

NEVADA STATE BOARD OF MEDICAL EXAMINERS



IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

ABDOLLAH ASSAD, M.D.

ADJUDICATION

Case No: 24-28982-1

Date: September 12, 2025

INDEX

1. COMPLAINT
2. HEARING OFFICER'S FINDINGS AND RECOMMENDATIONS
3. HEARING TRANSCRIPT
4. EXHIBITS ADMITTED INTO EVIDENCE
5. DOCUMENTS FILED INTO THE DOCKET

1

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28982-1

6 **Against:**

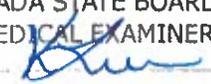
FILED

7 **ABDOLLAH ASSAD, M.D.,**

AUG 14 2024

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Abdollah Assad, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code
15 (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating
16 the IC's charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 10883). Respondent was
19 originally licensed by the Board on April 8, 2004.

20 2. Patient A² was a thirty-one (31) year-old female at the time of the events at issue.

21 3. During the relevant time period, Patient A was a long-established psychiatric
22 patient of Respondent, having regular visits being under Respondent's care and treatment since
23 June 23, 2011. During these regular visits, Respondent documented a history of anxiety and
24 problematic relationships that included her difficult relationship with her boyfriend on repeated
25 occasions. Respondent's records from these visits are handwritten and largely illegible.

26
27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
Complaint was authorized for filing, was composed of Board members Chowdhury H. Ahsan, M.D., Ph.D, FACC,
28 Ms. Pamela J. Beal and Irwin B. Simon, M.D., FACS.

² Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient
Designation served upon Respondent along with a copy of this Complaint.

1 inappropriate sexual relationship with Patient A while still continuing to see her as his patient and
2 prescribe her Adderall.

3 12. By reason of the foregoing, Respondent is subject to discipline by the Board as
4 provided in NRS 630.352.

5 **COUNT II**

6 **NRS 630.304(5) – Influencing a Patient to Engage in Sexual Activity**

7 13. All of the allegations contained in the above paragraphs are hereby incorporated by
8 reference as though fully set forth herein.

9 14. NRS 630.304(5) provides that influencing a patient in order to engage in sexual
10 activity with the patient or others is grounds for initiating disciplinary action.

11 15. As demonstrated by, but not limited to, the above-outlined facts, Respondent
12 influenced Patient A by failing to properly admit her to an appropriate care facility or get
13 Patient A emergency assistance following a suicide attempt despite her documented history of
14 troubled relationships, but instead took Patient A to a motel and engaged in sexual intercourse
15 with her.

16 16. By reason of the foregoing, Respondent is subject to discipline by the Board as
17 provided in NRS 630.352.

18 **COUNT III**

19 **NRS 630.301(5) – Engaging in Sexual Activity with a Patient**

20 17. All of the allegations contained in the above paragraphs are hereby incorporated by
21 reference as though fully set forth herein.

22 18. NRS 630.301(5) provides that engaging by a practitioner in any sexual activity
23 with a patient who is currently being treated by the practitioner constitutes grounds for initiating
24 disciplinary action.

25 19. As demonstrated by, but not limited to, the above-outlined facts, Respondent
26 engaged in sexual intercourse with Patient A and subsequently continued to prescribe controlled
27 substances to her as her physician.

28 ///

COUNT VI

**NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient
Relationship for Financial or Personal Gain**

29. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

30. NRS 630.301(7) provides that “engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain” is grounds for initiating discipline against a licensee.

31. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of a patient and exploited the relationship between the Respondent and Patient A by gaining intimate knowledge of Patient A during psychiatric treatment, and subsequently engaging in a sexual relationship with Patient A while she was in a vulnerable state.

32. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 14th day of August, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



IAN J. CUMINGS
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., Ph.D., FACC, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 14th day of August, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

CHOWDHURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee

2

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and**
6 **Complaint Against:**
7 **ABDOLLAH ASSAD, M.D.,**
8 **Respondent.**

Case No. 24-28982-1

FILED

AUG 19 2025

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

9
10 **FINDINGS AND RECOMMENDATIONS/SYNOPSIS OF RECORD**

11 **I. INTRODUCTION**

12 The formal hearing in this matter occurred on July 14, 2025. Present in the Reno office of the
13 Nevada State Board of Medical Examiners (the "Board") were Ian Cumings, Esq. on behalf of the
14 Investigative Committee of the Nevada State Board of Medical Examiners (the "IC"), Lyn E. Beggs,
15 Esq., counsel for Respondent, Abdollah Assad, M.D. ("Dr. Assad" or "Respondent") and the
16 undersigned hearing officer, together with the certified court reporter.

17 The individual identified as "Patient A" and IC's designated expert witness, Lisa Durette,
18 M.D., appeared and testified remotely by Zoom. Dr. Assad appeared and testified live at the hearing.
19 All witnesses were sworn in prior to testifying. The rule of exclusion was not invoked.

20 **II. ALLEGATIONS**

21 The Complaint in this matter alleges six (6) counts against Dr. Assad. They include: (i) NRS
22 630.301(4) – Malpractice; (ii) NRS 630.304(5) – Influencing a Patient to Engage in Sexual Activity;
23 (iii) NRS 630.301(5) – Engaging in Sexual Activity with a Patient; (iv) NRS 630.306(1)(p) – Unsafe
24 or Unprofessional Conduct; (v) NRS 630.304(7) – Terminating Medical Care without Adequate
25 Notice to a Patient; and (vi) NRS 630.301(7) – Violation of Patient Trust with Exploitation of
26 Physician and Patient Relationship for Financial or Personal Gain.

27 The core allegations against Dr. Assad surround incidents that occurred in September and
28 October, 2020 culminating with sexual intercourse between Dr. Assad and "long-established" Patient

1 A that resulted in the conception and ultimate birth of a child. Dr. Assad practices psychiatry, and
2 had been treating Patient A as a psychiatry patient since 2011. See generally, Complaint, para 3-6.

3 Respondent Dr. Abdollah Assad did not file an Answer to the Complaint.

4 **III. EVIDENCE, WITNESSES AND TESTIMONY**

5 The allegations in this case are obviously very serious, and involve the charge that Dr. Assad
6 engaged in sexual relations with his psychiatric patient who was in the midst of a mental health crisis
7 that included a suicide attempt. Given these allegations, the evidence presented at the hearing was
8 very disturbing and indeed graphic by any standard.

9 **A. Stipulation as to Exhibits**

10 On July 11, 2025, the parties filed a “Stipulation for Admission of Exhibits at Formal
11 Hearing.” According to that stipulation, the Exhibits presented in the IC’s Prehearing Conference
12 Statement were to be “admitted by the Hearing Officer at the formal hearing....” Accordingly,
13 Exhibits 1-8 were admitted into evidence. These included: (1) Allegation Letter to Dr. Assad dated
14 November 16, 2021; (2) Second Request Allegation Letter to Dr. Assad dated January 4, 2022); (3)
15 Response Letter from Dr. Assad’s attorney dated January 11, 2022; (4) Medical Records from
16 Abdollah Assad, M.D. requested by the Board’s Investigative Division; (5) Petition to Establish
17 Paternity and Custody, filed in the Second Judicial District Court – Family Court Case No. FV21-
18 01226; (6) Deposition of Patient A dated June 12, 2023 taken in Second Judicial Family Court Case
19 No. FV21-01226; (7) Pharmacy Records from Walgreens Pharmacy requested by the Board’s
20 Investigative Division; and (8) Curriculum Vitae of Lisa Durette, M.D., DFAPA, DFAACAP. TR
21 6:20-24.

22 **B. Stipulation as to Facts**

23 On July 11, 2025, the parties filed a “Stipulation for Agreed Upon Facts of Case at Formal
24 Hearing.” According to that stipulation, the following facts are not in dispute and are **accepted as**
25 **true** by the Hearing Officer as having been proven:

- 26 ■ Patient A was a long-time patient of Dr. Assad since June 23, 2011.
- 27 ■ Through Patient A’s treatment with Dr. Assad, Patient A had a documented history of
28 anxiety, and problems with her relationships and with her long-time boyfriend.

1 ■ A first sexual encounter took place in October, 2020. At that time, Patient A contacted Dr.
2 Assad from a motel room. Dr. Assad met Patient A at the motel room and they then went to
3 another hotel where they engaged in sexual relations. Following this encounter, Patient A
4 became pregnant.

5 ■ Patient A gave birth to a child in June, 2021, and Dr. Assad was determined to be the father
6 of the child.

7 ■ Dr Assad re-filled Patient A's prescription for Adderall on October 16, 2020.

8 **C. Testimony of Patient A**

9 ***Direct Examination***

10 The first witness called by the IC was Patient A. Patient A testified that she began seeing Dr.
11 Assad as a patient in 2011 for anxiety and panic attacks, and needed medication to help her stay in
12 school. TR 13:18-14:13. Dr. Assad put her on medications including Adderall, Ativan and Latuda.
13 TR 15:15-22.

14 While seeing Dr. Assad, Patient A would discuss with him the relationship issues she had
15 with her partner. TR 17:2-20. Dr. Assad would reply that she was a "great girl" and "maybe
16 deserve[d] better." TR 18: 10-25.

17 Patient A testified that at one point, Dr. Assad told her that he had a wealthy "older friend"
18 who would be a "good match" and that this friend just wanted someone to go to dinner with. She
19 initially brushed it off. TR 20: 4-17. Although the testimony is difficult to follow, it appears that this
20 occurred *early* in the doctor-patient relationship when Patient A was 22 years old. TR 21:15-17.

21 Years later, in August or September 2020, a similar scenario happened, except this time the
22 "friend" was a doctor. At this time, Patient A was having anxiety and emotional struggles with her
23 partner, her new daughter and related matters. Dr. Assad told Patient A about a "doctor friend" who
24 was "lonely" and that maybe she could join him for dinner. TR 21:22-23:8. Patient A "trusted" her
25 doctor, found this "flattering" and said she "would think about it." TR 22:23-24:13.

26 Patient A testified that eventually she agreed to go on a date to Red Lobster with this "friend"
27 after Dr. Assad "kept calling and texting" her, which caused her to feel pressured: ("[h]e's not going
28 to stop until I agree.") TR 24:14-25:16. This was towards the end of September, 2020. Patient A

1 was really depressed at the time, and testified that suicidal ideations were already kicking in. TR
2 25:21-26:8.

3 When Patient A arrived at Red Lobster, the hostess took her back to where Dr. Assad was
4 sitting, alone. She recalls asking "is your friend coming" to which Respondent replied: "I am the
5 friend." TR 26:11-20. This was the first time Patient A saw Dr. Assad in a nonprofessional setting.
6 TR 26:23-27:1.

7 Patient A testified that Dr. Assad tried to emulate her partner/boyfriend. She said that Dr.
8 Assad was actively convincing her that her partner was a bad guy and feeding into her insecurities.
9 TR 27:4-13. The subject of Dr. Assad getting Patient A an apartment was also discussed, and that
10 she was not comfortable trading sexual acts for an apartment, which is what he was wanting. TR
11 27:15-28:8. She also testified that Dr. Assad wanted to take her on a cruise. TR 28:9-25.

12 Patient A testified that she would never forget the Red Lobster dinner. She felt "awkward"
13 and "very strange." She "realized that I'm on a date with Dr. Assad, though without my
14 knowledge....I sat there awkwardly listening." TR 32:19-33:7. "He told me that he was lonely. He
15 was lonely because he was going through a separation with his wife and that they were in the process
16 of divorcing. And then he told me that he clearly remembered me the first time that I walked into the
17 office for my first appointment, that he thought I was beautiful then. And that his son had just
18 recently passed away, months prior, and felt that we could help each other...." TR 33:8-16.

19 She further testified that Dr. Assad stated that he was lonely, needed to have someone to have
20 dinner with and that he could help her find a place to live. TR 34:4-9.

21 There was no sexual intercourse the night of the Red Lobster dinner. TR 35:11-13. They did
22 hug in the parking lot, which was the first physical contact between the two. TR 36:7-11. Patient A
23 testified that she then explained to Dr. Assad that she had insomnia and needed to come in to get
24 something for it, and Dr. Assad indicated that he would get it for her that evening, and was
25 "adamant." She got into his truck, and Dr. Assad drove her around an apartment and then to his
26 office. TR 36:12-38:18. Patient A testified that Dr. Assad went into his office and emerged with a
27 Kleenex containing some pills, telling her that they were something stronger than she usually takes.
28

1 Patient A stuffed the Kleenex with the pills into her purse and Dr. Assad dropped her back off at Red
2 Lobster. TR 39:2-14.

3 Patient A testified that after the Red Lobster dinner, Dr. Assad continued to text her about
4 seeing apartments and also told her to remove the SIM card from her phone, get a new phone and
5 new SIM card. TR 41:5-19. Eventually, she testified that she checked into a Super 8 motel with a
6 gun, wanting to kill herself. She did not follow through. TR 40:7-41:4. About a week later, she
7 went back to the same motel with again the intention of killing herself. She planned to take the pills
8 Dr. Assad had given her in the Kleenex and drink some Jack Daniel's and "not wake up." TR 42:6-
9 24. While in the motel, she also tried to hang herself but only managed to fall and hit a coffee table,
10 which caused her to "freak out" that someone might find her. TR 43:2-44:17.

11 Patient A then testified: "I panicked. And I remember somewhere after that panicking or
12 during that panicking is when I reached out to Dr. Assad." TR 44:23-25. She was afraid of going to
13 a mental institution or having CPS involved. TR 45:5-14. She trusted Dr. Assad when she called
14 him from the motel. TR 46:5-7.

15 Patient A testified that when Dr. Assad arrived at the motel, he did not offer to take her to the
16 hospital, but rather took her to another hotel, which was his idea. "I was pretty drunk and out of it."
17 TR 46:22-47:12. The other hotel was across from the airport. During check-in she stood awkwardly
18 next to Dr. Assad, and after that they went up to the room. TR 48:10-22.

19 Patient A testified that she then went down to purchase some water, wanting to "buy time."
20 She was out of the room for 10 minutes, and then returned to the room. Dr. Assad then got close to
21 her and touched her breasts, which is "how that started." TR 49:3-50:6. She let him touch her
22 breasts and then testified:

23 Q. Did you tell him that you didn't want to have sex?

24 A. I did tell him that I wasn't going to have sex and I didn't want to have sex. I said it twice.

25 Q. But then he continued?

26 A. He persisted. He would ask me, Why can't you? Why aren't you going to? Why won't
27 you?

28 TR 50:10-16.

1 The sexual encounter then occurred. After full intercourse, the two slept in separate beds, and
2 in the morning Dr. Assad left the hotel room and also left money on the counter while Patient A
3 pretended to be asleep. See, generally, TR 51:22-52:22.

4 Patient A testified that a second sexual encounter occurred around October 17 or 24, 2020.
5 This occurred at Dr. Assad's office that had a bed in the back room. "[H]e made it known he wanted
6 to see me again, and that I—in order to get medication, even though I'd rather made an appointment,
7 he told me that he would provide it for me if I saw him again that Saturday." TR 53:3-54:7.
8 According to Patient A, when she got to the office (after getting lost) "it's the same thing, he comes
9 up to me, he tries to kiss me and starts touching my breasts and tells me there's—there's the room in
10 the back and walks to there and starts to take off my pants." TR 54:19-23.

11 This encounter did not result in full intercourse.¹ Patient A testified that when she had her
12 pants off she saw the bruise on her thigh from falling on the table during the previous suicide attempt
13 in the motel room and freaked out. Eventually, Patient A put her pants back on and Dr. Assad gave
14 her some "little pills" from a drawer to help her sleep and a prescription for Adderall. TR 54:24-
15 56:14.² According to Patient A, this was the last time she saw Dr. Assad as a patient. TR 61:11-15.

16 ***Cross examination***

17 On cross examination, Patient A was first asked about whether the first sexual encounter with
18 Dr. Assad was non-consensual. She responded: "Absolutely" and that she did not want to have sex.
19 TR 63:11-25. She was also asked several times if Dr. Assad physically forced her to have sex with
20 him and she indicated he was physically aggressive, adamant, persistent and again went for her
21 breasts (which she allowed.) TR 63:11-65:7.

22 Patient A testified that she did eventually file a police report and gave a four (4) hour taped
23 interview but the matter was not pursued because (her understanding) Dr. Assad did not speak to the
24 police, which was his right. TR 66:13-68:9.

25 There was then a long discussion and argument between counsel regarding the proper use of
26 Patient A's deposition transcript in the family court case (IC Exhibit 5), centering on who prescribed

27
28 ¹ Patient A's testimony about this encounter: Q. Did you engage in penetrative sex on that visit? A. No. I freaked
out after the bruise. He wanted me to give him a blowjob, and I did not want to. TR 58:4-7.

² This is consistent with Stipulated Fact # 6.

1 Latuda and whether she was seeing another psychiatrist while she was also seeing Dr. Assad in 2020.
2 Eventually, Patient A acknowledged that in her prior deposition she testified that she had established
3 with another psychiatrist in 2020 but terminated that doctor-patient relationship in November 2020.
4 TR 69:9-77:22.

5 Patient A testified that she never saw Dr. Assad for “talk therapy.” She would, however, tell
6 him briefly about what was going on in her life, issues with sleeping, and her relationships. TR
7 80:16-81:4.

8 Patient A denied that she knew beforehand that she was meeting Dr. Assad at Red Lobster:
9 “No. Absolutely not. Never. Never. That was a very awkward thing.” TR 81:24-82:3. She was
10 asked whether after the Red Lobster dinner she agreed to get into Dr. Assad’s truck to look at
11 apartments and she testified that she didn’t want to but Dr. Assad was very persistent and adamant so
12 she did. TR 82:6-83:6. She also testified that the reason she did not make a phone appointment
13 through Dr. Assad’s office was due to his persistence, demeanor and aggressiveness. TR 84:9-16.

14 Patient A testified that for the second sexual encounter with Dr. Assad, she had been
15 “required” to come to the office on a Saturday in exchange for medication and a prescription. TR
16 87:5-7. She also reiterated that when she checked into the motel a week before the first sexual
17 encounter with Dr. Assad that she had a gun with her, was suicidal and did not want to live. TR
18 89:15-23.

19 Patient A was asked about going to the motel to commit suicide the second time, which was
20 the night of the admitted, and stipulated to, sexual encounter with Dr. Assad. She had a purse,
21 alcohol she had purchased (a pint of Jack Daniel’s) and the pills in the Kleenex Dr. Assad had
22 provided. She took the drugs with the Jack Daniel’s. TR 93:4-20. She did not recall how many pills
23 she took: “I didn’t care what I was taking. I was hoping I did not wake up.” TR 94:1-2. She drank
24 about half of the Jack Daniel’s. TR 95:4-6. She then again detailed her activities in the motel room,
25 and the unsuccessful attempt to hang herself using some clothing she was wearing. TR 95:16-98:10.

26 Patient A testified that she contacted Dr. Assad by text and phone from the motel room.
27 There was an 8 minute telephone call and she expressed she was not doing well, was afraid of being
28 taken to the “loony bin” and that CPS would take her daughter away. TR 95:19-100:14. She tried to

1 “sober up” before Dr. Assad arrived. TR 100:19-101:15. She was still impaired when Dr. Assad
2 arrived at the motel. TR 101:18-102:16. She then described the check-in process at the new hotel
3 near the airport, thinking that it was really weird and that she felt like crap. TR 103-11-105:1.

4 Patient A then recounted how after checking into the hotel room she left the room and went
5 down to get water. She did not tell anyone at the front desk she was uncomfortable with her
6 situation. TR 105:8-106:1. When asked why she returned to the room, she replied:

7 “Where else was I supposed to go at this point? What was I supposed
8 to do? In my mind, I wasn’t thinking clearly already. I don’t think
9 any of the decisions that I made were good quality, clearly. My
psychiatrist comes and picks me up, I’m in the same room, and I’m
just going along with it.

10 It’s no different than me going along with it because that’s—the whole
11 I have a friend that I want you to meet, like, I just went along with that
too.

12 So I don’t think any of the decisions I was making were of good
13 quality for what I was going through and what I was persuaded
already by.” TR 107: 4-18.

14 Next, Patient A testified that after the hotel sexual encounter, she went back to Dr. Assad for
15 medication on a Saturday as opposed to making an appointment through his office “because he told
16 me to.” TR: 108:16-19. “I don’t think any of what was—any of my decisions were rational because
17 of what I was going through.” TR 108:21-23.

18 When again asked why she didn’t set up a follow-up appointment through Dr. Assad’s office,
19 she responded: “Because he was in communication with me, asking me, when can I see you again?
20 He’d like to see me. He had the bed. Things like that.” TR 109:16-18.

21 According to Patient A, Dr. Assad terminated the patient relationship after he learned that she
22 was pregnant. Dr. Assad also told her to get an abortion. TR 111:20-25. During this time, Patient A
23 did see another professional for “talk therapy” on other personal issues, and testified that she felt
24 deceived and pressured by Dr. Assad: “I felt like if he had not intervened and interjected himself in
25 my life and disrupted my relationship and led me down a really even darker path, yeah, I felt like
26 everything in that way, he contributed to a lot of the darkness that I was feeling.” TR 113:14-20.

27 ///

28 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Redirect examination

Patient A recounted that after Dr. Assad gave her the pills in the Kleenex, she put them in her purse, which was the same purse she had in the hotel where she went to kill herself. TR 115:15-24. She also believes that the combination of pills and Jack Daniel’s is why parts of the hotel encounter are fuzzy. TR 116:10-13.

There was then some testimony regarding the exact date of the second encounter at Dr. Assad’s office, and whether it was October 17 or 24. TR 118:9-120:15. Patient A did receive a paper script from Dr. Assad during that encounter. TR 121:3-6.

Attention then turned to Patient A’s “PMP” report, which is a prescription monitoring report. This was admitted as IC’s Exhibit 9. TR 124: 9. Patient A testified that she likely filled the prescription she received from Dr. Assad the following Monday after the Saturday encounter. TR 124:16.³

Recross examination

Patient A testified that she did receive a prescription for alprazolam and zolpidem from Dr. Charles Price in July that was filled in October, 2020. This was the physician who was providing “talk therapy.” TR 124:23-125:24.

D. Testimony of Lisa Durette, M.D.

Direct Examination

Dr. Lisa Durette was called as the IC’s expert witness. Dr. Durette has been licensed as a physician in Nevada since 2004. She is certified under the American Board of Psychiatry and Neurology in general psychiatry as well as child and adolescent psychiatry and is also certified in preventative medicine and addiction medicine. She practices child, adolescent and adult psychiatry and some addiction psychiatry, and is the department chair of psychiatry at UNLV. TR 128:1-17.

Dr. Durette is familiar with the ethical guidelines required for psychiatrists in Nevada and nationally. TR 129:23-130:1. Psychiatrists follow guidelines from the American Medical Association and the American Psychiatric Association. TR 130:5-9. There was no objection to Dr. Durette testifying as an expert witness as to the appropriate standard of care in this case. TR 131:8.

³ The PMP report (IC Exhibit 9) established that the Adderall prescription was filled on 10/19/2020.

1 Initially, Dr. Durette testified that she was familiar with the case involving Dr. Assad; had
2 experience in matters pertaining to medical ethics; and was familiar with the standard of care that
3 applied to the facts. TR131:24-132:11.

4 After first describing the materials she was provided and reviewed, Dr. Durette testified that
5 after her review, she determined that “**gross malpractice was committed**” by Dr. Assad. TR 133:7-
6 8. In that regard, she quoted Item 1, Section 2 of the Code of Ethics for the American Psychiatric
7 Association:

8 “The physicians should conduct themselves with propriety in their
9 profession and all actions in their life, and is especially important in
10 the case of psychiatrists because the patient tends to model his or her
11 behavior after that of the psychiatrist.

12 Further, the necessary intensity of the treatment relationship, they tend
13 to activate sexual and other needs or fantasies on the part of both
14 patient and psychiatrist, while weakening the objectivity necessary for
15 control. Additionally, the inherent inequality and the doctor-patient
16 relationship may lead to exploitation of the patient’s sexual activity
17 with a current or former patient is unethical.” TR 134:6-23.

18 Dr. Durette also testified that “*once a patient, always a patient*” according to the Psychiatric
19 Association. TR 135:6-7. Further, therapy poses the risk of developing an inappropriate relationship
20 due to the personal and private nature of content that is discussed by a vulnerable individual. For that
21 reason, psychiatrists need to be extraordinarily guarded regarding information that could be
22 exploited. TR 135:23-136:4.

23 Dr. Durette was asked if it was appropriate for a psychiatrist to have a personal or private
24 relationship with a client outside of treatment sessions: “**No**”, citing again the inequality of the
25 doctor-patient relationship and the transference and countertransference (which involve a patient’s
26 feelings toward their doctor and vice-versa) that uniquely exist in psychiatry. TR 136:18-137:20.
27 “And, obviously, very important within our code of ethics that we need to be alert to transference and
28 countertransference and not act upon it.” TR 138:8-11. If a psychiatrist acts upon such impulses or
29 feelings that can jeopardize the health and safety of the patient. TR 139:3-5.

30 Q. So can a psychiatrist persist in sort of a dual role between a clinical relationship with a
31 patient and a private relationship with a patient?

32 A. No.

1 Q Are there any circumstances in which the psychiatrist can romantically see a current
2 patient?

3 A. **No.**

4 Q. Nothing with the former client?

5 A. **No.**

6 Q. Does this include going out to dinner with a patient?

7 A. **Absolutely.**

8 Q. Even if it's a friendly dinner?

9 A. **Relationships outside of the treatment setting are unethical.**

10 TR 139:6-20.

11 Additionally, if the psychiatrist is suffering from their own mental or psychiatric problems or
12 impairments then they should recuse themselves from treatment, and continuing treatment under
13 those circumstances is unethical. TR 140:2-11.

14 Further:

15 Q. Is it acceptable to seduce a patient into a sexual relationship?

16 A. **Absolutely not.**

17 Q. So there's no circumstance under any scenario which a psychiatrist can have sex with a
18 current or former patient?

19 A. **There would be no circumstance in which that would be ethical.**

20 TR 141:7-14.

21 Dr. Durette further testified that a sexual relationship between a psychiatrist and patient was
22 more worrying than such relationship between a GP and a patient due to the personal nature of the
23 psychiatrist-patient relationship and the fact sexual content may come up during treatment. TR
24 141:20-142:9.

25 All board-certified psychiatrists are familiar with these foregoing standards, which are part of
26 education and residency training, so even if a psychiatrist is not board certified they should still be
27 familiar with those standards. TR 143:18-24. The prohibitions against romantic relationships with
28 patients are part of post-graduate and post-residency training as well. TR 143:25-144:4. Further,

1 these prohibitions are also discussed in literature, newsletters and publications from the American
2 Psychiatric Association. TR 144:8-11.

3 Dr. Durette then reviewed the Stipulation for Agreed Upon Facts of Case at Formal Hearing
4 as well as portions of Patient A's deposition transcript taken in the family court case. TR 145:12-
5 150:10. After that, she was directed to the medical record of Patient A's first visit to Respondent of
6 June 23, 2011.⁴ She noted that Respondent's chart notes stated that Patient A had a psychiatric
7 hospitalization history, a drug history, alcohol history and history of three suicide attempts, and that
8 such documentation of problems demonstrated that Dr. Assad was aware that Patient A was a
9 vulnerable patient. TR 151:12-152:24. "Patient A has three suicide attempts and three psychiatric
10 hospitalizations combined with substance abuse history, that would reflect an individual who's
11 vulnerable." TR 152:24-153:2.

12 Dr. Durette further noted that in Dr. Assad's initial assessment of Patient A from 2011, he
13 identified bipolar disorder and a GAF score of 50, which "is very non-functional" and would cause
14 someone to struggle with activities of daily living. TR 153:8-155-5.

15 Dr. Durette was then led through Respondent's progress notes for Patient A:

- 16 ■ Progress note of 2/11/13 identified boyfriend's grandchildren being taken by CPS. TR
17 155:23-156:5; IC Exhibit 6, NSBME 180.
- 18 ■ Progress note of 9/3/2013 referenced panic attacks, school issues, court and possibly jail. TR
19 156:20-25. Dr. Durette testified that Respondent's "mental status" exam findings on this date
20 were "troubling" and "not clinically helpful." TR 158:8-9.
- 21 ■ There were references to Patient A's boyfriend in the progress notes of 10/14/2013, IC
22 Exhibit 6 NSBME 190) and 8/18/2014. IC Exhibit 6 NSBME 200. TR 158:13-159:3. Panic
23 attacks were noted in the latter, and Adderall and Xanax were prescribed.
- 24 ■ Progress note of 7/13/2015 references a separation from the boyfriend with infidelity, IC
25 Exhibit 6 NSBME 209, as does the progress note of 9/10/2015, and the Adderall dosages
26 were increased. TR 159:19-160:11; IC Exhibit 6 NSBME 209; 211.

27
28 ⁴ Dr. Durette testified that Respondent's handwriting was "difficult to read." TR 151:11. The undersigned
wholeheartedly agrees with this observation, as this is true of nearly all of Respondent's written notes. IC's Exhibit 6,
NSBME 170-254.

- 1 ■ Progress note of 2/12/2018 references Patient A's 73 year old boyfriend multiple times as
2 being not nice to her and Patient A being upset. It is also noted that Patient A was severely
3 dependent on boyfriend and perhaps felt trapped. TR 160:16-161:20; IC Exhibit 6 NSBME
4 234.
- 5 ■ The progress note of 9/24/2019 indicated that Patient A was "making bad choices, calling old
6 boyfriend" and that she agreed to the drug Latuda. According to Dr. Durette, Latuda is an
7 atypical psychotic medication used to treat schizophrenia and bipolar disorder, and is for
8 "individuals with severe mental illness." TR 162:12-163:22; IC Exhibit 6 NSBME 245.
- 9 ■ The progress note of 9/28/2020 indicated Dr. Assad prescribed Patient A Latuda, Xanax and
10 Adderall. There is no mention of the Red Lobster dinner. TR 164:5-14; IC Exhibit 6
11 NSBME 253. According to Dr. Durette, a severely mentally ill patient would be
12 extraordinarily vulnerable and may not know the difference between what is appropriate and
13 inappropriate behavior. TR 164:25-165:2.
- 14 ■ The progress note of 10/16/2020 was then discussed. IC Exhibit 6 NSBME 254. This was
15 the last progress note (on a completely different form from prior notes). Dr. Durette read the
16 note (legible portions): "The patient's doing well. Contacted...ask for medication for one
17 month until she sees her new doctor. Gave 28 days of meds until sees her new doctor. No
18 follow-up, no charge." Dr. Durette noted that this did not indicate what meds were
19 prescribed. TR 168:9-20. She also observed that there was no "diagnosis" of Patient A in
20 this 10/16/2020 note. TR 171:5-6.

21 Dr. Durette then testified that when a psychiatrist is finished treating a patient (for whatever
22 reason) that a "termination note" be generated regarding the patient, summarizing the past treatment
23 history. This is for continuity of care. TR 171:25-172:4. If a psychiatrist is "firing" a patient the
24 patient must be informed in writing. TR 172:8-9. There needs to be some sort of documentation or
25 termination note, mailed to the patient by certified mail if necessary. TR 173:25-174:6. Dr. Durette
26 found no such documentation in Dr. Assad's file regarding any arrangements for continuity of care
27 for Patient A. TR 174:7-10.

28 Dr. Durette was then asked a series of ultimate opinion questions.

1 First, she testified that Dr. Assad “**absolutely**” committed malpractice by having sex with
2 Patient A and having an inappropriate sexual relationship with her while still continuing to see her as
3 a patient. TR 174:25. (Count I)

4 Next, Dr. Durette testified that Dr. Assad committed malpractice by influencing Patient A to
5 engage in sexual activity instead of admitting her to the hospital following the alleged suicide
6 attempt, especially due to the documented history of Patient A’s past suicide attempts. TR 175:9-14.
7 (Count II)

8 Dr. Durette then testified that the long documented history of Patient A’s relationship with
9 her boyfriend indicated coercion was at play in Respondent’s election to pursue the relationship. TR
10 175:18-24.

11 Dr. Durette testified: “In accordance with the American Psychiatric Association Code of
12 Ethics, *once a patient, always a patient, do not have sex with patients, current and/or former.*” TR
13 176:19-22. Dr. Assad’s conduct was “**gross malpractice.**” TR 177:1-2. (Count III)

14 Dr. Durette testified that Dr. Assad was guilty of unsafe and unprofessional conduct when he
15 had sexual intercourse with Patient A, who was a vulnerable psychiatric patient. TR 176:11. (Count
16 IV)

17 Dr. Durette then opined that Dr. Assad failed to coordinate Patient A’s care after she
18 indicated she would be seeing a different provider. “And I would add to that the fact that the patient
19 has a history of suicide attempts indicates that she’s a far more vulnerable individual and that is a
20 greater onus, in my opinion, on the psychiatrist to ensure that she’s received an adequate transition of
21 care.” TR 178:1-7. (Count V)

22 Finally, Dr. Durette testified that Dr. Assad violated the trust of the patient and exploited their
23 relationship that ended up resulting in a sexual relationship with Patient A who was in a
24 vulnerable/suicidal state at the time. TR 178:22. (Count VI)

25 ***Cross examination***

26 Initially, Dr. Durette testified that the Code of Ethics for the American Psychiatric
27 Association applies to the practice of psychiatry, regardless of whether a given practitioner is a dues
28 paying member of the APA or not, and the Code is the standard of care. TR 180:16-23.

1 Dr. Durette was asked whether she felt Dr. Assad's records were "not ideal" and she
2 responded: "Just from the records, they are not very ideal and give very little information." TR
3 181:13-23.

4 Dr. Durrett was then asked about Dr. Assad's final chart note on Patient A, IC Exhibit 6
5 NSBME 254, where it was noted that Patient A was seeking a new doctor and "28 days of meds"
6 were prescribed. Dr. Durette testified that the standard of care under such circumstances would be to
7 document the meds that were being refilled with date parameters because a physician would not just
8 "willy nilly" prescribe controlled substances, which both Adderall and Xanax are. TR 183:182:24-
9 185:10. Additionally, if there are more than one provider prescribing controlled substances, the onus
10 is also on the physician to check the PMP (Prescription Drug Monitoring Program) the moment the
11 physician learns that multiple physicians are prescribing drugs to the same person. TR 186:11-17.

12 Dr. Durette then was asked about Patient A's documented suicide attempts, and
13 acknowledged that the three suicide attempts noted at the time of Patient A's first visit to Dr. Assad
14 in 2011 all occurred before that visit. TR 188:16-21. She was unable to determine whether Patient A
15 had continuing suicidal ideations due to Dr. Assad's inadequate notes and inadequately constructed
16 mental status exams. "[T]here is no clinical information other than the boyfriend conflicts that
17 would tell me one way or the other what's going on with this patient." TR 189:1-10.

18 ***Re-direct examination***

19 Dr. Durette noted that Dr. Assad did not document the Red Lobster dinner in Patient A's
20 chart, nor did he document the initial hotel room encounter, the first sexual encounter or the second
21 sexual encounter. This means that even though Dr. Assad did not "check the box" on the patient
22 form for "suicidal ideation, it "absolutely" does not mean Patient A was not suicidal. TR 190:7-
23 191:3.

24 Finally, Dr. Durette testified that Dr. Assad's primary working diagnosis of bipolar disorder
25 type 2 throughout the treatment notes indicate a "serious mental illness." TR 192:4-8.

26 //

27 //

28 //

1 **E. Testimony of Respondent, Abdollah Assad, M.D.**

2 *Direct Examination*

3 Dr. Assad testified that he has “been a physician for more than—since 2000 and—I graduated
4 in 1988.”⁵ TR 194:9-10. He has practiced psychiatry in the local area for 21 years, since 2004. TR
5 195:6-10. He has an office he opened in 2005 called “Emotional Walk-In” that serves “socially low
6 economical people.” TR 195:14-18.

7 When asked by his counsel if he was board certified in psychiatry, he responded: “I am
8 board-eligible. Because you have to renew it within few years, so I didn’t continue. Yeah.” TR
9 196:1-3. Dr. Assad is not a member of the American Psychiatric Association, and “you don’t have to
10 be a member of any psychiatric association. As a matter of fact, you don’t have to believe in their
11 ideas.” TR 196:4-8. Dr. Assad is currently not a member of any professional medical associations.
12 TR 196:20.

13 In his practice, Dr. Assad “usually” sees psychotic people but does not do therapy with
14 patients. TR 197:7. He does dispense medications from his office, but when he does so they are in
15 labeled bottles and has “never, never” given a patient pills that were loose or not labeled. TR 198:2-
16 7. He did testify that he gives patients his personal contact information because he does not have an
17 answering service and he wants to be sure patients can reach him any time, even in the middle of the
18 night, if they are drunk or suicidal because he does not want anyone to fall through the cracks. TR
19 198:8-199:1. “That’s why I have the highest number of patient in Reno, psychiatric patients.” TR
20 198:18-19.

21 According to Dr. Assad, since he does not do any actual talk therapy, he does not have to deal
22 with transference and counter-transference issues (a patient’s feelings toward their psychiatrist and
23 vice-versa) that Dr. Durette discussed in her testimony. TR 199:22-23.

24 Dr. Assad testified that during the time he treated Patient A, he operated two practices, one
25 Sierra Mountain Health and the other the walk in clinic. Patient A was seen through Sierra Mountain
26 Health. TR 201:13-23. If a patient is suicidal, the patient would be referred to a hospital. “This is
27 such a basic thing, any human knows that...” TR 202:5-8.

28 _____
⁵ Patient A was born in 1989. Assuming that when Dr. Assad testified that he “graduated in 1988” he was referring to medical school, this means that Dr. Assad has been a doctor longer than Patient A has been alive.

1 Dr. Assad saw Patient A for “type 2 of bipolar disorder” but it was “very mild,” and she was
2 “never psychotic” at any time.⁶ TR 202:24-25. That said, Patient A was “once in a while on Latuda”
3 but not for psychosis or being severely psychotic. She was prescribed Latuda for sleep: “[T]he same
4 day I wrote that, if you pay attention, she say she’s not sleeping, and I wanted to shoot two bird with
5 the same bullet.” TR 204:10-16. Dr. Assad testified that the Latuda was given to Patient A “on and
6 off” in sample form because it was so expensive. TR 205:16-18.

7 Dr. Assad testified that he learned Patient A was seeing another psychiatrist, Dr. Charles
8 Price, at the time of the Red Lobster dinner. TR 205:21-25.

9 Next, Dr. Assad testified that Patient A never had suicidal ideations while he treated her,
10 including the first session, even though prior suicide attempts (3 of them) were discussed in that first
11 visit (in 2011). TR 206:6-19. He then mentioned that after not seeing him for six months, “she
12 probably had only one suicidal ideation, not attempt. Okay? So that’s all....Because I was treating
13 her, I was taking care of her, and any time she had suicide, if she had, I told her, I clearly tell every
14 patient, if you have suicide ideation, call myself and call the police. Call me first, then call the police,
15 and call 9-1-1 and call the hospital.” TR 207:2-12.⁷

16 Dr. Assad was then directed to his chart note of 8/27/2020 (IC Exhibit 6 NSBME 252) and
17 testified that “I have no doubt that that was the last time as a patient I saw her physically.” TR 208:5-
18 8. He acknowledged that the note referenced under “medication” the following: Latuda 60
19 milligrams and Adderall 15. This is just a list of all the medications she was on, whether he wrote the
20 prescription or not. TR 208:24-209:11.

21 Dr. Assad was next directed to his chart note (over a month later) of September 28, 2020, IC
22 Exhibit 6 NSBME 253. He was specifically asked about this “phone appointment” and testified:
23 “Actually, yes. Might be missing some in between, that something happened in between. Yes, she
24 told me that Dr. Price is out of town or not available or whatever, can you refill, can I have a phone
25 appointment with you? And I say okay.” TR 209:17-21.⁸

26 ⁶ Again, Dr. Assad testified that he “usually” treats psychotic patients; he was Patient A’s psychiatrist for close to a
27 decade.

⁷ It is unclear from the record exactly when Patient A’s “one suicidal ideation” occurred.

28 ⁸ This testimony about things “missing some in between” means that Dr. Assad and Patient A were interacting outside
of a professional office setting and additionally, the contents or subjects of those interactions are not reflected in Dr.
Assad’s office and treatment notes.

1 Dr. Assad also testified that two days after the August 27, 2020 office visit, Patient A called
2 him and told him, among other things, that she was moving to California for good. "That's why she
3 contacted me on 8/29/2020." This contact was not written down in the patient chart because "that's
4 not office hour." TR 212:25-213:12. Respondent did acknowledge that his office note of 8/27/2020
5 indicated that the patient was to return in 4 weeks. TR 214:7-16.

6 Returning again to the office note of 9/28/2020, Dr. Assad testified that this was a phone
7 appointment with Patient A's telephone number listed. The Xanax that was prescribed at that time
8 was "only 10 tablets" at the "lowest dose possible in the United States." TR 215:11-21.

9 The direct examination then turned to the personal relationship between Dr. Assad and
10 Patient A, from his perspective.

11 Dr. Assad testified that during the time frame of August or September 2020, Patient A started
12 to call him for "less than professional" or "social" reasons.⁹ TR 217:4-8. Sometime before
13 10/2/2020, Patient A called and said she wanted to take him to Red Lobster for "an appreciation."
14 Dr. Assad replied: "I cannot come now" but "I will come on Friday." TR 217:16-25. Patient A also
15 wanted to "discuss certain things with" him. TR 218:8. When asked by his attorney whether he
16 thought this was appropriate "at the time" Dr. Assad testified:

17 "You know what, despite she wasn't my patient at the time because—
18 you know, very truly no, it's not—it's not good. I'm not very—I'm
19 not at all proud of that. That cost—the same thing, I'm very ashamed
20 of that. I—that was a bad choice that I made.

21 I went to restaurant, I admit that was a bad choice. *I shouldn't go with
22 the patient—I mean ex-patient to restaurant. You're right.*
23 TR 218:12-22.

24 According to Dr. Assad, the Red Lobster dinner was "good" and that "she paid dinner." TR
25 219:3-5. They discussed Patient A's problems with her elderly boyfriend and issues with Dr. Assad
26 losing a son and going through a divorce and Patient A said "I think we can help each other, she said
27 that." Patient A also kept saying that she liked older men. TR 219:9-18; 220:1-6. "She say that, you
28 know, she can be with me and I pay her rent and expenses." TR 220:13-15. Dr. Assad's sworn

⁹ None of these alleged contacts are reflected in Dr. Assad's office, or other, records.

1 testimony: “ I was divorced, I was alone, I didn’t have anybody....And this was ex-patient, clearly
2 ex-patient. I say that—she says \$3,000, and, you know, **I agreed.**” TR 220:18-21.

3 After the Red Lobster dinner, they hugged. Dr. Assad then drove Patient A around looking
4 at apartments. He denied going to his office and giving Patient A medication in tissue paper. TR
5 221:4-19. He did testify that the next day they looked at another apartment, and that Patient A
6 seemed more happy and “no suicide or nothing. She was healthy. She was able to make a choice
7 decision.”¹⁰ TR 222:8-223:9. Nothing came of this because Patient A decided to move to California.
8 TR 223:14-23.

9 Dr. Assad was then asked about the contact with Patient A on 10/16/2020 as reflected in his
10 office notes, IC Exhibit 6 NSBME 254. “That’s the night, *the special night.*”¹¹ TR 224:8-9. Patient
11 A had explained to him that she needed medications and her other doctors were unavailable. “So I
12 gave the medication at a control.” TR 225:14. He denied that there was a doctor-patient relationship
13 when he gave this medication: “But there was no appointment, I just re-filled....and I did it—there’s
14 no charge, no appointments, there’s nothing.” TR 225:15-22. Additionally, despite the fact that the
15 record includes a number of checked marked boxes for the mental status exam (alert to time, place,
16 situation, euthymic etc.) Dr. Assad testified that no mental status examination occurred. TR 116:1-3.
17 “What you do when person talks to you, you put these things so you’re not liable in case if she’s
18 suicidal, in case she wants to commit suicide.” TR 226:5-8. He had to “write these things when give
19 medication. That doesn’t mean I did a mental status or I had appointment, no.”¹² TR 226:20-23.

20 Dr. Assad then testified about Patient A contacting him from the motel and the events of that
21 evening. This is the evening of the sexual encounter that resulted in Patient A’s pregnancy.

22 “She—text me this: Is the deal still available? That means: *I will be with you and you rent*
23 *place for me.*” TR 228:16-19. Dr. Assad was “*not proud*” that he responded. He also denied that
24 Patient A indicated she was having a mental health emergency at the time. TR 228:21-229:1.

25
26
27 ¹⁰ It is unclear why Dr. Assad mentioned that Patient A had “no suicide or nothing” the day after the Red Lobster
dinner.

28 ¹¹ It is unclear what Dr. Assad was referring to when he said “the special night.”

¹² By testifying in this fashion, all of Dr. Assad’s chart notes fall into question because he basically admitted that his
chart notes document events that did not happen, e.g., an actual mental status exam.

1 Dr. Assad went to the motel, after being told that Patient A wanted to take a shower first. TR
2 229:8-13. He did not see any alcohol bottles or a beam on the ceiling. Patient A did not seem
3 impaired and was wearing a *nice dress with make up on* and the room was neat. TR 229:17-230:8.
4 Dr. Assad testified that Patient A said that the motel was not very romantic, sanitary and not a good
5 place for a “tryst.” TR 230:14-19. She suggested that they go to the Hyatt and Dr. Assad agreed:
6 “*Well, I didn’t like it because I have to put—I mean, any smart person think that—well, of course, I*
7 *wasn’t smart in this, but anybody think that you go to a hotel, you’re putting your credit card there,*
8 *you leave all the evidence. But I did agree.*” TR 231:1-6. He drove Patient A to the other hotel, and
9 because she was shy, he went inside to check on availability and there was a room for them. TR
10 231:19-21.

11 After renting the room, they went up and Patient A did not seem uncomfortable at all. She
12 did leave the room for Gatorade and water and returned. TR 232:7-15.

13 Q. Without going into detail, did you have sexual relations with her?

14 A. Yes. She initiated that. I had—I—I am not proud of myself.

15 Q. At any point did she tell you that she did not want to engage in sexual—

16 A. Not at all. As a matter of fact, she said this: It was two years that I couldn’t have that,
17 and I didn’t have that because my boyfriend is 78 years old. So that was great. She—I’m sorry, I
18 apologize. I shouldn’t say that. She finished, she had orgasm at the end.”

19 TR 232:16-233:2.

20 Dr. Assad did not sleep well after this, “because she was holding my genital.” TR 233:5-7.

21 In the morning, Patient A was “very happy” and did not want a ride because when was
22 “enjoying herself.” Dr. Assad left some money: “All I had was not much, I had \$500, and I gave it
23 to her.” TR 233:18-22.¹³

24 Dr. Assad testified that the second encounter occurred on October 24, 2020. His testimony
25 was confusing regarding this event. He disputed the notion that Patient A got lost going to his office
26 but at the same time: “The reason we went to my office because she lost the way, we going to a
27 house, which close to that office. Okay? We went there. But she lost the way. I said, go to the
28

¹³ Dr. Assad testified that Patient A thanked him by text for his “generous contribution.” TR 233:24-25.

1 office, I come get you. And we went there because—it was probably a few days after that, I was—I
2 couldn't perform, and I swear I never asked for any—" TR 234:17-24. Dr. Assad claimed that he
3 didn't give Patient A any medication that day, but did find out that she was pregnant. TR 235:1-6.¹⁴

4 *Cross examination*

5 Initially, Dr. Assad testified about the facts surrounding the birth of the child, birth date,
6 gestational periods, whether the child was premature, conception date calculators, ChatGPT, sperm
7 viability periods and related matters. TR 236:24-243:2.

8 Dr. Assad then testified generally about talk therapy (which he does not do), patient suicide
9 issues and medication management. TR 244:10-246:24. Next, he testified about how he documents
10 patient interactions regarding scheduling of appointments and situations where a patient wants a new
11 doctor. TR 247:4-249:9. Consistent with his direct examination, Dr. Assad testified that he did not
12 document the 8/29/2020 phone call with Patient A where she allegedly said she didn't want to see
13 him anymore because "it was weekend. I didn't write it." TR 250:22-24. Dr. Assad acknowledged
14 that about a month later, on 9/28/2020, he prescribed Patient A drugs, made a record of it and also
15 wrote that she was to return to the clinic again in 4 weeks. TR: 255:13-16.

16 Dr. Assad again asserted that the Red Lobster dinner occurred after an invitation from Patient
17 A which he "unfortunately accepted." TR 258:23-24. This date cost him \$300,000 because he had to
18 hire lawyers and get his son back. TR 260:13-14. He also again acknowledged that he said "yes"
19 when Patient A said that her current boyfriend is paying her expenses and if he would do the same.
20 TR 261:23-25.

21 Regarding his medical training, Dr. Assad testified that he was taught that he should not have
22 sex with a patient, but also claimed that: "[S]he was not my patient, it was clear that she was not."
23 TR 264:21-265:4. As for whether Patient A offered to be his companion or girlfriend in exchange for
24 money, Dr. Assad testified: "She—not if; she say, we can help each other. I can be your companion.
25 And I—she even say she doesn't care if I am married. Do you understand? I wasn't married at the
26 time. I never done this kind of things before, ever in my life. And she says, I will be your
27 companion and you help me with my event. She didn't say "if." *I said okay.* TR 266:17-25.

28 _____
¹⁴ Dr. Assad explained that on the night of the sexual encounter in the hotel room, Patient A said she couldn't get pregnant because she had just finished her period, and he agreed, which is why a condom was not used. TR 235:8-14.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

2. Patient A.

Patient A’s examination was very extensive and detailed, and her testimony spans over 100 pages of the hearing transcript. She testified by Zoom, with some technical glitches. That said, she was sometimes teary-eyed and emotional, seemed scattered in some answers and at other times gave relatively non-responsive answers. It is difficult to assess “credibility” due to the graphic nature of the testimony and the unique circumstances present, such as the sexual encounter itself, the subsequent pregnancy and child birth, and then a family court case. Despite this, there was nothing in her testimony that was directly contrary to the stipulated and undisputed facts of the case, and those stipulated and undisputed facts alone paint a very troubling picture of the physician-patient relationship between Dr. Assad and Patient A (to put it charitably). Additionally, it is important to keep in mind that Patient A was a long-time *psychiatric* patient of Dr. Assad with a documented almost decade-long history of mental health conditions (e.g., anxiety and panic attacks) for which she received controlled substance medications from Dr. Assad. Patient A’s demeanor was certainly consistent with that history.

