgent care clinic in southwest Fresno.

Event Chronology

6. Medical Board Executive Meeting. On September 19, 2012, respondent appeared at a Medical Board Executive Meeting. During the public comment period respondent addressed the Board and exhibited an abrasive and offending delivery style while speaking about the "Kaiserization of California." This incident brought respondent to the attention of the Board. It was eventually discovered that he had exhibited other concerning behaviors that very same week, and had been placed on a Welfare and Institutions Code section 5150 hold by the Fresno Police Department.

7. 2012 Incidents. During the week of September 17, 2012, respondent entered the Fresno Medical Staff Office of Saint Agnes Medical Center (St. Agnes) and expressed an interest in reapplying to St. Agnes's medical staff. He demanded to get various administrators on the telephone whom he thought could renew his appointment and restore his affiliate staff status at St. Agnes.

8. On September 25, 2012, respondent was transported to the Emergency Department at St. Agnes as a section 5150 patient. The events underlying the 5150 hold occurred at the Planned Parenthood Clinic located at Bullard Avenue and First Street in Fresno. Respondent entered the Planned Parenthood Clinic and identified himself as a U.S. Federal Marshal and asked the staff to identify themselves with their identification cards and licenses. He told them that if they refused to identify themselves, they would be arrested. Thereafter, respondent held up his briefcase and started counting backwards, saying "5-marshal, 4-marshal, 3-marshal, etc.," implying that there was a bomb in his briefcase. The Fresno Police Department was contacted and police officers visited respondent at his home. Respondent became hyper-vigilant and aggravated when speaking to the Fresno police officers. He insisted that he was a federal marshal and that the Fresno police officers needed to listen to him. Respondent stated that everyone was out to get him and that the police officers' pat down of him was a sexual assault. The Fresno police officers placed respondent on a 72-hour 5150 hold and he was transferred by ambulance to the St. Agnes Emergency Department.

9. On October 1, 2012, respondent returned to St. Agnes to obtain copies of his medical records. While in the office, he told staff about his experience as a 5150 patient. He told staff that he went to Planned Parenthood with his briefcase and that staff at Planned Parenthood reported that his briefcase contained a bomb. St Agnes staff contacted security and respondent was escorted out of the department. Thereafter, security was called to the St. Agnes Medical Records Office where respondent reportedly was harassing staff there and refusing to leave. Security escorted respondent to his car. When asked how it was that he had gained access to the physician's parking lot, respondent indicated that he had used his old St. Agnes identification badge.

10. On October 2, 2012, respondent telephoned the St. Agnes Health Information Office and demanded that a copy of his records be delivered to him at an offsite location. After the St. Agnes employee refused to transfer respondent's call to the legal department, respondent indicated that he was going to the federal courthouse and would come back to the hospital with a bunch of "feds."

11. On October 9, 2012, after respondent had been provided with his medical records, and had been told multiple times not to visit St. Agnes except to be seen as a patient, respondent reentered the emergency room to "use the restroom." He was then arrested for misdemeanor trespass.

On October 10, 2012, St. Agnes filed and was granted a restraining order against respondent. The restraining order was served on respondent on October 15, 2012.

12. On October 16, 2012, respondent called St. Agnes emergency room staff and told them that he would have all their "jobs by midnight."

On November 1, 2012, one of respondent's employees came to St. Agnes to investigate the hospital on behalf of respondent, and was escorted off the premises.

13. 2013 Incidents. On March 16, 2013, respondent was terminated from his medical practice at Kings Winery Health Clinic. Respondent reportedly had an ongoing conflict with the office manager and had started to tape record all their conversations. In addition, respondent claimed that someone was hacking into both his work and personal computers, and stealing his prescription pads. He further claimed that someone was changing his medical notes in his electronic medical charts. Bobby Bliatout, the CEO of Greater Fresno Health Organization, Inc., performed an audit of the electronic medical records and confirmed that only respondent had access to his records on his computer. When Mr. Bliatout met with respondent to resolve issues with the office manager, respondent reportedly stated that "the officer manager and [Bliatout], are agents of Kaiser Permanente" and were targeting respondent to take him down.

14. Jesse Townsend is a Board investigator. He was assigned to investigate this case. On April 18, 2013, Mr. Townsend received an email from respondent, dated April 17, 2013, which stated in part:

> I understand you called Kim and probably had to go read the Book of Revelation to your Medical Director. He is the only one qualified to interview her and decide if she has a legal problem or is simply well read in the Bible. Her probation was dropped partially because my legal letter exposed the urine testing scam as well as the diagnostic scam by the "PhD" person. And hurting women is just fine for you – though rare in the Mafia and Cocaine trade. This is personal revenge to me, and you wish to see it through. Make my day.

