

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

**In the Matter of the Accusation Against:** )  
 )  
 )  
**THOMAS F. TROTT, M.D.** ) **Case No. 18-2013-232870**  
 )  
**Physician's and Surgeon's** )  
**Certificate No. A 22459** )  
 )  
**Respondent.** )  
\_\_\_\_\_ )


**DECISION AND ORDER**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.**

**This Decision shall become effective at 5:00 p.m. on January 20, 2017.**

**IT IS SO ORDERED December 21, 2016.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
**Michelle Bholat, M.D., Chair**  
**Panel B**

1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 TRINA L. SAUNDERS  
Deputy Attorney General  
4 State Bar No. 207764  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, California 90013  
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:  
12 THOMAS F. TROTT, M.D.  
1823 Sawtelle Blvd., #3  
13 Los Angeles, CA 90025  
14 Physician's and Surgeon's Certificate No.  
A22459,  
15  
16 Respondent.

Case No. 18-2013-232870

OAH No. 2016060710

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
18 entitled proceedings that the following matters are true:

19 PARTIES

20 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
21 of California (Board). She brought this action solely in her official capacity and is represented in  
22 this matter by Kamala D. Harris, Attorney General of the State of California, by Trina L.  
23 Saunders, Deputy Attorney General.

24 2. Respondent Thomas F. Trott, M.D. (Respondent) is represented in this proceeding by  
25 attorney Joel Bruce Douglas, whose address is: 3699 Wilshire Boulevard, 10th Floor  
26 Los Angeles, CA 90010.  
27  
28





1 Respondent is placed on probation for two (2) years on the following terms and conditions.

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

12 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
13 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the  
14 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,  
15 University of California, San Diego School of Medicine (Program), approved in advance by the  
16 Board or its designee. Respondent shall provide the program with any information and  
17 documents that the Program may deem pertinent. Respondent shall participate in and  
18 successfully complete the classroom component of the course not later than six (6) months after  
19 Respondent's initial enrollment. Respondent shall successfully complete any other component of  
20 the course within one (1) year of enrollment. The prescribing practices course shall be at  
21 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
22 requirements for renewal of licensure.

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

28 Respondent shall submit a certification of successful completion to the Board or its

1 designee not later than 15 calendar days after successfully completing the course, or not later than  
2 15 calendar days after the effective date of the Decision, whichever is later.

3 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
4 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to  
5 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education  
6 Program, University of California, San Diego School of Medicine (Program), approved in  
7 advance by the Board or its designee. Respondent shall provide the program with any  
8 information and documents that the Program may deem pertinent. Respondent shall participate in  
9 and successfully complete the classroom component of the course not later than six (6) months  
10 after Respondent's initial enrollment. Respondent shall successfully complete any other  
11 component of the course within one (1) year of enrollment. The medical record keeping course  
12 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education  
13 (CME) requirements for renewal of licensure.

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

19 Respondent shall submit a certification of successful completion to the Board or its  
20 designee not later than 15 calendar days after successfully completing the course, or not later than  
21 15 calendar days after the effective date of the Decision, whichever is later.

22 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
23 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
24 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
25 licenses are valid and in good standing, and who are preferably American Board of Medical  
26 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
27 relationship with Respondent, or other relationship that could reasonably be expected to  
28 compromise the ability of the monitor to render fair and unbiased reports to the Board, including

1 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
2 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

25 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
26 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
27 name and qualifications of a replacement monitor who will be assuming that responsibility within  
28 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

1 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
2 notification from the Board or its designee to cease the practice of medicine within three (3)  
3 calendar days after being so notified Respondent shall cease the practice of medicine until a  
4 replacement monitor is approved and assumes monitoring responsibility.

5 In lieu of a monitor, Respondent may participate in a professional enhancement program  
6 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
7 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
8 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
9 and education. Respondent shall participate in the professional enhancement program at  
10 Respondent's expense during the term of probation.

#### 11 STANDARD CONDITIONS

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

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

21 6. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
22 prohibited from supervising physician assistants.

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

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



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

3 9. GENERAL PROBATION REQUIREMENTS.

4 Compliance with Probation Unit

5 Respondent shall comply with the Board's probation unit and all terms and conditions of  
6 this Decision.

7 Address Changes

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

13 Place of Practice

14 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
15 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
16 facility. This condition is imposed with the exception, that Respondent has disclosed to the Board  
17 that he currently treats two of his long-standing patients at their respective residences. He may  
18 continue to provide care and treatment to these two patients at their respective residences.  
19 Respondent will disclose the identity of these two patients to his assigned probation monitor. The  
20 medical records of these two patients must be maintained at Respondent's office location and  
21 must be available at his office location for inspection by the Board upon request.

22 License Renewal

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

25 Travel or Residence Outside California

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

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

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

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

18 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
19 months, Respondent shall successfully complete a clinical training program that meets the criteria  
20 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
21 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

24 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
25 probationary terms and conditions with the exception of this condition and the following terms  
26 and conditions of probation: Obey All Laws; and General Probation Requirements.

27 12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
28 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

1 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
2 be fully restored.

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

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

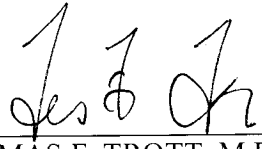
20 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
21 with probation monitoring each and every year of probation, as designated by the Board, which  
22 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
23 California and delivered to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

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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: 10-29-2016   
THOMAS F. TROTT, M.D.  
*Respondent*

I have read and fully discussed with Respondent THOMAS F. TROTT, 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: \_\_\_\_\_ 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: \_\_\_\_\_ Respectfully submitted,  
KAMALA D. HARRIS  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General

TRINA L. SAUNDERS  
Deputy Attorney General  
*Attorneys for Complainant*



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**Exhibit A**

**Accusation No. 18-2013-232870**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO November 17 20 15  
BY D. FIRDANS ANALYST

1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
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*Attorneys for Complainant*

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
9 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:  
11 THOMAS F. TROTT, M.D.  
12 1823 Sawtelle Boulevard, #3  
13 Los Angeles, California 90025  
14 Physician's and Surgeon's Certificate A22459,  
15 Respondent.