3. Abdullah Assad, M.D.

Dr. Assad’s testimony was remarkable for a medical professional, and not in a good way. Even when confronted with stipulated facts, he was very defensive, at times quite agitated and at other times argumentative. Many of his answers were confused not even responsive to the questions posed, and this included his direct examination testimony. Dr. Assad’s “credibility” was lacking in numerous respects, such as his insistence that Patient A was no longer a patient when they went out to dinner at Red Lobster, was not a patient when they subsequently engaged in sexual intercourse at a hotel and then conceived a child or that he is not covered by certain ethical rules because he is not a dues-paying member of the American Psychiatric Association and doesn’t have to follow its “ideas” to name a few examples. Overall, Dr. Assad’s credibility was lacking and far below that expected by someone, especially a licensed physician, who is testifying under oath.

IV. FINDINGS

The IC bears the burden to prove, by a preponderance of the evidence, that Respondent Dr. Abdollah Assad, M.D. committed malpractice and other prohibited acts as alleged in the complaint.

1 As will be discussed below, the undersigned Hearing Officer finds that the IC has proven all of the
2 charges against Dr. Assad by a preponderance of the evidence, and the stipulated facts alone show a
3 grave breach of the psychiatric patient-psychiatrist relationship that brings disrepute to the medical
4 profession. The hearing testimony, which was often graphic, only makes matters worse.

5 It has been *stipulated* that Dr. Assad was Patient A's psychiatrist for nearly a decade (June,
6 2011 through at least mid to late 2020.) It has been *stipulated* that while a patient of Dr. Assad for
7 nearly a decade, she had a documented history of anxiety and problems with relationships and her
8 long-time boyfriend.

9 It has been *stipulated* that in October, 2020, Patient A and Dr. Assad met in a hotel room,
10 went to a different hotel, and had sexual intercourse that resulted in Patient A's pregnancy. It has
11 been *stipulated* that Patient A subsequently had a child and that Dr. Assad was determined to be the
12 father of the child. It has also been *stipulated* that Dr. Assad re-filled Patient A's Adderall
13 prescription **after** the sexual encounter that resulted in the pregnancy.

14 Dr. Assad's protestations that Patient A was the instigator of the Red Lobster dinner and was
15 that she was the sexually aggressive partner at the hotel tryst (that he admitted he went willingly
16 along with) merely dig the already deep hole even deeper. If Dr. Assad was in such an emotionally
17 vulnerable state due to *his own* separation/divorce and the death of his son that he fell under the spell
18 of long-time Patient A's charms ("nice dress, make up") by his own admission/account, then he had
19 no business seeing patients at all, as convincingly explained by Dr. Durette in her unimpeached
20 testimony.

21 Both Patient A and Dr. Assad agree that there was a dinner at Red Lobster. According to
22 Patient A, this dinner was set up by Dr. Assad so that his "lonely doctor friend" could meet her, only
23 to find Dr. Assad at the restaurant and being told that **he** was the lonely friend. According to Dr.
24 Assad, the dinner was after Patient A started to contact him for less than appropriate/social reasons.
25 He knew that the dinner was inappropriate. "I shouldn't go with the patient—I mean ex-patient to
26 restaurant."

27 This dinner, no matter how it originated, was extremely inappropriate, unprofessional and
28 showed a massive lack of judgment on the part of Dr. Assad.

1 Some of the events that evening after the dinner are disputed, but both Patient A and Dr.
2 Assad **agree** that after the dinner the two got into his vehicle and drove around looking for
3 apartments for her. This is inappropriate and unprofessional.

4 Dr. Assad also *testified* that since he was divorced, was alone and didn't have anybody, he
5 **agreed** to get an apartment for Patient A at \$3,000 a month. Accepting this testimony at face value,
6 this was not only inappropriate, it again showed that at the time of these events, Dr. Assad's *own*
7 *mental state* was fragile, apparently making him susceptible to Patient A's (claimed) advances. This
8 was inappropriate and unprofessional.

9 The issue of whether Patient A was a patient of Dr. Assad at the time of these events deserves
10 special attention.

11 It is clear from Patient A's testimony that she felt Dr. Assad was her psychiatrist at the time of
12 the Red Robin dinner as well as the later events. A patient's perspective is important, obviously.

13 Dr. Assad, on the other hand, testified, under oath, that on August 29, 2020, Patient A called
14 him saying she was moving to California and that *she* terminated the patient-physician relationship at
15 that time. Do Dr. Assad's medical records support this contention? No. There is utterly no mention
16 of that telephone call in Dr. Assad's records. Why not, according to Dr. Assad? The call did not
17 occur during office hours and was on a weekend so he didn't write it down. That is not credible.
18 There is not a single word in Dr. Assad's records supporting his testimony. To believe that a thirty-
19 plus year practicing psychiatrist would not make a chart note that a long term patient was leaving his
20 practice stretches credulity to the breaking point. Dr. Durette testified that a termination note should
21 have been written so that continuity of care could be preserved. That did not happen.

22 What did actually happen? Dr. Assad had a telephone appointment with Patient A on
23 9/28/2020, which was a month after the telephone call that supposedly occurred on 8/29/2020 but
24 wasn't written down. Dr. Assad's note of 9/28/2020 states that Patient A's mental status was alert
25 and oriented to time, place, person, situation; she was anxious; she did not have suicidal ideations;
26 neither was she delusional, paranoid or grandiose. Dr. Assad also admits that he renewed Patient A's
27 medications, or at least some Adderall. He also told Patient A to return to the clinic in 4 weeks. That
28

1 sounds like the record of a normal visit to any reasonable reader. To claim that Patient A was not Dr.
2 Assad's patient as of 9/28/2020 is absurd.

3 There is more. Dr. Assad's office note of 10/16/2020 also states that Patient A's mental
4 status was alert and oriented to time, place, person and situation; she was euthymic; she was not
5 suicidal, delusional or suffering from hallucinations; was not grandiose or paranoid. Under "Plans"
6 Dr. Assad wrote: "Gave 28 days of meds." That again sounds like the record of a normal office visit
7 (essentially telehealth) to any reasonable reader. *Further, the prescription monitoring report (IC*
8 *Exhibit 9) clearly establishes that Dr. Assad wrote Patient A a prescription for Adderall on*
9 *10/16/2020 that was filled on 10/19/2020.* To claim that Dr. Assad was not Patient A's psychiatrist at
10 that time is again absurd.

11 It is important to note that during the time frame of these events, there are three documented
12 encounters between Patient A and Dr. Assad contained in the medical records: 8/27/2020;
13 9/28/2020; and 10/16/2020. There are no references in Dr. Assad's records to inappropriate behavior
14 on the part of Patient A, no references to the Red Lobster dinner, no references to driving Patient A
15 around looking for an apartment, no references to the idea of Patient A being Dr. Assad's companion
16 in exchange for an apartment and most certainly no references to the hotel tryst that resulted in the
17 pregnancy. There no direct references to the termination of the patient-physician relationship in any
18 of the notes, and most certainly no "termination note" that Dr. Durette testified was necessary

19 **The preponderance of the evidence clearly establishes that Dr. Assad was Patient A's**
20 **psychiatrist at the time of the Red Lobster dinner and most importantly the hotel "tryst" that**
21 **led to Patient A's pregnancy, at the very least.**

22 Furthermore, Dr. Durette's testimony stands unimpeached: "In accordance with the
23 American Psychiatric Association Code of Ethics, "*once a patient, always a patient, do not have sex*
24 *with patients, current and/or former.*" Dr. Assad, who practices psychiatry even though he is not
25 board certified, cannot ignore or escape these common sense rules by asserting that he doesn't have
26 to follow them because he does not have to be a member of that professional association or agree
27 with its "ideas."
28

1 The ultimate conclusion that is compelled by the evidence, including the stipulated facts, is
2 the IC proved all charges against Dr. Assad by a clear preponderance of the evidence. Dr. Assad's
3 excuses for his actions (Patient A wasn't a patient after 8/29/2020; Patient A was the instigator and
4 aggressor; he was going through his own struggles at the time; and that he didn't have to follow
5 "ideas" of the APA because he is not a member) all fail.

6 Count I, NRS 630.301(4)—Malpractice.

7 Undersigned finds that Respondent, Abdollah Assad, M.D. committed malpractice as alleged
8 in this count. Malpractice is defined as "the failure of a physician, in treating a patient, to use the
9 reasonable care, skill or knowledge ordinarily used under similar circumstances." NAC 630.040.
10 This count alleges that Dr. Assad committed malpractice by engaging in sexual intercourse with
11 Patient A and having an inappropriate sexual relationship with Patient A while still continuing to treat
12 her. Dr. Durette testified that Dr. Assad "**absolutely**" committed malpractice as alleged in this count
13 and even labeled Dr. Assad's overall conduct with Patient A as "**gross malpractice.**"

14 This Hearing Officer agrees with Dr. Durette. A psychiatric physician such as Dr. Assad who
15 has a sexual relationship with a psychiatric patient such as Patient A is not treating the patient; he is
16 addressing his own sexual needs. He is committing gross malpractice. The fact that Dr. Assad might
17 feel remorse is irrelevant. Further, the fact that Dr. Assad might have been going through his own
18 personal/emotional struggles at the time is no excuse, and is actually evidence of further lapses of
19 judgment on Dr. Assad's part. Finally, arguing that Patient A wasn't a patient at the time of the Red
20 Lobster dinner and the hotel "tryst" is contrary to Dr. Assad's own office notes, and common sense.

21 Count II, NRS 630.304(5)—Influencing a Patient to Engage in Sexual Activity.

22 Undersigned finds that Respondent, Abdollah Assad, M.D. committed the prohibited acts that
23 are alleged in this count. NRS 630.304(5) provides that influencing a patient to engage in sexual
24 activity with a patient is grounds for disciplinary action or denial of licensure. As noted, this Hearing
25 Officer has found that there was a patient-physician relationship between Patient A and Dr. Assad at
26 the time of the "tryst" that led to a pregnancy and then birth of a child. Dr. Durette testified that Dr.
27 Assad's actions in this regard **was malpractice** under Count II, and that is obviously supported by
28 the overwhelming evidence in this case, and negated by absolutely nothing that is credible.

1 Count III, NRS 630.301(5)—Engaging in Sexual Activity with a Patient.

2 Undersigned finds that Respondent, Abdollah Assad, M.D. committed the prohibited acts that
3 are alleged in this count. NRS 630.301(5) provides that one of the grounds for disciplinary action
4 against a physician or denying licensure is: “The engaging by the practitioner in any sexual activity
5 with a patient who is currently being treated by the practitioner.” As noted, this Hearing Officer has
6 found that there was a patient-physician relationship between Patient A and Dr. Assad at the time of
7 the “tryst” that led to a pregnancy and then birth of a child. Dr. Durette testified that Dr. Assad’s
8 actions in this regard were **gross malpractice** under Count III, and that is obviously supported by the
9 overwhelming evidence in this case, and negated by absolutely nothing that is credible.

10 Count IV, NRS 630.306(1)(p)—Unsafe or Unprofessional Conduct.

11 Undersigned finds that Respondent, Abdollah Assad, M.D. committed the prohibited acts that
12 are alleged in this count. NRS 630.306(1)(p) provides that one of the grounds for disciplinary action
13 against a physician or denying licensure is: “The engaging in any act that is unsafe or unprofessional
14 conduct in accordance with regulations of the Board.”

15 Dr. Assad, by admittedly engaging in sexual intercourse with Patient A, who was a
16 vulnerable psychiatric patient and the impregnating her clearly committed unsafe and unprofessional
17 acts. Participating in the Red Lobster dinner scenario with a psychiatric patient is “unsafe” and
18 “unprofessional” no matter how you slice it. Dr. Durette’s succinct answer to the question of whether
19 Dr. Assad was guilty of the acts charged under Count IV says it all: “Yes.” Such answer is
20 obviously supported by the overwhelming evidence in this case, including those set forth by the
21 Stipulation of Agreed Uopn Facts.

22 Count V, NRS 630.304(7)—Terminating Medical Care Without Adequate
23 Notice to a Patient.

24 Undersigned finds that Respondent, Abdollah Assad, M.D. committed the prohibited acts that
25 are alleged in this count. NRS 630.304(7) provides that one of the grounds for disciplinary action
26 against a physician or denying licensure is: “Terminating the medical care of a patient without
27 adequate notice or without making other arrangements for the continued care of the patient.”

28 There are no records from Dr. Assad that come remotely close to the “termination notes”
discussed by Dr. Durette that should detail the long history of Patient A’s treatment with him. There

1 is no evidence that Dr. Assad did anything to ensure that Patient A received proper continued
2 psychiatric care through other providers. Dr. Durette also noted that Patient A was the type of
3 vulnerable patient with a prior history of suicide attempts that presents a greater onus on the provider,
4 in this case Dr. Assad, to ensure she receives an adequate transition of care. None of that happened.

5 Count VI, NRS 630.301(7)—Violation of Patient Trust and Exploitation of
6 the Physician and Patient Relationship for Financial or Personal Gain.

7 Undersigned finds that Respondent, Abdollah Assad, M.D. committed the prohibited acts that
8 are alleged in this count. NRS 630.301(7) provides that one of the grounds for disciplinary action
9 against a physician or denying licensure is: “The engaging in conduct that violates the trust of a
10 patient and exploits the relationship between the physician and the patient for financial or other
11 personal gain.”

12 Dr. Assad admitted that he agreed to provide an apartment for Patient A during the Red
13 Lobster dinner and his motivations are clear: “I was divorced, I was alone, I don’t have anybody.
14 And this was ex-patient, clearly ex-patient. I say that—she says \$3,000, and, you know, I agreed.”
15 TR 220:18-21. The undersigned has already determined that the preponderance of the evidence
16 clearly establishes that Dr. Assad was Patient A’s psychiatrist at the time of the Red Lobster dinner
17 and most importantly the hotel “tryst” that led to Patient A’s pregnancy, at the very least. Thus, by
18 making this “agreement” to provide an apartment for Patient A, Dr. Assad was clearly and
19 unambiguously motivated by his *own desires* with the apparent goal being his own personal
20 (emotional) gain (companionship). The same is true with respect to the admitted and stipulated to
21 sexual relationship between the parties, as noted by Dr. Durette in her unimpeached testimony.

22 **V. RECOMMENDATION**

23 Based upon the foregoing, the undersigned Hearing Officer respectfully submits that the IC
24 has clearly met its burden by a preponderance of the evidence that Respondent, Abdollah Assad,
25 M.D, committed all of the prohibited acts alleged in the Complaint. The undersigned therefore
26 recommends that Dr. Assad be found by the Board to have committed all such prohibited acts for the
27 reasons set forth herein.

28 The Nevada Supreme Court has recognized that the physician-patient relationship is
“fiduciary in nature.” *Massey v. Litton*, 99 Nev. 723, 728 (1983). The court has also recognized the

1 physician-patient relationship is one based on trust and confidence. "Society has placed physicians in
2 an elevated position of trust, and, therefore, the physician is obligated to exercise utmost good faith.
3 While [the neurosurgeon physician] urges this court to limit this type of claim to physicians
4 practicing psychiatry, we believe the fiduciary relationship and the position of trust occupied by all
5 physicians demands that the standard apply to all physicians." *Hoopes v. Hammargren*, 102 Nev.
6 425 (1986).

7 Accordingly, given the unique patient-physician relationship in the psychiatric treatment
8 setting, and the facts developed in this case, including the stipulated facts, as well as the esteemed
9 position of physicians in our society, the undersigned Hearing Officer recommends discipline against
10 Dr. Assad that is commensurate with the egregious breach of trust and confidence that occurred in
11 this matter.

12 DATED this 19 day of August, 2025.

13 
14 _____
15 CHARLES BURCHAM
16 Email: charlie@northernnevadaadr.com
17 Tel: (775) 750-2998
18 Hearing Officer
19
20
21
22
23
24
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 21st day of August, 2025, I served a file-stamped copy of the foregoing **FINDINGS AND RECOMMENDATIONS**, via USPS Certified Mail, postage pre-paid, to the following parties:

ABDOLLAH ASSAD, M.D.
c/o Lyn E. Beggs
Law Offices of Lyn E. Beggs
316 California Ave., #863
Reno, NV 89519

9171 9690 0935 0255 6844 89

Tracking No.: _____

With courtesy copy by email to:

Lyn E. Beggs, Esq., at [lyn@lbeggslaw.com]

Ian J. Cumings, Senior Deputy General Counsel at
[icumings@medboard.nv.gov]

Charles Burcham, Esq. at [charlie@northernnevadaadr.com]

DATED this 21st day of August, 2025.



MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners

3

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

In the Matter of Charges Case No. 24-28982-1
and Complaint Against:

ABDOLLAH ASSAD M.D.,

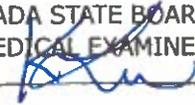
Respondent.

_____ /

FILED

JUL 23 2025

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

TRANSCRIPT OF HEARING PROCEEDINGS

Held at the Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
and via Zoom

Monday, July 14, 2025

Reported by: Brandi Ann Vianney Smith

Job Number: 7232561

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A P P E A R A N C E S:

THE HEARING OFFICER: CHARLES BURCHAM, ESQ.

FOR THE INVESTIGATIVE IAN CUMINGS, ESQ.
COMMITTEE OF THE NEVADA General Counsel
STATE BOARD OF MEDICAL Nevada State Board
EXAMINERS: of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
icumings@medboard.nv.gov

FOR THE RESPONDENT: LYN BEGGS, ESQ.
Law Offices of Lyn E.
Beggs, PLLC
328 California Ave., Ste. 3
Reno, NV 89509
lyn@lbeggslaw.com

ALSO PRESENT:
Meg Byrd, Legal Assistant

-o0o-

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I N D E X

	PAGE
OPENING STATEMENTS:	
By Mr. Cumings	9
By Ms. Beggs	12
WITNESSES ON BEHALF OF THE IC:	
Patient A	
Direct Examination by Mr. Cumings	14
Cross-Examination by Ms. Beggs	62
Redirect by Mr. Cumings	114
Lisa Durette, M.D.	
Direct Examination by Mr. Cumings	127
Cross-Examination by Ms. Beggs	179
Redirect Examination by Mr. Cumings	189
Rebuttal Direct Examination by Mr. Cumings	279
WITNESSES ON BEHALF OF RESPONDENT:	
Abdollah Assad, M.D.	
Direct Examination by Ms. Beggs	193
Cross-Examination by Mr. Cumings	236
Redirect Examination by Ms. Beggs	273
Recross-Examination by Mr. Cumings	275
CLOSING STATEMENTS:	
By Mr. Cumings	282
By Ms. Beggs	286

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

EXHIBITS

(not attached)

PAGE

IC'S EXHIBITS:

Exhibit 1	Allegation letter, 11/16/2021	6
Exhibit 2	Second Request, 1/4/2022	6
Exhibit 3	Response letter, 1/11/2022	6
Exhibit 4	Petition to Establish Paternity and Custody	6
Exhibit 5	Deposition transcript, 6/12/2023	6
Exhibit 6	Certificate of Custodian of Records	6
Exhibit 7	Records request - Walgreens	6
Exhibit 8	CV - Lisa A. Durette, M.D.	6
Exhibit 9	Prescription report, 11/16/2021	124

1 RENO, NEVADA -- MONDAY, JULY 14, 2025 -- 9:00 A.M.

2 -oOo-

3
4
5 HEARING OFFICER BURCHAM: Lets go on the
6 record. This is the time and place set for the
7 formal hearing in the case -- let me make sure I get
8 the case number correct -- 24-28982-1, entitled "In
9 the Matter of Charges and Complaint Against Abdollah
10 Assad, M.D., Respondent."

11 The matter was filed on August 14, 2024.
12 There were a couple orders staying the proceedings.
13 Eventually, we agreed to today's date for the formal
14 hearing. I have received a couple things --

15 Well, first, counsel, can you just state
16 your appearances for the record? And also, Lyn,
17 make note of your client.

18 MS. BEGGS: Yes. Absolutely. Good
19 morning, Lyn Beggs on behalf of respondent,
20 Dr. Assad, who's present at the hearing today.

21 MR. CUMINGS: Ian Cumings for the IC.

22 HEARING OFFICER BURCHAM: All right.
23 Thank you. And I'm Charlie Burcham. I'm the
24 Hearing Officer that's been assigned to this matter.

25 Last week -- and counsel are ready to

1 proceed, correct?

2 MS. BEGGS: Correct.

3 HEARING OFFICER BURCHAM: Last week I
4 received a couple things that I want to discuss
5 initially.

6 The first is Stipulation of Facts of Case
7 at Formal Hearing. That was -- let's see. That was
8 filed on July 11th. In that stipulation, there are
9 six stipulated facts.

10 Counsel, those are the facts that are
11 stipulated to as set forth in that document,
12 correct?

13 MS. BEGGS: Correct.

14 HEARING OFFICER BURCHAM: And with respect
15 to the next item, there was a Stipulation for
16 Admission of Exhibits at the Formal Hearing, that
17 the IC's exhibits will be admitted without
18 objection. Correct?

19 MS. BEGGS: Correct.

20 HEARING OFFICER BURCHAM: All right. And
21 those exhibits are in front of me. I've been
22 provided 1 through 8. Those are all admitted. They
23 can be used by counsel for whatever purposes
24 henceforth.

25 (IC's Exhibits 1 through 8 were admitted.)

1 HEARING OFFICER BURCHAM: Let's see. Any
2 other initial items counsel would like to bring up?

3 MS. BEGGS: Just as far as procedures,
4 since we do have remote witnesses today, as far as
5 if they need to reference the record, have they been
6 provided with a copy of the exhibits of the case?

7 MR. CUMINGS: Patient A has not because
8 she's not going to be asked by the IC to look at any
9 exhibits.

10 If that's an issue, let me know in
11 advance. We can try to get some -- some exhibits
12 sent over to her if you are trying to cross her with
13 them.

14 MS. BEGGS: I will -- just because her
15 deposition has been admitted, if you're going to be
16 asking her questions off the deposition --

17 MR. CUMINGS: I will not be.

18 MS. BEGGS: Okay.

19 MR. CUMINGS: No. She's purely a fact
20 witness.

21 And speaking about Patient A, would you
22 stipulate that the name is "Patient A" so we don't
23 have to ask her --

24 MS. BEGGS: Yes.

25 MR. CUMINGS: Okay.

1 MS. BEGGS: Yes. I think it would be
2 advisable -- I don't know if I will need to ask her
3 any cross-examination questions off of the
4 deposition, but if a copy can be sent to her, that
5 would be great. I'm sure she has a copy, but just
6 there is --

7 MR. CUMINGS: Yeah. She might have it
8 accessible.

9 Meg, would you that you take care of that?

10 MS. BYRD: I'll send it to her.

11 HEARING OFFICER BURCHAM: Yeah, why don't
12 we do that.

13 MR. CUMINGS: I lost my second page.
14 Could you get me a copy of this?

15 MS. BYRD: Yes.

16 MR. CUMINGS: Thank you.

17 HEARING OFFICER BURCHAM: We can go off.

18 (Off-the-record discussion.)

19 HEARING OFFICER BURCHAM: All right.
20 We're back on the record.

21 With those preliminaries aside,
22 Mr. Cumings, would you like to make an opening?

23 MR. CUMINGS: I would. Thank you,
24 Mr. Burcham.

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

IC'S OPENING STATEMENT

MR. CUMINGS: I'd like to thank everybody involved today for their participation, Mr. Burcham, especially you, Ms. Court Reporter, and Dr. Assad and his counsel.

This hearing today is to present evidence to determine if Dr. Assad committed malpractice, as alleged in Count I, by engaging in an inappropriate sexual relationship with Patient A; influenced the patient to engage in sexual activity, as alleged in Count II; by utilizing confidential information in his treatment of patient to engage in inappropriate sexual relationship with him, did, indeed, actually engage in sexual activity as alleged in Count III; by having sex with Patient A, engage in unsafe or unprofessional conduct, as alleged in Count IV, when he violated a physician-patient relationship by engaging sexual intercourse with a vulnerable psychiatric patient, which constitutes unprofessional conduct. Terminated medical care without adequate notice, as alleged to Count V, respondent terminated the care of Patient A without making any arrangements for her continued psychiatric care following his October 16, 2020, prescription of Adderall; and violated the trust of

1 the patient and exploited the physician-patient
2 relationship for personal gain, as alleged in Count
3 VI, respondent violated the trust of the patient by
4 gaining intimate knowledge of the patient during a
5 psychiatric treatment and subsequently engaging in a
6 sexual relationship with her.

7 Throughout this hearing, the evidence will
8 show that Patient A had been a long-time patient of
9 Dr. Assad who began seeing her in 2011.

10 Dr. Assad documented a history of anxiety
11 and relationship problems with her long-term
12 boyfriend, as well as a history of suicide attempts
13 and alcohol and drug use.

14 Dr. Assad influenced Patient A to go on a
15 blind date with a, quote/unquote, friend to Red
16 Lobster in the last week of September, sometime
17 between September 26th and September 30th. When
18 Patient A arrived at the Red Lobster, respondent was
19 waiting for her and told her that he was,
20 quote/unquote, the friend.

21 On or about October 12, 2020, Patient A
22 reached out to Dr. Assad in crisis after having
23 attempted suicide in a hotel room. Dr. Assad
24 arrived at the hotel room and took Patient A to
25 another hotel room, at which time he engaged in

1 sexual relations with her.

2 During this encounter, Dr. Assad
3 ejaculated into Patient A, and following the sexual
4 encounter, Patient A became pregnant. Dr. Assad is
5 the father of Patient A's child.

6 Following the sexual encounter on
7 October 16, 2020, Dr. Assad continued prescribing
8 drugs to Patient A.

9 In sum, the testimony and evidence
10 presented here today will establish by a
11 preponderance of the evidence that Dr. Assad
12 committed malpractice, along with a myriad of other
13 violations of the Medical Practice Act, by having
14 sex with a suicidal and vulnerable patient.

15 Accordingly, Dr. Assad has failed to meet
16 the standards of care and violated six total
17 provisions of the Medical Practice Act, as alleged
18 in the formal Complaint, and on behalf of the
19 Investigative Committee, we ask the Board to
20 consider the record that we made today and render
21 the appropriate findings and discipline.

22 Thank you all for your time today.

23 HEARING OFFICER BURCHAM: Thank you,
24 Mr. Cumings.

25 Ms. Beggs, would you like to make an

1 opening?

2 MS. BEGGS: Just briefly. Thank you.

3 RESPONDENT'S OPENING STATEMENT

4 MS. BEGGS: Good morning. We do believe
5 that the evidence will show, and as the stipulated
6 facts in this case have been admitted will show,
7 that there was a sexual relationship between Dr.
8 Assad and the individual who's been denoted as
9 "Patient A" in this case.

10 However, we do not believe that the
11 evidence will support that there was malpractice in
12 this case, that there was any influence of a patient
13 in this case, as the patient-physician relationship
14 had been terminated at the time of that encounter.

15 There certainly is no violation of the --
16 of patient trust and exploitation, nor was there
17 inappropriate or abandonment of the patient. The
18 patient chose not to go back to Dr. Assad as the
19 patient-physician relationship had already been
20 terminated.

21 We do believe at the end of the
22 proceedings today that the evidence will show that
23 there -- yes, there was a sexual relationship
24 between the two that resulted in the birth of a
25 child; however, as far as that conduct being a

1 violation of the Medical Practice Act, we do not
2 believe that the Investigative Committee will meet
3 the burden of proof in this case.

4 Thank you.

5 HEARING OFFICER BURCHAM: Thank you.

6 Mr. Cumings, the ball's in your court.

7 Would you like to call your first witness?

8 MR. CUMINGS: I would. Thank you,

9 Mr. Burcham. I'd like to call Patient A.

10 HEARING OFFICER BURCHAM: Patient A, can
11 you hear us? We can see you.

12 MS. BYRD: Good morning, Patient A. This
13 is the Board. Can you hear us okay?

14 PATIENT A: I can.

15 HEARING OFFICER BURCHAM: Hi. I'm Charlie
16 Burcham. I'm the Hearing Officer. You can hear my
17 voice okay?

18 PATIENT A: You know, I'm on the phone, so
19 let me -- I can hear you okay. I just have to kind
20 of get close to the screen.

21 HEARING OFFICER BURCHAM: The way that I'm
22 going to do this, I'm going to have you raise your
23 right hand so that you can be sworn by the court
24 reporter.

25 As we go -- as we go along here, I want to

1 make sure that you can hear everything because the
2 lawyers are going to be doing the questioning.
3 Okay? So if you can't hear them, you've got to make
4 sure that you let us know so that we can get the
5 technology working. Okay?

6 PATIENT A: Okay.

7 (The oath was administered.)

8 DIRECT EXAMINATION

9 BY MR. CUMINGS:

10 Q. You can put your hand down.

11 A. Okay.

12 Q. So I will just simply refer to you as
13 "Patient A." We are trying to protect your identity
14 in this case. I apologize for any kind of
15 impersonal touch that that may add.

16 Patient A, when did you first begin seeing
17 Dr. Assad as a patient?

18 A. Sometime in 2011. I don't remember the
19 exact month, but it was around 2011, and it was at
20 the Sierra Mountain Health practice.

21 Q. And you recall what you initially began
22 seeing Dr. Assad for?

23 A. I'm sorry. I guess -- I guess I am having
24 a little issue with the volume.

25 Q. Do you recall what you initially saw Dr.

1 Assad for?

2 A. Yeah, I was having -- I was having some
3 issues with panic attacks at the time, anxiety, and
4 I needed to get a grip on them because they were
5 getting to the point where I was avoiding places,
6 avoiding events, avoiding things.

7 And also because I was returning back to
8 school and I needed assistance with the right
9 medication to help me be able to -- to stay in
10 school, basically.

11 I couldn't retain information the way my
12 other peers could, and he helped me in finding the
13 right medication for that.

14 Q. Do you recall what medication those were?

15 A. Yes. Initially, it was -- initially it
16 was Adderall of those, and then it was -- and then I
17 believe, he attempted to see -- oh, god, it's a
18 little -- a little bit stronger than Xanax. It's
19 Ativan. It was like a 1 milligram Ativan. And then
20 all of a sudden, I'm not sure if it was during that
21 same time, he wanted to give me something called
22 "Latuda" shortly after.

23 But I think those were the first three
24 that he had put me on.

25 Q. Now, you saw Dr. Assad for roughly how

1 many years?

2 A. Since 2011 until after the last time that
3 I saw him in his office on that Saturday when
4 something occurred. There were two instances where
5 I, one, had left for California, and I wasn't gone
6 for more than a month. That was in -- I want to say
7 2012 or 2013. I'm not sure. I was 22. And then
8 again in -- when did I get the apartment? Again in
9 2018, when I went down to California for about 40
10 weeks.

11 So, other than that, he was my
12 psychiatrist from 2011 until those two instances.
13 But I resumed treatment whenever I did return in --

14 Q. And what year did you stop seeing -- I
15 apologize.

16 A. In -- after I saw him and after my
17 pregnancy, I guess. I found out I was pregnant
18 October -- around Halloween, October 30th or 31st of
19 2020, and he remained -- until after my pregnancy is
20 when he told me he could no longer prescribe me
21 something. He said, "Could I have some time?" in
22 November 2020.

23 Q. And do you recall in those 10 years of
24 sessions with Dr. Assad mentioning any history of
25 romantic encounters or problems to Dr. Assad?

1 A. I'm sorry. Can you repeat that?

2 Q. Yes. I apologize.

3 Do you recall mentioning any history of
4 romantic encounters or boyfriends or relationship
5 problems with Dr. Assad?

6 A. With him?

7 Q. No. With -- in your personal life, in
8 your sessions?

9 A. Oh, yes. That was the basis of a lot of
10 the times that he wanted to prescribe me, like, mood
11 stabilizers and things like that, because I would
12 have some inconsistencies in my relationship with my
13 partner, and he was privy to all of those instances.

14 They were -- there were -- there was
15 enough -- between my partner and I, there was in the
16 beginning a lot of lifestyle changes that he did not
17 want to make, and, you know, commitment-wise and
18 maybe some infidelities.

19 And I would talk to Dr. Assad about those
20 things in my relationship with my partner.

21 Q. And you've been with your partner for the
22 duration of your treatment with Dr. Assad?

23 A. Yes. I've been with my partner since
24 November -- November 21, 2007.

25 Q. And you're still with your partner?

1 A. I'm still with my partner, yes.

2 Q. Did Dr. Assad have any opinion that he
3 ever voiced about your partner to you?

4 A. I heard the first and the last part.

5 Q. Can you hear me any better now?

6 A. I have my phone to the speaker here. I
7 think so. Yeah, I can hear you better.

8 Q. Did Dr. Assad have any opinions of your
9 partner that he voiced to you during the sessions?

10 A. Oh, yeah. Yes. And at that time, I
11 thought, okay, thank you. I feel like I feel heard,
12 I feel seen.

13 He would make -- he would say things like
14 I'm a great girl, and that I need to be careful
15 because he was -- you know, if there's infidelity
16 that I could -- and he wasn't wrong in this, what he
17 said. He said my health, you know, regarding, like,
18 STDs and things like that. He would just say I'm a
19 good girl, you don't deserve that, and you need to
20 be very careful regarding your health because
21 there's many infectious diseases and things like
22 that.

23 And he encouraged -- he encouraged that I
24 was -- basically I maybe deserve better than that
25 treatment, that I wasn't like the girl that my

1 partner at that time was giving attention to or, you
2 know -- yeah, basically that, saying I wasn't like
3 those girls, that they were, like, low-class girls
4 and I wasn't that kind of a girl.

5 Q. Did he encourage you to end your
6 relationship with your partner throughout the
7 duration of your treatment with him or just towards
8 the end of your treatment?

9 A. When I was 22 years old, I did -- I did
10 leave for a brief moment. We had some -- there were
11 some issues. Again, it was -- it was -- I was
12 wanting my partner to make a, like, a full
13 commitment to me and delete some girls' numbers on
14 his phone and, basically, just commit completely.

15 And I thought at the time that I heard
16 him, I -- I -- it was -- it was the same
17 proposition, that I told him I was going to be going
18 to be going to California. And I did. I got an
19 apartment and I was looking to California. I didn't
20 want to leave, but it was kind of a way for me to
21 say, I'm not going to wait around, and I hope you
22 come through to your senses.

23 But I had notified Dr. Assad that I was
24 going to be going to California and being with my
25 family and just trying to, like, start over without

1 my partner and being here in Reno, because I had, at
2 that time, no children and no ties, really nothing
3 holding me back to returning home.

4 And he said the same thing, I just -- as
5 far as before you leave to California, why don't you
6 give it thought, I have an older -- wealthy older
7 friend that I told about you, and I think you guys
8 would be a good match. I know that you're a good
9 girl. He just was like, He's a guy that just wants
10 to have someone to go to dinner with.

11 And I told him, like -- I remember -- I
12 remember, like, brushing that -- I don't know if it
13 was a language barrier or maybe whatever I was
14 feeling at that time, and maybe I thought that I
15 may -- like, I misconstrued what he was trying to
16 tell me or -- I don't know. But I -- I didn't -- I
17 didn't pay it any in mind. I went to California.

18 And I thought -- yeah, it wasn't until he
19 repeated that in August, around August or September
20 of 2020, when I was nowhere near that kind of
21 emotional place. I was more so in a very internal
22 crisis.

23 It was a lot deeper. I think it was that
24 there was -- it was a lot more depression and a lot
25 more spiraling, and there was a lot -- there was

1 alcohol involved that I was soothing myself with.
2 My depression was probably only amplified by my
3 drinking at that time. And I -- I really did not
4 have the coping skills to understand how -- like,
5 how to get out of that depression, how to move
6 forward.

7 And he said it again, and that's when I
8 realized that -- the first proposition was probably
9 after -- that was something that he had given
10 thought to before, that I wasn't wrong in my
11 interpretation that maybe I misheard him or
12 misconstrued what he was trying to -- or that maybe
13 he's just trying to say something nice.

14 Q. So this was --

15 A. So, yes, there was two times. The first
16 instance when I was 22, and then again around August
17 or September of 2020.

18 Q. So August or September of 2020, he stated
19 that you -- he had a friend that he wanted you to
20 meet.

21 Is that what you're saying?

22 A. Yes. And the only difference in this time
23 was that he said it was a doctor, and it was -- I
24 had already told him I was -- I -- it was actually
25 more of a struggle that I was going through

1 emotionally because my daughter was now born and she
2 was grown too.

3 So I was really, really unsure about what
4 I'm supposed to do because my partner did not want
5 to and was not ready to move to California. He was
6 not completely retired yet. He had a project that
7 he had to attend to here that he had put a lot of
8 money into. He needed to see it returned or sell
9 it. He wasn't ready. He was not going to let me
10 take my daughter with me. My partner has made that
11 very clear. So I think that added on to my anxiety
12 of what am I supposed to do.

13 And we were having a lot of disagreements
14 with, you know, me, I didn't want to stay here and
15 in our relationship and what was going to happen to
16 our daughter. I knew that that was going to be
17 like -- I did not want the conflict of involving
18 family court with my daughter again. I didn't want
19 to go through all that. I absolutely didn't want to
20 be in Reno. I felt like I was only spiraling down
21 even further. I didn't have the right support
22 system.

23 And the difference in that proposition at
24 that time was he said don't leave yet and to get my
25 mind off of them. And he mentioned at that time

1 that was a doctor friend. And I told him that I was
2 a good girl, and that -- he mentioned that the
3 doctor was lonely, and he thought that he had told
4 him about me, and maybe I could join him for dinner
5 or something to get my mind off of my partner before
6 I make any, like, rash decisions. Because I did do
7 that back when I was 22. And I came back pretty
8 quickly after my partner --

9 Q. So how did that make you feel when Dr.
10 Assad said he had a friend that he wanted you to
11 meet?

12 A. I -- I will be honest, a bit -- part of me
13 was flattered because I thought that, perhaps, I'm
14 not as crazy as I was feeling, and the fact that he
15 thought that I was a decent or normal enough to
16 present to a doctor, even though it wasn't something
17 that I had asked for, seeking, I wasn't looking to
18 go on a date with anyone, go to dinner with anyone,
19 or if he -- someone from being lonely or go to
20 dinner, like, that wasn't on my mind.

21 But I thought that, wow -- I mean, I
22 trusted my doctor, my psychiatrist, Dr. Assad,
23 trusted him, I thought that it made me feel a little
24 bit less crazy that he thought I was normal or that
25 I was something that was worth for presenting a

1 doctor friend of his, which is really the best I
2 could say. But my self-esteem wasn't very high at
3 that time.

4 Q. So you decided to agree and meet this
5 friend?

6 A. I told him I would think about it. I
7 think it was just being told that, to me, was
8 like -- like, just in general, flattering, but I
9 didn't want to pursue that.

10 I wanted to work out the issues with my
11 partner. I did not want to leave my partner. I
12 wanted to figure something out. And I didn't -- I
13 just told him I'd think about it.

14 Q. But you ultimately did go on a date to a
15 Red Lobster. Correct?

16 A. Yeah. So that was -- I felt like I had to
17 at that point because he kept calling and texting
18 me.

19 Q. When you say "he," do you mean Dr. Assad?

20 A. Yes. Dr. Assad kept calling and texting
21 me, and that's not something he normally did. I
22 thought, okay, he's really serious about this. And
23 now I felt obligated because he probably -- like,
24 there's a real person that he told or made an
25 agreement with that I would be interested in doing

1 that.

2 So I remember after a phone call, he
3 was -- the type of phone calls, Are you okay? Okay.
4 Well, how about today? Can you meet my friend
5 today? He wants to know so that you can schedule
6 it.

7 I felt pressured and I thought, okay, I
8 need to give him an answer. And I also just was
9 living with my partner. So we had a work schedule,
10 and I had -- I have a daughter, at least shared, and
11 I can't just get up and leave.

12 So I was putting it off for as long as I
13 could until finally I realized, okay, I'll --
14 I'll -- he's not going to stop until I agree. And I
15 felt bad for having agreed to it already, so I felt
16 like, okay, well, I'll just go ahead and say yes.

17 Q. And where was the --

18 A. So I think I -- sorry.

19 Q. So when you arrived at Red Lobster, do you
20 remember what date that was roughly?

21 A. It was going to be -- it was -- I think it
22 was either on my birthday or right after, and my
23 birthday was September 25th. I was really
24 depressed. And I remember just being in a daze in
25 general.

1 I was already feeling like I was better
2 off not being around. And I do remember it was
3 going to be before the end of September.

4 Q. And what do you mean "better off not being
5 around"?

6 A. Like, I think suicidal ideation was
7 already kicking in -- no I think, I know. I know
8 that.

9 Q. So when you arrived at the Red Lobster,
10 who did you see there?

11 A. I walked in, there was the hostess, I told
12 them I was there to meet somebody, and she said,
13 Okay, come with me. She took me back to a booth
14 that Dr. Assad was sitting in. He was by himself.
15 I sat down and -- and just -- I noticed his friend
16 was not there, and just talking about -- I don't
17 remember all, how the conversation started, but it
18 was just small talk at first, and then I remember
19 asking, Oh, is your friend coming? And he said, I
20 am the friend.

21 So that's how I reached the -- how I --
22 what happened first there at Red Lobster.

23 Q. So at the Red Lobster, then, is this your
24 first time seeing Dr. Assad in a nonprofessional
25 setting?

1 A. Yes, it was.

2 Q. Did Dr. Assad try to emulate your partner
3 in any way?

4 A. He did. He did in several instances. And
5 I think this came a little bit after, but not -- I
6 don't think sitting down there. I don't think
7 sitting down at that Red Lobster was when it started
8 or when I started noticing it.

9 Q. What did he try to do to emulate your
10 partner?

11 A. So after the whole apartment thing and
12 actively convincing me to believe that my partner
13 was a bad guy and feeding into my insecurities of
14 what is going to happen with the apartment, what am
15 I supposed to do, and him offering to help each
16 other or whatever, the apartment thing, I would -- I
17 remember telling him that I didn't feel comfortable
18 with, like, him paying. I didn't ask for him to pay
19 and I could figure that out.

20 Toward the end, I was helping my partner
21 with, like, getting his taxes together for his
22 accountant, getting things organized, prepared for
23 the CPA. That's one of the things he said, Well, I
24 think you can help me get all my things for my
25 accountant.

1 I remember thinking, okay, why would I --
2 he has an accountant, I'm sure he has all these
3 others -- like, he was trying to give me something
4 to do so that I could feel comfortable accepting an
5 apartment from him. I wasn't comfortable trading
6 sexual acts for an apartment, which is what he was
7 wanting. I wasn't comfortable getting an apartment
8 from him anyway. I never asked for that.

9 But as far as emulation and in our
10 texting, he -- I guess in an effort to court me, he
11 brought up that he would like to take me on a
12 cruise. That's something that I would share with
13 him that was really nice.

14 My partner and I had been, the cruise
15 thing, that was something -- it was a yearly thing,
16 and a lot of times it was -- I would even share
17 pictures with Dr. Assad where it would go and all
18 these places.

19 He brought that up in our texting: I'd
20 like to take you on a cruise. I'd like to take you
21 all over.

22 I remember telling him, I'd like to hold
23 off on that and get to know you before. I was not
24 interested in and going on a cruise with my
25 psychiatrist. I said that to kind of -- about these

1 apps or I think two other instances, just kind of
2 starting to think of summer clothing. My partner
3 has kind of -- there's certain brands like a Robert
4 Graham-style flashy shirt, and all of a sudden, I
5 started seeing him wear, like, those type of flashy
6 shirts and it was nothing I'd ever seen him wear.

7 Same kind of car. He purchased a house
8 six miles, literally two right turns from where I
9 lived. When I asked him about it, I told him I
10 thought it was creepy. He said for me not to
11 disclose that, and he said he wanted to make sure
12 that me and my son were going to be okay and that's
13 the reason he did that.

14 Q. So was this after -- so it's already been
15 stipulated to that you and Dr. Assad have engaged in
16 sexual intercourse and had a child together.

17 This is -- when he bought the house was
18 after that happened?

19 A. Yes. Yes, he did disclose that to a
20 lawyer, which he was supposed to, because we had a
21 meeting point based on the length of what he told
22 the lawyers he lived and and where I --

23 MS. BEGGS: I'm going to object.

24 HEARING OFFICER BURCHAM: Hang on. There
25 was an objection. I couldn't even hear the

1 testimony. I'm not sure the court reporter --

2 Can we start that over?

3 MR. CUMINGS: Yeah. I think it's a little
4 nonresponsive.

5 BY MR. CUMINGS:

6 Q. Patient A, I apologize. I would just like
7 to stick to the time period around Red Lobster.

8 A. Okay. So Red Lobster.

9 Q. Patient A, I would just like to stick to
10 the time period right now. I apologize for
11 interrupting you, but stick to the time period right
12 now around Red Lobster and then the events leading
13 up directly to the sexual encounter.

14 Can we take a brief couple minutes here
15 while we get the TV screen working again so
16 Mr. Burcham can see you?

17 HEARING OFFICER BURCHAM: Yes. We're
18 going to -- we're off the record.

19 (Off-the-record discussion.)

20 HEARING OFFICER BURCHAM: We're back on
21 the record. Patient A, can you hear me? This is
22 the Hearing Officer.

23 THE WITNESS: I can hear you.

24 HEARING OFFICER BURCHAM: Okay. Now, the
25 testimony that you're giving today is, believe it or

1 not, the same kind of testimony you give if we were
2 in a courtroom. Okay? So it's -- the court
3 reporter is taking everything down, so as you're
4 testifying, you really need to make sure that you
5 are enunciating words to the best of your ability
6 and those sorts of things -- okay? -- because the
7 court reporter, you know, is, maybe at times, having
8 a little difficulty understanding you. Okay? So
9 just try to be --

10 THE WITNESS: Okay. I will be more than
11 clear.

12 HEARING OFFICER BURCHAM: Yeah. Just try
13 to slow down. If we don't understand you, if the
14 court reporter can't, we will interrupt you and say,
15 hey, what was that?

16 But other than that, let's just try to
17 speak as clearly as possibly. Okay?

18 THE WITNESS: Okay.

19 HEARING OFFICER BURCHAM: All right.

20 Mr. Cumings, continue.

21 BY MR. CUMINGS:

22 Q. Sorry about that. The speakers are back
23 here and the court reporter is right here, so we'll
24 do our best here. Okay?

25 So I think we left off, I had asked kind

1 of what did -- the comments that Dr. Assad made
2 about sort of emulating your partner, was that
3 immediately after the Red Lobster incident or was
4 that after the sexual encounter?

5 A. No. After Red Lobster, for -- in the same
6 time probably of the apartment talk -- oh, sorry.
7 I'll speak more clearly.

8 So it was -- it was not after the sexual
9 encounter.

10 Q. So before the sexual encounter?

11 A. Yeah.

12 Q. And you said Red lobster was about the
13 time of your birthday, so September 26th?

14 A. Yes. It was some somewhere between
15 September 25th and before September 30th. It was
16 very shortly after my birthday.

17 Q. And do you recall during the dinner at Red
18 Lobster sort of what you and Dr. Assad talked about?

19 A. Yeah. I'll never forget it. I remember
20 asking him immediately after he told me that the
21 friend that I was supposed to be meeting was
22 actually him. I asked him why he -- why he lied.
23 And he said that it -- I think he said something
24 along the line that it wasn't proper for him to
25 disclose right away it was him. And I just sat

1 there and I listened to him.

2 I felt awkward, I felt very strange. And
3 now I realized that I'm on this date with Dr. Assad,
4 though without my knowledge. So I'm sitting there,
5 I remember thinking, I wish I had a drink right now,
6 but I didn't have a drink, so I just sat there
7 awkwardly listening.

8 He told me that he was lonely. He was
9 lonely because he was going through a separation
10 with his wife and that they were in the process of
11 divorcing. And then he told me that he clearly
12 remembered me the first time that I walked into his
13 office for my first appointment, that he thought I
14 was beautiful then. And that his son had just
15 recently passed away, months prior, and felt that we
16 could help each other --

17 Q. What did he mean --

18 A. -- in terms that I was -- you know, at
19 that time, I wasn't sure, he was elaborating he was
20 privy to the issues in my relationship because I
21 would confide them to Dr. Assad during our session
22 in his office.

23 So he knew that -- where I was mentally
24 with not knowing how am I going to go to California
25 with my daughter, like the issues in my

1 relationship, and that involved -- also with my
2 daughter, what was going to happen. Those were very
3 important things to me.

4 So when he said he could -- we could help
5 each other, I -- he said he was lonely and he just
6 needed someone to have dinner with. And then in
7 exchange for that, we could help each other, he
8 could help me find a place to live so that I can
9 kind of, I guess, restart my life away from --

10 Q. From your partner?

11 A. Yeah. Yeah, that was it.

12 And I remember asking him about his son.
13 I felt when he shared that with me, I felt sadness
14 for him. I saw him -- maybe I -- I felt like I
15 could relate to some of that sadness because my
16 partner had lost a child to opiate overdose, similar
17 as Dr. Assad, but he did not want to talk about
18 that.

19 But I remember just seeing my partner's
20 pain. You know, it's something that he not could
21 fix, a long time to recover until the birth of our
22 daughter, where he -- you know, he -- something came
23 where he started to smile again because of the birth
24 of our daughter.

25 I know that's off topic. I apologize. So

1 I just remember in that moment being able to see him
2 and think I felt sadness for him because there was a
3 point of relation there.

4 And I didn't -- I didn't agree to the
5 apartment thing, I didn't agree to anything. I was
6 -- just in that moment, I was in a state of shock
7 that I'm sitting there with my doctor, my
8 psychiatrist, and I think that was just the premise
9 of what my feelings were. And knowing I have to get
10 back home before it gets too dark.

11 Q. Now, did you have sexual intercourse with
12 Dr. Assad that night at Red Lobster?

13 A. No, there was no sexual intercourse.

14 But I do feel that there were some things
15 that crossed the line and became completely
16 inappropriate with -- not just that conversation. I
17 think he could have -- may have tried to excuse that
18 conversation and he would have respected that I did
19 not want to.

20 But right after that dinner, I'm walking
21 back to my car -- he goes with me to my car -- and
22 say, I told him, you know, I -- I hadn't been
23 feeling well, I hadn't been sleeping well, and I
24 just remember him saying that we could help each
25 other. And I told him, Thank you for caring or,

1 like, noticing that I'm not doing okay because I
2 have -- I feel like I've been -- like I've been
3 spiraling, that I've been thinking that everyone's
4 better off without me. And he said to me, Don't say
5 that to me again. Like, don't repeat that again.

6 And it is true. I was already thinking
7 that way. And I remember he gave me a hug and said
8 that we could help each other out. Like, It's going
9 to be okay, we could help each other out. And I
10 felt like that's the first time he made, like, any
11 physical, like, contact with me.

12 And when I told him that I had not been
13 sleeping, I asked him if I could come make an
14 appointment to get something for insomnia. In those
15 times, I was -- I was -- I was drinking to soothe
16 myself to sleep. There's one thing when I do not
17 sleep or I had very little sleep, it was very
18 difficult for me to be able to start the next day
19 and be alone and do all these things when I'm
20 running on two hours of sleep.

