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

10 In the Matter of the Accusation Against:

Case No. 800-2014-007184

11 **Austin Merritt Kooba, M.D.**
12 Kaiser Permanente
13 401 Bicentennial Way
Santa Rosa, CA 95403

ACCUSATION

14 **Physician's and Surgeon's Certificate**
15 **No. A71262,**

16 Respondent.

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, Department of Consumer
22 Affairs (Board).

23 2. On or about April 7, 2000, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A71262 to Austin Merritt Kooba, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein
26 and will expire on November 30, 2017, unless renewed.

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28 \\\

1 **JURISDICTION**

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 unless otherwise indicated.

4 4. Section 2004 of the Code provides that the Board¹ is responsible for the
5 administration and hearing of disciplinary actions involving enforcement of the Medical Practice
6 Act (section 2000 et seq.) and the carrying out of disciplinary action appropriate to findings made
7 by the Board or an administrative law judge with respect to the quality of medical practice carried
8 out by physician's and surgeon's certificate holders.

9 5. Section 2227 of the Code provides that a licensee who is found guilty under the
10 Medical Practice Act may have his or her license revoked or suspended for a period not to exceed
11 one year; or the licensee may be placed on probation and may be required to pay the costs of
12 probation monitoring; or may have any other such action taken in relation to discipline as the
13 Board deems proper.

14 6. Section 726 of the Code states:

15 "The commission of any act of sexual abuse, misconduct, or relations with a patient, client,
16 or customer constitutes unprofessional conduct and grounds for disciplinary action for any person
17 licensed under this division, under any initiative act referred to in this division and under Chapter
18 17 (commencing with Section 9000) of Division 3.

19 "This section shall not apply to sexual contact between a physician and surgeon and his or
20 her spouse or person in an equivalent domestic relationship when that physician and surgeon
21 provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person
22 in an equivalent domestic relationship."

23 7. Section 729 states in relevant part:

24 "(a) Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any
25 person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol
26 and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation,

27 ¹ The term "Board" means the Medical Board of California. "Division of Medical
28 Quality" shall also be deemed to refer to the Medical Board. (Bus. & Prof. Code § 2002.)

1 or sexual contact with a patient or client, or with a former patient or client when the relationship
2 was terminated primarily for the purpose of engaging in those acts, unless the physician and
3 surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to
4 an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse
5 counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and
6 drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon,
7 psychotherapist, or alcohol and drug abuse counselor.

8 “...

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

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

17 “(c) For purposes of this section:

18 “(1) “Psychotherapist” has the same meaning as defined in Section 728.

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

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

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

25 “...

26 “(e) This section does not apply to sexual contact between a physician and surgeon and his
27 or her spouse or person in an equivalent domestic relationship when that physician and surgeon
28

1 provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person
2 in an equivalent domestic relationship.”

3 8. Section 2234 of the Code, states in relevant part:

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

7 “. . .

8 “(b) Gross negligence.

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

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

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

19 “(d) Incompetence.

20 **FIRST CAUSE FOR DISCIPLINE**

21 (Unprofessional Conduct: gross negligence; and/or repeated negligent acts; and/or
22 incompetence in the care of Patient A)

23 9. Respondent is subject to disciplinary action for unprofessional conduct [2234], and/or
24 gross negligence [2234(b)], and/or repeated negligent acts [2234(c)], and/or incompetence
25 [2234(d)] based on the care provided and the sexual relationship he engaged in with Patient A.²
26 The circumstances are as follows:

27 ² In order to protect the patient's privacy, the letter “A” will be used. Respondent may
28 learn the patient's identity during the discovery process.

1 10. Respondent is 52 years old and practices as an obstetrician/gynecologist at Kaiser
2 Permanente – Santa Rosa (Kaiser) and is board certified by the American Board of Obstetrics and
3 Gynecology.³ He began acting as Patient A’s obstetrician/gynecologist (Ob/Gyn) on January 24,
4 2002. Respondent served as Patient A’s obstetrician for three of her pregnancies and delivered
5 two of her babies. Patient A’s last in person office visit with Respondent was on September 12,
6 2012.

