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9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:
14 **Robert Jeffrey Altman, M.D.**
Sutter Gould Medical Foundation
15 **1401 Spanos Court, Ste 230**
16 **Modesto, CA 95355**
17 **Physician's and Surgeon's Certificate**
No. G 74028,
18
19 Respondent.

Case No. 800-2021-083486
A C C U S A T I O N

20
21 **PARTIES**

- 22 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
23 the Executive Director of the Medical Board of California, Department of Consumer Affairs
24 (Board).
25 2. On or about May 12, 1992, the Medical Board issued Physician's and Surgeon's
26 Certificate No. G 74028 to Robert Jeffrey Altman, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on May 31, 2026, unless renewed.

JURISDICTION

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

9 5. Section 2234 of the Code, states:

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

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

15 (b) Gross negligence.

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

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

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

28 (d) Incompetence.

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

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

 (g) The failure by a certificate holder, in the absence of good cause, to attend
and participate in an interview by the board no later than 30 calendar days after being
notified by the board. This subdivision shall only apply to a certificate holder who is
the subject of an investigation by the board.

1 (h) Any action of the licensee, or another person acting on behalf of the
2 licensee, intended to cause their patient or their patient's authorized representative to
rescind consent to release the patient's medical records to the board or the
Department of Consumer Affairs, Health Quality Investigation Unit.

3 (i) Dissuading, intimidating, or tampering with a patient, witness, or any person
4 in an attempt to prevent them from reporting or testifying about a licensee.

5 6. Section 726 of the Code states:

6 (a) The commission of any act of sexual abuse, misconduct, or relations with a
7 patient, client, or customer constitutes unprofessional conduct and grounds for
disciplinary action for any person licensed under this or under any initiative act
referred to in this division.

8 (b) This section shall not apply to consensual sexual contact between a licensee
9 and his or her spouse or person in an equivalent domestic relationship when that
licensee provides medical treatment, to his or her spouse or person in an equivalent
10 domestic relationship.

11 7. Section 729 of the Code states:

12 (a) Any physician and surgeon, psychotherapist, alcohol and drug abuse
13 counselor or any person holding himself or herself out to be a physician and surgeon,
14 psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual
15 intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or
16 with a former patient or client when the relationship was terminated primarily for the
17 purpose of engaging in those acts, unless the physician and surgeon, psychotherapist,
or alcohol and drug abuse counselor has referred the patient or client to an
independent and objective physician and surgeon, psychotherapist, or alcohol and
drug abuse counselor recommended by a third-party physician and surgeon,
psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual
exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse
counselor.

18 (b) Sexual exploitation by a physician and surgeon, psychotherapist, or alcohol
19 and drug abuse counselor is a public offense:

20 (1) An act in violation of subdivision (a) shall be punishable by imprisonment
21 in a county jail for a period of not more than six months, or a fine not exceeding one
thousand dollars (\$1,000), or by both that imprisonment and fine.

22 (2) Multiple acts in violation of subdivision (a) with a single victim, when the
23 offender has no prior conviction for sexual exploitation, shall be punishable by
imprisonment in a county jail for a period of not more than six months, or a fine not
exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

24 (3) An act or acts in violation of subdivision (a) with two or more victims shall
25 be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the
26 Penal Code for a period of 16 months, two years, or three years, and a fine not
exceeding ten thousand dollars (\$10,000); or the act or acts shall be punishable by
imprisonment in a county jail for a period of not more than one year, or a fine not
exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

27 (4) Two or more acts in violation of subdivision (a) with a single victim, when
28 the offender has at least one prior conviction for sexual exploitation, shall be

1 punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal
2 Code for a period of 16 months, two years, or three years, and a fine not exceeding
3 ten thousand dollars (\$10,000); or the act or acts shall be punishable by imprisonment
4 in a county jail for a period of not more than one year, or a fine not exceeding one
5 thousand dollars (\$1,000), or by both that imprisonment and fine.

6 (5) An act or acts in violation of subdivision (a) with two or more victims, and
7 the offender has at least one prior conviction for sexual exploitation, shall be
8 punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal
9 Code for a period of 16 months, two years, or three years, and a fine not exceeding
10 ten thousand dollars (\$10,000).

11 For purposes of subdivision (a), in no instance shall consent of the patient or
12 client be a defense. However, physicians and surgeons shall not be guilty of sexual
13 exploitation for touching any intimate part of a patient or client unless the touching is
14 outside the scope of medical examination and treatment, or the touching is done for
15 sexual gratification.