15. On May 15, 2013, Mr. Townsend interviewed respondent. Respondent agreed to voluntarily submit to a mental examination.

On July 30, 2013, David E. Powles, M.D., evaluated respondent during a three-hour interview, and performed psychiatric testing. Dr. Powles prepared a Comprehensive Psychiatric Evaluation report dated August 22, 2013, the substance of which is detailed below.

Psychiatric Evaluation

16. Dr. Powles received his M.D. Degree from Wayne State University, and completed his psychiatry residency at the Harbor-UCLA Medical Center, in Torrance, California. He received Board Certification in Psychiatry by the American Board of Psychiatry and Neurology in 1982. Between 1980 and 1989, Dr. Powles served as an Assistant Clinical Professor, Department of Psychiatry, UCLA School of Medicine.

Dr. Powles was Chief Psychiatrist at the Outpatient Mental Health, Administration & Evaluation Units, Sepulveda VA Medical Center through 1984, and a Psychiatric Consultant through 1987 with Airport Marina Counseling Services in Westchester, California. Between 1986 and 1989, he worked as a Gero-psychiatric Consultant, and also worked in general practice psychiatry. Dr. Powles was Chief Psychiatrist at the California Men's Colony in San Luis Obispo between 1989 and 1991. From 1989 to present he has practiced General and Forensic Psychiatry in San Luis Obispo. Dr. Powles holds professional memberships in the Northern California Psychiatric Society, and the American Psychiatric Association. He has also held a number of past professional memberships, largely in Southern California.

17. Dr. Powles was provided a number of documents in connection with the Board's investigation of respondent, as well reports by the Fresno Police Department, court documents relating to St. Agnes's petition for a restraining order, audio CD/video DVD of respondent's interviews with the Board, and documents relating to respondent's termination from Kings Winery Health Clinic. Dr. Powles interviewed respondent on July 30, 2013, and in his report documented respondent's pertinent background and history, neuropsychiatric history, academic and occupational history, medical history, substance use history and psychosocial history. Dr. Powles performed a mental status examination and administered psychiatric and psychological testing.

18. In his mental status examination, respondent was alert and oriented to time, place, person, and situation. He was not confused. His recent and remote memory were operationally intact. He manifested no psychomotor abnormalities and he related openly and candidly. His speech was fluent and normal for rate, volume, and pressure of speech. He manifested no ideas of reference or behavior suggestive of auditory or visual hallucination. Operationally, his judgment appeared intact.

Psychiatric testing on the Beck Depression Inventory was consistent with the absence of depression, and the SAS Index score on the Zung Anxiety Scale was consistent with normal levels of anxiety.

19. Psychological Testing. Dr. Powles administered the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), which was then evaluated by psychological consultant Alex B. Caldwell, Ph.D. Dr. Powles summarized the results of the MMPI-2 in part as follows:

> Dr. Phillips was extremely guarded and self-favorable in his approach to the inventory. His scores on the clinical scales are likely to be suppressed if not inappropriately unelevated because of his defensiveness. It should be noted that in some cases such extreme guardedness has covered over psychotic disorders that were not otherwise fully reflected in their profiles. Considering just scales L, F, and K, the interpretive statements are probably accurate as far as they go, but they may seriously underemphasize the severity of his disturbance and incompletely reflect various underlying aspects of his current emotional state. The supplemental validity scales suggest that his self-favorable responding on scale K clearly came from two different sources. He showed an extensive amount of conscious defensiveness, responding "too positively" to many of the MMPI-2 items. A second contribution to his elevation on the scale K probably followed from his above average level of currently obtained, recently experienced, or self-perceived socioeconomic status (scale Ss). His elevation on scale L suggests considerable guardedness and denial. These scores suggest that he may have had to take the MMPI-2 "against his will," and that he was concerned and self-protective as to how the test results might reflect badly on him or be used against him.
>
> The profile indicated a mild level of depression. It shows mild personality disorder tendencies. Among psychotherapy patients this pattern has mainly been associated with diagnoses of depression. Secondary passive-aggressive and dependent personality disorder trends were also common among these patients. A few of these patients showed paranoid trends clinically that they had covered over in taking the test.

