

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

**In the Matter of the First Amended Accusation  
Against:**

**Gregory Castillo, M.D.**

**Physician's and Surgeon's  
Certificate No. A 53294**

**Respondent.**

**Case No. 800-2019-058598**

**DECISION**

**The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on October 26, 2021.**

**IT IS SO ORDERED October 19, 2021.**

**MEDICAL BOARD OF CALIFORNIA**

  
\_\_\_\_\_  
**William Prasifka  
Executive Director**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
4 State Bar No. 173955  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
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7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation  
Against:

Case No. 800-2019-058598

13 **GREGORY CASTILLO, M.D.**  
14 **6559 Orion Avenue**  
**Van Nuys, CA 91406**

OAH No. 2021080617

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 53294,**

17 Respondent.

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

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Rob Bonta, Attorney General of the State of California, by Vladimir Shalkevich,  
25 Deputy Attorney General.

26 2. GREGORY CASTILLO, M.D. (Respondent) is represented in this proceeding by  
27 attorney Nicholas Jurkowitz, Esq., whose address is: 1990 South Bundy Drive, Suite 777  
28 Los Angeles, CA 90025.

1 3. On or about July 20, 1994, the Board issued Physician's and Surgeon's Certificate  
2 No. A 53294 to GREGORY CASTILLO, M.D. (Respondent). The Physician's and Surgeon's  
3 Certificate was in full force and effect at all times relevant to the charges brought in First  
4 Amended Accusation No. 800-2019-058598 and will expire on August 31, 2021, unless renewed.

5 **JURISDICTION**

6 4. First Amended Accusation No. 800-2019-058598 was filed before the Board, and is  
7 currently pending against Respondent. The First Amended Accusation and all other statutorily  
8 required documents were properly served on Respondent on or about August 18, 2021.  
9 Respondent timely filed his Notice of Defense contesting the Accusation. A copy of First  
10 Amended Accusation No. 800-2019-058598 is attached as Exhibit A and incorporated by  
11 reference.

12 **ADVISEMENT AND WAIVERS**

13 5. Respondent has carefully read, fully discussed with counsel, and understands the  
14 charges and allegations in First Amended Accusation No. 800-2019-058598. Respondent also  
15 has carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
16 Surrender of License and Order.

17 6. Respondent is fully aware of his legal rights in this matter, including the right to a  
18 hearing on the charges and allegations in the First Amended Accusation; the right to confront and  
19 cross-examine the witnesses against him; the right to present evidence and to testify on his own  
20 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
21 production of documents; the right to reconsideration and court review of an adverse decision;  
22 and all other rights accorded by the California Administrative Procedure Act and other applicable  
23 laws.

24 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
25 every right set forth above.

26 ///

27 ///

28 ///

1 CULPABILITY

2 8. Respondent understands that the charges and allegations in First Amended  
3 Accusation No. 800-2019-058598, if proven at a hearing, constitute cause for imposing discipline  
4 upon his Physician's and Surgeon's Certificate.

5 9. For the purpose of resolving the First Amended Accusation without the expense and  
6 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could  
7 establish a factual basis for the charges in the First Amended Accusation and that those charges  
8 constitute cause for discipline. Respondent hereby gives up his right to contest that cause for  
9 discipline exists based on those charges.

10 10. Respondent understands that by signing this stipulation he enables the Board to issue  
11 an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
12 process.

13 CONTINGENCY

14 11. This stipulation shall be subject to approval by the Board. Respondent understands  
15 and agrees that counsel for Complainant and the staff of the Board may communicate directly  
16 with the Board regarding this stipulation and surrender, without notice to or participation by  
17 Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he  
18 may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board  
19 considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order,  
20 the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this  
21 paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not  
22 be disqualified from further action by having considered this matter.

23 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
24 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures  
25 thereto, shall have the same force and effect as the originals.

26 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
27 the Board may, without further notice or formal proceeding, issue and enter the following Order:

28 ///

**ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 53294, issued to Respondent GREGORY CASTILLO, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 800-2019-058598 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in First Amended Accusation, No. 800-2019-058598 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

**ACCEPTANCE**

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Nicholas Jurkowitz, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate.