16 (c) For purposes of this section:

17 (1) "Psychotherapist" has the same meaning as defined in Section 728.

18 (2) "Alcohol and drug abuse counselor" means an individual who holds himself
19 or herself out to be an alcohol or drug abuse professional or paraprofessional.

20 (3) "Sexual contact" means sexual intercourse or the touching of an intimate
21 part of a patient for the purpose of sexual arousal, gratification, or abuse.

22 (4) "Intimate part" and "touching" have the same meanings as defined in
23 Section 243.4 of the Penal Code.

24 (d) In the investigation and prosecution of a violation of this section, no person
25 shall seek to obtain disclosure of any confidential files of other patients, clients, or
26 former patients or clients of the physician and surgeon, psychotherapist, or alcohol
27 and drug abuse counselor.

28 (e) This section does not apply to sexual contact between a physician and
surgeon and his or her spouse or person in an equivalent domestic relationship when
that physician and surgeon provides medical treatment, other than psychotherapeutic
treatment, to his or her spouse or person in an equivalent domestic relationship.

(f) If a physician and surgeon, psychotherapist, or alcohol and drug abuse
counselor in a professional partnership or similar group has sexual contact with a
patient in violation of this section, another physician and surgeon, psychotherapist, or
alcohol and drug abuse counselor in the partnership or group shall not be subject to
action under this section solely because of the occurrence of that sexual contact.

8. Section 2228.1 of the Code states.

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c),
the board and the Podiatric Medical Board of California shall require a licensee to
provide a separate disclosure that includes the licensee's probation status, the length
of the probation, the probation end date, all practice restrictions placed on the licensee
by the board, the board's telephone number, and an explanation of how the patient
can find further information on the licensee's probation on the licensee's profile page
on the board's online license information internet web site, to a patient or the

1 patient's guardian or health care surrogate before the patient's first visit following the
2 probationary order while the licensee is on probation pursuant to a probationary order
3 made on and after July 1, 2019, in any of the following circumstances:

4 (1) A final adjudication by the board following an administrative hearing or
5 admitted findings or prima facie showing in a stipulated settlement establishing any
6 of the following:

7 (A) The commission of any act of sexual abuse, misconduct, or relations with a
8 patient or client as defined in Section 726 or 729.

9 (B) Drug or alcohol abuse directly resulting in harm to patients or the extent
10 that such use impairs the ability of the licensee to practice safely.

11 (C) Criminal conviction directly involving harm to patient health.

12 (D) Inappropriate prescribing resulting in harm to patients and a probationary
13 period of five years or more.

14 (2) An accusation or statement of issues alleged that the licensee committed any
15 of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a
16 stipulated settlement based upon a nolo contendere or other similar compromise that
17 does not include any prima facie showing or admission of guilt or fact but does
18 include an express acknowledgment that the disclosure requirements of this section
19 would serve to protect the public interest.

20 (b) A licensee required to provide a disclosure pursuant to subdivision (a) shall
21 obtain from the patient, or the patient's guardian or health care surrogate, a separate,
22 signed copy of that disclosure.

23 (c) A licensee shall not be required to provide a disclosure pursuant to
24 subdivision (a) if any of the following applies:

25 (1) The patient is unconscious or otherwise unable to comprehend the
26 disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a
27 guardian or health care surrogate is unavailable to comprehend the disclosure and
28 sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit
is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to
the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following
information, with respect to licensees on probation and licensees practicing under
probationary licenses, in plain view on the licensee's profile page on the board's
online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes
alleged in the operative accusation along with a designation identifying those causes
by which the licensee has expressly admitted guilt and a statement that acceptance of
the settlement is not an admission of guilt.

1 (2) For probation imposed by an adjudicated decision of the board, the causes
for probation stated in the final probationary order.

2 (3) For a licensee granted a probationary license, the causes by which the
3 probationary license was imposed.

4 (4) The length of the probation and end date.

5 (5) All practice restrictions placed on the license by the board.

6 (e) Section 2314 shall not apply to this section.

7 **COST RECOVERY**

8 9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
9 administrative law judge to direct a licensee found to have committed a violation or violations of
10 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
11 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
12 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
13 included in a stipulated settlement.

