



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Robert L. Apter, MD
Master Case No.: M2022-488
Document: Statement of Charges

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld:

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If you have any questions or need additional information regarding the information that was withheld, please contact:

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**STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

ROBERT L. APTER, MD
License No. MD.MD.00014471

Respondent.

No. M2022-488

STATEMENT OF CHARGES

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in Commission file number 2021-10663. The patients referred to in this Statement of Charges are identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On July 14, 1975, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board certified in emergency medicine.

1.2 At all times relevant to this Statement of Charges, Respondent belonged to a network of physicians that provided telemedicine care to patients through a web site (myFreeDoctor.com), which relied on voluntary donations from the patients. The network had a subscription service with Medici, an entity that provided a secure online platform for physicians to connect with patients via online chat, audio, or video conference.

1.3 In 2021, through the network's web site, Respondent prescribed various medications and treatments to patients, including ivermectin, hydroxychloroquine, and nebulized hydrogen peroxide, or some combination of these medications and treatments. Respondent did not have a previously established physician-patient relationship with any of these patients. Each of these patients began their encounter with Respondent by submitting a questionnaire via the network's web site. In each case, Respondent prescribed the medications based solely on a review of an online questionnaire, and, in some cases, brief online chats. Respondent did not examine these patients or use real-time video or audio to consult or interact with these patients.

1.4 When each patient began their telemedicine visit, most of them received a message with the following disclaimer:

In accepting any medication prescribed or advice given by your MyFreeDoctor.com physician, you are acknowledging and agreeing to such medication and advice at each physician's discretion. Although our treatment plan has growing data and strong supporting evidence (www.c19study.com), these treatment plans are off label use that are not approved by the FDA. You also agree that all medical treatments, including those prescribed here, carry risks, including occasional serious adverse reactions or even death. Your physician will prescribe and advise you to the best of their ability on the treatments that they believe have the best benefit to risk ratio given our limited knowledge of COVID -19, but you also agree and acknowledge that such treatments and advice are continually evolving and changing. In giving you COVID -19 advice and treatment, the MyFreeDoctor physician is NOT becoming your primary doctor. You agree to consult with your primary and/or other consulting doctors to be sure your symptoms are not due to some condition other than COVID -19. You acknowledge and agree that Ivermectin is not approved in pregnancy, and you will not take it if you are or could become pregnant. Do you acknowledge and agree to this disclaimer?

1.5 Respondent's records for Patients A through N failed to include appropriate documentation of care, including objective findings, assessment, medical decision-making, and plan.

Patient A

1.6 On or about June 5, 2021, Patient A, a 47-year-old female, used MyFreeDoctor.com to request "information about prophylaxis." Respondent had not previously treated Patient A in any capacity. On or about June 10, 2021, Patient A received, via online chat, a questionnaire to complete to receive a medical consultation. That same day, Patient A completed the questionnaire stating that the purpose of the visit was prophylactic ivermectin; that she had no symptoms, that she was not vaccinated, that she has had no known exposure to COVID-19 and has not been tested. Patient A also answered questions about current medication usage; health history; smoking, vaping, and drinking habits; family medical history, medication allergies, and height and weight. Patient A did identify that she has had an irregular heartbeat her entire life and had a temporary heart murmur during pregnancy that later resolved. Respondent sent a message to Patient A titled "COVID-19 PREVENTION AND PROTECTION MEASURES," which provided instructions for taking ivermectin for prevention of COVID, other recommended supplements to take for prevention, and

other safety measure to take. A couple minutes later, based solely on the information Patient A provided in the questionnaire, Respondent sent a message to Patient A stating that he had sent the prescription for ivermectin. After the prescription was sent, and Patient A corrected Respondent that she was female, Respondent instructed her to take a pregnancy test before taking ivermectin. Respondent's entire interaction with Patient A consisted of an online chat.

1.7 Respondent sent the prescription electronically to a pharmacy in Milwaukie, Oregon. The prescription was for 30 tablets of 3 mg ivermectin, with instructions for Patient A to take five tablets by mouth every day for two days, then to take five tablets every two weeks, all with a fatty meal, and to take each day's dose of tablets all at once. Respondent authorized two refills. Patient A had the prescription transferred to a mail order pharmacy in Portland, Oregon. The Portland pharmacy filled the prescription and sent the medication to Patient A.

1.8 On or about September 3, 2021, Patient A requested a refill of her ivermectin prescription. The Portland pharmacy system alerted the pharmacist to scrutinize the prescription because of recommendations from the Oregon Board of Pharmacy and FDA. On or about September 8, 2021, Patient A called the pharmacy with questions about the prescription. When Patient A refused to tell the pharmacy technician the condition for which the ivermectin was being prescribed, the pharmacy technician transferred the call to the pharmacist who told Patient A that he would call Respondent to get indication for the use of the medication before dispensing the medication. The pharmacist called the phone number listed on the electronic submission and spoke to Respondent. The pharmacist asked Respondent the diagnosis for which he had prescribed ivermectin, and after telling Respondent the dosage on the prescription, Respondent said the prescription was for scabies. The pharmacist subsequently called Respondent back and asked Respondent to look at Patient A's chart to confirm the diagnosis of scabies. Due to a mix-up regarding Patient A's last name and gender, Respondent was not able to confirm the patient or diagnosis. When the pharmacist said he could not refill the prescription unless the prescriber verified the patient to confirm the indication for the medication, Respondent agreed to cancel the prescription.

1.9 Later that day, Patient A had a second online chat with Respondent. Patient A told Respondent that her pharmacy denied her requests to have her prescription for ivermectin refilled because the prescription was related to COVID-19. Respondent had difficulty obtaining access to Patient A's demographic information and said he would ask the staff for help.

1.10 The next day, September 9, 2021, Patient A had another online chat with Respondent. Patient A again stated that the pharmacy would not refill the prescription for ivermectin because they said the doctor could not verify that she was his patient and that many pharmacies were not filling prescriptions for ivermectin if the prescription is used as a prophylactic for COVID-19. Respondent told Patient A to try to have the prescription filled at a specific pharmacy in Long Beach, New York, stating that this pharmacy would fill prescriptions for ivermectin and hydroxychloroquine. Respondent advised Patient A to enter the information for that pharmacy in the app. Patient A did so and Respondent sent a prescription for ivermectin to the pharmacy in Long Beach, New York.

