

MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 123445

NAME: BREWER, JENNIFER MARIE

LICENSE TYPE: PHYSICIAN AND SURGEON A

PRIMARY STATUS: LICENSE RENEWED & CURRENT

SECONDARY STATUS: LIMITS ON PRACTICE ♦ PROBATION

PROBATION SUMMARY: Respondent made no admissions but was charged with gross negligence, repeated negligent acts, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of multiple patients. Acceptance of this stipulated settlement is not an admission of guilt. Effective 08/14/2026, revoked, stayed, placed on four years' probation until anticipated end date of 08/13/2030. Terms and conditions include, but are not limited to, completing an education course, a prescribing practices course, a medical record keeping course, and an ethics course; obtaining a practice monitor; prohibited from engaging in the solo practice of medicine; submitting proof of notification of Decision and Accusation to required parties; prohibited from supervising physician assistants and advanced practice nurses; reimbursing the Board its costs of investigation and enforcement in the amount of \$35,000.00; submitting quarterly declarations of compliance with all conditions of probation; complying with the Board's probation unit; prohibited from engaging in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility; and paying costs associated with probation monitoring.

SCHOOL NAME: UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

GRADUATION YEAR: 2011

ADDRESS OF RECORD

2021 FILLMORE ST PMB2037
SAN FRANCISCO CA 94115-2708
SAN FRANCISCO COUNTY

ISSUANCE DATE

NOVEMBER 1, 2012

EXPIRATION DATE

NOVEMBER 30, 2026

CURRENT DATE / TIME

SEPTEMBER 1, 2026
11:51:57 AM

PUBLIC RECORD ACTIONS

› ADMINISTRATIVE DISCIPLINARY ACTIONS (1)

DISCLAIMER: The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

- **CASE NUMBER:** 8002019058986
- **DESCRIPTION:** FOUR YEARS' PROBATION WITH VARIOUS TERMS AND CONDITIONS. RESTRICTIONS: PROHIBITED FROM ENGAGING IN THE SOLO PRACTICE OF MEDICINE; AND PROHIBITED FROM SUPERVISING PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES.
- **EFFECTIVE DATE:** AUGUST 14, 2026

› COURT ORDER (NO RECORDS)

› MISDEMEANOR CONVICTION (NO RECORDS)

› PROBATIONARY LICENSE (NO RECORDS)

› FELONY CONVICTION (NO RECORDS)

› MALPRACTICE JUDGMENT (NO RECORDS)

› HOSPITAL DISCIPLINARY ACTION (NO RECORDS)

› LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO RECORDS)

› ADMINISTRATIVE CITATION ISSUED (NO RECORDS)

› ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO RECORDS)

- › ARBITRATION AWARD (NO RECORDS)
- › MALPRACTICE SETTLEMENTS (NO RECORDS)

PUBLIC DOCUMENTS

- › DECISION (1)

DOCUMENT: DECISION **DATE:** AUGUST 14, 2026 **PAGES:** 52

SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

CURRENT TRAINING STATUS	NOT IN TRAINING
POSTGRADUATE TRAINING YEARS	5
PRIMARY AREA OF PRACTICE	PSYCHIATRY
SECONDARY AREA OF PRACTICE	FAMILY MEDICINE
ABMS CERTIFICATIONS	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY - PSYCHIATRY
ARE YOU RETIRED?	NO
PRACTICE ACTIVITIES	DIRECT PATIENT CARE (INCLUDING TELEHEALTH) - 20-29 HOURS PERCENTAGE (%) OF PATIENT CARE HOURS SPENT ON TELEHEALTH - 100 TRAINING - NONE RESEARCH - NONE ADMINISTRATION - 1-9 HOURS OTHER - NONE
PRIMARY PRACTICE LOCATION	DECLINE TO STATE
SECONDARY PRACTICE LOCATION	DECLINE TO STATE
ARE YOU HISPANIC, LATINO/A, OR OF SPANISH ORIGIN?	DECLINE TO STATE
RACE	DECLINE TO STATE
LANGUAGE FLUENCY	DECLINE TO STATE
GENDER IDENTITY	FEMALE

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

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

Jennifer Marie Brewer, M.D.

**Physician's and Surgeon's
Certificate No. A 123445**

Case No.: 800-2019-058986

Respondent.

DECISION

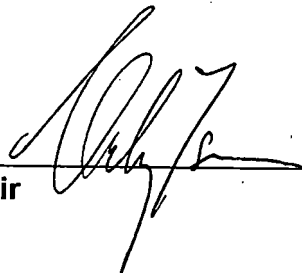
The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 14, 2026.

IT IS SO ORDERED: July 14, 2026.

MEDICAL BOARD OF CALIFORNIA

**Veling Tsai, M.D., Chair
Panel A**

 **MD.**

1 ROB BONTA
Attorney General of California
2 MACHAELA M. MINGARDI
Supervising Deputy Attorney General
3 THOMAS OSTLY
Deputy Attorney General
4 State Bar No. 209234
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3871
6 Facsimile: (415) 703-1107
E-mail: Thomas.Ostly@doj.ca.gov
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

12 **JENNIFER MARIE BREWER, M.D.**
2021 Fillmore St. PMB2037
13 San Francisco, CA 94115-2708

14 Physician's and Surgeon's Certificate No. A
123445.

15
16 Respondent.

Case No. 800-2019-058986

OAH No. 2025070381

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public
19 interest and the responsibility of the Medical Board of California of the Department of Consumer
20 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
21 which will be submitted to the Board for approval and adoption as the final disposition of the
22 Accusation.

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Rob Bonta, Attorney General of the State of California, by Thomas Ostly, Deputy
27 Attorney General.
28

2. Respondent Jennifer Marie Brewer, M.D. (Respondent) is represented in this proceeding by attorney Peter Osinoff, whose address is: 355 S. Grand Ave. Suite 1750 Los Angeles, CA.

3. On or about November 1, 2012, the Board issued Physician's and Surgeon's Certificate No. A 123445 to Jennifer Marie Brewer, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-058986, and will expire on November 30, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-058986, was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 22, 2022. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-058986 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-058986. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

9. Respondent acknowledges the fact that, if adopted by the Board, the Board will report this Stipulated Settlement and Disciplinary Order to the National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB) and publicly post such enforcement action, and Respondent hereby waives any and all objections thereto.

CULPABILITY

10. Respondent understands that the charges and allegations in Accusation No. 800-2019-058986, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

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

ACKNOWLEDGMENT

12. Respondent acknowledges the Disciplinary Order below.

13. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

14. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having
2 considered this matter.

3 15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
4 be an integrated writing representing the complete, final and exclusive embodiment of the
5 agreement of the parties in this above-entitled matter.

6 16. Respondent agrees that if she ever petitions for early termination or modification of
7 probation, or if an accusation and/or petition to revoke probation is filed against her before the
8 Board, all of the charges and allegations contained in Accusation No. 800-2019-058986 shall be
9 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
10 other licensing proceeding involving Respondent in the State of California.

11 17. The parties understand and agree that Portable Document Format (PDF) and facsimile
12 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
13 signatures thereto, shall have the same force and effect as the originals.

14 18. In consideration of the foregoing admissions and stipulations, the parties agree that
15 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
16 enter the following Disciplinary Order:

17 **DISCIPLINARY ORDER**

18 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 123445 issued
19 to Respondent Jennifer Marie Brewer, M.D. is revoked. However, the revocation is stayed and
20 Respondent is placed on probation for four (4) years on the following terms and conditions:

21 I. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
22 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
23 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
24 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
25 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
26 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
27 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
28 completion of each course, the Board or its designee may administer an examination to test

1 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
2 hours of CME of which 40 hours were in satisfaction of this condition.

3 2. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective
4 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
5 advance by the Board or its designee. Respondent shall provide the approved course provider
6 with any information and documents that the approved course provider may deem pertinent.
7 Respondent shall participate in and successfully complete the classroom component of the course
8 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
9 complete any other component of the course within one (1) year of enrollment. The prescribing
10 practices course shall be at Respondent's expense and shall be in addition to the Continuing
11 Medical Education (CME) requirements for renewal of licensure.

12 A prescribing practices course taken after the acts that gave rise to the charges in the
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
14 or its designee, be accepted towards the fulfillment of this condition if the course would have
15 been approved by the Board or its designee had the course been taken after the effective date of
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
21 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
22 advance by the Board or its designee. Respondent shall provide the approved course provider
23 with any information and documents that the approved course provider may deem pertinent.
24 Respondent shall participate in and successfully complete the classroom component of the course
25 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
26 complete any other component of the course within one (1) year of enrollment. The medical
27 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
28 Medical Education (CME) requirements for renewal of licensure.

1 A medical record keeping course taken after the acts that gave rise to the charges in the
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
3 or its designee, be accepted towards the fulfillment of this condition if the course would have
4 been approved by the Board or its designee had the course been taken after the effective date of
5 this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the course, or not later than
8 15 calendar days after the effective date of the Decision, whichever is later.