21 So the last thing I thought, the more, I
22 guess, intense my feelings are with the depression
23 and just the general anxiety, I was not very
24 rational, more or less acting like it.

25 So I asked if I could come in and get

1 something for insomnia. And he said, I'll get it
2 for you now. I'll get it for you now. And, Why
3 don't we go to the apartments now?

4 And I said, No, it's okay. It was already
5 late, it was dark by then, and I had my daughter to
6 get back to. My partner was here at home with our
7 daughter. I just -- I didn't care to see the
8 apartment because I kind of did not want to continue
9 that conversation going. And I also thought that
10 this is weird. This was already weird being here to
11 meet you or accepting to agree to meet your friend
12 and being seated to you.

13 I already thought that was weird, so I
14 thought it would be even weirder that he wanted me
15 to, at that late, go to his office to get something.

16 And I thought it was even weirder that he
17 was insisting that I get into his truck. I told
18 him, No, it's okay. But he was adamant, and I
19 thought, okay, fine.

20 I got into his truck. And I think that
21 was probably the first thing, outside of him just
22 leading me into the Red Lobster dinner, that was
23 probably something I should have realized that it's
24 a red flag.

25 So he -- I got into his truck. He's said,

1 It's going to be really quick. I already know which
2 apartments that are good apartments.

3 I started feeling like you already have
4 had this plan, like, this is something that you
5 wanted to occur, and I was uncomfortable. I
6 remember telling him something.

7 He would drive me by -- I don't remember
8 what street it was, it was dark, I was not paying
9 attention, but he did drive me to -- drove around a
10 certain apartment, and I said something like, no, I
11 don't like this. I said something to -- to stop
12 that, basically, no, I think I know someone that
13 lives there. I don't like that area. Or something
14 that wasn't true, it was just something to get him
15 to stop showing me, especially that late at night
16 driving by.

17 He went after that -- that's fine. He
18 went after that to his office, which is the other
19 location of his, on -- I think it was the one that
20 used to be right across from West Hills. I don't
21 know if he still has that location, but it was the
22 walk-in emotional clinic.

23 I never saw him as a patient there; I just
24 saw him to do, maybe every year, the urinalysis that
25 is required for the medications that I was taking.

1 I remember that was awkward.

2 I had already been -- I was in the
3 passenger side of his truck. He got out and came
4 out with the Kleenex with pills. And I'm thinking,
5 oh, my God, why couldn't I just make an appointment
6 with your office staff and just get a bottle of
7 something?

8 But when he hands me the Kleenex, I asked
9 him what it was, and he told me that some are
10 stronger than what you usually take and to look it
11 up, see the dosage or whatever it was.

12 I just stuffed the Kleenex in my purse,
13 and he dropped me back off at the Red Lobster.
14 And -- yeah. Yeah, then I went home.

15 Q. So you mentioned that you were suicidal
16 kind of around that time. I'd like to --

17 A. Right after that dinner, yes.

18 Q. I'd like to speak kind of about the events
19 leading up to that first sexual encounter, then.

20 Do you recall the date that that first
21 sexual encounter happened?

22 A. October 13, 2027.

23 Q. October 13th?

24 A. Yes.

25 Q. Not October 12th?

1 A. October 13th.

2 Q. Okay. And --

3 A. Late at night, maybe. I was up late.

4 Q. What was going on around that time? Why
5 did you -- were you staying in a -- you were staying
6 in a motel. Correct?

7 A. I wasn't staying in the motel. I had
8 gotten a motel that evening. I had gotten a
9 motel -- I don't remember if it was the week -- a
10 week, maybe, prior to that, I would say the same
11 one. It has a different name now, but at the time
12 it was called a Super 8.

13 And I did -- I did take a gun. Maybe it
14 was the week prior, I believe it was, when I had
15 checked in, wanting to kill myself. I didn't have
16 the courage to, but I remember there -- there was a
17 message. At that time I was on social media, and I
18 had somebody who I hadn't spoken to in a long time,
19 out of nowhere, while I'm just holding the gun,
20 thinking, like, am I'm really going to do this? But
21 out of nowhere it was that she messaged me saying
22 that she was thinking of me.

23 And at that time -- she was a former
24 coworker that I just had a good connection with, a
25 good friendship with, and she now lived in Tahoe

1 City and had been for a while, and out of nowhere
2 thought of me. And I remember thinking like, well,
3 maybe you're an angel in disguise for just randomly
4 thinking of me one night in a motel room.

5 So, prior to that -- prior to that, my --
6 he was telling -- Dr. Assad was continuing to text
7 me after that dinner about when can we go see
8 apartments and -- and he would tell me, like, when
9 there was a new one or --

10 Q. And this was prior to that --

11 A. And we'd -- yeah. Yeah. He was --

12 Q. Prior to that first time you got a motel?

13 A. Yeah.

14 -- telling me that I should remove the SIM
15 card from my phone and get a new phone, and telling
16 me to delete my conversation after, like, the text
17 message conversations, so I was.

18 And then he said to get a new SIM card and
19 get a new phone that my partner would not have
20 knowledge of it and just instilling secrecy. So
21 that was something I struggled with too because I --
22 I was without a phone for a while, taking my SIM
23 card out.

24 I -- it was a very confusing time for me.
25 I tried to put off the apartment thing. Dealing

1 with my own relationship issues that I did not want
2 to be dealing with. I wanted things to work
3 themselves out. We've been together for so long,
4 that I always -- we only found a way to to meet in
5 the middle to -- yeah.

6 Q. So then about a week after the first
7 motel, you got a second motel?

8 A. And that was when I -- yeah, that's when I
9 took the pills.

10 Q. So this was October 13th?

11 A. Yeah. Yes.

12 Q. So you went to the motel with the
13 intention of killing yourself?

14 A. Yeah. I think that was something that was
15 already -- it was like the week before, I was just,
16 like, too much of a coward. I just -- I did not
17 care, I did not value my life, and I would hope that
18 I could just take these pills and drink all of this
19 and not wake up.

20 Q. So what were you drinking?

21 A. Jack Daniel's.

22 Q. And the pills you took, were those the
23 pills that Dr. Assad gave you in the tissue?

24 A. Yes.

25 Q. And then did you do anything else that

1 night to try to end --

2 A. I did. I did. I remember being in the
3 bedroom after I took them, and I remember looking up
4 and there was this, like, exposed wood with an
5 opening above it. That was on the second floor.
6 And I remember it seemed like maybe I should try
7 hanging myself. In my mind, the way my thoughts
8 were, I thought that would be worth a try. I
9 thought of people and I -- you'd hear, like, on the
10 news, people in jail kill themselves with
11 pillowcases or, you know, scarves.

12 I thought, well, it can't be that hard.
13 But that was the state of mind I was in then. I had
14 no idea what I was doing.

15 But I did try to do that. I pulled some
16 little coffee or side table that was in that little
17 motel room next to the bed and dragged it -- it was
18 pretty heavy, I dragged it all the way to where the
19 thing was, and I thought, okay, let's do this.

20 It was really stupid. All of my decisions
21 around that time were very stupid. I don't think I
22 had any ability to be rational. None of my thinking
23 was rational, but I clearly have no idea how to make
24 a noose or even if I hadn't tried to, if I would
25 have been successful at it in the condition I was

1 in. I was already loopy. I was already --

2 Q. I'm sorry to be putting you through this
3 again, Patient A. I truly am.

4 A. No, no. It's okay. It's okay.

5 Q. So after --

6 A. I was -- I was unsuccessful. I was
7 unsuccessful, I fell over, I fell over on --
8 directly onto that table, and I remember being so
9 loud because it was, like, my whole body went on
10 there.

11 I freaked out. I thought that somebody --
12 if there were anybody staying downstairs in the room
13 below me, that they might have been concerned enough
14 of what that noise was to call front desk or --
15 yeah. So I thought somebody was going to knock on
16 my door. And I think what that -- like, what that
17 noise was or what that was.

18 So I quickly dragged -- as quickly as I
19 could, drag that back and tried to act and look
20 normal. I remember looking at myself in the mirror
21 and thinking that I look pretty out of it. And I
22 was afraid and I panicked.

23 I panicked. And I remember somewhere
24 after that panicking or during that panicking is
25 when I reached out to Dr. Assad.

1 Q. And you called Dr. Assad?

2 A. I think I texted him before I called.

3 Q. And why did you call Dr. Assad
4 specifically?

5 A. I don't know. That night, that same night
6 after the texting, some of the texting was me
7 confirming, telling him that I did not want to go to
8 a mental institution. I was afraid what was going
9 to happen to my daughter if I told anyone I needed
10 help.

11 He said, You're not going to go to a
12 mental institution and they're not going to take
13 your daughter away. I was afraid CPS would be
14 involved if I admitted that I was suicidal. He
15 said, Just make sure your mom takes her, and you're
16 not going to a mental institution.

17 So I -- I -- I don't remember the time of
18 when the phone call took place. I don't know if I
19 blacked out at that time. I'm going to assume I
20 did.

21 I remember later on when I was giving the
22 phone texts and going over the call logs and the
23 voicemails he'd leave, giving that to the civil case
24 lawyer, that I saw there was a significant, like --
25 I don't know, like eight minutes or something like

1 that where I had a long conversation with him, and I
2 don't remember what all I said.

3 All I clearly remember that he showed up
4 because I had given him my room.

5 Q. Did you trust Dr. Assad when you called
6 him?

7 A. Yeah, I did. I did not want the cops or
8 the front desk to come knock on my door. And I did
9 trust him when he said that CPS is not going to be
10 involved.

11 He told me I was a good mother, that I
12 shouldn't be worried about that, and I wasn't going
13 to be locked up in a mental institution, which was
14 my biggest concern, that I was just going to lose my
15 daughter for admitting that I was suicidal.

16 So I did trust him.

17 Q. So when --

18 A. I did trust him. I trusted him to meet
19 his friend at the Red Lobster. I trusted him in
20 many instances because I didn't trust myself or what
21 I was feeling.

22 Q. So when Dr. Assad arrived at the motel
23 room, did he offer to take you to the hospital?

24 A. No, he did not.

25 Q. Did he -- did you -- did he take you

1 anywhere else?

2 A. He did.

3 Q. It was another hotel, right?

4 A. Yes.

5 Q. Was that his idea or your idea?

6 A. That was his idea. He said something
7 along the line -- I remember sitting on the edge of
8 the bed, and I remember just being awkward. I
9 remember I had to wash my face or, like, I don't
10 know, I wanted to not look the way I felt, which I
11 thought I was -- I thought I looked pretty
12 inebriated, I was pretty drunk and out of it. And I
13 think that I -- I didn't want to be in trouble.

14 And I remember him telling me that this is
15 not a good area to begin with. This is not a good
16 motel. It's a bad area. You shouldn't be here, and
17 he offered to take me. And I remember telling him,
18 Well, I'll go in my own car. And he said no. And
19 I'm probably in no condition to drive anyway.

20 I go to his truck and we drive through one
21 hotel, and then the hotel he ends up stopping at is
22 the one across from the airport. He asked me to
23 wait in the vehicle, in his truck, I guess, while he
24 checked whether there was availability.

25 Q. And did he come back out and get you?

1 A. He did. He did.

2 Q. And did he take you up to the hotel room
3 after that?

4 A. No. He came to get me, and I remember
5 looking in a mirror in the truck and thinking, wow,
6 I looked screwed up and I did not want anyone to see
7 me that way. I was hoping I didn't have to walk by
8 anyone. I was feeling like crap, I was looking and
9 just feeling unwell.

10 I did not want to be seen with my
11 psychiatrist, it was a very awkward, you know,
12 especially that late at night, I think it was giving
13 the wrong impression.

14 So I remember wanting to avoid the front
15 desk. But when he got out of the truck, he had to
16 go to the front-desk agents to pay and get the room.
17 I remembered being awkwardly standing next to him as
18 he did that.

19 Q. Then you went up to the hotel room with
20 Dr. Assad?

21 A. After he got the keys and did the check-in
22 process, yes.

23 Q. And did you have sex immediately with Dr.
24 Assad when you went into the hotel room?

25 A. No. When he opened the door, he said, I

1 wasn't sure what you were comfortable with, so I got
2 two beds.

3 I was having another internal freakout,
4 and I remember looking around and saying that there
5 were no waters and I was very thirsty and I was
6 going to go get some water. I wanted to just buy
7 time.

8 I think that's what he was expecting then.
9 I felt uncomfortable, and I wanted to buy myself
10 time, just mentally, and I went downstairs to get
11 something to drink. No alcohol. I had -- I think
12 it was a water and Gatorade.

13 Q. And then after you drink the water and
14 Gatorade, you went upstairs?

15 A. Paid for it.

16 No. I'm just kind of wandering, seeing
17 what they had for drinking, and making small talk
18 with the front-desk person. I don't remember having
19 done that, but there's a sound recording that I
20 accidentally recorded myself. I was down there for
21 about ten minutes.

22 I was talking nonsense about my bag being
23 full, like, I mean -- I don't know. I was not so --
24 I was clearly out of it, but I was not out of it
25 enough to understand that I am uncomfortable. I had

1 to remove myself in that moment. And then I just
2 walked up to the room.

3 No, we didn't immediately -- immediately
4 start having sex. I think the initial approach was
5 him coming -- coming in close to me and touching my
6 breasts. That was how that started.

7 Q. What did you say when he touched your
8 breasts?

9 A. I didn't say anything. I let him.

10 Q. Did you tell him that you didn't want to
11 have sex?

12 A. I did tell him that I wasn't going to have
13 sex and I didn't want to have sex. I said it twice.

14 Q. But then he continued?

15 A. He persisted. He would ask me, Why can't
16 you? Why aren't you going to? Why won't you?

17 And then the way he asked, I don't -- it
18 is very similar of how he is as a psychiatrist where
19 I have shared in the past that there are medications
20 that don't work. He can be -- at times have a
21 certain demeanor where it is intimidating for me, I
22 don't know if it's a me thing, but he can be very
23 aggressive in his demeanor at times.

24 And I -- I told him, No, I don't want to.
25 I wasn't going to. Twice. But because of how

1 adamant and persistent and his aggressive demeanor,
2 --

3 MS. BEGGS: I'm going to object to --

4 THE WITNESS: -- I --

5 HEARING OFFICER BURCHAM: Hang on, hang
6 on, Patient A, there's an objection.

7 MS. BEGGS: Can we step off -- can we go
8 off the record and step out and talk for a second?

9 MR. CUMINGS: Certainly.

10 Patient A, we're going to take a brief,
11 two-minute recess and go off the record. We'll be
12 right back.

13 HEARING OFFICER BURCHAM: We're off the
14 record.

15 (Recess from 10:07 a.m. to 10:13 a.m.)

16 HEARING OFFICER BURCHAM: All right.
17 We're back on the record.

18 Continue.

19 BY MR. CUMINGS:

20 Q. Patient A, sorry about the interruption
21 there.

22 You and Dr. Assad engaged in sexual
23 intercourse in the room. Did you guys use
24 protection?

25 A. I had to go to the restroom to remove my

1 tampon, because I was on my period, after I gave
2 into having sex with him. And when he ejaculated in
3 me, I asked him why he would do that, and he said to
4 me that I cannot get pregnant on my period. And I
5 took his word for it because he's a doctor, a
6 psychiatrist, whatever.

7 Q. So after the sexual encounter, then, did
8 you sleep in the same room with him?

9 A. He got up and slept in the other bed, and
10 I just lay there until he would fall asleep, I
11 guess.

12 Q. And did you speak or did you wake up and
13 he was gone?

14 A. I heard him in the morning, and I remember
15 pretending to be asleep because I did not want to
16 see him. I don't know what he said to me.

17 He left and he had left money on the
18 counter, and I just wanted to, like, get out of
19 there and not join him or have him -- so after he
20 left, he left in his own truck, and I had to get
21 myself a Lyft back to where my car was at the other
22 motel.

23 Q. And then after this had happened, do you
24 recall seeing him again for -- as a patient?

25 A. Yeah. I stayed in that entire -- in that

1 space, in that self-destructive, suicidal kind of
2 losing myself, on that path.

3 And I remember -- yes, it was about -- it
4 was a Saturday, and I have a hard time knowing or
5 remembering if it was the 17th of the 24th. I want
6 to say it was the 17th. All I know is it was a
7 Saturday, it was in the morning, and he -- do you
8 want me to tell you the details of that encounter?

9 Q. Sure. Can you do it briefly?

10 A. I show up because he -- the -- I'm not
11 sure if I can do it briefly, actually.

12 Q. Patient A, is this the second sexual
13 encounter you have with him?

14 A. That is correct. And the last.

15 Q. Okay. I apologize.

16 This occurred on a Saturday, you said?

17 A. Yes.

18 Q. And where did it occur?

19 A. His office, the one across from West Hills
20 Hospital, the one he said he had a bed in the back.
21 The walk -- I think it's called "Walk In Emotional
22 Support."

23 It was a Saturday, it was during the day.

24 Q. He had a bed in the office?

25 A. Yes. He told me that he had a bed in the

1 back room.

2 Q. Did he tell you this before you arrived?

3 A. Yes. Yes, I -- it was -- he made it known
4 he wanted to see me again, and that I -- in order to
5 get medication, even though I'd rather made an
6 appointment, he told me that he would provide it for
7 me if I saw him again that Saturday.

8 I got lost getting there. I don't -- I
9 don't have to go there often. I got lost getting
10 there. I was nervous. I was sober, so I was in a
11 different headspace. I'd been drinking the whole
12 week prior to that, but I'd rather have been more
13 stable with the medications and the right dosage
14 that I would normally be getting and receiving for
15 many years prior to that. So I was already thrown
16 off, as much as my own drinking and my own emotions,
17 I was unstable because he had taken me off that
18 stability of the medications.

19 But, regardless, I get there, and it's the
20 same thing, he comes up to me, he tries to kiss me
21 and starts touching my breasts and tells me that
22 there's -- there's the room in the back and walks to
23 there and starts to take off my pants.

24 By then, from me falling from the -- on
25 that side table, I had already formed a very large

1 bruise on my side of, like, I guess, my thigh. The
2 outside of my thigh was a very large bruise. I had
3 noticed it just showering and getting dressed, and I
4 didn't think anything of it in that time until he
5 took my pants off and saw the bruise and pointed out
6 the bruise and asked me about the bruise, and I just
7 I started freaking out because everything became
8 very real.

9 And it was a very -- I hadn't processed
10 what had happened that night, I didn't want to, and
11 that was just a little wake-up call of I'm a mess.
12 I'm a mess.

13 And he was, like, noticing that bruise,
14 pointing it out, and I don't want to talk about
15 that. He lost -- I don't know if he lost his
16 erection or he asked me to give him a blowjob. I
17 did not want to, and I told him I didn't want to do
18 that. And I put -- and so he was apologizing, and I
19 just wanted to put my clothes back on, and I did.

20 And he said, I'm so sorry, and --
21 whatever. I just walked towards the front, and I --
22 I remember sitting there and talking at the desk. I
23 asked him something like, Why did you want to get
24 into psychiatry? He said because he wanted to help
25 people. And he said he wasn't originally going to

1 be one. I don't even know why I asked that, I guess
2 because it was awkward. I went there for
3 medication. I wish I could have just made a proper
4 appoint for -- like I normally did, instead of
5 having to go in there --

6 Q. So did you --

7 A. -- do things, sexual things for
8 medication.

9 And he made -- I asked him -- or he
10 started to pull out a -- that -- something from the
11 bottom of the desk drawer, and he pulled off the
12 label, some little pills and said, This will help
13 you sleep. And he wrote me a prescription for
14 Adderall.

15 I don't know what it was that he gave me
16 to sleep. It didn't work. I don't think it was --
17 I think it could have been something --

18 Q. Sorry to interrupt.

19 A. -- like insomnia meds. And he made a
20 comment about when he could see me again, and he
21 said that -- I said, I don't know. I have my
22 daughter. I used my daughter for a lot of excuses
23 for not going to see him for the apartment, looking
24 for apartments throughout my whole conversations
25 with him.

1 For the same thing I said, I don't have a
2 nanny. I'm with my daughter, and if it's not me
3 it's my partner that's with her. And he said, Why
4 do you need a nanny? How old is your daughter?

5 HEARING OFFICER BURCHAM: Patient A, the
6 court reporter has indicated that she needs to take
7 a quick break to check power on her machinery, so
8 we're going to go off the record. Hold the thought.
9 We'll get back. Okay?

10 So we're off the record.

11 (Recess from 10:22 a.m. to 10:23 a.m.)

12 HEARING OFFICER BURCHAM: We're back on
13 the record.

14 MR. CUMINGS: Just for the record, we had
15 a conversation offline about references to the name
16 of Patient A's partner. Patient A's partner will be
17 referred to as "partner," and any mention of their
18 name shall be redacted and changed to "partner."

19 Ms. Beggs, will you stipulate to such?

20 MS. BEGGS: Yes.

21 MR. CUMINGS: Okay.

22 HEARING OFFICER BURCHAM: Stipulation is
23 accepted.

24 BY MR. CUMINGS:

25 Q. I apologize for the delay. That should be

1 the last one. We are almost done here.

2 I had a quick question about that
3 October 17th visit with Dr. Assad at his office.
4 Did you engage in penetrative sex at that visit?

5 A. No. I freaked out after the bruise. He
6 wanted me to give him a blowjob, and I did not want
7 to.

8 I remember putting our -- my clothes back
9 on and him -- after the whole giving the
10 prescription, he asked me next time to wear a skirt
11 and to bring my 2-year-old daughter, and asked if
12 she was aware of what sex was and --

13 MS. BEGGS: Objection.

14 THE WITNESS: -- that it would be okay for
15 her to --

16 HEARING OFFICER BURCHAM: Hang on.

17 Objection.

18 Reason?

19 MS. BEGGS: Irrelevant information. The
20 witness is testifying outside of the scope of the
21 question asked.

22 MR. CUMINGS: So nonresponsive?

23 MS. BEGGS: Nonresponsive. Thank you.

24 MR. CUMINGS: Okay.

25

1 BY MR. CUMINGS:

2 Q. Patient A, your sexual encounters with Dr.
3 Assad both times, were either of them nonconsensual?

4 A. Yes, the initial encounter, I did not
5 consent, not just by me telling him I did not want
6 to, and that I wasn't going to, but also in my own
7 state of mind, I felt like him being my psychiatrist
8 and him knowing I had just attempted suicide.

9 Aside from me saying no, twice, in my own
10 condition, I felt like he knew better. And how can
11 this person consent, this patient that had just --
12 but that's a different topic that should be up for
13 someone else.

14 Q. Give us just a second here, Patient A.

15 MR. CUMINGS: There's still the
16 outstanding objection on the table.

17 MS. BEGGS: There are issues, so I'll ask
18 during cross-examination.

19 MR. CUMINGS: So do you withdraw the
20 objection?

21 MS. BEGGS: I sustain the objection to the
22 nonresponsive question, but she's now open the door,
23 so I am going to ask her on cross about allegation
24 of nonconsensual sex.

25 HEARING OFFICER BURCHAM: Well, that's

1 going to be fair -- that's fair game. It's been
2 opened.

3 MR. CUMINGS: I don't disagree.

4 HEARING OFFICER BURCHAM: Okay. So to the
5 extent that there is still an objection, it's
6 overruled because it's been opened up and counsel
7 will be able to cross-examine on what was just
8 discussed.

9 MR. CUMINGS: Okay. For the purposes of
10 our hearing today, I'd like to bring up a relevance
11 issue around this, though. If we can stipulate to
12 the fact that nonconsent is not a part of any of
13 these charges, do we need to go down this road?

14 MS. BEGGS: Yes. If you're going --
15 unless you're going to strike it from the record,
16 it's not going to be part of a public record, so we
17 are going -- we're going to have to go down that
18 road if you're going to have it as part of the
19 public record.

20 MR. CUMINGS: Okay.

21 BY MR. CUMINGS:

22 Q. Patient A, following this second sexual
23 encounter, did you have -- Dr. Assad did prescribe
24 you more drugs? Did he prescribe you Adderall?

25 A. He did. He did an actual prescription. I

1 would have rather have gone to his office, like I
2 said many times, like I normally did, kind of
3 professional setting to obtain medication, not
4 having to go through these weird come to my office
5 and have a bed and expecting me to do something in
6 exchange for that medication that I was already
7 given samples of and doing the whole actual
8 prescription for many, many years for that.

9 I didn't want to do that. I wanted to go
10 to his office, yes.

11 Q. And this time at his office, was that the
12 last time you saw Dr. Assad as a patient?

13 A. As a patient and in general up until after
14 I tried to get -- the custody stuff. That was the
15 last time.

16 Q. So we don't -- we don't really have to go
17 into that. We've stipulated that you and Dr. Assad
18 did have a child.

19 A. That was the last visit. He maintained
20 contact with me, still texting me talking about how
21 -- yes.

22 Q. Okay.

23 A. So still with -- still wanting to see me.
24 And it wasn't until after my pregnancy that he said
25 I had to find another doctor.

1 Q. Patient A, I'm finished with my initial
2 direct questioning of you. I really appreciate you
3 going through this again.

4 Doctor Assad's counsel is going to have
5 the opportunity to ask you some questions, and then
6 I'll have -- and I will ask you questions following
7 that.

8 Do you have any questions for me?

9 A. No, I do not.

10 HEARING OFFICER BURCHAM: Okay. Patient
11 A, just hang on for a minute. We're getting
12 situated.

13 Let's go off the record.

14 (Off-the-record discussion.)

15 HEARING OFFICER BURCHAM: Back on the
16 record.

17 Cross?

18 MS. BEGGS: Thank you.

19 CROSS-EXAMINATION

20 BY MS. BEGGS:

21 Q. Good morning, Patient A. My name is Lyn
22 Beggs, I'm Dr. Assad's attorney, and I'm going to be
23 asking you some questions on cross-examination
24 today, okay?

25 A. Okay.

1 Q. Can you hear me okay? I can speak up
2 if --

3 A. I can hear you okay.

4 Q. Perfect.

5 A. Yes, I can hear you okay.

6 Q. So I want to go through -- I'm going to
7 work a little bit backwards here today, just to pick
8 up on some of the comments that you just made.

9 You're alleging today that your first
10 sexual encounter with Dr. Assad was nonconsensual?

11 A. Absolutely. I stated I did not want to
12 have sex. The last thing on my mind after what
13 happened in that motel room was sex. I said, "I did
14 not want to. I'm not going to."

15 And I did because of his demeanor, because
16 he was just adamant, persistent, and I felt the way
17 I was feeling, was already low, as low as you can
18 possibly feel, whom he was my psychiatrist and
19 everything about that just like --

20 Q. Okay. Thank you.

21 A. Yeah. I don't -- I said no.

22 Q. So you did engage in sex with him
23 consensually?

24 A. No, because I said no, that I did not want
25 to. I did not want to. I felt like at that point,

1 someone that held that power over me and the
2 condition I was in was taking advantage of me. And
3 I said no twice.

4 Q. Did he physically force you to have sex
5 with him?

6 A. His demeanor and how he spoke, how harsh
7 he is and how he speaks and how abrupt he is: Why
8 won't you have sex? Why can't you have sex?

9 It's no different than how --

10 Q. Ma'am --

11 A. -- he was, so that is the reason. And I
12 don't know, I said earlier, it is a me thing. I
13 don't respond very well to that. I have been
14 assaulted in the past. I freeze.

15 Q. I apologize for interrupting.

16 A. Okay? It's no different than --

17 HEARING OFFICER BURCHAM: Patient A, hang
18 on. We need you to listen real carefully to the
19 questions. Counsel has a reason for asking
20 questions in a certain way, so you got to listen
21 real carefully. If there's objections, we can deal
22 with those.

23 But listen to the questions and then try
24 to give the response. Okay?

25

1 THE WITNESS: Yes.

2 BY MS. BEGGS:

3 Q. Did Dr. Assad physically force you to
4 engage in sex? Yes or no.

5 A. He was -- he was -- he forced himself on
6 touching my breasts. I allowed it, but it was the
7 aggressive --

8 Q. Patient A --

9 A. -- (indiscernible) on the bed, but that
10 doesn't mean that it was not consensual -- or that
11 it was consensual or that it wasn't in a position
12 where he was taking advantage of me.

13 Q. Could you please answer my question? Did
14 Dr. Assad physically force you --

15 A. I thought I did.

16 Q. Please let me finish the question.

17 Did Dr. Assad physically force you to have
18 sexual intercourse with him?

19 MR. CUMINGS: So I'm going to object right
20 there. It's asked and answered. She asked that
21 question, she said --

22 MS. BEGGS: She's not answered --

23 MR. CUMINGS: She said, "Yes, he
24 forcefully touched my breasts."

25 HEARING OFFICER BURCHAM: I'm going to

1 listen to it. Listen to the transcript.

2 MR. CUMINGS: So she said, "Yes, he
3 forcefully touched my breast," and then she went on
4 about how that -- how it's specific to her and how
5 it made her feel.

6 So she answered the question.

7 HEARING OFFICER BURCHAM: The question has
8 been answered, and I've at least heard what I think
9 is the answer and the record will have that.

10 So I'd like to move on to the next
11 question.

12 BY MS. BEGGS:

13 Q. Patient A, did you file a police report?

14 A. I did, yes.

15 Q. You did. When did you file a police
16 report?

17 A. Not that evening. I don't remember the
18 exact date. I was kept from doing it. I was told
19 not to.

20 Q. Patient A, hold on.

21 A. I was told not to for a long time.

22 Q. Hold on one second. I think we're having
23 a disconnect between the video and the audio.

24 MR. CUMINGS: Can you just restate your
25 answer? I apologize.

1 THE WITNESS: I did file a police report,
2 but not until later on. And I don't remember the
3 exact date, but it had to have been after I
4 realized -- after I had done therapy and after I --
5 he was reported after I could process what had
6 happened and how wrong it was and inappropriate.

7 I didn't have the ability to do that as
8 that happened or during my pregnancy because I was
9 not -- I was told not to disclose his name and I
10 could not receive the proper help. I couldn't tell
11 people who I was pregnant by, so I couldn't process
12 that any of that, what happened, what was wrong
13 until much later on until after I gave birth.

14 I didn't end up filing the police report.
15 I wanted to do it much earlier. I could not
16 understand -- people in my life wanted me to do it.
17 But I needed to be able to understand the trauma of
18 what led up to that, why it even got to that point.

19 But to shorten it up, to answer a
20 question, I did file a police report. I'm not sure
21 on the date. I'm sure I can eventually provide that
22 for you. But right now, off the top of my mind, I
23 don't know the date of when it was filed.

24 But yes, it was filed. It was dismissed
25 because he took -- he was well within his rights to

1 not go in for being questioned, come in for
2 questioning. And I did, I believe, a four-hour,
3 taped interview with Barbara Armitage with the sex
4 abuse or crimes or whatever.

5 Q. So just to clarify, they dismissed your
6 complaint because Dr. Assad didn't talk to law
7 enforcement? Am I understanding that correctly?

8 A. Yes. So he's well within his rights to
9 not go in for questioning, and -- yeah. Yeah.

10 Q. Okay. And who told you not to disclose
11 his name? Was that your attorney?

12 A. I'm not able to say. I'm not able to say,
13 I don't think. I don't know if I'm able to, like,
14 say.

15 Besides himself, I'm not able to talk
16 about other things.

17 Q. But you were told not to disclose Dr.
18 Assad's name?

19 A. By Dr. Assad, initially, because he was
20 afraid of being in trouble, yes. And by other
21 individuals. I'm not able to talk about that,
22 though. I don't have a lawyer with me present, so I
23 need to be able to -- like, be able to ask certain
24 people about that, if I am able to give you that
25 answer.

1 Q. I'll move on.

2 So, Patient A, Dr. Assad never actually
3 prescribed you Latuda; that was another physician,
4 wasn't it?

5 A. No. He gave me samples. He was the one
6 that introduced me to Latuda. He gave a lot of
7 samples to me and to many people throughout the
8 years.

9 If he did not record that on his document,
10 he is very wrong. There's text messages of him also
11 stating about the Latuda: Take more, double your
12 dose, come in for the Latuda.

13 So, yeah, I don't know what you would
14 consider that. He gave them to me. He provided
15 them to me.

16 Q. You were seeing another psychiatrist at
17 this same time, though, were you?

18 A. No. I was doing talk therapy with
19 somebody else at a -- towards the very end. Part of
20 those discussions had a lot to do with Dr. Assad and
21 his inappropriateness.

22 So whoever was prescribing me the Latuda,
23 was not -- Dr. Assad is who asked me to come in to
24 do a sexual encounter with him to receive Latuda
25 samples and something else to go to sleep.

1 There's no other psychiatrist that
2 introduced me to that, or I had been told to take
3 that or double that. Dr. Assad is the only one and
4 who was the first person to be prescribing me
5 medications like the ones I've mentioned before and
6 everything in my file.

7 And if he failed to disclose that, there's
8 text messages that I believe you all have a copy of
9 where he's telling me -- I also do have the blister
10 packs. I believe those can be tracked because I
11 believe there's a number.

12 So if you're wanting to say that your
13 client did not give me Latuda, you're very wrong,
14 and I can give that to whoever you need to.

15 Q. Patient A, you said during your deposition
16 in the family court case that you had established
17 with another psychiatrist in 2020 and you
18 terminated --

19 A. That is a sealed document. That is a
20 sealed document. It involves a minor and it
21 involves my mental health that I'm not going to
22 allow you to weaponize.

23 So I do not have any desire to discuss
24 with you anything that falls under doctor --
25 anything under, first of all, a sealed document.

1 MS. BEGGS: Can we go off the record for a
2 minute?

3 HEARING OFFICER BURCHAM: Do you want to
4 do --

5 MR. CUMINGS: If you want to make an
6 objection, I'd rather do it on the record.

7 HEARING OFFICER BURCHAM: Let's do it on
8 the record.

9 MS. BEGGS: I'm going to make an objection
10 right now because we have stipulated to the
11 admission of her deposition from the family court
12 case. That is an exhibit in this case that I should
13 be allowed to refer to if it's been admitted in this
14 case.

15 MR. CUMINGS: Not only that, but I think
16 there's -- there's a Petition to Establish
17 Paternity, which is Exhibit 4, so that is in there.

18 Obviously, these will be filed under seal
19 when it goes to the Board for -- and so these won't
20 be public documents at any point for these portions
21 because they were filed under seal.

22 Is that correct, Meg?

23 MS. BYRD: Yes. What will happen is there
24 will be a public copy, the public copy, all of that
25 will be gone.

1 But the Board will see what's there.

2 MS. BEGGS: The problem I'm having,
3 though, is we have her deposition as part of the
4 evidence to support the IC's case, and I'm being
5 told now that I can't reference that deposition on
6 my cross-examination.

7 MR. CUMINGS: She did --

8 HEARING OFFICER BURCHAM: Hang on, hang
9 on.

10 Nobody's told you that. The witness has.

11 MS. BEGGS: Yes.

12 HEARING OFFICER BURCHAM: And I -- so go
13 ahead.

14 MR. CUMINGS: But if may respond, as far
15 as the deposition is concerned, she wasn't examined
16 with the deposition, she doesn't have -- I guess she
17 has it in front of her now.

18 Patient A, is that correct that you have a
19 copy of the deposition with you?

20 THE WITNESS: I read it every day and
21 re-traumatized itself with it every, like, night
22 before I went to sleep.

23 Is there's something -- I'm not going to
24 talk about whatever I spoke with other doctors. I
25 don't believe that she needs to be privy to any

1 conversations that I had with other doctors. I'm
2 not sure how that's relevant to Dr. Assad, cases of
3 malpractice, or what this hearing is about today.

4 MR. CUMINGS: Okay.

5 HEARING OFFICER BURCHAM: I'm listening --
6 I'm listening to the lawyers. Okay?

7 MR. CUMINGS: So Patient A, I -- the --

8 I think where you're going with this is
9 you're going to try to use something here to impute
10 something she said. As far as it pertains to other
11 doctors and what she spoke about with other doctors,
12 that wasn't in the scope of direct, it's not part of
13 our case. I think there's a relevance issue there.

14 I understand if you're trying to
15 rehabilitate Dr. Assad on, maybe, the consensuality
16 part of this, I just -- I don't know where you're
17 going, so I don't --

18 HEARING OFFICER BURCHAM: Here's the
19 problem that you just identified, though, even
20 though it might be, quote, outside the scope of
21 direct, nothing precludes --

22 MR. CUMINGS: I don't disagree --

23 HEARING OFFICER BURCHAM: -- you calling
24 her on direct and going through this very same
25 thing. These are --

1 MR. CUMINGS: If she doesn't answer, she
2 doesn't answer. I don't know.

3 HEARING OFFICER BURCHAM: -- records that
4 are presented to me which I will be reading, which I
5 will be reviewing. Therefore, I personally believe
6 that they are the subject of cross-examination, and
7 counsel would be entitled to do that.

8 Now, that having been said, it's not a
9 bludgeon to be used.

10 MS. BEGGS: No. But I guess what I would
11 say is either we -- the exhibit is withdrawn and so
12 it's not part of the exhibit and then I won't
13 question for on it, but if it's part of the exhibit,
14 I get to -- I mean, it goes to -- the key issue in
15 these cases is credibility.

16 I don't care what she talked about with
17 her other physician, but the fact that she was
18 seeing another physician contemporaneously with Dr.
19 Assad, I think is relevant to this case and her
20 allegations that he's having her come to his office
21 after hours to get prescriptions or samples.

22 MR. CUMINGS: I believe she stated that
23 she wasn't seeing another psychiatrist at the time
24 she was seeing Dr. Assad. She was seeing a
25 psychologist.

1 MS. BEGGS: But that's not what her
2 deposition says.

3 HEARING OFFICER BURCHAM: Hang on. I
4 don't know what her deposition says. I've not read
5 it or anything else.

6 So here's the way we're going to do it so
7 that we don't burn too much daylight. You can
8 continue with the cross-examination, understanding
9 that if you're using it for purposes of identifying
10 discrepancies or whatever, credibility issues,
11 that's fine, that's fair game if you wish to go down
12 that road.

13 If we wish to get into all the ins and
14 outs of discussions with other physicians that I
15 don't know anything about, I don't think that is
16 really what your aim was.

17 MS. BEGGS: No, it was not.

18 MR. CUMINGS: And if it's relevant, Dr.
19 Assad documents that he prescribed Latuda to the
20 patient on 9/28/2020, so -- I just don't get what
21 the exception of Latuda is, but it's in Dr. Assad's
22 own record that he did prescribe Latuda.

23 HEARING OFFICER BURCHAM: So -- okay. At
24 any rate, is that fairly clear, counsel?

25 MS. BEGGS: Yes. It -- let me move on.

1 But I just want it very clear on the record that --
2 and I want Patient A to understand -- that the
3 deposition, her deposition from family court is part
4 of the evidence in this case, and I may ask for
5 questions about that if relevant to the questions.

6 HEARING OFFICER BURCHAM: Okay. Patient
7 A, here's the way it's going to work. I'm the one
8 that determines whether a question is fair game or
9 isn't fair game. And so as the questioning
10 continues, if there is an objection being made, I
11 need to hear it from the lawyers, not really from
12 the witness. Okay?

13 THE WITNESS: Okay.

14 HEARING OFFICER BURCHAM: And that
15 doesn't -- that's the way it works in this room,
16 that's the way it works in every courtroom around
17 our area, if not the United States. Okay?

18 The lawyers are the ones that kind of
19 control the questions, the answers, and the
20 objections. Witnesses, generally when asked a
21 question, need to respond unless there's a basis for
22 an objection.

23 Now, I understand that you do not have
24 counsel with you. I would counsel you that there is
25 the attorney-client privilege, and so -- and I know

1 that you were represented by counsel previously in
2 various matters. No lawyer in this room is entitled
3 to delve into those communications that you had with
4 your counsel, with your legal counsel. Okay?

5 So if it appears those kind of answers
6 start creeping into the proceeding, if I acknowledge
7 it, if I hear them, I will stop testimony in that
8 regard because that's outside the scope of what you
9 need to be testifying about.

10 And I will do that even if there is an --
11 is not an objection. I will entertain objections,
12 though, as well from counsel on attorney-client or
13 other recognized privilege grounds. Okay?

14 That's the way we're going to go forward.

15 MS. BEGGS: I'm just going to ask one more
16 question on this and we can move on.

17 BY MS. BEGGS:

18 Q. Patient A, did you at one point, while
19 under oath, state that you had established with
20 another psychiatrist but you terminated that
21 doctor-patient relationship in November 2020?

22 A. Yes, I did do that.

23 Q. Thank you.

24 So let me go back to -- I apologize for
25 jumping around the timeline with you, but let me go

1 back to kind of August, September of 2020. You had
2 said on your direct testimony that you were trying
3 to move to California, that you had gotten an
4 apartment, you were going to be moving down with
5 family. Is that correct?

6 A. I was -- I was going to be -- I wanted to
7 go to California. I had not gotten an apartment
8 yet. I knew -- at that time, I knew that I was only
9 getting worse in my depression, and that I -- my
10 best friends and my family thought it probably was
11 the best option for me to be around.

12 But I had not made any official, like,
13 move or committed to -- to -- I have to make sure
14 that I would be able to take my daughter with me.
15 That was what I was struggling with. We weren't
16 able to have that -- in my relationship with my
17 partner, have -- meet somewhere in the middle, what
18 was appropriate, that he wanted to keep her here in
19 Nevada, and there was no way that was going to
20 happen with me, like, I was not going to go to
21 California without my child.

22 So there was nothing -- I wanted to move
23 and that's what was shared with Dr. Assad in my
24 session at his office in the professional setting
25 prior to anything sexual and prior to him deceiving

1 me into going to Red Lobster to meet him there or
2 involving himself directly into my relationship
3 issues.

4 Q. So Patient A, I apologize, I'm not telling
5 you how to answer these questions, but I'm trying to
6 get through them as quickly and efficiently as I
7 can. So if we can -- if you can answer what I ask
8 you, we can get through this a lot faster.

9 A. I -- I do apologize. It's just that
10 because that happened, in three months, it'll be
11 five years, a part of me, when I answer, maybe
12 subconsciously, it's all -- I have to rewind back to
13 myself to that time.

14 So if I'm giving you more than just a yes
15 or no, I apologize. It's a lot for me to rewind a
16 very traumatic point in my life. I'm not doing that
17 intentionally.

18 Q. I understand.

19 So you had an appointment with Dr. Assad
20 by phone on September 28th, and you may not remember
21 the exact date. I apologize, you don't have the
22 medical records in front of you.

23 Do you recall having a phone visit with
24 Dr. Assad in late September?

25 A. I think that's when I was not consistently

1 showing up. I was probably missing a lot of
2 appointments. I tend to do that when I am not
3 wanting to leave the house when I fall into
4 depression. The times that I did ever do those
5 phone calls, yeah, it's because I had -- I was
6 struggling already.

7 But do remember it was either August or in
8 September, opting to do -- or asking if I could do
9 the phone sessions.

10 Q. Were you provided with a refill of your --
11 of your Adderall at that point in time?

12 A. I think so. I think that was the -- why I
13 would do the -- with my medication, we didn't do
14 talk therapy, which is -- yeah. So whenever I saw
15 him over the phone was for medication.

16 Q. You weren't seeing him for talk therapy,
17 correct? You did not see him for talk therapy?

18 A. No, I never saw him for therapy. The
19 times that I shared with that, it was very brief,
20 but it was what was going on in my life. If I was
21 having something, going through something, I would
22 notify him. If I had trouble sleeping, I would
23 notify, well, I was having trouble sleeping. I
24 shared with him information about my relationship,
25 so throughout my whole -- I mean, not just that,

1 things in my life.

2 But no talk therapy. I later thought
3 towards -- later on, regarding something completely
4 different.

5 But when the Dr. Assad thing came up, it
6 was November of 2020, when the doctor made excuses
7 for what happened. So I -- I just -- I could not
8 understand -- yeah.

9 Q. Okay. Let's move on.

10 So sometime around that appointment in
11 late September, you had this meeting with Dr. Assad
12 at Red Lobster?

13 A. Sometime. It would have had to have been
14 days after my birthday, but -- and before the end of
15 that month, yeah.

16 Q. Okay.

17 A. Somewhere between the 25th and 30th. I
18 don't remember the exact date. I can pull it up. I
19 purchased something from the store and I remember --
20 I can pull it up if you absolutely need it.

21 Q. That's okay.

22 A. September 30th or whatever the month
23 ended.

24 Q. And so when you went to the meeting at Red
25 Lobster, didn't you know that you were actually

1 meeting with Dr. Assad?

2 A. No. Absolutely not. Never. Never. I
3 would have not gone. That was a very awkward thing.
4 Why would I -- why would you ask that?

5 Q. Let's move on.

6 You had dinner at Red Lobster, and then
7 you agreed to get in his truck and drive around and
8 look at apartments?

9 A. No, I didn't agree. I told him I did not
10 want to. But, once again, he was very persistent
11 and adamant, was very harsh and -- No, we can just
12 do it right now. I will just go get the medication
13 for you right now.

14 And it's the way that he presents himself
15 and the way that I am also, in return, with people
16 that may have a more aggressive demeanor, that I
17 just turn into, like, a little 6-year old, revert
18 into a little 6-year-old little girl.

19 And him being my psychiatrist, already
20 being in an awkward situation. I told him, No, I
21 can just go to your office and schedule an
22 appointment.

23 He was just very persistent. No different
24 than his persistence in having me meet his friend at
25 Red Lobster. It was the same level of, I want to

1 say "aggression," because it's a type of an
2 abruptness, maybe a harshness to how he communicates
3 what he wants something. Or his way. Yeah.

4 Q. So Patient A, you --

5 A. But I ultimately, yes, got into his truck.
6 I was like, Okay, fine.

7 Q. So let me ask you a question real quickly.
8 You saw him from 2011 to 2020 with a couple pauses
9 in there.

10 When you would see Dr. Assad, how would
11 you normally schedule your next appointment?

12 A. I think it was by phone, I think, through
13 his office manager, Katrina, I think it was for the
14 first -- a long time.

15 Q. So if you wanted to schedule an
16 appointment --

17 A. I'm sorry. I'm not supposed to mention
18 names. Sorry.

19 Q. So if you wanted to schedule an
20 appointment with him, you would just call his office
21 and schedule an appointment?

22 A. Yeah, that's what I would have rather done
23 than him insisting, no, I'll give it to you to now.
24 I could, like, go to his office without all those
25 expectations. But he did not allow me to do that.

1 Q. So you were unable to --

2 A. So, yes, that's normally what I did. And
3 that's what I wanted to continue to do and not have
4 to trade favors or do any weird arrangements with
5 him or an apartment. I didn't -- yeah.

6 Q. So why --

7 A. I wanted to continue the way I had done it
8 for a very long time.

9 Q. So why didn't you just call his office and
10 make an appointment?

11 A. Because of what I just said to you: the
12 way his demeanor was, the way he had persistent. It
13 is a very -- unless you are privy to it, I guess, I
14 don't expect you to understand. But, yeah, it was
15 his persistence, his demeanor, his aggressiveness,
16 and just adamant about it.

17 And him, the role that he was in my life,
18 he's my doctor, so it's like -- I had similar
19 situations like that with medications that he was
20 giving me when I was telling him, Okay, I can't feel
21 my leg when I take this. He's like, Just take two
22 of them. Or, Hey, I'm falling asleep at work and I
23 can't be doing that. Your body is not used to it.
24 Things like that, but because how abrupt or how
25 harsh he was -- he knew that because he was a

1 doctor.

2 So to answer your question, I did attempt
3 and I did state that I would rather just go into the
4 office to make those appointments. But unless
5 you're in that situation or you have a history of
6 somebody maybe overpowering you --

7 Q. Patient A, may I --

8 A. -- the power dynamic --

9 Q. May I ask --

10 A. -- (indiscernible) you to understand my
11 response.

12 Q. May I ask my next question, please?

13 HEARING OFFICER BURCHAM: Patient A, try
14 to focus on the question and give the response,
15 please.

16 BY MS. BEGGS:

17 Q. I want to come back to the Red Lobster
18 evening in a second.

19 But after that evening, did you ever call
20 Dr. Assad's office and simply make an appointment?
21 You have a phone, correct?

22 A. Sure. No, I don't -- I don't. No.

23 Q. You didn't have --

24 A. Because he had given me -- he had provided
25 me medication that he would have prescribed me. It

1 was only like a week. He had provided me, I
2 believe, a much higher dose of both Xanax and
3 Adderall that evening after Red Lobster.

4 So at that point, no, I did not make one
5 because he had given me the medication in a Kleenex
6 at night after Red Lobster. I needed, really,
7 something for insomnia, but --

8 MR. CUMINGS: Just a point of
9 clarification. Were you answering no to the
10 question you don't have a phone or a no to the
11 question did you call Dr. Assad's office after the
12 Red Lobster incident to make an appointment?

13 A. Oh. So no, because he'd already given
14 those in a Kleenex.

15 Q. So you had a phone?

16 A. I had a -- I'm not sure when I did not
17 have a phone. I can look. I can go look because
18 I -- whenever I went to Carlsbad with my partner --
19 I mean -- yeah.

20 Q. Patient A, did you contact Dr. Assad's
21 office on October 16th to request a refill of your
22 medication? And that refill was provided and billed
23 on October 19 at Walgreens.

24 A. No. We -- he gave that to me. He gave
25 that to me in person after the second encounter when

1 I went to his office on a Saturday. He wrote --
2 physically wrote the prescription, in addition to
3 giving me the all the little white pills that he had
4 taken the label off.

5 I did not call. He required me to come to
6 his office on that Saturday in exchange for the
7 medication and that prescription, and that's --
8 that's the attempted second encounter, what was
9 supposed to happen. So it's --

10 Q. And didn't you tell him that you needed a
11 refill until you were able to see your new physician
12 in California?

13 A. No. I do not have a physician in
14 California because I was not in California. I was
15 not -- I was not there. I had not found one. I did
16 not have a place to live. And my partner and I were
17 in the middle of discussing that. We were trying to
18 figure things out, and it was very chaotic in my
19 relationship at that time because we could not
20 arrange things.

21 So, no, I did not ever say that to him. I
22 didn't have a physician in California. I didn't say
23 that to him.

24 Q. Okay. So I -- again, I apologize for
25 jumping around on you. It's not my intention to do

1 that. Just another quick question in regard to the
2 evening of the Red Lobster incident.

3 Your testimony is he went into his office,
4 he came out with a Kleenex with pills in it. That
5 was your testimony. Correct?

6 A. Yes.

7 Q. Okay.

8 A. That is what happened.

9 Q. What did those pills look like?

10 A. White ones, orange ones.

11 Q. Were they big? small?

12 A. The orange ones were -- I don't -- I
13 don't -- I didn't -- I don't -- the white ones were
14 long bars, that's what I take, but they're much more
15 higher dosage and -- yeah. I Googled them.