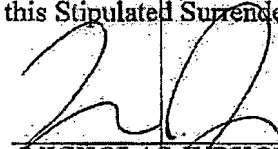
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1 I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and  
2 intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
3 California.

4  
5 DATED: 9/20/21   
6 GREGORY CASTILLO, M.D.  
7 Respondent


8 I have read and fully discussed with Respondent GREGORY CASTILLO, M.D. the terms  
9 and conditions and other matters contained in this Stipulated Surrender of License and Order. I  
10 approve its form and content.

11 DATED: 10-4-21   
12 NICHOLAS TURKOWITZ, ESQ.  
13 Attorney for Respondent

**ENDORSEMENT**

14 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted  
15 for consideration by the Medical Board of California of the Department of Consumer Affairs.

16 DATED: October 4, 2021 Respectfully submitted,  
17 ROB BONTA  
18 Attorney General of California  
19 JUDITH T. ALVARADO  
20 Supervising Deputy Attorney General

  
21 VLADIMIR SHALKEVICH  
22 Deputy Attorney General  
23 Attorneys for Complainant

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**Exhibit A**

**First Amended Accusation No. 800-2019-058598**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
4 State Bar No. 173955  
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5 300 So. Spring Street, Suite 1702  
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10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation  
13 Against:

Case No. 800-2019-058598

14 **GREGORY CASTILLO, M.D.**  
15 **6559 Orion Avenue**  
**Van Nuys, CA 91406-6313**

**FIRST AMENDED  
ACCUSATION**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 53294,**

Respondent.

18  
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his  
21 official capacity as the Executive Director of the Medical Board of California, Department of  
22 Consumer Affairs (Board).

23 2. On or about July 20, 1994, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number A 53294 to Gregory Castillo, 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  
26 herein and will expire on August 31, 2023, unless renewed.

27 ///  
28



1 **JURISDICTION**

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

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

27 5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

1 appropriate for that negligent diagnosis of the patient shall constitute a single  
2 negligent act.

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

8 (d) Incompetence.

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

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

13 (g) The failure by a certificate holder, in the absence of good cause, to attend  
14 and participate in an interview by the board. This subdivision shall only apply to a  
15 certificate holder who is the subject of an investigation by the board.

16 6. Section 2266 of the Code states:

17 The failure of a physician and surgeon to maintain adequate and accurate  
18 records relating to the provision of services to their patients constitutes unprofessional  
19 conduct.

20 7. Section 726 of the Code states:

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

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

8. Section 729 of the Code states, in pertinent part:

(a) Any physician and surgeon...who engages in an act of sexual intercourse,  
sodomy, oral copulation, or sexual contact with a patient ..., or with a former patient  
... when the relationship was terminated primarily for the purpose of engaging in  
those acts, unless the physician and surgeon ... has referred the patient ... to an  
independent and objective physician and surgeon ... recommended by a third-party  
physician and surgeon...for treatment, is guilty of sexual exploitation by a physician  
and surgeon....

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

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

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

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

7 (4) Two or more acts in violation of subdivision (a) with a single victim, when  
the offender has at least one prior conviction for sexual exploitation, shall be  
8 punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal  
Code for a period of 16 months, two years, or three years, and a fine not exceeding  
9 ten thousand dollars (\$10,000); or the act or acts shall be punishable by imprisonment  
in a county jail for a period of not more than one year, or a fine not exceeding one  
10 thousand dollars (\$1,000), or by both that imprisonment and fine.

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

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

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

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

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

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

28 (f) If a physician and surgeon, psychotherapist, or alcohol and drug abuse

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

5 9. Section 2246 of the Code states:

6 Any proposed decision or decision issued under this article that contains any  
7 finding of fact that the licensee engaged in any act of sexual exploitation, as described in  
8 paragraphs (3) to (5), inclusive, of subdivision (b) of Section 729, with a patient shall  
9 contain an order of revocation. The revocation shall not be stayed by the administrative  
10 law judge.