1.11 On September 12, 2021, Patient A had another online chat with Respondent. Patient A told Respondent she had tested positive for COVID-19, and was experiencing symptoms including chest congestion, cough, fever, headache, and body aches. Respondent prescribed 30 tablets of 3 mg ivermectin, 22 tablets of 200 mg hydroxychloroquine, doxycycline, fenofibrate, and inhaled budesonide. Respondent also sent a message with instructions for the first week of COVID illness, which included supplements and oral nasal and cleansing instructions. Respondent also provided a lengthy "COVID -19 Treatment Protocol Treatment" with general information about monoclonal antibodies, information about her prescriptions, other supplements to take, and general instructions for monitoring symptoms.

1.12 On September 15, 2021, Patient A had another online chat with Respondent, telling him that she was feeling better, but that her kidneys were sore and tired. Respondent sent a message stating that aching in the kidney area is common and usually muscular rather than from the kidneys themselves.

1.13 Respondent failed to meet the standard of care in his treatment of Patient A in the following respects:

1.13.1 Respondent failed to establish a physician-patient relationship with Patient A and prescribed medication based solely on an online questionnaire and online chat.

1.13.2 Respondent failed to provide or obtain adequate informed consent to Patient A when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.13.3 Respondent failed to discuss with Patient A the use of vaccines or other methods to prevent a COVID-19 infection.

1.13.4 Respondent failed to adequately evaluate Patient A on September 12, 2021, when she reported that she had COVID-19 and was experiencing symptoms.

1.13.5 Respondent failed to conduct any follow-up when Patient A reported that her kidneys were sore on September 15, 2021, such as a physical examination, urine analysis, or referral to in-person care.

1.13.6 Respondent misrepresented to pharmacy staff that the prescription for Patient A's ivermectin was for scabies, rather than for COVID-19 prophylaxis.

1.14 On December 16, 2021, a Commission investigator sent a letter to Respondent requesting a copy of the medical records of his treatment of Patient A. On February 20, 2022, Respondent, through his attorney, stated that the relationship between the physician network and Medici, the entity that provided a secure online platform, was terminated. Since the records were in the possession of Medici, Respondent was unable to provide a copy of the records to the Commission. Respondent's attorney provided screen shots of some of the electronic communications between Respondent and Patient A, and of the prescriptions Respondent wrote for Patient A, which purportedly came from Patient A.

1.15 On March 7, 2022, a Commission investigator sent a second letter to Respondent informing Respondent of his obligation to provide records to the Commission, and requesting the records of his treatment of Patient A. The investigator also asked Respondent for a copy of the medical records of the last ten Washington patients Respondent treated. On April 29, 2022, Respondent's attorney repeated that Respondent was unable to produce copies of the records of Patient A because the

records were in the possession of Medici and did not have access to a searchable database and was not able to identify the last ten patients he treated in Washington.

1.16 On its website, Medici provides step-by-step instructions for physicians to export patient records to ensure that the provider's medical record system has a record of the consult. Medici also reminds providers that they "may still wish to document the encounter" in their own medical record-keeping systems, too.

1.17 The Commission's investigator later obtained from Medici the records of Respondent's treatment of Patient A and the records related to Respondent's treatment of 189 patients located in the state of Washington.

Patient B

1.18 On or about September 11, 2021, Patient B, a 42-year-old male, used MyFreeDoctor.com to request "prophylactic medication." Patient B received, via online chat, a disclaimer about COVID -19 treatment and a questionnaire to complete to receive a medical consultation. Patient B was also sent a notice that if he was seeking ivermectin, he would need to call his pharmacy and confirm that they will fill the prescription without a diagnostic code. Patient B agreed to the disclaimer and completed the questionnaire, stating that the purpose of the visit was that he was a frontline medical worker who was exposed to COVID-19 on a daily basis and wanted prophylactic medication; that he had no symptoms; that he was not vaccinated; that he is tested twice a week and has not tested positive; and has no current health problems. Patient B also answered questions about current medication usage; health history; smoking, vaping and drinking habits; family medical history, medication allergies, and height and weight.

1.19 The next day, Patient B received a message via online chat stating that the next available physician was ready for a medical consultation, and asking "are you wanting to have medication on hand to take at the first sign of symptoms OR are you wanting to take medication on month-to-month basis in an ongoing effort to help prevent getting the virus?" Patient B responded with a message stating that he was hoping to take ivermectin as a prophylactic and to add a zpac if he comes down with COVID, but that right now his primary goal was for month-to-month ivermectin. Patient B then received a message from Respondent stating, "I recommend weekly IVM, plus keep HCQ on hand for possible early symptoms." Respondent sent a second message

stating “I will prescribe these.” Respondent had not previously treated Patient B in any capacity.

1.20 Based solely on the information Patient B provided in the questionnaire, Respondent sent a prescription electronically to Patient B’s local pharmacy for 30 tablets of 3 mg ivermectin with instructions to take five tablets daily for two days, then five tablets once every week taken with a fatty meal, each day’s dose to be taken all at once. Respondent also sent a prescription for 22 tablets of 200 mg hydroxychloroquine with instructions to take two tablets twice daily on day one, then one tablet twice daily. Respondent sent a message to Patient A titled “COVID-19 PREVENTION AND PROTECTION MEASURES,” which provided instructions for taking ivermectin for prevention of COVID, other recommended supplements to take for prevention, and other safety measure to take. Respondent also sent a message with instructions for the first week of COVID illness, which included supplements and oral nasal and cleansing instructions.

1.21 On or about October 1, 2021, Patient B engaged in an online chat with Respondent. Patient B reported that he has had flu-like symptoms for a few days, a fever of 100 that broke the day before, and severe cough, congestion, and shortness of breath. Patient B reported that a PCR test on September 28th was non-reactive. Patient B asked for help with his cough and shortness of breath. Respondent sent a message to Patient B stating that he would prescribe doxycycline and advised Patient B to start taking hydroxychloroquine as prescribed, and five tablets of ivermectin twice daily for two days followed by five tablets once daily. Respondent stated that this could be a false negative COVID-19 test and should be treated as a COVID-19 infection “until it’s more clear.”

1.22 Respondent failed to meet the standard of care in his treatment of Patient B in the following respects:

1.22.1 Respondent failed to establish a physician-patient relationship with Patient B and prescribed medication based solely on an online questionnaire and online chat.