16 Q. How many pills did he give you?

17 A. I didn't count them. It was whatever was
18 in that Kleenex.

19 Q. More than three?

20 A. Definitely more than three.

21 Q. More than ten?

22 A. I don't know exactly how many, though. I
23 cannot tell you the exact number. There was just a
24 Kleenex full of them.

25 Q. So you indicated that you were -- you were

1 having some -- you were in some dark times around
2 this period of time. Correct?

3 A. Correct.

4 Q. And you had gone to -- and I think you
5 said the name of the motel had changed, but to
6 the -- at the time it was the Super 8?

7 A. It was, yeah.

8 Q. And you had gotten a room about a week
9 prior to your encounter with Dr. Assad there?

10 A. It was either a week or the week before,
11 but it was -- day before, it was a very -- it was
12 within that time frame and was -- that was the state
13 of mind that I was in, that I was better off not
14 being here.

15 Q. And I apologize for asking this question,
16 but I don't know if I misheard you.

17 When you checked in the first time, did
18 you have a gun with you?

19 A. I was suicidal, I didn't know that I could
20 have the courage to actually use it, but I had it.
21 I did not want to live. Yeah.

22 Q. So I didn't mishear, then?

23 A. I did not want to live, so -- I didn't
24 think I would have the courage to follow through.

25 Q. So were you, at this point in time, living

1 at home?

2 And, Patient A, are you talking with
3 someone in that room?

4 A. There's nobody in this room. I just don't
5 want my tears to -- like, I just don't want to --
6 sorry.

7 Q. I understand. I'm sorry again for asking
8 you these questions. I know they're difficult.

9 A. Sorry.

10 Q. During this -- between the time that you
11 checked into the motel the first time and the second
12 time, were you living at home with your partner and
13 daughter?

14 A. Yes.

15 Q. Okay.

16 A. Yes.

17 Q. Okay.

18 A. Yes. Yeah.

19 Q. And did something happen in that week that
20 made you go back to the motel, or was it just you're
21 in that --

22 A. I was -- I was spiraling. I was just
23 spiraling in my own depression. And I -- I was just
24 spiraling to that point where I -- yeah.

25 Q. And you said that you believe that you

1 went to the motel the second time on October 13th.

2 Is that accurate?

3 A. That's accurate, yeah.

4 Q. How do you know that date?

5 A. I don't think I could forget it.

6 Q. Well, I appreciate that, but did you have
7 a credit card receipt? Did you have something on
8 your phone?

9 A. I remember it very correctly for many
10 reasons.

11 Q. Can you please --

12 A. Because of what happened that night with
13 Dr. Assad is something I could never forget. Okay?

14 And also, yeah, I do have a list of
15 receipts that I provided to everyone that's
16 requested -- and the knowledge of what happened.

17 And that's something I could never forget,
18 mostly because of what happened that night. Not
19 just my intent, but because of what transpired
20 after. That's something that I just can't put back
21 in, oh -- yeah. No. No. It's embedded in my brain
22 forever.

23 MS. BEGGS: So I think it may be helpful
24 for the record for Patient A to understand that we
25 don't have any of the exhibits from her civil and

1 family court case, other than the medical records,
2 that deposition.

3 We don't have -- the text messages are not
4 part of the evidence in this case. There's no other
5 evidence.

6 MR. CUMINGS: No.

7 BY MS. BEGGS:

8 Q. So things that you're referring to, just
9 so you know, are not part of this case -- or we
10 don't have --

11 A. I thought I provided the list of receipts
12 to the person that was investigating the case. I'm
13 pretty sure I did. If not, I could always provide
14 it to you if you need that for accuracy.

15 MR. CUMINGS: We've stipulated to the fact
16 that she was at a motel.

17 MS. BEGGS: No doubt she was at a motel.
18 It's the date.

19 MR. CUMINGS: Okay.

20 BY MS. BEGGS:

21 Q. Moving on.

22 Do you remember about what time you
23 checked into the motel on the second date?

24 A. No.

25 Q. Was it afternoon?

1 A. No, I don't remember. It was at night.

2 Q. It was that night. Okay.

3 And what did you have with you?

4 A. My purse and the bag from the gas station
5 of alcohol.

6 Q. How much alcohol did you bring with you?

7 A. I don't remember exactly.

8 Q. Where were they --

9 A. I didn't -- I didn't bring it with me; I
10 bought it at the store. I think it was a pint of
11 Jack Daniel's, something like that.

12 Q. Just one bottle?

13 A. I don't know if it was one or two, to be
14 honest. I just -- that's what I was drinking at
15 that time.

16 Q. So you checked into the motel with the bag
17 of alcohol. Did you immediately take the alcohol
18 and drugs?

19 A. The medication that Dr. Assad provided me,
20 yes, I took that with the Jack Daniel's.

21 Q. How many pills did you take?

22 A. I don't remember. Whatever was in that
23 Kleenex.

24 Q. And you don't remember -- you don't know
25 what you took?

1 A. No. I just took it. I didn't care what I
2 was taking. I was hoping I did not wake up.

3 Q. So just to clarify, at this point in time,
4 you were receiving prescription medications as well.
5 Correct?

6 A. From Dr. -- no. I wanted to make an
7 official visit. Whatever he gave me is what I had.

8 Q. Well, no, you --

9 A. It was also the Latuda samples, which I
10 was taking in addition to that, which were just
11 little, like, blister packs.

12 Q. So, Patient A, you were being prescribed
13 and taking Seroquel?

14 A. I was.

15 Q. Were you --

16 A. I don't remember.

17 Q. Were you taking Xanax?

18 A. I was, yeah.

19 Q. Were you taking Adderall?

20 A. I believe that's what -- I believe that's
21 what Dr. Assad gave me, in a much higher quantity,
22 when I mixed the Jack Daniel's with -- he told me --

23 Q. But you didn't -- you didn't take any
24 bottles of your prescribed medications with you to
25 the motel?

1 A. Just whatever I had in that Kleenex. I
2 don't know if I had any -- I didn't know if I had
3 any Seroquel or anything like that.

4 Q. So you take -- did you drink the whole
5 pint of Jack Daniel's?

6 A. I think it -- a little bit over half.

7 Q. About half. Okay.

8 And, I -- again, I apologize for having to
9 ask you these questions, but, unfortunately, I have
10 to.

11 You had described in your -- you had
12 described in your direct examination that you saw
13 something on the second floor of the motel and the
14 thought of hanging came into your mind. I wasn't
15 quite clear what you were describing.

16 A. Yeah. What you just stated, that I
17 thought about hanging myself, and I remember
18 thinking that people in jail, you see all these
19 things where someone can hang themselves with a
20 scarf or a pillowcase.

21 Like, it can't be that hard, that's what
22 was going through my mind. And I thought it can't
23 be that hard for me to come to that, to try that.

24 Q. It -- again, I apologize for asking you
25 these questions, but what were you planning on

1 hanging yourself from?

2 A. From whatever that wooden thing was that
3 had, like, a metal footing above that allowed me to
4 have something to hang from.

5 Q. So would you say that the Super 8 motel
6 room was a fairly basic motel room?

7 A. It looked depressing, it looked like a
8 depressing place to be, and it fit my mood. It fit.
9 Like, it was -- I don't know. I didn't care where,
10 I just -- I didn't want to wake up. I was just
11 looking at things.

12 Q. Do you remember if it had one bed or two
13 beds?

14 A. I don't remember that. I just remember
15 that little side table and thinking that was a
16 good -- something good I could kick off.

17 Q. That was a bedside table?

18 A. It was next to, and it was like a -- it
19 was very heavy. It's just a little table that was
20 there, conveniently there.

21 Q. Okay.

22 A. It wasn't anything that I have to remove
23 anything off of. It's not like where like a lamp
24 would be or anything, no. It was just a little
25 table that was there.

1 Q. Where did you move it to within the room?

2 A. Right underneath where that wooden thing
3 was.

4 Q. So would that have been at the foot of the
5 bed or off to the side? Can you explain where in
6 the room that would have been?

7 A. I moved it directly to where I was
8 attempting to hang myself, and I was going to kick
9 it off.

10 And instead of hanging myself, I fell down
11 on it.

12 Q. What were --

13 A. The side of my body fell down.

14 Q. What were you using to hang yourself with?

15 A. It was a pink thing that I had worn. It
16 was like a -- I used to wear it when I was pregnant.
17 It's a maternity -- it's like an oversized maternity
18 cover-up thing.

19 But I remember thinking of, like, okay,
20 someone can do this with a scarf. I felt like this
21 was okay material. I didn't think it was going to
22 rip or anything. It didn't rip; I just fell down.
23 I didn't know what I was doing, and I probably
24 should have used a sheet or something or pillowcase.
25 I don't know.

1 Q. Was that what you were wearing at that
2 time?

3 A. Yes, that's what I was wearing. That's
4 what I had on, yeah.

5 Q. So you said that you got up on the side
6 table and fell over, fell off of it?

7 A. Once I kicked it off, I fell down with it.

8 Q. Did the side table fall over?

9 A. I fell on it. I think that side table was
10 pretty heavy. I fell on it.

11 Q. At that -- what did you do after that?

12 A. Freak out. Freak out.

13 Q. Did you move the side table back?

14 A. I did. I did.

15 Q. And where did it go?

16 A. Wherever -- it's right next to the side of
17 the bed, the little corner I pulled it from, trying
18 to get it back there.

19 Q. So you contacted Dr. Assad at some point
20 that evening?

21 A. I did.

22 Q. And you said -- you said in your direct
23 testimony you told him you were suicidal. Is
24 that -- isn't that what you said on direct?

25 A. I told him I wasn't doing well. And there

1 were phone calls that I have no recollection of what
2 was -- I remember some of the messages, reading
3 back, that I mentioned to him that I was afraid that
4 they were going to take me away and told him the
5 reason.

6 And that was one of my biggest fears
7 because that happened. I was going to be involved
8 if I admitted to them or told someone that I was
9 suicidal or just attempted that.

10 And I remember him writing me that they're
11 not going to do that, you're a good mom, and if
12 you're worried, have your mom pick her up and have
13 her. No one's going to send you to a loony bin, he
14 said that's not going to happen.

15 Q. So you call Dr. Assad. Did you ask him to
16 come help you?

17 A. When I texted him, I believe I did. And
18 in that phone call, I must have said that I needed
19 help. I don't remember that. I think I was
20 blacking out at that point.

21 Q. Okay.

22 A. I think I had a brief moment that I really
23 do not remember anything in that phone call.

24 Q. But you remember --

25 A. Only looking back at the call log.

1 Q. Sorry. It didn't --

2 A. I remember him telling me that night to
3 please delete the message toward the end. I didn't
4 delete it and that's why I have it. And I kept a
5 call log, I want to say, it's, like, around eight
6 minutes or so. Not completely positive, but that's
7 what I remember.

8 That conversation, I mean, it was long
9 enough for me to think like, wow, what was I talking
10 about?

11 But the messages, I did keep them, talking
12 about that I was afraid that I was going to be
13 institutionalized, in the loony bin, and that CPS
14 would remove my daughter away from me.

15 Q. So you were blacking out, but you did give
16 him your motel room number?

17 A. I had to have, yeah, in that conversation.
18 I had to have.

19 Q. Did you ask him to wait 20 minutes before
20 he came over so you could take a shower?

21 A. I think -- I think I told him that because
22 I needed to just -- no different than when I fell
23 over, I went immediately -- like a crazy person, I
24 thought the police was going to come knocking on my
25 door, the front manager, so I wanted to wash my

1 face. I felt like I needed to sober myself up. And
2 I did. I did.

3 I splashed water in my face, and I
4 remember staring at myself in the mirror thinking
5 how screwed up do I look. If someone comes to the
6 door, you know, they -- I felt like I was going to
7 be in trouble. Someone was going to call in a
8 complaint from -- if there was somebody downstairs.
9 I was afraid. I was afraid.

10 So I needed to look normal, I guess. Put
11 the thing back where it was and pretend nothing just
12 happened. I didn't need them to know that I had
13 tried to hang myself from whatever thing that was,
14 or I had just taken all these pills.

15 I needed to sober myself up.

16 Q. So Dr. Assad gets to your room. How
17 impaired were you at that time?

18 A. Impaired enough -- impaired enough to be
19 aware that I was impaired. And aware, also, that I
20 needed help. That's what the messages were: I'm
21 afraid.

22 I was impaired enough to know that what I
23 did, I needed to help, that I needed help. And
24 that's why I said, I don't want to go the loony bin.
25 I'm afraid of losing my daughter, which is what the

1 whole point of reaching out was.

2 But I did not want to get the wrong kind
3 of help where I was just going to be stuck
4 somewhere, in an institution, or lose my daughter as
5 a result of it.

6 Q. So --

7 A. I was impaired enough to realize that I
8 was not well. And I wasn't well.

9 Q. So I just want to make sure that we've got
10 a clear record.

11 So at this point in time, you had drank
12 half a bottle of Jack Daniel's and you had taken all
13 of the pills Dr. Assad had given you?

14 A. Whatever was left, yeah. Whatever I had
15 left -- and I don't remember the amount, I don't
16 even know what the dose was -- yes.

17 Q. So Dr. Assad comes, and you're saying it
18 was his idea to go to another hotel?

19 A. Yeah.

20 Q. Because he said, This isn't a safe area?

21 A. Something along those lines. This is
22 like -- yeah, like, not a good area.

23 Q. And you had said, I don't want to go to a
24 hospital?

25 A. I don't want to go to a loony bin. In my

1 mind, I did not want -- I don't know what getting
2 help looks like, but I knew that I did not want to
3 be, like, in a mental institution or have someone
4 remove my daughter.

5 I don't know what getting help looks like,
6 but I did not think that it would involve a sexual
7 encounter with him later on. It's not the kind of
8 help I needed.

9 Q. So you go --

10 A. I need actual help.

11 Q. So you go with him in his truck and you go
12 to the Hyatt Place near the airport?

13 A. Yes.

14 Q. And you stayed in the truck while he went
15 inside?

16 A. Yes. He asked me to, and I was okay with
17 that because I did not want someone to see me. I
18 thought I looked pretty out of it.

19 Q. Okay. And then you went inside, and you
20 said he had already had the room key?

21 A. No, I did not say that. He had to go
22 through the front desk still.

23 Q. You were in with him, and he got the key
24 at that point?

25 A. Yeah. I believe when he first got out of

1 the truck, maybe he was asking for availability, but
2 when he came to get me back out, he still needed to
3 do the whole credit card thing, processing.

4 And I remember standing there, like,
5 avoiding eye contact and just thinking this was
6 really weird.

7 Q. How was your -- were you -- you drank
8 quite a bit of alcohol at this point, you've taken a
9 lot of pills, were you aware of your surroundings?

10 A. I -- I knew that I was across from the
11 airport because of -- because I've been there many
12 times. I knew we were across from the airport. I
13 knew that I was in -- a little bit in and out,
14 checking with myself. I knew that when he went
15 inside, I had to look at myself in the mirror in his
16 truck. I did not want to look like I was, like,
17 screwed up. I did not want to look the way I felt.
18 No different than when I was in the motel room,
19 afraid that someone would come up and, like, knock
20 on the door and give myself away, I guess.

21 And that's why I was avoiding eye contact
22 when we were at the front desk. On top of it being
23 awkward, I -- I just thought the whole situation
24 there, like, I did not feel like myself. I was not
25 myself. And I'd probably looked the way I felt,

1 which was like crap.

2 Q. So you went up to the room with Dr. Assad.
3 Do you remember what floor that was on?

4 A. I do not remember.

5 Q. Went into the room, and you had said that
6 you were uncomfortable. Is that --

7 A. I did say that.

8 Q. So you left the room?

9 A. I did leave the room.

10 Q. Did you take a room key with you?

11 A. I don't think -- I don't think so. I
12 don't think I remember that. I don't remember
13 asking him for a room key.

14 I remember him saying that I wasn't sure
15 what you were comfortable with. And I don't know.
16 I don't know.

17 Q. So did you have your phone with you?

18 A. I did have my phone with me. I did. And
19 I'm glad I did.

20 Q. So you left the room and you went down to
21 the lobby?

22 A. Yeah.

23 Q. Did you tell anybody at the front desk
24 that you are uncomfortable, that you needed to
25 leave?

1 A. No. I was acting -- fumbling around my
2 purse, and I guess I accidentally recorded myself
3 during that. But I was fumbling around and just
4 kind of asking about, oh, is this all the water that
5 you have? And I will need to remember this, because
6 of listening to myself very recently, it was a very
7 unpleasant thing to do, to kind of remember how so
8 weird and how nonsensical it was.

9 So I got a water and drink, and I
10 remember -- I guess I made small talk, I was trying
11 to buy time. I remember fumbling around. I was
12 just taking my time and looking for -- or I couldn't
13 find my money. I don't know.

14 I guess I was fumbling around, I don't
15 know, like ten minutes long that was down there for.
16 I only know that because I accidently -- yeah.

17 Q. So you don't have any independent
18 recollection?

19 A. No, other than that. That was kind of
20 like looking at that call log of about eight
21 minutes, I do not recollect -- I do not remember
22 that.

23 But I do know that when I came back, I had
24 a Gatorade and a water, I believe it was. I made
25 that excuse of I didn't have anything to drink --

1 Q. Did you --

2 A. -- to buy myself time. Like, I knew that
3 it was already an uncomfortable situation.

4 Q. So, Patient A, why did you return to the
5 room?

6 A. Where else was I supposed to go at that
7 point? What was I supposed to do? In my mind, I
8 wasn't thinking clearly already. I don't think any
9 of the decisions that I made were good quality,
10 clearly. My psychiatrist comes and picks me up, I'm
11 in the same room, and I'm just going along with it.

12 It's no different than me going along with
13 it because that's -- the whole I have a friend that
14 I want you to meet, like, I went along with that
15 too.

16 So I don't think any of the decisions I
17 was making were of good quality for what I was going
18 through and what I was being persuaded already by.

19 Q. So the next morning you take an Uber or a
20 Lyft home?

21 A. A Lyft, yeah.

22 Q. And so at that point in time, though, you
23 made a decision to go back to see Dr. Assad?

24 A. I went back to the motel room to get my
25 car and go home. And I believe I finished the

1 bottle, and I believe I was aching from falling. I
2 stayed in bed for several days, aching, and just --
3 kind of just wallowing in my misery.

4 I did not make a decision to go back to
5 him. He continued communications, I continued
6 communicating with him, and I also went along with
7 what it was saying. I did not want to go see
8 apartments, I put that off, and I never did --

9 Q. Let's -- I'm not asking you any questions
10 about apartments.

11 You went back to Dr. Assad for medication,
12 correct?

13 A. On that Saturday.

14 Q. Why did --

15 A. Because that is what he requested, yes.

16 Q. Why did you go back to him on a Saturday?
17 Why didn't you just call his office and say, I need
18 a refill?

19 A. Because he told me to.

20 And that's what I would prefer to have
21 done. I don't think any of what was -- any of my
22 decisions were rational because of what I was going
23 through.

24 Q. Okay.

25 A. And I don't think I was being -- I was --

1 I don't think I was being led by someone who should
2 have been able to prescribe medication or have that
3 control over me.

4 Maybe that's an answer to your question:
5 Because he was my psychiatrist for so long and maybe
6 because I trusted him.

7 Q. You never made any follow-up appointment
8 with him?

9 A. I wanted to. I wanted to and I would have
10 preferred that. And I told him that and I stated
11 that.

12 Q. But at no time --

13 A. He wanted to see me again.

14 Q. -- did you call his office and asked his
15 front desk to set up an appointment for you?

16 A. No. Because he was in communication with
17 me, asking me, When can I see you again? He'd like
18 to see me. He had the bed. Things like that.

19 Q. And this is at the same time you were
20 seeing another psychiatrist. Correct? Why didn't
21 you just go to that psychiatrist?

22 A. No. It was talk therapy with the other
23 psychiatrist about something completely unrelated.
24 And I was not consistent with him. I was not
25 showing up for a lot of my appointments.

1 Q. So after the -- we're not certain if it's
2 October 17th or October 24th, that Saturday?

3 A. It was a Saturday, both of those fall on a
4 Saturday, yeah.

5 Q. But we don't know which one?

6 A. I'm not sure.

7 Q. You never saw Dr. Assad again. Correct?

8 A. I had no desire to see him again after
9 that, after what he did.

10 Q. You didn't ask for any more prescription
11 refills?

12 A. Yes, he gave me a refill. I did not want
13 to see him. We continued communication. He still
14 wanted to see me.

15 But the comments that he made about my
16 daughter and what was written on his face about
17 asking me to bring her along for sexual -- to
18 witness sex, like -- I remember being in the car
19 thinking what am I doing, why am I here?

20 One thing is me being vulnerable, but to
21 bring my daughter along and saying, It's okay, bring
22 her along --

23 Q. Patient A --

24 A. -- does she know about sex? Things like
25 that, I don't -- I don't want --

1 MR. CUMINGS: Patient A --

2 BY MS. BEGGS:

3 Q. Patient A?

4 A. Yeah.

5 Q. Thank you.

6 A. Yeah. I'm sorry.

7 Q. Did you get a prescription refill after
8 October 16th?

9 A. I didn't see him after -- if that is what
10 the prescription records date, then it would have
11 been October 17th when I saw him.

12 Q. Did you get a refill after that date?

13 A. No. Because I never physically saw him
14 again. He stayed in communication, but no more
15 physical -- like, I didn't see him again. I didn't
16 I want to see him again.

17 But we remained texting after that.

18 Q. So he never terminated the patient
19 relationship; you did?

20 A. No. He did after he found out I was
21 pregnant. He said, You know that you're going to
22 have to get another doctor.

23 And I did end up getting an apartment by
24 myself. I told him I was pregnant, and he told me
25 to get an abortion. There was a lot of things going

1 on there after that.

2 Q. Did you get another physican?

3 A. A physician?

4 Q. Pardon me. Did you get another doctor?

5 A. No. No.

6 Q. So you were in this very dark place, but
7 you never got another doctor?

8 A. No. Because he asked me to not say
9 anything after I told him that I was pregnant. He
10 said to my partner -- or he said -- when I said --
11 he said, Did you tell anyone? I thought, I have to
12 tell my partner. He said, Why? I thought we had
13 confidentiality.

14 Q. So let me just -- let me ask you --

15 A. So I respected his decision, did not
16 saying, and it was very hard to talk to somebody
17 about things without disclosing the name or trying
18 to process everything that happened or led up to it
19 or why it was happening in the first place.

20 Q. So I just want to be very clear.

21 The other people that told you not to
22 disclose his name, nor your partner, after over
23 ten years of seeing a psychiatrist, none of them
24 said you need to get another doctor?

25 A. Who? I'm sorry. Who did you ask asked me

1 to see another doctor?

2 Q. So you didn't -- you just said you did not
3 get another doctor after Dr. Assad?

4 A. I got someone for talk therapy, for
5 completely different issues that I was having, to go
6 over some grief, my partner's daughter, and things
7 relevant to that.

8 I shared that I was -- what happened about
9 Dr. Assad. And this is someone that he said that he
10 could have just been lonely, or something along
11 those lines, after I told him that I wasn't
12 interested in meeting a friend or anything like
13 that.

14 And that I felt like I was deceived,
15 pressured, and I felt like if he had not intervened
16 and interjected himself in my life and disrupted my
17 relationship and led me down a really even darker
18 path, yeah, I felt like everything in that way, he
19 contributed to a lot of the darkness that I was
20 feeling.

21 I think I had enough of my own issues in
22 my -- within my own relationship, my own depression,
23 and my own other things that I was going to seek
24 talk therapy for.

25 Q. I'm just trying to understand.

1 So after October where you got your last
2 refill from Dr. Assad, you stopped taking mental
3 health medication, you didn't get any other
4 psychiatric treatment, other than the talk therapy
5 that was terminated in November, so after Dr. Assad,
6 you didn't see another doctor for medication?

7 A. In my pregnancy, I did. But the -- when
8 we were talking after I had my apartment -- I don't
9 know if he wanted me to come in for more Latuda
10 or -- I don't know -- I think he wanted to see me to
11 terminate the pregnancy, but I don't -- I don't
12 remember.

13 Q. Okay. Thank you.

14 MS. BEGGS: Nothing further.

15 REDIRECT EXAMINATION

16 BY MR. CUMINGS:

17 Q. I'm going to briefly redirect you, Patient
18 A.

19 A. By then I was pregnant, yeah.

20 HEARING OFFICER BURCHAM: Patient A,
21 counsel that was just questioning you is done. It's
22 gone back to Mr. Cumings. Okay?

23 He's going to do what's called "redirect,"
24 based upon your testimony on cross. So that's the
25 way it's going to work.

1 MR. CUMINGS: Just very brief. And just
2 for everybody's awareness, our expert has a hard
3 stop by 1:00. I'm going to try to be as quick as I
4 can here.

5 BY MR. CUMINGS:

6 Q. Patient A, did you recall the -- yes or no
7 is fine here -- Red Lobster date that you had with
8 Dr. Assad?

9 A. I do.

10 Q. And he gave you pills in a Kleenex?

11 A. He did give me pills in a Kleenex after he
12 drove --

13 Q. And you put that Kleenex in your purse?

14 A. I did put that Kleenex in my purse.

15 Q. Is that the same purse you had with you
16 when you went to the hotel to commit suicide on
17 October 12th or October 13th?

18 A. I don't think I would have changed it. I
19 don't think I was getting out of that very often, so
20 I would assume yes.

21 Q. So when you took that out, that was the
22 same pills, and they were in the Kleenex still when
23 you were at the hotel?

24 A. Yes.

25 Q. And then you drank a bottle of Jack

1 Daniel's -- half a bottle?

2 A. Not a complete bottle, but yes.

3 Q. When you were drinking before that time,
4 did you have a high tolerance for alcohol?

5 A. On and off, I was drinking wine, but when
6 I was feeling really -- like, I -- like, a higher
7 percentage of alcohol would put me out or make me go
8 to sleep, and I figured I would just combine it with
9 the medication and was hoping I wouldn't wake up.

10 Q. Do you feel the combination of that
11 alcohol and the pills that you took from Dr. Assad,
12 is that why parts of that night are fuzzy for you?

13 A. I think so.

14 Q. And when you pulled the side table over,
15 you fell on the side table and that's how you ended
16 up bruising your leg?

17 A. I did.

18 Q. And lastly, real brief here, you had
19 called Dr. Assad's office to make appointments with
20 Dr. Assad. Correct?

21 A. That's the only doctor that I saw at
22 Sierra Mountain Health.

23 Q. And that was from 2011 to 2020?

24 A. Yes.

25 Q. So were you having sex with Dr. Assad in

1 2011?

2 A. No.

3 Q. Were you in personal communication with
4 Dr. Assad in 2011, 2012, '13, '14, '15, '16?

5 A. Out of the scope of the office visits, no,
6 there was no text messaging, there was no calling,
7 checking on me, making sure I'm okay.

8 There was nothing outside of seeing him
9 during my appointment and making the office visits
10 with his office staff.

11 Q. So you were directly texting Dr. Assad,
12 not office staff, about the Red Lobster incident?

13 A. I'm sorry. Can you repeat that?

14 Q. You didn't -- you didn't set up the Red
15 Lobster through his office, right? That was Dr.
16 Assad that set that up.

17 A. He set that up. He set that up. And he
18 set that up with his friend. He said "his friend,"
19 he didn't --

20 Q. Okay. Okay. Okay.

21 So -- and then when it came to him meeting
22 you at the hotel room, you were directly
23 communicating with Dr. Assad, not through his
24 office?

25 A. Correct. At that point, we had -- he had

1 been texting, we had been texting back and forth.

2 Q. And then the second time that you guys
3 engaged in some physical activity at his office on
4 that Saturday, that was directly with Dr. Assad, you
5 didn't text the office to let them know you're going
6 to go see Dr. Assad on Saturday?

7 A. No. I wish I would have, but I was
8 following his orders.

9 MR. CUMINGS: Just for a demonstrative,
10 maybe you can take judicial notice of this,
11 Mr. Burcham, but this is an October 2020 calendar.
12 It's pulled off my computer. Do you concur?

13 Okay. October 17th is a Saturday,
14 October 13th, October 12th are Monday and Tuesday.
15 BY MR. CUMINGS:

16 Q. Did you hear that, Patient A?

17 A. That October 17th is a Saturday, right?

18 Q. Yes. And October 13th is a Tuesday.

19 A. Okay.

20 MR. CUMINGS: Mr. Burcham, would you take
21 judicial notice of that fact?

22 HEARING OFFICER BURCHAM: It appears that
23 that is the calendar of 2020, the month of October.

24 BY MR. CUMINGS:

25 Q. Okay. So you engaged in sexual contact

1 with Dr. Assad on October 12th or October 13th,
2 sometime in that period, and you saw him, you said,
3 on a Saturday.

4 A. That's correct.

5 Q. And the Saturday would have been the 17th.

6 A. A Saturday.

7 MS. BEGGS: Objection.

8 THE WITNESS: It was a Saturday because it
9 was closed, nobody else was there. It was a
10 Saturday, during the day, and it was awkward for me.
11 So it was a Saturday.

12 HEARING OFFICER BURCHAM: There was an
13 objection. What was the objection?

14 MS. BEGGS: The objection was for
15 testimony was that it was the 17th. She can't
16 remember if it was the 17th or the --

17 MR. CUMINGS: She testified it was the
18 Saturday after they had sex.

19 BY MR. CUMINGS:

20 Q. So, Patient A, let me --

21 HEARING OFFICER BURCHAM: The record will
22 be clear on that.

23 MR. CUMINGS: Okay.

24 HEARING OFFICER BURCHAM: I think.

25

1 BY MR. CUMINGS:

2 Q. Let me -- let me just ask it one more time
3 I apologize, it's duplicative.

4 Patient A, you saw Dr. Assad in his office
5 for that second sexual encounter the Saturday after
6 your first sexual encounter when you attempted
7 suicide?

8 A. I have a -- I have -- I don't know if it's
9 the 17th or the 24th. All I know is it was a
10 Saturday, and -- because it was closed. It was
11 closed.

12 But I don't have -- I think I was in a
13 haze drinking, so I do not know if it was -- I just
14 know it was a Saturday, that same month, the 17th or
15 24th.

16 Q. But it was -- it was five years ago,
17 right?

18 A. It was in 2020, yes.

19 Q. So you got a prescription, a paper
20 prescription for Adderall at that encounter from
21 Dr. Assad?

22 A. The reason why I believe it's -- if it's
23 written, the prescription is written for October the
24 16th, I have more inclination to think that it was
25 on the 17th.

1 Q. Don't speculate. I'm just asking you a
2 question. I'm just asking a question.

3 You received a paper script from Dr. Assad
4 on the -- on that Saturday?

5 A. Yes, a paper from his prescription pad on
6 that Saturday.

7 Q. And then that was the last time you had
8 seen Dr. Assad as a patient?

9 A. I don't know as a patient, because he --
10 we stayed texting until after my -- I physically saw
11 him, but --

12 Q. Just the last time you saw him as a
13 provider to give you a prescription?

14 A. He notified me he can no longer give me
15 medication after I told him I was pregnant, that was
16 after the 31st of 2020, in October, that I would
17 have to find someone else.

18 MR. CUMINGS: I'd like to admit this as --

19 THE WITNESS: Not at that visit.

20 MR. CUMINGS: -- a rebuttal exhibit. It
21 is an excerpt of Patient A's PMP.

22 Would you like to look at it?

23 MS. BEGGS: Yes.

24 HEARING OFFICER BURCHAM: The document
25 that is being spoken to, response, counsel?

1 MS. BEGGS: Yes, it is.

2 MR. CUMINGS: Can we concur this a genuine
3 PMP?

4 MS. BEGGS: Yes. This is -- it comports
5 with the --

6 MR. CUMINGS: Timeline.

7 MS. BEGGS: It comports with Exhibit 7,
8 which also shows that there was a prescription
9 filled on October 19th. I think it's duplicative of
10 what's already been --

11 HEARING OFFICER BURCHAM: The doctor just
12 wrote on the document.

13 MS. BEGGS: Yes, he did.

14 MR. CUMINGS: He just -- that's -- I think
15 he just circled it. We can admit it as such.

16 HEARING OFFICER BURCHAM: Hang on a
17 second. I want to take a look at it.

18 Offer of proof, what is this again?

19 MR. CUMINGS: This is the prescription
20 monitoring report that's logged by the Pharmacy
21 Board. It's a record of all Patient A's
22 prescriptions. This is just an excerpt of that
23 report.

24 It shows the prescriptions written to the
25 time period.

1 HEARING OFFICER BURCHAM: As counsel is
2 looking at it, would that be IC Exhibit, then, 9?

3 MR. CUMINGS: It's not in the --

4 HEARING OFFICER BURCHAM: No, no, no. It
5 would be next in order, correct?

6 MR. CUMINGS: Yeah.

7 We could do it that way, or we can do IC's
8 Rebuttal Exhibit No. 1.

9 MS. BEGGS: I just would like judicial
10 notice -- if you're going to bring this in as a
11 rebuttal exhibit, I'd like the Hearing Officer to
12 take judicial notice that there is a prescription
13 that was filled -- written in January -- pardon me
14 -- July 2020, filled in October, two prescriptions
15 written by another provider.

16 MR. CUMINGS: Okay.

17 MS. BEGGS: And that provider is a
18 psychiatrist.

19 HEARING OFFICER BURCHAM: Well, I don't
20 know about all that.

21 MS. BEGGS: Towards the bottom there.

22 HEARING OFFICER BURCHAM: Okay. I see.
23 Got it.

24 MS. BEGGS: We'll get a copy of that --

25 HEARING OFFICER BURCHAM: With that, how

1 would you like the document -- or the exhibit to
2 be --

3 MR. CUMINGS: Exhibit 9.

4 HEARING OFFICER BURCHAM: Exhibit 9. All
5 right.

6 Exhibit 9, which we have been discussing,
7 and I'm just writing this on my -- it's Exhibit 9,
8 and is admitted for purposes of the hearing.

9 (IC's Exhibit 9 admitted.)

10 HEARING OFFICER BURCHAM: Go ahead.

11 BY MR. CUMINGS:

12 Q. So, Patient A, you filled the exhibit --
13 you filled -- not the exhibit -- you filled the
14 prescription on the following Monday after you'd
15 seen Dr. Assad at his office on Saturday?

16 A. Likely, yes.

17 MR. CUMINGS: I have no further questions
18 for Patient A.

19 MS. BEGGS: Brief recross?

20 HEARING OFFICER BURCHAM: Yes.

21 RECROSS-EXAMINATION

22 BY MS. BEGGS:

23 Q. Patient A, just very briefly, did you get
24 a prescription for alprazolam and zolpidem from
25 Dr. Charles Price in July 2020, which you then

1 filled in October 2020?

2 A. Prescription in July that I later filled
3 in October?

4 Q. Yes. From Dr. Charles Price, who is a
5 psychiatrist?

6 A. So he prescribed me something but I didn't
7 fill it until months later, is that what you're
8 asking me?

9 Q. Did Dr. Charles Price prescribe you
10 medications in July 2020?

11 A. I'm not sure. Possibly. I'm sure -- so
12 that's who I saw for talk therapy.

13 Q. So your testimony is --

14 A. Whatever he gave me, it's going to be
15 zolpidem, Ambien, yes.

16 But if he gave me that, I was having
17 insomnia, that's what I shared with him.

18 Q. So Dr. Price did prescribe you medication,
19 you just did not see him for only talk therapy?

20 A. I shared with them I had insomnia and I
21 had been having insomnia. He probably prescribed me
22 something for insomnia.

23 But I saw him specifically for talk
24 therapy.

25 MS. BEGGS: Thank you. I have no further

1 questions.

2 HEARING OFFICER BURCHAM: All right.

3 MR. CUMINGS: Patient A, that's all the
4 questions we have for you right now. You will be
5 subject to recall. We'll let you know if we need
6 you to come back. I really want to thank you for
7 your time and and going through all this again
8 today.

9 So, with that, Ms. Lyn -- Ms. Beggs, you
10 don't have anything else?

11 MS. BEGGS: No. Thank you.

12 HEARING OFFICER BURCHAM: All right.
13 Patient A, thank you for your participation today.
14 For the record, it was, you know, difficult for you.
15 I understand.

16 With that, you are -- you can cut out of
17 the Zoom, you can leave us.

18 THE WITNESS: Okay.

19 MR. CUMINGS: Have a good day, Patient A.

20 THE WITNESS: Thank you.

21 MS. BEGGS: Can we take a three-minute
22 break?

23 THE REPORTER: Yes, please, can we?

24 HEARING OFFICER BURCHAM: Let's take a
25 break.

1 (Recess from 11:47 a.m. to 11:54 p.m.)

2 (Next witness joined the hearing via Zoom.)

3 HEARING OFFICER BURCHAM: Back on the
4 record.

5 Hi, Doctor. This is Charlie Burcham, the
6 Hearing Officer. Could you please state your name
7 for the record, then I'm going to have you sworn in
8 by the court reporter.

9 DR. DURETTE: Lisa Durette, D-U-R-E-T-T-E.

10 (The oath was administered.)

11 DIRECT EXAMINATION

12 BY MR. CUMINGS:

13 Q. Good morning, Dr. Durette.

14 Are you licensed as a medical doctor in
15 the State of Nevada?

16 A. Yes, I am.

17 Q. And for how long?

18 A. Since 2004.

19 Q. Are you licensed anywhere else currently?

20 A. I am licensed in South Carolina.

21 Q. Where did you go to medical school?

22 A. The University of South Carolina.

23 Q. And what was your residency in?

24 A. I did a residency in general psychiatry
25 and a fellowship in child and adolescent psychiatry.

1 Q. Are you certified by the American Board of
2 Medical Specialties?

3 A. I am.

4 Q. And what specialty are you certified
5 under?

6 A. I am certified under the American Board of
7 Psychiatry and Neurology in general psychiatry, as
8 well as in child and adolescent psychiatry, and I'm
9 certified by the American Board of Preventative
10 Medicine and Addiction Medicine.

11 Q. What kind of medicine do you specifically
12 practice?

13 A. I practice child, adolescent, and adult
14 psychiatry, and some addiction psychiatry as well.

15 Q. Where do you practice medicine currently?

16 A. I am the department chair of psychiatry at
17 UNLV.

18 Q. And how many -- how long have you been
19 practicing as a psychiatrist?

20 A. I have been practicing as a psychiatrist
21 since -- well, 2004.

22 Q. And that includes counseling patients?

23 A. Yes. Both psychotherapy and forms of
24 therapy.

25 Q. Do you counsel patients on a weekly basis?

1 A. Yes.

2 Q. Now, you stated that you worked at the
3 medical school. What role is your role at the
4 medical school currently?

5 A. My current role is department chair, which
6 is predominantly an administrative role over the
7 Department of Psychiatry and Behavioral Health,
8 which has faculty that practice psychiatry as well
9 as a large clinical practice, known as "Mojave
10 Counseling," that has psychiatry, psychotherapy, day
11 treatment, targeted case management. And we also
12 oversee the Department of Couples and Family Therapy
13 on the main campus.

14 In addition to that role, I am also the
15 acting program director for the child and adolescent
16 psychiatry fellowship.

17 Q. So you've been training new psychiatrists
18 as well?

19 A. I've been training psychiatrist since
20 2013, as the role -- formerly as a program director,
21 and I've been teaching for the University since
22 2000.

23 Q. So you're familiar with ethical guidelines
24 required for psychiatrists in the State of Nevada?

25 A. In the State of Nevada and nationally,

1 yes.

2 Q. So for psychiatrists practicing in Nevada,
3 what professional organizations, what -- who
4 promulgates those guidelines?

5 A. The two core guidelines that frame the
6 work of a psychiatrist would be the American Medical
7 Association, which governs all physicians in
8 practice, and the American Psychiatric Association,
9 just for psychiatry.

10 Q. I'd like you to turn what's been
11 pre-marked as Exhibit 8. For the record, that's
12 been admitted as your CV.

13 If you could just review that very
14 briefly, and let me know when you're ready.

15 A. Yes.

16 Q. Have you seen this document before?

17 A. My CV, yes.

18 Q. Is this a currently updated copy of your
19 curriculum vitae?

20 A. It may not be. I may have made an update
21 as of just last week. But, yes, it's a
22 predominantly updated CV.

23 Q. Is there anything that you'd like to add
24 to this CV?

25 A. The only addition that was made as of last

1 week is that I've been elected chair of a national
2 committee on adoption in foster care in the Academy
3 of Children Child Development and Mental Health.

4 MR. CUMINGS: As the CV has been admitted,
5 I'd like to tender Dr. Durette as the Board's
6 witness to testify to the appropriate standard of
7 care in this case.

8 MS. BEGGS: No objection.

9 HEARING OFFICER BURCHAM: I would note for
10 the record that in the document that I have, page 2
11 of 9 on the CV is not there. I go from first page
12 to third page.

13 MR. CUMINGS: I do as well. I think
14 that's an error in the scan, perhaps.

15 Can we get an updated copy of that real
16 fast for Mr. Burcham and Ms. Beggs?

17 MS. BYRD: Yes.

18 MR. CUMINGS: Ms. Beggs, are you okay with
19 me continuing my direct?

20 MS. BEGGS: Yes. Yes, absolutely.

21 MR. CUMINGS: Mr. Burcham?

22 HEARING OFFICER BURCHAM: Yes, absolutely.

23 BY MR. CUMINGS:

24 Q. Dr. Durette, are you familiar NSBME case
25 number 24-28982-1 regarding Dr. Abdollah Assad?

1 A. Yes, I am.

2 Q. Do you have experience in the subject
3 matter you've been asked to review regarding the
4 facts of this case?

5 A. I have experience in matters pertaining to
6 medical ethics, yes.

7 Q. Based upon your training experience, do
8 you feel you're familiar with the standards of care
9 to which medical practitioners should be held
10 regarding the facts in this case?

11 A. Yes.

12 Q. Were you provided with materials by the
13 Board in your review of this matter?

14 A. Yes, I was.

15 Q. Do you remember what was included in those
16 materials?

17 A. Yes. I had all of the clinical notes for
18 the patient treated by Dr. Assad, as well as -- the
19 notes from himself during the treatment, hospital
20 discharge notes, prescription information from the
21 PMP database that he had researched on this patient.
22 I believe that is everything that was -- oh, and
23 adoption documentation related to the patient and
24 the deposition that was done on June 12, 2023.

25 Q. So were you asked at the time the

1 materials were provided to you to make an objective
2 determination whether, in your professional medical
3 opinion, there's any departure from the proper
4 standards of medical care by Dr. Assad?

5 A. Yes, that was what I was requested to do.

6 Q. Did you come to such a determination?

7 A. Yes. I think the determination is that
8 gross malpractice was committed.

9 Q. Is that opinion based on the professional
10 guidelines you referenced before?

11 A. It is based on the professional guidelines
12 of the American Psychiatric Association, as well as
13 Nevada Revised Statutes and the NAC governing the
14 practice of medicine. And that would have been NRS
15 630 as well as -- NAC and NRS 630, yes.

16 Q. We'll get to those specifically.

17 Now, the American Psychiatric Association
18 Code of Ethics, what is the Code of Ethics state for
19 relationships outside of professional context with
20 patients?

21 A. Section 2 of the Code of Ethics for the
22 American Psychiatric Association states:

23 "A physician shall uphold the standards of
24 professionalism, be honest and all
25 professional interactions, and strive to

1 report physicians deficient in character
2 or competence or engaging in fraud or
3 deception."

4 And it goes on to state under number one
5 requirement:

6 "The physicians should conduct themselves
7 with propriety in their profession and all
8 actions their life, and is especially
9 important in the case of psychiatrists
10 because the patient tends to model his or
11 her behavior after that of the
12 psychiatrist.

13 "Further, the necessary intensity of the
14 treatment relationship, they tend to
15 activate sexual and other needs or
16 fantasies on the part of both patient and
17 psychiatrist, while weakening the
18 objectivity necessary for control.

19 "Additionally, the inherent inequality and
20 the doctor-patient relationship may lead
21 to exploitation of the patient's sexual
22 activity with a current or former patient
23 is unethical."

24 That's page 4 of the American Psychiatric
25 Association's Principal Medical Ethics, Section 2,

1 Item 1.

2 Q. And former patients, so it means that if
3 you have a patient and that patient is discharged,
4 you still cannot engage in sexual relations with
5 them?

6 A. Once a patient, always a patient. That is
7 correct.

8 Q. According to the Psychiatric Association?

9 A. Correct.

10 Q. Does therapy pose any risk of developing
11 an inappropriate relationship between the provider
12 and a patient?

13 A. I'm sorry. I couldn't hear the beginning
14 of what you said.

15 Q. Does therapy pose any risk of developing
16 an inappropriate relationship between the provider
17 and the patient?

18 A. I'm going to adjust my volume. Could you
19 just repeat the first -- the first couple words that
20 you said. It's kind of muffled.

21 Q. Does therapy pose any risk of developing
22 an inappropriate relationship?

23 A. Yes. Yes, absolutely therapy does.
24 Because of the personal and private nature of
25 content that may be divulged, the individual is

1 going to be far more vulnerable. And psychiatrists
2 need to be extraordinarily guarded for receiving
3 information that could be utilized to exploit a
4 person.

5 Q. Should a psychiatrist influence a patient
6 in a direction not related to their treatment goals?

7 A. If a psychiatrist were to direct a patient
8 outside of their treatment goals, again, that would
9 be unethical.

10 Q. And I like to delve a little bit more
11 deeply into these standards and ask specifically
12 about the boundaries between psychiatry --
13 psychiatrists and the patients under their care.

14 So I think some of these questions are a
15 bit repetitive, I apologize, but should a
16 psychiatrist have a personal or private relationship
17 with a client outside of their treatment sessions?

18 A. No.

19 Q. Why?

20 A. Again, information that's discussed in a
21 mental health setting, psychiatry setting, a
22 psychotherapy setting is one in which information
23 can be divulged from a patient that could provide
24 for -- again, I'll come back to these words about
25 the inherent inequality of the doctor-patient

1 relationship, it's not an equal relationship, and
2 because of the nature of psychotherapy -- we use the
3 term "transference" and "countertransference" -- the
4 patient may have transference towards the
5 psychiatrists.

6 To use it wisely, I might have sexual
7 feelings towards men that I might transfer or put
8 upon you. And you, as the psychiatrist in the
9 doctor-patient relationship with me, to manage your
10 countertransference, meaning if you started to
11 develop feelings towards me as the patient, you
12 would be alert and aware of that such that you would
13 not, in turn, act upon those feelings.

14 That's something that's unique to
15 psychiatry that we really have to be guarded about
16 transference and countertransference. That's a
17 basic code of ethics, and that's a basic skill that
18 psychiatrists are talking from the core competency
19 in medical education, which is governed by the
20 American College of Graduate Medical Education.

21 Q. Is this transference idea something that a
22 patient would project, say, thoughts with their
23 father, some authoritarian figure onto that
24 psychiatrist?

25 A. Correct.

1 Q. Is this common in therapy?

2 A. Transference and countertransference is
3 absolutely common in therapy. That's why it's
4 something that's taught from the beginning to our
5 new interns all the way throughout residency. It's
6 one of the core competencies of our medical
7 education in psychiatry.

8 And, obviously, very important within our
9 code of ethics that we need to be alert to
10 transference and countertransference and not act
11 upon it.

12 Q. So it's a natural tendency, though, to
13 some effect?

14 A. Absolutely. It's a natural tendency, one
15 to which you have to be guarded and aware of.

16 Q. So what should a psychiatrist do if
17 they're experiencing countertransference?

18 A. Number one, check themselves, figure out
19 what's going on, and then at that moment, they have
20 options of discuss it in a therapeutic setting and
21 to do so appropriately, psychotherapeutically, to
22 seek counsel from a colleague, to decide whether or
23 not they, the psychiatrists, are appropriately
24 competent to continue treatment with that patient.

25 Q. If they don't do that, what are the risks

1 of continuing to see a patient while they're
2 experiencing countertransference?

3 A. If they were to act upon any of those
4 feelings or impulses, they can jeopardize the health
5 and safety of their patients.

6 Q. So can a psychiatrist persist in sort of a
7 dual role between a clinical relationship with a
8 patient and a private relationship with a patient?

9 A. No.

10 Q. Are there any circumstances in which the
11 psychiatrist can romantically see a current patient?

12 A. No.

13 Q. Nothing with the former patient?

14 A. No.

15 Q. Does this include going out to dinner with
16 the patient?

17 A. Absolutely.

18 Q. Even if it's a friendly dinner?

19 A. Relationships outside of the treatment
20 setting are unethical.

21 Q. What about circumstances in which the
22 psychiatrist themselves may be undergoing some
23 emotional or mental distress?

24 A. I do not recall if it's -- yeah, you're
25 asking a great question, and I'm trying to find the

1 reference.

2 But if a physician themselves, a
3 psychiatrist, is under mental duress, mental
4 distress, has their own psychiatric impairment, then
5 they should recuse themselves from continuing
6 treatment.

7 And to continue treating and continue
8 working as a physician when your own mental or
9 behavioral health condition is causing impairment
10 places you at risk for malpractice. And it's
11 unethical.

12 Q. So if you had some -- so if there was a
13 catastrophic life event that happened and it
14 rendered you unable to impartially see patients, you
15 need to transfer them?

16 A. Absolutely. I'll give a personal example
17 to highlight this:

18 I was critically ill. I stopped seeing
19 patients for two years, transferred all my patient
20 care to a colleague, and I did not engage in patient
21 care because to do so would have been unethical.

22 Q. And that was just for an illness, nothing
23 mental?

24 A. That was for cancer, yes.

25 Q. I'm sorry to hear that.

1 So there's nothing that obviates any duty
2 to a psychiatrist that they may have with their
3 patient if something personal is happening to them?

4 A. Correct. If a physician is ill, the
5 physicians need to recuse themselves from patient
6 care and refer to a colleague.

7 Q. Is it acceptable to seduce a patient into
8 a sexual relationship?

9 A. Absolutely not.

10 Q. So there's no circumstances under any
11 scenario which a psychiatrist can have sex with a
12 current or former patient?

13 A. There would be no circumstance in which
14 that would be ethical.

15 Q. I know that you spoke about sort of the --
16 the emotional implications that occur in psychiatry.
17 Does that mean that a sexual relationship between a
18 psychiatrist and the patient is more worrying than,
19 say, a general practitioner and their patient?

20 A. I believe so because of several factors.
21 Your general practitioner you would typically see
22 once a year, the depth of the relationship would not
23 get into the interpersonal conflicts, desires, and
24 such that are typically usually, customarily
25 discussed between a psychiatrist and their patients.

1 Psychiatric visits happened much more
2 frequently. We see our patients every few weeks,
3 maybe once a month. You delve into a greater depth
4 with your patient to understand their motivations,
5 fears, behaviors that which lies inside of their
6 psychiatric illness, and so that greater
7 vulnerability the patient has with the physician is
8 a greater risk around the sexual content that may or
9 may not come up in a session.

