

1 XAVIER BECERRA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 REBECCA D. WAGNER
Deputy Attorney General
4 State Bar No. 165468
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3760
6 Facsimile: (415) 703-5480
E-mail: Rebecca.Wagner@doj.ca.gov
7 *Attorneys for Complainant*

FILED

NOV 30 2020

OSTEOPATHIC MEDICAL BOARD
OF CALIFORNIA

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

12 In the Matter of the Accusation Against:
13 **CUYLER BURNS GOODWIN, D.O.**

Case No. 900-2019-000047

14 **Sequoia Mind Health**
15 **1506 4th Street**
Santa Rosa CA 95404

A C C U S A T I O N

16 **Osteopathic Physician's and Surgeon's**
17 **Certificate No. 20A 13049**

Respondent.

18
19
20 **PARTIES**

21 1. Mark M. Ito (Complainant) brings this Accusation solely in his official capacity as
22 the Executive Director of the Osteopathic Medical Board of California, Department of Consumer
23 Affairs.

24 2. On November 19, 2013, the Osteopathic Medical Board of California issued
25 Osteopathic Physician's and Surgeon's Certificate No. 20A 13049 to Cuyler Burns Goodwin, D.O.
26 (Respondent). The Osteopathic Physician's and Surgeon's Certificate was in full force and effect
27 at all times relevant to the charges brought herein and will expire on October 31, 2022, unless
28 renewed.

1 **JURISDICTION**

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

5 4. Section 3600 of the Code states that the law governing licentiates of the Osteopathic
6 Medical Board of California is found in the Osteopathic Act and in Chapter 5 of Division 2,
7 relating to medicine, known as the Medical Practice Act.

8 5. Section 3600-2 of the Code states:

9 “The Osteopathic Medical Board of California shall enforce those portions of the Medical
10 Practice Act identified as Article 12 (commencing with Section 2220), of Chapter 5 of Division 2
11 of the Business and Professions Code, as now existing or hereafter amended, as to persons who
12 hold certificates subject to the jurisdiction of the Osteopathic Medical Board of California. . .”

13 6. Section 2227(a) of the Code provides in pertinent part that a licensee whose matter
14 has been heard by an administrative law judge. . .who is found guilty. . .may, in accordance with
15 the provisions of this chapter: have his license revoked; have his right to practice medicine
16 suspended for a period not to exceed one year upon order of the board; be placed on probation
17 and be required to pay the costs of probation monitoring upon order of the board; be publicly
18 reprimanded which may include relevant educational courses; or have any other action taken in
19 relation to discipline as part of an order of probation.

20 7. Section 2234 of the Code states, in pertinent part:

21 “The Division of Medical Quality shall take action against any licensee who is charged with
22 unprofessional conduct. In addition to other provisions of this article, unprofessional conduct
23 includes, but is not limited to, the following:

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

26 “(b) Gross negligence.

27 “(c) Repeated negligent acts.

28 “(d) Incompetence.

1 of the patient or client be a defense. However, physicians and surgeons shall not be guilty of
2 sexual exploitation for touching any intimate part of a patient or a client unless the touching is
3 outside the scope of medical examination and treatment, or the touching is done for sexual
4 gratification. Section 729(c)(1) defines "psychotherapist" to have the same meaning as defined in
5 section 728 of the Code which includes a physician and surgeon specializing in the practice of
6 psychiatry or practicing psychotherapy. Section 729(c)(3) of the Code defines "sexual contact" to
7 include sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual
8 arousal, gratification, or abuse. Section 729(c)(4) defines "intimate part" and "touching" to have
9 the same meanings as defined in section 243.4 of the Penal Code.

10 14. Section 243.4(e)(1) of the Penal Code states that any person who touches an intimate
11 part of another person, if the touching is against the will of the person touched, and is for the
12 specific purpose of sexual arousal, sexual gratification, or sexual abuse is guilty of misdemeanor
13 sexual battery. Section 243.4(e)(2) of the Penal Code defines "touches" to mean physical contact
14 with another person, whether accomplished directly, through the clothing of the person
15 committing the offense, or through the clothing of the victim. Section 243.4(g)(1) of the Penal
16 Code defines "intimate part" to include sexual organ, anus, groin, or buttocks of any person , and
17 the breast of a female.

