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9 **BEFORE THE**  
10 **ACUPUNCTURE BOARD**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13 In the Matter of the First Amended Accusation  
Against:

14 **GEORGE HUANG CHI KU, L.Ac.**  
15 **21117 East Valley View Drive**  
16 **Walnut, CA 91789**  
**Acupuncturist License No. AC 11602,**

17 Respondent.

Case No. 1A-2017-229

Case No. 1A-2019-231

**FIRST AMENDED ACCUSATION**

18  
19  
20 **PARTIES**

21 1. Benjamin Bodea (Complainant) brings this First Amended Accusation solely in his  
22 official capacity as the Executive Officer of the Acupuncture Board, Department of Consumer  
23 Affairs.

24 2. On or about February 23, 2007, the Acupuncture Board issued Acupuncturist License  
25 Number AC 11602 to GEORGE HUANG CHI KU, L.Ac. (Respondent). The Acupuncturist  
26 License was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on May 31, 2022, unless renewed.

28 ///

1 **JURISDICTION**

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

5 **STATUTORY PROVISIONS**

6 4. Section 4928.1 of the Code states:

7 Protection of the public shall be the highest priority for the Acupuncture Board  
8 in exercising its licensing, regulatory, and disciplinary functions. Whenever the  
9 protection of the public is inconsistent with other interests sought to be promoted, the  
protection of the public shall be paramount.

10 5. Section 4927, of the Code states:

11 As used in this chapter, unless the context otherwise requires:

12 ...

13 (d) "Acupuncture" means the stimulation of a certain point or points on or near  
14 the surface of the body by the insertion of needles to prevent or modify the perception  
15 of pain or to normalize physiological functions, including pain control for the  
treatment of certain diseases or dysfunctions of the body and includes the techniques  
of electroacupuncture, cupping, and moxibustion.

16 6. Section 4955 of the Code states, in pertinent part:

17 The board may deny, suspend, or revoke, or impose probationary conditions  
18 upon, the license of any acupuncturist who is guilty of unprofessional conduct.

19 Unprofessional conduct shall include, but not be limited to, the following:

20 ...

21 (d) Aiding or abetting in, or violating or conspiring in, directly or indirectly, the  
22 violation of the terms of this chapter or any regulation adopted by the board pursuant  
to this chapter.

23 ...

24 (i) Any action or conduct that would have warranted the denial of the  
acupuncture license.

25 7. Section 4955.1 of the Code states:

26 The board may deny, suspend, revoke, or impose probationary conditions upon  
27 the license of any acupuncturist if he or she is guilty of committing a fraudulent act  
including, but not be limited to, any of the following:

28 ...

1 (b) Committing a fraudulent or dishonest act as an acupuncturist.

2 (c) Committing any act involving dishonesty or corruption with respect to the  
3 qualifications, functions, or duties of an acupuncturist.

4 (d) Altering or modifying the medical record of any person, with fraudulent  
5 intent, or creating any false medical record.

6 (e) Failing to maintain adequate and accurate records relating to the provision  
7 of services to their patients.

8 8. Section 4955.2 of the Code states:

9 The board may deny, suspend, revoke, or impose probationary conditions upon  
10 the license of any acupuncturist if he or she is guilty of committing any one of the  
11 following:

12 (a) gross negligence

13 (b) Repeated negligent acts.

14 ...

15 9. Section 726 of the Code states, in pertinent part:

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

20 ...

21 10. Section 810 of the Code states, in pertinent part:

22 (a) It shall constitute unprofessional conduct and grounds for disciplinary  
23 action, including suspension or revocation of a license or certificate, for a health care  
24 professional to do any of the following in connection with his or her professional  
25 activities:

26 (1) Knowingly present or cause to be presented any false or fraudulent claim for  
27 the payment of a loss under a contract of insurance.

28 (2) Knowingly prepare, make, or subscribe any writing, with intent to present or  
use the same, or to allow it to be presented or used in support of any false or  
fraudulent claim.

(b) It shall constitute cause for revocation or suspension of a license or  
certificate for a health care professional to engage in any conduct prohibited under  
Section 1871.4 of the Insurance Code or Section 549 or 550 of the Penal Code.

...

...

...

1 11. California Code of Regulations, title 16, section 1399.453, states:

2 An acupuncturist shall keep complete and accurate records on each patient who  
3 is given acupuncture treatment, including progress made as a result of the  
4 acupuncture treatments.

5 12. California Code of Regulations, title 16, section 1399.469.3, states:

6 (a) A licensed acupuncturist engaged in the practice of acupuncture shall  
7 provide notice to each patient of the fact that the acupuncturist is licensed and  
8 regulated by the California Acupuncture Board. This notice must be posted at each of  
9 the practice locations the licensee provides services. The notice shall include the  
10 following statement and information:

11 “NOTICE TO CONSUMERS

12 Acupuncturists are licensed and regulated by the California Acupuncture  
13 Board

14 (916) 515-5200

15 <http://www.acupuncture.ca.gov/>”

16 (b) The notice required by this section shall be provided by prominently  
17 posting the notice in a conspicuous location accessible to public view on the premises  
18 where the acupuncturist provides the licensed services, in which case the notice shall  
19 be at least 48-point type font.

20 **COST RECOVERY**

21 13. Section 4959 of the Code states:

22 (a) The board may request the administrative law judge, under his or her  
23 proposed decision in resolution of a disciplinary proceeding before the board, to  
24 direct any licensee found guilty of unprofessional conduct to pay to the board a sum  
25 not to exceed actual and reasonable costs of the investigation and prosecution of the  
26 case.