10 And then the risk if, obviously, the
11 psychiatrist were to engage in such behavior.

12 Q. So having stated that, what if a
13 psychiatrist is just sort of seeing a patient to
14 manage their drugs and not necessarily engage in
15 explicit talk therapy, is it less worrying?

16 A. The information -- good question. The
17 information that a psychiatrist would obtain to even
18 make a diagnosis to be able to prescribe medications
19 is still going to have questions at a greater depth
20 than say, you know, heart rate issues, blood
21 pressure issues.

22 We're talking about interpersonal life
23 content that undergirds psychiatric illness.

24 Q. And that's purely hypothetical, that's not
25 related to this case. Correct?

1 A. Correct.

2 Q. Can a patient consensually engage in sex
3 with a psychiatrist?

4 A. I think a patient could consensually do
5 it, but then I would also ask the question -- well,
6 we're not going to talk about the psychiatrist,
7 we're talking just about the patients.

8 Depending on the degree to which the
9 patient is struggling with their own psychiatric
10 illness, can they appropriately provide consent?
11 And that would be determined, you know, like if it
12 has been determined at any given moment.

13 It's a much more vulnerable individual,
14 and I don't know how to answer that.

15 Q. Are all board-certified psychiatrists
16 familiar with these standards?

17 A. Absolutely.

18 Q. Are these standards part of the
19 examination to become board-certified?

20 A. Yes. They are part of the standard that
21 is part of education, even if you don't become
22 board-certified, if you went through an
23 ACGME-accredited residency, you would learn these
24 standards.

25 Q. Are these sort of boundaries and

1 prohibitions against romantic relationships with
2 patients part of your post-graduate, post-residency
3 education as well?

4 A. Absolutely.

5 Q. So these are topics that are continually
6 revisited, they're not just you did it 20 years ago
7 and forget about it?

8 A. These are topics that are written about,
9 discussed in common literature, such as newsletters
10 and publications from the American Psychiatric
11 Association, and are frequently discussed.

12 Q. And you -- and you discussed these
13 standards with your students?

14 A. Absolutely.

15 Q. I'm going to ask you some more specific,
16 questions regarding the facts of this case now, not
17 the general standards.

18 Both Dr. Assad and the Investigative
19 Committee have stipulated to some facts in this
20 case, and you have a copy that was sent to you of
21 the stipulated facts. Correct?

22 A. Correct. Yes.

23 Q. And in addition to that, Patient A
24 testified this morning -- the rule of exclusion was
25 not invoked, which means you weren't prohibited from

1 hearing her testimony, but you didn't hear Patient
2 A's testimony, did you?

3 A. I did not.

4 Q. Around that, we're going to stipulate to
5 some of the facts that Patient A testified to that
6 are consistent with what's in the deposition you
7 were reviewed.

8 Are you okay if I sort of name those off?
9 Let me know if you don't understand any of them or
10 don't recall.

11 A. Yes.

12 Q. Okay. So first I'd like to go through the
13 stipulated facts. First, Patient A was a long-time
14 patient respondent since June 23, 2011.

15 Just say yes if you understand.

16 A. Yes. Yes.

17 Q. Throughout Patient A's treatment with the
18 respondent, Patient A had a documented history of
19 anxiety and problems with relationships and her
20 longtime boyfriend.

21 A. Yes.

22 Q. A first sexual encounter took place in
23 October of 2020.

24 A. Correct. Yes.

25 Q. On the date of their first sexual

1 encounter, Patient A contacted respondent from a
2 hotel. And "respondent" being Dr. Assad.

3 A. Yes.

4 Q. Dr. Assad met Patient A at the motel room,
5 and then they went to another hotel where they
6 engaged in sexual intercourse.

7 A. Yes.

8 Q. Following the October 2020 sexual
9 encounter, Patient A became pregnant.

10 A. Yes.

11 Q. Patient A gave birth to a child in June of
12 2021.

13 A. Yes.

14 Q. And respondent was determined to be the
15 father of that child.

16 A. Yes.

17 Q. Now, turning to specifically the -- the
18 facts in the deposition that we're willing to
19 stipulate to.

20 Patient A did -- according to Patient A,
21 did have suicidal ideations and attempted suicide
22 prior to reaching out to Dr. Assad.

23 MR. CUMINGS: Is that fair?

24 MS. BEGGS: I'm not --

25 THE WITNESS: Yes.

1 MS. BEGGS: -- stipulating to that.

2 MR. CUMINGS: Then we have to go through
3 the deposition. For the purposes of what it says in
4 the deposition and it was consistent with her
5 testimony, can we stipulate that's what it says?

6 MS. BEGGS: I could stipulate to the
7 deposition. If she's reviewed the deposition,
8 that's fine, but I'm not going to stipulate --

9 MR. CUMINGS: That she had suicidal --

10 MS. BEGGS: That she had suicidal --

11 MR. CUMINGS: Do you understand the
12 distinction?

13 HEARING OFFICER BURCHAM: I do.
14 Absolutely.

15 MR. CUMINGS: Okay.

16 HEARING OFFICER BURCHAM: What the records
17 say and what the deposition says is one.

18 MS. BEGGS: Correct. Exactly.

19 MR. CUMINGS: Okay.

20 BY MR. CUMINGS:

21 Q. So Patient A had suicidal ideation prior
22 to her suicide -- prior to her contacting Dr. Assad
23 from the hotel room.

24 Patient A did, indeed, have dinner,
25 according to the deposition and Patient A's

1 testimony, with Dr. Assad sometime in the last week
2 of September or September 26th at Red Lobster.

3 Patient A was told when she was going to
4 go have dinner with the respondent that she was
5 going to meet a friend at Red Lobster, and that
6 friend turned out to be Dr. Assad.

7 Do you recall that?

8 A. I recall that from the deposition.

9 Q. And then you recall that Patient A
10 allegedly had a second sexual encounter with Dr.
11 Assad at his office?

12 A. Yes.

13 Q. And Patient A stated this was on a
14 Saturday following the sexual encounter on the 12th
15 or 13th of October?

16 A. Yes.

17 Q. And Patient A received a prescription for
18 Adderall from Dr. Assad in this time and filled it
19 on October 19, 2020?

20 A. Correct.

21 MR. CUMINGS: Anything I'm leaving out,
22 Ms. Beggs?

23 MS. BEGGS: No. I just want to make for
24 the record that I would agree that that's what's in
25 the deposition. Again, what's in the deposition and

1 with the reality of what the situation is.

2 HEARING OFFICER BURCHAM: Whatever the
3 questions here had to do with kind of the
4 deposition, because it sounds like the witness
5 referred to the deposition or has read the
6 deposition, which speaks for itself.

7 MS. BEGGS: Yes. So I stipulate that that
8 is what is reflected in the deposition, yes.

9 MR. CUMINGS: And for the record,
10 Mr. Burcham, those were about pages -- where's it
11 at? -- 55 through 67 of the record, so it's --

12 HEARING OFFICER BURCHAM: Of the depo
13 transcript?

14 MR. CUMINGS: Of the depo transcript of --
15 referring to the NSBME Bates stamps, not the page
16 numbers on the actual --

17 HEARING OFFICER BURCHAM: Okay. So let
18 me -- let me make sure I have an understanding that
19 as I'm reading this.

20 All right. I see where are you going.

21 MR. CUMINGS: So yeah, 64 -- like 54
22 through 68, 69 for what we're talking about
23 specifically around that time period.

24 HEARING OFFICER BURCHAM: Perfect. Okay.

25 MR. CUMINGS: Okay.

1 HEARING OFFICER BURCHAM: Thank you.

2 BY MR. CUMINGS:

3 Q. Dr. Durette, finally, do you recall from
4 your review of the deposition that Patient A felt
5 she had been influenced by Dr. Assad?

6 A. Yes.

7 Q. Okay.

8 MR. CUMINGS: Ms. Beggs, any further
9 objections to anything I've said?

10 MS. BEGGS: No.

11 BY MR. CUMINGS:

12 Q. Then I would like to go to the medical
13 record specifically now. Can you turn to what's
14 been pre-marked as Board's Exhibit 6, and that is
15 page 170.

16 Just let me know when you're there.

17 A. Page 170, a PDF or --

18 Q. No, no, no. I apologize. On the bottom
19 right-hand corner of the page, it'll be a number,
20 NSBME, that's the page we're referring to, so page
21 170, the Bates-stamped page.

22 A. Is that a note from 6/23/11?

23 Q. That is.

24 A. I'm there.

25 Q. Did you review this medical record when

1 you performed your peer review?

2 A. I did.

3 Q. What is this record?

4 A. This record is listed as an initial
5 assessment.

6 Q. Okay. And the date was 6/23/11, you said?

7 A. Yes.

8 Q. I know the handwriting is really poor.
9 Can you discern what the chief complaint is?

10 A. It appears -- and, again, thank you for
11 pointing out that it's difficult to read.

12 "I cannot organize my thought. I start
13 things, cannot finish. Problem at college. I
14 cannot focus, get distracted." I think that's the
15 best I can make out.

16 Q. So complaint is consistent with ADHD?

17 A. It appears that way, yes.

18 Q. Does Dr. Assad note any history of mental
19 hospitalizations or suicide attempts?

20 A. Again, let me look at this, because I know
21 there have been.

22 Q. If I can just point --

23 A. It sounds like -- history, yes. Down at
24 the bottom, I think it's probably like the last
25 quarter of the page:

1 "Psychiatric history of mental hospital?
2 Yes. How many times? Three suicide attempts, yes.
3 How many times? Three. Drug History? Yes. Tried
4 cannabis, pills" -- I don't know -- S-something.
5 "Alcohol history? Yes. Mild." Oh, it looks like
6 maybe methamphetamine. It's "MA. Clean for four"
7 -- I don't know if it's "last" or maybe "years."

8 Q. So may be methamphetamine, three suicide
9 attempts, three mental hospitalizations, prior drug
10 history, and prior alcohol use.

11 Ms. Brandi, did you get all that?

12 THE REPORTER: I got everything you said,
13 yes.

14 MR. CUMINGS: Are you okay with me
15 continuing?

16 THE REPORTER: Yes. Thank you for asking.

17 BY MR. CUMINGS:

18 Q. Does Dr. Assad's documentation of a
19 history of suicide attempts, alcohol use, repeated
20 mental hospitalizations, drug use, from the
21 outside -- from the outset of his care with Patient
22 A demonstrate his awareness of her status as a
23 vulnerable patient?

24 A. Yes. Patient A has three suicide attempts
25 the three psychiatric hospitalizations combined with

1 substance use history, that would reflect an
2 individual who's vulnerable.

3 Q. That's your characterization?

4 A. Yes.

5 Q. Looking at that same record, I believe
6 it's 171, 172, does Dr. Assad diagnose any mental
7 conditions for Patient A at this time?

8 A. Yes. In the diagnosis under "Assessment,"
9 which is at the top of page 172:

10 "Access line 296.89" -- which is bipolar
11 disorder type 2 -- "rule out ADD" -- attention
12 deficit disorder -- "GAF" -- G-A-F, which is the
13 Global Assessment of Functioning -- "50," which is
14 not very functional.

15 Q. Can you kind of explain what GAF is a
16 little bit better?

17 A. Yes. So GAF is a more antiquated term.
18 We don't use it in these diagnoses. When you look
19 at a multi-axial system, actually 1 through 5, that
20 is a relic of the DSM version 4, the Diagnostic and
21 Statistical Manual, which is the text that lists the
22 diagnostic criteria and information about all
23 psychiatric diagnoses.

24 We moved to the DSM 5 in -- I believe it
25 was 2013. We're now operating out of the DSM 5 text

1 revisions. We no longer use the GAF.

2 Nonetheless, the GAF, the Global
3 Assessment of Functioning, was a well-defined scale.
4 I have one on my bookshelf if you need me to pull it
5 up to read to you what the functioning of the body
6 at 50 is.

7 Just to give you a global assessment,
8 somebody who is functioning as well as, say, you or
9 I, they were able to engage in a deposition, they
10 can have higher-level thinking and are functional
11 adults, we probably sit with a global assessment of
12 functioning anywhere between 90 and 100 on any given
13 day. If you have stress during the day, you might
14 drop down to 85.

15 Somebody who is, perhaps, non-verbal, not
16 able to see or care for themselves would be down in
17 the 30s.

18 And so that gives you bookends. You can
19 see that a GAF -- a GAF of 50 is an individual who
20 is having significant functional struggles in their
21 life.

22 Q. So a GAF of 50, would that make it hard to
23 answer questions directly?

24 A. Yes.

25 Q. Would that make a hard to stay on a topic

1 when you're speaking to them?

2 A. Yes. And it would be hard to care for
3 yourself. You would struggle with what are called
4 "activities of daily living," ADL, if you were a GAF
5 of 50.

6 Q. Would that make it hard for them to sort
7 of engage in conversation with eye contact?

8 A. It could be.

9 Q. Would they be fidgety?

10 A. They could be.

11 Q. I'd like to take you through some of these
12 other records in here. I apologize in advance. I
13 know they're -- the handwriting's poor, so we're
14 going to do our best, and let me know if you need me
15 to kind of slow down.

16 We're going to go in chronological order.
17 Let's go to page 180.

18 A. This is the note from 2/11/13?

19 Q. Yes.

20 A. Yes, I'm there.

21 Q. So what -- so that's from 2/11. Does Dr.
22 Assad note anything about the patient's boyfriend?

23 A. Yes. From all -- I'll try to read it:

24 "The patient's boyfriend grandchildren was
25 taken from CPS" -- Child Protective Services -- "and

1 patient and her boyfriend are getting" --
2 something -- "custody of the two children. Teenage
3 girl, 6-year old boy, and she" -- something -- "show
4 plus and/or positive for" -- something, something --
5 "boys."

6 Q. And is there medication prescribed for
7 this visit?

8 A. Adderall and Xanax are both prescribed.

9 Q. Okay. I'd like to go next to page 187.

10 A. That's the 5/30/13 note.

11 Q. Okay. And does Dr. Assad note any panic
12 attacks for the Patient A?

13 A. There is no content underneath the
14 "Patient's Report" for the visit. The "Mental
15 Status Exam," does not note anything that I can
16 tell. Not on that note, no.

17 Q. Oh, I apologize. Go to page 189.

18 A. 189.

19 Q. Sorry. I thought I was going crazy.

20 A. Sorry. I'm a psychiatrist, so I'll help.

21 Yes, on 9/3,13, it says:

22 "Panic attacks" -- does it say "jail"? I
23 don't know what that word is. "Dropped my classes
24 five days. I had to go to court today for violation
25 stuff. I could not."

1 Q. And does he note anything else on this
2 record -- what is labial?

3 A. What? Labial are your lips.
4 Throughout -- if you don't mind, I'll just give a
5 quick primer on mental status exams, because this --
6 this is a checklist for a mental status exam.

7 Typically a mental status exam is our -- a
8 psychiatrist's version of a physical exam, which
9 would include comments about the individual's
10 appearance. Are they appropriately dressed and
11 groomed for the situation?

12 And you would comment on both their mood
13 and their affect. Mood is what you tell me you're
14 feeling. How are you feeling today? I have no idea
15 how it is you feel. I would get your mood by what
16 you tell me. Whereas the affect is what I see. Do
17 you appear to be happy? Do you appear to be
18 anxious? Do you appear to be paranoid or sad?

19 And you would make a comment on whether or
20 not the mood and the affect match or are congruent
21 with one another. And if not, you would comment
22 upon it.

23 I bring that up because consistently in
24 this form, I, as a psychiatrist, find very vexing
25 because, first of all, labial is not a mood. It is

1 your lips. It is probably a mistyped word that went
2 through all of this individual's notes.

3 It should be "labile," L-A-B-I-L-E, which
4 would indicate somebody who has a fluctuating
5 affect, meaning sometimes you're happy, sometimes
6 you're sad, sometimes you're giddy. But that's not
7 a mood. Anxious is not a mood.

8 Clinically, I found this to be troubling,
9 and it was not clinically helpful.

10 Q. So the female anatomy aside, this isn't a
11 very descriptive mental status exam?

12 A. It is not at all.

13 Q. Turning now forward to page 190, what's
14 the date on this one?

15 A. 10/14/13.

16 Q. And does Dr. Assad note anything about
17 Patient A's boyfriend?

18 A. Yeah.

19 Q. What's he state?

20 A. "Supposed to go" -- something -- "a trip.
21 Her boyfriend wants" -- I don't even know what this
22 says -- "a stream club." I don't know.

23 Q. All right. Then going forward now to 200,
24 there's another mention here of the patient's
25 boyfriend.

1 What's the date on the visit for 200?

2 A. 8/18/14?

3 Q. Yes.

4 A. Says "the A-N-X-" -- oh, an
5 ex-girlfriend -- "of her boyfriend" -- does that
6 make sense? "Her boyfriend sent" -- something --
7 "boyfriend." And then "Patient" -- something --
8 "had a few panic attacks."

9 Q. So ex-girlfriend sent the boyfriend a
10 message, and then she had a panic attack?

11 A. Yes.

12 Q. And then does Dr. Assad prescribe any
13 drugs there?

14 A. Yes, both Adderall and Xanax.

15 Q. And now looking forward to 209, 210. And
16 he mentions -- what are the dates here, and are
17 there any mentions of the patient's boyfriend in
18 here as well?

19 A. So 209 is on 7/13/15. It says:

20 "Separate from her boyfriend" --
21 something -- "infidelity." He prescribed Xanax and
22 Adderall. And the following note is 8/10.

23 But then in the body of the note, there's
24 what looks like a couple of dates, 9/8, 15, and then
25 28, 8/10/15 -- I don't quite understand.

1 And then there's just the Adderall and
2 Xanax, something about for Xanax, has "4," and I
3 don't -- I don't know what that is. Could be less.

4 Q. Moving to 211 now, is there another
5 mention of her boyfriend in there?

6 A. Yes, that is on 9/10. It says:

7 "Moved back of her boyfriend. Cannot
8 concentrate. Adderall is" -- something -- "helping
9 as much as" -- hmm -- "I am again disorganized."
10 Adderall is increased at that visit to 15 milligrams
11 twice a day.

12 And something about cannabis "THC," and
13 then I see the word, it looks like it may be
14 "license," maybe he was writing for medical
15 cannabis. I can't make that out.

16 Q. We're now going to page 234, what's the
17 date of this visit?

18 A. This is 2/12/18.

19 Q. Did she mention anything about a boyfriend
20 in here, according to Dr. Assad?

21 A. Yes. In multiple places here at the top,
22 it says "My boyfriend, 43 years" -- something,
23 something -- "73-year old boyfriend."

24 Q. So the boyfriend is 73?

25 A. Maybe. I'm going to presume so because it

1 says "73-year old boyfriend."

2 Q. And you recall it mentioned them having
3 grandchildren, right?

4 A. Oh, yes. Good point.

5 But then there's something else here on
6 this side, it's hard to read:

7 "Talked of patient about her problem.
8 Patient upset with her boyfriend. Not nice to her.
9 Patient" -- hmm -- "severely dependent of the
10 boyfriend. I am" --

11 Q. Trapped?

12 A. Maybe.

13 "and being used for my" -- I have no idea
14 what that last word is.

15 Q. And not to belabor it, but, lastly, going
16 to 242 now, this getting closer to the time period
17 that patient and Dr. Assad had sex together.

18 A. Yes. That's 9/30/19.

19 Q. 9/30/19. Okay.

20 A. That's where it says "Will move to
21 California and needs more refills" on the side.

22 Q. All right. Moving forward now to 245.

23 MS. BEGGS: They don't know if that's a 4
24 or a 9. I think it's a 4.

25 MR. CUMINGS: Where are you?

1 MS. BEGGS: At 242.

2 HEARING OFFICER BURCHAM: The date.

3 MS. BEGGS: The date of the patient visit,
4 I believe that's 4/30 and --

5 MR. CUMINGS: That's what I have, yeah.
6 4/30.

7 MS. BEGGS: I think Dr. Durette has said
8 "September," I just --

9 MR. CUMINGS: Yeah, I think that's 4.

10 THE WITNESS: Sorry.

11 BY MR. CUMINGS:

12 Q. And then now moving on to 245, I think is
13 in September.

14 A. Okay. This is September 24, 2019. Does
15 that seem correct?

16 Q. Yeah.

17 A. Okay. So this one, going towards the
18 left:

19 "Making bad choices, calling old
20 boyfriend. Father" -- maybe? --

21 Q. Um-hmm.

22 A. -- "of" -- something -- "child refusing"
23 -- something -- "stability" -- something --
24 "education." But then it says, "agreed with
25 Latuda," I can read that.

1 And the specific piece starts:

2 "Latuda" -- which is an atypical
3 antipsychotic -- "40 or 60." So started both of
4 Latuda.

5 Q. What is the Latuda for?

6 A. Latuda, again, it's an atypical psychotic,
7 it's used for psychotic disorders, traditionally
8 schizophrenia, schizoaffective disorder, and also
9 used to treat bipolar disorder.

10 Q. So is it for severely mentally
11 incapacitated persons?

12 A. It's for individuals with severe mental
13 illness, yes.

14 Q. So wouldn't prescribe -- Dr. Durette,
15 could you repeat that response? I'm sorry.

16 A. Absolutely. Latuda would be prescribed
17 for severe mental illness.

18 Q. So not your run-of-the-mill panic attacks?

19 A. That is correct.

20 It's indication is for psychotic disorders
21 bringing out schizoaffective disorder as well as
22 bipolar disorder.

23 Q. And then I'd like to move forward now
24 closer to the time period in 2020. So we've
25 stipulated that they went to -- that they went to

1 Red Lobster the last week of September 2020.

2 Could you go to page 253?

3 A. Yes. Does it say "4/28/20"?

4 Q. No. It's 9/28.

5 A. No. 9/28/20. I'm sorry. Yeah.

6 Q. And does Dr. Assad prescribed Latuda here?

7 A. He does. It looks like Latuda, 60

8 milligrams.

9 Q. And Xanax?

10 A. Xanax, 0.25 milligrams. And Adderall, 15
11 milligrams.

12 Q. And any mention of going to Red Lobster on
13 this record?

14 A. No.

15 Q. Would that be something that you should
16 document? If you're a psychiatrist and seeing a
17 patient, do you document a record for that?

18 A. Your question -- I think if you're a
19 psychiatrist who takes your patient to Red Lobster,
20 I would imagine that individual would recognize
21 their behavior is not appropriate and they elect not
22 to put that in a medical record.

23 Q. Would a severely mentally ill patient not
24 understand that that could be inappropriate?

25 A. Oh, a severely mentally ill patient would

1 be extraordinarily vulnerable and may not know the
2 difference between appropriate and what's not.

3 And I would presume, as a psychiatrist,
4 that if I had a severely mentally ill individual
5 who's having relationship instability, especially in
6 a relationship with older man, and an older man of
7 authority invited me to dinner, I might be swayed to
8 go with that person because of my own
9 psychophysiology.

10 Q. Wait, wait. So you're saying if the
11 patient has an elderly boyfriend and it's a position
12 of authority, that makes her more susceptible to
13 another elderly man sort of exerting authority over
14 her?

15 A. Absolutely. This gets back to
16 transference and countertransference.

17 Q. So is it that she's seeking a father
18 figure, in your estimation?

19 MS. BEGGS: Objection.

20 THE WITNESS: It could be that she's
21 seeking a father figure. It could be that she
22 enjoys the company of an older man.

23 Nonetheless, as a psychiatrist, you should
24 recognize that pattern of vulnerabilities that lies
25 within.

1 Q. Dr. Durette, hold on one second. There
2 was an objection to that question.

3 HEARING OFFICER BURCHAM: There was an
4 objection. I think it was going to be calls for
5 speculation.

6 MS. BEGGS: Yes.

7 HEARING OFFICER BURCHAM: But the witness
8 kind of went through the thought process, so I think
9 that's fair.

10 MR. CUMINGS: And she's tendered as a --

11 HEARING OFFICER BURCHAM: Correct.

12 MR. CUMINGS: -- reasonable authority on
13 the subject.

14 BY MR. CUMINGS:

15 Q. So you see issues with fathers in your
16 counseling regularly?

17 A. Is no different than a teenage boy having
18 transference towards me as a mother figure or a
19 sexualized older female figure. It's a very common
20 dynamic that we see in our clinical encounters.

21 Q. So in those sort of clinical encounters,
22 is it an urge to try to please that person that
23 drives some of the behavior?

24 A. It very well could be. It could be --
25 and, again, not to get into too much, you know,

1 psychobabble, but it's that subconscious drive to
2 reenact the relationship.

3 Q. To see if it has a --

4 A. To reenact the dynamic.

5 Q. To see if it has a different outcome in
6 the re-enaction of it?

7 A. Pardon?

8 Q. Would that be to sort of see if you could
9 have a different outcome to reenact it? Is that why
10 they do that?

11 A. It could be to see if there's a different
12 outcome. It could be because of the familiar and
13 comfortable dynamic. It could be a whole host of
14 reasons.

15 But, nonetheless, as a psychiatrist, you
16 recognize that this is a pattern I am seeing. And
17 then either you would utilize it therapeutically and
18 discuss it with your patients but certainly never
19 act upon it.

20 And if you have the urge to act upon it,
21 you seek supervision and/or refer the patient out.
22 You wouldn't continue to see the patient.

23 Q. So every time you have contact with the
24 patient, you should document that contact?

25 A. Absolutely.

1 Q. All right. Turning forward now to page
2 254 -- and we did note on that page, 253, Latuda was
3 prescribed?

4 A. Yes. 60 milligrams.

5 Q. And then the last record we have is on
6 page 254. What is the date on this one? I know
7 it's kind of obscure, I can't really tell if it's an
8 8 or a 6.

9 A. It looks like it's 10/16/20.

10 Q. Can you kind of walk me through this
11 record.

12 A. Sure. And then it has her name at the
13 top, upper left under "Date of Service," it says "No
14 charge." And then it says:

15 "The patient's doing well. Contacted" --
16 I don't know what -- "asked for medication for one
17 month until sees her new doctor. Gave 28 days of
18 meds until sees her new doctor. No follow-up, no
19 charge."

20 It doesn't indicate what was prescribed.

21 Q. So do you recall from your review of the
22 deposition if the patient said she was trying to
23 move to California or thinking about moving to
24 California leading up to these events?

25 A. Correct.

1 Q. Could this reference be into the patient
2 seeking a new doctor when she gets to California?

3 A. It's not explicitly stated on the page,
4 but, contextually, that's what I assumed as I read
5 through it.

6 Q. Looking at the deposition of this. Okay.

7 Now, it's been stipulated to that they had
8 sex in October. The patient feels it was
9 October 13th, it was prior to this date. And then
10 they had a second sexual encounter October 17th or
11 thereabouts, the Saturday after that first
12 encounter.

13 And judicial notice has been taken that
14 October 17th is the Saturday after October 13th.

15 So this record here says, "10/16,
16 prescribes Adderall," and it says that she's seeking
17 to get a new doctor wherever she's going. Is that
18 correct?

19 A. So it says there's no charge, doesn't say
20 if it's in person. In fact, it says "no charge"
21 twice. That seems to be important.

22 It just says, "Gave 28 days of meds," but
23 there's nothing that says which meds were prescribed
24 to her. The Latuda, Xanax, or the Adderall, all
25 three things that he had been prescribing for her.

1 Q. So the patient says she came into the
2 office on a Saturday where Dr. Assad engaged in
3 sexual relations with her then. So -- and then gave
4 her a prescription for Adderall.

5 Is this record in reference to that? Does
6 it note that they had sex on this record?

7 MS. BEGGS: Objection.

8 THE WITNESS: It does not.

9 BY MR. CUMINGS:

10 Q. Doesn't note.

11 But it doesn't note that it's in person or
12 on the phone?

13 A. It is not indicated.

14 Q. So going out to the last page, page 253,
15 says "Phone Appointment."

16 A. Correct.

17 Q. So he -- he does know how to note on a
18 record if there's a phone appointment?

19 A. That's correct.

20 Q. But he doesn't do it here?

21 A. Right.

22 Q. And then for the date of service no
23 charge, so he didn't charge to see her, possibly on
24 a Friday, maybe on a Saturday?

25 A. I would presume that he charged her on the

1 9/28 visit, because there's nothing indicating
2 charges and there's a diagnosis.

3 You need a diagnosis code for -- for
4 billing purposes. So you would observe that on the
5 10/16 note, twice it states "no charge," but there's
6 no diagnosis. And the area of the note, about a
7 quarter -- three quarters of way down, it says,
8 "Axis I," there's nothing. It just says, "Gave
9 28 days of meds."

10 You'll see "Mental Status Exam," the word
11 "delusional" at the bottom of it, and then right
12 below that "Axis I," after that would have been the
13 placeholder for where he'd indicate a diagnosis, and
14 there is a diagnosis indicated.

15 Q. Now, this is the last record that we have
16 from Dr. Assad concerning Patient A's care. What is
17 the standard practice for a psychiatrist once they
18 stop seeing a patient?

19 A. When you are done seeing a patient, you
20 would provide a referral -- well, either, A, you
21 terminate care because the patient has successfully
22 achieved remission of whatever, you no longer are
23 needing psychiatric care, and/or if they're going to
24 need ongoing care, you provide a transition of care,
25 meaning you would write what's called a "termination

1 note," summarizing, in his case, a 10-year-ish
2 treatment history that you can then you can pass off
3 to the next treating provider for continuity of
4 care. That would be best practice.

5 Q. Now, what if they're firing the patient,
6 do they need to inform the patient that they're
7 firing them?

8 A. Yes, they would have to inform them in
9 writing. Otherwise, that would be in violation
10 of -- I can't remember the Nevada statute.

11 Q. So if you're firing your patient or the
12 patient's leaving of their own volition, does the
13 psychiatrist need to make arrangements for the
14 patient's continued care?

15 A. The psychiatrist, at a minimum, would
16 document that patient wanted to leave my practice --
17 I'll give you an example: Patient wants to leave my
18 practice, offered to transfer notes, patient
19 declined.

20 If you're not going to do anything, at
21 least you would document this conversation;
22 otherwise, you would indicate that you've collected
23 a referral, an ROI, a referral of information form,
24 so that you could transmit or share records. But
25 there would be some sort of indication that either

1 care was wrapped up in a bow and completed and/or
2 transfer out.

3 Q. So if the patient's already seeing a new
4 doctor, that would entail that you actually let the
5 new doctor have the records?

6 A. Yes. And/or -- let's say -- I'll use an
7 example at my own practice.

8 I have a patient that I've been seeing for
9 a while that decides they're going to be moving to
10 Ohio, where I'm not licensed, so I'm not going to
11 continue seeing them.

12 Jane is moving to Ohio. We discussed
13 ongoing -- the need for ongoing care. She's going
14 to go see Dr. Smith. And then I would have her
15 complete the information for Dr. Smith and/or -- in
16 my notes it would something to the effect of verbal
17 consent discussed with the patient.

18 But I speak with Dr. Smith, and then the
19 transfer of care would happen that way.

20 Q. So whether they're seeing a therapist or a
21 counselor or a psychiatric provider is kind of
22 immaterial to the duty that you're sort of -- at
23 least a warm handoff or documenting that there's
24 some continuity of patient care?

25 A. Some sort of documentation. And/or if the

1 patient just walked out of your practice and you
2 never see them again, then there would be a
3 termination note.

4 Again, you would, usually and customarily,
5 send them certified mail to have documentation of
6 it.

7 Q. So do you see anything in this record that
8 really shows that Dr. Assad made any arrangements
9 for the continuity of care for the patient?

10 A. No.

11 Q. I'd like to kind of ask about your
12 ultimate opinion now on some of the charges in this
13 case.

14 A. Okay.

15 Q. Give me one moment, please.

16 In your reasonable medical profession --
17 professional opinion, after reviewing all the facts
18 of this case, the medical records, and your own
19 experience, would you opine that Dr. Assad committed
20 malpractice as alleged in Count I for specifically
21 engaging in sexual intercourse with the patient and
22 having an inappropriate sexual relationship with a
23 patient while still continuing to see her as a
24 patient?

25 A. Absolutely.

1 Q. Would you opine that Dr. Assad is guilty
2 of the violation of influencing a patient to engage
3 in sexual activity, as alleged in Count II, by
4 failing to properly admit the patient to an
5 appropriate care facility following her alleged
6 suicide attempt, and despite her documented history
7 of troubled relationships, Dr. Assad took Patient A
8 to a motel room and engaged in sexual intercourse?

9 A. Yes. And I would add to that that it's a
10 patient with a past history of suicide attempts,
11 that by some degree to risk of additional suicide
12 attempts or death by suicide.

13 Yes, I believe that constitutes
14 malpractice.

15 Q. Does the long-documented history of
16 Patient A's boyfriend through the medical records
17 lend any additional support to that count?

18 A. Yes. In my professional opinion, the
19 continued documentation of the boyfriend
20 relationship would indicate that coercion was at
21 play in Dr. Assad's election to pursue the
22 relationship with the patient in light of knowing
23 additional information about her life and having
24 documented it. Especially in light of the fact that
25 he documented so little additional information that

1 would have described her psychiatric conditions.

2 Q. So more about her relationships and less
3 about her psychiatric condition?

4 A. There are few to no notes actually
5 describing psychiatric symptoms of the bipolar
6 disorder in which he diagnosed her. However, there
7 is several notes that include information about her
8 boyfriend.

9 Q. Count III is engaging in sexual activity
10 with a patient. I mean, this kind of almost has
11 been stipulated to because they stipulated that they
12 did engage in sexual activity and that they had a
13 child as a result.

14 As it matters to whether Dr. Assad was
15 seeing the patient as a patient or if she was
16 discharged as a patient, does it matter that he was
17 a psychiatrist and had sex with her as to this
18 count, if it's proven?

19 A. In accordance with the American
20 Psychiatric Association Code of Ethics, once a
21 patient, always a patient, do not have sex with
22 patients, current and/or former.

23 Q. So would you opine, then, that he engaged
24 sexual activity with the patient as alleged in Count
25 III?

1 A. I would opine that Count III also
2 constitutes gross malpractice.

3 Q. Moving to Count IV, which is for unsafe or
4 unprofessional conduct, would you opine that Dr.
5 Assad is guilty as demonstrated, but not limited to
6 the fact that his conduct was unprofessional and
7 violated the patient-physician relationship when he
8 engaged in sexual intercourse with Patient A, who
9 you've characterized as a vulnerable psychiatric
10 patient?

11 A. Yes.

12 Q. Looking at now Count V, which is
13 terminating medical care without adequate notice.
14 Respondent terminated the care of Patient A -- this
15 is the patient abandonment charge -- without
16 adequate notice when he discontinued the care of
17 Patient A on October 16, 2020, noted Patient A's
18 intention to seek another provider but failed to
19 document or coordinate in her care or provided a
20 referral -- let me start over.

21 Respondent noted Patient A's intention is
22 to seek another provider but failed to coordinate
23 her care or provide a referral to an appropriate
24 physician following his October 16, 2020,
25 prescription of Adderall?

1 A. Yes. And I would add to that the fact
2 that the patient has had a history of suicide
3 attempts indicates that she's a far more vulnerable
4 individual and that is a greater onus, in my
5 opinion, on the psychiatrist to ensure that she's
6 received an adequate transition of care.

7 Q. Then, lastly, brings to Count VI,
8 violation of patient trust and exploitation of the
9 physician and patient relationship for financial or
10 personal gain.

11 What we're focusing on here is the
12 personal gain, that is the gain that Dr. Assad had
13 an imperium interest in the patient, is demonstrated
14 but not limited to the above-outlined facts.

15 Dr. Assad violated the trust of the
16 patient and exploited the relationship between the
17 patient and himself by gaining intimate knowledge of
18 Patient A during psychiatric treatment and
19 subsequently engaging a sexual relationship with
20 Patient A when she was in a vulnerable state, i.e.,
21 the suicidal state.

22 A. Yes.

23 Q. Dr. Durette, I really appreciate your time
24 today. I think with that, I have no more further
25 questions for you at this time.

1 Doctor Assad's attorney, Ms. Lyn Beggs,
2 will get to cross-examine you now, and I will follow
3 up with some redirect.

4 HEARING OFFICER BURCHAM: Hang on. Off
5 the record.

6 (Recess from 12:57 p.m. to 1:03 p.m.)

7 HEARING OFFICER BURCHAM: Back on the
8 record. Respondent's counsel will do
9 cross-examination.

10 CROSS-EXAMINATION

11 BY MS. BEGGS:

12 Q. I guess it's good afternoon, Dr. Durette.

13 A. Yes. Hi. Good afternoon.

14 Q. My name is Lyn Beggs. And just for the
15 record, I don't even know if you remember this, but
16 we had email communication about a year ago. I do
17 some work for your employer.

18 I just want to put on the record that it
19 has nothing to do with this case.

20 A. Yes, I do remember that. And thank you
21 for helping with that. I knew your name was
22 familiar from something.

23 Q. I just -- and your name was familiar too,
24 so it's like, okay, that's what it was.

25 But I just want to put on the record that

1 we've had no communication about this case in any
2 way, shape, or form.

3 A. Correct. We were in communication about
4 something completely separate.

5 Q. Okay. Thank you so much.

6 And so I just have some questions for you
7 in regard to your direct testimony. So as far as --
8 let me start with, you had mentioned the Code of
9 Ethics for the American Psychiatric Association.
10 Correct?

11 A. Yes.

12 Q. And so with those ethical guidelines,
13 do -- are those -- would you consider those a
14 standard of care or are they applicable to members
15 of the APA?

16 A. Those, I believe, are the standards of
17 care of the practice of psychiatry, whether or not
18 you're a member, because the membership applies
19 whether there are any paid dues, has nothing to do
20 with the practice of psychiatry.

21 Q. Okay. So in your opinion, it's a standard
22 of care?

23 A. Yes.

24 Q. In regard to this particular case, you --
25 we talked about the GAF noted in the 2011, one of

1 those early, early evaluations.

2 With a almost-10-years of treatment,
3 especially with a younger patient, can that change,
4 can that individual's functioning increase and
5 improve over the course of treatment?

6 A. An individual's global assessment of
7 function, that which we use to call the GAF, can
8 fluctuate day to day, hour by hour.

9 What I did not observe in any of the
10 records was a follow-up to that initial GAF, and so
11 I have no way to determine what the individual's
12 functional ability was on any subsequent visits.

13 Q. So let me ask you this -- and I think that
14 it would be fair to state that you work -- in your
15 opinion, are the records in this case not ideal?
16 It's just from a pure record situation.

17 A. From just the records, they are very not
18 ideal.

19 Q. So -- but would you -- in your opinion,
20 there is information that is lacking in the records
21 that you would prefer to see in those records?

22 A. Correct. These are very stamped notes
23 that give very little information.

24 Q. However, can we -- we can't make the
25 assumption that just because something is not

1 denoted in the record that the conversation didn't
2 happen between Dr. Assad and the patient. Correct?

3 A. That's all I can go on is what's on the
4 notes.

5 Q. So let me ask you about -- we talked about
6 termination of the doctor-patient relationship
7 towards the end of your testimony. And if I can
8 have you go to NSBME page 254 again, which is the
9 record that we believe is either a 10/18 or a 10/16
10 note.

11 A. Yes.

12 Q. It's not unusual for a patient to contact
13 a physician's office to ask for a refill. Would you
14 agree with that?

15 A. It is not unusual to call in for a refill,
16 that's correct.

17 Q. So if a physician, then, noted that the
18 medications were refilled -- albeit on this
19 particular note, we don't have the medications
20 detailed as to what was refilled -- it would not
21 be -- it would -- it would be within the standard of
22 care to note that a refill was made pursuant to the
23 patient's request?

24 A. Under usual and customary care, there
25 would be an indication: Jane called, asked for a

1 refill of Adderall. Next visit scheduled, blah,
2 blah date.

3 Because it's a controlled substance, you
4 wouldn't just willy nilly prescribe it. There are
5 rules, regulations governing the prescription,
6 controlled substances, which both Adderall and Xanax
7 are, so there would date parameters, 30 pills, 28
8 pills, this is the follow-up, check the PMP.

9 Again, that would be the standard of
10 practice in the state and just national.

11 Q. So this note of 10/, let's say, 16/20 does
12 indicate that she needed a refill until she saw her
13 new physican. Is that what the note indicates to
14 you?

15 A. Correct. That's the medication for
16 something monthly until sees new doctor.

17 Q. Okay. So based on this record, we don't
18 know if she had already established with the new
19 physician or was in the process of establishing with
20 the new physician, but there's a reference to a new
21 doctor?

22 A. There is.

23 And one thing I would add, because we've
24 gone back and forth about this question, whether or
25 not it was in person or not, there's a mental status

1 exam that describes the individual's appearance you
2 wouldn't be able to have on a phone call.

3 Q. As you looked at the records -- and I'm
4 going to have you, just for example, if I could have
5 you just turn back to page 253, which would be the
6 9/28/20 appointment.

7 A. Right.

8 Q. Okay. So, first of all, do you notice
9 that there is a difference -- an apparent difference
10 in the handwriting that noted the phone appointment,
11 the patient's name, and the date of birth for the
12 patient versus the rest of the handwriting on that
13 record?

14 A. Yes. That's -- the former is legible.
15 And yes, there's a significant difference.

16 Q. So as far as where it says "phone
17 appointment," we don't know if Dr. Assad wrote that
18 or someone in his office said -- wrote that.

19 A. I would presume Dr. Assad did not write it
20 because it's very different and legible handwriting.

21 Q. Okay. Then looking down at this progress
22 note, we do have medication listed.

23 Now, when you see medication listed on a
24 chart note, does that always indicate it's the
25 medication that was prescribed by the provider or

1 it's the medication that the patient is currently
2 taking?

3 A. That's a very good question. Everything
4 needs to happen in context, but, again, in the
5 context of all of these notes, having seen the --
6 what do you call them? -- the Walgreens prescription
7 authorization, these are medications that I have
8 knowledge of in prescribing.

9 Q. So far as -- did you find -- and I believe
10 it was Exhibit 7, the Walgreens prescriptions, did
11 you review all those?

12 A. I did. I'm trying to find something.

13 Q. Not a problem. I think it starts -- 420
14 is the start of that.

15 A. I do not think I have that PDF pulled up
16 right now.

17 Q. Well, let me ask you this, Dr. Durette,
18 because we don't have to go into those in detail, as
19 you were reviewing the case, were you trying -- were
20 you looking whether or not the medications that were
21 listed on the chart notes were shown to have been
22 written by Dr. Assad in the prescription records?

23 A. Yes. And, actually, I see the -- what do
24 you call them? -- like the Walgreens prescription
25 refill request and the prescription, and he was the

1 one prescribing them.

2 Q. Dr. Durette, let me ask you, if a patient
3 was seeing another psychiatrist at the same time --
4 well, let me rephrase the question.

5 Is it usual for a patient to see two
6 treating psychiatrists at the same time?

7 A. No. And if there were a patient seeing
8 two different physicians, primary care at the same
9 time, A, there would be an expectation that there
10 would be a collaboration or coordination of care.

11 And then I would add the additional nuance
12 that in a patient who is prescribed controlled
13 substances, the onus is on the physician -- and we
14 have statutes governing it -- to check the PMP, the
15 Prescription Drug Monitoring Program database, at
16 which moment you would see that multiple people are
17 prescribing to the same person.

18 Q. In your opinion, do patients sometimes try
19 to manipulate those doctor-patient relationships to
20 get multiple drugs from multiple positions?

21 A. That can happen, yes.

22 Q. You talked a little bit about the drug
23 Latuda.

24 A. Yes.

25 Q. Letuda is an antipsychotic?

1 A. It is.

2 Q. So with Latuda, could a patient just stop
3 that cold turkey, would you cease taking that?

4 A. They could.

5 Q. Does that need to be titrated or do they
6 need to be -- sorry, I'm looking for the correct
7 word, but have their dose kind of reduced over time,
8 or is that one that can just be stopped at any time?

9 A. If I -- I'll just use this patient on
10 60 milligrams of Latuda a day and they elected to
11 discontinue it, I would have them take 50 percent
12 dose per week, and then they would stop it so they
13 wouldn't have abrupt side effects.

14 Q. Okay. So let me -- would it be if a
15 patient has been taking Adderall and/or Xanax and/or
16 Seroquel or Latuda for an extended period of time
17 and they just stopped taking that medication, would
18 you expect them to have some pretty adverse
19 reaction?

20 A. Xanax withdrawal, if it happens abruptly,
21 could be deadly.

22 Q. Doctor, let me ask you about suicidal
23 ideation with this patient.

24 So in the record you noted in the initial
25 evaluation of 2011, there was reference to three

1 suicide attempts?

2 A. Correct.

3 Q. Those -- that record did not indicate
4 hospitalization. Correct?

5 A. The original record indicated three
6 inpatient hospitalizations. It's page 170,
7 "Admitted to mental hospital? Yes. How many times?
8 Three." It's about three quarters the way down the
9 page under "Past Psychiatric History."

10 Q. But we cannot coordinate that with the
11 suicide attempts; we don't know what the
12 hospitalizations were for?

13 A. No. But given the fact that it says
14 "admitted three times" and "suicide attempts three
15 times," I made the assumption the two are connected.

16 Q. So with someone who has suicidal
17 ideation -- so those three suicide attempts, as
18 reported by the patient in 2011, happened prior to
19 her establishing with Dr. Assad.

20 Would you agree with that?

21 A. Yes.

22 Q. So as far as your review of the record --
23 albeit the records are a little scant on some of
24 that information -- did you see in your review an
25 ongoing concern about suicidal ideation?

1 A. I would not even be able to make much of a
2 determination.

3 Here's why: There's notes where she's
4 indicated -- again, a very inadequately constructed
5 mental status exam -- to be anxious. There have
6 been medication changes. The box for "suicidal
7 ideation" was not checked, and at the same time,
8 there is no clinical information other than
9 boyfriend conflicts that would tell me one way or
10 another what's going on with this patients.

11 Q. Thank you.

12 Pardon me just one second.

13 Thank you, Dr. Durette. I will turn you
14 back over to Mr. Cumings for a moment to see if he
15 has any follow-up questions for you.

16 HEARING OFFICER BURCHAM: Redirect?

17 MR. CUMINGS: Yeah. Give me one second,
18 please.

19 REDIRECT EXAMINATION

20 BY MR. CUMINGS:

21 Q. Dr. Durette, have you ever heard the
22 phrase "If it's not the medical records, it didn't
23 happen"?

24 A. Yes.

25 Q. What does that phrase mean to you?

1 A. It means to me that the only information
2 that we can go off of is what is between the four
3 corners of the patient -- or the paper.

4 But I can only go on what I think.
5 There's probably a lot of other information I'm not
6 seeing or not knowing.

7 Q. Did Dr. Assad document the visit to Red
8 Lobster with the patient?

9 A. No.

10 Q. Did Dr. Assad document the visit to the
11 patient's motel room, which has been stipulated to?

12 A. No.

13 Q. Did Dr. Assad document the sexual
14 encounter?

15 A. No.

16 Q. Did Dr. Assad document the second sexual
17 encounter?

18 A. No.

19 Q. But those are all been -- those have been
20 stipulated to.

21 A. Correct.

22 Q. Some, at least for the first sexual
23 encounter, but that's not in the records?

24 A. Correct.

25 Q. So can you draw an inference, a positive

1 inference that Patient A could have been suicidal,
2 but he just didn't check the box?

3 A. Absolutely. There's little to no
4 documentation, and that really doesn't tell us
5 anything about this individual.

6 Q. Now looking at the Latuda, the patient
7 stated that Dr. Assad had been giving her drugs,
8 samples, and things of that nature.

9 Does it matter that if Dr. Assad was
10 prescribing it or not, that he documented in the
11 record that she was actually taking the Latuda? Let
12 me rephrase.

13 Does -- the purpose of me bringing up
14 Latuda was the patient is severely -- has severe
15 mental illness and she's being prescribed Latuda.
16 Does it matter whether or not Dr. Assad was
17 prescribing it and he's documenting that the patient
18 is on Latuda, presumably, Dr. Assad knows what
19 Latuda is for?

20 A. Dr. Assad would know what Latuda is for.

21 If you're asking does it matter if he
22 prescribed it versus he handed her a box of samples,
23 either way, he's involved with the giving of the
24 Latuda, if I'm understanding you correctly.

25 Q. But he's aware of it, insofar as that

1 she -- it demonstrates that she's a vulnerable
2 patient, that she's not somebody that, maybe, can
3 make healthy choices for herself?

4 A. That's correct.

5 Again, I'll go back to his primary working
6 diagnosis throughout all of these notes with bipolar
7 disorder type 2, which is characterized as a serious
8 mental illness.

9 Q. Dr. Durette, I have no more questions for
10 you at this time. I really appreciate your time
11 today. Thank you so much for being flexible with
12 all this.

13 HEARING OFFICER BURCHAM: Any recross?

14 MS. BEGGS: No.

15 HEARING OFFICER BURCHAM: Okay. All
16 right, Doctor, I appreciate your time. You're
17 released.

18 MR. CUMINGS: Dr. Durette, you are subject
19 to recall. We will let you know if we need you
20 back. Thank you so much. You have a wonderful day.

21 THE WITNESS: Thank you. You too. Take
22 care. Bye.

23 HEARING OFFICER BURCHAM: All right. With
24 that, let's take our break for -- 20 minutes, 30
25 minutes?

1 MR. CUMINGS: Brandi, what works for you?

2 THE REPORTER: Whatever you guys think is
3 best, but if I could at least have 15 minutes, that
4 would be really wonderful.

5 HEARING OFFICER BURCHAM: How about 1:45,
6 which is 20 little over 20 minutes.

7 MR. CUMINGS: That sounds great.

8 (Recess from 1:22 p.m. to 1:54 p.m.)

9 HEARING OFFICER BURCHAM: We're back on
10 the record.

11 Please proceed.

12 MS. BEGGS: All right.

13 Dr. Assad, can you please state your name
14 for the record?

15 MR. ASSAD: Abdollah Assad.

16 MS. BEGGS: You need the first name spelt
17 or you have that?

18 HEARING OFFICER BURCHAM: We have the
19 record.

20 The court reporter is going to swear you
21 in.

22 (The oath was administered.)

23 DIRECT EXAMINATION

24 BY MS. BEGGS:

25 Q. So, Dr. Assad, just -- we've got a

1 microphone, but the more that you can project, the
2 better, the louder that you can speak, just so that
3 we make sure the court reporter hear you. Okay?

4 A. Okay.

5 Q. So, Dr. Assad, what is your current
6 occupation?

7 A. I'm a physician.

8 Q. And how long have you been a physician?

9 A. I have been physician for more than --
10 since 2000 and -- I graduated in 1988.

11 Q. 1988?

12 A. Yes. And then I went to training,
13 different kind of trainings, internal medicine,
14 psychiatry, subspecialty in geriatric psychiatry. I
15 am the only subspecialized in being a private
16 geriatric psychiatrist.