20. Diagnostic Discussion. Dr. Powles diagnosed respondent with Delusional Disorder, a psychotic disorder. He noted the essential feature of a Delusional Disorder as the presence of one or more non-bizarre delusions that persist for at least one month. Another characteristic of a Delusional Disorder is apart from the direct impact of the delusions, psychosocial functioning is not markedly impaired and the behavior of the person is neither

obviously odd nor bizarre. Dr. Powles noted that mood episodes which occur concurrently with the delusions are relatively brief compared to the total duration of the delusional periods. He opined that respondent suffers from the persecutory type of Delusional Disorder, the most common sub-type. The age of onset of Delusional Disorders is generally middle to late adult life. Dr. Powles indicated that especially in the persecutory type, the disorder may be chronic, although a waxing and waning of the preoccupation with the delusional beliefs often occurs.

21. Dr. Powles identified a number of significant events in respondent's history in support of his diagnosis. Respondent, for example, had recounted his early employment in Guam. He reported being in a hospital that was the object of a bomb threat, being arrested for "a broken sliding door" and then feigning chest pain to avoid jail and being placed in a psychiatric unit for his safety. Dr. Powles suggested that respondent may have suffered from an acute psychotic delusional episode which resulted in his being unable to continue work in Guam. Dr. Powles attached significance also to respondent's first encounter with the Board in 1999, and his later having "vigorously invested in pursuing fraud in HMOs and attempted to report to the government in the form of qui tam lawsuits."

Dr. Powles opined that respondent became "actively psychotic" in early September 2012 when he appeared before the Board and tried to commandeer the forum to talk about the "Kaiserization" of California. Dr. Powles noted that respondent "manifested grandiosity, paranoia, and aggression in his confrontation at the meeting."

22. Dr. Powles believes that respondent's subsequent behaviors in inappropriately contacting St. Agnes to obtain medical records and his actions at Planned Parenthood corroborate his picture of respondent's bizarre behavior as being characterized by grandiosity, paranoia, and aggressiveness. Respondent's 5150 hold was based upon a psychosis diagnosis. Finally, the 2013 events relating to respondent's termination from employment at Kings Winery, and the emails that he sent to Mr. Townsend, indicated to Dr. Powles that respondent manifested paranoia.

23. Dr. Powles made the following recommendation[3] following his comprehensive psychiatric evaluation of respondent:

> Dr. Phillips's Delusional Disorder is chronic and expected to continue to wax and wane. At this time I do not find him to be a danger to himself or others. In spite of his history of periodic aggressiveness, I'm unaware of Dr. Phillips having hurt himself or someone else to date.

---

[3] At the Board's request, Dr. Powles further clarified his August 22, 2013 recommendation on October 13, 2013, and it is this updated recommendation that is set forth here.

> Dr. Phillips's disorder predominantly affects his relationships with coworkers and patients. I am unaware of evidence of impairment in his ability to practice medicine.
>
> Historically Dr. Phillips's Delusional Disorder symptoms have been active and detrimental on an episodic basis. His condition is expected to remain episodic and will need to be monitored indefinitely. Dr. Phillips is likely to pose a danger to the public unless he is monitored. Therefore I recommend a minimum of monthly 45-50 minute psychiatric monitoring/psychotherapy sessions to allow Dr. Phillips to continue practicing medicine.
>
> Only a psychiatrist has the requisite skills and experience to be able to adequately monitor Dr. Phillips for emerging delusional symptoms, intervene with psychotherapy and medication when necessary, and remove Dr. Phillips from the workplace if his symptoms become florid. The monitoring psychiatrist should be free of any conflict of interest and have no past or present personal or professional relationship with Dr. Phillips.

Discussion

24. Dr. Powles indicated that he was unaware of evidence of impairment in respondent's ability to practice medicine. However, he recognized that respondent's condition is expected to remain episodic and will need to be monitored indefinitely on the terms that he described. Importantly, Dr. Powles opined that respondent "is likely to pose a danger to the public unless he is monitored."

Respondent did not appear at hearing. No evidence was presented that he is currently being monitored psychiatrically, or that any psychiatrist with requisite skill and experience is positioned to remove him from the workplace when necessary to protect the public. In the absence of any evidence that respondent is being monitored, it is determined that his ability to practice medicine safely is impaired.

Accordingly, it was established by competent medical/psychiatric evidence that respondent suffers from a mental illness affecting his competency to safely practice medicine. His license to practice medicine should be revoked.

LEGAL CONCLUSIONS

1. Business and Professions Code section 822 provides as follows:

> If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the

licentiate is mentally ill affecting competency, the licensing agency may take action by any one of the following methods:

(a) Revoking the licentiate's certificate or license.
(b) Suspending the licentiate's right to practice.
(c) Placing the licentiate on probation.
(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

2. Cause exists to take action against respondent's license under Business and Professions Code sections 822, by reason of the matters set forth in Findings 6 through 24. Respondent's ability to practice medicine safely is impaired because he suffers from a Delusional Disorder affecting competency.