27 (b) The costs to be assessed shall be fixed by the administrative law judge and  
28 shall not in any event be increased by the board. When the board does not adopt a  
29 proposed decision and remands the case to an administrative law judge, the  
30 administrative law judge shall not increase the amount of any costs assessed in the  
31 proposed decision.

32 (c) When the payment directed in the board’s order for payment of costs is not  
33 made by the licensee, the board may enforce the order for payment in the superior  
34 court in the county where the administrative hearing was held. This right of  
35 enforcement shall be in addition to any other rights the board may have as to any  
36 licensee directed to pay costs.

37 (d) In any judicial action for the recovery of costs, proof of the board’s decision  
38 shall be conclusive proof of the validity of the order of payment and the terms for  
39 payment.

40 (e) All costs recovered under this section shall be considered a reimbursement

1 for costs incurred and shall be deposited in the Acupuncture Fund.

2 **DEFINITIONS**

3 14. “Yang Qi” In Traditional Chinese Medicine [TCM] Qi is energy in the very broadest  
4 sense possible. Qi is universal and embraces all manifestations of energy, from the most material  
5 aspects of energy (such as the earth beneath your feet, your computer, and flesh and blood) to  
6 the most immaterial aspects (light, movement, heat, nerve impulses, thought, and emotion). A  
7 healthy (and happy) human being is a dynamic but harmonious mixture of all the aspects of Qi  
8 that make up who we are. Qi is in a state of continuous flux, transforming endlessly from one  
9 aspect of Qi into another. It is neither created nor is it ever destroyed; it simply changes in its  
10 manifestation. Yin and yang are terms used to describe relative opposite qualities or  
11 manifestations of Qi. Yin refers to aspects or manifestations of Qi that are relatively material,  
12 substantial, condensing, solid, heavy, descending, cold, moist, cooling, dark, passive and  
13 quiescent. Yang refers to aspects or manifestations of Qi that are relatively immaterial,  
14 amorphous, expanding, hollow, light, ascending, hot, dry, warming, bright, aggressive, and  
15 active.

16 15. Frozen shoulder, also known as adhesive capsulitis, is a condition characterized by  
17 stiffness and pain in the shoulder joint. In TCM, frozen shoulder is called “Fifties Shoulder”  
18 because it often affects people over age 50 when their energy is declining through a weakening of  
19 yang qi. According to TCM theory water in the body can congeal into dampness which stagnates  
20 in the shoulder joint. Frozen shoulder usually starts with inflammation of the tendons in the joint,  
21 or inflammation of the joint itself. There is a complex network of muscles and bone at the  
22 shoulder, because of the wide range of movements which the arms constantly have to perform.  
23 Movement becomes extremely painful in a frozen shoulder, if not impossible, but it is important  
24 to try to keep the joint moving, otherwise the stiffness and pain will worsen and can result in  
25 permanent damage.

26 16. Knee pain in TCM is associated with bi syndrome, which has 4 causes: wind,  
27 dampness, cold and heat. A practitioner needs to identify a cause and treat it accordingly.

28 17. Bursitis is the painful swelling of bursae which are fluid-filled sacs that cushion the

1 tendons, ligaments, and muscles. Bursae work normally by helping the tendons, ligaments, and  
2 muscles glide smoothly over bone. However, when the bursae are swollen, the area around them  
3 becomes very tender and painful. Trochanteric bursitis is swelling affecting the bursae of the hip.  
4 In TCM a bursitis diagnosis is caused by inflammation of the tendon, ligament or muscle and can  
5 also be a sprain or strain. An acupuncture practitioner need to distinguish it from the chief  
6 complaint by tongue, pulse, symptom, physical exam and treat accordingly by basically  
7 distinguishing it into excessive or deficient type.

8 18. Tui-Na (pronounced twee naw), literally means pinch and pull and refers to a wide  
9 range of TCM therapeutic massage and body work. Tui-Na is not generally used for pleasure and  
10 relaxation, but rather as a treatment to address specific patterns of disharmony.

## 11 **FACTUAL SUMMARY**

### 12 **Patient 1**

13 19. On or about November 12, 2017, the Board received a complaint from Patient 1<sup>1</sup>  
14 regarding Respondent which alleged that Respondent had committed sexual misconduct. The  
15 Board initiated an investigation of the events underlying this complaint.

16 20. The investigation into the complaint was conducted by a Department of Consumer  
17 Affairs, Division of Investigations, Investigation and Enforcement Unit investigator (Investigator)  
18 who confirmed that Respondent was a licensed acupuncturist at all times during the time of the  
19 events referred to in the complaint.

20 21. During the investigation the Investigator spoke with Patient 1 who stated she was  
21 seeing a physical therapist for her “frozen” left shoulder but the physical therapy was not helping  
22 her and the physical therapist recommended that she try acupuncture treatments.

23 22. Patient 1 has two male friends who spoke highly of Respondent’s acupuncture skills  
24 and referred her to Respondent for acupuncture for her “frozen” shoulder. Patient 1 had been  
25 treated with acupuncture 15 to 20 years previously and knew that acupuncture did not provide  
26 immediate relief and could require several visits to feel some improvement. Before deciding to

27 \_\_\_\_\_  
28 <sup>1</sup> The names of the patients and/or witnesses are anonymized to protect their privacy rights. The names will  
be provided to Respondent upon written request for discovery.

1 see Respondent Patient 1 checked with Respondent and determined that he did take her insurance.

2 23. Respondent's office was in a medical building and he did not have any employees.  
3 Respondents office contained two small beds, a bench, two gongs, and a small desk. There was  
4 no changing room in his office. During Patient 1's first visit Respondent confirmed that he did  
5 treat patients for "frozen" shoulder.