7 11. Over the years, Patient A and Respondent became friendly and the patient sought his
8 advice regarding nursing school and her subsequent nursing employment.

9 12. Patient A began working as a nurse at Kaiser Permanente – Santa Rosa in
10 approximately December of 2010. She worked nights in the postpartum department.⁴ She
11 worked nights in the post at that time, Respondent was the Director of Labor and Delivery for
12 Kaiser – Santa Rosa. After four months, Patient A moved to nights in the Labor and Delivery
13 Unit and then eventually switched to day shifts. Respondent continued to act as Patient A’s
14 obstetrician/gynecologist while she also worked as a nurse alongside Respondent. Respondent
15 was very flirtatious with Patient A when they worked together, including requesting that she
16 specifically assist him with deliveries, commenting on her looks, touching her arms, and rubbing
17 his body against her in the operating room.

18 13. In April of 2012 Patient A’s infant son died unexpectedly.

19 14. Following the death of her son, Patient A did not want to return to work in the Labor
20 and Delivery Unit. She expressed her concerns to Respondent and he indicated he would help her
21 with the paperwork to stay off of work because he did not want her to quit working in Labor and
22 Delivery. Respondent also offered to provide her counseling sessions. Although Respondent told
23 Patient A that he had a background in psychiatry, in reality he has a master’s degree in behavioral
24 studies and no training in providing psychiatry or counseling.

25
26
27 ³ Respondent is employed by The Permanente Medical Group, Inc.

28 ⁴ Patient A is employed by Kaiser Foundation Hospitals.

1 15. From April 24, 2012 through December 2012, Respondent provided Patient A with
2 “Bereavement Counseling.”⁵ According to Patient A she saw him approximately twenty times for
3 counseling sessions but Respondent did not document all of the appointments. The Patient would
4 schedule “Bereavement Counseling” sessions with Respondent through his staff, 12 of which
5 were documented visits. The documented visits would generally last thirty minutes to an hour.
6 The remaining sessions, which took place after Patient A’s work shift, were arranged directly
7 between Respondent and Patient A via text message or phone. Patient A would go to
8 Respondent’s office during his “administrative” time⁶ and she would spend several hours with
9 Respondent during these counseling sessions. None of the “Bereavement Counseling” was paid
10 through insurance or from Patient A.

11 16. Respondent completed progress notes for 12 “Bereavement Counseling” sessions and
12 listed various diagnoses for Patient A such as “Stress,” “Bereavement Counseling,” or
13 “Bereavement Counseling: Uncomplicated.” The progress notes contain very little information
14 and are maintained in the SOAP note format. Most of the progress notes indicate that Respondent
15 and Patient A “reflected on issues from last appointment.”

16 17. On or about April 24, 2012, Respondent documented in the first progress note that he
17 was providing a “Consultation” for Patient A and he diagnosed her with “acute stress disorder”
18 following the death of a child. He also documented that Patient A was not able to return to work.
19 Respondent informed Patient A that he had to “fight” with her supervisors to get her time off of
20 work and a modified schedule approved.

21 18. On or about May 16, 2012, Respondent listed the diagnosis as “Stress” following the
22 patient’s complaints of difficulty sleeping. He also noted that she needed more time off of work
23 and was unable to get an appointment for the psychiatry department until June, but “wants to talk
24 to me [Respondent] sooner.”

25
26 ⁵ Respondent labeled the majority of the documented counseling sessions with Patient A
as “Bereavement Counseling.”

27 ⁶ As the Director of Labor and Delivery, Respondent had time set aside in his schedule
28 that permitted him to devote to work as the Director, rather than having to see patients. This was
referred to as “administrative” time.