9 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
10 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
11 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
12 Respondent shall participate in and successfully complete that program. Respondent shall
13 provide any information and documents that the program may deem pertinent. Respondent shall
14 successfully complete the classroom component of the program not later than six (6) months after
15 Respondent's initial enrollment, and the longitudinal component of the program not later than the
16 time specified by the program, but no later than one (1) year after attending the classroom
17 component. The professionalism program shall be at Respondent's expense and shall be in
18 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

19 A professionalism program taken after the acts that gave rise to the charges in the
20 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
21 or its designee, be accepted towards the fulfillment of this condition if the program would have
22 been approved by the Board or its designee had the program been taken after the effective date of
23 this Decision.

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the program or not later
26 than 15 calendar days after the effective date of the Decision, whichever is later.

27 5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
28 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice .

1 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
2 licenses are valid and in good standing, and who are preferably American Board of Medical
3 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
4 relationship with Respondent, or other relationship that could reasonably be expected to
5 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
6 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
7 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

8 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
9 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
10 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
11 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
12 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
13 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
14 signed statement for approval by the Board or its designee.

15 Within 60 calendar days of the effective date of this Decision, and continuing throughout
16 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
17 make all records available for immediate inspection and copying on the premises by the monitor
18 at all times during business hours and shall retain the records for the entire term of probation.

19 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
20 date of this Decision, Respondent shall receive a notification from the Board or its designee to
21 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
22 shall cease the practice of medicine until a monitor is approved to provide monitoring
23 responsibility.

24 The monitor(s) shall submit a quarterly written report to the Board or its designee which
25 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
26 are within the standards of practice of medicine, and whether Respondent is practicing medicine
27 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
28 that the monitor submits the quarterly written reports to the Board or its designee within 10

1 calendar days after the end of the preceding quarter.

2 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
3 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
4 name and qualifications of a replacement monitor who will be assuming that responsibility within
5 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
6 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
7 notification from the Board or its designee to cease the practice of medicine within three (3)
8 calendar days after being so notified. Respondent shall cease the practice of medicine until a
9 replacement monitor is approved and assumes monitoring responsibility.

10 In lieu of a monitor, Respondent may participate in a professional enhancement program
11 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
12 review, semi-annual practice assessment, and semi-annual review of professional growth and
13 education. Respondent shall participate in the professional enhancement program at Respondent's
14 expense during the term of probation.

15 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
16 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
17 where: 1) Respondent merely shares office space with another physician but is not affiliated for
18 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
19 location.

20 If Respondent fails to establish a practice with another physician or secure employment in
21 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
22 Respondent shall receive a notification from the Board or its designee to cease the practice of
23 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
24 practice until an appropriate practice setting is established.

25 If, during the course of the probation, the Respondent's practice setting changes and the
26 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
27 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
28 If Respondent fails to establish a practice with another physician or secure employment in an

1 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
2 shall receive a notification from the Board or its designee to cease the practice of medicine within
3 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
4 appropriate practice setting is established.

5 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
6 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
7 Chief Executive Officer at every hospital where privileges or membership are extended to
8 Respondent, at any other facility where Respondent engages in the practice of medicine,
9 including all physician and locum tenens registries or other similar agencies, and to the Chief
10 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
11 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
12 calendar days.

13 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

14 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
15 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
16 advanced practice nurses.

17 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
18 governing the practice of medicine in California and remain in full compliance with any court
19 ordered criminal probation, payments, and other orders.

20 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
21 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
22 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
23 enforcement, as applicable, in the amount of \$35,000.00 (thirty-five thousand dollars). Costs
24 shall be payable to the Medical Board of California. Failure to pay such costs shall be considered
25 a violation of probation.

26 Payment must be made in full within 30 calendar days of the effective date of the Order, or
27 by a payment plan approved by the Medical Board of California. Any and all requests for a
28 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with

1 the payment plan shall be considered a violation of probation.

2 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
3 repay investigation and enforcement costs, including expert review costs.

4 11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
5 under penalty of perjury on forms provided by the Board, stating whether there has been
6 compliance with all the conditions of probation.

7 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
8 of the preceding quarter.

9 12. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Respondent shall comply with the Board's probation unit.

12 Address Changes

13 Respondent shall, at all times, keep the Board informed of Respondent's business and
14 residence addresses, email address (if available), and telephone number. Changes of such
15 addresses shall be immediately communicated in writing to the Board or its designee. Under no
16 circumstances shall a post office box serve as an address of record, except as allowed by Business
17 and Professions Code section 2021, subdivision (b).

18 Place of Practice

19 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
20 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
21 facility.

22 License Renewal

23 Respondent shall maintain a current and renewed California physician's and surgeon's
24 license.

25 Travel or Residence Outside California

26 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
27 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
28 (30) calendar days.

1 In the event Respondent should leave the State of California to reside or to practice
2 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
3 departure and return.

4 13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
5 available in person upon request for interviews either at Respondent's place of business or at the
6 probation unit office, with or without prior notice throughout the term of probation.

7 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
10 defined as any period of time Respondent is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If
13 Respondent resides in California and is considered to be in non-practice, Respondent shall
14 comply with all terms and conditions of probation. All time spent in an intensive training
15 program which has been approved by the Board or its designee shall not be considered non-
16 practice and does not relieve Respondent from complying with all the terms and conditions of
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
18 on probation with the medical licensing authority of that state or jurisdiction shall not be
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
20 period of non-practice.

21 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
22 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
23 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
24 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
25 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

26 Respondent's period of non-practice while on probation shall not exceed two (2) years.

27 Periods of non-practice will not apply to the reduction of the probationary term.

28 Periods of non-practice for a Respondent residing outside of California will relieve

Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations.

15. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

17. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which

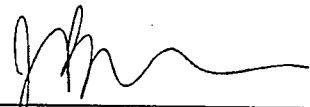
1 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
2 California and delivered to the Board or its designee no later than January 31 of each calendar
3 year.

4 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
5 a new license or certification, or petition for reinstatement of a license, by any other health care
6 licensing action agency in the State of California, all of the charges and allegations contained in
7 Accusation No. 800-2019-058986 shall be deemed to be true, correct, and admitted by
8 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
9 restrict license.

10
11 ACCEPTANCE

12 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
13 discussed it with my attorney, Peter Osinoff. I understand the stipulation and the effect it will
14 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
15 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
16 Decision and Order of the Medical Board of California.

17
18 DATED: 5/8/26


19 JENNIFER MARIE BREWER, M.D.
Respondent

20
21 I have read and fully discussed with Respondent Jennifer Marie Brewer, M.D. the terms
22 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
23 Order. I approve its form and content.

24
25 DATED: 5/8/2026


26 PETER OSINOFF
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: June 24, 2026

Respectfully submitted,
ROB BONTA
Attorney General of California
MACHAELA M. MINGARDI
Supervising Deputy Attorney General

Thomas Ostly
THOMAS OSTLY
Deputy Attorney General
Attorneys for Complainant

SF2022401392

Exhibit A

Accusation No. 800-2019-058986

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-058986

13 **JENNIFER MARIE BREWER, M.D.**
14 **1500 Franklin Street**
San Francisco, CA 94109-4523

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 123445,**

Respondent.

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19 **PARTIES**

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

23 2. On or about November 1, 2012, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 123445 to Jennifer Marie Brewer, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on November 30, 2022, unless renewed.

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made on and after July 1, 2019, in any of the following circumstances:

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

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

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent 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 disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

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

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

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

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

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

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

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

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

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

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

5 7. Section 2234 of the Code states:

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

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

10 (b) Gross negligence.

11 (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
12 separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

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

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

18 (d) Incompetence.

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

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

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

24 8. Section 2242 of the Code states:

25 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
26 4022 without an appropriate prior examination and a medical indication, constitutes
unprofessional conduct. An appropriate prior examination does not require a
27 synchronous interaction between the patient and the licensee and can be achieved
through the use of telehealth, including, but not limited to, a self-screening tool or a
28 questionnaire, provided that the licensee complies with the appropriate standard of
care.

1 (b) No licensee shall be found to have committed unprofessional conduct within
2 the meaning of this section if, at the time the drugs were prescribed, dispensed, or
furnished, any of the following applies:

3 (1) The licensee was a designated physician and surgeon or podiatrist serving in
4 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
and if the drugs were prescribed, dispensed, or furnished only as necessary to
5 maintain the patient until the return of the patient's practitioner, but in any case no
longer than 72 hours.

6 (2) The licensee transmitted the order for the drugs to a registered nurse or to a
7 licensed vocational nurse in an inpatient facility, and if both of the following
conditions exist:

8 (A) The practitioner had consulted with the registered nurse or licensed
vocational nurse who had reviewed the patient's records.

9 (B) The practitioner was designated as the practitioner to serve in the absence
10 of the patient's physician and surgeon or podiatrist, as the case may be.

11 (3) The licensee was a designated practitioner serving in the absence of the
12 patient's physician and surgeon or podiatrist, as the case may be, and was in
possession of or had utilized the patient's records and ordered the renewal of a
13 medically indicated prescription for an amount not exceeding the original prescription
in strength or amount or for more than one refill.

14 (4) The licensee was acting in accordance with Section 120582 of the Health
and Safety Code.

15 9. Section 2263 of the Code states: The willful, unauthorized violation of
16 professional confidence constitutes unprofessional conduct.

17 10. Section 2264 of the Code states: The employing, directly or indirectly, the aiding,
18 or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to
19 engage in the practice of medicine or any other mode of treating the sick or afflicted which
20 requires a license to practice constitutes unprofessional conduct.