6 24. Prior to Patient 1's first treatment she provided Respondent with her insurance  
7 information and he told her there would be a \$15.00 co-pay for each visit. Respondent never had  
8 Patient 1 fill out any insurance paperwork. The one time Patient 1 requested a receipt Respondent  
9 wrote her it on a post-it note. Patient 1 told the Investigator she did not recall ever signing a  
10 consent form for Respondent.

11 25. Respondent's treated Patient 1 with acupuncture during her first visit and she  
12 experienced some relief which did not last. Patient 1 continued to see Respondent because she  
13 knew that it would take time for her to receive lasting relief. Patient 1 told the Investigator that  
14 Respondent was the only person who had been able to help her with her "frozen" shoulder, and  
15 that Respondent was very good at what he did.

16 26. Patient 1 told the Investigator that Respondent treated her 40 to 50 time over  
17 approximately one year with the majority of the treatments occurring during the first year.  
18 Respondent had medical records for only three of Patient 1's visits. Patient 1's purported  
19 signatures on those medical records do not match Patient 1's signature on copies of checks she  
20 provided to the Investigator for comparison. Patient 1 stated she did not sign any forms which  
21 were provided by Respondent.

22 27. Patient 1 was periodically uncomfortable during some of her treatments with  
23 Respondent. Patient 1 is from China and Respondent is from Taiwan and Patient 1 stated  
24 Respondent behaved as though he was from a different culture. Patient 1 told the Investigator  
25 that Respondent did have medical gowns in his office but never offered Patient 1 a gown. Patient  
26 1 told the Investigator that she did wear tank tops or low cut dresses for her treatment but when  
27 she told Respondent she needed to change her clothes prior to treatment Respondent just stood  
28 there while she changed her clothes. Patient 1 used the bathroom to change her clothes several

1 times during the period Respondent treated her.

2 28. During the first year of treatment Respondent told Patient 1 to face the wall to stretch  
3 by placing her hands above her head on the wall. Respondent stood behind Patient 1 and then  
4 placed his hands on the back of her hands which were on the wall. As he did this Respondent  
5 stood so close to Patient 1 she could feel his chest against her back.

6 29. Patient 1 told the Investigator that she has seen both male and female physical  
7 therapists who have touched her during portions of stretching exercises. Patient 1 did not  
8 experience emotional or mental discomfort with the touching which occurred during those  
9 physical therapy sessions. Although Respondent's behavior made her uncomfortable Patient 1  
10 thought Respondent's behavior might have been because their culture did not value personal  
11 space the way the American culture does.

12 30. Respondent first treated Patient 1 with acupuncture and then added Tui-Na. Patient 1  
13 continued to feel better and noticed positive results from Respondent's treatments.

14 31. Respondent and Patient 1 usually talked throughout Patient 1's treatments. Prior to  
15 beginning treatment with Respondent Patient 1 had suffered a miscarriage. During a conversation  
16 with Respondent Patient 1 related this experience and mentioned that she was seeing physicians  
17 for fertility treatment. Respondent's reaction to these disclosures was to make comments such as,  
18 "Maybe you just have too much sex." Respondent treated Patient 1 several times for fertility.

19 32. Patient 1 told the Investigator that there was a change in Respondent's attitude after  
20 she discussed her fertility issues with him.

21 33. Thereafter, during Patient 1's second year of treatment Respondent required Patient 1  
22 to remove her shirt during treatments and sometimes told her she did not need to wear her bra  
23 during her acupuncture treatments. Respondent began to make comments about Patient 1's  
24 breasts.

25 34. During one of her sessions, Patient 1 had trouble reaching the bra clasp in the back  
26 and Respondent offered to help. Respondent then seemed to apply Tui-Na below Patient 1's left  
27 armpit and above her floating ribs around her bra line. Respondent said that he had not unclasped  
28 a bra in a long time.



1           35. Respondent put needles into Patient 1’s rotator muscle around her left shoulder joint  
2 and then pressed Patient 1’s breasts with his fingers while she was laying on the treatment table.  
3 Respondent told Patient 1 he could tell her breasts were real, and that he had a patient who had  
4 “fake breasts” and he could tell the difference. Respondent told Patient 1 he knew that her breasts  
5 were real because fake breasts do not move. Respondent then said his wife and daughter had  
6 taken a long trip.

7           36. Patient 1 did not say anything to Respondent about this incident because she thought  
8 she might have been overly sensitive to what had occurred. Although she was uncomfortable  
9 about Respondent’s comments and behavior during her treatments Patient 1 continued to treat  
10 with Respondent because both her shoulder and her hip bursitis were improving.

11           37. Patient 1’s last appointment with Respondent was in August 2017. At that  
12 appointment Patient 1 asked Respondent to treat the bursitis in her hips. During this visit she was  
13 wearing a dress, underwear, and no bra.

14           38. Respondent instructed Patient 1 to lay face up on the treatment table and pull her  
15 dress up. Respondent pressed his fingers around Patient 1’s left breast. Respondent told Patient 1  
16 he was going to work on her hip.

17           39. Respondent then used one hand to lift her underwear. Respondent placed his other  
18 ungloved hand inside of her underwear. Respondent rubbed his entire hand back and forth on  
19 Patient 1’s pubic area and stared at her underwear. Patient 1 watched Respondent as he did this.  
20 Respondent eventually removed his hand and did not say anything.

21           40. Patient 1 told her husband, a friend, and her new acupuncturist what occurred during  
22 her last visit to Respondent on August 16, 2017. Patient 1’s acupuncturist told Patient 1 that if  
23 Patient 1 did not report Respondent to the Acupuncture Board she would make a report.