11 10. Section 2228.1 of the Code states:

12 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),  
13 the board shall require a licensee to provide a separate disclosure that includes the  
14 licensee's probation status, the length of the probation, the probation end date, all  
15 practice restrictions placed on the licensee by the board, the board's telephone  
16 number, and an explanation of how the patient can find further information on the  
17 licensee's probation on the licensee's profile page on the board's online license  
18 information Internet Web site, to a patient or the patient's guardian or health care  
19 surrogate before the patient's first visit following the probationary order while the  
20 licensee is on probation pursuant to a probationary order made on and after July 1,  
21 2019, in any of the following circumstances:

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

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

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

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

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

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

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

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

(1) The patient is unconscious or otherwise unable to comprehend the

1 disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a  
2 guardian or health care surrogate is unavailable to comprehend the disclosure and  
3 sign the copy.

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

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

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

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

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

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

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

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

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

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

### 24 DEFINITIONS

25 11. Section 243.4 of the Penal Code states, in pertinent part:

26 ...

27 (e) ...

28 (2) As used in this subdivision, "touches" means physical contact with another  
person, whether accomplished directly, through the clothing of the person committing the  
offense, or through the clothing of the victim.

(f) As used in subdivisions (a), (b), (c), and (d), "touches" means physical contact with the  
skin of another person whether accomplished directly or through the clothing of the  
person committing the offense.

(g) As used in this section, the following terms have the following meanings:

(1) "Intimate part" means the sexual organ, anus, groin, or buttocks of any person,  
and the breast of a female.

1 FACTUAL ALLEGATIONS

2 12. On August 7, 2019 the Board received a mandatory Health Facility / Peer Review  
3 report form, as required by the provisions of Business and Professions Code section 805 et seq.,  
4 which stated that on July 29, 2019, Facey Medical Group (Facey) voted to terminate  
5 Respondent's privileges. The termination was prompted by Facey's investigation of a complaint  
6 submitted by Patient 2. Respondent resigned his privileges on or about August 2, 2019, before he  
7 was formally notified of the termination of his privileges. The Board's subsequent investigation  
8 revealed that the termination of Respondent's privileges related to his interactions with three  
9 patients.

10 **Patient 1<sup>1</sup>**

11 13. Patient 1, a male, who was 47-years-old at the time, was seen by Respondent on  
12 several occasions. His final visit was on October 2, 2013. Respondent saw Patient 1 for a  
13 physical exam on that date. During the exam, while lying down on the examination bed,  
14 Respondent palpated Patient 1 near his waist. Respondent then pulled down Patient 1's pants and  
15 underwear, placed his mouth on Patient 1's penis and orally copulated Patient 1. Patient 1 was  
16 alarmed and pushed Respondent away from him, yelling in Spanish: "What are you doing!"  
17 Respondent told Patient 1 that this is how he was examining him, while moving toward Patient 1  
18 in an apparent attempt to orally copulate Patient 1 a second time. Patient 1 pushed Respondent  
19 away, got off the examining table and walked out of the examining room. Patient 1 then  
20 informed the front office staff about what happened. Patient 1 did not return to see Respondent.

21 14. Patient 1 was contacted and interviewed, approximately in September, 2015, by  
22 Facey staff who asked to meet with him at their office located on Rinaldi Street in Mission Hills.  
23 During the meeting, an unidentified member of Facey Staff explained to Patient 1 that the exam  
24 conducted by Respondent was done improperly. Patient 1 felt satisfied with the information  
25 provided to him by the staff and due to his embarrassment, he did not pursue the matter further.  
26

27 <sup>1</sup> Patients are designated by number for privacy reasons. Respondent is aware of the  
28 patients' names. Patient names will be disclosed to Respondent upon a written Request for  
Discovery.

1 **Patient 2**

2 15. Patient 2, a male, who was approximately 25-years-old at the time was seen by  
3 Respondent on several occasions, the last two times being on March 22, 2019 and on May 28,  
4 2019.

5 16. Respondent performed a history and physical examination of Patient 2, on or about  
6 March 22, 2019, at which time the patient was concerned about unintended weight loss of about  
7 15 pounds during the previous four months. There was no reported positivity for STD's with the  
8 patient or his partners. Respondent ordered laboratory screening for Patient 2 to rule out HIV and  
9 other sexually transmitted diseases, thyroid abnormalities, anemia and diabetes. He  
10 recommended that Patient 2 increase his intake of protein and return for a more complete follow  
11 up.