21 11. Section 2266 of the Code states: The failure of a physician and surgeon to
22 maintain adequate and accurate records relating to the provision of services to their patients
23 constitutes unprofessional conduct.

24 COST RECOVERY

25 12. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
26 administrative law judge to direct a licensee found to have committed a violation or violations of
27 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
28 enforcement of the case, with failure of the licensee to comply subjecting the license to not being

1 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
2 included in a stipulated settlement.

3 DEFINITIONS

4 13. Abilify (aripiprazole) is an antipsychotic medication. It works by changing the actions
5 of chemicals in the brain. Abilify is used to treat the symptoms of psychotic conditions such as
6 schizophrenia and bipolar disorder (manic depression).

7 14. Aristada is an extended-release aripiprazole injection used to treat schizophrenia.
8 This medication can decrease hallucinations and improve concentration.

9 15. BuSpar is a trade name for buspirone hydrochloride, an anti-anxiety agent that is
10 chemically or pharmacologically related to benzodiazepines, barbiturates, or other
11 sedative/anxiolytic drugs. The concomitant use of BuSpar with other CNS-active drugs should be
12 approached with caution. BuSpar is a dangerous drug as defined in section 4022 of the Code.

13 16. Clonazepam, known by the trade name Klonopin, is an anticonvulsant of the
14 benzodiazepine class of drugs. It is a dangerous drug as defined in section 4022 of the Code and
15 a schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. It
16 produces central nervous system depression and should be used with caution with other central
17 nervous system (CNS) depressant drugs.

18 17. Clozapine is used to treat the symptoms of schizophrenia in people who have not
19 been helped by other medications or who have tried to kill themselves and are likely to try to kill
20 or harm themselves again. Clozapine is in a class of medications called atypical antipsychotics.

21 18. Cogentin, the trade name for Benztropine, is used to treat symptoms of Parkinson's
22 disease or involuntary movements due to the side effects of certain psychiatric drugs (antipsychotics
23 such as chlorpromazine/haloperidol). Benztropine belongs to a class of medication called
24 anticholinergics that work by blocking a certain natural substance (acetylcholine).

25 19. Dextromethorpan is used to relieve coughs due to colds or influenza (flu). It should
26 not be used for chronic cough that occurs with smoking, asthma, or emphysema or when there is
27 an unusually large amount of mucus or phlegm (flem) with the cough.

1 20. Haldol, a trade name for haloperidol, is a major tranquilizer used for the management
2 of manifestations of psychotic disorders. It is a dangerous drug within the meaning of Code
3 section 4022. Adverse reactions associated with the use of Haldol include Extrapyramidal
4 Symptoms (EPS), insomnia, restlessness, anxiety, agitation, and hypotension. EPS can be
5 categorized generally as Parkinson's-like symptoms, akathisia, or dystonia.

6 21. Invega Sustenna is the trade name for paliperidone palmitate, an atypical
7 antipsychotic indicated for the treatment of schizophrenia in adults.

8 22. Lamictal, the trade name for lamotrigine, is used alone or with other medications to
9 prevent and control seizures. It may also be used to help prevent the extreme mood swings
10 of bipolar disorder in adults. Lamotrigine is known as an anticonvulsant or antiepileptic drug.

11 23. Latuda, the trade name for lurasidone, is a medication that works in the brain to treat
12 schizophrenia. It is also known as a second-generation antipsychotic (SGA) or atypical
13 antipsychotic. Lurasidone rebalances dopamine and serotonin to improve thinking, mood, and
14 behavior.

15 24. Metformin is used to treat type 2 diabetes. Metformin is in a class of drugs called
16 biguanides. Metformin helps to control the amount of glucose (sugar) in the blood. It decreases
17 the amount of glucose one absorbs from food and the amount of glucose made by the liver.
18 Metformin also increases the body's response to insulin, a natural substance that controls the
19 amount of glucose in the blood.

20 25. Mirtazapine, known by the trade name Remeron, is used to treat depression.
21 Mirtazapine belongs to a group of medicines called tetracyclic antidepressants. These medicines
22 work in the (CNS) to make certain chemicals in the brain stronger. This medicine is available
23 only with your doctor's prescription.

24 26. Olanzapine, also known by the brand name Zyprexa, is a psychotropic agent that
25 belongs to the thienobenzodiazepine class. It is a dangerous drug as defined by Code section
26 4022. Zyprexa is indicated for the management of the manifestations of psychotic disorders, the
27 treatment of schizophrenia, and the short-term treatment of the acute manic episodes associated
28 with bipolar I disorder.

27. Omeprazole, known by the trade name Prilosec, is an antisecretory compound. It is a dangerous drug within the meaning Code section 4022. Prilosec is indicated for the short-term treatment of active duodenal ulcers, erosive esophagitis, and symptomatic gastroesophageal reflux disease, to maintain healing of erosive esophagitis, and for the long-term treatment of pathological hypersecretory conditions.

28. Propranolol is a beta-blocker used to treat heart problems and help with anxiety. It is also known by the trade name Bedranol.

29. Prozac, a trade name for fluoxetine hydrochloride, an antidepressant, is a dangerous drug within the meaning of Code section 4022. Prozac is an antidepressant agent chemically unrelated to tricyclic, tetracyclic, or other available antidepressant agents. A significant percentage (12 to 16%) of patients on Prozac experienced anxiety, nervousness, or insomnia. In general, the maximum dose of fluoxetine should not exceed 80 mg per day.

30. Risperdal, a trade name for risperidone, is an antipsychotic agent of the benzisoxazole class and is indicated for the management of the manifestations of psychotic disorders. It is a CNS active drug and a dangerous drug as defined in section 4022 of the Code.

31. Wellbutrin, a trade name for bupriopian hydrochloride, an antidepressant of the aminoketone class, is a dangerous drug within the meaning of Code section 4022. Wellbutrin is an antidepressant agent chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents. The incidence of seizures associated with Wellbutrin may exceed that of other marketed antidepressants by as much as fourfold. Wellbutrin SR is the sustained release form of Wellbutrin.

FACTUAL ALLEGATIONS

32. At all relevant times, Respondent was a physician and surgeon in California, board certified in Psychiatry and Family Medicine.

33. At all relevant times, Respondent was employed as a physician at the Felton Institute in San Francisco. Their stated mission is to respond to human needs by providing cutting edge, evidence-based mental health and social services and treatments. The job duties of Respondent at

1 the Felton Institute included, but were not limited to, providing complex medication management
2 for San Francisco's seriously mentally ill, urban population.

3 34. On August 24, 2019, the Board received an anonymous online complaint against
4 Respondent. The allegations in the complaint included, but were not limited to, Respondent
5 seeing clients without generating records, and consulting with R.R., a "medical intuitive" who
6 uses a photograph of a patient to advise regarding medication and mental health treatment. That
7 online complaint further alleged that Respondent made changes to the treatment plans of patients
8 based on the feelings of R.R.

9 35. R.R. maintains a website describing her services. On the website "About" page,
10 the following description of her services is found:

11 My company, **REDACTED**, believes that the body has the ability to heal itself at the
12 physical, emotional and spiritual level. Our physical symptoms are merely physical
13 manifestations of how we feel on the inside. To change physical symptoms, one must
14 address their thoughts and beliefs. Once this starts to occur, the body starts to function
better and the individual has a deeper sense of who they are.

15 36. R.R. would provide a report to Respondent of her feelings and recommendations.
16 and often cited "spiritual entities" as a cause of physical manifestations of diseases.

17 37. Respondent consulted and worked with "medical intuitive" R.R. from June 2019
18 through September 2019. Respondent used her time and the patients' data and obtained a report
19 from R.R. She made treatment decisions consistent with R.R.'s suggestions about discontinuing
20 antidepressants and mood stabilizers, and initiating sage tea, garlic, cilantro, etc., in a precise
21 dosing form, in the medication section of the progress notes.

22 38. As part of her consultation with "medical intuitive" R.R., Respondent transmitted
23 personal and confidential information and medical histories, including a photograph of patients,
24 over an unsecure line or network.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts;**

3 **Incompetence; Failure to Maintain Accurate and Adequate Records – Patient 1¹)**

4 39. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
5 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c) and/or 2234, subdivision
6 (d), and/or 2266 of the Code in that Respondent engaged in unprofessional conduct and was
7 grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed to keep
8 adequate and accurate records, in her care and treatment of Patient 1. The circumstances are as
9 follows:

10 40. Patient 1 is a 21-year-old male with a working diagnosis of schizoaffective disorder,
11 depressed. Patient 1 was seen by Respondent at the Felton Institute from July 12, 2018 to January
12 25, 2022.²

13 41. Patient 1 was having difficulty thinking and had intrusive interfering thoughts with
14 limited insight and judgment. He was struggling to go about daily affairs due to his psychosis.

15 42. Despite the indications that Patient 1 was not capable of weighing the benefits and
16 risks of sharing his protected health information with a non-licensed provider that could influence
17 his treatment, on July 25, 2019, Patient 1 signed a “Medical Intuitive Informed Consent” that
18 would provide for his photograph, date of birth, full name, case history and medical records to be
19 sent by Respondent to R.R., an out-of-state non-licensed health care practitioner, who would
20 review the information and consult with Respondent. Respondent did not sign the “Medical
21 Intuitive Informed Consent.”