1.22.2 Respondent failed to provide or obtain adequate informed consent to Patient B when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.22.3 Respondent failed to discuss with Patient B the use of vaccines or other methods to prevent a COVID-19 infection.

1.22.4 Respondent failed to adequately evaluate the flu-like symptoms and shortness of breath Patient B reported on October 1, 2021, such as verifying accurate oxygen saturation, testing for flu, or otherwise consider whether Patient B had a more serious condition, such as pneumonia.

Patient C

1.23 On or about July 4, 2021, Patient C, a 63-year-old female, used MyFreeDoctor.com to report that she tested positive for COVID-19 and started coughing a few days earlier. The next day, Patient C received, via online chat, a disclaimer and a questionnaire to complete to receive a medical consultation. Patient C agreed to the disclaimer and completed the questionnaire stating that the purpose of the visit was that she tested positive for COVID-19; her symptoms included a cough, fatigue and slight fever; she was not vaccinated; she had no known exposure to COVID-19 but tested positive; and has no current health problems. Patient C also answered questions about her current medication usage; her health history; smoking, vaping and drinking habits; her family's health history; and medication allergies. Patient C reported that she was five foot three inches tall and weighed 190 pounds, placing her at high risk of becoming seriously ill. Respondent then sent instructions to look at the "nonprescription measures" and instructed Patient C to order items from the lengthy "COVID -19 Treatment Protocol Treatment" he also sent, which included general information about monoclonal antibodies, information about her prescriptions, other supplements to take, and general instructions for monitoring symptoms. A couple minutes later, Patient C received a message from Respondent stating that he had sent her prescriptions. Respondent had not previously treated Patient C in any capacity.

1.24 Based solely on the information provided in the questionnaire, Respondent prescribed ivermectin, hydroxychloroquine, fluvoxamine, doxycycline, and inhaled budesonide on July 5, 2021. This included sending an electronic prescription to Patient C's pharmacy for 42 tablets of 3 mg ivermectin with instructions to take six tablets twice a day for two days, then six tablets daily with a fatty meal, all the tablets to be taken at once; 12 tablets of 200 mg hydroxychloroquine, with instructions to take two tablets twice daily on day one, then one tablet twice a day; as well as 28 tablets of 25

mg fluvoxamine, one tablet twice daily; 14 tablets of 100 mg doxycycline hyclate, one tablet twice daily; and a seven-day supply of budesonide, taking an ampule nebulized every six hours.

1.25 On or about July 18, 2021, Patient C sent a message stating that she was still positive for COVID-19, had begun coughing again, and asked what to do. A few minutes later, Respondent sent Patient C a message telling her to ignore the positive test, that he had seen recovered patients test positive for as long as three months, and that “it doesn’t mean anything, probably dead viral fragments.” Respondent said he would give her more ivermectin, a statin and N-acetyl cysteine (NAC) for her symptoms and told her to start using her inhaled budesonide twice daily. Respondent also said, “We do not recommend further PCR testing once you have been positive.” Respondent sent an electronic prescription to Patient C’s pharmacy for 42 tablets of ivermectin 3 mg with instructions to take 6 tablets daily with a fatty meal, all the tablets at once; 30 tablets of pravastatin 20 mg, one tablet daily; and 30 capsules of NAC 600 mg, once capsule daily. Patient C then sent a message to Respondent reporting that the budesonide made the skin on her chest break out into open sores. Respondent spoke to Patient C by phone and documented that he told her to use the budesonide once or twice daily, to try to find N-acetyl cysteine, and that she could also use over-the-counter cough medications.

1.26 Respondent failed to meet the standard of care in his treatment of Patient C in the following respects:

1.26.1 Respondent failed to establish a physician-patient relationship with Patient C and prescribed medication based solely on an online questionnaire and online chat.

1.26.2 Respondent failed to provide or obtain adequate informed consent to Patient C when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.26.3 Respondent failed to discuss with Patient C, who was at high risk for becoming seriously ill from a COVID-19 infection because she was obese and unvaccinated, monoclonal antibodies or other treatments for a COVID-19 infection.

1.26.4 Respondent failed to recommend appropriate follow-up, such as an in-person examination, pulse oximeter readings, or a chest x-ray, after Patient C reported that her symptoms had returned and that she was feeling worse.

1.26.5 Respondent failed to adequately examine Patient C when she reported that her chest had broken out into open sores on July 18, 2021, due to the budesonide, before instructing her to continue taking it.

Patient D

1.27 On or about November 16, 2021, Patient D, a 42-year-old male, attempted to contact Respondent using MyFreeDoctor.com. Respondent sent Patient D a message asking him to register as a patient, including filling out pharmacy information, billing information, and completing the 12-question medical history questionnaire. Patient D received, via online chat, a disclaimer and a questionnaire to complete to receive a medical consultation. Patient D the agreed to the disclaimer and completed the questionnaire, stating that he had been exposed to multiple people who are positive for COVID-19 and believed he might have early symptoms; is not vaccinated; and has not been tested. Patient D also answered questions about current medication usage; health history; smoking, vaping and drinking habits; family's health history, and medication allergies. Patient D also reported that he was six foot two inches tall and weighed 235 pounds, placing him at high risk of becoming seriously ill. Respondent had not previously treated Patient D in any capacity.

1.28 Later that day, Respondent sent Patient D a message asking what symptoms he had and when they started. Respondent sent a second message asking Patient D if he had any of the hallmark symptoms of COVID-19, including unusual aches, unusual fatigue, or loss of smell or taste. Respondent sent a third message telling Patient D to get tested as soon as possible. Patient D responded by stating he just has aches, and that the test results are not back, but he has the same symptoms as someone who tested positive today. Respondent sent a message stating that this was likely COVID-19, and that by "jumping on it early like this we should be able to get you better quickly! But I would still like you to get tested to help guide us." Respondent sent Patient D a fourth message with a number of recommendations for the first week of COVID illness, including that Patient D use nebulized hydrogen peroxide, take supplements, and oral nasal and cleansing instructions.