1 19. On or about May 30, 2012, Patient A was seen by a Licensed Clinical Social Worker
2 (LCSW) during a telephone triage screening for anxiety and trauma following her son's death.
3 That same day, a psychologist conducted an urgent psychological intake of Patient A. The
4 following day, another psychologist saw Patient A and provided urgent care follow-up.

5 20. On or about June 5, 2012, Patient A attended the first of four group sessions titled
6 "Anxiety Introduction Group" with a licensed psychologist.

7 21. On or about June 7, 2012, Patient A first saw a psychologist for a "Bereavement
8 Counseling" follow-up appointment. Shortly thereafter, she saw a psychiatrist for her adult
9 psychiatry intake appointment. The psychiatrist also wrote a memo requesting that Patient A be
10 permitted to continue on modified work duties by not having direct patient care.

11 22. Later on June 7, 2012, at approximately 1:30 p.m., Respondent saw Patient A for
12 "Bereavement Counseling: uncomplicated" and he prescribed Patient A 10 milligrams (mg) of
13 Ambien⁷ (15 pills, with no refills). Under the progress note portion, Respondent wrote
14 "Continued discussion of bereavement of son, and how other events in her past have influenced
15 these feelings. Improving. Still not ready to return to work with direct patient care. Will have on
16 modified for another two weeks. F/u [follow-up] in one week."

17 23. After the first three mental health sessions with Kaiser staff, Patient A was still
18 thinking about leaving the labor and delivery unit because of her anxiety associated with her
19 deceased son. Respondent recommended Patient A discontinue her therapy with the mental
20 health services and instead to rely on the "Bereavement Counseling" that he was providing.

21 24. On or about June 12, 2012, Patient A attended the second "Anxiety Introduction"
22 group session. She never returned for the last two group sessions.

23
24 _____
25 ⁷ Ambien is the trade name for zolpidem tartrate and is a non-benzodiazepine hypnotic. It
26 is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance as defined
27 in Health and Safety Code section 11507(d)(32). Ambien is a central nervous system (CNS)
28 depressant and should be used cautiously in combination with other CNS depressants. Any CNS
depressant could potentially enhance the effects of Ambien, and should be closely administered in
patients exhibiting the signs and symptoms of depression. Because of the habituation and
dependence associated with Ambien usage, individuals with a history of alcohol and/or substance
abuse history should be carefully monitored.

1 25. On or about June 28, 2012, Patient A cancelled her psychology appointment. Patient
2 A did not return to Kaiser Permanente's mental health services, and instead received "counseling"
3 from Respondent.

4 26. While Respondent was providing "Bereavement Counseling" to Patient A he also
5 wrote three internal memo's verifying her visits with the Ob/Gyn department in order to allow her
6 to stay on modified work. Patient A had no actual care or appointments in the Ob/Gyn
7 department during the time Respondent was providing "Bereavement Counseling."

8 27. Starting in about the fourth therapy session, Respondent began asking Patient A about
9 her sexual history and sex life with her husband. During one of the sessions, the patient disclosed
10 that she was molested as a child. Respondent also discussed his sex life with his wife during the
11 sessions. The patient was uncomfortable with the sexual nature of the discussions and would
12 often end their sessions early and leave Respondent's office.

13 28. At one of the last therapy sessions, Patient A was recalling an upsetting situation and
14 Respondent reached out and touched her upper thigh in what she perceived to be a sexual nature.
15 He then tried to kiss her. The patient pulled away and then left the office.

16 29. On or about September 12, 2012, at the last documented "Bereavement Counseling"
17 appointment, Respondent again prescribed Patient A 10 mg of Ambien (15 pills, with no refills).
18 No other notes were completed for the session.

19 30. Respondent and Patient A continued to see each other for "Bereavement Counseling"
20 through December 2012 and they continued to work together. Respondent remained overly
21 friendly and flirtatious with Patient A. Between April 19, 2012 through June 12, 2014, the cell
22 phone records between Respondent and Patient A show hundreds of text messages and phone
23 calls with each other. Many calls were placed during non-business hours.