22 43. On July 27, 2019 a Comprehensive Informational Chart was created by R.R. for
23 Patient 1 and transmitted to Respondent. Among the statements contained in the chart is a section
24 listing “Areas of Concern”. Within that section, the chart states “Spiritual Entities” as the area
25 that has manifested the most physical disease.

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27 ¹ Numbers are used to protect patient privacy. Respondent may learn the names of the
28 patients through the discovery process.

² All dates are approximate, and as reflected in the medical records.

1 44. On August 1, 2019, Patient 1 returned to discuss his "integrative consult" with
2 Respondent. At that visit, Respondent discontinued Buspar and recommended sage tea twice a
3 day consistent with R.R.'s recommendation. Patient 1 then stopped treatment with Respondent
4 until August 26, 2020.

5 45. Patient 1 reported that he relates his symptoms to injuries that happened when he was
6 a teenager, including head injuries. However, despite a head injury being a possible contributor
7 to his symptoms, it was not documented by Respondent in his diagnosis or in a plan for further
8 work-up.

9 46. Respondent's care and treatment of Patient 1 constitutes unprofessional conduct
10 through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to
11 maintain accurate and adequate medical records, including, but not limited to, the following:

12 A. Respondent sought out and accepted advice from a non-licensed health care
13 worker who suggested the use of sage tea, garlic, and hawthorn to address Patient 1's
14 schizoaffective disorder.

15 B. Respondent sought out and accepted advice from a non-licensed health care
16 worker who stated that "it feels good to cut his dosage in half SLOWLY" of Invega Sustenna,
17 which was being used to treat Patient 1's schizophrenia.

18 C. Respondent exposed Patient 1's personal and confidential information and
19 medical history when she transmitted it over an unsecure line or network to an out-of-state,
20 non-licensed health care worker.

21 D. Respondent exploited her position of power over Patient 1 and abused the trust
22 placed in her by Patient 1 to advance her own agenda involving R.R.

23 E. Respondent failed to distinguish between pharmacology and supplements in
24 Patient 1's records by identifying supplements in the same manner as FDA-approved
25 medications, without qualifiers or explanations.

26 F. Respondent did not tell Patient 1 that he was subject to unproven treatments.
27 There is no data whatsoever that sage tea, garlic or hawthorn is effective in the treatment of
28 psychotic disorders or schizophrenia.

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3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts;**
5 **Incompetence; Failure to Maintain Accurate and Adequate Records – Patient 2)**

6 47. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
7 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234, subdivision
8 (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct and was
9 grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed to keep
10 adequate and accurate records, in her care and treatment of Patient 2. The circumstances are as
11 follows:

12 48. Patient 2 is a 21-year-old female diagnosed with schizophrenia. After several
13 hospitalizations in 2013, she had not been hospitalized for 6 years. In 2019, she graduated from
14 community college, and was well enough to travel out of the country.

15 49. Patient 2 was prescribed 300 mg of Clozaril in August 28, 2018. In April 2019,
16 Respondent documented a reduction in Clozaril from 300 mg to 200 mg. No explanation of the
17 reduction is contained within the medical record.

18 50. On July 17, 2019, Patient 2 signed a "Medical Intuitive Informed Consent" that
19 would provide for her photograph, date of birth, full name, case history and medical records to be
20 sent by Respondent to R.R., an out-of-state non-licensed health care practitioner, who would
21 review the information and consult with Respondent. Respondent did not sign the "Medical
22 Intuitive Informed Consent."

23 51. Medical records from August 21, 2019, document a further reduction in Clorazil to
24 150 mg.

25 52. In November 2019, Respondent provided a letter to the disability office at San
26 Francisco State University requesting that Patient 2's stress and workload be reduced.

27 53. On December 30, 2019, Patient 2 was hospitalized after discontinuing her
28 medications and reportedly making paranoid comments and phone calls to police.

54. Respondent's care and treatment of Patient 2 constitutes unprofessional conduct through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to maintain accurate and adequate medical records, including, but not limited to, the following:

A. Respondent sought out and accepted advice from a non-licensed health care worker who suggested the use of sage tea and vitamin D to treat Patient 2's schizoaffective disorder.

B. Respondent sought out and accepted advice from a non-licensed health care worker who stated that "here are the products, numbers and information that I see" followed by Clozapine 150mg, half the dose which was previously effective for Patient 2.

C. Respondent exposed Patient 2's personal and confidential information and medical history when she transmitted it over an unsecure line or network to an out-of-state, non-licensed health care worker.

D. Respondent exploited her position of power over Patient 2 and abused the trust placed in her by Patient 2 to advance her own agenda involving R.R.

E. Respondent failed to distinguish between pharmacology and supplements in Patient 2's records by identifying supplements in the same manner as FDA-approved medications, without qualifiers or explanations.

F. Respondent did not tell Patient 2 that she was subject to unproven treatments. There is no data whatsoever that sage tea or vitamin D is effective in the treatment of psychotic disorders or schizophrenia.

THIRD CAUSE FOR DISCIPLINE

**(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;
Failure to Maintain Accurate and Adequate Records – Patient 3)**

55. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234, subdivision (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct and was grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed to keep

adequate and accurate records, in her care and treatment of Patient 3. The circumstances are as follows:

56. Patient 3 is a 23-year-old male diagnosed with social phobia with secondary Major Depressive Disorder and Obsessive Compulsive Disorder.

57. Lorazepam and clonazepam were prescribed by Respondent. However, there is no note in the chart of the increased prescriptions of clonazepam in July and August.

58. On August 15, 2019, Patient 3 signed a "Medical Intuitive Informed Consent" that would provide for his photograph, date of birth, full name, case history and medical records to be sent by Respondent to R.R., an out-of-state non-licensed health care practitioner, who would review the information and consult with Respondent. Respondent did not sign the "Medical Intuitive Informed Consent."

59. On August 19, 2019, Respondent received a Comprehensive Informational Chart from R.R. pertaining to Patient 3, which does not correspond to any recognized medical framework. In the chart, R.R. documented her feelings about Patient 3's prescribed medicines and their effectiveness. R.R. also recommended several supplements including cilantro extract, chlorella, and vitamin D.

60. Respondent's care and treatment of Patient 3 constitutes unprofessional conduct through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to maintain accurate and adequate medical records, including, but not limited to, the following:

A. Respondent sought out and accepted advice from a non-licensed health care worker to treat Patient 3's mental health disorders.

B. Respondent failed to distinguish between pharmacology and supplements in Patient 3's records by identifying supplements in the same manner as FDA-approved medications, without qualifiers or explanations.

C. Respondent did not tell Patient 3 that he was subject to unproven treatments. There is no data whatsoever that cilantro extract, chlorella, or vitamin D is effective in the treatment of mental health disorders.

1 D. Respondent exposed Patient 3's personal and confidential information and medical
2 history when she transmitted it over an unsecure line or network to an out-of-state, non-licensed
3 health care worker.

4 E. Respondent exploited her position of power over Patient 3 and abused the trust
5 placed in her by Patient 3 to advance her own agenda involving R.R.

6 **FOURTH CAUSE FOR DISCIPLINE**

7 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts;
8 Incompetence; Failure to Maintain Accurate and Adequate Records – Patient 4)**

9 61. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
10 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234, subdivision
11 (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct and was
12 grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed to keep
13 adequate and accurate records, in her care and treatment of Patient 4. The circumstances are as
14 follows:

15 62. Patient 4 is a 29-year-old transgender person diagnosed with schizophrenia, PTSD
16 with psychotic features, and depression.

17 63. On August 6, 2019, Respondent treated Patient 4. In the progress notes, Respondent
18 documented that Patient 4 believes she may be able to kill people with her mind. Instead of
19 trying evidence-based strategies to treat Patient 4, which had not yet been tried, such as a long
20 acting injectable and mood stabilizers, Respondent discussed incorporating "medical intuitive"
21 R.R. into her treatment.

22 64. Respondent then incorporated the feelings of R.R. into the treatment plan of Patient 4,
23 including her "feeling" that an FDA approved anti-psychotic medication would make Patient 4
24 sleepy and will not stop the voices.

25 65. Respondent's care and treatment of Patient 4 constitutes unprofessional conduct
26 through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to
27 maintain accurate and adequate medical records, including, but not limited to, the following:
28

1 A. Respondent sought out and accepted advice from a non-licensed health care worker
2 who suggested the use of sage tea and vitamin D to treat Patient 4's schizophrenia, PTSD with
3 psychotic features, and depression.

4 B. Respondent sought out and accepted advice from a non-licensed health care worker
5 who stated that "here are the products, numbers and information that I see" followed by sage tea
6 and smudging with a white sage stick for hearing voices and intrusive thoughts. R.R. also
7 commented on Latuda, which was prescribed for schizophrenia, "this just feels like it will make
8 her really sleepy and won't stop the voices".

9 C. Respondent exposed Patient 4's personal and confidential information and medical
10 history when she transmitted it over an unsecure line or network to an out-of-state, non-licensed
11 health care worker.

12 D. Respondent exploited her position of power over Patient 4 and abused the trust placed
13 in her by Patient 4 to advance her own agenda involving R.R.

