



## MEDICAL BOARD OF CALIFORNIA

### Central Complaint Unit



December 21, 2015

Jessica Hall  
10605 SE Harold St.  
Portland, OR 97266

Re: Gregg Newman, M.D.  
Control #: 800-15-015188

Dear Ms. Hall:

This is to advise you that the Medical Board of California has completed its review of the complaint you filed against Dr. Newman.

When evaluating complaints which allege that the quality of care provided by a physician was inadequate, the Medical Board must be able to substantiate that the physician's care departed from the "standard of practice of medicine" in order to establish a violation of the Medical Practice Act. As a licensing agency, the Board has the authority to enforce the provisions of the Medical Practice Act; however, the primary focus of our review is to determine whether sufficient cause for concern exists to warrant pursuing a formal investigation based on the circumstances presented in the complaint. A formal investigation is undertaken when it appears that a significant departure from the standard of practice of medicine may have occurred which, if proven, would indicate that the physician's license to practice medicine should be subject to discipline. Discipline could include a letter of reprimand, suspension or revocation.

We have had an opportunity to review the issues raised in your complaint to assess whether a possible violation of the Medical Practice Act has occurred. Based on the information provided, you alleged that your mother was seen at the Samsom Cancer Center in SB for nearly 5 years and passed away 3/6/15. On 3/5/15 she developed acute shortness of breath, high fever, trembling, and unable to get up from the floor after a fall. Your mother was taken to Goletta Valley Cottage Hospital ER in Goleta. You were asked to contact your mothers primary facility Samsom Cancer Center after hours oncologist immediately. You called and left messages with no return phone call. Dr. Newman was the on call physician at that time. Messages were left for Dr. Newman who failed to return any calls while your mother was in the ER. She went on with treatment at Goletta Valley Cottage Hospital without a proper consult. Your mother passed away the following day.

According to the medical records, your mother presented to the ER at Goleta Valley Hospital with complaints of fever and onset confusion. She was examined by Dr. Mills, record notes your mother signed over to comfort care only 2 days prior. It was agreed that she would be transferred to Serenity House on hospice status. Record notes Serenity House was unable to accommodate her transfer that day, therefore it was agreed she would be admitted and transferred the following day. There is record showing Dr. Abate was paged for a consult with Dr. Mills. At this time Dr. Newman was providing call coverage for Dr. Abate, therefore, another page was sent the same day to Dr. Newman noting "consult per Dr. Mills." The record clearly notes that Dr. Newman returned the call at 1916 to discuss your mothers care. Your mother wanted comfort care measures only and was receiving the care and treatment in line with her request. Thus far, it does not appear that further investigation would likely result in disciplinary action being taken against Dr. Newman's license. As such, this file has been closed. Although you may

disagree with our conclusion, we hope that you recognize it is in accordance with the laws regulating the practice of medicine in California.

Thank you for contacting the Medical Board of California. We regret we are unable to be of further assistance at this time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elisa Franco', written in a cursive style.

Elisa Franco  
Consumer Services Analyst  
916-576-3213



# MEDICAL BOARD OF CALIFORNIA

Central Complaint Unit



September 2, 2015

Jessica Hall  
10605 SE Harold St.  
Portland, OR 97266

Dear Family Members:

The Medical Board of California is reviewing the quality of care provided to Ms. Hall by Dr. Newman. In order to thoroughly evaluate the medical care provided, we find that we will need a copy of the related medical records. We cannot obtain the records without the permission of the next of kin. Your cooperation is requested by signing and dating the attached Medical Release form and returning it to our office within the next 10 days.

Please review the enclosed Medical Release form and the Notice to Medical Consumers to understand how the medical records will be used and how the rights to privacy will be protected. The following information must be completed on the Medical Release form (if applicable):

- Patient's name
- Date of birth
- Date of death (enclose copy of the death certificate)
- Medical Record Number (If known)
- Social Security Number: (Optional)
- Physician/facility complete name, address and telephone number
- Treatment date from the listed provider(s)
- Signature of next of kin as shown on the death certificate

By assisting the Medical Board, you may be providing a valuable service to other health care consumers in California. Your assistance is greatly appreciated. If you have any questions, please do not hesitate to contact me at 916-576-3213.