18 COST RECOVERY

19
20 15. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
21 administrative law judge to direct a licensee found to have committed a violation or violations of
22 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
23 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
24 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
25 included in a stipulated settlement.

1 **FACTUAL ALLEGATIONS**

2
3 16. At all times relevant to these allegations, Respondent was the Medical Director at
4 Sequoia Mind Health in Santa Rosa treating patients, including some with psychiatric issues.
5 Respondent is also a Diplomate with the American Board of Psychiatry and Neurology.
6

7 **PATIENT A**

8
9 17. Respondent treated Patient A¹ for schizophrenia² from June 11, 2017 to January 15,
10 2019 for a total of 38 appointments. Patient A suffers auditory hallucinations, delusional beliefs
11 including paranoia, suicidal ideations, and daily severe panic attacks. Respondent advised Patient
12 A's family that he needed to be shielded from all stressors which could trigger a psychotic break.

13 18. On February 5, 2019, the Board received a complaint from Patient A's father (Father)
14 reporting that Respondent jeopardized the ongoing care of his son by having a sexual relationship
15 with Patient A's sister (Sister). Respondent frequently made house calls to treat Patient A. Sister
16 was a primary source of contact and aided in facilitating the care of her brother including, but not
17 limited to: consulting with Respondent regarding Patient A's care, monitoring his medication
18 requirements, and scheduling appointments. Father alleged also in the complaint that Respondent
19 spent more and more of his house call time cultivating his relationship with Sister instead of
20 treating Patient A.³ As a result of Respondent's sexual relationship with Patient A's sister,
21 according to Father, Patient A's care was disrupted in order to find a new treatment provider.
22

23 _____
24 ¹ The first patient in this document is designated as Patient A to protect his privacy. The
25 second patient is designated as Patient B to protect her privacy. The third patient is designated as
26 Patient C to protect her privacy. All other witnesses will be designated by their relationship with
27 Patient A. Respondent knows the names of the patients and witnesses and can confirm their
28 identities through the discovery process.

² Schizophrenia is a serious mental disorder in which people interpret reality abnormally
and may result in hallucinations, delusions, and extremely disordered thinking with behavior that
can impair daily functioning, and can be disabling.

³ Father later clarified during a Board interview on June 25, 2019, that he was not a
personal witness to Respondent's treatment of his son but obtained some information from Patient
A's mother.

1 19. On February 12, 2019, Patient A's mother (Mother) wrote the Board describing the
2 impacts on Patient A of losing his psychiatrist, without being told why, and of seeing his sister
3 and her family less because of the sexual relationship between Respondent and Sister. Mother
4 witnessed Respondent, although paid \$900 an hour for each home visit with Patient A, begin to
5 spend less and less time with Patient A and more and more time talking with Sister in private.
6 Mother felt that Respondent endangered Patient A's mental well-being and violated their family's
7 trust in him. For example, Patient A was upset that he could not see Respondent anymore and
8 tried to exit the car when Mother took him to a new doctor.

9 20. On July 11, 2019, Sister was interviewed by a Board investigator and confirmed she
10 assisted her mother with Patient A's care. Sister arranged the initial house call from Respondent
11 to treat her brother, was present at every visit because her mother needed her support, and paid
12 Respondent the money that Mother gave her with which to pay him. But, she denies that she was
13 her brother's primary caregiver as her mother lived with Patient A and provided his care. Sister
14 acknowledged that eventually her relationship with Respondent became sexual, and that they had
15 sexual intercourse less than ten times beginning in September 2018. Her relationship with
16 Respondent resulted in an unwanted pregnancy and she begged Respondent to prescribe her
17 medication to terminate her pregnancy. Sister blames herself for the affair and denies that
18 Respondent ever spent less time with her brother because of their relationship or neglected Patient
19 A's care. In fact, Sister describes Respondent in glowing terms: she is "so grateful" to him
20 because she thought her brother would die and that Respondent "saved" her brother.