24           41. On May 21, 2018, the Investigator went to Respondent’s business *Acupuncture*  
25 *Master Clinic* at 2705 South Diamond Bar Boulevard, Suite 208, Diamond Bar, California. There  
26 was a sign over Suite 208 which stated *Acupuncture Master*. The door was locked and no one  
27 responded to the Investigator’s knocks. The Investigator phoned Respondent who agreed to meet  
28 with the Investigator the next day at his acupuncture office.

1           42. On May 22, 2018, the Investigator went to Respondent’s acupuncture office and met  
2 Respondent who was identified by his California Driver’s license. Respondent did not have his  
3 current acupuncture license nor did he have a current acupuncture license posted in his business.  
4 Respondent also did not have a “Notice to Consumer” posted. The Investigator told Respondent  
5 that he was required to have a current license and that it was a violation of California Code of  
6 Regulations section 1399.469.3, subdivision (a), not to have a “Notice to Consumer” posted in his  
7 business.

8           43. During his visit to Respondent’s business the Investigator provided Respondent with  
9 a subpoena for Patient 1’s records. At that time Respondent stated Patient 1 was a good customer  
10 of his who had been referred to him and who he had seen for a year. Respondent stated Patient 1  
11 had referred someone to him for acupuncture treatment. Respondent said he had seen Patient 1  
12 every two weeks for treatment for “shoulder popping” and limited movement. Although he did  
13 not remember doing acupuncture or treatment on Patient 1’s hip he did say that his patients  
14 occasionally requested that he work on a body part other than what they were being seen for and  
15 he tried to accommodate his patients’ requests. Respondent remembered that Patient 1 was  
16 stressed about trying to have a baby and asked him to provide fertility treatments but he said he  
17 did not offer fertility treatment.

18           44. Respondent repeatedly stated Patient 1 had been a good patient and said she had paid  
19 out of pocket for her last three treatments because her insurance would not cover the treatments  
20 but that there were no billing disputes with Patient 1.

21           45. On June 7, 2018, the Investigator received Patient 1’s records from Respondent for  
22 June 24, 2016, July 23, 2017, and July 27, 2017. The Investigator noted that Patient 1’s signature  
23 in Respondent’s records was written in block letters whereas the signatures in checks provided to  
24 the Investigator for comparison were written in cursive writing. The Investigator also noted  
25 Patient 1’s records included an Acupuncture and Tui-Na consent form.

26           46. Respondent’s medical records show Patient 1’s chief complaints were “frozen”  
27 shoulder left side for approximately seven years and knee pain for approximately five years. The  
28 medical records for June 24, 2016, show acupuncture treatment points, but do not indicate either

1 the treatment time or the treatment plan. The acupuncture records for July 23, 2017, and July 27,  
2 2017, do not indicate any acupuncture treatment points and no length of treatment time.

3 47. Respondent provided only three medical records for Patient 1 although both Patient 1  
4 and Respondent stated Respondent treated Patient 1 on more than two occasions. Respondent's  
5 records included two signatures purportedly made by Patient 1. Patient 1 did not sign any forms  
6 for Respondent. Respondent submitted 33 insurance claims for reimbursement for treatment to  
7 Patient 1's insurance carrier.

8 48. On June 13, 2018, Patient 1 and the Investigator spoke during which conversation  
9 Patient 1 told the investigator Respondent had texted her twice. Patient 1 did not respond to the  
10 texts and after the second text blocked Respondent's number. In the texts Respondent said he had  
11 received a visit from an investigator, and Respondent asked Patient 1 why she had made a  
12 complaint against him. Respondent stated for the past three years he had had a surveillance  
13 camera in his office and Patient 1's visits were recorded. Respondent asked Patient 1 to take her  
14 case back.

15 **Patient 2**

16 49. Respondent also treated Patient 1's husband, Patient 2. Respondent initially provided  
17 only two medical records for Patient 2 and both Patient 2 and Respondent stated Respondent  
18 treated Patient 2 on two occasions. The signature lines on Respondent's medical records for  
19 Patient 2 are blank.

20 50. On June 20, 2018, Patient 2 and the Investigator spoke by phone and the Investigator  
21 received by email Patient 2's signed Authorization for Release of Medical Records form for his  
22 treatment records from Respondent.

23 51. On July 3, 2018, Respondent sent Patient 2's medical records to the Investigator  
24 dated October 29, 2016, and December 17, 2016. Respondent's medical records for Patient 2  
25 reflected Patient 2's chief complaint was finger "jammed" on the right side for approximately  
26 three months, low back pain on the right side for approximately three weeks, and a thumb injury  
27 on the right side for approximately nine months.

28 52. Patient 2 told the investigator Respondent treated him twice for lower back pain.

1 Patient 2 did not remember signing any paperwork, or filling out any questionnaires.

2 53. Respondent billed Patient 2's insurance for 20 acupuncture treatments. One of these  
3 claims was denied. The Investigator determined that Respondent received \$455.77 from Patient  
4 2's insurance company for 17 acupuncture treatments which did not occur. Respondent admitted  
5 to the Investigator that he billed Patient 2 for acupuncture treatment he did not provide.

6 **Patient 3**

7 54. On or about December 31, 2019, the Board received a complaint from Patient 3  
8 regarding Respondent which alleged that Respondent had committed sexual misconduct. The  
9 Board initiated an investigation of the events underlying this complaint.

10 55. The investigation into the complaint was conducted by a different Department of  
11 Consumer Affairs, Division of Investigations, Investigation and Enforcement Unit investigator  
12 (Investigator 2) who confirmed that Respondent was a licensed acupuncturist at all times during  
13 the time of the events referred to in the complaint.

14 56. During the investigation Investigator 2 spoke with Patient 3 and confirmed that  
15 Patient 3 had been treated by Respondent at his business *Acupuncture Master Clinic* at 2705  
16 South Diamond Bar Boulevard, Suite 208, Diamond Bar, California, 91765.