14 E. Respondent failed to distinguish between pharmacology and supplements in Patient
15 4's records by identifying supplements in the same manner as FDA-approved medications,
16 without qualifiers or explanations.

17 F. Respondent did not tell Patient 4 that she was subject to unproven treatments. There
18 is no data whatsoever that sage tea or vitamin D is effective in the treatment of psychotic
19 disorders or schizophrenia.

20 **FIFTH CAUSE FOR DISCIPLINE**

21 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;**
22 **Failure to Maintain Accurate and Adequate Records – Patient 5)**

23 66. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
24 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234, subdivision
25 (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct and was
26 grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed to keep
27 adequate and accurate records, in her care and treatment of Patient 5. The circumstances are as
28 follows:

1 67. Patient 5 is a 27-year-old woman diagnosed with schizoaffective disorder, bipolar
2 type.

3 68. On July 31, 2019, Patient 5 signed a consent to have "medical intuitive" R.R. consult
4 on her case and would provide for her photograph, date of birth, full name, case history and
5 medical records to be sent by Respondent to R.R., an out-of-state non-licensed health care
6 worker, who would review the information and consult with Respondent.

7 69. On August 15, 2019, Respondent documented in progress notes that the treatment
8 plan was to decrease Lamictal then stop, consistent with the opinion of R.R. There is no
9 documentation of the rationale for discontinuing the Lamictal. The progress notes show that
10 Patient 5 had her symptoms under fair to good control at that examination despite having two
11 recent hospitalizations.

12 70. On August 22, 2019, Patient 5 reported that she feels out of control and moves her
13 neck to feel connected between her mind and body. This is psychotic behavior and Respondent
14 failed to recognize it.

15 71. On September 16, 2019, Patient 5 self-admitted to the hospital after feeling suicidal.
16 Respondent did not document the discharge summary, diagnosis, or discharge medications.
17 Moreover, Respondent did not document a consideration that the tapering of Abilify or the
18 discontinuation of lamotrigine were an issue with Patient 5's deteriorating health.

19 72. Respondent's care and treatment of Patient 5 constitutes unprofessional conduct
20 through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to
21 maintain accurate and adequate medical records, including, but not limited to, the following:

22 A. Respondent sought out and accepted advice from a non-licensed health care worker
23 who suggested the use of sage tea and other dietary supplements to treat Patient 5's
24 schizophrenia.

25 B. Respondent sought out and accepted advice from a non-licensed health care worker
26 who opined on Patient 5's medical treatment including prescriptions.

1 C. Respondent exposed Patient 5's personal and confidential information and medical
2 history when she transmitted it over an unsecure line or network to an out-of-state, non-licensed
3 health care worker.

4 D. Respondent exploited her position of power over Patient 5 and abused that trust
5 placed in her by Patient 5 to advance her own agenda involving R.R.

6 **SIXTH CAUSE FOR DISCIPLINE**

7 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;
8 Failure to Maintain Accurate and Adequate Records – Patient 6)**

9 73. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
10 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234,
11 subdivision (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct
12 and was grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed
13 to keep adequate and accurate records, in her care and treatment of Patient 6. The circumstances
14 are as follows:

15 74. On October 12, 2016, Respondent examined Patient 6, a then 47-year-old male
16 with a longstanding history of polysubstance abuse, a diagnosis of borderline personality disorder
17 and anti-social personality, and multiple severe medical problems including hypercoagulability
18 of unknown etiology and a history of dormant hepatitis C. Patient 6 stated that "I used to beat up
19 people, I used to be very violent, I used to rob people." Patient 6 endorsed chronic suicidal
20 ideation but that he would never act on it because of the "fear of God."

21 75. On January 19, 2019, Patient 6 admitted that he bought heroin two weeks earlier in
22 order to overdose, then changed his mind. Patient 6 overdosed on tranquilizers as a teen that
23 placed him in a coma for five days, and his last suicide attempt was in 2017, when he tried to
24 hang himself with a rope.

25 76. On March 27, 2019, Respondent decreased the clonazepam dosage prescribed to
26 Patient 6 with the intent of monthly dosage decreases.

27 77. On May 21, 2019, Respondent examined Patient 6, two weeks post-hospitalization
28 in which Patient 6 woke from a three-day coma. Respondent switched Patient 6 from Invega to

1 risperidone, when one of the primary concerns of the hospital team was elevated sugars, and it
2 seemed that Patient 6 had a diabetic coma, which is life-threatening. Risperidone and olanzapine
3 are both known to promote metabolic syndrome, which can lead to diabetes.

4 78. On July 24, 2019, Patient 6 signed a "Medical Intuitive Informed Consent" that
5 would provide for his photograph, date of birth, full name, case history and medical records to be
6 sent by Respondent to R.R., an out-of-state non-licensed health care worker, who would review
7 the information and consult with Respondent. Respondent did not sign the "Medical Intuitive
8 Informed Consent." The Consent inaccurately states that it was signed on July 24, 1968. The
9 date 7-24-19 is written next to the original date in different handwriting.

10 79. On July 25, 2019, Respondent received a Comprehensive Informational Chart
11 from R.R. pertaining to Patient 6. R.R. recommended the following products be considered in
12 Respondent's prescribing to Patient 6: collinsonia root (vein rebuilder); HVS metals (heavy metal
13 detox); white sage smudge stick; Risperdal (voices); Gabapentin ("Three times daily feels like
14 too much. SLOWLY taper off when ready"); Nicorette gum; and Klonopin ("Slowly taper off
15 .5mg each month"). R.R. also wrote, "It doesn't feel like his body can handle any internal herbs
16 and that is why I chose the above products compared to sage tea for entities and cilantro for
17 heavy metals."

18 80. R.R. considered the following to be harmful products for Patient 6: Methadone
19 ("slowly taper off when able"); mirtazapine ("slowly taper off when able"); and Buspar ("slowly
20 taper off when able").

21 81. On August 6, 2019, Patient 6 claimed that he spent three days at San Francisco
22 General Hospital, but Respondent never requested records of the hospitalization so Respondent
23 has no information whether the stay was medical or for psychiatric services. Respondent also
24 discontinued the use of Buspar less than two weeks after the tapering of that medicine was
25 recommended by R.R.

26 82. On August 14, 2019, Respondent examined Patient 6, noting slurred speech and
27 "out of it" affect, aware that Patient 6 told Respondent during the past few visits that he wanted
28 to use drugs, yet Respondent failed to order a urine toxicology screen. Respondent failed to

1 address Patient 6's recent hospitalizations and emergency services contacts since Respondent
2 tapered Patient 6's clonazepam usage. Respondent restarted gabapentin/Neurontin, which Patient
3 6 reported gave him "severe memory loss," but Respondent did not revisit lithium or other mood
4 stabilizers. Patient 6 has had auditory hallucinations, disorganization, and intermittent paranoia,
5 yet Respondent did not offer a psychotic diagnosis.

6 83. Respondent's care and treatment of Patient 6 constitutes unprofessional conduct
7 through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to
8 maintain accurate and adequate medical records, including, but not limited to, the following:

9 A. Respondent sought out and accepted advice from a non-licensed health care
10 worker who suggested the use of collinsonia root; HVS metals; white sage smudge stick;
11 Risperdal; Gabapentin; Nicorette gum; and Klonopin to address Patient 6's mental health.

12 B. Respondent sought out and accepted advice from a non-licensed health care
13 worker who suggested, "It doesn't feel like his body can handle any internal herbs and that is
14 why I chose the above products compared to sage tea for entities and cilantro for heavy metals."

15 C. Respondent sought out and accepted advice from a non-licensed health care
16 worker who suggested that Respondent taper the dosage and use of the following medicines
17 prescribed to Patient 6: Methadone; Mirtazapine; and Buspar.

18 D. Respondent failed to get a valid Consent for Patient 6, who appears not to have
19 been oriented to the year.

20 E. Respondent failed to maintain accurate and adequate records for Patient 6. For
21 example, on January 15, 2019, Patient 6 was prescribed olanzapine 40 mg, and then on January
22 29, 2019 it was decreased to 30 mg. Yet, according to the records, on February 19, 2019, Patient
23 6 was supposedly taking 20 mg of olanzapine.

24 F. Respondent failed to make a diagnosis of psychosis, whether that be psychosis
25 due to substance (cocaine) or schizoaffective disorder, while at the same time prescribing
26 clozapine/Clozaril, which is almost always only used for psychosis due to its side effect profile.

27
28

1 G. Respondent exposed Patient 6's personal and confidential information and medical
2 history when she transmitted it over an unsecure line or network to an out-of-state, non-licensed
3 health care worker.

4 H. Respondent exploited her position of power over Patient 6 and abused the trust
5 placed in her by Patient 6 to advance her own agenda involving R.R.

6 I. Respondent failed to distinguish between pharmacology and supplements in
7 Patient 6's records by identifying supplements in the same manner as FDA-approved
8 medications, without qualifiers or explanations.

9 J. Respondent did not tell Patient 6 that he was subject to unproven treatments.
10 There is no data whatsoever that sage tea is effective in the treatment of psychotic disorders or
11 schizophrenia.