21 21. During the course of the Board's investigation, it was confirmed that Respondent
22 wrote a prescription for Patient A's sister on November 13, 2018 for Misoprostol⁴ which was
23 filled at a drug store. The hand-written prescription included the word "fetal abortion." The
24 Board's investigator subpoenaed Respondent's treatment records for Sister and received a
25 certification of no records.

26 22. On July 31, 2019, a Subject Interview was conducted with Respondent and he refused
27 to answer questions about the nature of his relationship with Patient A's sister. Respondent did

28 _____
⁴ Misoprostol is a medication which can be used to induce an abortion.

1 acknowledge his physician/patient relationship with Patient A which began in June 2017, and
2 described Patient A as having been diagnosed with a “psychotic disorder, commonly referred to
3 as schizophrenia,” which was treated primarily with medications. Respondent also refused,
4 without a written signed release of information, to answer any questions about whether Sister was
5 his patient, and whether he had ever prescribed medications to her.

6
7 **PATIENT B**
8

9 23. Respondent began treating 27 year-old Patient B on June 6, 2017 and assisted her in
10 tapering off her antidepressants. Patient B suffered from generalized anxiety disorder and
11 premenstrual dysphoric disorder with a history of sexual trauma, including multiple sexual
12 assaults, and panic attacks. Respondent described her appearance as “young’ and “athletic,
13 groomed.” By July 5, 2017, Patient B had successfully tapered off the antidepressants; and began
14 working part-time soon thereafter at Respondent’s clinic. While she was Respondent’s employee,
15 she continued to be treated by him with Ketamine infusions.⁵ At times during the infusions,
16 Respondent would ask her personal questions regarding her sexual history and her relationship
17 with her boyfriend. He also discussed his own affair and admitted taking Ketamine home for
18 personal use and to administer to his wife.

19 24. After work on January 12, 2018, Respondent offered Patient B a glass of wine⁶ and
20 led her to his personal office and they sat on a couch. He started asking her personal questions
21 about her boyfriend and discussed his personal life. He told her he liked her and Respondent
22 began to kiss Patient B. She “froze.” He then unbuttoned her pants and penetrated her with his
23 finger. Patient B pulled his hand out of her pants, said no, and pushed his hand away. She left
24 the office, and quit her job soon thereafter. Patient B told Respondent she considered his

25 ⁵ Ketamine is a controlled substance which is commonly used as an anesthesia, but in
26 smaller doses, can be administered intravenously to treat depression and anxiety. Patient B’s
27 medical records show she was treated with Ketamine infusions by IV on the following dates:
28 September 6, 2017; October 4, 2017; October 11, 2017; October 16, 2017; and October 18, 2017.

⁶ Of note, Respondent’s medical records for his treatment of Patient B show that she told
him she drinks at least two glasses of wine nightly—up to 18 glasses a week, and that he listed
alcohol and drug usage as a risk factor for Patient B for self-harm and suicide risk.

1 behavior inappropriate and unacceptable, and he apologized and eventually offered to pay her
2 “under the table” for severance pay because she had to quit her job so suddenly. Patient B never
3 accepted any money from Respondent although she did refuse to pay a bill he sent her in
4 February 2018 for one of her ketamine treatments. Respondent told her he “would take care of
5 it.” That was the last contact Patient B had with Respondent other than obtaining a letter of
6 reference from him.

7 25. On March 15, 2019, Patient B filed a police report with the Santa Rosa Police
8 Department alleging sexual assault by Respondent for the January 12, 2018 incident. Patient B
9 described more details in the police report including that Patient B and Respondent were often the
10 last to leave at night, and that he was often flirtatious but never “crossed the line.” On January
11 12, 2018, she stated that when Respondent began kissing her she initially kissed him back but
12 “didn’t feel comfortable” and “she was afraid and didn’t want to say no to her boss.” She stated
13 that she waited so long because she started feeling “weird” about what happened. During an
14 interview with the Board investigator, Patient B reported that she took an Ethics Course in grad
15 school and felt guilty for never reporting Respondent. Patient B told Respondent’s wife what
16 happened, made the police report, and reported what happened to the Board. Patient B heard that
17 another patient, Patient C, had a similar incident with Respondent but did not want to report it
18 although Patient B encouraged her to make a report.