17 57. Patient 3 stated she had received treatment by other health professionals for  
18 symptoms she was experiencing prior to being treated by Respondent and she stated she had seen  
19 a chiropractor and an acupuncturist for her headaches. Patient 3 stated she had received 24  
20 acupuncture sessions from a different acupuncturist prior to seeing Respondent during the course  
21 of one year

22 58. Patient 3 stated she did not know Respondent prior to finding his business on Google.  
23 Patient 3's insurance provider [ASH] allowed two acupuncture visits a month and Respondent's  
24 clinic was listed in ASH's network as an approved acupuncturist.

25 59. Patient 3 stated she was approved for two treatments a month for a total of 8 visits for  
26 treatment of chronic headaches.

27 60. Patient 3 stated in October, 2019 she contacted Respondent using the telephone  
28 number listed on Google, which was the Respondent's cell telephone number. Respondent asked

1 Patient 3 to text him her insurance card to see if the he could approve her. Patient 3 stated her  
2 first text message to Respondent was on October 28, 2019, when she told Respondent she was  
3 suffering from chronic headaches and wanted to know if he would accept her as a new patient.  
4 Patient 3 stated she did not mention anything else to Respondent about why she wanted  
5 acupuncture treatment.

6 61. Patient 3's first visit to Respondent was on October 30, 2019, and in response to  
7 Investigator 2's question, she stated Respondent did not have her fill out a health questionnaire  
8 nor did he ask her for her health or medical history. Patient stated she signed Respondent's  
9 "Acupuncture and Tui Na Therapy Treatment Consent Form [Consent Form]." Investigator 2  
10 showed her a Consent Form obtained from Respondent during the investigation and Patient 3  
11 confirmed the signature on the form was in her handwriting but stated the form had not been  
12 dated by her.

13 62. After reviewing the Patient Progress notes [Patient Progress] forms obtained from  
14 Respondent during the investigation Patient 3 corrected her earlier statement. Patient 3 stated she  
15 now recalled she had never signed the Consent Form nor had she signed the Patient Progress  
16 notes. Patient 3 remarked the signatures on the respective forms were smaller than her  
17 signature.

18 63. Investigator 2 asked Patient 3 a series of questions regarding her first appointment  
19 with Respondent. Patient 3 stated Respondent did not perform a physical or scan her body to  
20 determine her diagnosis during her first visit. Respondent did not tell the patient how he was  
21 going to treat her symptoms. Patient 3 stated Respondent's English was not good. Patient 3  
22 remembered Respondent arrived a little late and there was another patient waiting for treatment.  
23 Respondent placed needles at trigger points along her neck area on her left side and pointed at a  
24 diagram on the wall that listed pressure points on a person's body. Respondent's only other  
25 treatment was to place heat pads on her.

26 64. Patient 3 stated Respondent did not ask her to wear a gown prior to treating her.  
27 Patient 3 explained that because she had been to other acupuncture clinics she knew  
28 acupuncturists used a gown and she brought her own gown due to cleanliness concerns so

1 Respondent could get to her neck area. Patient 3 changed in the treatment room while Respondent  
2 stepped out of the room to allow her to change.

3 65. Investigator 2 asked Patient 3 to describe her appointments with Respondent  
4 excluding the December 10, 2019, and December 24, 2019, appointments.

5 66. Patient 3 stated her first treatment was approximately 45 minutes and the subsequent  
6 visits lasted approximately an hour. Patient 3 would go to the treatment room and would change  
7 into a gown.

8 67. On or about November 5, 2019, Patient 3 stated Respondent started “scanning” her  
9 body after telling her he had created and developed a special acupuncture treatment that no one  
10 else performed. Respondent explained his unique treatment determined the location of the  
11 problematic areas in her body. Patient 3 stated Respondent would scan her body by gliding his  
12 hand along her body and applying pressure at different pressure points both over and under the  
13 patient’s gown.

14 68. Patient 3 stated Respondent would scan her body mostly on her skin, not over her  
15 gown. The patient stated Respondent would move her gown, place his hand on top of her skin to  
16 scan her body and say, “This feels tender? If it hurt this is where I will stick a needle.”

17 69. Respondent explained to Patient 3 that he would scan her body because there were  
18 interconnecting parts of the body which corresponded to her neck which could be causing her  
19 headaches. Thereafter Patient 3 lay either face down, face up, on her side or stood while  
20 Respondent scanned her thighs, legs and glutes.<sup>2</sup> Respondent would always scan her body prior  
21 to Respondent placing needles in her body.

22 70. When Investigator 2 asked Patient 3 whether Respondent performed unusual  
23 treatment during any of the visits from October 30, 2019, through December 2, 2019, Patient 3  
24 stated the Respondent’s treatment to her glutes was unusual. Patient 3 was experiencing pain in  
25 her glutes due to her workouts. Beginning in the last November appointment Respondent  
26 concentrated on her glutes although he touched her whole body during the appointments.

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27 <sup>2</sup> Glutes are defined as any one of three large skeletal muscles that form the buttock and  
28 move the thigh.

1           71. Investigator 2 asked the patient to describe her December 10, 2019, appointment with  
2 Respondent. Patient 3 said Respondent scanned her body, applied pressure, and asked if a  
3 particular area was tender. If the patient said the area was tender Respondent placed a needle in  
4 that area for about five minutes. In addition, sometimes Respondent would hold and spin the  
5 needle between his fingers. Investigator 2 asked if she requested treatment to her knees on that  
6 date and Patient 3 stated she never asked Respondent to treat her knees.