17 Also -- if you want to continue, also I do
18 addiction treatment, it's called "Suboxone," which
19 not many physicians are comfortable to write. I am
20 almost the only one who write medication,
21 antipsychotic resistant psychosis, which they need
22 some calculation there of -- some doctors, they
23 don't want to put themselves in risk, I am doing
24 that.

25 Q. And since you were a physician, have you

1 practiced solely in Reno?

2 A. No. I had license in Ohio. I had license
3 in Missouri. I have a license here.

4 Q. And how long have you practiced in the
5 area?

6 A. In this area, 21 years.

7 Q. So 2004?

8 A. 2004.

9 Q. And your specialty is psychiatry?

10 A. And subspecialized in geriatrics.

11 Q. Can you describe your primary patient
12 profile? Do you see mainly geriatric? Do you see a
13 mix of adult and geriatric?

14 A. Yeah. I have an office which is called
15 "Emotional Walk In," means people, anytime, without
16 appointment can walk in.

17 So I opened this 2005. And I serve the --
18 I mean, socially low economical people. I accept
19 any kind of insurance, good and bad, even Medicaid.
20 My subspecialty, you know, I have subspecialty, even
21 the non-specialized don't see I see. Okay? I see
22 -- I told you that.

23 What was -- I'm sorry.

24 Q. You're fine. Are you board-certified in
25 psychiatry?

1 A. I am board-eligible. Because you have to
2 renew it within few years, so I didn't continue.
3 Yeah.

4 Q. And are you a member of the American
5 Psychiatric Association?

6 A. You don't have to be member of any
7 psychiatric association. As a matter of fact, you
8 don't have to believe their ideas.

9 Many states, different states have their
10 own psychiatric association: Nevada Psychiatric
11 Association, Missouri Psychiatric Association, Ohio
12 Psychiatric Association.

13 You have different laws and rules, which
14 some people accept it, some people don't accept it.
15 If you're a physician, if you don't believe that,
16 that doesn't mean that you are in fault, as far as I
17 know.

18 Q. Are you a member of any professional
19 medical organizations currently?

20 A. No.

21 Q. Okay. As far as your practice, do you
22 dispense medication in your practice other than
23 samples?

24 A. Yes, I do.

25 Q. And what types of medications do you

1 dispense?

2 A. Well, I order -- you see, I usually see
3 psychotic people, I see people who have -- you see,
4 there's one type of psychotic people, one type is
5 more disorder people, one type is anxiety disorder,
6 one type is time addiction, and on.

7 So I don't do therapy. I don't sit by
8 people because I -- everybody can walk in the same
9 day to my clinic. I listen to them. First visit, I
10 do launch after that -- just if you look at my
11 notes, it's just a few sentences because I don't do
12 therapy to people. I just -- because insurances
13 doesn't like that, it's expensive to give 300 to
14 somebody rather than like a small one.

15 Q. My question was, Do you dispense
16 medications from your office?

17 A. Yes.

18 Q. What medications do -- are there specific
19 ones or is it wide ranging?

20 A. I don't give medication for the heart or
21 eyes or the things, it's just not my specialty. But
22 I am a little more than the scope of regular
23 psychiatrist, not only because I'm a geriatric
24 psychiatrist, because I do heroin and other
25 addiction things, and also I do clozapine, which is

1 psychotic resistant.

2 Q. So when you dispense medication, are you
3 dispensing that in labeled bottles?

4 A. Of course.

5 Q. Have you ever given a patient pills that
6 were loose or not labeled?

7 A. Never. Never.

8 Q. Do you routinely give your patients your
9 personal cell phone number?

10 A. Actually, I am the only doctor -- maybe I
11 am the only -- in Reno that everybody can reach me
12 after hours. Since 2016 or '17, which I don't have
13 any answering service because there was some
14 problem, I answer to people, even if it's middle of
15 night.

16 So if you call in two hours from now, my
17 phone answers, and I talk to people. Sometimes they
18 text me. That's why I have the highest number of
19 patient in Reno, psychiatric patients.

20 Q. Okay. Because you're -- they're able to
21 reach you?

22 A. Anytime. Even middle of night. Many
23 times people call me at 1:00 a.m., they're drunk,
24 and I answer. Or maybe they're suicidal, then I
25 have to do something. I don't want anybody to get

1 missed, fall between cracks.

2 And may I say something? Between my
3 21-year practice psychiatry in Reno, I have no, not
4 even one -- you can check it -- suicide committed,
5 because I see people regularly, I see people within
6 a certain period of time.

7 Average psychiatrist, they have three or
8 four a year suicide, committed suicide. I don't
9 have one within my life.

10 Q. So, Dr. Assad, let me transition into your
11 treatment of patients. One of the things we heard
12 from Dr. Durette today in her testimony is she
13 discussed transference and co-transference.

14 Do you agree with her explanation of that
15 concept?

16 A. This is for -- you see, you have to
17 understand, there is different between
18 psychologists, psychiatrists, and therapists.
19 Therapist has the lower education, psychologist in
20 between psychiatrist or physician, they got
21 subspecialized or subspecialize in psychiatry.

22 No, I do not do any therapy to keep it to
23 get transfer, counter-transfers. That is about not
24 a person who write -- if you check my notes, I mean,
25 these notes here, you see two or three sentences.

1 It's not about details of -- and the state can't
2 tell me something, did write it, you know, in the
3 case.

4 Q. Let's switch to Patient A, we're going to
5 call her "Patient A."

6 A. Yes.

7 Q. Okay. So was Patient A your patient?

8 A. Yes.

9 Q. And did she establish with you in 2011?

10 A. Yes.

11 Q. Did you see her fairly consistently -- I
12 think there has been testimony of this nature --
13 until the fall of 2020?

14 A. No. Sometime I didn't see her six months,
15 sometime I didn't see her five months. Sometime I
16 saw her twice in a month because she change. Yeah.
17 When I give her appointment, she didn't show up.
18 Yeah.

19 Q. Let's -- before we go into her
20 treatment -- in your office, how did patients make
21 appointments?

22 A. They call the office and they made
23 appointment. If they call after hours, like after
24 my office secretary gone, so it falls on my cell
25 phone. And then I tell them I don't have system to

1 give you an appointment now, you have to call
2 tomorrow and make appointment.

3 Q. So all appointments --

4 A. The other office, which she was going,
5 always people make appointment at the receptionist.

6 Q. Okay. So for clarification for the
7 record, at the time -- during the years that you saw
8 Patient A, you had -- you practiced at two
9 practices?

10 A. Yes.

11 Q. Okay. Can you explain where those
12 practices were?

13 A. Yes. One was Sierra Mountain Health, that
14 was started 2004, this is the office she was go.

15 Now, the other one is I open, after
16 five months or six months, after I joined these
17 people. They wanted to get me because they wanted
18 to have their firm stronger than other firm because
19 I was the only geriatric psychiatrist.

20 So I opened another office called -- a new
21 team called "Walk In," means anybody can walk in
22 anytime, "Emotional Support." So since then, you
23 know, a lot of patients coming to the office.

24 Q. So let me ask you, then, if you had a
25 patient walk into your office who was having a

1 psychiatric emergency, what would you do in that
2 case?

3 A. I asked a staff to give her appointment
4 now.

5 Q. Would you ever refer to a hospital or --

6 A. Oh, if it's suicidal, everybody does.
7 This is such a basic thing, any human knows that,
8 yeah, if they are suicidal, definitely, yes.

9 Q. So let's go back to Patient A.

10 A. Yes.

11 Q. So what was she seeing you for? What was
12 her -- basically her working diagnoses?

13 A. Actually, apparently before me, she was
14 taking amphetamine and a positive history of
15 methamphetamine. She saw me, she say she has
16 attention problem. And then I also figured out that
17 she has a certain kind of mood disorder. As the
18 doctor say, she was right, it's type 2 of bipolar
19 disorder.

20 But that's not psychosis. People who have
21 bipolar type 2, they're not psychotic, they're not
22 severely psychotic; they're very mild, having mood
23 disorder.

24 Q. Was Patient A psychotic at any time?

25 A. Never.

1 Q. Did the medications prescribed to Patient
2 A change over the years that she was your patient?

3 A. Many times she didn't want the medication
4 or say because this or because that, and then I
5 change it, yes.

6 Q. In 2020, do you recall what she was being
7 prescribed, what medication she was taking?

8 A. Yes. She was seeing another doctor in
9 the -- way before August, August 2020, before
10 August, named Dr. Charles Price. And she and
11 another doctor --

12 Q. Well --

13 A. Okay. Anyway, so she told me that night
14 at Red Lobster, Listen, Dr. Assad, you don't have to
15 worry about anything. I have doctors, this is my
16 doctor, this is my doctor. I have a psychiatrist
17 already.

18 Q. So my question was, What did you prescribe
19 for her?

20 A. I --

21 Q. In 2020, what was she taking?

22 A. Okay, when you say "2020," I'm talking
23 about area 2020. These things happened late 2020.

24 She was -- she was once in a while on
25 Latuda. Sometimes she change her mind and come, get

1 Latuda, not for psychosis or being severely
2 psychotic, for -- you see, the name of some
3 medication does not mean that medication is for that
4 purpose. That means they invented that as that but
5 it's good for some other things, like anti-seizure.
6 The person doesn't have seizure, but they give it to
7 bipolar people. Like for heart blocker, like
8 propranolol, which I ordered, that's for heart, but
9 they give it for anxiety.

10 Q. So why was Patient A prescribed Latuda?

11 A. Because the same day that I wrote that, if
12 you pay attention, she say she's not sleeping, and I
13 wanted to shoot two bird with the same bullet.

14 She has some more disorder and sleep
15 problems, so this is very sedative medication which
16 helps sedation, and then it helps her mood too.

17 But that's not for psychosis, despite the
18 name that is on there: psychotic.

19 Q. What else were you prescribing for her?

20 A. For psychosis too, but the dosage is 120,
21 not 20 or 30 something, 30 milligram something, or
22 even 40 or 60.

23 Q. So let's, then, talk about the Latuda for
24 a second.

25 Did you write a prescription that she

1 would fill or did she just get samples of it?

2 A. Latuda was expensive, maybe \$2,000 a
3 month, which she cannot. So I gave sample earlier
4 before she started seeing another doctor.

5 Then she saw another doctor, Dr. Charles
6 Price, in which he's -- unfortunately, the list of
7 Walgreen are not, first of all, good enough because
8 she went to Costco too, they just got from
9 Walgreens.

10 Another thing is this does not reflect
11 what medication other doctors gave her when she was
12 the patient of the --

13 Q. Okay.

14 A. I'm sorry if I'm raising my voice.

15 Q. I'm asking what you prescribed.

16 A. I prescribed Xanax and Adderall. And in
17 area of that 2020, on and off I gave her Latuda
18 sample because it was expensive. Yes.

19 Q. So when did you discover that she was
20 seeing another psychiatrist?

21 A. Okay. When she came to Red Lobster, and
22 even before that, maybe a few, I don't remember,
23 maybe a few days before that or so, but she said
24 that, Dr. Assad, I am seeing Dr. Charles Price. He
25 is a psychiatrist. I'm moving out of here. I'm

1 coming and packing my stuff in garage. And she say
2 she has boxes and moved half of her stuff to Palm
3 Springs, California.

4 Q. Okay. So my question is --

5 A. That night she told me.

6 Q. Okay. Thank you.

7 So when you -- during the time that you
8 treated her --

9 A. Yes.

10 Q. -- other than the initial evaluation in
11 2011 when she mentioned suicidal ideations, previous
12 suicide attempts --

13 A. No, she didn't mention suicidal ideation,
14 even the first session. If she did, I would have --
15 people who work in an office are not necessarily --

16 Q. Okay. But in -- during her initial
17 evaluation in 2011, she had mentioned three prior
18 suicide attempts?

19 A. Yes.

20 Q. Okay. During the time that you saw her,
21 did you see any sign of suicidal ideation during
22 that time?

23 A. Listen, she didn't even -- she may says
24 that because of my child, she may say that, because
25 of my child, I was afraid of CPS, and I didn't go to

1 mental hospital.

2 But she probably -- when she was for
3 six months out and not seeing me, not being my
4 patient during that, in between, I can tell you what
5 date was that, she probably had only one suicidal
6 ideation, not attempt. Okay? So that's all.

7 Because I was treating her, I was taking
8 care of her, and any time she had suicide, if she
9 had, I told her, I clearly tell every patient, if
10 you have suicidal ideation, call myself and call the
11 police. Call me first, then call the police, and
12 call 9-1-1 and call the hospital.

13 Q. But other than that one example that you
14 just said, you did not see, in the almost 10 years
15 that she was a patient, any sign of suicidal
16 ideation?

17 A. If you read this note, "SI," suicidal
18 ideation, none of them indicate that she had ever
19 suicidal ideation. I'm not talking about attempt,
20 I'm talking about ideation, she never had.

21 Q. You saw the patient -- let me have you
22 turn to page -- you've got the medical records right
23 there -- 252.

24 A. The notes?

25 Q. Yes. At the bottom, yes. 252.

1 A. Yes.

2 Q. Okay. So that is a chart note for
3 8/27/20?

4 A. Yes.

5 Q. Okay. Was this the last time you saw
6 Patient A in person?

7 A. Absolutely. I have no doubt that that was
8 the last time as a patient I saw her physically.

9 Q. Okay.

10 A. And two days or so, she was making sure to
11 write medication at that time, and she get it from
12 Reno because she's going to move to California.
13 That is 8/27/20, she didn't say this now, she called
14 me maybe two days or so.

15 This is like 8/27, I can tell you --

16 Q. That's okay.

17 A. -- 8/29.

18 Q. She contacted you after and said that she
19 was moving to California?

20 A. Yes.

21 Q. So let me look at that chart note with you
22 for a second, please.

23 A. Okay.

24 Q. Under "Medication," shows to Latuda, I
25 believe that is 60 milligrams, and then Adderall,

1 15?

2 A. Yes.

3 Q. Were these -- in your chart notes, when we
4 see these medications listed, are those medications
5 you prescribed or medications she currently is
6 reporting to take?

7 A. This is medication list. Even if another
8 doctor give medication, I write it here. So all the
9 medication she's on, that doesn't mean that day I
10 gave the medication or she's even taking it. A lot
11 of time, they're not taking it.

12 I look at my last note, I say there, I put
13 her on so and so, I'm putting it here. Not always.

14 Q. Did you have a subsequent telephone
15 appointment with her at the end of September? That
16 would be on page 253.

17 A. Actually, yes. Might be missing some in
18 between, that something happened in between. Yes,
19 she told me that Dr. Price is out of town or not
20 available or whatever, can you refill, can I have a
21 phone appointment with you? And I say okay.

22 And they had one because -- because of --
23 I mean, if you just drop the patient and if they get
24 some problem, you are liable. So I wanted to do
25 that.

1 And then I gave 10 Xanax, the lowest
2 amount is .25. If you calculate all Xanax I gave
3 during 2020, all in 2020, I had given her less than
4 one month medication Dr. Price gave.

5 Besides, when you say "a medication," you
6 mean frequency? Two things is important.

7 And dosage. Now, you drink one-fifth of
8 this curve and can you cannot say I drank five cups.
9 So dosage matters, if you want to go to Walgreens
10 notes, and the frequency.

11 Q. Let's make sure the record is clear, okay?

12 So when you saw her in August, you believe
13 that was the last time you were going to see her as
14 a patient?

15 A. No.

16 MR. CUMINGS: I'm sorry. You said
17 "August," but you were referencing page 253?

18 THE WITNESS: August 27, '20.

19 MR. CUMINGS: Which --

20 MS. BEGGS: 252.

21 THE WITNESS: Okay. The information you
22 have in your chart in front of you has some
23 technical thing that you -- I don't know. Then they
24 say the patient picked up their medication is
25 different from the time doctor wrote the medication.

1 So whenever you see that, the -- can I say
2 something?

3 MR. CUMINGS: Can I ask a real quick
4 question? Lyn, I'm sorry to interrupt your direct.

5 MS. BEGGS: No, no.

6 MR. CUMINGS: Your question was, This is
7 the last time you thought you were going to see the
8 patient?

9 MS. BEGGS: Yes.

10 MR. CUMINGS: Was on August?

11 MS. BEGGS: Yes.

12 MR. CUMINGS: Okay.

13 THE WITNESS: You see, any doctor can lie
14 about anything but cannot lie about one thing. That
15 is the medication of when he wrote and then was
16 taken from pharmacy, there is a system in the United
17 States called "Prescription Monitoring Program,"
18 PMP, so I know what I gave, when I gave.

19 And if I give you date, I am correct. She
20 may have -- she might have picked it up a few days
21 later, but she cannot pick it up earlier because
22 it's not you can get.

23 BY MS. BEGGS:

24 Q. That's not my question.

25 A. Okay.

1 Q. My question is, When you saw the patient
2 in August --

3 A. Yes.

4 Q. -- in person --

5 A. Yes.

6 Q. -- did you believe that was the last
7 patient --

8 A. No.

9 Q. Okay.

10 A. No, I didn't.

11 Q. So -- because you had just said that when
12 you saw her -- when she had the phone appointment in
13 September --

14 A. Yes.

15 Q. -- she called you because Dr. Price was
16 unavailable.

17 A. Yes. Okay. In between something
18 happened, you didn't ask me that.

19 Q. Well --

20 A. If you want me to elaborate what
21 happened --

22 Q. Yes.

23 A. -- after August 27, then that explained
24 what the situation was. You see, on August 27, I
25 saw her, that's what the chart did. On August 29,

1 2020, she called and she says she's moving to
2 California, for good, forever, and moved most of her
3 stuff. She said, I didn't tell you about this.

4 I already -- oh yes. The reason she say
5 that is this: Because other physician from Palm
6 Springs going to call you and get either medical
7 record or ask you if I am taking this type of
8 medication or I am your patient, I want you to know.

9 So that's why she contacted me on 8/29/20.

10 Q. And you didn't write that in your chart,
11 right?

12 A. That's not office hour. This was
13 probably, I don't know, Friday or -- I'm not saying
14 it was Friday, I guess it was Friday. Saturday the
15 office is closed and the chart is not --
16 everybody -- a lot of people call us and we cannot
17 remember to go back -- whatever happened in the --
18 in the appointment, I write it there.

19 Q. Okay. So just to be clear, then,
20 August 27th, you thought she was going to return,
21 and she calls you two days later and says she is
22 moving to --

23 A. Actually --

24 Q. -- California.

25 A. Excuse me. If you look at the bottom,

1 8/27/20, if I really knew that she's not coming, why
2 did I give her four weeks appointment, both on
3 bottom, bottom, and close to my signature, it says,
4 "Return in four weeks." That means I expected her
5 to come back in four weeks.

6 Q. Okay. Okay. Understand.

7 MR. CUMINGS: Where's that at, the return
8 in four weeks?

9 THE WITNESS: Yes.

10 HEARING OFFICER BURCHAM: At the bottom of
11 252.

12 MR. CUMINGS: Okay.

13 BY MS. BEGGS:

14 Q. So just to clarify, Dr. Assad, at the
15 bottom of 252, that's not a "Y," that's a number 4?

16 A. Yes.

17 Q. Okay. All right.

18 Then when did she call you for an
19 appointment in September?

20 A. Okay. Listen, another thing happened in
21 which we -- on 9 -- okay. On 9/28/20 --

22 Q. That's the date of the phone appointment
23 with you?

24 A. Yes. She -- I was aware that she's having
25 another doctor. She says, Dr. Assad, would you

1 refill my medication? That was the last -- it
2 wasn't appointment, she says -- and I didn't charge,
3 it says "no charge" because it wasn't an
4 appointment.

5 Q. Okay. I'm looking at page 253.

6 A. Oh, sorry. Yes. I'm sorry.

7 Then what I say is after 9/28. Okay?

8 Q. What happened on 9/28?

9 A. Yes. What happened, she came back on four
10 weeks -- oh, no. I'm sorry.

11 She had a phone appointment. She was in
12 California, that's why she couldn't -- and the top
13 of the page says "Phone Appointment," and this is
14 her telephone number. She said she has -- she needs
15 medication.

16 And that is the date that, despite I told
17 her that you had a doctor, she says it's not
18 available, I gave only 10 tablets. I didn't give,
19 like, a month supply; I gave only 10 tablets of
20 Xanax, and the lowest dose possible in United
21 States.

22 Q. Okay. Just to be --

23 A. To just be -- yeah.

24 Q. -- clear, when you say you have another
25 doctor, she had told you at the end of August that

1 she had established with a doctor in Palm Springs?

2 A. Yes.

3 Q. That's the other doctor you're
4 referencing?

5 A. Yes.

6 Q. Okay.

7 A. That she -- at that time she didn't see
8 that doctor, and still was seeing Dr. Charles Price.
9 Even months before that, later on, I found out.

10 Q. I want to make sure that we're
11 understanding that you didn't know she was seeing
12 Dr. Price at that point, right?

13 A. At that time, I didn't know. But at 9/28,
14 I knew, because I gave her only 10 of Xanax, that's
15 it. That's it.

16 Q. Okay. So to make sure we're clear for the
17 record, you knew she was seeing Dr. Price, or you
18 knew that she established with a physician in Palm
19 Springs?

20 A. You told me that she has a doctor
21 appointment at Palm Springs or a city close to Palm
22 Springs. I don't remember the name.

23 Q. But it's California?

24 A. Okay. California.

25 And she -- before she -- I mean, she told

1 me that she's seeing another doctor, Dr. Price,
2 before. I was aware that she's taking -- she's
3 seeing Dr. Price at that time.

4 Q. So when -- so during August and September
5 of 2020, did there come a time when Patient A
6 started to call and text you for
7 less-than-professional reasons, for social reasons?

8 A. Yes.

9 Q. Okay. Can you tell us a little bit about
10 that?

11 A. On -- sometime before 10/2/20, 10/2/20,
12 that's October 2nd, and Wednesday before that or
13 same week, that Wednesday she called me -- I don't
14 know what Wednesday becomes what. This is, maybe,
15 Friday, I don't know, 10/2/20.

16 Before 10/2/20, she called me and say, Dr.
17 Assad, I want to, for the appreciation, you know,
18 I -- I don't -- I'm not your patient anymore, I have
19 already two doctors, one in Palm Springs, even one
20 in Nevada I've seen before. I want to have an
21 appreciation inviting you to restaurant. And then,
22 you know, she say, "Red Lobster."

23 And I said, I cannot come now. Anyway,
24 she was in California. And I say, Okay, I will come
25 on Friday. Is it -- it's 10/2/20, probably Friday

1 because -- yes, it was Friday. Yeah. I think
2 10/2/20 is a Friday.

3 Q. So if I'm understanding correctly, Patient
4 A contacted you and said, I want to get dinner as
5 appreciation for being my doctor?

6 A. Yeah. This long period of time, yes.

7 Q. And so that invitation --

8 A. I want to discuss certain things with you.

9 Q. Oh, okay.

10 A. Yeah. She said, "I want to discuss
11 certain things." She say -- she said that.

12 Q. Okay. Let's ask the question, did you
13 think that was appropriate at the time?

14 A. You know what, despite she wasn't my
15 patient at that time because -- you know, very
16 truly, no, it's not -- it's not good. I'm not
17 very -- I'm not at all proud of that. That cost --
18 that same thing, I am very ashamed of that. I --
19 that was a bad choice that I made.

20 I went to restaurant, I admit that was a
21 bad choice. I shouldn't go to with the patient -- I
22 mean ex-patient to restaurant. You're right.

23 That cost me \$300,000 and so forth, more
24 or less.

25 Q. Okay. So you meet her at Red Lobster at

1 her invitation?

2 A. Yes.

3 Q. Okay. And how did the dinner go? How was
4 dinner?

5 A. It was good. She paid dinner, and she has
6 no problem. And then she said -- oh, she wanted to
7 pay, she said, On my payment. I didn't do that. I
8 didn't let her. I think so, yeah.

9 So she told me that she has had problems
10 with her boyfriend for a long time. Her boyfriend
11 is -- now is 80 years old, and -- I did say that, I
12 shouldn't say that, but another doctor that also
13 old. And she says that I do know that you're not
14 happy, your son died. I don't know how she knew.
15 And she did know about wife, the divorce. I think we
16 can help each other, she said that.

17 But by the way, if you look at these
18 charts, my documents, many times she says, I like
19 older men. She keep saying, I like older men. I
20 want to be with older.

21 And that's common. People say things, we
22 don't pay attention, and, you know, we don't care
23 about that. A lot of time you hear these things.

24 Q. So this is all during the conversation at
25 Red Lobster?

1 A. Yes. But she say she likes old man. From
2 the beginning until now, if you look at my notes,
3 many places I mentioned that, that she indicated
4 that my boyfriend is so and so, I like older man, I
5 like people 40 years, 30 years older than me, these
6 kind of things.

7 Q. Okay. So what was discussed at dinner,
8 then, at Red Lobster?

9 A. Yes. This -- it was not the second
10 dinner. It was the only dinner.

11 Q. That's what I said: What was discussed at
12 dinner?

13 A. Oh, discussed at.

14 She say that, you know, she can be with me
15 and I pay her rent and expenses. Unfortunately, I
16 ask her how much is your rent and this kind of
17 thing, \$2,000? Back then, the rents in Reno was
18 cheaper, but 2,000 is enough every month. I was
19 divorced, I was alone, I don't have anybody. And
20 this was ex-patient, clearly ex-patient. I say that
21 -- she says \$3,000, and, you know, I agreed.

22 And then she was very happy. She says,
23 I'm very happy I brought this up. I couldn't bring
24 it on the phone. Clearly I meant this, all this,
25 I've been saying that I like older man before, and

1 this kind of things.

2 Q. Okay. So what happened after you had
3 dinner at Red Lobster?

4 A. Okay. She came to her car -- I came to my
5 car, she came and hugged me, and she said she's very
6 happy about that.

7 Q. Did you drive her around in your truck?

8 A. Okay. I -- I did. She say this: Okay,
9 Dr. Assad, where is the apartment? Because I used
10 to live in an apartment in northwest when I moved.
11 This apartment doesn't have extended contract, that
12 means you can pay month by month. I say, I know a
13 place. She says, Would you please show it to me? I
14 took her there, yes. And then I bring her back.

15 That fact that I went to office and gave
16 her medication in tissue paper, it's like childish.

17 Q. So that -- your testimony, then, is that
18 did not happen?

19 A. No.

20 Q. Okay. So when -- can you -- you mentioned
21 October 2, is that the date, in your recollection,
22 of the dinner?

23 A. Yes.

24 And then let me tell you about October the
25 3rd, that means day after, if you want to.

1 Q. Let me kind of move the -- after dinner,
2 the night of the dinner, did Patient A contact you
3 again?

4 A. The -- actually when we were at showing
5 her that apartment, she says, My sister live this
6 area, my sister live, and she's involved in drugs.
7 I don't want to be close to her. I have a child.
8 And then we decide tomorrow, which is October 3rd,
9 to go look at the apartment she likes.

10 Q. Okay. So this was at her -- she wanted to
11 go see a -- different apartments the next day?

12 A. Yes.

13 Q. Okay. So did that happen?

14 A. Yes. We went and look at the apartment in
15 the morning. She wanted to rent an apartment, it
16 was southwest, somewhere close to either South
17 Meadows or close to that. She wanted to -- she
18 wanted that kind of apartment.

19 And, then, you know, live -- she talked to
20 the -- whomever was there, and then she came up and
21 we go from there.

22 Q. So at this point in time, just to clarify,
23 she's not your patient anymore, right?

24 A. No.

25 Q. Okay. Looking at her at the time, did you

1 have any concerns about her mental health or mental
2 status at that time? What was her affect?

3 A. Actually, if anything, she was more happy.
4 Always, she says, she's here -- and there some
5 patients, no matter what they take or not, sometimes
6 they say, I am depressed, I'm depressed, because
7 that's routine.

8 But no, no suicide or nothing. She was
9 healthy. She was able to make a choice decision.
10 And if you want the reasons, I will bring it up for
11 you later.

12 Q. Had she mentioned going back to California
13 again?

14 A. Yes. Actually, after we saw the apartment
15 on 10/3/20, she called and say, Dr. Assad this is
16 too much. The apartment thing, and filling
17 application and putting my name there, so and so.
18 You know what? I want to go back to California. I
19 don't need any anybody, any boyfriend. So that
20 means that's broken.

21 And I say, Okay, that's good choice. You
22 have doctor? She says, Yes. You safe? She says,
23 Yes.

24 And then she moved to California on 10 --
25 that's what she told me, day or day after. And then

1 I didn't hear from her from 10/3/20 to 10/16/20.

2 If you want to know why I am coming up
3 with this date later on, ask me, I can explain
4 exactly.

5 Q. So there's a -- so let me have you go back
6 to the medical record now.

7 A. Excuse me, I say "10/16/20," either it was
8 10/16/20 or 10/16/21. That's the night, the special
9 night. It wasn't the 13th, it wasn't the 12th. Her
10 lawyer came up with three different nights.

11 Q. Okay. Doctor, please.

12 A. Sorry.

13 Q. So I just -- so she contact you again on
14 10/16/20?

15 A. Yes. Yes.

16 Q. So can I have you turn to page 254?

17 A. Yes.

18 Q. Okay. Is that when she contacted you?

19 A. Yes. She didn't contact my office. She
20 just contact me and say this: That my doctor, the
21 one in California, is not going to see me until so
22 and so, so I don't have Adderall. And Dr. Charles
23 Price is not available. Can you give me one refill
24 of Adderall?

25 And then this time, this time I gave

1 refill to this. First of all, Dr. Charles also
2 written -- you don't have those documents --

3 Q. Doctor, just --

4 A. Okay. Sorry. I have to stick -- okay.

5 So she said that she doesn't have doctor
6 available. And the thing is that I didn't want to
7 abandon her. At the same time, giving medication is
8 bad, not giving medication is bad.

9 If you give medication, they may later on
10 say that, yeah, you give medication, and she was --
11 then she is your patient. If you don't give
12 medication, then they say you abandoned, as the
13 Board said that I abandoned the patient.

14 So I gave the medication at a control.
15 But there was no appointment, I just refilled.
16 There was no doctor-patient relationship. I said, I
17 will. And I did, and I did it -- there's no
18 charges, no appointments, there's nothing. I won't
19 be seeing -- this is not an appointment. Where it
20 says "no charge," that means -- as specifically I
21 mentioned here, if you read "until she see her new
22 doctor." I mentioned "new doctor."

23 Q. So on that note, as Dr. Durette noted, you
24 have marked certain things on the mental status
25 examination.

1 Did you perform a mental status
2 examination?

3 A. Actually, no.

4 You see, sometime you don't ask her to
5 count so and so and do and so. What you do when
6 person talks to you, you put these things so you're
7 not liable in case if she's suicidal, in case she
8 wants to attempt suicide.

9 When she talks somehow nice and calm and
10 so and so and a mood is good and she says
11 everything's okay, I only need this medication, my
12 life is good, so we feel that -- and of course she
13 was oriented as to time, place, person, and
14 situation. Situation means she wants medication.
15 Time is the date. Place is she's in California, I'm
16 in Reno. Person, yeah, she knows that I'm Dr.
17 Assad.

18 So these things -- her mood was good.
19 Does that mean I perform a mental status? No. She
20 was not indicating having suicidal -- I have to
21 write these things when give medication. That
22 doesn't mean I did a mental status or I had
23 appointment, no.

24 MS. BEGGS: 30 seconds, since -- I was
25 going to get a little water.

1 MR. CUMINGS: Are you almost done? We can
2 take a quick break if you are.

3 MS. BEGGS: Do you mind? I just -- yeah,
4 I just need a minute.

5 HEARING OFFICER BURCHAM: Let's take a
6 break.

7 MS. BEGGS: Just two minutes. I just need
8 some water.

9 HEARING OFFICER BURCHAM: Okay. Go.
10 We're off the record.

11 (Recess from 2:40 p.m. to 2:45 p.m.)

12 HEARING OFFICER BURCHAM: Back on the
13 record.

14 Continue.

15 BY MS. BEGGS:

16 Q. Okay. Thank you, Dr. Assad. I appreciate
17 that moment.

18 Let me fast forward. You talked about the
19 fact that Patient A had gone to California. When
20 did you hear from her again? Did you know that she
21 was back in Reno?

22 A. Okay. So after that talking on 10/16/20,
23 she called me. I didn't hear from her -- she was in
24 California, but she says she need all the medication
25 in Reno. You see, because California will not

1 accept certain scheduled substance from another
2 state. I said okay because she says she's going to
3 go see her daughter and move the rest of her stuff
4 to California.

5 And I ordered it in that manner.

6 Q. Okay.

7 A. And I didn't hear anything from her. And
8 here -- this is most probably 10/21/20, but there is
9 a possibility it was 10/20, that means one day I am
10 here, not sure.

11 Q. Okay. And so is that when she contacted
12 you, in your opinion, from the motel?

13 A. Yes. She contacted.

14 Q. Okay. And what did she -- did she text
15 you and/or call you?

16 A. She -- she text this: Is the deal is
17 still available?

18 That means: I be with you and you rent
19 place for me.

20 Q. Okay. And what did you reply?

21 A. You know, I was -- unfortunately, I am not
22 proud of myself, I say, Yes.

23 Q. And did she at any time during that
24 conversation indicate that she was having a mental
25 health emergency?

1 A. Never. No.

2 Q. Did she ask you to meet her at her motel?

3 A. Yes.

4 Q. Okay. And what did she tell you?

5 A. She gave me the address of the place she
6 was.

7 Q. Okay.

8 A. And then she say, Don't come right now.
9 Come in 20 minutes because I need to take shower.

10 Q. So you --

11 A. A person who was suicidal -- I'm sorry.

12 Q. You arrive at the motel?

13 A. Yes.

14 Q. Okay. And she had given you the room
15 number?

16 A. Yes.

17 Q. Okay. Did you see any alcohol bottles?

18 A. No.

19 Q. Did she seem impaired at all?

20 A. Not at all.

21 Q. Did you see any beams in the ceiling,
22 anything on the ceiling?

23 A. No.

24 Q. Do you recall what she was wearing?

25 A. She was wearing something nice, she had

1 makeup on, she looked like she had shower.

2 And a person who is suicidal, it's not
3 like that, doesn't take shower and want to meet with
4 others and have makeup and have a new dress on.

5 Q. She was wearing a dress?

6 A. Yes.

7 And her bed was set, everything was neat
8 in the room, yes. And she had a car outside with a
9 load of boxes on the top of it that she was going to
10 move the last part of her stuff. It was in the
11 garage of ex-boyfriend.

12 Q. Okay. So you get there, what is her
13 demeanor?

14 A. She say, Dr. Assad -- didn't say "Dr.
15 Assad." She say that this place is no good for
16 tryst, she brought me, saying that my car is here,
17 my ex-boyfriend may cause trouble, so that's one
18 reason. Another thing is not very romantic,
19 sanitary. This is a motel. I don't like it.

20 Another reason that she knows a place that
21 she was before -- I don't know how long before she
22 was there -- she didn't have enough money, she moved
23 to this place, which was Hyatt. She said, Let's go
24 here.

25 Q. And did you agree?

1 A. Well, I didn't like it because I have to
2 put -- I mean, any smart person think that -- well,
3 of course, I wasn't the smart in this, but anybody
4 think that you go to a hotel, you're putting your
5 credit card there, you leave all the evidence. But
6 I did agree.

7 But for what reason I asked somebody, why
8 I asked her to go from a motel to hotel?

9 Q. So she asked you to take her to the Hyatt
10 Place?

11 A. Yes.

12 Q. And did you drive her there?

13 A. Yes, because her car was having a lot of
14 stuff on it first, and then she didn't have driver's
15 license, later on I found out.

16 Q. Okay. So you get to the Hyatt -- you get
17 to the Hyatt, did you go in and check if there was a
18 room?

19 A. She say she is shy because they know her.
20 She'd been there. So I went inside to see if they
21 have available place. They said yes.

22 And then she came in. I saw the light in
23 the face of that man and the person was sitting
24 there, and means she been here before, somehow.
25 That means that. She says, Oh, hi.

1 Q. Did you got a room, though?

2 A. Say again?

3 Q. You got a room at that hotel?

4 A. Yes.

5 Q. Okay. And did you both go to the room?

6 A. Yes.

7 Q. Did she seem uncomfortable at all to you?

8 A. Not at all.

9 Q. Did she leave the room at a point?

10 A. Yes, she did. She did leave the room.

11 She say she wants to get some ice for us because it
12 was hot during that season -- or weather.

13 She get ice and she wants to buy some
14 Gatorade and water. And she did. And then she came
15 back.

16 Q. Without going into detail, did you have
17 sexual relations with her?

18 A. Yes. She initiated that. I had -- I -- I
19 am not proud of myself.

20 Q. At any point did she tell you that she did
21 not want to engage in sexual --

22 A. Not at all. As a matter of fact, she said
23 this: It was two years I couldn't have that, and I
24 didn't have that because my boyfriend is 78 years
25 old. So that was great. She -- I'm sorry, I

1 apologize. I shouldn't say that. She finished, she
2 had orgasm at the end.

3 I couldn't sleep -- I may say this, I am
4 sorry I -- I'm -- it's very uncomfortable for me to
5 say that. In the morning -- I mean, I didn't sleep
6 that night well because she was holding to my
7 genital. I don't know how the motor system --
8 because people go to sleep --

9 Q. Let's move on.

10 So what happened the next morning?

11 A. The next morning, I remember that it was
12 Wednesday most probably, because I had two patients,
13 so I had to leave about 7:30. She woke up, she was
14 very happy, she says -- I said, I'm going to give
15 you a ride. She says, No, no, no, no. It's okay.
16 I get a Uber because I want to sleep more. She was
17 enjoying herself.

18 And then I left some money there because I
19 thought she doesn't have money for motel and to pay
20 where she was and she probably needed for Uber. All
21 I had was not much, I had \$500, and I gave it to
22 her.

23 Q. Okay. Did you hear from her again?

24 A. Yes. She texts and say, Thank you for
25 generous contribution. I remember that, 100

1 percent, and it's honest that I'm saying that, and
2 despite it's not too much, but she said that.

3 Q. Did you -- was there a second sexual
4 encounter?

5 A. Okay. So she kept on calling on and off,
6 texting and calling me and asked me here and there,
7 and she says that it was very good and so and so.
8 It was three days later, or four days maximum, four
9 days later, it was a Saturday, she also mentioned
10 today it was 24th. That's correct date. The 24th
11 of October, she asked to see me.

12 So she said she went to my office, the
13 event was. That's lie, she could have not lost the
14 way. She'd been there many times before to do urine
15 test. My office is straightforward across West
16 Hills Hospital.

17 The reason we went to my office because
18 she lost the way, we going to a house, which close
19 to that office. Okay? We went there. But she lost
20 the way.

21 I said, Go to the office, I come get you.
22 And we went there because -- it was probably a few
23 days after that, I was -- I couldn't perform, and I
24 swear I never asked for any --

25 Q. Did you give her any medication that day?

1 A. No.

2 Q. Okay. Did you come to find out -- and I
3 don't want to move this into a conversation of
4 anything subsequent, but did you find out at a point
5 that she was pregnant?

6 A. Yes.

7 Q. Okay.

8 A. Actually that night -- you forgot to ask
9 me about this -- I thought that she may get
10 pregnant. She says -- she says this: That I had
11 period that -- yesterday or so, I finished, and I
12 couldn't get pregnant. I said, You're right.

13 So, you know, we didn't seek condom or
14 anything like that.

15 Q. But you did find out that she was pregnant
16 and found out, eventually, that you were the father
17 of the child?

18 A. She called me -- I don't know when. This
19 part I don't know because nothing --

20 Q. Yeah.

21 A. I mean, the distance of a time that some
22 urine can show that a child -- she called and she
23 say pregnant. I said, That's not possible. That's
24 not possible. She says she is, she tested, and so
25 and so.

1 I say, If that's the case, I support you
2 in any way. I believe -- I don't believe in
3 abortion, but if somebody wants to do, I mean, I
4 can -- I say in any way I am able to help you. If
5 you need support for the child, for this or that or
6 that, if that's the case. Yes.

7 Q. Did you tell her at that point that you
8 couldn't be her physician anymore?

9 A. No. Way before that.

10 I wasn't her physician at that time
11 anyway, so she knew that. Even there is a text,
12 says, I know that you you're not my physician. So
13 that's nonsense.

14 Q. Thank you. I will turn you over to
15 Mr. Cumings.

16 MS. BEGGS: I can move back over to the
17 other side.

18 MR. CUMINGS: Up to you. I really don't
19 mind.

20 MS. BEGGS: Okay.

21 HEARING OFFICER BURCHAM: Cross?

22 CROSS-EXAMINATION

23 BY MR. CUMINGS:

24 Q. Dr. Assad, were you there when your son
25 was born?

1 A. Okay. She didn't let me know that. I
2 would have been available for my son. You see, I
3 made one mistake. I didn't want to make two
4 mistake. Once you do something wrong, you shouldn't
5 do something wrong to correct that.

6 What happened, many times I told her
7 lawyer --

8 Q. So this is -- hold on.

9 A. -- that I want the child. I will take
10 care of child. I want it to be clear.

11 No, she didn't let me know that she's
12 going to deliver. She didn't let me know. She
13 contacted me days after she gave the child for
14 adoption without my permission or without calling or
15 anything.

16 And the reason she called was because she
17 relinquished her right and gave the baby to a family
18 in California. Now she says, Dr. Assad, you didn't
19 relinquish your right. You can get it for me. If
20 you do that, I'm not going to sue you, I'm not going
21 to report you to the Board.

22 Q. So -- but when -- so that's when you found
23 out that you had a son with her was after he was
24 already born?

25 A. Yes.

1 Q. And was he born premature, to your
2 knowledge?

3 A. I'm not sure.

4 MS. BEGGS: I'm going to object.
5 Relevance. We've established --

6 MR. CUMINGS: I haven't objected to any of
7 the stuff that -- he was going on about 20 minutes.
8 It's open.

9 HEARING OFFICER BURCHAM: Hang on. Let's
10 -- I want to keep going, to an extent.

11 MR. CUMINGS: I've more than let you go
12 further today.

13 HEARING OFFICER BURCHAM: Right. But
14 we're not debating that.

15 BY MR. CUMINGS:

16 Q. Doctor, is your son --

17 HEARING OFFICER BURCHAM: We're at the
18 here and now.

19 BY MR. CUMINGS:

20 Q. -- premature, to your knowledge?

21 A. I don't know, but possibly, yes.

22 Q. What's was his birthday?

23 A. It was 7/6/20.

24 Q. 7/6, so July?

25 A. Yes.

1 Q. Not October -- or not January -- or June?

2 A. Not June; July.

3 Q. Okay. So we've stipulated that he was
4 June 2021, so it's incorrect?

5 A. No, it's July.

6 Q. July. Okay.

7 A. That's -- that itself shows that the sex
8 was way --

9 Q. So July 7th.

10 A. July 7 is my son's birthday.

11 MS. BEGGS: July 6 or 7?

12 THE WITNESS: I'm sorry. July 7th -- 6th,
13 yeah. July 6, 2020.

14 MR. CUMINGS: Court's indulgence for a
15 second.

16 THE REPORTER: And you said "July 6,
17 2020"?

18 THE WITNESS: Yes. 2020, July 6, 2020.

19 THE REPORTER: Thank you. I want to make
20 sure I get it right.

21 MR. CUMINGS: One more moment. I do
22 apologize.

23 BY MR. CUMINGS:

24 Q. Okay. So 40 weeks, which is the -- you're
25 a physician, 40 weeks is the estimated gestational

1 period for a child. Correct?

2 A. First of all, when they say "40 weeks,"
3 doesn't mean 40 weeks ago and you had sex. That
4 means 40 weeks ago was her last period, which I
5 don't know when was her last period and she doesn't
6 know either. Because people can have bleeding and
7 not be in their period. That's one thing.

8 Another thing, that is for some -- many
9 people, they were born 35 weeks, 34 weeks, sometimes
10 42 weeks. So it's average. It doesn't mean that
11 it's going to be exactly that, but if you check --

12 Q. Dr. Assad, can you please answer my
13 questions directly, please.

14 So 40 weeks is about the estimated --
15 you're a physican, 40 weeks is about the estimated
16 gestational period for a human being?

17 A. No.

18 Q. What is it?

19 A. Forty weeks is this time that a person had
20 last period until delivery, and that's not always --

21 Q. Are you aware of conception date
22 calculators?

23 A. What is it?

24 Q. A conception date calculator. You can put
25 somebody's birthday in there, and assuming that they

1 were not -- were not premature, you can calculate
2 the estimated conception date in a range.

3 A. First of all, if you --

4 Q. You are you aware of that?

5 A. I'm not -- okay. I'm not sure if he was
6 or he was not premature, but I'm sure about my date.

7 So if you look at the internet, yes, you
8 can even say is it possible that the child, wanting
9 to be sure for the date of birth of the child, is it
10 possible that the sexual activity happened the 20th,
11 you enter the ChatGPT, yes, highly, most likely.

12 Q. This is not ChatGPT.

13 If he's is premature, then his conception
14 date would be even further from October 22nd, the
15 date you say you slept with her. Correct?

16 A. First of all, you ought to know that
17 sometimes even a sperm stays -- this is against
18 myself, I'm saying. A sperm can be viable five
19 days, so these things are not really set things, set
20 rules.

21 Q. Doctor, again, I'd like you to just answer
22 the questions I'm asking you, not -- not conjecture.

23 So if he was born premature on July 6,
24 2021, then the estimated date of conception would be
25 even further after October 22nd, when you said you

1 had sex with her, right?

2 A. If she was --

3 Q. Let me break it down.

4 When did you have sex with Patient A, what
5 date?

6 A. 10/20/20.

7 Q. So October 20, 2020.

8 A. I did that, or '21?

9 Q. According to his date of birth, it says
10 the most probable conception date is October 11th
11 through October 15th, possibly October 10th through
12 October 20th.

13 A. Yes.

14 Q. So really --

15 A. So it says "possibly" until 20th?

16 Q. But most likely October 11th through
17 October 15th.

18 A. Well, you cannot -- I mean, you cannot --
19 I have -- sorry. She's not sure what date was it.
20 If you listen, she says 13, the lawyer says 12, some
21 other says -- you saying 11th now.

22 Q. I never said 11th.

23 A. Okay. Sorry.

24 And I know what date was it because that
25 was Wednesday and I had appointment, and I back

1 these dates regularly. I am sorry about my date.
2 Except one of them, which is one day different.

3 Q. So let's look at your practice here for a
4 little while. As a psychiatrist, you're saying that
5 all you do is prescribed drugs to patients and
6 monitor them.

7 You don't actually engage in any talk
8 therapy?

9 A. Well, if you pay attention to this, the
10 reason is that -- and my notes indicate the same --
11 because physicians are expensive to spend time for
12 insurances. But therapies, you can give \$40 to a
13 therapist per hour that you have to give 300, \$400
14 to a physician to have them. And the therapy, they
15 can be doing that. That's why the --

16 Q. What does an appointment -- for an average
17 patient, not Patient A, but for a patient coming in,
18 how long do you spend with that patient?

19 A. They can spend as much time as they want
20 to be.

21 But usually when a patient come the first
22 day, she's -- she or he are not stable, then they
23 become stable, then we just say, You doing okay? We
24 make sure that they -- they didn't take extra, what
25 medication they want, what symptom they have. We

1 give it to them and go.

2 Sometimes, it depends on the person, it
3 could be like 10 minutes, could be 15 minutes, or
4 could be 5 minutes, and then we charge accordingly
5 our time to insurance.

6 Q. I don't want to misstate your testimony.
7 I believe when Ms. Beggs was giving you direct
8 examination, you stated that you don't do talk
9 therapy, though. Correct?

10 A. I do not. Usually I don't. Not at all,
11 as a matter -- last -- because I had a -- I had a
12 walk-in emotional support, people just walk in. I
13 don't have time to spend one hour with one person.

14 Sometimes I see like 40 patients a day, so
15 I cannot spend one hour with one patient. Talk
16 therapy is one hour. I don't --

17 Q. Do you have psychologists on site that
18 actually do that?

19 A. I did. At that time, I did, yes. I --
20 actually I referred her to. I don't know if she
21 went to or not.

22 Q. And you stated that you've never had a
23 patient commit suicide?

24 A. That's correct. Committing them is
25 different from -- I'm sorry.

1 Q. Different than ideation?

2 A. No. Attempt is different. Ideation is
3 different. Commitment is different.

4 So somebody may attempt suicide but
5 doesn't die. Somebody may have suicidal thoughts, a
6 doctor can prevent that. Once somebody committed
7 suicide is dead already.

8 I had not one in my life, and average
9 doctors have two or three a year. That's two or
10 three a year.

11 Q. But as a psychiatrist, you're not really
12 seeing them to to give them therapy or talking about
13 a crisis; you're just there to help manage their
14 prescriptions. Correct?

15 A. The crisis can be solved with
16 non-doctor/physican to achieve that.

17 Q. So it's not you that actually talks them
18 off the ledge? So it's not you that actually talks
19 them off of killing themselves; you just give them
20 drugs?

21 A. No, no, no, no. Listen, if you look at my
22 notes, each one of my notes says "suicidal,
23 homicidal, hallucination, visual hallucination."
24 Look at my chart. I say, no, no. I ask those.

25 That's not talk therapy. Talk therapy is

1 different than psychotherapy.

2 Q. So then why is it relevant that you never
3 had a patient not commit suicide if you're not
4 actually engaging in talk therapy?

5 A. Do you think people -- okay. Say one more
6 time. Let me see if --

7 Q. Why is it relevant if you don't actually
8 engage and talk therapy, all you do is manage
9 drugs --

10 A. Yeah.

11 Q. -- that you never had a patient commit
12 suicide?

13 A. You think only talking prevent people from
14 suicide? The medication -- this is neurotransmitter
15 in your brain, which you have to know that and
16 accordingly see which one is short, you give them
17 medication which activate that, I give them -- give
18 the person right medication.

19 And another thing is to -- not to ask her
20 to come back in six months because you're busy. If
21 you think it's -- it's kind of fishy, you ask her to
22 come back next week. Many times I ask many of my
23 patients, Come back next week.

24 If you look at her, I can show you --

25 Q. I just want to stick to the question.

1 A. She wasn't suicidal or anything.

2 Q. I let's stick to the question, though,
3 here.

4 You stated that you -- your patients have
5 to call your office to make an appointment.

6 Correct?

7 A. Right.

8 Q. Right?

9 A. No, no. Listen, there's -- if they are
10 new patient, they can come in, walk in.

11 Q. Yes.

12 A. Okay. If they are follow-up patient, we
13 make appointments at end of each session. Now, if
14 they need to see me earlier, they can call and make
15 appointment.