24 31. On or about June 15, 2013, Respondent prescribed Patient A 10 mg of Ambien (15
25 pills, with no refills). According to the Department of Justice Controlled Substance Utilization
26 Review and Evaluation System, this prescription had a new number from the prescriptions
27 Respondent wrote for Patient A in July 2012 and September 2012. There was no documentation
28 in Patient A's medical record regarding this prescription.

1 32. In early October 2013, Patient A attended a work conference out of town. During the
2 second night of the conference, Patient A was sitting in the lounge area of the hotel with two other
3 Kaiser nurses and Respondent discussing rumors about possible budget cuts. Respondent and one
4 of the nurses got into a heated discussion about which department should lose staff. Eventually
5 the two nurses left. Patient A and Respondent were then joined by two other Kaiser nurses, a
6 husband and wife. Shortly thereafter, Patient A became uncomfortable with the conversation and
7 said she was going back to her room. Respondent said he would walk her to her room. On the
8 way to the room, Respondent pulled Patient A into the stairwell and insisted that she go to his
9 room with him, which she agreed to.

10 33. Once in Respondent's room, the two talked for a while. Respondent told Patient A
11 that from the first time he saw her in an exam room he was attracted to her. He even remembered
12 the examination room number where he first saw her. At this point they began kissing.
13 Respondent tried to remove her shirt, but Patient A was uncomfortable with that. Respondent
14 told her she was beautiful and "he had seen it all before." The patient felt a strong emotional
15 bond with Respondent, and eventually she let him undress her. He then got undressed. Patient A
16 was not ready to have sexual intercourse but remembered a time when Respondent told her during
17 "Bereavement Counseling" that his wife refused to perform oral sex on him. Patient A then
18 performed oral sex on Respondent. After she performed oral sex, Respondent told Patient A that
19 he could no longer be her doctor.

20 34. Afterwards, she remained in his room and they continued to talk throughout the night,
21 including about their spouses and families. Respondent relayed that he and his wife planned on
22 getting divorced when their youngest child graduated high school. While they talked they also
23 continued to kiss, but did not have sexual intercourse. Patient A returned to her room at 6 a.m.,
24 which she was sharing with one of the other nurses.

25 35. When Patient A returned to work that following Monday she immediately changed
26 her Ob/Gyn doctor. On or about October 28, 2013, another doctor at Kaiser officially became
27 Patient A's selected Ob/Gyn doctor.
28

1 36. The relationship between Patient A and Respondent escalated quickly after this point.
2 Within the next two to three weeks they drove out to Bodega Bay and had sexual intercourse for
3 the first time in a car. Patient A would go to Respondent's office when she got off of work
4 around 3:30 p.m., while he was still working, and they would have sex in his office. They would
5 also meet in the clinic when it was closed during Respondent's night call shifts and have sex.
6 They had sex in Respondent's office two to three times per week, including when he was on duty
7 and was required to report for patient care.

8 37. Respondent admitted to engaging in a sexual relationship with Patient A.

9 38. On or about Friday February 21, 2014, Patient A took a home pregnancy test, which
10 was positive. She then called Respondent at work to tell him. Patient A told Respondent that she
11 was going to the emergency room because she was having severe uterine pain and needed to have
12 her intrauterine device (IUD) removed, which upset Respondent. Respondent told her not to go to
13 the Kaiser emergency room because people would find out about their relationship and he would
14 lose his medical license. This was the first time Respondent mentioned his medical license to
15 Patient A during their relationship. Respondent then instructed Patient A how to remove the IUD
16 herself, which she did.

17 39. According to Patient A's medical records, she emailed her gynecologist at
18 approximately 1:42 p.m. and requested a quantitative blood HCG test.⁸ Patient A had two
19 different blood draws done between February 21 and 23, 2014 to determine her HCG levels. Both
20 showed that she was pregnant, but the second HCG level was lower than the first, indicating she
21 was miscarrying.