12 **SEVENTH CAUSE FOR DISCIPLINE**

13 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;**

14 **Failure to Maintain Accurate and Adequate Records – Patient 7)**

15 84. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
16 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234, subdivision
17 (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct and was
18 grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed to keep
19 adequate and accurate records, in her care and treatment of Patient 7. The circumstances are as
20 follows:

21 85. On August 11, 2016, Respondent commenced treating Patient 7, who was then a
22 38-year-old female with bipolar 1 disorder with psychotic features and a history of
23 hospitalizations, including a Health and Safety Code section 5150 confinement from January to
24 May 2015 for suicidal ideation.

25 86. On March 20, 2019, Respondent noted that Patient 7 had been hospitalized in
26 February 2018 for two weeks with mixed episode, suicidal ideation. Patient 7 was to commence
27 Abilify Maintena 300 mg and continued with Lamictal 200 mg for daily mood stabilization.

1 87. On August 8, 2019, Patient 7 signed a "Medical Intuitive Informed Consent" that
2 would provide for her photograph, date of birth, full name, case history and medical records to be
3 sent by Respondent to R.R., an out-of-state non-licensed health care worker, who would review
4 the information and consult with Respondent. Respondent did not sign the "Medical Intuitive
5 Informed Consent." The medical records inaccurately state that the Consent was signed on
6 August 1, 2019.

7 88. On August 8, 2019, Respondent received a Comprehensive Informational Chart
8 from R.R. pertaining to Patient 7. R.R. recommended the following products be considered in
9 Respondent's prescribing to Patient 7: Hawthorn (viral killer/immune stabilizer); Albiza complex
10 (viral drainage for upper body); cilantro extract (bipolar 1 support); sage tea (viral killer/immune
11 support/cholesterol/behavior); Hepatrophin PMG (liver rebuilder); garlic forte (cholesterol
12 support); Aristada (anti-psychotic) 884 mg every two months; and Lamictal (mood stabilizer)
13 200 mg.

14 89. On October 10, 2019, Patient 7 noted that she has not yet tried the sage tea and
15 cilantro drops recommended by R.R. Patient 7 claimed that she was feeling overwhelmed by
16 everything, but would take the products if she had a reminder. The sage tea and cilantro drops
17 were added to Patient 7's pharmacological regimen, along with Aristada 884 mg q2 months, and
18 Lamictal 200 mg daily.

19 90. On November 7, 2019, Patient 7 reported that she tried the sage tea but did not like
20 the flavor. The medicine regime was continued.

21 91. Respondent's care and treatment of Patient 7 constitutes unprofessional conduct
22 through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to
23 maintain accurate and adequate medical records, including, but not limited to, the following:

24 A. Respondent sought out and accepted advice from a non-licensed health care
25 worker who suggested the use of hawthorn; Albiza complex; cilantro extract; sage tea;
26 Hepatrophin PMG; garlic forte; Aristad; and Lamictal to help Patient 7's bipolar 1 disorder and
27 suicidal ideations.
28

1 B. Respondent added a new regimen (tea and drops) to Patient 7 who was already
2 overwhelmed with basic diet and exercise, and who had a history of medication non-compliance
3 leading to hospitalization.

4 C. Respondent failed to maintain accurate and adequate records for Patient 7.

5 D. Respondent exposed Patient 7's personal and confidential information and medical
6 history when she transmitted it over an unsecure line or network to an out-of-state, non-licensed
7 health care worker.

8 E. Respondent exploited her position of power over Patient 7 and abused the trust
9 placed in her by Patient 7 to advance her own agenda involving R.R.

10 F. Respondent failed to distinguish between pharmacology and supplements in
11 Patient 7's records by identifying supplements in the same manner as FDA-approved
12 medications, without qualifiers or explanations.

13 G. Respondent did not tell Patient 7 that she was subject to unproven treatments.
14 There is no data whatsoever that sage tea and cilantro extract are effective in the treatment of
15 bipolar 1 disorder and mood disorders.

16 **EIGHTH CAUSE FOR DISCIPLINE**

17 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;**

18 **Failure to Maintain Accurate and Adequate Records – Patient 8)**

19 92. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
20 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234,
21 subdivision (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct
22 and was grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed
23 to keep adequate and accurate records, in her care and treatment of Patient 8. The circumstances
24 are as follows:

25 93. On December 14, 2017, Respondent first examined Patient 8, a 27-year-old
26 African American male with schizoaffective disorder, bipolar type. He was still hearing voices,
27 had poor hygiene, dirty fingernails and tears in clothing, was malodorous, and smoked cigarettes
28

1 and marijuana daily. Patient 8 dropped out of school in 10th grade. Patient 8 was taking Invega
2 Sustenna 234 mg monthly.

3 94. On December 11, 2018, Respondent decided to commence Patient 8 on a trial of
4 Risperdal 3 mg daily, and discontinue the Invega Sustenna, even though Patient 8 had a prior
5 Risperdal claim and had been waiting to get money from that claim.

6 95. On October 3, 2019, Respondent noted in the records that Patient 8 "drinks some
7 alcohol when he's feeling paranoid." Yet, in the section titled "Substance History" Respondent
8 notes that Patient 8 denies alcohol use.

9 96. On August 15, 2019, Patient 8 signed a "Medical Intuitive Informed Consent" that
10 would provide for their photograph, date of birth, full name, case history and medical records to
11 be sent by Respondent to R.R., an out-of-state non-licensed health care worker, who would
12 review the information and consult with Respondent. Respondent did not sign the "Medical
13 Intuitive Informed Consent." Respondent also noted that she would commence Patient 8 on a
14 trial of "sage tea bid for voices."

15 97. On August 19, 2019, Respondent received a Comprehensive Informational Chart
16 from R.R. pertaining to Patient 8. R.R. recommended the following products be considered in
17 Respondent's prescribing to Patient 8: sage tea; garlic; Biost; and Invega Sustenna. R.R. wrote,
18 "From my perspective, it doesn't feel like [Patient 8] needs more prescription support if he is
19 going to use Sage Tea regularly."

20 98. Respondent's care and treatment of Patient 8 constitutes unprofessional conduct
21 through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to
22 maintain accurate and adequate medical records, including, but not limited to, the following:

23 A. Respondent sought out and accepted advice from a non-licensed health care
24 worker who suggested the use of sage tea; garlic; Biost; and Invega Sustenna to address Patient
25 8's schizoaffective disorder.

26 B. Respondent sought out and accepted advice from a non-licensed health care
27 worker who suggested, "From my perspective, it doesn't feel like [Patient 8] needs more
28 prescription support if he is going to use Sage Tea regularly."

1 C. Respondent prescribed Risperdal to Patient 8 even though Patient 8 apparently had
2 an adverse reaction to it in the past. Respondent prescribed Risperdal even though there was a
3 history of a "Risperdal claim" without any documentation of exploring the reaction.

4 D. Respondent failed to maintain accurate and adequate records as Patient 8's records
5 have the Patient 8 both reporting alcohol use and "denies alcohol use."

6 E. Respondent exposed Patient 8's personal and confidential information and medical
7 history when she transmitted it over an unsecure line or network to an out-of-state, non-licensed
8 health care worker.

9 F. Respondent exploited her position of power over Patient 8 and abused the trust
10 placed in her by Patient 8 to advance her own agenda involving R.R.

11 G. Respondent failed to distinguish between pharmacology and supplements in
12 Patient 8's records by identifying supplements in the same manner as FDA-approved
13 medications, without qualifiers or explanations.

14 H. Respondent did not tell Patient 8 that he was subject to unproven treatments.
15 There is no data whatsoever that sage tea is effective in the treatment of psychotic disorders or
16 schizophrenia.

17 NINTH CAUSE FOR DISCIPLINE

18 (Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;

19 Failure to Maintain Accurate and Adequate Records – Patient 9)

20 99. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
21 sections 2234 and/or 2234, subdivision (b); and/or 2234, subdivision (c), and/or 2234,
22 subdivision (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct
23 and was grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed
24 to keep adequate and accurate records, in her care and treatment of Patient 9. The circumstances
25 are as follows:

26 100. On April 25, 2018, Respondent first examined Patient 9, a then 52-year-old gender
27 neutral ambulatory individual who had emigrated from Japan in 2001. Patient 9 had a prior
28 diagnoses of depression, anxiety, bipolar disorder, PTSD and borderline personality disorder.

1 Patient 9 also had prior medical history of chronic pain syndrome and hospitalization. At that
2 time, Patient 9 was taking lorazepam 0.5 mg tid; Propranolol 20 mg bid; lexapro 10 mg; abilify 5
3 mg; zolpidem 5 mg; and oxycodone 5 mg #30 or #60 monthly.

4 101. On March 14, 2019, Respondent spoke with Patient 9's primary care physician
5 who stated that Patient 9 had recently violated a behavioral agreement, so the physician was in
6 the process of transferring Patient 9 to an alternative treatment clinic.

7 102. On May 23, 2019, when talking with Respondent, Patient 9 became so angry when
8 discussing mental health resource allocations that Patient 9 vomited mid-conversation.

9 103. On June 25, 2019, Patient 9 signed a "Medical Intuitive Informed Consent" that
10 would provide for their photograph, date of birth, full name, case history and medical records to
11 be sent by Respondent to R.R., an out-of-state non-licensed health care worker, who would
12 review the information and consult with Respondent. Respondent did not sign the "Medical
13 Intuitive Informed Consent."