7           72. During the December 10, 2019, visit Patient 3 stated she laid face up on Respondent's  
8 treatment table the entire time. When Respondent asked if there were any part of her body that  
9 was hurting she told Respondent her pectoral area hurt and her head ached. Respondent  
10 immediately went to her pectoral area and then scanned her legs. Respondent squeezed her legs,  
11 and touched various pressure areas on her feet. Respondent used his entire hand and a single  
12 finger to do this, as well as using his entire hand in a cupping motion. Respondent applied  
13 pressure with his fingers around the patient's glute area and inserted needles after he applied  
14 pressure.

15           73. Patient 3 asked Respondent to treat her neck during her December 10, 2019,  
16 appointment. Respondent placed his fingers on the left side of her neck and when he found an  
17 area which was tender, he placed a needle there.

18           74. Investigator 2 asked if Patient 3 asked Respondent to treat her shoulder on December  
19 10, 2019. Patient 3 said she told Respondent that her shoulder hurt and Respondent treated her  
20 pectoral<sup>3</sup> area.

21           75. Respondent lowered Patient 3's gown and exposed her right breast. Respondent  
22 stated Patient 3 had no whiteness or discharge coming out from her nipples which was a sign of  
23 good health.

24           76. Respondent did not concentrate on any particular area of Patient 3's breast. He  
25 applied pressure to different areas of Patient 3's breasts in no special pattern. Respondent did not  
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27           <sup>3</sup> The pectoralis major muscle is a large muscle in the upper chest, fanning across the chest  
28 from the shoulder to the breastbone. The pectoral region is located on the anterior chest wall. It  
contains four muscles that exert a force on the upper limb: the pectoralis major, pectoralis minor,  
serratus anterior and subclavius.

1 ask Patient 3 if it hurt while he applied pressure to the different areas of her breast. Respondent  
2 did not touch the patient's nipple.

3 77. Patient 3 was lying face up on the treatment table wearing shorts while Respondent  
4 scanned her legs, and as he did so, he bumped and glided across Patient 3's genital area. Patient 3  
5 stated she did not say anything because she felt good about Respondent's overall treatment and  
6 thought Respondent's touching of her genital area was an accident. Patient 3 did not think  
7 bumping her genital area was part of her treatment. Patient 3 stated Respondent scanned and  
8 squeezed her body both before and after he treated her pectoral area.

9 78. Patient 3 stated as she was leaving, Respondent hugged and kissed the patient on her  
10 right cheek. Patient 3 stated this was the first time Respondent hugged and kissed her. Patient 3  
11 stated she felt "weird" and thought it was a mistake. Patient 3 stated there had been small talk  
12 about what Respondent did outside the office yet this experience was too friendly. Patient 3 stated  
13 she did not think much of it because she was desperate to be treated and Respondent had helped  
14 her feel better.

15 79. Investigator 2 asked Patient 3 to describe her December 24, 2019, appointment.  
16 Patient 3 stated she had been considering not returning for treatment from Respondent because of  
17 what had happened during the December 10, 2019, appointment. Nevertheless, Patient 3 was  
18 having a great deal of pain so she texted Respondent for an appointment and he told her the 24th  
19 would be ok.

20 80. When Patient 3 arrived on December 24, 2019, she put on her gown and went to the  
21 treatment room. Patient 3's treatment session started around 11:00 a.m. and ended at 1:00 p.m.  
22 which was much longer than usual and she asked Respondent if there was anyone else waiting for  
23 treatment.

24 81. During the two-hour treatment session on December 24, 2019, Respondent scanned  
25 Patient 3's body. As Respondent scanned the patient's body, he commented that she was  
26 "slender, in good shape, and a nice girl."

27 82. While Patient 3 was lying face up on Respondent's treatment table, Respondent  
28 kissed the patient's left cheek and then asked Patient 3 if he could kiss her. Patient 3 said no, and



1 stayed calm because she did not want Respondent to take advantage of her.

2 83. Respondent then asked Patient 3 if she had a boyfriend and Patient 3 said yes to ward  
3 him off. After Patient 3 said she had a boyfriend Respondent took her hand and held it. Patient 3  
4 stayed in the same position and told Respondent she had to go and Respondent said he wanted her  
5 to stay.

6 84. After Respondent told Patient 3 he wanted her to stay Patient 3 went into the  
7 bathroom to calm herself. Then Patient 3 and Respondent spoke about the next appointment.  
8 Once Patient 3 gathered her belongings she left in shock and called one of her friends to calm her  
9 down.

10 85. Investigator 2 asked Patient 3 if Respondent asked her any personal questions on  
11 December 24, 2019. Patient 3 said Respondent asked her if she had a boyfriend; if she was  
12 planning on having kids; made comments about her nails; and told her that she was very slender,  
13 yet she had a nice body.

14 86. Investigator 2 asked Patient 3 if she asked Respondent if he treated women in the area  
15 of fertility and she stated she had not. Investigator 2 asked Patient 3 if Respondent asked if she  
16 were married and Patient 3 stated no. Investigator 2 asked Patient 3 if she told Respondent that  
17 she had a boyfriend and she said Respondent asked if she had a boyfriend and she told him that  
18 she did because she wanted to discourage him from doing anything further which she believed  
19 would act as a “barrier” because that meant she was “taken.”

20 87. Patient 3 stated she called ASH on December 24, 2019, and told the person who  
21 answered the call what happened on December 10, 2019, and December 24, 2019. The patient  
22 stated she had no evidence that it happened to her and the person said she could make a claim.