Sincerely,

Elisa Franco  
Consumer Services Analyst

Control #: 800-2015-013418

Enclosures

Notice to Medical Consumers  
Authorization for Release of Patient Records



**MEDICAL BOARD OF CALIFORNIA  
ENFORCEMENT PROGRAM**

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815



**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Patient Name: <u>Karen Hall</u>	Date of Birth: <u>11-10-52</u>	Date of Death: <u>3-6-15</u>
Medical Record Number: (If known)	Control Number: <u>800.15.613418</u>	

**I, the undersigned hereby authorize:**

Physician/Facility: Gregg Newman, MD – Sansum Cancer Center Santa Barbara

Address: 317 W Pueblo St.,

City/State/Zip Code: Santa Barbara, CA 93105

Phone Number: 805-898-3270 Treatment Date(s): 3-5-15

to disclose medical records in the course of my diagnosis and treatment to the **Medical Board of California, Enforcement Program**, a healthcare oversight agency. This disclosure of records authorized herein is required for official use, including investigation and possible administrative and/or criminal proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid for three years from the date of signature. **A copy of this authorization shall be as valid as the original.** I understand that I have the right to receive a copy of this authorization if requested by me. I understand that I have a right to revoke this authorization by sending written notification to the Medical Board of California at the above address. My written revocation will be effective upon receipt by the Medical Board of California but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

or: Jessica Hall daughter 9-9-15  
Legal Representative Relationship Date

**NOTE:** Failure by a physician, podiatrist, or health care provider to provide the requested records within 15 days, or a health care facility within 30 days, of receipt of this request and authorization may constitute a violation of Section 2225.5 of the Medical Practice Act and may result in further action by the Board.



**MEDICAL BOARD OF CALIFORNIA  
ENFORCEMENT PROGRAM**  
2005 Evergreen Street, Suite 1200, Sacramento, CA 95815



**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Patient Name: <i>Karen Hall</i>	Date of Birth: <i>11-10-52</i>	Date of Death: <i>3-6-15</i>
Medical Record Number: (If known)	Control Number: <i>800-15-013418</i>	

I, the undersigned hereby authorize: *Goleta Valley Cottage Hospital*  
 Physician/Facility: ~~*Santa Barbara Cottage Hospital*~~  
 Address: *351 S. Patterson Ave.*  
 City/State/Zip Code: *Santa Barbara, CA 93111*  
 Phone Number: *805-967-3411* Treatment Date(s): *March 5 & 6, 2015*

to disclose medical records in the course of my diagnosis and treatment to the **Medical Board of California, Enforcement Program**, a healthcare oversight agency. This disclosure of records authorized herein is required for official use, including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid for three years from the date of signature. **A copy of this authorization shall be as valid as the original.** I understand that I have the right to receive a copy of this authorization if requested by me. I understand that I have a right to revoke this authorization by sending written notification to the Medical Board of California at the above address. My written revocation will be effective upon receipt by the Medical Board of California but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 or: *Jessica Hall* *daughter* *9-9-15*  
       Legal Representative                      Relationship                      Date

**NOTE:** Failure by a physician, podiatrist, or health care provider to provide the requested records within 15 days, or a health care facility within 30 days, of receipt of this request and authorization may constitute a violation of Section 2225.5 of the Medical Practice Act and may result in further action by the Board.

FAQs/Links Help Sign Out

VR Home	Entity	Application	License	Cash	Exam	Time Tracking	Inspection	Enforcement	Report
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Complaint Search Update	Change Recording	License Type	Delete Complaint	Mass Activity Update	Mass Discipline
Public Case Info					

Domain 800 - Medical Board of California

dca-fp-98-r-08 Logged in as: mbefran

VR Home > Complaint Search > Maintain Complaint > Maintain Work Notes

Search Criteria	Results	Detail
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**Confidential Work Notes**

Pt was seen at the Sansum Cancer Center in SB for nearly 5 years and passed away 3/6/15. On 3/5/15 pt developed acute shortness of breath, high fever, trembling, and unable to get up from the floor after a fall. Pt was taken to Santa Barbara Cottage Hospital ER in Goleta. The pts daughter was asked to contact the pts primary facility Sansum Cancer Center after hours oncologist immediately. The pts daughter called and left messages with no return phone call. The subject was the on call physician at that time. Messages were left for the subject who failed to return any calls while the pt was in the ER. The pt went on with treatment at SB Cottage Hospital without a proper consult from the subject. The pt passed away the following day.