19
20 **PATIENT C**
21

22 26. On June 25, 2019, a Board investigator went to Respondent’s office to interview
23 Patient C who was also an employee of Respondent. Patient C wrote on a piece of paper that she
24 did not want to discuss anything in the office and gave the investigator her phone number. On
25 July 23, 2019, Patient C was interviewed by telephone by a Board investigator. Patient C stated
26 she began working for Respondent in September 2017 and eventually also began receiving
27 Ketamine treatments from Respondent. During her first treatment, she was alone with
28 Respondent and he hooked her up to a Ketamine IV. She began to feel “woozy” and Respondent

1 asked her to take off her top so she removed her shirt and bra. Patient C noticed Respondent
2 getting closer to her so she put her top back on, grabbed a blanket and put her knees up to not
3 allow him to get close to her. She felt uncomfortable and scared. Respondent began to ask her
4 inappropriate questions including, but not limited to: her number of sexual partners and if she
5 had ever been with any women. Patient C received other Ketamine treatments after this from him
6 but she was never alone with him again. Patient C was so stressed about what happened, and the
7 Board's investigation, that she gave notice on July 10, 2019.

8 27. Before Patient C became Respondent's employee, she was his patient. On May 11,
9 2017, 41 year-old Patient C first sought treatment with Respondent after a major depressive
10 episode a week prior with a suicide attempt that required hospitalization. Patient C was
11 diagnosed with generalized anxiety disorder, panic disorder, premenstrual dysphoria disorder and
12 unspecified depressive disorder by Respondent. Patient C suffered from major depression with a
13 history of sexual trauma and assault, physical assault, anxiety, panic attacks, and the suicide
14 attempt. Respondent described her appearance on the first date of treatment as "young" and
15 "dressed smartly." Respondent continued to treat Patient C including, but not limited to⁷:
16 referred her to a therapist; adjusted her medications; and recommended Ketamine treatment both
17 intravenous and intramuscular in order to treat symptoms of her depression. Patient C's medical
18 records show that she received multiple Ketamine infusions from Respondent and his staff with
19 the first one on December 6, 2017 and the last on April 5, 2019. Patient C also began to see a
20 therapist at Respondent's practice on June 21, 2017, with the final session on January 15, 2019.

21 28. On July 31, 2019, Respondent was interviewed by a Board investigator. Respondent
22 admitted both Patients B and C worked for him, and that he also treated both of them as patients.
23 Respondent refused to answer any questions about drinking wine with Patient B claiming that
24 was his personal life. Respondent admitted that he conducted a medical examination of Patient
25 C's breasts prior to a Ketamine IV treatment (December 6, 2017) because she was recovering

26 ⁷ Respondent treated Patient C both before, and after, she became his employee in
27 September 2017. Patient C's medical records document that she was seen by him also on: May
28 31, 2017; June 20, 2017; July 27, 2017; August 22, 2017; September 20, 2017; November 28,
2017; December 6, 2017; December 14, 2017; March 15, 2018; January 18, 2018; and January
15, 2019

1 from a breast augmentation procedure and she had complained her recovery was not going well.
2 However, Patient C's medical and therapy records before December 6, 2017 contain no
3 documentation that Patient C had complained about her breast procedure, or that she was
4 concerned about the results of her surgery. Respondent did not contemporaneously document the
5 December 6, 2017 breast examination. Even on December 14, 2017, the first time Patient C was
6 treated after the breast incident, Respondent documents nothing about any medical or psychiatric
7 issue related to Patient C's breast implants. Respondent's medical records for Patient C reflect
8 that April 17, 2018 was the first time that Respondent documented that Patient C was concerned
9 about her breast implants and was suffering depression related to a perceived nipple inversion.
10 Respondent further described in the medical records that Patient C was feeling increasingly less
11 secure about her physical appearance and body image; was feeling emotionally distressed; and
12 was feeling that her body image anxiety was affecting her relationships.