16 Q. Okay.

17 A. Now, if she didn't come for her
18 appointment, she missed --

19 Q. No, no, no. Let's -- Dr. --

20 A. -- (indiscernible) and call and make
21 appointments.

22 Q. Dr. Assad, let's just stick to the
23 questions I'm asking. Okay? I know you're anxious
24 to kind of get to that --

25 A. Yeah. I'm sorry.

1 Q. -- and we will.

2 A. You're right. I'm trying to make sure I
3 understand the thing right.

4 Q. So patients call to create an appointment
5 if they don't have one scheduled from your last
6 visit?

7 A. Right.

8 Q. Okay. But anybody -- any of your patients
9 can reach you after hours with your cell phone?

10 A. Everybody can reach me.

11 Q. And you -- do you document when people
12 reach out to you after hours?

13 A. When -- if it's something -- it depends
14 what it is. It is for appointment, I say, Listen,
15 I'm sorry, I cannot give you appointment. Call
16 tomorrow. If it's something suicidal, yes, right
17 away I act. If it's something bothering them that
18 they need medication that is not the emergency, I
19 say, Come see me tomorrow and don't worry about not
20 having appointment. If it's somebody who wants to
21 change his appointment, cannot come there after, I
22 tell them, Call tomorrow because I don't have the
23 schedule here.

24 Q. So what if a patient called and said, I
25 don't want to see you as a psychiatrist anymore,

1 would you document that?

2 A. Okay. Well --

3 Q. Specifically. It's just to my
4 hypothetical.

5 A. Many people do that. This is a field that
6 everybody get angry sometimes at you because you
7 didn't give them something or you gave them
8 something other than they wanted, they call and they
9 come back.

10 Q. They're so looking at the record for 8/27,
11 which was on page 252.

12 A. Yes.

13 Q. You see that. Okay.

14 A. Yeah.

15 Q. Now, it says there's -- she's going to
16 return the clinic in four weeks.

17 A. Um-hmm.

18 Q. And you've stated on direct examination
19 with Ms. Beggs that on 8/29, the patient called you
20 and said she no longer wished to see you?

21 A. Yes. Yes.

22 Q. And you then document in the record that
23 she calls you and stated that you were terminating
24 her care --

25 A. First of all, this is weekend, what you

1 say. If I want to write down everybody's statement
2 which is not important, I have to carry papers with
3 me, and I cannot do that. You see, I am seeing full
4 weeks patients walk in. I cannot work on weekends
5 too.

6 So the thing is this, that the next
7 appointment, you know --

8 Q. Dr. Assad, let me ask you a follow-up to
9 that, then.

10 So you're stating, then, that it's not
11 important that a patient of 10 years called, after
12 hours, to cancel seeing you ever again, and you
13 didn't document that in the record?

14 A. It was -- how can I record this later on
15 when she called later? I cannot --

16 Q. Well, apparently, you just write it in
17 with a pen.

18 A. Huh?

19 Q. Apparently, you just write it in with a
20 pen. It's not like it's an electronic medical
21 record.

22 A. I know. But I have to have another paper
23 to write it here. I -- it was weekend. I didn't
24 write it.

25 Q. So you couldn't find a piece of paper on

1 the weekend, that's why there's no record of that?

2 A. What is it?

3 Q. You couldn't find a piece of paper on the
4 weekend, so that's why there's no record of it?

5 A. On weekend, I'm not at my office.

6 Q. But, again, if a patient contacts you --

7 A. Yes.

8 Q. -- and changes status --

9 A. Listen --

10 Q. -- you don't document in her medical
11 record that --

12 A. Listen to me --

13 Q. -- she's no longer a patient?

14 A. The point is this: She already tell me
15 that she has doctor, she's stable, she doesn't want
16 to see. This is not something emergency that I --

17 Q. Dr. Assad --

18 A. -- drove and go to my office and write
19 that in my chart and come back.

20 Q. Dr. Assad, let me ask you, in your record,
21 going all the way back to 2011, where is it
22 documented anywhere in here that she's seeing
23 another psychiatrist?

24 A. Okay. She -- this is very clear --

25 Q. It's not clear.

1 A. -- it's --

2 Q. Because it's not in the record.

3 A. If I explain -- if I explain this --

4 Q. That wasn't the question, Doctor. The
5 question was --

6 HEARING OFFICER BURCHAM: Hang on just a
7 second.

8 BY MR. CUMINGS:

9 Q. -- where in the record --

10 HEARING OFFICER BURCHAM: Hang on. Hang
11 on.

12 Here's the way it's going to work:
13 Question, answer that's responsive to the question.

14 THE WITNESS: Yes.

15 HEARING OFFICER BURCHAM: If the attorney
16 or your lawyer want to follow up with more, they're
17 entitled to do that. Try to listen to the question
18 and then answer to the best of your ability the
19 question that's posed. Okay?

20 THE WITNESS: Sorry.

21 BY MR. CUMINGS:

22 Q. Dr. Assad, did you never document in the
23 medical record for Patient A that she was seeing
24 another psychiatrist? Straight question, straight
25 answer.

1 A. I did.

2 Q. Where?

3 A. On 10/16/20, it says --

4 Q. On 10/16?

5 A. -- until she sees her new doctor.

6 Q. No, no, no, no, no, no. Before
7 August 27th -- you're relying on the fact that she
8 was seeing another physician as to why you don't
9 have to document why she's terminating as a
10 patient -- let me finish my question -- where before
11 that date is there anything that states she is
12 seeing another psychiatrist?

13 A. I'm telling you, you didn't listen to my
14 --

15 Q. No, no. I -- you didn't listen to my
16 question. My question is before 8/27 --

17 A. -- because it was --

18 Q. -- where is it in the record?

19 A. -- because I didn't see her any more. In
20 between, she -- on the -- in between she told me.
21 This is way after --

22 Q. And --

23 A. This is after the --

24 Q. In between 8/27 and 8/29, she told you she
25 had another doctor?

1 A. 8/27 and 8/29 --

2 Q. Because 8/29 is when you had this phone
3 call that you didn't document in the record.

4 A. Yeah. She -- she called me. I didn't --

5 Q. And then you never documented that she was
6 terminating care with you, seeing somebody else as a
7 patient, because you didn't have a piece of paper?

8 A. It is very clear that he did see the
9 patient because it's in the PMP. The name of that
10 doctor's in the PMP.

11 Q. Where in your records, Doctor, does it say
12 that you've referred her, that she's taken care of,
13 that she's now under the care of some other
14 physician for her psychiatric medicine?

15 A. The only time I wrote it was when I refill
16 her medication. I say --

17 Q. On 10/16.

18 A. -- I refill medication until next -- until
19 she can see her doctor, her new doctor.

20 Q. So looking at that record again on 8/27,
21 it says she's going to follow up in four weeks --

22 A. Yes.

23 Q. -- return to clinic.

24 A. Right.

25 Q. About four weeks later, you have another

1 note in there that's 9/25 -- or 9/28/20.

2 A. 9/28.

3 Q. And then you say she's going to return to
4 the clinic again in four weeks.

5 A. You see, she didn't have -- she didn't
6 have Xanax, and she asked for an appointment.

7 Q. So let me ask --

8 A. That was a phone appointment. And briefly
9 she say she's running out of Xanax, and I gave her
10 Xanax, 10 tablets --

11 Q. So you --

12 A. -- because I didn't want to give any --

13 Q. So you prescribed her drugs, you made a
14 record of it, and then you wrote in there that she's
15 going to return to the clinic again in four weeks?

16 A. Yes.

17 Q. Even though she's no longer a patient, on
18 9/25?

19 A. 9/28. I'm sorry. It's just -- I just --

20 Q. Page 253.

21 A. 9/28 --

22 Q. It's this phone appointment, 9/28,
23 patient's name, prescribed Latuda, Xanax, Adderall.

24 A. Okay.

25 Q. She's going to return to the clinic in

1 four weeks.

2 A. These things are not prescribed by me.
3 That means she's on it. She was given, by
4 Dr. Price, Latuda, something like that, Adderall,
5 and even Xanax, 60 tablets not 10 tablets, before
6 me. Two a day, half of the -- twice dosage of this.

7 Q. So the question, Doctor, you didn't
8 prescribe the drugs at this visit?

9 A. I did.

10 Q. You did.

11 A. Only 10 Xanax. Only 10 Xanax, which is
12 .25, which is the lowest --

13 Q. And then --

14 A. -- and that's --

15 Q. And then she's going to follow up in four
16 weeks?

17 A. Yes.

18 Q. But she was no longer a patient as of --

19 A. The thing is that --

20 Q. -- 8/29.

21 A. -- I --

22 THE REPORTER: I need for you all to not
23 talk over each other, please.

24 BY MR. CUMINGS:

25 Q. Dr. Assad, four weeks, she's going to

1 follow up on 9/28. You follow my logic here? But
2 you stated she's -- and is not documented in the
3 records that she called you on August 29, 2020, to
4 tell you she's no longer a patient.

5 A. Yeah.

6 Q. And she was seeing another psychiatrist,
7 which you also did not document in the record.

8 A. So --

9 Q. But you did document -- I'm summing up
10 here. You did document on 8/27 that she's going to
11 follow up in four weeks. Roughly four weeks later,
12 there's a note in here for 9/28, in which you say
13 you're going to follow up in four weeks, and you
14 prescribed drugs.

15 So how is she not a patient at this point?

16 A. So -- yes. You see, I usually write four
17 weeks here --

18 Q. So it's meaningless --

19 A. -- because a lot of patients --

20 Q. -- you just write "four weeks" no matter
21 what.

22 A. -- can see four weeks. It doesn't mean
23 that she's going to come in four weeks, so --

24 Q. But it did for 8/27 when she came four
25 weeks later.

1 A. Because she ran out of Xanax.

2 Q. And then roughly four weeks after 9/28
3 would be the end of October?

4 A. Say that again?

5 Q. Roughly about four weeks after
6 September 28th would be towards the end of October.
7 Correct?

8 A. End of October, yeah.

9 Q. So what -- so let's examine what
10 happens --

11 A. She didn't come, yeah.

12 Q. Let's examine what happened in between
13 this visit on 9/28 and October 16th, the end of
14 October.

15 You took her to Red Lobster?

16 A. Yes.

17 Q. You took her to Red Lobster. All right.
18 You told her a friend was going to meet
19 her at Red Lobster?

20 A. No, no. Not at all. Not at all.

21 Q. So what were you doing with the patient at
22 Red Lobster?

23 A. Because she invited me, and,
24 unfortunately, I accepted. Couple of days before
25 the 10/2/2020, she called and she says it's for

1 appreciation, she wants to invite me, and,
2 unfortunately, I accepted.

3 And she says there's things that I want to
4 tell you, that I'm not your patient anymore, so
5 nothing to worry about coming to Red Lobster.

6 Q. So when did she meet you at Red Lobster,
7 about September 25th?

8 A. September 25th?

9 Q. Yeah.

10 A. No. She met me at Red Lobster 10/2 -- no.
11 Yes, 10/2/2020.

12 Q. But you went on -- you went to Red Lobster
13 on a Friday?

14 A. It was probably Friday, yeah.

15 Q. Probably Friday. You said it was Friday.
16 Is it probably Friday or is it Friday?

17 A. Okay. 10/2/20 is Friday, yes.

18 Q. So it was a Friday, then.

19 You know what else is a Friday?

20 A. No.

21 Q. September -- or September 25th.

22 A. September 20?

23 Q. 25th is also a Friday.

24 A. So what -- what are you getting at?

25 Q. So the patient said she met you on

1 September 25th at Red Lobster. You said it's a
2 Friday.

3 A. Friday, patient didn't say that. She say
4 sometime in end of September. If you -- she say
5 that today, sometime at the end of September, I
6 mean -- yes, September, that she say, maybe at the
7 end, she say.

8 And then it was, I'm saying, two days
9 different, so it could have not been there. It
10 could have been Friday the 2nd.

11 Q. So you also stated that this date cost you
12 \$300,000. What do you mean by that?

13 A. Well, I had to hire lawyers and get my son
14 back, and this kind of things.

15 Q. So you spend \$300,000 --

16 A. Listen --

17 Q. -- on that?

18 A. About.

19 MS. BEGGS: I'm going to -- can we go off
20 the record just for one moment?

21 MR. CUMINGS: I am still on direct.

22 HEARING OFFICER BURCHAM: Hang on.

23 MS. BEGGS: I -- it -- I'm going to
24 object -- okay.

25 HEARING OFFICER BURCHAM: If it's

1 substance, we stay on.

2 MS. BEGGS: Yes. So let me just state on
3 the record that there is a confidential settlement
4 that cannot be referenced, and I think that's where
5 some of this monetary is coming from.

6 He is unable, legally, to answer the
7 question regarding the settlement, so --

8 MR. CUMINGS: But he paid her \$300,000.

9 MS. BEGGS: I can't comment on that.

10 MR. CUMINGS: Okay. I'll move on.

11 BY MR. CUMINGS:

12 Q. Dr. Assad, is it on this date that you
13 offered to pay Patient A for sex?

14 A. Say it again?

15 Q. You offered to pay Patient A for sex at
16 Red Lobster?

17 A. No.

18 Q. I thought you said you had a deal with
19 her?

20 A. No. She -- she says she wants to be my
21 girlfriend.

22 Q. But only if you pay her?

23 A. No. She says she -- she says her current
24 boyfriend is paying her expenses and you can do that
25 for me. I said yes.

1 Q. So she said, If you pay my expenses, I
2 will have sex with you?

3 A. No, she didn't say that.

4 Q. Then why does the \$2,000 a month come into
5 it?

6 A. Okay. I was alone, I was divorced, I am
7 not proud of this. When I defend myself, it doesn't
8 mean that I did something right. It doesn't mean
9 that I'm going to put her down at all. I was in a
10 bad position. I made a bad choice and bad decision.
11 That's no doubt about it. That's never going to
12 happen in my life, never, ever happened before.

13 As a matter of fact, I never had a lawyer
14 until I was 62 years -- 63 years old in my life. I
15 had license in different states. I always make fun
16 of the doctors who do these kind of things.

17 But imagine, you're 25 years old, son
18 died, and then you and your wife blaming each other.

19 Q. Doctor, I don't think you'd find anybody
20 here that would not have sympathy for you, have
21 sympathy about your son. I'm very sincerely sorry.

22 A. It was the wrong decision. It was the
23 wrong decision, I admit that. This is something
24 that she -- she asked if I can pay her expenses and
25 she -- not sex -- be my companion, going here and

1 there. I say okay.

2 Q. The deal was if you pay her expenses,
3 she'll be your girlfriend?

4 A. She didn't say "if"; she says --

5 Q. She'll be your girlfriend and you pay
6 her --

7 A. Can you pay my expenses, I said yes.

8 Q. So she brought that up?

9 A. Yes. Yes.

10 Actually, she -- she brought similar
11 things before, saying, I like older man, and
12 commenting weird things. Actually, I wrote in the
13 chart, if you go back to the chart, there are dates
14 that indicated that she said she likes older man and
15 her boyfriend is abusing her and she wants to
16 separate and she wants to move, and this kind of
17 things.

18 That means she wanted to contact me, but I
19 was strong at that time. I -- I --

20 Q. So you were worried, though, that she was
21 predisposed to like older men?

22 A. Yes. I mean --

23 Q. And the boundaries between psychiatrists
24 and the patient is that you need to be on guard for
25 that. Correct?

1 A. To be what?

2 Q. The boundaries that exist between
3 psychiatrists and their patient require that you're
4 on guard for patients being attracted to their
5 psychiatrists. Right?

6 A. Okay. I will -- can you say it in a
7 different way. I want to make sure I'm
8 understanding.

9 Q. Where did you go to med school?

10 A. Where did I go to medical school?

11 Q. Yeah.

12 A. As far as health science university, I
13 went to Saint Louis University. I went to
14 University of Missouri in Kansas City. I went to
15 Oklahoma State University. I went to SLU for
16 subspecialty. I went to Jewish Hospital of
17 Cincinnati for my internal medicine.

18 Q. So states -- United States schools,
19 schools in the United States?

20 A. Yes.

21 Q. And at those schools, did they never teach
22 you that you shouldn't have sex with the patient?

23 A. Yes, they did. And --

24 Q. They did teach you that.

25 A. -- that's actually, even if they didn't

1 say it, I should have not done it if --

2 Q. So you were aware of --

3 A. -- she was a patient. She was not my
4 patient, it was clear that she was not.

5 Q. Let me ask you a question: If you were
6 aware, then, that you're not supposed to have sex
7 with the patient, and you're aware that the
8 patient's attracted to older men -- right? --

9 A. That's why I didn't --

10 Q. -- and this is 9 -- let's say it's 9/28 --

11 A. That's why I didn't do it when she was my
12 patient.

13 Q. Let's say it's October 2nd still, so you
14 just had a visit with the patient on 9/28, so
15 roughly three or four days after, and the patient
16 calls you out of the blue, says let's go to Red
17 Lobster and then offers to be your girlfriend if you
18 pay for expenses.

19 Is that your recollection of the event?

20 A. That wasn't October 16th with what you
21 just say.

22 Q. October 16th you went to Red Lobster?

23 A. No, I didn't. No, I didn't. I didn't say
24 that.

25 Q. But when did she offer to give sex -- to

1 trade sex for money with you?

2 A. Say it again?

3 Q. When did she offer to trade sex --

4 MS. BEGGS: Objection.

5 THE WITNESS: I say that --

6 HEARING OFFICER BURCHAM: It's --

7 MS. BEGGS: There's been no testimony of
8 that nature.

9 HEARING OFFICER BURCHAM: The witnesses
10 has denied that. He can continue to deny it, which
11 I think he will. Let's move on.

12 MR. CUMINGS: I thought she stated --

13 BY MR. CUMINGS:

14 Q. Dr. Assad, did you not state that the
15 patient said she'll be your girlfriend if you pay
16 for her expenses?

17 A. She -- not if; she say, We can help each
18 other. I can be your companion. And I -- she even
19 say she doesn't care if I am married. Do you
20 understand?

21 I wasn't married at that time. I never
22 done this kind of things before, ever in my life.
23 And she says, I will be your companion and you help
24 me with my event. She didn't say "if." I said
25 okay.

1 Q. The night that -- so you previously
2 testified that if a patient does have issues after
3 hours, they call your cell phone?

4 A. One more time, please.

5 Q. The patient does have issues, after hours
6 they can call your call phone?

7 A. They should.

8 Q. They should. Okay.

9 And did Patient A call you with suicidal
10 ideation?

11 A. Never.

12 Q. But she did call your cell phone?

13 A. She text me and then call. As she said
14 she's -- she -- but she never said "suicidal
15 ideation" at all.

16 Q. After Red Lobster?

17 A. After Red Lobster or before Red Lobster or
18 ever in her life. She never told me she was
19 suicidal.

20 Q. But she did tell you she was suicidal at
21 one point when you first met her. Correct?

22 A. No. You're reading wrong thing. You see,
23 it says -- it doesn't -- it says "I had suicide
24 attempt twice." If you pay attention, it says "Past
25 Medical History," "Past Psychiatry History," that's

1 past.

2 Q. But she is still a patient on Latuda with
3 a documented history from you of suicidal
4 ideation -- or suicide attempts, mental
5 hospitalizations. This is on 170, mind you.

6 A. Hold on one second. Page what?

7 Q. 170.

8 A. 170. She attempted suicide?

9 Q. That's what you said.

10 A. Okay. This is 6/23/11 you're talking
11 about -- this is 20 -- how many years ago? --
12 23 years ago, she was not suicidal --

13 Q. Well, it was really only nine years before
14 you had sex with her, though, right?

15 A. No necessarily. She didn't have suicide
16 from yesterday. When they say "past psychiatric
17 history," means she had maybe suicide ten years ago,
18 five years ago or whatever, you know?

19 But at the point, if you read the bottom
20 of it, it says, "Alert, oriented in time, place,
21 person, situation, room. Hygiene was good, mood
22 was" -- so and so and so and so.

23 So you pay attention to the rest of it.
24 Mentally, something is there, it says, "Speech is
25 coherent." "Mood" is your timing, timing is good.

1 She was not suicidal.

2 Q. But you also stated that you write --

3 A. She was not on Latuda.

4 Q. But you also stated that you write things
5 in your record that don't mean anything.

6 A. Which one?

7 Q. You stated on the record on 9/28 that she
8 was going to follow up in four weeks, you put that
9 there.

10 A. Listen, this the first time, first
11 assessment. We ask people detailed things. We
12 spend more time with people.

13 So then she said -- I ask her if she's
14 hearing voices, if she is seeing things, if she's
15 anxious, if she's suicidal, if she's homicidal. I
16 ask all these things at that time. That time, yes.

17 But the rest of it, then you see -- you
18 see, every day, you don't say, okay, count from so
19 and so to see if your concentration is good. You
20 just see as it goes. It's a mental status.

21 Q. But you also -- okay.

22 A. You see, affect, this is affect, means a
23 person inside her affect is like this
24 (demonstrating). A person is happy, affect is like
25 this (demonstrating). A person win lottery, if he's

1 like this (demonstrating) is inappropriate. That's
2 what it is. If a person is saying your mother
3 passed away, like this (demonstrating) is not
4 appropriate.

5 Somebody has psychosis, her affect is flat
6 or blunted. That's what it is. You don't always
7 ask things; you look at their affect and decide what
8 to write.

9 But this first visit, I asked everything.
10 This is the first visit you talking about.

11 Q. Okay. I just have a couple final
12 questions for you, Doctor.

13 You stated that you don't make a record if
14 there's no event -- right? -- there's no -- if
15 there's nothing important to document, you won't
16 make a record.

17 Did you say that?

18 A. Well, if something is like -- yeah, if
19 somebody want to talk about her cousin, her mood is
20 good, she's not suicidal, she's not homicidal, I
21 don't want to hear about sometimes the cousin, you
22 know? Because people who are bipolar, they're hyper
23 talkative, they talk about -- they tend to talk
24 about the everything else. You cannot finish one
25 patient a day.

1 So you have to sometime start people say,
2 Okay, if there's something important about this, let
3 me know. Are you suicidal? Are you homicidal? Are
4 you depressed? Are you happy? Are you so and so?
5 And so you are asking everything. But then you
6 don't write if they talk about the details of
7 certain things. No, you cannot do that.

8 Q. So if a patient is --

9 A. All doctors like that.

10 Q. -- terminating their care --

11 A. Huh?

12 Q. Would a patient terminating their care
13 would be something that you document?

14 A. It is -- it is important to document. I
15 documented, that last time that I saw her chart --

16 Q. But you didn't do it on 8/29?

17 A. I didn't do it, because it was a phone
18 appointment, I didn't do it. You're right.

19 Q. But I thought you said 10/16 was a phone
20 appointment?

21 A. It wasn't a phone appointment. It --

22 Q. You said she was in California.

23 A. She was -- no, no, no.

24 Q. You said she was in California, you were
25 in the --

1 A. That's not a --

2 Q. -- (indiscernible), that's place; time,
3 you know what time it is; person, you know I'm Dr.
4 Assad.

5 That's what you stated for the 10/16
6 visit.

7 A. 10/16 visit is not visit, it's not
8 charged. She just ask for a refill and I did it,
9 that's all.

10 She did it before, not even when I was
11 seeing the chart. Later on, I found the chart and I
12 wrote -- documentation that. So when I write this,
13 I didn't -- I didn't --

14 Q. So 10/16 is not a visit but you have
15 documentation of it, and you then charge her --
16 there was the date of service, you didn't charge her
17 for it, but it's not a record?

18 A. Okay. So I write certain things for my
19 own things to remember things, this is what it is,
20 that I gave her medication and then she see her new
21 patient -- new doctor.

22 And she was not exactly there then, and I
23 wasn't in the office at that time when she called.
24 So later on, I -- that I went there and I write this
25 down.

1 MR. CUMINGS: I don't have any further
2 questions at this time. And then I would like to do
3 a brief rebuttal with my expert. She's available
4 until 4:00.

5 Can you accommodate that, Ms. Beggs?

6 MS. BEGGS: Absolutely.

7 I think -- just a quick reply.

8 REDIRECT EXAMINATION

9 BY MS. BEGGS:

10 Q. Dr. Assad, I just -- just to make sure
11 that we have the timeline correct, you saw Patient A
12 on -- from 8/27/20, so --

13 A. Yes.

14 Q. Okay. You saw her in person on that day.
15 Correct?

16 A. Yeah.

17 Q. Okay. She was expected to return for her
18 regular follow-up in four weeks?

19 A. Yes.

20 Q. So then -- you testified that she then
21 called you on 8/29/20 and said that she's going to
22 California and she has another doctor and not to
23 worry about it?

24 A. Yes.

25 Q. Okay. And then you had dinner with her at

1 her invitation on October 2nd?

2 A. Yes.

3 Q. And then you had a -- sorry, I jumped one
4 date.

5 Before October 2nd, you had a phone
6 appointment with her on 9/28/20. Correct?

7 A. Yes. Because despite she had a doctor,
8 sometime before weekend cracks, you know, I agreed
9 to give her medication, yes.

10 Q. Okay. So that was just to refill
11 medication?

12 A. Yes.

13 And I didn't gave Latuda or Adderall; I
14 just gave 10 Xanax, which is for five days, and
15 that's lowest dose possible.

16 Q. So then you had dinner with her on the 2nd
17 of October?

18 A. Then she called -- if you want to go in
19 order, then she called and she got another Adderall
20 because her doctor, new doctor was not available.

21 Q. That was on 10/16?

22 A. Yes.

23 And then on the -- then on the 2nd of
24 October, I had dinner with her because she invited
25 me to that.

1 Q. And then on 10/16, she called you for one
2 last refill of her Adderall?

3 A. 10/16 is --

4 Q. 254.

5 A. Yes.

6 Q. Okay. All right. And then your testimony
7 is that you had the sexual encounter the following
8 week, on approximately October 20th?

9 A. Yes. It's October 20 or 21st.

10 Q. Okay. Thank you.

11 MS. BEGGS: Noting further.

12 MR. CUMINGS: Just one brief redirect,
13 then.

14 RE-CROSS-EXAMINATION

15 BY MR. CUMINGS:

16 Q. So it's your testimony, then,
17 definitively, that the patient's invitation to Red
18 Lobster was October 2nd?

19 A. Say it again?

20 Q. October 2nd is when the patient took you
21 to Red Lobster?

22 A. Yes.

23 Q. According to your testimony?

24 A. Yes.

25 Q. And your last documented visit for her is

1 10/16?

2 A. Yes.

3 Q. So she was still a patient when she took
4 you to Red Lobster?

5 A. No. Way before that, it was discontinued.

6 Q. When -- when was it discontinued?

7 A. Sir, October 2nd is after -- even after
8 the -- after --

9 Q. After 9/28?

10 A. 9/28, yeah.

11 Q. So way before is three days before?

12 A. Okay. Well, that's correct, yeah.

13 Q. Okay.

14 A. Well -- no, no, no, no, no. On August --
15 no, no -- on August 29th, okay? On August 29th, she
16 informed me she has a doctor and she doesn't want to
17 see me anymore.

18 Q. But you didn't document that until
19 October 16?

20 A. That's correct. But --

21 Q. And, indeed, you actually gave her a --

22 A. Even the PMP shows --

23 Q. -- a prescription.

24 A. -- clearly, nobody can lie about this, PMP
25 shows that she has been taking medication from that

1 doctor.

2 Q. I agree. But I also think that the PMP
3 shows you prescribed her Adderall on 10/16.

4 A. Yes, because I didn't want to abandon her.

5 Q. So do you know what the practice of
6 medicine in Nevada is defined as, Doctor?

7 A. Okay. If you don't give them medication,
8 you're in trouble. It's like a knife, which is --

9 Q. But it still makes her a patient.

10 A. Say it again?

11 Q. It still makes her a patient. To
12 diagnose, treat, prevent for any infirmity or
13 illness.

14 A. Not --

15 Q. That's the practice of medicine.

16 A. Okay. Maybe --

17 Q. You prescribed drugs, didn't you? Is that
18 treatment?

19 A. Which date?

20 Q. 10/16.

21 A. 10/16, as I said, I refilled her
22 medication that date. But she --

23 Q. That means she's a patient.

24 A. -- already seeing the same specialty that
25 I am: psychiatrist.

1 Q. But --

2 A. She already told me she's seeing a
3 psychiatrist. She already found a doctor in Palm
4 Springs.

5 Q. But that's --

6 A. So --

7 Q. -- irrelevant because you still prescribed
8 her drugs on 10/16, so she's still a patient.

9 MS. BEGGS: I'm going to object.

10 HEARING OFFICER BURCHAM: This is getting
11 quite argumentative.

12 MR. CUMINGS: Okay.

13 HEARING OFFICER BURCHAM: And asked and
14 answered. I think the point has been made.

15 MR. CUMINGS: Okay. I'd like to conclude
16 with that.

17 MS. BEGGS: Nothing from me.

18 HEARING OFFICER BURCHAM: Okay. Thank
19 you, Doctor.

20 THE WITNESS: I am sorry for raising my
21 voice. Sometime that happened, and I do apologize.
22 If I defended myself, it doesn't mean that I --

23 MS. BEGGS: It's okay, Doctor.

24 Are we going to get Dr. Durette back up?

25 MS. BYRD: She will be in in about seven

1 minutes. She's driving.

2 HEARING OFFICER BURCHAM: Let's go off the
3 record.

4 (Recess from 3:39 p.m. to 3:46 p.m.)

5 (The witness joined the hearing via Zoom.)

6 HEARING OFFICER BURCHAM: Dr. Durette,
7 this is Charlie Burcham, the Hearing Officer.
8 You're gonna be testifying again. You're still
9 under oath. We don't need to go and re-administer
10 that. Your testimony is still under oath. Okay?

11 THE WITNESS: Okay.

12 REBUTTAL DIRECT EXAMINATION

13 BY MR. CUMINGS:

14 Q. So I just have a few really brief
15 questions. I'm sorry to bug you again.

16 Dr. Assad disagreed that the APA
17 guidelines apply to him. He says he doesn't fall
18 under them. Is that correct?

19 A. I don't understand how that would be.
20 He's a psychiatrist.

21 Q. But he said he's not a card-carrying
22 member of the Psychiatric Board.

23 A. Well, I think I described this earlier.
24 So, yes, these paid dues do not set or would dictate
25 whether or not you're member of the APA; however,

1 these are the usual and customary guidelines that
2 are accepted for a field.

3 I would say the American Medical
4 Association have similar ethical guiding principles,
5 as well as we have for Nevada Revised Statutes that
6 also govern the practice of medicine and stipulate
7 that sex with a patient is prohibited.

8 Q. So the individual practitioner, then,
9 doesn't get to choose which rules apply to them or
10 not?

11 A. No. I mean, that would be the same as me
12 saying I'm not going to pay my dues this year and
13 I'm going to go have sex with all my patients.
14 That's just doesn't make a lot of logical sense.

15 Q. Dr. Assad also stated that Patient A was
16 seeing another psychiatrist at the time, so,
17 therefore, she really wasn't his patient any longer.

18 Is that true?

19 A. No. Dr. Assad had at least a 10-year,
20 doctor-patient relationship demonstrated by all the
21 medical records and patient care.

22 Q. Can you prescribe drugs to a person that's
23 not a patient?

24 A. Any prescribed medications and controlled
25 substances to anyone who is not a patient, no, you

1 should not do that.

2 Q. Lastly, Dr. Assad stated that the patient
3 had asked him to dinner and wanted to -- so it was
4 kind of the other way around -- and offered to be
5 his girlfriend.

6 Is that appropriate for a practitioner?

7 A. No. Once again, this gets back to the
8 whole discussion about transference and
9 countertransference, where in the event that the
10 patient asked him to dinner, that would have been a
11 very appropriate moment for him to say no and have
12 appropriate doctor-patient boundaries.

13 Q. And it doesn't matter that three days
14 prior to the date, he deems her no longer a patient?

15 A. No. Once a patient, always a patient.

16 Q. Doctor, I have no more questions at this
17 time. Thank you.

18 HEARING OFFICER BURCHAM: Cross?

19 MS. BEGGS: No cross. Thank you.

20 HEARING OFFICER BURCHAM: Thanks, Doctor,
21 appreciate it.

22 THE WITNESS: All right. Thanks, guys.
23 If there's anything else needed, you can text me.

24 HEARING OFFICER BURCHAM: Got it.

25 Where do we stand?

1 MR. CUMINGS: Does the defense rest, or do
2 you want to keep going?

3 MS. BEGGS: No. Defense rests.

4 I don't know what your inclination is on
5 closing arguments. I always kind of defer to the
6 Hearing Officer since it's not a jury and --

7 HEARING OFFICER BURCHAM: Let's go off the
8 record for a second.

9 (Off-the-record discussion.)

10 HEARING OFFICER BURCHAM: At this time,
11 we're going to hear closings.

12 MR. CUMINGS: Thank you, Mr. Burcham.

13 IC'S CLOSING STATEMENT

14 MR. CUMINGS: On behalf of the
15 Investigative Committee, I'd like to thank you and
16 the court reporter, Ms. Lyn Beggs for your work
17 today, and the witnesses for their time and
18 consideration.

19 As I mentioned in my opening statement,
20 we're here to present evidence so that the Board can
21 determine if Dr. Assad violated the Medical Practice
22 Act.

23 It's imperative that a psychiatric patient
24 can trust their provider. And when a psychiatrist
25 violates this trust, it can have a long-lasting and

1 severe consequence for the patient, especially when
2 the patient has a history of mental illness and
3 suicide attempts.

4 Its fundamental principles that psych --
5 that the psychiatrist does not engage in sexual
6 relations with their parent -- with their patients,
7 not only is there a great imbalance of power between
8 the physician the patient, but by the very nature of
9 the therapy itself, a patient is left vulnerable,
10 exposed to their psychiatrist. This was the case
11 when Patient A fell prey to Dr. Assad's
12 inappropriate sexual dalliance.

13 You heard testimony from Dr. Durette, the
14 Nevada Medical Board's peer reviewer and
15 psychiatrist with decades of experience in Nevada,
16 including as an educator of the Nevada School of
17 Medicine, about her view of the conduct of Dr. Assad
18 in this case, and his failure to properly maintain
19 professional boundaries with Patient A.

20 This was despite Patient A's documented
21 history of mental illness and suicide attempts,
22 hospitalizations, panic attacks, anxiety, and
23 possibly even psychotherapy -- psycho -- psychopathy
24 or bipolar disorder.

25 Despite being outdated, Patient A had a

1 GAF score of 50, according to Dr. Assad, which Dr.
2 Durette explained, demonstrates severely compromised
3 mental functioning.

4 Court's indulgence. One moment, please.

5 Under NRS 630.020, the practice of
6 medicine is defined: "To diagnose treat, prevent,
7 or prescribe for any human disease, ailment, injury,
8 infirmity, deformity, or other condition, physical
9 or mental, by any means or instrumentality."

10 There is no way that Patient A was not a
11 patient when Dr. Assad prescribed Patient A Adderall
12 on 10/16/2020. To believe Dr. Assad's version of
13 events when Patient A went to him and asked him on a
14 date on October 2, 2020, Patient A was still clearly
15 a patient at that time.

16 Specifically with regards to Counts I and
17 III, Dr. Assad committed malpractice by having sex
18 with Patient A in clear contravention to his oath as
19 a physician and a psychiatrist and the rules of
20 conduct governing psychiatrists.

21 Concerning Counts II and VI, influencing a
22 patient to engage in sexual activity in violation of
23 the physician-patient relationship for personal
24 gain, Dr. Assad's medical records demonstrate his
25 awareness of the patient's vulnerable state, as well

1 as Dr. Assad's testimony that the patient is,
2 quote/unquote, into older men; but, nevertheless,
3 Dr. Assad, took a Patient A to dinner, and
4 ultimately when the patient was at her most
5 vulnerable, had sex with the patient.

6 With regards to Count IV, for Dr. Assad's
7 disregard for patient-physician boundaries, the
8 supposed introduction of his friend to the patient
9 was -- and engaging in sexual conduct with a
10 vulnerable patient can only be characterized as
11 unprofessional and bringing disrepute on the
12 psychiatric profession at large.

13 And, finally, with regards to Count V,
14 termination of medical care without adequate notice,
15 Dr. Durette testified to the requirements of proper
16 termination and referral of the patient, Dr. Assad
17 abandoned Patient A.

18 According to Dr. Assad's testimony, on
19 August 29, 2020, a date that's not documented in the
20 record, Patient A made an after-hours phone call to
21 him terminating her care under his charge.

22 Thereafter, Patient A saw Dr. Assad at
23 least two more times, as documented in his records,
24 September 28, 2020 and October 16 to 2020, thereby
25 showing that Patient A definitively was a patient.

1 There's no mention in the record of
2 Dr. Assad attempting anywhere to transfer the
3 patient's care or arrange for -- arrange for the
4 patient's continuing care to find a new doctor after
5 10 years. He simply documented that the patient
6 needed Adderall to bridge until she finds a new
7 doctor.

8 The exhibits admitted here today, along
9 with the testimony given at this hearing, support
10 these allegations and charges.

11 On behalf of the IC, we ask the Board to
12 consider the record that was presented here today
13 and render the appropriate findings.

14 I thank you all for your time.

15 HEARING OFFICER BURCHAM: Thank you.

16 Ms. Beggs?

17 MS. BEGGS: Just very briefly.

18 RESPONDENT'S CLOSING STATEMENT

19 MS. BEGGS: The testimony and evidence
20 presented today, I believe, can arguably support
21 some of the grounds that the Investigative Committee
22 has set forth. I would say "arguably"; we don't
23 necessarily agree with that assessment.

24 However, there are two grounds -- or two
25 counts in the complaint that the evidence clearly

1 does not support. And those are Counts IV and V,
2 and I'll start with those.

3 In regard to Count V, unsafe or
4 unprofessional conduct, while Dr. Durette testified
5 as to her opinion as to what unsafe or
6 unprofessional conduct is, the statute itself, as
7 stated in the Complaint, indicates that engaging in
8 any act that is unsafe or unprofessional in
9 accordance with regulations adopted by the Board is
10 grounds for disciplinary action.

11 There is no regulation in this case that
12 has been cited to by the Investigative Committee,
13 and Count V fails simply as a matter of law.

14 As to Count V, in regard to terminating
15 care without adequate notice -- adequate notice to a
16 patient, in this case, we are assuming that if a
17 patient decides to terminate the physician-doctor
18 relationship, that the physician still has to
19 provide notice to the patient. That is nonsensical
20 and makes no sense if the patient has indicated that
21 he or she has already established with another
22 provider.

23 Thus, in this case, Patient A herself
24 testified that she did not want to return to Dr.
25 Assad, he did not terminate the relationship, and in

1 accordance with Dr. Assad's testimony, which is in
2 keeping in part with Patient A's testimony, she had
3 already established with a new physician.

4 That is actually borne by the
5 Investigative Committee's Exhibit 9, which was
6 admitted this morning, indicating that in July of
7 2020, she was seeing another psychiatrist who had
8 prescribed medications for her.

9 Patient A had clearly established with
10 another physician, and there was no abandonment on
11 the part of Dr. Assad.

12 In looking at the remaining counts, I, II,
13 III, and VI, we do not believe that -- that is far
14 as malpractice, as Dr. Assad has asserted, at the
15 time of the sexual encounter in this case, it was
16 his opinion that Patient A was no longer his
17 patient, and, therefore, there would be no
18 malpractice.

19 As far as Count II, influencing a patient
20 to engage in sexual activity, I do not believe that
21 the information and the evidence presented today
22 supports Count II as far as influencing. Patient A
23 clearly was a willing participant in that, despite
24 her testimony.

25 I would note, and I think one of the

1 things that I know the Hearing Officer is tasked
2 with is to weigh the credibility of the witnesses in
3 this case, and there was a lot of counter testimony.

4 While I do not doubt that Patient A
5 certainly has had mental illness in her lifetime, I
6 do think her testimony does need to be looked at
7 with a little bit of -- with some incredulity.

8 There are issues in this case that,
9 unfortunately, we are unable to go into -- Patient A
10 couldn't, nor could Dr. Assad -- due to legal
11 constraints on other issues outside of this case in
12 and of itself, but I do think that she contradicted
13 herself multiple times today and contradicted her
14 sworn testimony under oath in the deposition that is
15 part of the evidence in this case.

16 Finally, in result -- pardon me -- in
17 regard to Count III, engaging in sexual activity
18 with a patient, again, as stated before, Dr. Assad's
19 assertion today is that Patient A was not a patient
20 at the time that he engaged in sexual relations with
21 her. Certainly, we do not believe that there was
22 any exploitation or violation of patient trust in
23 this case, and I do not think the evidence supports
24 that in any way.

25 We thank you for your consideration in

1 this case, and we submit the case to you.

2 HEARING OFFICER BURCHAM: Submitted.

3 Thank you very much, Dr. Assad. Thanks
4 for sitting through this today. I know it wasn't
5 easy.

6 With that, we're off the record.

7 (Hearing concluded at 4:02 p.m.)

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 STATE OF NEVADA)
) ss.
2 COUNTY OF WASHOE)
3

4 I, BRANDI ANN VIANNEY SMITH, do hereby
5 certify:

6 That I was present on July 14, 2025, for
7 the hearing at the Nevada State Board of Medical
8 Examiners, and took verbatim notes of the
9 proceedings entitled herein, and thereafter
10 transcribed the same into typewriting as herein
11 appears.

12 That the foregoing amended transcript is a
13 full, true, and correct transcription of my notes of
14 said proceedings consisting of 291 pages, inclusive.

15 DATED: At Reno, Nevada, this 23rd day of
16 July, 2025.

17
18
19 

20 BRANDI ANN VIANNEY SMITH
21
22
23
24
25

4

EXHIBIT 1

EXHIBIT 1

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Victor M. Muro, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director



November 16, 2021

Abdollah Assad, M.D.
1261 E 9th
Reno, Nevada 89152

RE: BME CASE #: 21-20920

PATIENT: [REDACTED]; **DOB:** [REDACTED]

Dear Dr. Assad:

We have received information and a complaint regarding your medical treatment of the above named patient. The complaint alleges your care and treatment of the patient may have fallen below the standard of care, specifically sexual misconduct.

It is alleged:

1. On or around October 12, 2020, the patient, who was in mental crisis contacted you expressing suicidal ideations.
2. You picked up the patient from Super 8 Meadowood Courtyard Motel located at 5851 S. Virginia Street, Reno, Nevada 89502 and instead of admitting the patient on a 72 hour hold due to mental illness and concerns of self-harm, you drove the patient to Hyatt Place Reno Airport Hotel located at 1790 E. Plumb Ln, Reno, Nevada 89502, where you engaged in sexual intercourse resulting in pregnancy.
3. Paternity Test Result shows a 99.99 percent probability that you are the biological father.

It is further alleged:

4. You terminated the care and treatment of the patient without adequate notice or without making other arrangements for continued care of the patient.

According to these allegations, you may have violated the Nevada Medical Practice Act, Nevada Revised Statutes, Chapters 629 and 630, and Nevada Administrative Code, Chapters 629 and 630 (NMPA).

In order to determine whether or not there has been a violation of the NMPA, **please provide a written response to each allegation noted above, as well as complete health care records for the aforesaid patient. Include copies of any imaging, x-ray or other films that were produced during treatment of this patient.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 30 calendar days.**

Please return the health care records with the signed Custodian of Records Affidavit, enclosed herewith. If you are not a custodian of the patient records, please indicate where the health care records can be obtained.

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the NMPA. We make no determination as to whether or not there has been a violation of the NMPA until a thorough investigation is completed. As a physician under investigation by the Board, you are required by the NMPA to provide the requested information, and your cooperation is not subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the NMPA, specifically including but not limited to: NRS 630.301(4)(5)(9), NRS 630.304(7), NRS 630.306(1)(b)(3), NAC 630.040.

Respectfully,


George J. Tuioni
Deputy Chief of Investigations
Las Vegas Office

CERTIFICATE OF CUSTODIAN OF RECORDS OR ABDOLLAH ASSAD, M.D.

STATE OF NEVADA)
) ss.
COUNTY OF _____)

NOW COMES _____ (name of custodian of records), who after being first duly sworn, deposes and says:

1. That I am the _____ (position or title) of _____ (name of company or employer) and in my capacity as _____ (position or title), I am a custodian of the records of _____ (name of company or employer).
2. That _____ (name of company or employer) is licensed to do business as a _____ in the State of Nevada.
3. That on the ____ day of the month of _____ of the year 2021, I received an order for health care records in connection with the Nevada State Board of Medical Examiners Case No. 21-20920 calling for the production of records pertaining to _____
DOB: _____
4. That I have examined the original of those records and have made or caused to be made a true and exact copy of them and the reproduction attached hereto is true and complete.
5. That the original of those records was made at or near the time of the act, event, condition, opinion or diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of _____ (name of company or employer).

Executed on: _____
Date Signature of Custodian of Records

SUBSCRIBED AND SWORN to before me this
____ day of _____, 20 ____.

NOTARY PUBLIC in and for the
County of _____, State of Nevada.

My commission expires: _____

1 Deputy Chief of Investigations, The Nevada State Board of Medical Examiners located at 325 E.
2 Warm Springs, Suite 225, Las Vegas, Nevada 89119. Failure to comply and produce said records
3 in the aforesaid manner may subject you to potential disciplinary action, to include a violation of
4 NRS 630.3065(2)(a); further the Investigative Committee may seek administrative sanctions as set
5 forth in NRS 630.352.

6 Additionally, compliance with this Board Order is deemed compulsory and shall not be
7 deemed to be cooperation subject to the protections provided to a physician pursuant to NRS
8 630.364(3).

9 Dated this 16th day of November, 2021.

10 NEVADA STATE BOARD OF MEDICAL EXAMINERS
11 INVESTIGATIVE COMMITTEE

12 

13

Victor M. Muro, M.D., Chairman
14 Nevada State Board of Medical Examiners
15 Investigative Committee
16
17
18
19
20
21
22
23
24
25
26
27
28

EXHIBIT 2

EXHIBIT 2

NEVADA STATE BOARD OF MEDICAL EXAMINERS

325 E. Warm Springs Road, Suite 225
Las Vegas, NV 89119

Victor M. Muro, M.D.
Board President



Edward O. Cousineau, J.D.
Executive Director

Second Request

January 4, 2022

Abdollah Assad, M.D.
1261 E 9th
Reno, Nevada 89152

RE: BME CASE #: 21-20920

Dear Dr. Assad:

This is the **second request** for your reply and a copy of the health care records regarding the patient associated with this case. Please provide the requested reply to the allegations and the copy of the related health care records. You received an Order to produce such records with the letter dated **November 16, 2021** but have not yet complied. Failure to comply with an Order of the Board constitutes grounds for initiating disciplinary action. See NRS 630.3065. **Please reply to this request within 15 days.**

Be advised that your failure to produce and make available health care records to an authorized representative or Investigator of the Board, as prescribed by Nevada law is grounds for the Investigative Committee to initiate a Formal Complaint against you, which may result in disciplinary action or denial of licensure (NRS 629.061; 630.3062(4); 630.352).

Providing the requested information is deemed a professional obligation of any physician under investigation by the Board and shall not be deemed to be cooperation subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Enclosed is a copy of the original letter and Order to Produce Medical Records sent to you on November 16, 2021.

Please let me know if you have any questions.

Respectfully,

George J. Tuioti
Deputy Chief of Investigations
Las Vegas Office
Office: (702) 486-3917
Fax: (702) 486-3301
gtuioti@medboard.nv.gov

1 Said records shall be provided to an investigator of the Nevada State Board of Medical Examiners
2 within 15 days of service of this Order delivered to Investigation Division, Attn. George J. Tuioti,
3 Deputy Chief of Investigations, The Nevada State Board of Medical Examiners located at 325 E.
4 Warm Springs, Suite 225, Las Vegas, Nevada 89119. Failure to comply and produce said records
5 in the aforesaid manner may subject you to potential disciplinary action, to include a violation of
6 NRS 630.3065(2)(a); further the Investigative Committee may seek administrative sanctions as set
7 forth in NRS 630.352.

8 Additionally, compliance with this Board Order is deemed compulsory and shall not be
9 deemed to be cooperation subject to the protections provided to a physician pursuant to NRS
10 630.364(3).

11 Dated this 4th day of January 2021.

12 NEVADA STATE BOARD OF MEDICAL EXAMINERS
13 INVESTIGATIVE COMMITTEE

14 

15 _____
16 Victor M. Muro, M.D., Chairman
17 Nevada State Board of Medical Examiners
18 Investigative Committee
19
20
21
22
23
24
25
26
27
28

EXHIBIT 3

EXHIBIT 3

B
LAW OFFICES OF
LYN E. BEGGS
PLLC

January 11, 2022

VIA E-mail

George Tuioti, Deputy Chief of Investigations
NSBME
325 E. Warm Spring Rd. Ste. 225
Las Vegas NV 89119
gtuioti@medboard.nv.gov

Re: Abdollah Assad, BME Case No. 21-20920

Dear Mr. Tuioti:

I am responding on behalf of Dr. Abdollah Assad to your letter of November 16, 2021, regarding a complaint received by the Nevada State Board of Medical Examiners (“Board”) regarding Ms. A.M. We appreciate the extension of time in which to respond to your letter. Additionally, as requested per the Order to Produce Health Care Records, a copy of the patient record for Ms. A.M. has been provided under separate cover.

Background

Dr. Assad practices psychiatry and geriatric psychiatry in the Reno area and was originally licensed by the Board in April 2004. Dr. Assad previously held active licenses in Ohio and Missouri, both of which are now expired or inactive. Dr. Assad has never had disciplinary action taken on any medical license

Ms. A.M., a thirty-three-year-old female, originally initiated psychiatric care with Dr. Assad in 2011 and saw him on a somewhat regular basis until 2013 when Ms. A.M. relocated out of the area. Ms. A.M. reestablished with Dr. Assad in 2014. Ms. A.M. was primarily treated for mild bipolar disorder and attention deficit disorder (“ADD”).

During the summer of 2020, Ms. A.M. informed Dr. Assad that she was planning to leave her current partner and relocate to Palm Springs, California in the fall of 2020. Ms. A.M. had a final appointment with Dr. Assad on September 28, 2020, which took place by phone as Ms. A.M. reported having relocated to California at the time¹. At this time Ms. A.M. was being prescribed Xanax and Adderall, however she did not take these medications regularly but rather only as needed.

Ms. A.M. remained in contact socially with Dr. Assad after her final appointment in September 2020 and the two ultimately had dinner together in early October 2020. When Ms. A.M. purportedly returned to Reno to retrieve some of her belongings. The two remained in contact by phone and text message after having dinner together.