Respondent suffers from a Delusional Disorder, a psychotic disorder that is chronic and expected to continue to wax and wane. When he has episodes of delusions or manifests paranoia, he is dangerous to the public and unfit to practice medicine safely.

3. Complainant also alleges that respondent is subject to disciplinary action under Business and Professions Code section 2234, which provides that the Board shall take action against any licensee who is charged with unprofessional conduct. Unprofessional conduct includes incompetence. (Bus. & Prof. Code, § 2234, subd. (d).) Although respondent's mental illness affects his competency to practice medicine, he is not "incompetent" as that term is used for purposes of unprofessional conduct.

Incompetence generally refers to an absence of qualification, ability or fitness to perform a specific professional function or duty. (*Kearl v. Board of Medical Quality Assurance* (1986) 189 Cal.App.3d 1040; *Pollack v Kinder* (1978) 85 Cal.App.3d 833.) Respondent is not incompetent by this definition. While respondent is clearly not competent to practice medicine when he has a Delusional Disorder, there is no evidence that he does not otherwise possess the requisite qualifications, ability and skill to practice as a physician. Complainant has offered no other evidence to support a claim of incompetence under Business and Professions Code section 2234, subdivision (d). Dr. Powles has even suggested that respondent could safely practice medicine were his mental illness monitored on a monthly basis.

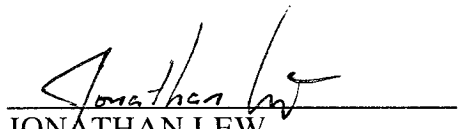
4. The matters set forth in Findings 23 and 24 were considered in making the following Order. It would be contrary to the public interest to place respondent on probation

in the absence of any evidence that his mental illness is being monitored on a regular basis by a psychiatrist who has the requisite skills and experience. Respondent's license to practice medicine should therefore be revoked.

ORDER

Certificate No. G 16783 issued to respondent Charles Roy Phillips, M.D. is REVOKED.

DATED: March 12, 2015



JONATHAN LEW
Administrative Law Judge
Office of Administrative Hearings

KAMALA D. HARRIS
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
MARA FAUST
Deputy Attorney General
State Bar No. 111729
California Department of Justice
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 324-5358
Facsimile: (916) 327-2247
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO January 24 20 14
BY R. FIRDAUS ANALYST

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

In the Matter of the Accusation Against:	Case No. 08-2012-228465
CHARLES ROY PHILLIPS, M.D. **24/7 Urgent Care Clinics** **6769 North Fresno Street, # 201** **Fresno, CA 93710** **Physician's and Surgeon's Certificate No. G 16783** Respondent.	**A C C U S A T I O N**

Complainant alleges:

PARTIES

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

2. On or about August 1, 1969, the Medical Board of California issued Physician's and Surgeon's Certificate Number G 16783 to Charles Roy Phillips, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2014, unless renewed.

////

3. On or about September 15, 2003, Respondent's Physician's and Surgeon's Certificate Number G 16783 was placed on five (5) years probation with standard terms and conditions were imposed, and Respondent was ordered to take a psychiatric evaluation.

JURISDICTION

4. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 2234 of the Code, states:

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

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

"...."

"(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 820 of the Code states:

"Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822."

///

7. Code section 822 states:

"If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

"(a) Revoking the licentiate's certificate or license.

"(b) Suspending the licentiate's right to practice.

"(c) Placing the licentiate on probation.

"(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

"The licensing section shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated."

CAUSE FOR DISCIPLINE

(Mental Illness That Affects Competency)
[Bus. & Prof. Code, §§ 2234, subd. (d), and 822]

8. Respondent is subject to disciplinary action under section 2234, subdivision (d), and 822 in that he is not safe to practice medicine as he suffers from a mental illness that affects competency. The circumstances are as follows:

9. On or about September 19, 2012, Respondent appeared before the Medical Board Executive Meeting and demonstrated an abrasive and offending delivery style during the public comment period when speaking about the "Kaiserization of California." In or about the week of September 17, 2012, Respondent came into the Medical Staff Office at Saint Agnes Medical Center ("Saint Agnes") and expressed an interest in reapplying to Saint Agnes' medical staff. Respondent began making demands of staff to get various administrators on the telephone to aid him in his efforts to gain reappointment. Respondent had previously practiced as both a family physician and an emergency room physician.