13 29. On August 1, 2019, a few weeks after the Board investigator came to his office and
14 Patient C had resigned, and the day after his July 31, 2019 subject interview, and approximately 1
15 year and 9 months after the subject breast examination, Respondent added an entry to Patient C's
16 medical records pertaining to December 6, 2017, labelling it "Addendum." In that "Addendum"
17 authored by him around 21 months after the event, Respondent described, for the first time in the
18 records, that he conducted a visual inspection of Patient C's breast implants on December 6,
19 2017. Respondent claimed in the addendum that Patient C asked for his medical opinion about
20 breast implant repair because of significant pain and perceived disfigurement after recent surgery.
21 He wrote that he validated her emotional experience and distress; however, the late-added
22 Addendum failed to document any information regarding Patient C's emotional distress.
23 Respondent also wrote in his August 1, 2019 "Addendum" that he never mentioned the December
24 6, 2017 breast exam in the original records because it was "not pertinent to treatment."

25
26
27
28

1 FIRST CAUSE FOR DISCIPLINE

2 **(Unprofessional Conduct: Gross Negligence/Repeated Negligent Acts/Incompetence:**
3 **Patient A)**

4 30. Respondent is subject to disciplinary action under Code section 2234, subdivisions
5 (a)(unprofessional conduct) and/or (b) (gross negligence) and/or subdivision (c) (repeated
6 negligent acts) and/or subdivision (d) (incompetence) and/or subdivision (f) and/or American
7 Medical Association Code of Medical Ethics Opinion 9.1.2 in that he committed unprofessional
8 conduct with gross negligence, repeated negligent acts and incompetence, as documented above
9 in Paragraphs 17 through 22, in that Respondent:

10 A. Had an emotional, physical, and sexual relationship with Patient A's sister while
11 Respondent was treating Patient A;

12 B. Had an emotional, physical, and sexual relationship with Patient A's sister and
13 violated ethics and boundaries of the patient-physician relationship by engaging in a sexual
14 relationship with Patient A's sister, who was a significant third-party caregiver for Patient A;

15 C. Failed to avoid a sexual relationship with Patient A's sister whose decisions directly
16 affected the health and welfare of Patient A as she was a point of contact for Patient A, made
17 appointments for Patient A's care, was present at every treatment session with Patient A, and
18 ensured payment to Respondent.

19 D. Either failed by lack of knowledge of ethics and boundaries, or choose to ignore his
20 knowledge of ethics and boundaries, by his physical, emotional, and sexual relationship with a
21 significant third party, Patient A's sister which showed both poor judgment and lack of
22 knowledge of the potential adverse effects on Patient A;

23 E. Prescribed abortion medication to Patient A's sister, his sexual partner, despite not
24 conducting a physical examination, nor documenting the prescription, or the need for the
25 prescription, in medical records, and despite the disruption to the care and treatment of Patient A;

26 F. Violated boundaries and ethics, and exhibited poor judgment and/or lack of
27 knowledge by prescribing abortion medication to a sexual partner who was his patient's sister;
28 and

1 G. Respondent failed to avoid sexual or romantic relations with Patient's A's sister
2 whose decisions directly affect the health and welfare of Patient A.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Unprofessional Conduct/Sexual Misconduct/Sexual Exploitation/ Gross**
5 **Negligence/Repeated Negligent Acts: Patient B)**

6 31. Respondent is subject to disciplinary action under Code sections 2234, subdivision
7 (a)(unprofessional conduct) and/or subdivision (b) (gross negligence) and/or subdivision (c)
8 (repeated negligent acts) and/or subdivision (f) and/or section 726(a) (sexual misconduct) and/or
9 729 (sexual exploitation) and/or 243.4 PC (sexual battery), as outlined in Paragraphs 23 through
10 25, above, including but not limited to:

11 A. Respondent violated ethical and professional boundaries by changing the relationship
12 with Patient B from a physician/patient relationship to an employer/employee relationship.

13 B. Respondent exhibited poor judgment and lack of awareness of ethical and boundary
14 issues by treating Patient B as a current patient while she was also an employee;

15 C. Respondent made unwanted sexual advances to Patient B who was also his employee
16 and patient;

17 D. Respondent committed sexual battery on Patient B, a woman who he knew had a
18 history of victimization by sexual assaults, and who was both his patient and his employee, which
19 violated ethical and professional boundaries.