12 17. After Patient 2's laboratory test results were reported as normal, Patient 2 returned  
13 to see Respondent on May 28, 2019. During the appointment, Respondent behaved in a manner  
14 that made Patient 2 feel physically violated and distraught.

15 18. Respondent's examination of Patient 2 on May 28, 2019 was very intrusive and  
16 performed without appropriate explanation and documentation. There was no informed consent  
17 for the intrusive examinations performed. No chaperone was present or offered to Patient 2.

18 19. During the visit on May 28, 2019, Respondent rubbed Patient 2's knee and  
19 shoulder in a suggestive manner while speaking to him. Respondent instructed Patient 2 to  
20 change into a gown for the physical examination. During the physical examination, as  
21 Respondent was using his stethoscope to listen to Patient 2's chest, Respondent was standing  
22 directly in front of Patient 2, who was seated on the examination table. Respondent rubbed his  
23 genitals against Patient 2's knees. Patient 2 felt that Respondent developed an erection as he was  
24 rubbing his genitals against Patient 2's knees.

25 20. Respondent then instructed Patient 2 to lay down on the examination table, face  
26 up. Respondent folded Patient 2's gown below the patient's pelvic area and examined Patient 2's  
27 abdomen and genital areas. Without wearing gloves, Respondent pressed on the base of Patient  
28 2's penis and inguinal areas. Respondent examined Patient 2's testicles while he was laying

1 down. Patient 2 described this exam: "He was examining my penis and testicles in a way I've  
2 never had before and pulling it and to the point of a fondle."

3 21. Respondent stated in his interview with the Board's investigators that the exam of  
4 Patient 2 was concerning because he felt "extensive amounts of lymph nodes" and that he  
5 observed two small circular scaly-red superficial lesions or abrasions on the mid to proximal shaft  
6 of the patient's penis. Respondent, however, did not document observing any lesions on the  
7 patient's genitals in Patient 2's medical record. Respondent also stated that he did not wear  
8 gloves during this part of examination because "you can't percuss with your gloves on. And you  
9 lose the tactile sensation with gloves on as well."

10 22. Respondent then had Patient 2 stand up for a further genital exam. As to this  
11 examination, Patient 2 described that Respondent, after putting on examination gloves, was  
12 stroking, pulling on his penis and fondling it.

13 23. During his interview with the Board's investigators, Respondent stated that in  
14 examining Patient 2's penis while the patient was standing up, he "attempted to milk the penis  
15 because of concerns for looking for STDs or discharge."

16 24. Respondent then instructed Patient 2 to bend over, and after Patient 2 complied,  
17 Respondent conducted a rectal exam of Patient 2 without prior explanation of what he was about  
18 to do.

19 25. As Patient 2 was leaving, he realized that Respondent forgot to remove a wart on  
20 Patient 2's finger or hand. He returned and was taken to Respondent's office, where the wart was  
21 treated. Patient 2 felt that Respondent spoke with him in a flirtatious and suggestive manner.  
22 Respondent failed to document this second part of the patient encounter.

23 26. After the visit with Respondent, Patient 2 felt violated and emotionally distraught.  
24 He wrote a letter to Respondent with a copy to Facey, dated on or about June 10, 2019. The letter  
25 stated:

26 ///

27 ///



1 "Good Afternoon Dr. Castillo,

2 I am writing you to let you know how uncomfortable I was left feeling after our  
3 appointment on Tuesday May 28th, 2019. Since leaving, I have been going back and  
4 forth in my head whether or not I should speak out about it, and have much regret that I  
5 did not stand up for myself during the incidents. I felt that you were quite touchy and over  
6 the top with me, especially for a normal physical exam, an exam that I have been  
7 receiving routinely my entire life, and have never left feeling even remotely close to what  
8 I am feeling now. I am unaware of your sexual preference, and would be the last person  
9 to care. However, while examining me I felt it was completely unnecessary to do a  
10 number of things in which you did. Things that in the moment, made me feel  
11 uncomfortable, and while looking back at them, make me feel even more uneasy. I  
12 believe people let these things happen in the moment because they place their trust in  
13 people who hold the title of such a prestigious profession. However, you were doing  
14 exams such a chest exam and were clearly pressing your genitals up against my leg and  
15 knee area. I felt that this was an exam well in arms reach and did not require you to be  
16 anywhere remotely that close to me to perform. The constant placing your hand on my  
17 knee and shoulder. The ungloved examination of my genitals while I was lying on my  
18 back. Which again, never in my 25 years has a doctor performed a genital check on me  
19 whilst I lay on the table. This type of exam has only happened while the doctor has  
20 protected his/her hands with gloves, and I am standing in the upright position.  
21 Immediately following, when I did arise into the upright position, you did a second  
22 examination of my genitals and stayed in the penile region for what I, and any average  
23 reasonable person would have considered to be uncomfortably long. This uncomfortable  
24 exam was followed by another one where you examined my prostate anally. Yet another  
25 exam with which I have never received at a physical, or heard of being part of procedure  
26 for a 25 year old male. Based on this unexpected exam, you were quick to prescribe  
27 antibiotics, a prescription that I did not fill because of your lack of confidence and overall  
28 hesitation in diagnosis.

17 Mentally, I did not necessarily know how to compartmentalize all of this, because  
18 I have never experienced it. Upon leaving, I came back to reception to get my wart on my  
19 finger frozen off, they mentioned you were busy. I met you in the hallway, and you  
20 agreed to take me back into a patient room to proceed with the freezing of the wart. You  
21 brought me into your office instead and shut the door. Again, putting your hand on my  
22 shoulder and knee numerous times. A friendly gesture or not, it made me noticeably  
23 uncomfortable. I made the follow up appointment with you to see if any of this would take  
24 place again, but can not let this sit on my mind any longer. I am contacting you today to  
25 inform you that 1. I will certainly not be at our follow up appointment on July 9th and will  
26 not be continuing with you as my General Practitioner, and 2. I will be notifying Facey  
27 Human Resources to let them know of the instances that have left me uncomfortable. I do  
28 not wish any ill harm to you or your career, but do feel that you have an integral and  
ethical obligation to uphold as a doctor. If this commitment can not be honored by you,  
then I hope me coming forward serves as prevention of no other person; Man, Woman, or  
Child leaves your office feeling the way I did.

Your former patient,  
[Patient 2]"

///

1 **Patient 3**

2 27. On or about August 28, 2019, after Respondent's privileges at Facey were already  
3 surrendered and the Board's investigation was ongoing, Facey contacted Medical Board  
4 investigators and informed them that they were made aware of another recent complaint against  
5 Respondent. The nature of the complaint was that Patient 3, a 19-year-old male, saw Respondent  
6 for a physical examination and felt that the exam was "off" or "weird." Patient 3 did not want to  
7 continue seeing or have any follow up appointments with Respondent. Patient 3 changed doctors  
8 and mentioned his concerns regarding Respondent to the new physician. A Facey peer review  
9 subcommittee met with Patient 3 and interviewed him. Their interview and the Board's  
10 subsequent investigation revealed the following:

11 28. Patient 3 saw Respondent on June 4, 2019, at approximately noon, for a routine  
12 physical examination. It was his first visit at Facey.

13 29. After meeting with Respondent and having the initial discussion of reason for visit  
14 for a routine physical examination, Respondent told Patient 3 to take his clothes off, including his  
15 underwear, and change into a gown, but to leave his socks on. Respondent stepped out while  
16 Patient 3 changed.