23 88. Patient 3 stated she also called Blue Cross [BC] to complain about what had  
24 happened with the provider and thought the BC representative wanted to have ASH on the phone.  
25 During the conversation BC asked for the provider's telephone number and Patient 3 provided  
26 Respondent's name and telephone number. Without telling Patient 3, BC connected the Patient 3  
27 on a three way call with Respondent. Patient 3 thought she was speaking with ASH, and stated  
28 ASH should not to accept any more billing from Respondent's office. Patient 3 then said

1 Respondent had committed misconduct which she was handling with the Board. Patient 3 stated  
2 the other person got quiet and when Patient 3 asked BC who they connected her with BC stated  
3 they connected her with the provider.

4 89. Patient 3 told the investigator that as a result of what Respondent did during her  
5 treatment, she felt disgusted and has not seen another acupuncturist. Patient 3 thinks Respondent  
6 is a monster and has flashbacks about what happened. What Respondent did to her during his  
7 treatment caused tremendous trauma. Patient 3 has been seeing a mental health professional  
8 because of what occurred during the acupuncture treatments. Prior to these incidents, Patient 3  
9 had never seen a mental health professional. Patient 3 stated the experience with Respondent  
10 changed her opinion of medical health professionals and now she does not trust them.

11 90. Investigator 2 asked Patient 3 questions about Respondent's billing for the treatment  
12 sessions. When Patient 3 asked Respondent about his billing he told her in order to get paid on  
13 time, he needed to list earlier dates than the dates he actually treated her.

14 91. Patient 3 explained at the beginning of November, 2019, she called ASH because she  
15 needed more than bimonthly visits and wanted to inquire about ASH's policy regarding additional  
16 visits. During the conversation, ASH told Patient 3 Respondent claimed he had treated her on  
17 August 12, 2019, August 26, 2019, September 12, 2019, September 30, 2019, and October 17,  
18 2019. Patient 3 told ASH that Respondent had not treated her on those dates.

19 92. Investigator 2 contacted ASH regarding Respondent's billing history and received  
20 information regarding Respondent's claimed billing. Investigator 2 examined the ASH  
21 information and information Respondent provided regarding Respondent's treatments of Patient  
22 3. Comparison of the revealed the following:

23 93. Respondent did not bill ASH for Patient 3's November 12, 2019, or December 24,  
24 2019, visits.

25 94. Respondent submitted a claim to ASH for \$110.00 for treatments he allegedly  
26 provided on August 12, 2019, August 26, 2019, September 30, 2019, October 17, 2019, October  
27 31, 2019, November 5, 2019, November 21, 2019, December 3, 2019, and December 10, 2019,  
28 and was paid \$42.28 for each of the preceding visits he billed. The Investigator determined that

1 Respondent received \$465.08 from ASH, Patient 3's insurance company, for 11 acupuncture  
2 treatments which did not occur.

3 **STANDARD OF CARE**

4 95. The standard of care in the community regarding an acupuncturist's behavior requires  
5 that the acupuncturist not touch a patient's intimate body parts.

6 96. The standard of care in the community regarding an acupuncturist's use of Tui-Na  
7 requires the practitioner not to touch the patient's breasts.

8 97. The standard of care in the community regarding an acupuncturist's use of Tui-Na  
9 requires the practitioner not to touch the patient's pubic area.

10 98. The standard of care in the community regarding an acupuncturist's behavior requires  
11 the practitioner to keep records of all patient visits.

12 99. The standard of care in the community regarding an acupuncturist's behavior requires  
13 the practitioner to keep accurate records of all treatments performed.

14 100. The standard of care in the community regarding an acupuncturist's behavior requires  
15 the practitioner to keep complete, accurate records of the patient's informed consent for all  
16 treatments.

17 101. The standard of care in the community regarding an acupuncturist's behavior  
18 requires the practitioner not to commit fraudulent acts when they submit billings for payment of  
19 health care benefits for acupuncture services and treatments.

20 102. The standard of care in the community regarding an acupuncturist's behavior requires  
21 the practitioner not to use false materials when they submit billings for payment of health care  
22 benefits acupuncture services and treatments.

23 103. The standard of care in the community regarding an acupuncturist's behavior requires  
24 the practitioner to submit accurate billing for acupuncture services and treatments.

25 104. The standard of care in the community regarding an acupuncturist's behavior requires  
26 the practitioner to keep accurate records which include a treatment plan.

27 105. The standard of care in the community regarding an acupuncturist's behavior requires  
28 the practitioner to obtain consent for treatment from the patient.

1 106. The standard of care in the community regarding an acupuncturist's behavior requires  
2 the practitioner to only touch the patients when such touch is required by the treatment.

3 107. The standard of care in the community regarding an acupuncturist's behavior requires  
4 the practitioner to not comment on patient's intimate matters.

5 108. The standard of care in the community requires that an acupuncturist post a notice to  
6 consumers in each practice location.

### 7 **FIRST CAUSE FOR DISCIPLINE**

8 (Sexual Abuse and Misconduct with a Patient)

9 109. Respondent is subject to disciplinary action under section 726 of the Code in that he  
10 committed acts of sexual abuse and misconduct against Patient 1 while she was under his  
11 professional care and treatment. The circumstances are as follows:

12 110. Respondent engaged in sexual abuse and misconduct as specified above in paragraphs  
13 35 through 39, inclusive, which are incorporated herein by reference as if fully set forth.

14 111. Respondent engaged in sexual abuse and misconduct when he touched intimate body  
15 parts of Patient 1.

16 112. Respondent engaged in sexual abuse and misconduct during Tui-Na when he touched  
17 Patient 1's breasts.

18 113. Respondent engaged in sexual abuse and misconduct during Tui-Na when he touched  
19 Patient 1's pubic area.

20 114. Respondent engaged in sexual abuse and misconduct as specified above in paragraphs  
21 67 through 72, 74 through 78, 81 through 83, and 85 through 86, inclusive, which are  
22 incorporated herein by reference as if fully set forth.