1.29 Based solely on the information provided in the questionnaire and the limited information Patient D provided in response to the questions Respondent posed in the online chat, Respondent sent Patient D a fifth message stating, among other things, that he get started on the “COVID-19 Treatment Protocol Treatment” today, which included general information about monoclonal antibodies, information about her prescriptions (including ivermectin and hydroxychloroquine), other supplements to take, and general instructions for monitoring symptoms. Respondent then sent electronic prescriptions to Patient D’s pharmacy for 84 tablets of ivermectin 3 mg with instructions to take seven tablets twice daily for two days, then seven tablets daily with a fatty meal, each dose to be taken all at once; 22 tablets of hydroxychloroquine 200 mg, with instructions to take two tablets twice a day on day one, then one table twice daily; 14 tablets of doxycycline hyclate 100 mg, one tablet twice daily; 14 tablets of fenofibrate 145 mg, one tablet daily; and budesonide 0.5mg/2 mL, a nebulized ampule every six hours.

1.30 Respondent failed to meet the standard of care in his treatment of Patient D in the following respects:

1.30.1 Respondent failed to establish a physician-patient relationship with Patient D and prescribed medication based solely on an online questionnaire and online chat.

1.30.2 Respondent failed to provide adequate or obtain informed consent to Patient D when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.30.3 Respondent recommended that Patient D use inhaled hydrogen peroxide, which is not indicated for a viral infection and can cause lung irritation.

Patient E

1.31 On or about November 4, 2021, Patient E, a 23-year-old female, used MyFreeDoctor.com to report that she tested positive for COVID-19 and had a headache, body aches, and an elevated temperature that lasted almost two days. She further stated that these symptoms had subsided, but she currently has a loss of smell and taste and has a slight cough. Later that day, Patient E received, via online chat, a disclaimer and a questionnaire to complete to receive a medical consultation. Patient E agreed to the disclaimer and completed the questionnaire stating that the purpose of the

visit was that she had COVID-19 symptoms: headache, body ache, elevated temperature, slight cough, and loss of taste and smell; she was not vaccinated; she had tested positive; and has no other current health issues. Patient E also answered questions about her current medication usage; her health history; smoking, vaping and drinking habits; her family's health history; medication allergies; and height and weight.

1.32 Based solely on the information provided in the questionnaire, Respondent sent Patient E a series of messages, stating that he would prescribe medications that would hasten Patient E's recovery. Respondent sent a message to Patient E with instructions that are most helpful the first week of COVID illness, which included using nebulized hydrogen peroxide, taking supplements, and oral nasal and cleansing instructions. Respondent also sent Patient E a message to get started on the "COVID -19 Treatment Protocol Treatment" as soon as possible, which included general information about monoclonal antibodies, information about her prescriptions (including ivermectin and hydroxychloroquine), other supplements to take, and general instructions for monitoring symptoms Respondent had not previously treated Patient E in any capacity.

1.33 Respondent then sent electronic prescriptions to Patient E's pharmacy for 36 tablets of ivermectin 3 mg with instructions to take three tablets twice daily for two days, then three tablets daily with a fatty meal, each dose to be taken all at once; seven tablets of doxycycline hyclate 100 mg, one tablet twice daily; 14 tablets of fenofibrate 145 mg, one tablet daily; and budesonide 0.5mg/2 mL, a nebulized ampule every six hours.

1.34 Respondent failed to meet the standard of care in his treatment of Patient E in the following respects:

1.34.1 Respondent failed to establish a physician-patient relationship with Patient E and prescribed medication based solely on an online questionnaire and online chat.

1.34.2 Respondent failed to provide or obtain adequate informed consent to Patient E when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.34.3 Respondent failed to adequately assess or examine Patient E, including obtaining statistics about her oxygenation.

1.34.4 Respondent recommended that Patient E use inhaled hydrogen peroxide, which is not indicated for a viral infection and can cause lung irritation.

1.34.5 Respondent failed to obtain a negative pregnancy test for Patient E who was of child-bearing age, before prescribing ivermectin, a medication contraindicated during pregnancy.

Patient F

1.35 On or about July 8, 2021, Patient F, a 17-year-old male, attempted to contact Respondent using MyFreeDoctor.com. Respondent sent Patient F a message asking him to register as a patient and to complete the medical history questionnaire. The next day, Patient F received, via online chat, a questionnaire. Patient F completed the questionnaire stating that he wanted “prevention and treatment of COVID medications;” had no symptoms; was not vaccinated; had no known exposure; had not been tested; and has asthma and was hospitalized at 11 months old. Patient F also answered questions about his current medication; health history; smoking, vaping and drinking habits; family’s health history; medication allergies; and height and weight. Respondent had not previously treated Patient F in any capacity.

1.36 Respondent sent Patient F a message stating that most teenagers do well with COVID-19 without treatment, but because a few have serious issues, Respondent believes in treating COVID-19 in teens with ivermectin and will prescribe it to keep on hand. Respondent added that he generally does not prescribe ivermectin to teens to take for prevention “because we do not have enough data on safety of long-term use.” Respondent told Patient F that if he gets sick with COVID-19, to take ivermectin and to contact him for additional help. Respondent told Patient F that he has prescribed ivermectin. Respondent also sent Patient F a message about nonprescription measures and medications to have on hand for early treatment, which included supplements and other nonprescription interventions and other safety measures to be taken.

1.37 Patient F also sent Respondent a message stating “Also do nebulizer with saline/hydro peroxide. with a drop of iodine.”

1.38 Based solely on the information provided in the questionnaire and the online chat, Respondent sent electronic prescriptions to Patient F’s pharmacy for 12 tablets of ivermectin 3 mg with instructions to take three tablets daily with a fatty meal, each dose to be taken all at once.

1.39 Respondent failed to meet the standard of care in his treatment of Patient F in the following respects:

1.39.1 Respondent failed to establish a physician-patient relationship with Patient F and prescribed medication based solely on an online questionnaire and online chat.

1.39.2 Respondent failed to provide or obtain adequate informed consent to Patient F when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.39.3 Respondent failed to address Patient F's asthma, a condition that places Patient F at a higher risk, such as discussing other prevention methods such as vaccination or referring Patient F for an in-person evaluation.

1.39.4 Respondent failed to address Patient F's statement that he was using a nebulizer to inhale hydrogen peroxide with iodine, by failing to ask why Patient F was using inhaled hydrogen peroxide or discussing its potential risks.