22 40. Respondent then left work early and picked up Patient A to talk. Respondent brought
23 up abortion, which upset Patient A because she had told him in the past that she would never have
24 an abortion. Despite the patient's belief on abortion, an appointment was made at the Planned
25 Parenthood in Clearlake, Lake County, approximately one hour from their location. Respondent
26

27 ⁸ A quantitative human chorionic gonadotropin (HCG) test measures the specific level of
28 HCG in the blood from a hormone that is only produced during pregnancy.

1 continued to tell Patient A that a baby would destroy both of their families and they would both
2 lose their jobs and he again said he would lose his medical license.

3 41. Patient A went into the Planned Parenthood Clinic for an intake appointment. The
4 pregnancy test was positive; however, Patient A was not far enough along in the pregnancy for
5 anything to appear in the ultrasound nor was there a heartbeat yet. The records reflected the
6 Patient A reported using an IUD for contraception. Options for termination were given to Patient
7 A but she did not schedule a procedure. Respondent was very angry that she did not have the
8 abortion.

9 42. Respondent then drove them to the Kaiser clinic, which was closed. Patient A walked
10 over to the hospital and went to the lab for another quantitative HCG test. Back in the clinic,
11 Respondent performed an ultrasound and noted that there was thickening of Patient A's uterus
12 lining, but Respondent did not document this in her medical record. Respondent continued to
13 press the patient about having an abortion, telling her things like "it's just a few cells," that it was
14 "not a viable pregnancy" because of the IUD, and that he could prescribe her medication to
15 terminate the pregnancy.

16 43. Later on February 21, 2014, Respondent then drove them to a local Walgreens, which
17 is not a pharmacy approved by Kaiser's insurance. Respondent wrote Patient A, a prescription for
18 200 micrograms of misoprostol⁹ (30 pills); however, he backdated it for January 5, 2014. Patient
19 A filled eight pills because insurance would not cover the medication and she had to pay cash for
20 it. Respondent was upset and told her she needed to fill all 30 pills so she then returned and had
21 the pharmacy fill the remaining 22 pills. They picked up the remaining 22 pills through the
22 pharmacy drive-thru window a short time later.

23
24
25 ⁹ Misoprostol is the generic name for Cytotec. Its approved use is to reduce stomach acid
26 and protect the stomach from damage while a patient takes a non-steroidal anti-inflammatory
27 medication like ibuprofen or aspirin. Misoprostol has a black box warning that it can cause birth
28 defects, premature birth, uterine rupture, miscarriage, incomplete miscarriage, and dangerous
uterine bleeding. This medication is commonly used in Ob/Gyn practices, including Kaiser –
Santa Rosa, for many different reasons, such as induction of labor, medication abortions, cervical
ripening before surgical procedures, and the treatment of postpartum hemorrhage.

1 44. During Respondent's interview with an investigator on behalf of the Medical Board
2 he stated that the Patient came to him in early January 2014 and requested the prescription for
3 menstrual cramps.¹⁰ He did not document the misoprostol prescription in the patient's medical
4 file; nor did he conduct an examination of the patient before prescribing the medication.
5 Moreover, during the interview, Respondent claimed he was unaware that misoprostol can induce
6 labor/cause a miscarriage.

7 45. Patient A continued to talk to Respondent about not wanting to take the medication
8 but she knew he would not let her go home until she did. Eventually Respondent put four of the
9 pills in her mouth and kissed her. He thanked her for protecting their families and stated that she
10 was a good mother. Respondent finally took Patient A home around 1:30 a.m. and he slept in his
11 car in her driveway.

12 46. On Saturday, the following day, Patient A still had not started bleeding so Respondent
13 advised her to take four more pills vaginally.