Case No. 18-2013-232870  
**A C C U S A T I O N**

16  
17  
18 Complainant alleges:

19 **PARTIES**

- 20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
21 capacity as the Executive Director of the Medical Board of California (Board).  
22 2. On June 26, 1967, the Medical Board issued Physician's and Surgeon's Certificate  
23 Number A22459 to Thomas F. Trott, M.D. (Respondent). That license was in full force and  
24 effect at all times relevant to the charges brought herein and will expire on May 31, 2016, unless  
25 renewed.

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JURISDICTION

1  
2           3.     This Accusation is brought before the Board under the authority of the following  
3 laws. All section references are to the Business and Professions Code (“Code”) unless otherwise  
4 indicated.

5           4.     Section 2227 of the Code states:

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

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

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

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

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

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

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

25           5.     Section 2234 of the Code, states:

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

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

3           “(b) Gross negligence.

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

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

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

14           “(d) Incompetence.

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

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

18           “(g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
21 proposed registration program described in Section 2052.5.

22           “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
24 who is the subject of an investigation by the board.”

25           6.     Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
26 adequate and accurate records relating to the provision of services to their patients constitutes  
27 unprofessional conduct.”

28           //

**FIRST CAUSE FOR DISCIPLINE**

(Gross Negligence - Patient R.G.)

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2  
3       7.    Respondent is subject to disciplinary action for gross negligence under Code section  
4 2234 (b) in that he consistently overprescribed controlled substances to patient R.G. and did not  
5 provide a justification for doing so. The circumstances are as follows:

6       8.    On June 29, 2011, patient R.G., a then 63-year-old, male, presented to Respondent.  
7 This was the only time Respondent saw the patient. Patient R.G. reported symptoms suggestive  
8 of amphetamine abuse. These symptoms included moodiness, anger, and sudden weight loss.  
9 There was no indication of a need for stimulant medications. For a period of three years  
10 Respondent prescribed Adderall, dextroamphetamine, Ritalin, Klonopin, Remeron, trazodone and  
11 Abilify to this patient.

12       9.    Despite the fact that Respondent only saw patient R.G. one time in three years, he  
13 continued to supply stimulants and sedatives to patient R.G., at the same time other providers  
14 were prescribing multiple similar sedatives and multiple opioids.

15       10.   Review of patient R.G.'s CURES report from December 16, 2010 to December 16,  
16 2013, demonstrated that he was receiving prescription medications from multiple prescribers. In  
17 addition to the medications being provided by Respondent, Patient R.G. was receiving  
18 temazepam, oxycodone, Opana, methadone, Dilaudid, Xanax, Soma, hydrocodone, zolpidem and  
19 Suboxone, from other providers. The pattern of prescribing demonstrated in the CURES report  
20 suggests that patient R.G. had a severe substance abuse problem.

21       11.   Over two years after patient R.G.'s last examination, Respondent was still prescribing  
22 abusable medications to this absentee patient. On November 21, 2013, Respondent was still  
23 prescribing Klonopin 1 mg. #90 and on November 23, 2013, Respondent was still prescribing  
24 dextroamphetamine 5 mg #180.

25       12.   Respondent did not ask patient R.G. if he was taking other controlled substances. He  
26 did not obtain the patient's medical records from other providers, nor did he review the patient's  
27 CURES profile.

28       13.   Respondent was grossly negligent in his care and treatment of patient R.G. as follows:



1 19. Per patient D.I.'s CURES report, Respondent prescribed Adderall XR 10 mg #60 each  
2 month, and also short acting Adderall 10 mg #60. The exact doses vary. However, there is no  
3 indication in the patient record explaining the changes in dosage.

4 20. Patient D.I.'s medical records provide minimal assessment or documentation of  
5 psychiatric, medical or pain disorders. They provide no detail to justify the patient's diagnoses or  
6 the treatments provided to the patient.

7 21. The standard of care requires that treatment notes must contain sufficient information  
8 to allow a new provider to continue the care of a patient. This would require treatment records  
9 with information about patient symptoms, history of illness, history of the patient, initial mental  
10 status in psychiatric patients, treatment plan and responses to treatment.

11 22. Respondent's violation of section 2266, of the Code, as it relates to the care and  
12 treatment of patient D.I. constitutes an extreme departure from the standard of care in psychiatry.

### 13 **THIRD CAUSE FOR DISCIPLINE**

14 (Failure to Maintain Adequate Records-Patient P.M.)

15 23. Respondent is subject to disciplinary action under section 2266, in that he failed to  
16 maintain adequate records of his care and treatment of Patient P.M.

17 24. Respondent began treating patient P.M. on December 16, 2010. He treated her for  
18 approximately three years.

19 25. Respondent states that he diagnosed patient P.M. with catatonic schizophrenia, severe  
20 depression, borderline personality, agoraphobia, and an eating disorder. No diagnoses are  
21 recorded in the patient's medical records. The patient also suffers from multiple sclerosis.

22 26. It is impossible to determine from the patient's medical records which sessions were  
23 conducted by phone and which were conducted in-person.

24 27. During the three years of treatment, the doses of benzodiazepines prescribed to patient  
25 P.M. remained relatively constant. No stimulants or opioids were prescribed.

26 28. A note of November 29, 2011, indicated a need for "detox." However, details as to  
27 what the detox was for are absent from the record.

28