Patient G

1.40 On or about September 14, 2021, Patient G, a 50-year-old male, used MyFreeDoctor.com to send a message to Respondent stating that he was looking for early COVID-19 treatment prescriptions, had so far been free of infection, but wanted a plan in place if that changed. Patient G stated he had a preference for fluvoxamine, ivermectin, inhaled budesonide, NAC, and Pravastatin. Patient G also stated he had been following the FLCCC I-Mask prevention protocol and had been taking 15 mg ivermectin weekly, as well as quercetin, Vitamin C, Vitamin D, zinc, melatonin, and a daily vitamin for a couple of months. The next day, Respondent sent a message asking Patient G to answer all 12 questions to complete the registration. Patient G was previously sent the disclaimer and questionnaire on August 18, 2021. Patient G agreed to the disclaimer and completed the questionnaire, stating that he wanted prescriptions for early COVID-19 treatment in case of infection; had no symptoms; was not vaccinated; had no known exposure; he had not been tested; and he takes ivermectin 15 mg a week. Patient G also answered questions regarding his medical history; medication allergies; his smoking, vaping and drinking habits; his family medical history; and his height and weight. Respondent had not previously treated Patient G in any capacity.

1.41 Based solely on the information provided in Patient G's initial message and in the questionnaire, Respondent sent Patient G a series of messages stating that he has prescribed ivermectin and hydroxychloroquine to keep on hand to use at the first symptoms of COVID-19 and recommended that Patient G use nebulized hydrogen peroxide. Respondent then sent Patient G a message about nonprescription measures and medications to have on hand for early treatment, which included supplements, other nonprescription interventions, and general safety measures to be taken. Respondent also sent a lengthy "COVID -19 Treatment Protocol Treatment" with general information about monoclonal antibodies, information about prescriptions, other supplements to take, and general instructions for monitoring symptoms.

1.42 Respondent then sent electronic prescriptions to Patient G's pharmacy for 60 tablets of ivermectin 3 mg with instructions to take five tablets twice daily for two days, then five tablets daily, each time with a fatty meal, each dose to be taken all at once, and 22 tablets of hydroxychloroquine 200 mg, two tablets twice daily on day one, then one tablet twice daily.

1.43 Respondent then sent Patient G instructions for COVID-19 medications on hand, with instructions about his prescriptions for ivermectin and hydroxychloroquine, nonprescription interventions and supplements, and other safety measures.

1.44 Respondent failed to meet the standard of care in his treatment of Patient G in the following respects:

1.44.1 Respondent failed to establish a physician-patient relationship with Patient G and prescribed medication based solely on an online questionnaire and online chat.

1.44.2 Respondent failed to provide or obtain adequate informed consent to Patient G when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.44.3 Respondent recommended that Patient G use inhaled hydrogen peroxide, which is not indicated for a viral infection and can cause lung irritation.

Patient H

1.45 On or about September 3, 2021, Patient H, a 28-year-old male, used MyFreeDoctor.com to report that he was recently diagnosed with COVID, wanted a prescription for ivermectin, and wanted to get in touch with Respondent. Respondent

sent Patient H a message asking him to complete the medical history questionnaire, pharmacy information, and billing information. Patient H received, via online chat, a disclaimer and a questionnaire to complete to receive a medical consultation. Patient H agreed to the disclaimer and completed the questionnaire, stating that he was diagnosed with COVID-19; his symptoms included no taste or smell, body aches mainly in the legs, congestion, and coughing; he was not vaccinated; was exposed to a friend who had COVID-19; and had tested positive about five days prior. Patient H also answered questions about his current medication; health history; smoking, vaping and drinking habits; family's health history; medication allergies; and height and weight. This was Patient H's first encounter with Respondent. Respondent had not previously treated Patient H in any capacity.

1.46 Based solely on the information provided in the questionnaire, Respondent told Patient H that he had prescribed ivermectin, hydroxychloroquine, doxycycline, colchicine, inhaled budesonide, and fenofibrate. Respondent sent a message to Patient H with instructions that are most helpful the first week of COVID illness, which included using nebulized hydrogen peroxide, taking supplements, and oral nasal and cleansing instructions. Respondent also sent Patient H a message to get started on the "COVID -19 Treatment Protocol Treatment" as soon as possible, which included general information about monoclonal antibodies, information about her prescriptions (including ivermectin and hydroxychloroquine), other supplements to take, and general instructions for monitoring symptoms.

1.47 Respondent then sent electronic prescriptions to Patient H's pharmacy for 84 tablets of ivermectin 3 mg with instructions to take seven tablets twice daily for two days, then seven tablets daily, each time with a fatty meal, each dose to be taken all at once; 22 tablets of hydroxychloroquine 200 mg, two tablets twice daily on day one, then one tablet twice daily; 14 tablets of doxycycline 100 mg, one tablet twice daily; 20 tablets of colchicine 0.6 mg, one tablet twice daily; 14 tablets of fenofibrate 145 mg, one tablet daily; and budesonide 0.5mg/2 mL, a nebulized ampule every six hours.

1.48 On or about October 15, 2021, Patient H sent a message to Respondent asking him to write a medical exemption since his employer is requiring him to get vaccinated. Patient H said he has natural immunity due to his COVID-19 infection. Respondent immediately sent a message to Patient H stating:

The COVID vaccine medical exemption order is a signed prescription order from your doctor which states that you may NOT receive the COVID -19 vaccine. It does not say why, citing privacy laws. The cost for the Vaccine Exemption is \$75 per order. If a special form or company form needs to be signed, the charge is \$100. If you would like one, please send the following information for each order needed: 1) Full Name 2) DoB 3) Any major health diagnoses 4) What is the reason for your Vaccine or Mask Exemption order request 5) Do you agree to the fee? ** We can NOT offer exemptions in the state of CA.

1.49 A few minutes later, Patient H sent a message to Respondent stating his name, date of birth, and that he has no major health diagnoses. For the reason for the exemption, Patient H wrote: "I have natural immunity to COVID having had it late August." Patient H also agreed to the fee. Based solely on Patient H's request, and without a physical examination or further inquiry, Respondent electronically sent a medical vaccine exemption to Patient H.

1.50 On October 23, 2021, Patient H sent a message to Respondent stating that he was still having issues with taste and smell two months after having COVID-19. Patient H said taste is mostly back, but smell is at 50%. Patient H asked Respondent what he recommended. Respondent sent a message to Patient H stating that taste and smell can take a long time to recover, but that they could speed this up with ivermectin, fenofibrate, and NAC. Respondent said he would prescribe these medications, that they could be taken for more than two weeks, but that Patient H should drop the ivermectin pills down to one every three days. Respondent then sent information titled "LONG COVID OR POST-COVID COCKTAIL," with information about long COVID, reference to the FLCCC website for more information, and a list of medications and supplements that may be helpful or recommended.