20 **THIRD CAUSE FOR DISCIPLINE**

21 **(Unprofessional Conduct/Sexual Misconduct/Gross Negligence/Repeated Negligent**
22 **Acts: Patient C)**

23 32. Respondent is subject to disciplinary action under Code sections 2234, subdivision
24 (a)(unprofessional conduct) and/or subdivision (b) (gross negligence) and/or subdivision (c)
25 (repeated negligent acts) and/or subdivision (f) and/or 726(a) (sexual misconduct), as outlined in
26 Paragraphs 26 through 29, above, including but not limited to:

27 A. Respondent, her treating psychiatrist, conducted a breast examination of a female
28 patient/employee without the presence of a preferred-gender observer;

1 B. Respondent failed to document a breast examination of Patient C on the examination
2 date;

3 C. Respondent violated ethical and professional boundaries by hiring Patient C as an
4 employee;

5 D. Respondent performed a breast examination of Patient/Employee C without medical
6 necessity and without competence in the absence of an emergency to ensure Patient C's
7 immediate safety;

8 E. Respondent made unwanted sexual advances to Patient/Employee C, a woman who
9 he knew had a history of sexual assault and trauma, and asked inappropriate sexual questions
10 which violated ethical and professional boundaries.

11 **FOURTH CAUSE FOR DISCIPLINE**

12 **(Unprofessional Conduct: Failure to Maintain Adequate and Accurate Records: Patient**
13 **A's sister and C)**

14 33. Respondent is subject to disciplinary action under Code section 2234, subdivisions
15 (a) – (c) (unprofessional conduct) and/or 2266 (inadequate records) in that Respondent failed to
16 maintain adequate and accurate medical records, as described above in Paragraphs 17 through 22
17 and Paragraphs 26 through 29, above, including but not limited to:

18 A. Respondent failed to document any medical treatment or prescription to Patient A's
19 sister;

20 B. Respondent failed to refer Patient A's sister to another clinician so that she could
21 obtain the prescription through an official patient-physician encounter;

22 C. Respondent failed to document his breast examination, or the medical necessity of
23 such an examination of Patient C.

24 **PRAYER**

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

27 1. Revoking or suspending Osteopathic Physician's and Surgeon's Certificate No.
28 Number 20A 13049, issued to CUYLER BURNS GOODWIN, D.O.;

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

2. Ordering Cuyler Burns Goodwin, D.O. to notify his patients, should he be placed on probation for sexual misconduct, of his probationary status pursuant to Business and Professions Code section 2459.4(a);

2. Ordering Cuyler Burns Goodwin, D.O. to pay the Osteopathic Medical Board of California the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

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

DATED: November 30, 2020

Mark M. Ito

MARK M. ITO
Executive Director
Osteopathic Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SF2020401436
Cuyler Goodwin, D.O. Accusation

DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL

(Separate Mailings)

**In the Matter of the Accusation Against:
Cuyler Burns Goodwin, D.O.
Case No: 900 2019 000047**

I, the undersigned, declare that I am over 18 years of age and not a party to the within cause; my business address is 1300 National Drive, Suite 150, Sacramento, CA 95834.

On **November 30, 2020**, I served the attached **Accusation, Statement to Respondent, Request for Discovery, Notice of Defense (two copies), and Government Code Sections 11507.5, 11507.6 and 11507.7**, by placing a true copy thereof enclosed in a sealed envelope as certified mail with postage thereon fully prepaid and return receipt requested, and another true copy of the **Accusation, Statement to Respondent, Request for Discovery, Notice of Defense (two copies), and Government Code Sections 11507.5, 11507.6 and 11507.7** as enclosed in a second sealed envelope as first class mail with postage thereon fully prepaid, in the internal mail collection system at the Office of the Osteopathic Medical Board of California addressed as follows:

NAME AND ADDRESS

(certified and regular mail)

Cuyler Burns Goodwin, D.O.
Sequoia Mind Health
1506 4th Street
Santa Rosa, CA 95404

Certified Mail No.

9489 0090 0027 6244 3728 31

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on November 30, 2020, at Sacramento, California.

James C. Sparks
Declarant


Signature

cc: Rebecca D. Wagner, Deputy Attorney General