**Actions**



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Complaint

**File a Complaint - Confirmation**

Incident Address

Press "Previous" to return to the previous screen.

Additional Complaint Information

Press "Submit" to submit your complaint.

To exit this complaint, click on the "Cancel" button.

Find Business or Professional

**Complaint Detail**

Your Contact Information

License Type

Physician's and Surgeon's

File Attachments

Incident Date:

03/05/2015

**Confirmation**

Description:

My mother, Karen Hall (who died on March 8, 2015), was a patient at Sansum Cancer Center in Santa Barbara for nearly 5 years. In the late afternoon of March 5, 2015, my mother developed acute shortness of breath, a high fever, violent involuntary trembling and was unable to get up from the floor after she fell out of bed. My father and I, who both reside in Oregon, called 911 and immediately followed the ambulance to Cottage Hospital's Emergency Department in Goleta. Doctors at the ED called me aside to answer questions pertaining to my mother's medical record and advance directive, neither of which I had the opportunity to bring with us to the ED. I provided what limited information I could, and ED staff advised me to consult with Sansum Cancer Center's after-hours oncologist immediately. I called Sansum Cancer Center's after-hours line in the early evening of March 5, 2015 from the Cottage Hospital ED. No one answered the line. I left a voicemail message as instructed in the outgoing message, and I expected to receive a return call within 30 minutes as promised in the after-hours line's outgoing message. Approximately 90 minutes passed with no return call. My father then placed our second call that evening to Sansum Clinic in order to reach the Cancer Center's after-hours line. He spoke briefly with a woman who reassured him that Dr. Gregg Newman was, indeed, on duty to respond to after-hours oncology calls that evening, and that we would receive a call back within 30 minutes. My father disputed the timeliness of Dr. Newman's return phone calls and asked to be transferred directly to whatever communication device Dr. Newman would be certain to use while on call that evening. My father was transferred to Dr. Newman, and again, Dr. Newman did not answer. My father left a voicemail for Dr. Newman explaining that we were in the ED, needed to consult urgently about Sansum oncology patient Karen Hall as advised by Cottage ED staff, and he demanded a call back within the 30 minutes promised both in the after-hours line's outgoing message, and as assured by the woman with whom he had spoken briefly that evening. These events occurred over 4 months ago. To date, I have received no communication whatsoever from neither Dr. Newman nor anyone else who works for Sansum, including Sansum's grievance liaison, whom I contacted via voicemail within a few days of no response from Dr. Newman. Dr. Newman's lack of response to our repeated after-hours calls on March 5, 2015 is unprofessional, unethical and above all, inhumane. Furthermore, I am a licensed clinical social worker who has provided 24/7 mobile mental health crisis response for years in the largest city and county in the state of Oregon. As such, I say with authority that there is absolutely NO legitimate excuse, technological or otherwise, to be on call and to fail to respond to crisis calls within the promised timeframe. It is far too late to ask my forgiveness for being unavailable and useless to me when I made life-or-death decisions on my mother's behalf without the benefit of the after-hours consultation ED staff urged me to receive. There is still time, however, to explain to me exactly and specifically how other people in Sansum and/or Dr. Newman's care will not be left utterly alone during the patient's most critical hour of need. Thank you for considering my complaint. Should you need further information to help ensure accountability for Dr. Newman's gross negligence, please do not hesitate to contact me.

**Incident Address**

Business Name/Facility Name	Address Line 1	Address Line 2	City	State	Zip	Phone Number	Hospital	Home	Other	If you responded 'Yes' to the previous question, please provide a description of the location of the incident.
Cottage Hospital Emergency Department	351 S Patterson Ave.		Goleta	California	93111		Yes	No	No	Called Sansum after-hours oncologist multiple times from Cottage ED

**Additional Complaint Information**

Have you filed a complaint with any

other government agency regarding this incident? **No**

Agency Name:

Person Helping You:

Phone Number:

Case Number:

Does this complaint concern a child custody issue?

Was the person named in this complaint appointed by the court to prepare a custody recommendation to the court?