1.51 Respondent then sent electronic prescriptions to Patient H's pharmacy for 98 tablets of ivermectin 3 mg with instructions to take seven tablets daily, each time with a fatty meal, each dose to be taken all at once; 14 tablets of fenofibrate 145 mg, one tablet daily; 30 capsules of NAC 600 mg, one capsule daily.

1.52 Respondent failed to meet the standard of care in his treatment of Patient H in the following respects:

1.52.1 Respondent failed to establish a physician-patient relationship with Patient H and prescribed medication based solely on an online questionnaire and online chat.

1.52.2 Respondent failed to provide or obtain adequate informed consent to Patient H when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.52.3 Respondent failed to adequately examine or assess Patient H when he reported symptoms and a positive COVID-19 test, including failing to ask about pulse oximeter statistics.

1.52.4 Respondent prescribed colchicine, a medication used to treat gout, which is not indicated for treatment of viral infection.

1.52.5 Respondent failed to adequately evaluate Patient H to determine if a vaccine exemption was appropriate and issued a vaccine exemption to Patient H for an improper basis.

Patient I

1.53 On or about November 10, 2021, Patient I, a 65-year-old, used MyFreeDoctor.com to report that she was seeking early care for onset of possible COVID, that she had a cough, congestion, and fatigue. Two days later, Patient I received, via online chat, a disclaimer and a questionnaire to complete to receive a medical consultation. Patient I agreed to the disclaimer and completed the questionnaire, stating that she was seeking early care for onset of possible COVID-19; her symptoms include cough, congestion, and fatigue; she was not vaccinated; had no known exposure and had not been tested. Patient I also answered questions about her current medication; health history; smoking, vaping and drinking habits; family's health history; medication allergies; and height and weight. Patient I then sent an additional message, that she would like medications for both treatment and for prevention.

1.54 On or about November 14, 2021, Respondent and Patient I began an online chat. Patient I told Respondent she had a headache, congestion, slight cough, and fatigue, but was not running a temperature. Respondent told Patient I to use her local pharmacy for all the medications, except for ivermectin and hydroxychloroquine. Respondent told her to use a different pharmacy for those medications. Respondent advised Patient I to get tested for COVID-19 as soon as possible so that he could prescribe the right medications and asked for additional information on her symptoms. Patient I said she had fatigue, low grade body aches, and congestion in her chest and nose, but did not have a fever and could still taste and smell. Respondent said he would

prescribe an “acute COVID protocol.” Respondent then sent a message to Patient I with instructions that are most helpful the first week of COVID illness, which included using nebulized hydrogen peroxide, taking supplements, and oral nasal and cleansing instructions. Respondent also sent Patient I a message to get started on the “COVID - 19 Treatment Protocol Treatment” as soon as possible, which included general information about monoclonal antibodies, information about her prescriptions (including ivermectin and hydroxychloroquine), other supplements to take, and general instructions for monitoring symptoms.

1.55 Respondent also told Patient I that he recommended she get monoclonal antibody and to call her local ER. Respondent then sent Patient I a message to Patient I with information about monoclonal antibodies.

1.56 Based solely on the information in the questionnaire and in Patient I’s chat messages, Respondent sent electronic prescriptions to Patient I’s pharmacy and a second pharmacy for 48 tablets of ivermectin 3 mg with instructions to take four tablets twice daily for two days, then four tablets daily, each time with a fatty meal, each dose to be taken all at once; 20 tablets of hydroxychloroquine 200 mg, one tablet twice daily; 14 tablets of doxycycline 100 mg, one tablet twice daily; 28 tablets of fluvoxamine 50 mg, one tablet twice daily; 14 tablets of fenofibrate 145 mg, one tablet daily; 12 tablets of methylprednisolone 16 mg, one tablet three times daily for two days, then one tablet twice daily; and budesonide 0.5mg/2 mL, a nebulized ampule every six hours.

1.57 Later that same day, Patient I sent Respondent a message stating that her oxygen saturation was 94, but after walking dipped to 88. Respondent replied by stating “Below 90 for oxygen saturation is not safe, but the most important number is what you get resting. This is an indication that you can’t or shouldn’t do very much activity.”

1.58 On November 15, 2021, Respondent sent a message to Patient I asking how she was feeling. Patient I reported that she tested negative for COVID-19 the day before after using the nebulizer with hydrogen peroxide, but still has low-grade fever, fatigue, and nasal and chest congestion. She reported that she was taking the over-the-counter medications, but she would not take the prescription medications until she tested positive. Respondent told Patient I to take a repeat test and that the “clinical picture trumps testing,” and to begin taking all the prescription medications. Respondent

also told Patient I that her age put her at high risk for serious disease. Patient I later told Respondent that her second COVID-19 test was negative.

1.59 The next day, November 16, 2021, in an online chat with Respondent, Patient I reported that she now had all the medications, had an upset stomach, and lethargy that “is almost overwhelming.” Patient I also reported that her breathing was manageable, and she is using an albuterol inhaler. On November 17, 2021, Patient I also reported that she was experiencing swelling in her neck and throat and questioned whether it could be a reaction to a medication. Respondent advised Patient I to stop taking ivermectin, hydroxychloroquine, doxycycline, fluvoxamine, and budesonide. Respondent told Patient I to continue to take methylprednisolone and fenofibrate. Respondent told Patient I to go to the ER if the swelling prevents her from swallowing or interferes with breathing.

1.60 The next day, November 18, 2021, Patient I told Respondent that she felt very weak, her chest is clearer, and congestion was much better. Respondent asked Patient I if her swelling was better and for her oximetry reading. Patient I said her swelling was gone and her oximetry was 99. Respondent told Patient I to take one tablet of ivermectin to show it is not a problem.

1.61 Respondent failed to meet the standard of care in his treatment of Patient I in the following respects:

1.61.1 Respondent failed to establish a physician-patient relationship with Patient I and prescribed medication based solely on an online questionnaire and online chat.

1.61.2 Respondent failed to provide or obtain adequate informed consent to Patient I when prescribing an off-label medication or prior to conducting the visits via telemedicine.

1.61.3 Respondent failed to consider differential diagnoses other than COVID-19 after multiple negative tests.

1.61.4 Respondent recommended that Patient I use inhaled hydrogen peroxide, which is not indicated to prevent or to treat a viral infection and can cause lung irritation.