14 104. On June 27, 2019, Respondent received a Comprehensive Informational Chart
15 from R.R. pertaining to Patient 9. R.R. recommended the following products be considered in
16 Respondent's prescribing to Patient 9: sage tea; cilantro extract; Propranolol 20 mg; Lorazepam;
17 Lantus; Glyburide; and Baclofen. R.R. considered Abilify and HCTZ to be "neutral" products to
18 prescribe to Patient 9, and considered the following to be harmful products for Patient 9:
19 zolpidem, fenofibrate, and oxycodone.

20 105. On July 18, 2019, Respondent started Patient 9 on sage tea twice a day and
21 recommended stopping the use of zolpidem. On August 7, 2019, zolpidem was discontinued.
22 Patient 9 also noted on this date that they had fired "five interns" or case managers handling their
23 mental health matters.

24 106. Respondent's care and treatment of Patient 9 constitutes unprofessional conduct
25 through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to
26 maintain accurate and adequate medical records, including, but not limited to, the following:
27
28

1 A. Respondent sought out and accepted advice from a non-licensed health care
2 worker who suggested the use of sage tea; cilantro extract; Propranolol 20 mg; Lorazepam;
3 Lantus; Glyburide; and Baclofen to address Patient 9's depression, anxiety, and anger.

4 B. Respondent sought out and accepted advice from a non-licensed health care
5 worker who suggested discontinuing zolpidem, fenofibrate, and oxycodone for Patient 9's
6 depression, anxiety, and anger and then replacing that known medicine with sage and cilantro
7 teas.

8 C. In light of Patient 9's diagnosis of borderline personality disorder, and their
9 subsequent behavior over the course of treatment, Respondent failed to attempt to characterize
10 the affective instability, severe attachment issues, and brief psychotic periods in a way that could
11 be easily communicated to other health care professionals.

12 D. Respondent exposed Patient 9's personal and confidential information and medical
13 history when she transmitted it over an unsecure line or network to an out-of-state, non-licensed
14 health care worker.

15 E. Respondent exploited her position of power over Patient 9 and abused the trust
16 placed in her by Patient 9 to advance her own agenda involving R.R.

17 F. Respondent failed to distinguish between pharmacology and supplements in
18 Patient 9's records by identifying supplements in the same manner as FDA-approved
19 medications, without qualifiers or explanations.

20 G. Respondent did not tell Patient 9 that they were subject to unproven treatments.

21 **TENTH CAUSE FOR DISCIPLINE**

22 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;**
23 **Failure to Maintain Accurate and Adequate Records – Patient 10)**

24 107. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
25 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234,
26 subdivision (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct
27 and was grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed
28

1 to keep adequate and accurate records, in her care and treatment of Patient 10. The
2 circumstances are as follows:

3 108. On August 29, 2018, Respondent treated Patient 10, a then 23-year-old female to
4 male transgender patient suffering from persistent depressive disorder and borderline personality
5 traits. Patient 10, who previously had a two-week hospitalization for a psychotic episode, claimed
6 not to have heard voices since October 2017. Patient 10 had a history of cutting and pill usage
7 and was undergoing court-mandated treatment. Patient 10 had been using cannabis on a daily
8 basis since age 14 and commenced using methamphetamine in 2016, but frequency of usage is
9 not recorded.

10 109. On August 29, 2018, Patient 10 was being treated with Wellbutin XL 300 mg,
11 Remeron 15 mg, gabapentin 300 mg twice a day for anxiety, and testosterone.

12 110. Respondent continued to treat Patient 10, meeting with him almost monthly, and
13 on December 11, 2018, Respondent prescribed Latuda 20 mg.

14 111. On June 25, 2019, Patient 10 signed a "Medical Intuitive Informed Consent" that
15 would provide for his photograph, date of birth, full name, case history and medical records to be
16 sent by Respondent to R.R., an out-of-state non-licensed health care worker, who would review
17 the information and consult with Respondent. Respondent did not sign the "Medical Intuitive
18 Informed Consent." Respondent discontinued Patient 10's use of Latuda.

19 112. On June 26, 2019, Respondent received a Comprehensive Informational Chart
20 from R.R. pertaining to Patient 10. R.R. recommended the following products be considered in
21 Respondent's prescribing to Patient 10: sage tea; cilantro extract; cataplex D; gabapentin 300 mg
22 bid; Propranolol 20 mg three times daily; and testosterone. R.R. considered Latuda 40 mg to be a
23 neutral product to prescribe to Patient 10.

24 113. R.R. considered the following to be harmful products for Patient 10: Wellbutrin
25 and Remeron.

26 114. On July 31, 2019, Respondent discussed with Patient 10 his increasing
27 consumption of sage tea and the use of cilantro tea as a way to clear any damage from past heavy
28 metal exposure. Respondent also discussed the plan to decrease Remeron and Wellbutrin.

1 115. On September 25, 2019, Patient 10 presented requesting a stimulant; admitted to
2 not taking the gabapentin and propranolol as needed when feeling anxious, and admitted to not
3 consuming the sage and cilantro teas.

4 116. Respondent wrote in the records, "Today we confronted his not following the med
5 regimen thus far. We discussed at length the barriers to following recommendations and the
6 reason for each recommendation made. Will discuss a trial of a stimulant after two weeks of
7 following the below regimen as needed, which is more likely to support permanent positive
8 changes in thought patterns. PLAN:- d/c Remeron as not taking- Ok to continue gabapentin 300
9 mg bid prn anxiety - propranolol 20 mg tid prn anxiety- d/c Wellbutrin- not taking - Cilantro
10 extract three drops in hot water daily- Sage tea bid ... RTC 10 days."

11 117. Respondent next saw Patient 10 on November 25, 2019, and noted that "He still
12 feels his brain is not functioning properly and thinks that stimulants might help him do the
13 reading and studying and positive habits that would help him work through his trauma. He is
14 motivated by treatment and states he is working independently on his own as well. Plan to trial a
15 stimulant as agreed upon given improved adherence to medication regimen. PLAN:- Ok to
16 continue gabapentin 300mg bid prn anxiety - propranolol 20mg tid prn anxiety - Cilantro extract
17 three drops in hot water daily- Sage tea bid - Client now picking up meds independently - Ritalin
18 5mg take 1 tab bid #60 Script given today." Yet, Respondent never considered Patient 10's daily
19 cannabis use as a possible cause of his concentration issues, nor does Respondent document the
20 reason for the two month gap in appointments when she was supposed to see Patient 10 during
21 the first week of October.

22 118. Respondent's care and treatment of Patient 10 constitutes unprofessional conduct
23 through gross negligence and/or repeated negligent acts and/or incompetence and/or failure to
24 maintain accurate and adequate medical records, including, but not limited to, the following:

25 A. Respondent sought out and accepted advice from a non-licensed health care
26 worker who suggested the use of sage tea; cilantro extract; cataplex D; gabapentin 300 mg bid;
27 Propranolol 20 mg three times daily; to address Patient 10's depression, anxiety, and suicidal
28 thoughts.

1 B. Respondent sought out and accepted advice from a non-licensed health care
2 worker who suggested discontinuing Remeron and Wellbutrin for Patient 10's depression,
3 anxiety, and suicidal thoughts and then replacing that known medicine with sage and cilantro
4 teas.

5 C. Respondent sought out and accepted advice from a non-licensed health care
6 worker who suggested discontinuing Patient 10's use of Latuda; advice upon which Respondent
7 acted.

8 D. Respondent made treatment in the medical model contingent upon following
9 recommendations made by R.R.

10 E. Respondent failed to address Patient 10's daily cannabis use as a possible cause of
11 his concentration issues, but used Ritalin as a reward for Patient 10's adherence to the sage and
12 cilantro regimen.

13 F. Respondent exposed Patient 10's personal and confidential information and
14 medical history when she transmitted it over an unsecure line or network to an out-of-state, non-
15 licensed health care worker.

16 G. Respondent exploited her position of power over Patient 10 and abused the trust
17 placed in her by Patient 10 to advance her own agenda involving R.R.

18 H. Respondent failed to distinguish between pharmacology and supplements in
19 Patient 10's records by identifying supplements in the same manner as FDA-approved
20 medications, without qualifiers or explanations.

21 I. Respondent did not tell Patient 10 that he was subject to unproven treatments.

22 **ELEVENTH CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;**

24 **Failure to Maintain Accurate and Adequate Records – Patient 11)**

25 119. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
26 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234,
27 subdivision (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct
28 and was grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed

1 to keep adequate and accurate records, in her care and treatment of Patient 11. The
2 circumstances are as follows:

3 120. On November 22, 2017, Respondent examined Patient 11, a then 53-year-old
4 divorced Ukrainian female with severe refractory depression, and chronic suicidal ideation.
5 Patient 11 had been hospitalized 10 times in the last four years. At that time, Patient 11 was
6 taking the following medications: Clonazepam 0.5 mg bid; Clozapine 25 mg bid; and Remeron
7 45 mg bid. Respondent decreased the Remeron to 30 mg bid; discontinued the clozapine; and
8 commenced lithium 450 mg nightly.