If children are involved in this case, do you have joint legal custody of the child/children involved in this case?

Have you tried to resolve or mediate this complaint?

If yes, what was the response?

Reason for treatment:

Dates of medical/psychological/psychotherapy treatment: (mm/dd/yyyy)

Patient Name: **Karen Hall**

Date of Birth: (mm/dd/yyyy) **11/10/1952**

Relationship to the patient: **Daughter**

Substandard Care (e.g. misdiagnosis, negligent treatment, delay in treatment, etc.) **Yes**

Prescribing Issues (e.g. excessive/under prescribing, Internet) **No**

Unlicensed Provider or Aiding/Abetting unlicensed practice **No**

Sexual Misconduct **No**

Provider (e.g. Physician, Psychologist, Psychotherapist etc.) Impairment (e.g. drug, alcohol, mental physical) **No**

Unprofessional Conduct (e.g. breach of confidence, record alteration, fraud, misleading advertising, arrest or conviction) **No**

Office Practice (e.g. failure to provide patient/medical records to patient, failure to sign death certificate, patient abandonment): **Yes**

Other: **No**

If you selected 'Other', please explain:

If the complaint is medical/psychological/psychotherapy treatment related, please indicate the patient has been examined/treated by another provider/professional for this same condition?: **Yes**

If you responded 'Yes' to the previous question, please include provider name, address, and treatment dates. **Dr. Mark Abata, 317 W Pueblo Santa Barb.**

Have you initiated or filed legal action regarding this incident? **No**

Date of legal action: (mm/dd/yyyy)



What was the result of the legal action?

What is the desired outcome of your complaint submission?

Name:

Title:

Phone Number:

Business Number:

Address:

Name:

Title:

Phone Number:

Business Number:

Address:

Name:

Title:

Phone Number:

Business Number:

Address:

**Respondent Detail**

License Type

Physician's and Surgeon's

License Number:

Gender:

Male

Name:

Newman, Gregg Charles

Address:

317 W Pueblo Street  
Santa Barbara, CA  
US 93105

Phone:

(805) 898-3270

**Complainant Detail**

Name:

Hall, Jessica

Address:

10605 SE Harold St  
Portland, OR  
MULTNOMAH  
US 97266

Phone:

971-276-3099

E-mail:

jessically.hall@gmail.com

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Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

**License Number: 79400**
**Current Date: 07/13/2015 09:48 AM**

<b>Name:</b>	<b>NEWMAN, GREGG CHARLES</b>
<b>License Type:</b>	<b>Physician and Surgeon G</b>
<b>License Status:</b>	<b>License Renewed &amp; Current</b>
<b>Expiration Date:</b>	<b>11/30/2015</b>
<b>School Name:</b>	<b>NY047 - MOUNT SINAI SCHOOL OF MEDICINE OF NEW YO</b>
<b>Date of Graduation:</b>	<b>01/01/1993</b>
<b>Original Issuance Date:</b>	<b>07/08/1994</b>

### Addresses

Address of Record (Required)	Address
	317 W PUEBLO STREET SANTA BARBARA , CA SANTA BARBARA 93105 United States <a href="#">View on a map</a>

### Survey Information

The following information is self-reported by the licensee and has not been verified by the Board.

Are you retired?	Not Identified
Activities In Medicine	Patient Care - 40+ Hours
Patient Care Practice Location	Zip: 93105 County:
Patient Care Secondary Practice Location	Not Identified
Telemedicine Practice Location	Not Identified
Telemedicine Secondary Practice Location	Not Identified
Current Training Status	Not in Training
Areas of Practice	Hematology - Secondary Oncology - Primary
Board Certifications	No board certifications Identified
Postgraduate Training Years	6 Years
Cultural Background	Declined to Disclose
Foreign Language Proficiency	Declined to Disclose
Gender	Declined to Disclose

### Public Record Actions

Administrative Disciplinary Actions	None found
Court Order	None found

Misdemeanor Conviction	None found
Probationary License	None found
Felony Conviction	None found
Malpractice Judgment	None found
Hospital Disciplinary Action	None found
License Issued with Public Letter of Reprimand	None found
Administrative Citation Issued	None found
Administrative Action Taken by Other State or Federal Government	None found
Arbitration Award	None found

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