1.61.5 Respondent failed to tell Patient I to immediately go to an emergency department when Patient I reported an oxygen saturation of 88.

1.61.6 Respondent failed to inquire as to whether Patient I followed-up on his recommendation to obtain monoclonal antibodies.

1.61.7 Respondent failed to tell Patient I to immediately go to an emergency department after she reported swelling in her neck and throat.

Patient J

1.62 On September 10, 2021, Patient J, a 33-year-old female, used MyFreeDoctor.com to request a mask exemption and a vaccine exemption. On September 19, 2021, Patient J received a message stating:

The COVID medical exemption order is a signed prescription order from your doctor which states that you many NOT received the COVID -19 vaccine. The cost for the Vaccine or Mask Exemption is \$75 per order. \$100 if your workplace requires our physician to fill out their exemption form. If you would like one, please send the following information for each order needed: 1) Full name 2) DoB 3) Any major health diagnoses 4) what is the reason for your Vaccine or Mask Exemption order request 5) Do you agree to the fee?

1.63 Patient J responded, giving her full name and date of birth, stating that she suffers from asthma and severe allergies, and stating “I have already gotten over COVID and have antibodies and do not want the vaccine. I have also had 2 family members die from the vaccine. I would like a mask exemption because wearing one with asthma gives me terrible migraines and anxiety.” Patient J also asked for ivermectin to have on hand since she has asthma and worries about it attacking her lungs.

1.64 On September 23, 2021, Respondent then sent a message to Patient J asking if she agreed to the \$75 fee each for the mask exemption and the vaccine exemption. Patient J sent a message stating that she agreed. Respondent provided Patient J with a mask exemption and a vaccine exemption. Respondent had not previously treated Patient J in any capacity.

1.65 Respondent failed to meet the standard of care in his treatment of Patient J in the following respects:

1.65.1 Respondent failed to establish a physician-patient relationship with Patient J and issued a mask exemption and a vaccine exemption based solely on an online questionnaire and online chat.

1.65.2 Respondent failed to adequately evaluate Patient J to determine if a mask exemption or a vaccine exemption was appropriate and issued the exemptions to Patient J for an improper basis.

Patient K

1.66 On September 19, 2021, Patient K, a 36-year-old male, used MyFreeDoctor.com to send a message stating that he was looking for a vaccine exemption for work and that he wanted medications to have on hand should he get COVID. The next day Patient K received a message stating:

The medical exemption order is a signed prescription order from your doctor which states that you [are] exempted for medical reasons. The cost of the Vaccine or Mask Exemption is \$75 per order. (Nonrefundable) If you would like one, please send the following information for each order needed: 1) Full name 2) DoB 3) Any major health diagnoses 4) what is the reason for your Vaccine or Mask Exemption order request 5) Do you accept and agree to the fee? 6) A sample of the exemption desired is available upon request, 7) We are not able to provide exemptions in the state of California.

Patient K responded, giving his full name, date of birth, stating he had no major health diagnoses, and stating "I've had COVID and have natural immunity."

1.67 On or about September 24, 2021, Respondent provided Patient K a vaccine exemption. Respondent had not previously treated Patient K in any capacity.

1.68 Respondent failed to meet the standard of care in his treatment of Patient K in the following respects:

1.68.1 Respondent failed to establish a physician-patient relationship with Patient K and issued a vaccine exemption based solely on an online questionnaire and online chat.

1.68.2 Respondent failed to adequately evaluate Patient K to determine if a vaccine exemption was appropriate and issued the exemption to Patient K for an improper basis.

Patient L

1.69 On July 3, 2021, Patient L, a 42-year-old female, used MyFreeDoctor web site to send a message asking for a prescription for ivermectin and hydroxychloroquine for the "Pre- COVID Cocktail Protocol." Two days later, Patient L received a message with a disclaimer and asking her to complete a questionnaire. On July 6, 2021, Patient L

agreed to the disclaimer and completed the questionnaire stating that she wanted to obtain prescriptions for pre-COVID protocol, ivermectin, and hydroxychloroquine; she had no symptoms; she was not vaccinated; had no known exposure; and had been tested. Patient L also answered questions about her current medication; health history; smoking, vaping and drinking habits; family's health history; medication allergies; and height and weight.

1.70 Based solely on the information provided in the questionnaire, Respondent sent a message to Patient L stating that he will prescribe "Ivermectin prophylaxis, and hydroxychloroquine to keep on hand for early treatment." Respondent also sent a message to Patient L titled "COVID-19 PREVENTION AND PROTECTION MEASURES," which provided instructions for taking ivermectin for prevention of COVID, other recommended supplements to take for prevention, and other safety measure to take. Respondent had not previously treated Patient L in any capacity.

1.71 Respondent then sent electronic prescriptions to Patient L's pharmacy for 30 tablets of ivermectin 3 mg with instructions to take five tablets twice daily for two days, then five tablets daily, to be taken with a fatty meal, each dose to be taken all at once, with 2 refills; and 12 tablets of hydroxychloroquine 200 mg, two tablets twice daily on day one, then one tablet twice daily.

1.72 On August 3, 2021, Patient L sent a message via online chat to Respondent asking if she could get a vaccine exemption since she worked in health care and her employer was mandating vaccination by November. Respondent sent a message to Patient L stating that he could prescribe a vaccine exemption, there was a \$50 charge, and that he was about to go on a trip. Patient L sent a message asking if this would be a medical exemption. Respondent replied stating "It says you can't have a vaccine but doesn't say why, protected by privacy laws." Patient L sent a message stating that this "sounds good," and said Respondent could send the exemption when he got back.

1.73 On August 14, 2021, Respondent sent a vaccine exemption to Patient L. Patient L sent a message to Respondent stating she needed a specific form filled out for her job. Respondent replied stating that is a \$100 charge for a form specific to an employer and "sometimes we may not be able to satisfy their criteria as they may ask for specific diagnoses and telling Patient L that she "should not have

to provide because of privacy laws.” Respondent also told Patient L to look into getting a religious exemption from a specific website. Patient L also told Respondent, “I’ve no intention of taking the vax ever because I’ve had a reaction to the flu shot.”

1.74 Patient L sent the employer’s form to Respondent. The form contained the following statement:

By completing and signing this form, I certify that my client/patient listed above has a medical condition or disability that prevents them from being able to take any FDA authorized or approved COVID-19 vaccine.