14 **FACTUAL ALLEGATIONS**

15 Patient 1

16 10. Respondent is Board-certified in Obstetrics and Gynecology. He practices as an
17 obstetrician and gynecologist at Sutter Gould Medical Group (SGMG), in Modesto, California.
18 Patient 1 was initially treated by Respondent from approximately 2008 through 2011.¹ In 2011,
19 however, her insurance carrier changed, and she began seeing a gynecologist outside of SGMG.
20 That gynecologist closed his practice in 2020, and Patient 1 decided to return to Respondent's
21 practice because her insurance once again included SGMG providers.

22 11. When Patient 1 made an appointment to see Respondent for follow up gynecological
23 care in approximately December of 2020, she was a 54-year-old woman. Patient 1 presented to
24 Respondent's office at SGMG on or about December 18, 2020. At the beginning of the
25 appointment, Respondent entered the room and spoke with Patient 1 while Patient 1 was fully
26 clothed. During this initial consultation, when discussing a stressful portion of her medical
27 history, Patient 1 began to cry. Respondent approached Patient 1 and brushed away her tears with

28 ¹ Patients are referred to by numbers in this document to protect their privacy.

1 his hand before providing her with a tissue. As Patient 1 continued speaking, Respondent placed
2 his hand over her hands. He then hugged her. Patient 1 felt uncomfortable with this touching and
3 hugging and was wondering if this interaction was appropriate. Respondent then left the room so
4 Patient 1 could undress and put on a medical gown.

5 12. Respondent reentered the room to perform a genital examination. Patient 1 recalls
6 that an assistant entered the room with Respondent and stood behind him as he performed the
7 examination. The assistant was several feet behind Respondent, however, and therefore Patient 1
8 does not believe the assistant was in a position to view the examination. The assistant did not
9 identify herself to Patient 1. Just before Respondent inserted the speculum to perform the vaginal
10 examination, Patient 1 felt him tap on her clitoris in a pronounced manner that felt intentional.
11 Patient 1 found the examination to be very different from previous exams she had undergone and
12 was extremely uncomfortable. Patient 1 was shocked and upset by the exam and froze.
13 Respondent did not document the identity of the assistant who was present in the room during the
14 examination. Patient 1's medical records do, however, show that Medical Assistant P.N. was the
15 person who initially led Patient 1 back to the examination room. She may or may not have served
16 as a chaperone for the examination of Patient 1, but does not recall.

17 13. After the examination, Patient 1 allowed the front office staff to schedule a follow up
18 appointment for her with Respondent. Patient 1 had already determined to cancel this
19 appointment and not see Respondent again. Patient 1 later canceled the appointment and made an
20 appointment with a different gynecologist the following year. At her appointment with the new
21 gynecologist, Patient 1 told the new gynecologist what had happened at her appointment the
22 previous year with Respondent, and how much it upset her. The new gynecologist encouraged
23 Patient 1 to report her experience to the SGMG administration, which Patient 1 did. Patient 1 did
24 not find SGMG's handling of her complaint to be reassuring or transparent, and decided to file a
25 complaint with the Board.

26 14. During the Board's investigation of Patient 1's complaint, investigators interviewed
27 Medical Assistant P.N. Medical Assistant P.N. did not have any specific recollection of Patient 1.
28 When asked by investigators whether she has ever observed Respondent being inappropriate with

1 a patient, she reported that she had not, but that has observed occasions when patients found
2 Respondent to be more physically demonstrative than they wished. For example, she observed an
3 occasion where Respondent had his hand on the lower back of a patient who asked him to remove
4 it. On another occasion, a patient told Medical Assistant P.N. that she had found Respondent to
5 be touching her excessively during recent appointments, which would upset her husband. The
6 patient asked Medical Assistant P.N. to tell Respondent this and to advise him not to touch her so
7 much during appointments.

8 Patient 2

9 15. Patient 2 was treated by Respondent for obstetrical and gynecological care since
10 approximately 2002. He delivered her first child in 2003. Patient 2 continued to see Respondent
11 as her provider, on and off, for the next several years. She felt comfortable with him, and felt that
12 he provided good care and was supportive and friendly. At one point, in approximately 2011, she
13 was undergoing a difficult medical issue, and Respondent hugged her tightly for a very long time.
14 She recalled feeling uncomfortable because the hug went on for too long, but she attributed this to
15 the fact that she had been a long-time patient, and that Respondent intended to convey emotional
16 support.