17 30. Respondent performed his physical examination with Patient 3 initially sitting on  
18 the examination table. The physical exam included a heart and lungs exam with the stethoscope.  
19 Respondent then used his hands to touch Patient 3's chest at which time he stroked Patient 3's  
20 nipples. Respondent then had Patient 3 get up and stand on the floor for the genital examination.  
21 Respondent did not put on gloves. Respondent touched Patient 3's penis for some time. Patient 3  
22 described the examination as Respondent stroking his penis. Patient 3 found it strange that  
23 Respondent examined his penis at all, as this had not happened before with other physical exams,  
24 and Patient 3 had not expressed any complaints with regard to his genitals during this visit.  
25 Respondent asked Patient 3 if he has sex with boys and Patient 3 answered in the affirmative.  
26 Patient 3 also told Respondent that he has had several sexual partners and has had unprotected sex  
27 with them. Respondent asked Patient 3 if he masturbated, to which the patient also answered in  
28 the affirmative. Respondent also performed a testicular exam and had Patient 3 turn his head and

1 cough to each side. Respondent did not wear gloves during any part of the genital examination.  
2 Patient 3 also felt Respondent was aroused during the clinical examination and that Respondent  
3 had an erection.

4 31. When Respondent was done with the examination, Respondent confirmed that  
5 Patient 3's phone number was still the same as the number in Patient 3's chart information.  
6 Respondent asked Patient 3 if he would come to his house in Van Nuys. Patient 3 told  
7 Respondent that he had a test at school that day and could not. Respondent advised Patient 3 to  
8 make a follow up appointment, and referred him to the lab.

9 32. Respondent sent a text message to Patient 3 at approximately 1:00 pm on June 4,  
10 2019, to confirm that he had the correct number, and saying that it was nice to meet him. The  
11 patient texted back: "...it's was nice to meeting you too. Thanks for that my dick it was so  
12 happy. I can't wait to see you tonight." Patient 3 informed Respondent that he was going to get  
13 out of school at 6:20 p.m. He asked: "Do you want to have sex with me only one time? Or do  
14 you want have sex with me more then once." Respondent replied by text message: "Let's meet  
15 today and see how things go but I have a feeling I'm gonna want to do it again."

16 33. Respondent, driving his vehicle, picked up Patient 3 from Golden Oak Adult  
17 School, and together they went to Patient 3's apartment. Respondent went into the patient's  
18 apartment where the two of them engaged in sexual activity, which included touching as  
19 described in Section 243.4 of the Penal Code.

20 **FIRST CAUSE FOR DISCIPLINE**

21 **(Sexual Misconduct)**

22 34. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 726  
23 of the Code in that he engaged in sexual misconduct with three patients. The circumstances are  
24 as follows:

25 35. Paragraphs 12 through 33 are incorporated herein by reference.

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**SECOND CAUSE FOR DISCIPLINE**

**(Sexual Exploitation)**

36. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 729 of the Code in that he engaged in sexual contact with three patients. The circumstances are as follows:

37. Paragraphs 12 through 33 are incorporated herein by reference.

**THIRD CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

38. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that he committed acts of gross negligence in his care and treatment of three patients. The circumstances are as follows:

39. Paragraphs 12 through 33 are incorporated herein by reference.

**FOURTH CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

40. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he committed repeated acts of negligence in the care and treatment of three patients. The circumstances are as follows:

41. Paragraphs 12 through 33 are incorporated herein by reference.

**FIFTH CAUSE FOR DISCIPLINE**

**(Record Keeping)**

42. Respondent Gregory Castillo, M.D. is subject to disciplinary action under section 2266 of the Code in that he failed to keep adequate and accurate records of the care and treatment of three patients. The circumstances are as follows:


43. Paragraphs 12 through 33 are incorporated herein by reference.

**PRAYER**

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

- 1        1.    Revoking or suspending Physician's and Surgeon's Certificate Number A 53294,
- 2    -issued to Gregory Castillo, M.D.;
- 3        2.    Revoking, suspending or denying approval of Gregory Castillo, M.D.'s authority to
- 4    supervise physician assistants and advanced practice nurses;
- 5        3.    Ordering Gregory Castillo, M.D., if placed on probation, to pay the Board the costs of
- 6    probation monitoring;
- 7        4.    Ordering Gregory Castillo, M.D., if placed on probation, to comply with patient
- 8    notification provisions of Business and Probation Code section 2228.1; and
- 9        5.    Taking such other and further action as deemed necessary and proper.

10  
11        DATED:        **AUG 18 2021**

  
\_\_\_\_\_  
WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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