10. On or about September 25, 2012, Respondent was transported to the Emergency Department at Saint Agnes Medical Center as a patient under Welfare and Institutions Code

Section 5150. The underlying incident that led to the 5150 hold occurred at the Planned Parenthood Clinic located at Bullard Avenue and First Street in Fresno. While at the Clinic, Respondent identified himself as a U.S. Federal Marshal and asked the staff to identify themselves with their identification cards and licenses. Respondent told the staff that if they refused to identify themselves, they would be arrested. Thereafter, Respondent held up his briefcase and started counting backwards saying "5-marshal, 4-marshal, 3-marshal, etc.," implying there was a bomb in his briefcase. As Respondent left the clinic, his license plate was taken down and members of the Fresno Police Department visited him at his home. Respondent became hyper-vigilant and aggravated when speaking to the Fresno Police officers. Respondent insisted that he was a federal marshal and that the officers needed to listen to him. Respondent stated that everyone was out to get him and that the police officers' pat down of him was a sexual assault. Thereafter the police officers placed Respondent on a 5150 hold (72 hours) and took him by ambulance to Saint Agnes Medical Center.

11. On or about October 1, 2012, Respondent came to Saint Agnes to obtain copies of his medical records. While in the office, he told staff about his experience as a patient under a Welfare and Institutions Code section 5150. He also told staff that he went to Planned Parenthood with his briefcase and that staff at Planned parenthood reported that his briefcase contained a bomb. Staff became uncomfortable with Respondent and security was called and Respondent was escorted out of the department. Thereafter, security was called to the Saint Agnes Medical Records Office as Respondent was harassing staff there and refusing to leave. After security escorted Respondent to his car, he was asked how he gained access to the physician's parking lot and Respondent replied that he had used his old Saint Agnes identification badge (now expired).

12. On or about October 2, 2012, Respondent called the Saint Agnes Health Information Management Office on the telephone and demanded that a copy of his record be delivered to him at an off-site location. After the employee refused to transfer Respondent's call to the legal department, Respondent told her he was going to the federal courthouse and would come back to the hospital with a bunch of "feds."

13. On or about October 9, 2012, at 11:10 p.m., after Respondent had been provided with all his medical records, and had been told multiple times not to visit Saint Agnes Medical Center except to be seen as a patient, Respondent reentered the emergency room to "use the restroom." Respondent was then arrested for misdemeanor trespass. Thereafter on October 10, 2012, Saint Agnes filed and was granted a restraining order against Respondent. The restraining order was served on Respondent on October 15, 2012. On October 16, 2012, Respondent called Saint Agnes hospital emergency room and told staff that he would have all their "jobs by midnight." On November 1, 2012, Kim P., an employee of Respondent, came to Saint Agnes to investigate the hospital on behalf of Respondent and she was escorted off the premises.

14. On or about March 16, 2013, Respondent was terminated from his practice at Kings Winery Health Clinic. Respondent had had conflict with the office manager and had started to tape record all their conversations. In addition Respondent claimed someone was hacking into both his work and personal computer and stealing his prescription pads. Respondent claimed that someone was changing his medical notes in his electronic medical charts. The CEO performed an audit of the electronic medical records and confirmed that only Respondent had access to his records on his computer. When the CEO met with Respondent to resolve his issues with the office manager, Respondent stated that "all you guys are out to get me" and that "you are an agent of Kaiser."

15. On or about April 18, 2013, Medical Board Investigator Townsend received an email from Respondent which stated in part: "I understand you called Kim and probably had to go read the Book of Revelation to your Medical Director. He is the only one qualified to interview her and decide if she has a legal problem or is simply well read in the bible. Her probation was dropped partially because my legal letter exposed the urine testing scam as well as the diagnostic scam by the 'PhD' person. And hurting women is just fine for you-though rare in the Mafia and the Cocaine trade. This is personal revenge to me, and you wish to see it through. Make my day."

16. On or about May 15, 2013, during an interview with a Medical Board investigator, Respondent agreed to voluntarily submit to a mental examination. On or about July 30, 2013, Dr.

D.P. evaluated Respondent during a three hour interview, and performed psychiatric testing. On August 22, 2013, Dr. D.P. wrote a comprehensive evaluation of Respondent where he found that Respondent's "condition needs to be monitored indefinitely by a competent proactive psychiatrist who can intervene at those times when Respondent's Delusional Disorder is impairing his professional relationships." On October 13, 2013, Dr. D.P. wrote an amended final page of his report where he added that Respondent " is likely to pose a danger to the public unless he is monitored."

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 G 16783, issued to Charles Roy Phillips, M.D.;

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

3. Ordering Charles Roy Phillips, M.D., if placed on probation, to pay the Medical Board of California the costs of probation monitoring; and

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

DATED: January 24, 2014

KIMBERLY KIRCHMEYER
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SA2013311573
31861097.doc