9 121. On June 20, 2019, Respondent prescribed Wellbutrin 100 mg bid with
10 dextromethorphan 30 mg daily for 1 week then bid.

11 122. On July 29, 2019, Patient 11 signed a "Medical Intuitive Informed Consent" that
12 would provide for her photograph, date of birth, full name, case history and medical records to be
13 sent by Respondent to R.R., an out-of-state non-licensed health care worker, who would review
14 the information and consult with Respondent. Respondent did not sign the "Medical Intuitive
15 Informed Consent."

16 123. On July 30, 2019, Respondent conducted a house visit after Patient 11 failed to
17 appear for the last two visits, and after Patient 11's sister called and said that Patient 11 had
18 bought anti-freeze. The sister had taken Patient 11 to the emergency room three days earlier.
19 Respondent found Patient 11 in the courtyard, pacing, gasping for breath, hand grabbing at chest,
20 visibly uncomfortable. Patient 11 was minimally groomed, although appropriately dressed.
21 Respondent continued the current pharmacological regimen, but added sage tea three times a day.

22 124. On July 31, 2019, Respondent received a Comprehensive Informational Chart
23 from R.R. pertaining to Patient 11. R.R. recommended the following products be considered in
24 Respondent's prescribing to Patient 11: HVS Metals, Cardio Plus (from Standard Process), wheat
25 germ oil (from Standard Process); sage tea; Natto LP (from Allegan Nutrition); and Collagen C
26 (from Standard Process). R.R. also wrote, "Lamictal feels really good for helping with
27 depression symptoms from my perspective."
28

1 125. R.R. considered the following to be harmful products for Patient 11: Mirtazapine;
2 Abilify; Clonopin; Wellbutrin; and Dextromethorpan.

3 126. On August 8, 2019, Respondent prescribed the following to Patient 11: Lamictal
4 25 mg daily for one week, increasing to 50 mg daily thereafter. Respondent also discontinued
5 Wellbutin, while recommending the use of cilantro tea and continuing folic acid
6 supplementation.

7 127. On October 24, 2019, Respondent prescribed HVS metals, 1 capful in 8 ounces of
8 water once daily. Respondent documented in the records, "Medical intuitive consulted, consent
9 signed previously and filed in chart. Recommendations for some supplements incorporated
10 below. R/B/A discussed."

11 128. Respondent's care and treatment of Patient 11 constitutes unprofessional conduct
12 through gross negligence and/or repeated negligent acts and/or incompetence, and/or failure to
13 maintain accurate and adequate medical records, including, but not limited to, the following:

14 A. Respondent sought out and accepted advice from a non-licensed health care
15 worker who suggested the use of HVS Metals, wheat germ oil, sage tea, collagen; and Lamictal to
16 address Patient 11's depression, anxiety, and suicidal thoughts.

17 B. Respondent sought out and accepted advice from a non-licensed health care
18 worker who suggested discontinuing Mirtazapine; Abilify; Clonopin; Wellbutrin; and
19 Dextromethorpan for Patient 11's depression, anxiety, and suicidal thoughts.

20 C. Respondent exposed Patient 11's personal and confidential information and
21 medical history when she transmitted it over an unsecure line or network to an out-of-state, non-
22 licensed health care worker.

23 D. Respondent exploited her position of power over Patient 11 and abused the trust
24 placed in her by Patient 11 to advance her own agenda involving R.R.

25 E. Respondent failed to distinguish between pharmacology and supplements in
26 Patient 11's records by identifying supplements in the same manner as FDA-approved
27 medications, without qualifiers or explanations.

28 F. Respondent did not tell Patient 11 that she was subject to unproven treatments.

1 **TWELFTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence;**
3 **Failure to Maintain Accurate and Adequate Records – Patient 12)**

4 129. Respondent Jennifer Marie Brewer, M.D. is subject to disciplinary action under
5 sections 2234 and/or 2234, subdivision (b), and/or 2234, subdivision (c), and/or 2234,
6 subdivision (d), and/or 2266 of the Code, in that Respondent engaged in unprofessional conduct
7 and was grossly negligent, and/or repeatedly negligent, and/or incompetent, and/or that she failed
8 to keep adequate and accurate records, in her care and treatment of Patient 12. The
9 circumstances are as follows:

10 130. In 2019, Patient 12 was a 38-year-old morbidly obese Ukrainian female who
11 emigrated with her family as a child. Patient 12 had a long history of anxiety, depression, mood
12 lability, psychosis, probable bipolar disorder, chronic suicidality, multiple suicide attempts, and
13 between 50-100 psychiatric hospitalizations since she was 20-years old. Patient 12 was
14 previously diagnosed with schizoaffective disorder – depressed type, and had been going to the
15 hospital weekly for months for an ongoing issue of swallowing objects, and suicidal ideation.

16 131. On August 6, 2019, Patient 12 signed a “Medical Intuitive Informed Consent” that
17 would provide for her photograph, date of birth, full name, case history and medical records to be
18 sent by Respondent to R.R., an out-of-state non-licensed health care worker, who would review
19 the information and consult with Respondent. Respondent did not sign the “Medical Intuitive
20 Informed Consent.”

21 132. On August 8, 2019, Respondent examined Patient 12, apparently for the first time.
22 Respondent noted that Patient 12 was taking Haldol Dec 150 mg every four weeks; Prozac 90
23 mg; metformin 500 mg twice a day; Cogentin 1 mg twice a day; Omeprazole 40 mg daily;
24 vitamin D3 2000 international units daily.

25 133. On August 9, 2019, Respondent received a Comprehensive Informational Chart
26 from R.R. pertaining to Patient 12. R.R. recommended the following products be considered in
27 Respondent’s prescribing to Patient 12: core cilantro blend, sage tea; gelatin; disodium
28 phosphate; metformin; vitamin D; and Haldol Decanoate.

1 134. R.R. considered the following to be harmful products for Patient 12: Prozac;
2 Cogentin; Prilosec.

3 135. On August 13, 2019, Respondent documented that she discussed supplemental
4 treatments with Patient 12, including the use of cilantro extract drops and sage tea. Respondent
5 continued Patient 12 on Haldol 150 mg every four weeks, but discontinued Patient 12's use of
6 Prozac, Cogentin and omeprazole, a medication prescribed by another treatment provider.
7 Respondent did not consult with the other treatment provider before discontinuing the
8 omeprazole.

9 136. On August 15, 2019, Respondent offered Patient 12 a working diagnosis of
10 schizoaffective disorder, but did not prescribe a mood stabilizer. The documented review of
11 systems and vitals notes a bilateral hand tremor, but the mental status examination fails to
12 document any tremor.

13 137. On August 28, 2019, Respondent noted that Patient 12 "continues to express
14 chronic suicidality." Respondent prescribed sage tea once daily and cilantro extract drops twice
15 daily in water.

16 138. On September 2, 2019, Patient 12 overdosed on aspirin and was hospitalized at
17 Langley Porter UCSF, and on September 5, 2019, Patient 12 was transported to the inpatient
18 psychiatric ward.

19 139. Respondent's care and treatment of Patient 12 constitutes unprofessional conduct
20 through gross negligence and/or repeated negligent acts and/or incompetence, and/or failure to
21 maintain accurate and adequate medical records, including, but not limited, to the following:

22 A. Respondent sought out and accepted advice from a non-licensed health care
23 worker who suggested the use of gelatin and cilantro to address Patient 12's depression, anxiety,
24 and suicidal thoughts.

25 B. Respondent sought out and accepted advice from a non-licensed health care
26 worker who suggested discontinuing Prozac for Patient 12's depression, anxiety, and suicidal
27 thoughts and then replacing that known medicine with gelatin and coriander.

1 C. Respondent sought out and accepted advice from a non-licensed health care
2 worker who suggested discontinuing Patient 12's use of Congentin; advice upon which
3 Respondent acted.

4 D. Respondent failed to address a working diagnosis of schizoaffective disorder with
5 a mood stabilizer.

6 E. Respondent discontinued omeprazole for a morbidly obese patient, who
7 presumably has comorbidities, and did so without consultation with the original prescriber.

8 F. Respondent exposed Patient 12's personal and confidential information and
9 medical history when she transmitted it over an unsecure line or network to an out-of-state, non-
10 licensed health care worker.

11 G. Respondent exploited her position of power over Patient 12 and abused the trust
12 placed in her by Patient 12 to advance her own agenda involving R.R.

13 H. Respondent failed to distinguish between pharmacology and supplements in
14 Patient 12's records by identifying supplements in the same manner as FDA-approved
15 medications, without qualifiers or explanations.

16 I. Respondent did not tell Patient 12 that she was subject to unproven treatments.

17 **PRAYER**

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

20 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 123445,
21 issued to Respondent Jennifer Marie Brewer, M.D.;

22 2. Revoking, suspending or denying approval of Jennifer Marie Brewer, M.D.'s
23 authority to supervise physician assistants and advanced practice nurses;

24 3. Ordering Respondent Jennifer Marie Brewer, M.D., to pay the Board the costs of the
25 investigation and enforcement of this case, and if placed on probation, the costs of probation
26 monitoring;

27 4. Ordering Respondent Jennifer Marie Brewer, M.D., if placed on probation, to provide
28 patient notification in accordance with Business and Professions Code section 2228.1; and

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

DATED: AUG 22 2022



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