17 16. During Patient 2's second pregnancy, she had numerous appointments and occasions
18 when she found Respondent's conduct was excessively familiar and physically intimate. He
19 frequently hugged her, and frequently touched her for non-medical purposes and she became
20 uncomfortable around him. In addition to the hugging, Patient 2 recalled occasions when
21 Respondent rubbed her back while she was wearing only a medical gown. Respondent did not
22 employ a chaperone during any of his appointments with Patient 2.

23 17. Patient 2 wanted Respondent to stop the personal, non-medical touching, but she did
24 not know how to speak with him about it without offending him, and she did not want to change
25 physicians mid-pregnancy. She began asking her cousin to accompany her to her appointments
26 with Respondent in the hope that it would dissuade him from touching her so much, but
27 Respondent continued to touch her a lot and her cousin observed this.

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1 18. Patient 2 was admitted to Doctor's Medical Center (DMC), for a surgical delivery of
2 her pregnancy. One of the nurses at DMC, Nurse D.B., is a family friend of Patient 2 and
3 observed several interactions between Patient 2 and Respondent that she found to be overly
4 familiar. She observed that Respondent hugged and touched Patient 2 often. Nurse D.B. reported
5 that she had also observed Respondent to touch other patients excessively in the hospital, not just
6 Patient 2. Another nurse who worked at DMC, Nurse S.J., also observed Respondent touching
7 Patient 2 excessively and reported that Patient 2 was not the only patients she observed
8 Respondent to be overly touchy and familiar with. Patient 2's husband also commented that he
9 noticed Respondent to touch Patient 2 excessively and unnecessarily. At one of Patient 2's
10 follow up appointments with Respondent after the birth, when Respondent completed the vaginal
11 exam, he was standing in front of her between her open legs. He hugged Patient 2 from this
12 position, which Patient 2 found to be incredibly awkward and uncomfortable.

13 19. Approximately one year later, Patient 2 experienced a painful feeling in her genital
14 region and examined herself. She felt a lump that caused a great deal of pain when touched, and
15 knew she needed to have it examined quickly. She did not want to see Respondent again, but she
16 was too concerned about the pain and possible prognosis to wait to switch physicians. Therefore,
17 she called and made an appointment with Respondent. Patient 2 was aware that due to the nature
18 of her complaint and the location of the lump she felt that she would likely require a thorough
19 manual examination that may include a digital rectal examination.

20 20. At the appointment on or about January 27, 2017, Patient 2 spoke with Medical
21 Assistant P.N. and explained that she felt uncomfortable with how much Respondent touched her.
22 P.N. explained that three of the Medical Assistants who worked with Respondent at SGMG had
23 reported concerns to the group's administration about Respondent being overly familiar and
24 excessively touching patients. Patient 2 felt hopeful that Respondent would be more professional
25 during her exam that day because he had received this feedback.

26 21. Respondent entered the room to perform an examination of the lump Patient 2 felt.
27 Respondent did not have a chaperone present during the examination. Patient 2 reported that
28 Respondent first inserted his fingers into her vagina, and then also inserted fingers rectally.

1 Respondent continued this physical examination for what felt like an excessively long time.
2 Patient 2 estimated the examination continued for approximately 60 seconds. Patient 2 felt that
3 Respondent's examination of her was excessively prolonged and unnecessary. She spoke up
4 during the exam, saying things like "okay" in a voice to indicate that he needed to stop the exam,
5 but he continued to the exam without speaking. Patient 2 became upset and reiterated
6 approximately 5 or 6 times "okay" or "enough," but Respondent again did not stop. Finally,
7 Patient 2 physically moved herself up to a sitting position and pulled herself away to stop the
8 exam. As the exam was ending and Patient 2 sat up she observed that Respondent was not
9 wearing gloves.

10 22. Respondent told Patient 2 that he did not feel any lump in her vagina and it was
11 probably nothing to worry about. He gave her a hug from the side of the table and left. Patient 2
12 was very upset and felt disgusted and upset. Patient 2 left the medical office and immediately
13 told her husband what had occurred. Patient 2 told several close friends and told them how upset
14 she was about what occurred. She reported the matter to the SGMG administration. She never
15 returned to see Respondent and transferred her care to another provider.