23 115. Respondent's acts and/or omissions as set forth in paragraphs 35 through 39,  
24 paragraphs 70 through 72, paragraphs 67 through 72, 74 through 78, 81 through 83, and 85  
25 through 86, above, whether proven individually, jointly, or in any combination thereof, constitute  
26 sexual abuse and misconduct, pursuant to section 726, of the Code. Therefore, cause for  
27 discipline exists.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 (Gross Negligence)

3 116. Respondent is subject to disciplinary action under 4955.2, subsection (a), of the Code  
4 in that he was grossly negligent in his care and treatment of Patient 1, Patient 2, and Patient 3.

5 The circumstances are as follows:

6 117. Complainant refers to, and by reference incorporates herein, paragraphs 20 through  
7 94, inclusive, above.

8 118. Respondent was grossly negligent when he touched intimate body parts of Patient 1  
9 and Patient 3.

10 119. Respondent was grossly negligent during Tui-Na when he touched Patient 1's breasts.

11 120. Respondent was grossly negligent when he touched Patient 3's breast.

12 121. Respondent was grossly negligent during Tui-Na when he touched Patient 1's pubic  
13 area.

14 122. Respondent was grossly negligent when he touched Patient 3's pubic area.

15 123. Respondent was grossly negligent when he failed to keep records of all of Patient 1's  
16 visits.

17 124. Respondent was grossly negligent when he failed to keep accurate records of all  
18 treatments performed on Patient 1, Patient 2, and Patient 3.

19 125. Respondent was grossly negligent when he failed to keep complete, accurate records  
20 of Patient 1's, Patient 2's, and Patient 3's informed consent for all treatments.

21 126. Respondent was grossly negligent when he committed fraudulent acts when he  
22 submitted billings for payment of health care benefits for acupuncture services and treatments for  
23 Patient 2 and Patient 3 which he had not performed.

24 127. Respondent was grossly negligent when he used false materials when he submitted  
25 billings for payment of health care benefits for acupuncture services and treatments for Patient 2  
26 and Patient 3 which he had not performed.

27 128. Respondent was grossly negligent when he failed to submit accurate billing for  
28 acupuncture services and treatments for Patient 2 and Patient 3.

1 129. Respondent's acts and/or omissions as set forth in paragraphs 20 through 94 and  
2 paragraphs 117 through 128 above, whether proven individually, jointly, or in any combination  
3 thereof, constitute gross negligence, pursuant to section 4955.2, subdivision (a), of the Code.  
4 Therefore, cause for discipline exists.

5 **THIRD CAUSE FOR DISCIPLINE**

6 (Repeated Negligent Acts)

7 130. Respondent is subject to disciplinary action under section 4955.2, subdivision (b), of  
8 the Code in that he was negligent in his care and treatment of Patient 1, Patient 2, and Patient 3.  
9 The circumstances are as follows:

10 131. The allegations of the Second Cause for Discipline are incorporated herein by  
11 reference as if fully set forth.

12 132. Respondent's acts and/or omissions as set forth in paragraphs 20 through 94 and  
13 paragraphs 117 through 128 above, whether proven individually, jointly, or in any combination  
14 thereof, constitute repeated negligent acts, pursuant to section 4955.2, subdivision (b), of the  
15 Code. Therefore, cause for discipline exists.

16 **FOURTH CAUSE FOR DISCIPLINE**

17 (Insurance Fraud)

18 133. Respondent is subject to disciplinary action under section 4955, generally, section  
19 4955, subdivision (i), and section 810, subdivisions (a)(1) and (2), of the Code, in that he  
20 knowingly presented or caused to be presented any false or fraudulent claim for the payment of a  
21 loss under a contract of insurance and/or he knowingly prepared, made, or subscribed any writing,  
22 with intent to present or use the same, or to allow it to be presented or used in support of any false  
23 or fraudulent claim thereby committing insurance fraud in his care and treatment of Patient 1,  
24 Patient 2 and Patient 3. The circumstances are as follows:

25 134. Complainant refers to, and by reference incorporates herein, paragraphs 20 through  
26 94, inclusive, above.

27 135. Respondent's acts and/or omissions as set forth in paragraphs 20 through 94, whether  
28 proven individually, jointly, or in any combination thereof, constitute insurance fraud, pursuant to

1 section 4955, generally, section 4955, subdivision (i), and section 810, subdivisions (a)(1) and  
2 (2), of the Code. Therefore, cause for discipline exists.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 (Unprofessional Conduct)

5 136. Respondent is subject to disciplinary action under Code section 4955, generally, in  
6 that he committed unprofessional conduct in his care and treatment of Patient 1, Patient 2, and  
7 Patient 3. The circumstances are as follows:

8 137. Complainant refers to, and by reference incorporates herein paragraphs 20 through  
9 135, inclusive, above.

10 138. Respondent's acts and/or omissions as set forth in paragraphs 20 through 135 above,  
11 whether proven individually, jointly, or in any combination thereof, constitute unprofessional  
12 conduct, pursuant to Code section 4955, generally. Therefore, cause for discipline exists.

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**PRAYER**

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

- 1. Revoking or suspending Acupuncturist License Number AC 11602, issued to George Huang Chi Ku, L.Ac.;
- 2. Ordering George Huang Chi Ku, L.Ac. to pay the Acupuncture Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 4959;
- 3. If placed on probation, ordering him to pay to the Acupuncture Board the costs of probation monitoring, and;
- 4. Taking such other and further action as deemed necessary and proper.

DATED: 06/29/2021

Original on file with the Board  
 BENJAMIN BODEA  
 Executive Officer  
 Acupuncture Board  
 Department of Consumer Affairs  
 State of California  
*Complainant*

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