Respondent signed the form and sent it back to Patient L on or about August 24, 2021.

1.75 Respondent failed to meet the standard of care in his treatment of Patient L in the following respects:

1.75.1 Respondent failed to establish a physician-patient relationship with Patient L and prescribed medication and a vaccine exemption based solely on an online questionnaire and online chat.

1.75.2 Respondent failed to provide or obtain adequate informed consent to Patient L before prescribing an off-label medication.

1.75.3 Respondent failed to obtain a negative pregnancy test for Patient L who was of child-bearing age, before prescribing ivermectin, a medication contraindicated during pregnancy.

1.75.4 Respondent failed to adequately evaluate Patient L to determine if a vaccine exemption was appropriate and issued the exemption to Patient L for an improper basis.

Patient M

1.76 On August 9, 2021, Patient M, a 45-year-old female, used MyFreeDoctor.com to send a message stating that she tested positive for COVID-19 after having multiple symptoms. The next day, Patient M received a disclaimer and a questionnaire. Patient M agreed to the disclaimer and completed the questionnaire stating that she was seeking treatment for COVID; her whole family was sick; she had muscle aches, bone aches, extreme fatigue, deep coughing, stuffy nose, and dizzy spells, beginning approximately 6 days prior; she was not vaccinated; her daughter tested positive, and Patient M tested positive two days later. Patient M also answered

questions about her current medication; health history; smoking, vaping and drinking habits; family's health history; medication allergies; and height and weight.

1.77 On or about August 11, 2021, Respondent sent a message via online chat to Patient M asking if she had shortness of breath, and for her oximetry reading. Respondent then sent Patient M a message a message to get started on the "COVID - 19 Treatment Protocol Treatment" as soon as possible, which included general information about monoclonal antibodies, information about her prescriptions, other supplements to take, and general instructions for monitoring symptoms. Respondent had not previously treated Patient M in any capacity.

1.78 A few minutes later, based solely on the information provided in the questionnaire and the online chat, Respondent sent electronic prescriptions to Patient M's pharmacy for 35 tablets of ivermectin 3 mg with instructions to take five tablets twice daily for two days, then five tablets daily, each time with a fatty meal, each dose to be taken all at once; 22 tablets of hydroxychloroquine 200 mg, two tablets twice daily on day one, then one tablet twice daily; 14 tablets of doxycycline hyclate 100 mg, one tablet twice daily; 14 tablets of fenofibrate 145 mg, one tablet daily; budesonide 0.5mg/2 mL, a nebulized ampule every six hours; and 12 tablets of methylprednisolone 16 mg, one tablet three times per day for two days, then one tablet twice daily.

1.79 Patient M then sent Respondent a message stating that she had shortness of breath, and her oximetry reading was 98. Respondent asked Patient M to check her oximetry reading at rest several times a day and to let him know if it goes below 95.

1.80 On August 13, 2021, Patient M sent Respondent a message via online chat stating that she was a teacher subject to the Governor's vaccine mandate and was worried about adverse reactions to the vaccine after being sick with COVID. Patient M asked Respondent to write a vaccine exemption. Respondent sent Patient M a message stating "I can write you a script that says you can't have the vaccine, doesn't say why citing privacy issues. There is a \$75 charge. Do you want one?" Patient M responded stating yes. Based solely on the information provided in the online chat, Respondent sent Patient M a vaccine exemption.

1.81 Respondent failed to meet the standard of care in his treatment of Patient M in the following respects:

1.81.1 Respondent failed to establish a physician-patient relationship with Patient M and prescribed medication and a vaccine exemption based solely on an online questionnaire and online chat.

1.81.2 Respondent failed to provide or obtain adequate informed consent to Patient M when prescribing an off-label medication.

1.81.3 Respondent failed to obtain a negative pregnancy test for Patient M who was of child-bearing age, before prescribing ivermectin, a medication contraindicated during pregnancy.

1.81.4 Respondent failed to adequately evaluate Patient M to determine if a vaccine exemption was appropriate and issued the exemption to Patient M for an improper basis.

Patient N

1.82 On September 25, 2021, Patient N, a 37-year-old male, used MyFreeDoctor.com to send a message stating that he wanted information on obtaining a vaccine exemption and a mask exemption. The next day, Patient N received a message stating that the vaccine or mask exemption would cost \$75 per order, and stating:

The medical exemption order is a signed prescription order from your doctor which states that you [are] exempted for medical reasons. The cost for the Vaccine or Mask Exemption is \$75 per order. (Nonrefundable) If you would like one, please send the following information for each order needed: 1) Full name 2) DoB 3) Any major health diagnoses 4) what is the reason for your Vaccine or Mask Exemption order request? 5) Do you accept and agree to the fee? 6) A sample of the exemption desired is available upon request, 7) We are not able to provide exemptions in the state of California as an in-person exam is now required.

1.83 Patient N responded, giving his full name, date of birth, stating he had asthma, and stating “I would like a mask exemption because I have asthma and seasonal allergies that make wearing a mask difficult and I find it hard to breathe. I would like a vaccine exemption because I have already gotten over COVID and have natural immunity therefore I do not want the vaccine.”

1.84 The following day, based solely on the information provided in the online chat, Respondent sent Patient N a vaccine exemption. Respondent had not previously treated Patient N in any capacity.

1.85 Respondent failed to meet the standard of care in his treatment of Patient N in the following respects:

1.85.1 Respondent failed to establish a physician-patient relationship with Patient N and provided a vaccine exemption and a mask exemption based solely on an online questionnaire and online chat.

1.85.2 Respondent failed to adequately evaluate Patient N to determine if a vaccine exemption or mask exemption was appropriate and issued the exemptions to Patient N for an improper basis.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180 (1), (4), (13) and (16), which provide:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

...
(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not.

...
(4) Incompetence, negligence, or malpractice which results in injury to a patient, or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...
(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

...
(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

....

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.


3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If

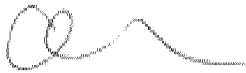
Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: May 16, 2023.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION



MELANIE DE LEON
EXECUTIVE DIRECTOR



CHRISTINA L. PFLUGER, WSBA # 44231
ASSISTANT ATTORNEY GENERAL

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named below. RCW 42.56.240(1)

Patient A
Patient B
Patient C
Patient D
Patient E
Patient F
Patient G
Patient H
Patient I
Patient J
Patient K
Patient L
Patient M
Patient N