16 23. Respondent documented an examination of Patient 2 on or about January 24, 2017 in
17 the medical record. He wrote that he felt a "firm small mass on the posterior vaginal wall and
18 tender uterus." Respondent further documented that he advised Patient 2 "not to self examine for
19 4-6 weeks and then to see if it remains." He further wrote that "[w]e discussed probably
20 adenomyosis and option for treatment." Patient 2 was unaware that this was in her medical
21 record, and is certain that Respondent did not relay this information to her because she is certain
22 she would have followed up immediately with another provider if Respondent had told her this
23 information.

24 **FIRST CAUSE FOR DISCIPLINE**

25 **(Sexual Exploitation)**

26 24. Respondent's license is subject to disciplinary action under section 729 of the Code in
27 that he committed sexual exploitation of Patients 1 and 2.

28 25. Paragraphs 10 through 23, above, are incorporated as if set forth herein.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Sexual Misconduct)**

3 26. Respondent's license is subject to disciplinary action under section 726 of the Code,
4 in that he committed sexual misconduct with Patients 1 and 2.

5 27. Paragraphs 10 through 23, above, are incorporated as if set forth herein.

6 **THIRD CAUSE FOR DISCIPLINE**

7 **(Gross Negligence)**

8 28. Respondent's license is subject to disciplinary action under section 2234,
9 subdivisions (b), of the Code, in that he was grossly negligent in his care and treatment of Patients
10 1 and 2.

11 29. Paragraphs 10 through 23, above, are incorporated by reference as if fully set forth
12 herein.

13 30. Respondent was grossly negligent for his acts and omissions including, but not
14 limited to, the following:

15 (a) Touching Patient 1's clitoris during a medical examination without a valid medical
16 reason or documentation, and without patient consent and permission;

17 (b) Not offering a chaperone to Patient 2 for the examination in January of 2017;

18 (c) Not stopping a non-urgent exam when asked multiple times to do so by Patient 2;

19 (d) Not having worn gloves during the examination of Patient 2; and

20 (e) Violating the physician-patient relationship by being overly familiar with Patient 2,
21 touching her repeatedly, and repeatedly embracing her, including on occasions when she was
22 unclothed, and without a chaperone.

23 **FOURTH CAUSE FOR DISCIPLINE**

24 **(Repeated Negligent Acts)**

25 31. Respondent's license is subject to disciplinary action under section 2234, subdivision
26 (c), of the Code, in that he was repeatedly negligent in his care and treatment of Patients 1 and 2.

27 32. Paragraphs 10 through 23, above, are incorporated by reference as if fully set forth
28 herein.

1 33. Respondent was repeatedly negligent for his acts and omissions including, but not
2 limited to, the following:

3 (a) Touching Patient 1's clitoris during a medical examination without a valid medical
4 reason or documentation, and without patient consent and permission;

5 (b) Touching Patient 1 in a non-clinical manner (hugging, touching face, hand-clasping),
6 without her consent during a medical appointment;

7 (c) Not offering a chaperone to Patient 2 for the examination in January of 2017;

8 (d) Not stopping a non-urgent exam when asked multiple times to do so by Patient 2;

9 (e) Not having worn gloves during the examination of Patient 2; and

10 (f) Violating the physician-patient relationship by being overly familiar with Patient 2,
11 touching her repeatedly, and repeatedly embracing her, including on occasions when she was
12 unclothed, and without a chaperone.

13 **FIFTH CAUSE FOR DISCIPLINE**

14 **(General Unprofessional Conduct)**

15 34. Respondent's license is subject to disciplinary action under section 2234 of the Code,
16 in that he committed acts constituting general unprofessional conduct.

17 35. Paragraphs 10 through 23, above, are incorporated as if set forth herein.

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1 PRAYER

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

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 74028,
5 issued to Respondent Robert Jeffrey Altman, M.D.;
- 6 2. Revoking, suspending or denying approval of Respondent Robert Jeffrey Altman,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 8 3. Ordering Respondent Robert Jeffrey Altman, M.D., to pay the Board the costs of the
9 investigation and enforcement of this case, and if placed on probation, the costs of probation
10 monitoring;
- 11 4. Ordering Respondent Robert Jeffrey Altman, M.D., if placed on probation, to provide
12 patient notification in accordance with Business and Professions Code section 2228.1; and
- 13 5. Taking such other and further action as deemed necessary and proper.

14
15 DATED: AUG 27 2024

15 JENNA JONES PAR
16 REJI VARGHESE
17 Executive Director
18 Medical Board of California
19 Department of Consumer Affairs
20 State of California
21 Complainant

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27 FR2023300756