14 47. On Sunday, she still had not started bleeding so she took another four pills orally.
15 Later in the day, Patient A met Respondent and they went for a walk. While they were walking
16 she began bleeding. The bleeding lasted several weeks and eventually Patient A developed a
17 uterine infection. Respondent brought her over antibiotics in an unlabeled pill bottle. He did not
18 tell her what kind of antibiotics he was giving her or where he obtained the medication.
19 Respondent did not document providing antibiotics to Patient A in her medical record.

20 48. On or about February 27, 2014, Patient A had a third HCG blood test which showed
21 she was no longer pregnant.

22 49. The following weekend Respondent and Patient A had a pre-planned vacation to the
23 same hotel where they first began their relationship back in October 2013. Respondent admitted
24 that he panicked when Patient A told him she was pregnant and that he would spend the rest of his
25 life making it up to her. Respondent thought it would be healing for her if they had a baby
26 together once they got married. Patient A realized that things had changed in their relationship

27 ¹⁰ During a subsequent investigation by Kaiser, Respondent told his employer that he
28 wrote the misoprostol prescription in early February 2014.

1 and she was no longer happy seeing Respondent. She began a cycle where she would try to break
2 up with Respondent every few days but Respondent would always say that he would not be able
3 to work with her if they no longer dated. Patient A felt that Respondent would try to have her
4 terminated from Kaiser if she broke off their relationship with him.

5 50. On or about March 3, 2014, Patient A had a new IUD inserted at Kaiser. According
6 to the medical records, Patient A indicated that her prior IUD came out prior to her pregnancy or
7 at the time of the miscarriage in February.

8 51. On or about May 11, 2014, Mother's Day, Patient A began to have trouble sleeping
9 and suffering from panic attacks. She wanted to leave Labor and Delivery because she started
10 seeing pregnant patients with due dates in November, which is when she would have been due.
11 Respondent refused to talk about the pregnancy. Around that time, Respondent's wife discovered
12 text messages between Respondent and Patient A.

13 52. On or about June 5, 2014, Patient A finally ended the relationship with Respondent.
14 She told Respondent to take whatever time he needed to figure out things with his wife and
15 children. During this conversation, Respondent made some comment about Human Resources
16 wanting to meet with her.

17 53. On or about June 6, 2014, Patient A's nursing supervisor contacted her to bring her
18 union representative with her for a meeting with Human Resources.

19 54. On or about June 10, 2014, Patient A reported the relationship with Respondent to a
20 physician at Kaiser who was providing her treatment for anxiety and insomnia.

21 55. On or about June 12, 2014, Patient A filed a complaint with Kaiser Permanente's
22 corporate office as a patient against Respondent.

23 56. Respondent is guilty of unprofessional conduct and subject to disciplinary action
24 under sections 2234 [unprofessional conduct], and/or 2234(b) [gross negligence], and/or 2234(c)
25 [repeated negligent acts], and/or 2234(d) [incompetence] including, but not limited to the
26 following:

27 a. Respondent engaged in a sexual relationship with Patient A who was under his care
28 and treatment for "Bereavement Counseling" and to whom he prescribed controlled substances.

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:

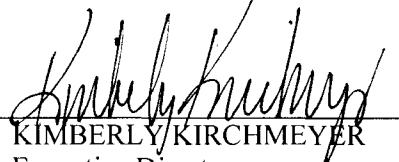
4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A71262,
5 issued to Austin Merritt Kooba, M.D.;

6 2. Revoking, suspending or denying approval of Austin Merritt Kooba, M.D.'s authority
7 to supervise physician assistants, pursuant to section 3527 of the Code;

8 3. Ordering Austin Merritt Kooba, M.D., if placed on probation, to pay the Board the
9 costs of probation monitoring; and

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

11
12 DATED: December 7, 2016


13 KIMBERLY KIRCHMEYER
14 Executive Director
15 Medical Board of California
16 Department of Consumer Affairs
17 State of California
18 *Complainant*

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