In mid-October 2020, Dr. Assad received a phone call from Ms. A.M. requesting that he meet her at a local motel where Ms. A.M. was staying before returning to California. Dr. Assad did meet Ms. A.M. and the two engaged in consensual sexual relations. A few days after this encounter, Ms. A.M. contacted Dr. Assad and indicated that while she had set up an appointment with a psychiatrist in Palm Springs, she would soon run out of her current medications before the new physician could prescribe for her and requested a final refill. Dr. Assad provided one refill of her medications on October 16, 2020.

Subsequently, Ms. A.M. made further romantic overtures to Dr. Assad, however no further sexual contact occurred between the two. Dr. Assad was again contacted by Ms. A.M. at the end of October and informed him that she was pregnant. Dr. Assad offered to provide any assistance to Ms. A.M. that she required, however Ms. A.M. terminated communication with Dr. Assad. Dr. Assad had no further contact with Ms. A.M. until early 2021 when he received correspondence from an attorney threatening legal action against Dr. Assad unless he provided Ms. A.M. with a significant financial settlement.

Ms. A.M. gave birth in July 2021. While not germane to this matter, the baby was ultimately taken into Dr. Assad's care in September 2020 and remains there at this time. There is currently a pending family court matter between Dr. Assad and Ms. A.M. regarding custody and visitation rights.

Dr. Assad recognizes that having intimate relations with a former patient so soon after the patient terminated care with him Dr. Assad was inappropriate. At the time of these events, Dr. Assad had recently suffered the unexpected loss of his eldest son and was going through divorce proceedings. While certainly not an excuse, Dr. Assad does believe that these significant stressors in his life played a role in his decision making in the fall of 2020. He has engaged in much

¹ Dr. Assad later learned that Ms. A.M. had actually started seeing another local psychiatrist in the spring/summer of 2020 but appears to have been seeing both physicians for some months.

introspection regarding his relationship with Ms. A.M. and is raising his infant son to the best of his ability.

Complaint Allegations

The letter of investigation summarizes the allegations made in the complaint in this matter. We have addressed each below.

- 1. On or around October 12, 2020, the patient [Ms. A.M.], who was in mental crisis contacted you expressing suicidal ideations.*

This allegation is untrue. Dr. Assad was contacted by Ms. A.M. from a local motel at which she was apparently staying prior to relocating to California. Dr. Assad came to the motel at Ms. A.M.'s request. Dr. Assad vehemently denies that Ms. A.M. made any comments indicating a mental health crisis on the phone. When he arrived at the motel Ms. A.M. did not make any suicidal comments and her affect did not evidence suicidal ideations as alleged. If Ms. A.M. had shown any signs of suicidal ideation or other mental health crisis, Dr. Assad would have called 911 immediately for emergency assistance regardless of whether she was still his patient or not. Rather, Ms. A.M. propositioned Dr. Assad, requesting that the two go to a different hotel where they had a consensual sexual encounter.

- 2. You picked up the patient from Super 8 Meadowood Courtyard Motel located at 5851 S. Virginia Street, Reno, Nevada 89502 and instead of admitting the patient on a 72 hour hold due to mental illness and concerns of self-harm, you drove the patient to Hyatt Place Reno Airport Hotel located at 1790 E. Plumb Ln, Reno, Nevada 89502, where you engaged in sexual intercourse resulting in pregnancy.*

As indicated above, Dr. Assad was contacted by Ms. A.M. who requested Dr. Assad meet her at the motel where she was staying. There was no basis to initiate an involuntary 72-hour hold in accordance with NRS 433A.150 and 433A.160 as Ms. A.M. was exhibiting no signs of a mental health crisis nor any suicidal ideations. Dr. Assad and Ms. A.M. drove to another hotel at Ms. A.M.'s request and engaged in a consensual sexual encounter which did result in a pregnancy as further described herein.

- 3. Paternity Test Result shows a 99.99 percent probability that you are the biological father.*

Dr. Assad does not deny paternity of the child and currently the infant is in Dr. Assad's custody. As described above, there is an ongoing family court matter related to custody and visitation in this matter.

Alleged Violation of Nevada Medical Practice Act

Your letter indicates that if the allegations raised did occur then Dr. Assad may have violated NRS and NAC Chapters 630, the Nevada Medical Practice Act (“NMPA”). We have addressed the alleged violations below.

NRS 630.301(4)/NAC 630.040: NRS 630.301(4) provides that the Board may initiate disciplinary action against a licensee for malpractice. Malpractice is defined for purposes of the statute in NAC 630.040 as “the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.” Dr. Assad’s care of Ms. A.M. did not deviate from the standard of care. The incidents involved occurred after the termination of the physician/patient relationship. Further, the allegations that Dr. Assad failed to initiate a 72-hour hold is untrue as described above.

NRS 630.301(5): NRS 630.301(5) provides that the Board may initiate disciplinary action against a licensee for engaging “in any sexual activity with a patient who is currently being treated by the practitioner.” As described above, Dr. Assad admits to having had consensual sexual relations with Ms. A.M., however this occurred after Ms. A.M. had terminated the physician/patient relationship. We reiterate that Ms. A.M. also was apparently seeing another psychiatrist starting earlier in 2020 as well.

NRS 630.301(9): NRS 630.301(9) provides that the Board may initiate disciplinary action against a licensee for “engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.” Dr. Assad does regret the decision to engage in a social/sexual relationship with Ms. A.M. shortly after their professional relationship had terminated and believes that the significant personal issues he was dealing with around the same time was a contributing factor in his poor decision making, however he asserts that his relationship with Ms. A.M. did not bring the medical profession into disrepute and is not in violation of any code of ethics that the Board has adopted.

NRS 630.304(7): NRS 630.304(7) provides that the Board may initiate disciplinary action against a licensee for “terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.” Dr. Assad did not terminate Ms. A.M.’s medical care without adequate notice. Rather, Ms. A.M. terminated her care with Dr. Assad after informing him that she was relocating to California. After Ms. A.M. decided to remain in Reno, she set up an appointment with another psychiatrist for continued care and treatment.

NRS 630.306(1)(b)(3): NRS 630.306(1)(b)(3) provides that the Board may initiate disciplinary action against a licensee for engaging in conduct “which is in violation of a provision

of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125.” As the letter of November 16, 2021 does not reference what Pharmacy regulation or provision of NRS Chapter 639 that Dr. Assad is alleged to have violated, he is unable to fully respond to the allegation as written.

Summary

Dr. Assad recognizes that the decision to engage in a consensual sexual relationship with a prior patient so soon after the termination of the professional relationship with the patient was inappropriate. Dr. Assad has attempted to take full responsibility for this decision and is currently raising the child that was born out of the relationship with Ms. A.M. Dr. Assad has engaged in significant introspection regarding this matter and while not attempting to excuse his actions, understands that his poor decision in making was significantly impacted by the death of his son in the summer of 2020 and divorce proceedings.

Dr. Assad wishes to resolve this matter as expeditiously as possible. Should the Committee require any additional information to assist in its review of this case, please do not hesitate to contact me.

Very truly yours,



Lyn E. Beggs, Esq.

Approved as to form and content:



Abdollah Assad, M.D.

EXHIBIT 4

EXHIBIT 4

Code:
1 Gary R. Silverman (NSB# 409) Michael V. Kattelman (NSB#6703),
2 John P. Springgate (NSB #1350) Alexander C. Morey (NSB#11216)
3 Kenton C. Karrasch (NSB#13515) Benjamin E. Albers (NSB#11895)
4 Silverman Kattelman Springgate, Chtd.
5 500 Damonte Ranch Plwy., Suite 675
6 Reno, Nevada 89521
7 Email: karrasch@sks-reno.com
8 Telephone: 775/322-3223
9 Facsimile: 775/322-3649
10 Attorneys for Abdollah Assad

11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

**IN THE FAMILY DIVISION
OF THE SECOND JUDICIAL DISTRICT COURT OF THE
STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE**

ABDOLLAH ASSAD,

Petitioner,

Case No.

Dept. No.

Respondent.

PETITION TO ESTABLISH PATERNITY AND CUSTODY

COMES NOW Petitioner ABDOLLAH ASSAD ("Petitioner"), by and through his attorney of record, Kenton C. Karrasch, Esq., of Silverman Kattelman Springgate, Chtd., and brings this action to determine the paternity and custody of the minor child [REDACTED] and alleges, avers and complains against Respondent [REDACTED] ("Respondent") as follows:

1. The Petitioner and Respondent are of legal age and were never married.
2. The Petitioner and Respondent are the natural parents of one (1) minor child to wit: [REDACTED], born [REDACTED] ("Minor Child.")
3. Pursuant to NRS 126.091, the Court has subject matter and personal jurisdiction over the parties. The State of Nevada is the Minor Child "Home State" pursuant to NRS 125A.085 in accordance with the UCCJEA and PKPA. Specifically, the Minor Child was born in Reno, Nevada and presently resides in Reno, Nevada.

1 4. On July 9, 2021, Respondent Relinquished her Parental Rights as to the
2 Minor Child by signing under a Notary Public and witnesses, an irrevocable
3 Relinquishment of Parental Rights wherein Respondent relinquished the Minor Child to
4 Premier Adoption Agency and did so specifically acknowledging that all of her parental
5 rights and responsibilities for the Minor Child would end upon her signing of her
6 Relinquishment of Parental Rights. (Attached as **Exhibit 1** is a copy of Respondents
7 signed Relinquishment of Parental Rights.)

8 5. Upon Respondents signing of the Relinquishment of Parental Rights, the
9 Minor Child was placed in the care, custody, and control of Premier Adoption Agency.

10 6. On August 6, 2021, Petitioner had a paternity test performed by the
11 Laboratory Corporation of America (LabCorp). Thereafter, on August 23, 2021, results
12 were provided indicating Petitioner's probability of paternity was 99.99 percent.
13 (Attached as **Exhibit 2** is Petitioner's Paternity Test Results.)

14 7. Per Exhibit 2, and under NRS 126.051(2) Petitioner is conclusively
15 presumed to be the natural father of the Minor Child.

16 8. On September 6, 2021, and in acknowledgement that Petitioner is the
17 natural father of the Minor Child, and that Petitioner wanted to father his child, Premier
18 Adoption Agency returned the Minor Child into Petitioner's care and custody.

19 9. Respondent has relinquished all parental rights to the Minor Child. As the
20 father of the Minor Child, Petitioner moves this Court to enter an order recognizing him
21 as the natural father of the Minor Child and to confirm that he has all rights to the Minor
22 Child including but not limited to physical custody and legal custody.

23 10. Respondent has relinquished all parental rights to the Minor Child making
24 it unnecessary to issue an order for child support. Petitioner warrants to this Court he has
25 the financial means and is providing food, clothing, shelter and medical care for the Minor
26 Child such that his needs are presently met by the Petitioner and that the Minor Child is
27 not and will not become a financial burden on the State of Nevada.

28

1 11. Petitioner knows of no other person or party to these proceedings who has
2 an entitlement to custody of the Minor Child.

3 12. Petitioner informs the Court of the closed proceeding in The First Judicial
4 District Court of the State of Nevada in and for Carson City assigned as case number 21
5 DRI 00362 1B. Petitioner Abdollah Assad was named a party in the action. On October 1,
6 2021, the First Judicial District Court entered an order dismissing the action. (Attached
7 as **Exhibit 3** is a copy of the Stipulation and Order to Dismiss.)

8 13. Petitioner was not named on the birth certificate of the Minor Child.
9 Respondent has relinquished all her rights to the Minor Child, Petitioner asks this Court
10 to enter an order for a new birth certificate to be issued as follows: With Petitioner
11 ABDOLLAH ASSAD being named as the father of the Minor Child [REDACTED] and for
12 the Minor Child's name to be amended and legally changed to be [REDACTED]

13 **WHEREFORE, Petitioner prays for an order of this Court as follows:**

14 1. For judgment determining the existence of the parent/child relationship
15 existing solely as to the Petitioner and the Minor Child, and for an order confirming
16 Petitioner Abdollah Assad as the natural father of [REDACTED] the Minor Child subject
17 to this action;

18 2. For Decree of Custody be issued confirming Petitioner has all rights to the
19 Minor Child including but not limited to physical custody and legal custody.

20 3. For a new birth certificate to be issued naming ABDOLLAH ASSAD as the
21 natural father of the Minor Child [REDACTED] and for the Minor Child's name to be
22 legally changed / amended to [REDACTED]

23 4. For such other and further relief as this Court may deem just.

24 **AFFIRMATION** - Under NRS 239B.030 the undersigned affirms the
25 preceding contains no social security number.
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Dated this 8 day of October 2021.

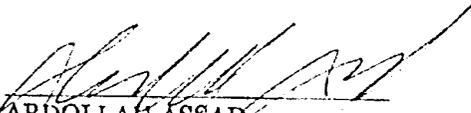
SILVERMAN KATTELMAN SPRINGGATE, CHTD.

Kenton Karrasch
Kenton C. Karrasch, Esq.
Attorney for Abdollah Assad

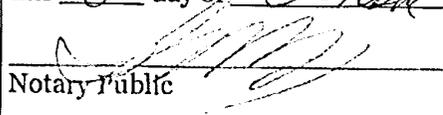
1 STATE OF NEVADA)
2) ss.
3 COUNTY OF WASHOE)

4 COMES NOW, ABDOLLAH ASSAD, being first duly sworn under penalty of
5 perjury and deposes and says:

- 6 1. That I am the Petitioner herein.
- 7 2. I make this verification of my own personal knowledge, information and
8 belief.
- 9 3. I have read the foregoing **PETITION TO ESTABLISH PATERNITY**
10 **AND CUSTODY** and know the contents thereof; that the same is true to the best of my
11 own knowledge, except as to those matters therein stated upon information and belief,
12 and as to those matters I believe the same to be true.
- 13 4. I do hereby swear under penalty of perjury that the assertions hereof are
14 true.
15

16
17
18 
19 ABDOLLAH ASSAD

20 SUBSCRIBED AND SWORN to before me
21 by ABDOLLAH ASSAD
22 this 8 day of October, 2021.

23 
24 Notary Public



INDEX OF EXHIBITS

Exhibit Number	Description	Number of Pages
1	Copy of Respondents signed Relinquishment of Parental Rights	3
2	Petitioner's Paternity Test Results	1
3	Copy of Stipulation and Order to Dismiss	2
4		
5		
6		
7		
8		
9		
10		

FILED
Electronically
FV21-01226
2021-10-08 02:09:07 PM
Alicia L. Lerud
Clerk of the Court
Transaction # 8688321 : yviloria

EXHIBIT 1



RELINQUISHMENT OF PARENTAL RIGHTS

I [redacted] hereby depose and say that I am the parent of a baby boy, namely, Baby Boy [redacted], born on the [redacted] at 8:03am, at Renown Regional Medical Center, in the City of Reno, county of Washoe, State of Nevada. I understand that I am giving up any and all parental rights I may have with said child. I represent and acknowledge:

Please Initial

- AM 1. I have chosen not to parent this child.
- AM 2. I understand there may be services available to me and sources of financial assistance in the community, which could have been made available to me had I chosen to parent this child.
- Am 3. This child was not conceived or born within a marriage.
- AM 4. I am not a member of an Indian tribe, an Alaska Native village, or an Alaska Regional Corporation. To the best of my knowledge, this child's father is not a member of an Indian Tribe, an Alaska Native village, or an Alaska Regional Corporation, nor is this child eligible for membership in an Indian Tribe, an Alaska Native village or an Alaska Regional Corporation.
- Am 5. I have carefully considered alternative plans for this child's future and, to the extent I have desired to do so, have obtained the advice of family members, friends, professionals, or others I felt were necessary to help me make an adoption decision. I have decided to place this child for adoption because I believe adoption is in my child's best interest.
- Am 6. I understand that by signing this *Relinquishment of Parental Rights* that all of my parental rights and responsibilities for this child will be ended, save and except for my right to obtain a DNA sample from this child, and that my consent is final, irrevocable, and binding the moment I sign it, and that I cannot change my mind after I sign the document.
- Am 7. I freely waive the right to notice of any and all legal proceedings which may be held in any court in connection with the adoption of this child.
- Am 8. I am not under the influence of any medication, drug, alcohol, or other substance, which would impair my ability to understand this document or to reason and make the decision to sign this document.
- Am 9. My decision to relinquish this child to *Premier Adoption Agency*, for the purposes of adoption has been made voluntarily and of my own free will, without any

coercion, force, or duress from anyone, including representatives of Premier Adoption Agency. I have received or been offered a copy of this document.

AM 10. I have not received any payment of money or other thing of value to induce or persuade me to place this child for adoption. Nor has any person promised me money or other thing of value for the purpose of influencing my decision to place this child for adoption.

AM 11. I understand that the Nevada Adoption Registry is available through the Division of Child and Family Services which allows me to register my desire to be put in contact with my child once he/she reaches the age 18 years if he/she also chooses to register.

I, [REDACTED], do hereby relinquish and surrender said child for adoption to:

Premier Adoption Agency located at 840 Pinnacle Court, Suite 9A, Mesquite, Nevada 89037, a non-profit 501(c)3 organization licensed by the Division of Child and Family Services, State of Nevada to find homes for children and place children in homes for adoption.

By signing below I certify that I have read and fully understand the foregoing *Relinquishment of Parental Rights* and understand it in its entirety. Any questions that I have had regarding this document have been answered to my satisfaction. I fully understand that when this relinquishment is signed, all my parental rights to said minor child, save and except for my right to obtain a DNA sample to establish paternity, will be terminated. I understand that by initialing each section of this document and signing below that I am indicating that I completely understand and agree with what the section says and know that this document is legally binding. I know and understand that after signing this document I cannot change my mind.

Date: 7/9/2021
Time: 6:25 pm

[REDACTED]
Birth Mother

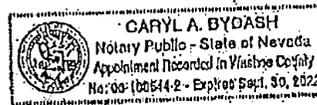
Heather Cabral, LSW
Heather Cabral, LSW
Witness #1

[Signature]
Witness #2

STATE OF NEVADA)
: §
COUNTY OF WASHOE)

The foregoing Relinquishment of Parental Rights was acknowledged and signed before me this 9 day of July 2021 by [REDACTED] (Birth Mother), Heather Cabral, LSW (Witness), and Alison M. Rock (Witness), who are personally known to me or have produced identification.

Caryl A. Bydash
Notary Public



AFFIDAVIT OF WITNESSES

STATE OF NEVADA)

: §

COUNTY OF WASHOE)

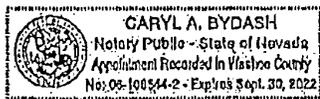
Then and there personally appeared the within-named Heather Cabral, LSW (social worker) and Brian Muehlack, who, being duly sworn, depose and say: That they witnessed the execution of the within relinquishment to adoption by [REDACTED]; that she subscribed the relinquishment to adoption and declared the same to be a voluntary relinquishment to adoption in their presence; that at the time the relinquishment to adoption was executed it contained the name of Premier Adoption Agency to whom the relinquishment was thereby given to adopt the child; that they thereafter subscribed the same as witnesses in the presence of [REDACTED] and in the presence of each other at the request of [REDACTED]; that at time of the execution of the relinquishment to adoption [REDACTED] acknowledged to them that she was, and she appeared to them to be, in full possession of her faculties and not under the influence of any drug or sedative or subject to any duress, fear, menace, compulsion or undue influence whatever; and that they make this affidavit at her request.

Heather Cabral, LSW
Witness

[Signature]
Witness

Signed and sworn to before me on this 9 day of July 2021 by Heather Cabral, LSW and Brian Muehlack

Caryl A. Bydash
Notary Public



FILED
Electronically
FV21-01226
2021-10-08 02:09:07 PM
Alicia L. Lerud
Clerk of the Court
Transaction # 8688321 : yvitoria

EXHIBIT 2

Aug. 24, 2021 5:54PM Mail

No. 6444 P. 1/1



P.O. Box 2230 Burlington, NC 27216 Telephone: (336) 604-6171 Relationship Report

Account Information

Account Number: 27447135
NY Private Account
Acct Ref 1:
Acct Ref 2:
Acct Ref 3:
Las Vegas, NV 89119

LabCorp Case # CIB-080913

Relationship: Child, Alleged Father; Party: ASSAD, ABDOLLAH; Race: 18B-1354-0, 18K-1168-0; Date Collected: 08/06/2021, 08/16/2021

DNA Analysis

Table with 11 columns: D3S1360, D7S820, VWA, D12S391, FGA, D2S179, D21S11, D18S51, D5S618, D13S317. Rows: C, AF, PI.

DNA Analysis

Table with 10 columns: D18S539, TH01, TPOX, CSF1PO, D2S1338, D18S433, D22S1045, D2S441, D10S1248. Rows: C, AF, PI.

DNA Analysis

Table with 3 columns: D181056, D6S1043, DYS392. Rows: C, AF, PI.

Conclusion:

Combined Paternity Index: 6,447,607,243 to 1 Probability of Paternity: 99.99% (Prior Probability = 0.5)

The alleged father, ABDOLLAH ASSAD, cannot be excluded as the biological father of the child, BABY BOY since they share genetic markers. Using the above systems, the probability of paternity is 99.99%, as compared to an untested, unrelated man of the Caucasian population.

I, the undersigned, upon being duly sworn on oath, do depose and state that I read the foregoing report on the analysis of specimens from the above named individuals, signed by myself, and under penalties for perjury it is my belief that the facts and results therein are true and correct.

Signature of Eric M O'Neill, Ph.D.

Linda Stanfield
NOTARY PUBLIC
Alamance County
North Carolina
My Commission Expires March 06, 2026

State of North Carolina
County of Alamance
LINDA STANFIELD

I, certify that Eric M O'Neill, Ph.D. personally came before me this day and acknowledged that he (or she) is a person authorized by Laboratory Corporation of America Holdings, a corporation, to execute the foregoing on behalf of the corporation.

Subscribed and sworn to [or affirmed] before me this 23 AUG 2021 at Burlington, NC.

Signature of Linda Stanfield
Notary Public

Laboratory Corporation of America Holdings is accredited by the AABB.

FILED
Electronically
FV21-01226
2021-10-08 02:09:07 PM
Alicia L. Lerud
Clerk of the Court
Transaction # 8688321 : yvitoria

EXHIBIT 3

1 ERIC A. STOVALL, LTD.
Eric A. Stovall, Esq.
2 Nevada Bar #3167
3 200 Ridge Street, Suite 222
Reno, Nevada 89501
4 Telephone: (775) 337-1444

RECEIVED
2021 OCT -1 PM 1:35
V. Alegre

5
6 IN THE FIRST JUDICIAL DISTRICT COURT
7 OF THE STATE OF NEVADA IN AND FOR CARSON CITY

8 ***

9 In the Matter of the Parental
Rights as to:

Case No. : 21DR1003611B

Dept. No. : II

10 BABY BOY [REDACTED]
11 a Minor Child.

12 _____ /
13 STIPULATION AND ORDER TO DISMISS

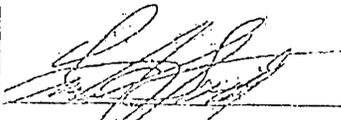
14 IT IS HEREBY STIPULATED, by and between the respective
15 parties, by and through their respective counsel, that the above
16 entitled matter be dismissed with prejudice, each party to bear
17 its own fees and costs. The stipulation is based upon the
18 decision of Abdollah Assad, the Natural Father, to exercise the
19 care and custody of the minor child, subject of this action. (See
20 - Exhibit 1 of Paternity Test of Abdollah Assad, filed August
21 27, 2021.)

22 Having chosen to parent his child, on September 13, 2021,
23 the Petitioners placed the minor child into the care and
24 custody of his Natural Father Abdollah Assad.

25 Because the minor child has been placed with the
26 Natural Father, the underlying Petition presents no other
27 matters to be decided by the Court.
28

ERIC A. STOVALL, LTD.
--Attorney at Law--
200 Ridge Street, Ste. 222
Reno, Nevada 89501
(775) 337-1444
Fax (775) 337-1442

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28


Eric J. Stovall, Esq.
Nevada Bar #13167
200 Ridge Street, Suite 222
Reno, Nevada 89501
Attorney for Petitioners

Kenton Karrasch
Kenton C. Karrasch, Esq.
Nevada Bar #13515
500 Damonte Ranch Pkwy # 675
Reno, Nevada 89521
Attorney for Respondent
Natural Father Abdollah Assad

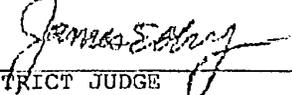
ORDER

Based upon the above Stipulation entered into by and between the parties herein and the fact the minor child has been placed with his Natural Father,

IT IS HEREBY ORDERED that this case be dismissed, each party to bear its own fees and costs.

IT IS FURTHER ORDERED that the hearing scheduled for November 2, 2021 at 11:30 a.m. be vacated.

Dated this 1 day of October, 2021


DISTRICT JUDGE

ERIC A. STOVALL, LTD
--Attorney at Law--
200 Ridge Street, Ste. 212
Reno, Nevada 89501
1775) 237-1444
Fax (775) 337-1442

EXHIBIT 5

EXHIBIT 5

1 IN THE FAMILY DIVISION
2 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE
3 OF NEVADA
4 IN AND FOR THE COUNTY OF WASHOE

5 -o0o-

6
7 ABDOLLAH ASSAD,
8 Petitioner, Case No. FV21-01226
9 vs. Dept. No. 2
10 [REDACTED],
11 Respondent.

12 _____/
13 Pages 1 to 203, inclusive.

14

15

16 DEPOSITION OF [REDACTED]

17

18 _____
19 Monday, June 12, 2023
20 Reno, Nevada

21

22

23

24

25 REPORTED BY: TINA M. DALPINO
CCR #641 (Nevada)
CSR #11883 (California)

JOB NO. 991028

Page 2

A P P E A R A N C E S

1
2

3 FOR PETITIONER:

4 LANCE WHITE LAW PLLC

5 BY: LANCE WHITE, ESQ.

6 429 West Plumb Lane

7 Reno, NV 89509

8

9 FOR RESPONDENT:

10 SURRATT LAW PRACTICE, PC

11 BY: MELISSA L. EXLINE, ESQ.

12 3705 Lakeside Drive

13 Reno, NV 89509

14 mexline@surrattlaw.com

15

16 ALSO PRESENT: Abdollah Assad

17 -o0o-

18
19
20
21
22
23
24
25

Page 3

I N D E X

1
2 Deposition of [REDACTED]

3

EXAMINATION BY	PAGE
4 Mr. White	4
5	
6	
7	E X H I B I T S
8 EXH.	
NO.	DESCRIPTION PAGE
9	
10	-- None offered --
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Page 4

1 BE IT REMEMBERED that on Monday, June 12, 2023,

2 commencing at 10:15 a.m. of said day, at 429 West

3 Plumb Lane, Reno, NV, before me, TINA M. DALPINO, a

4 Certified Shorthand Reporter, personally appeared

5 [REDACTED].

6 -----

7 [REDACTED],

8 called as a witness in the matter herein,

9 who, having been first duly sworn, was examined

10 and testified as follows:

E X A M I N A T I O N

12 BY MR. WHITE:

13 Q As is usual, first question is always, Can

14 you please state your full name for the record.

15 A [REDACTED].

16 Q And you are aware you are being deposed in

17 the case of Assad v. [REDACTED]?

18 A Right. Yes.

19 Q All right. And have you ever been deposed

20 before?

21 A No.

22 Q Okay. I'm going to be asking questions

23 today, and now that you've been sworn in, you're

24 going to be under oath.

25 A Right.

Page 5

1 Q Do you know what that means?

2 A Yes.

3 Q All right. And first there's a few

4 differences between a deposition like today a

5 typical conversation, the biggest being that

6 everything we say the court reporter is going to

7 take note of. She's going to type --

8 A Okay.

9 Q -- and so we can't interrupt each other

10 like we can in normal conversation.

11 Do you understand?

12 A I understand that.

13 Q So, try to let me finish the questions and

14 then I'll let you finish your answers. I promise --

15 A Okay.

16 Q -- to try. Sometimes I fail.

17 Probably the biggest thing in regards to

18 that aspect of conversation is we need to not talk

19 over each other. Do you understand?

20 A I understand.

21 Q Even if it gets emotional, all right?

22 Do you understand?

23 A I understand.

24 Q All right. And already because I'm asking

25 you questions orally and you're responding orally,



Page 6

1 and there's no video camera, we don't want you to
 2 answer by shaking your head or doing this or
 3 "uh-huh" (indicating).
 4 So "yes" or "no," all right?
 5 A Okay.
 6 Q Your answers today are going to be under
 7 oath and if you answer differently later, it can be
 8 pointed out against you. Are you aware of this?
 9 A I am aware of this.
 10 Q Okay. I'm not suggesting that you are, but
 11 I do ask this of everybody in this situation.
 12 Are you under the influence of any
 13 medication today?
 14 A No.
 15 Q Are you under the influence of any alcohol
 16 today?
 17 A No.
 18 Q So, you're not intoxicated this morning?
 19 A I'm not intoxicated.
 20 Q All right. Is there any substance that
 21 might be limiting your ability to answer these
 22 questions today?
 23 A No.
 24 Q All right. And, again, I know these are
 25 the initial boring -- quote/unquote boring

Page 8

1 that, if your lawyer makes an objection, you need to
 2 stop and don't answer the question until she's had a
 3 chance to put the objection on the record?
 4 Do you understand?
 5 A I understand.
 6 Q Okay. So, when I ask you a question and
 7 you don't know the complete answer, please state
 8 that in your answer, because I will assume that that
 9 answer you give is complete. Does that make sense?
 10 A Yes. That's make sense.
 11 Q All right. It's a little bit different
 12 from court today and from normal conversations. If
 13 I ask you a question and it references some
 14 document, you can ask to see a copy of the document.
 15 Does that make sense to you?
 16 A Yes.
 17 Q Okay. An example I give is, if I asked you
 18 what is your checking balance on January 3rd of
 19 this year, I would certainly give you the
 20 opportunity to look at a ledger. All right?
 21 Does that make sense?
 22 A Yes.
 23 Q Okay. I'm not trying to play Gotcha today.
 24 I'm just trying to ask you questions and get
 25 answers. Does that make sense to you?

Page 7

1 questions, but always allow me to ask the question
 2 before you answer the question, even if you know the
 3 answer. Do you understand?
 4 A I understand.
 5 Q And I appreciate that's hard, especially
 6 for a lawyer it's exceptionally hard.
 7 Now, if you don't understand something I've
 8 asked you, you can always, always ask me to repeat
 9 it. Do you understand?
 10 A I understand.
 11 Q All right. Now, if you answer the
 12 question, I will assume that you understood it when
 13 I asked it. Does that make sense?
 14 A Yes.
 15 Q All right. Along a similar vein, if I ask
 16 you a question and you don't understand and you need
 17 some clarification, it is not proper to look to your
 18 lawyer how to answer a question. Do you understand?
 19 A I understand.
 20 Q Okay. And if -- do you understand that, if
 21 your lawyer has any objections to anything that I
 22 ask you, she is certainly able to do so?
 23 Does that make sense to you?
 24 A That makes sense to me.
 25 Q All right. And also do you understand

Page 9

1 A Yes.
 2 Q All right. And this concept's a little
 3 difficult even for the non-lawyer world, is the
 4 complete answer.
 5 For example, if I ask you a question and
 6 the answer completely would be different than the
 7 answer simply, I deserve your full -- the full
 8 answer, if you know it.
 9 For example, I give the breakfast example.
 10 If I ask you, What did you have for breakfast, and
 11 you say, Orange juice, well, if orange juice was the
 12 only thing you had for breakfast today, that's an
 13 honest answer.
 14 However, if you know you had orange juice,
 15 bacon and eggs and toast but you only volunteer
 16 orange juice and you knew you had other items for
 17 breakfast, that's not an honest and full answer.
 18 Does that make sense?
 19 A Yes, that's make sense.
 20 Q All right. And I'm entitled to those full
 21 answers.
 22 Now, as far as the pacing today, if you
 23 node a moment to answer a question, that is fine. I
 24 would rather you give a thoughtful answer than a
 25 quick answer, an answer that you maybe prepared in



Page 10

1 your head.

2 If you ever want to take a moment or a

3 break, simply ask. Do you understand?

4 A I understand.

5 Q And I have purposefully allowed us a lunch

6 today at noon, so that will give you a chance to

7 talk to your attorney some more if you'd like.

8 Do you understand?

9 A I understand.

10 Q All right. And so it's not appropriate for

11 my client to ask you questions directly.

12 Do you understand?

13 A I understand.

14 Q All right. Nor is it appropriate for your

15 lawyer to answer questions I have for you.

16 Do you understand?

17 A I understand.

18 Q Though she can make objections.

19 Do you understand?

20 A I understand.

21 Q All right. And if you want to take a

22 moment to look to your lawyer, not for an answer but

23 because you believe she needs to object or because

24 you maybe want a coffee break or bathroom break,

25 that's certainly okay. Do you understand?

Page 12

1 phone bills or any type of bills. He's my financial

2 provider, I guess.

3 Q And who is that individual?

4 A Roy --

5 Q What is his name?

6 A Roy [REDACTED].

7 Q All right. So, your testimony or your

8 answer today is you don't pay your bills because

9 they're paid by your boyfriend of a few years.

10 How long has he been paying your bills,

11 ma'am?

12 A He's been a provider for the family since

13 I've known him.

14 Q And how long has that been?

15 A 2007, November of 2007.

16 Q 2007. He's paid all the bills since that

17 time?

18 A Yeah.

19 Q All right. And, ma'am, have you worked

20 since that time?

21 A Yes, I have.

22 Q Okay. Let's talk a little bit about your

23 work history. What is your most recent job?

24 A I worked for his limousine company. I

25 managed Executive Limousine up until, I think I

Page 11

1 A I understand.

2 Q But she can't answer your questions for

3 you.

4 A (Witness nods.)

5 Q Do you understand?

6 A I understand.

7 Q All right. So, let's begin my questions.

8 And I put them as in chief, the main ones.

9 I've made an outline of topics I would like

10 to ask you about and, again, I don't have any

11 specific Gotcha or Get-you questions. I'm just

12 trying to get information in this case.

13 So, the first area that I'm gonna ask you

14 about is financial. So, tell me a little bit about

15 your monthly bills. I'll be more specific.

16 Approximately, in general, how much do you

17 pay a month for all of your bills?

18 A I don't.

19 Q Okay. So, when you say "I don't," do you

20 mean to say that you do not have bills or that you

21 do not pay your bills?

22 A My boyfriend has been financially providing

23 for me for -- since I've met him. I haven't worked

24 in a few years, but he's been my primary financial

25 provider. He pays all the bills. I don't have any

Page 13

1 kinda slowed down, stopped going around August or

2 September of 2020 when some things were going on, so

3 that was the last.

4 Q How long did you work there?

5 A I worked for him since 2008.

6 Q In that same position for Executive

7 Limousine?

8 A Reno-Sparks -- I think I started Executive

9 Limousine in 2012, but doing work for him for

10 Reno-Sparks Cab. And he's had several companies

11 that I've just kind of took on little projects for

12 him here and there.

13 Q Was that before you worked for Executive

14 Limousine?

15 A Yes, just company things.

16 Q So, did you start working for him in 2007

17 when you met or did --

18 A No. When I moved here to Reno and it was

19 probably three months after meeting him, so some

20 point spring of, I think, 2008.

21 Q Okay.

22 A I don't know the exact date on that.

23 Q And then before 2008 did you have

24 employment, regular employment?

25 A Yes. I worked for the JW Marriott since I



Page 14

1 was 16 years old.

2 Q Okay. And you stopped working, you said,

3 in September -- August or September of 2020.

4 Is that correct?

5 A Around that time, yeah.

6 Q Okay. So, approximately a little less than

7 three years ago.

8 A Right -- I believe so, yeah.

9 Q All right. And why did you stop working?

10 A Because of the things that I was going

11 through. I couldn't -- I couldn't concentrate and

12 focus on my work stuff and not knowing what was

13 going on and the stuff that I was going through. I

14 wasn't doing --

15 Q Now, do you have -- did you see a therapist

16 in regards to those issues or are you seeing a

17 therapist in regards to those issues?

18 A Excuse me?

19 Q Are you seeing a therapist in regards to

20 those issues?

21 A "Those issues"?

22 Q Well, you may --

23 A There were several issues.

24 Q You were vague so I'm --

25 A Would you like for me to be vague?

Page 16

1 There was somebody else already there so I was kind

2 of working my way back to getting used to -- taking

3 emails and responding and overseeing and just

4 dispatching drivers.

5 And I couldn't sit and concentrate on doing

6 my actual job because I was worried about, you know,

7 my son and I had -- I didn't have him and

8 emotionally I couldn't do my job. So, I left and I

9 don't think I lasted more than like two weeks.

10 Q All right. So, do you believe you're

11 unable to work at this time?

12 A I'm trying to reconnect and be there for my

13 son right now. I think in the future I will be able

14 to return to work. Right now I'm trying to build on

15 the bond and be with my son since not having been

16 with him for so long. That's priority to me right

17 now.

18 Q That's not an answer to the question I

19 asked.

20 A Oh, I'm sorry.

21 Q I'll simplify it.

22 A Sure.

23 Q Are you able to work, not do you want to

24 work. Are you able to work?

25 A I'm not sure how to answer that.

Page 15

1 Q No. I would like for you to just answer

2 the question you asked.

3 Are you seeing a therapist for those

4 issues?

5 A They're different issues. I'm not dealing

6 with those issues.

7 Q You said those issues prevented you from

8 working since 2020.

9 So, are you able to work now or not?

10 A I tried to return October of -- when did I

11 get -- when I first started with my first -- I'm

12 sorry.

13 Q You can't talk to your lawyer to answer

14 your questions.

15 A I'm so sorry.

16 I tried to go back. I had just contacted

17 them. Sorry. I'm thinking out loud. If you don't

18 mind, kind of thinking about this for a moment.

19 Q We have all day.

20 MS. EXLINE: And I would just add, if it's

21 appropriate, if you're giving an estimate or your

22 best understanding, you can say that so it's clear

23 to him.

24 THE WITNESS: Okay. So, I believe it's

25 October 2021 I tried to go back, same position.

Page 17

1 Q Well, do you have a physical condition that

2 prevents you from working?

3 A I'm not sure how to answer that right now.

4 No physical condition, no. No.

5 Q Okay. And you believe there's a mental

6 health condition that's prevented you from working

7 now?

8 A I don't feel there's a mental health

9 condition, but I feel like I have a lot of stressors

10 in my life that I don't know that I would be going

11 back to the same position and be able to do it

12 effectively. I would be doing the company a

13 disservice.

14 Q Have you looked for employment in any other

15 areas?

16 A No.

17 Q Why not?

18 A My boyfriend from the moment I moved to

19 Reno preferred me to not work for anybody but him

20 because he liked the flexibility of being able to

21 get up and go or have a schedule that could

22 accommodate his. He's semi-retired so it was

23 convenient for me to be able to work for him.

24 Q So, are you saying that your boyfriend

25 doesn't want you to work for anybody else but him?



Page 18

1 A Correct.

2 Q And he's not asking that you work for him
3 now?

4 A He's not asking, no. There's no need for
5 me to.

6 Q Let's go back to the issue regarding your
7 bills.

8 In general, how much a month do your
9 personal bills come to?

10 A I don't --

11 Q I know you don't pay them but let's start
12 with something simple.

13 Do you pay a mortgage?

14 A No, I do not.

15 Q Okay. And do you live with Mr. Street?

16 A Yes --

17 Q All right.

18 A -- I do.

19 Q So, he pays the mortgage on the home you're
20 in?

21 A Yes, he does.

22 Q Okay. And, ma'am, do you drive a car?

23 A Not at the moment.

24 Q Why not?

25 A Because I don't want to.

Page 20

1 A Very specific -- I'm sorry.

2 Q Did you prepare that answer to the another
3 question?

4 A It's a Lyft ride that I received after what
5 happened October 12th, October 13th of 2020.

6 Q So, are you answering another question? I
7 don't recall asking you about October 13th, 2020.

8 A Oh, you asked me about Lyft. That's the
9 only time. That's the last time.

10 Q All right. Thank you for that specificity.

11 A You're welcome.

12 Q You said October 13th --

13 A 2020.

14 Q Do you remember about what time?

15 MS. EXLINE: What time was the Lyft?

16 MR. WHITE: Correct.

17 THE WITNESS: I believe seven-ish-something
18 in the morning --

19 BY MR. WHITE:

20 Q Okay.

21 A -- something like that.

22 Q So, your testimony is that you don't have a
23 driver's license because you don't need one, in
24 part?

25 A Correct. I don't -- I haven't left the

Page 19

1 Q And why don't you want to drive a car?

2 A Because I don't want to drive a car.

3 Q Do you have a valid driver's license?

4 A I have not replied for Nevada.

5 Q So, you don't have a valid driver's
6 license?

7 A No. My California's expired.

8 Q So, you don't have a valid driver's
9 license?

10 A Correct.

11 Q And why did you let your California
12 driver's license lapse?

13 A I'm mostly driven by my boyfriend. I don't
14 leave the house. If I do, I have a driver.

15 Q Okay.

16 A He owns a transportation company. There's
17 never been an issue with me obtaining or going
18 somewhere.

19 Q Do you ever take public transportation?

20 A No. Just with his companies.

21 Q You don't ride the bus?

22 A No. I've never ridden a bus.

23 Q Do you ever take Lyft or Uber?

24 A Just the morning of October 13th of 2020.

25 Q That's very specific.

Page 21

1 home in my whole pregnancy. I think I stayed home.

2 I've kind of been a hermit and stayed home and I
3 don't feel the need to be out doing things. When I
4 am out I have transportation made available to me or
5 friends or someone driving me.

6 Q So, does Mr. [REDACTED] prevent you from
7 driving or getting a license?

8 A No.

9 Q Let me finish the question.

10 A Sorry about that.

11 Q Does Mr. [REDACTED] prevent you from getting
12 your driver's license?

13 A No.

14 Q And how long have you not had your driver's
15 license?

16 A I don't remember.

17 Q Can you give me your best estimate?

18 A Two years, something like that.

19 Q You haven't had a license for two years?

20 A Yeah.

21 Q All right. Are there any cars that are
22 titled in your name?

23 A One.

24 Q Okay. What is that the make and model, if
25 you remember?

Page 22

1 A It's a Chevrolet Camero.
2 Q Do you have a mortgage payment on that?
3 A No.
4 Q Did you pay cash for that?
5 A No.
6 Q How did you acquire that vehicle?
7 A My boyfriend.
8 Q Approximately how much a month do you spend
9 on food?
10 A I don't. My boyfriend purchases food, so I
11 don't -- wouldn't know an answer to that.
12 Q Do you ever go out to eat?
13 A Yes. But I don't pay the bills, nor do I
14 see the check.
15 Q About how often do you go out to eat, do
16 you think, in a month?
17 A I'm not sure how to answer that because I
18 don't know.
19 Q So, are you so -- this is a harsh word.
20 I'll rephrase.
21 So, you're disconnected with the paying of
22 the bills but you still do these things. You go out
23 to eat, for example.
24 A I go out to eat. If I do, it's with Roy,
25 so I wouldn't know what he pays for.

Page 24

1 when you have him?
2 A Yes, I do.
3 Q With Mr. [REDACTED]?
4 A Yes. He's always present.
5 Q Do you ever take your son anywhere when
6 it's just your son and his mother, meaning you?
7 A Outside of the home, I don't take him
8 anymore, no.
9 Q You don't?
10 A No. Unless it's with Roy. Yeah. I don't
11 drive and I don't take transportation. It's not --
12 we do things at home. If not at home, I go with
13 Roy. He accompanies us and takes us.
14 Q Does Mr. [REDACTED] give you an allowance?
15 A No.
16 Q Do you ever buy anything online?
17 A No. If I need something, he -- if I need
18 something or if it's for my daughter, he usually
19 purchases all the clothes and purchases everything,
20 so ...
21 Q He does all the shopping?
22 A Yes, he does.
23 Q Even the online shopping?
24 A Online, groceries, yes.
25 Q You never go on Amazon --

Page 23

1 Q Do you ever go out to eat by yourself?
2 A No.
3 Q So, you never go out to the eat unless it's
4 with Mr. [REDACTED].
5 A Very rarely leave the home, so when I do,
6 it's with Roy.
7 Q So, is the answer to that "no"?
8 A Can you repeat that?
9 Q Sure. So, your testimony -- you can change
10 it now, it's fine -- you don't go out to eat unless
11 you're with Mr. [REDACTED]?
12 A That is correct.
13 Q Mr. [REDACTED] doesn't allow you to go eat
14 without him?
15 A No. I choose to. He's my safety. I don't
16 like to be around strangers or other people. He is
17 my support system and has been for a very long time,
18 so I don't like to leave the home without him,
19 truly.
20 Q So, for example, you crave -- well, In and
21 Out Burger, for example. Would you feel comfortable
22 going there by yourself?
23 A I don't want to. I don't want to go
24 anywhere by myself.
25 Q Okay. Do you ever take your son anywhere

Page 25

1 A No.
2 Q -- and look around for something for
3 yourself?
4 A No, I don't buy anything for myself.
5 Q Do you remember the last purchase you made
6 for yourself that wasn't made by Mr. [REDACTED]?
7 A No, I don't.
8 Q Let's assume that there's some emergency
9 that requires you to pay money and Mr. [REDACTED] wasn't
10 there. Do you have a way to do that?
11 MS. EXLINE: I'm going to object to an
12 improper hypothetical of a lay witness, but you can
13 still answer the question.
14 THE WITNESS: I'm not going to answer.
15 MS. EXLINE: It's -- I'm objecting for
16 court purposes, but you in deposition are still
17 required to answer unless it's privileged.
18 So, go ahead and answer the question.
19 THE WITNESS: Can you repeat that?
20 BY MR. WHITE:
21 Q Sure. Hypothetically, in an emergency if
22 you needed to pay something and Mr. [REDACTED] wasn't
23 there, how would you do it?
24 A Cash or credit card. I don't know. I'm
25 not sure what -- I'm not sure what your question --

Page 26

1 how your question -- your assumption. I'm not sure.
2 I guess I'm a little confused on what you mean.
3 Q So, you have no access to your own credit
4 card?
5 A I have credit cards I don't use, though.
6 Q You have credit cards that you never use?
7 A No. Roy's under one of them so he -- yeah.
8 Q So, my question is, Do you ever use your
9 credit cards?
10 A No.
11 Q When's the last time you used your credit
12 cards for a purchase? Do you remember?
13 A I think it was Macy's, like for a dress or
14 something that I ended up returning.
15 Q How long ago was that?
16 A Like right after Christmas.
17 Q Of last year?
18 A Yeah.
19 Q So, earlier when you said you never buy for
20 yourself, you mean -- did you mean to say you rarely
21 buy for yourself?
22 A I never really buy for myself. I very --
23 yeah. I never really buy for myself.
24 Q You do occasionally?
25 A No. It was something -- he wanted me to

Page 28

1 A Yeah.
2 Q Has Mr. [REDACTED] provided the fee for the
3 retainer for your lawyer?
4 A Yes.
5 Q So, he paid the retainer for your lawyer?
6 A He handles all of that, yes.
7 Q I'm not asking if he handled it.
8 Did the funds come from Mr. [REDACTED]?
9 A Yes, they did.
10 Q And --
11 MS. EXLINE: I want to clarify. You're
12 talking about the initial retainer?
13 MR. WHITE: Yes.
14 MS. EXLINE: Like in 2021?
15 MR. WHITE: Yes.
16 BY MR. WHITE:
17 Q The initial retainer for your attorney who
18 is with you today and her law firm, did Mr. [REDACTED]
19 pay for it or did you?
20 A I believe he did.
21 Q You believe he did?
22 A Yes, I believe he did.
23 Q It's your testimony today that you did not
24 -- you are not the source of funds for your initial
25 retainer for your attorney.

Page 27

1 pick out a dress to feel good in because I haven't
2 purchased anything.
3 Q But you bought the dress on your credit
4 card?
5 A Yes. That he paid for, that he's on the
6 account.
7 Q All right. So, do you ever purchase food
8 -- and what I mean is, for example, Uber Eats,
9 without Mr. [REDACTED] being present?
10 A No.
11 Q So, is Mr. [REDACTED] paying for your legal
12 representation?
13 MS. EXLINE: I'll object to the extent it
14 calls for any privileged information.
15 MR. WHITE: Certainly.
16 THE WITNESS: I'm not sure how to answer
17 that right now.
18 BY MR. WHITE:
19 Q Did Mr. [REDACTED] pay for your lawyer?
20 A He has.
21 Q He has?
22 A Yes.
23 Q Can you explain what "he has" means.
24 A I'm not sure how to answer that right now.
25 Q We'll take our time.

Page 29

1 A Right. He handles all of that for me.
2 Q Now when I asked did he pay, I did not ask
3 did he handle.
4 Did the source of the money for your
5 attorney come from you or Mr. [REDACTED]?
6 A Him.
7 Q It came from Mr. [REDACTED]?
8 A You just asked me that.
9 Q It came from Mr. [REDACTED].
10 A Yes.
11 Q Are you currently involved in any other
12 litigation besides this matter?
13 A Yes -- or a civil case? Does that count?
14 Q Are you involved in any other litigation
15 besides this matter?
16 A A civil case against Dr. Assad.
17 Q Okay. So, your answer is you were involved
18 in a civil case as well?
19 A Yes.
20 Q Okay. And who paid the retainer for your
21 lawyer in that matter?
22 A He did.
23 Q And when you say "he," do you mean Mr.
24 [REDACTED]?
25 A Yes.



Page 30

1 Q So, do you believe that you enjoy a good
2 quality of life?
3 A I do, to an extent.
4 Q And do you believe that your son enjoys a
5 good quality of life when he's with you?
6 A I do. I do believe that strongly.
7 Q Do you believe that you're able to provide
8 for your child financially?
9 A Yeah.
10 Q All right. And why is that?
11 A I haven't been able to not provide for him
12 up until now. I mean, I've been able to buy him
13 clothes, feed him, so I'm not sure what you're --
14 Q Well. You're not doing that. Mr. [REDACTED]
15 is, correct?
16 A Right, my partner.
17 Q You're not buying your son any food, are
18 you?
19 A No. He's purchasing everything, yeah.
20 MS. EXLINE: I just want to object because
21 Dr. Assad is leaning in more, and it's making me a
22 little uncomfortable. As he's interested in the
23 topic, he gets closer and closer.
24 MR. WHITE: Sure.
25 MS. EXLINE: So, if we can keep some space,

Page 32

1 then?
2 A I'm -- I would probably work, yes.
3 Q You'd probably work?
4 A Absolutely. I'm sure. I'm very sure I'd
5 work. I've worked before for many years up until
6 2020 so --
7 Q You think you would be able to return to
8 work?
9 A Absolutely. I have kids to provide for.
10 Right now I'm not being forced to by my partner whom
11 I've been with for over 15 years.
12 Q All right. So, essentially, you're not
13 working because you don't have to?
14 A Correct. Please. I want to reiterate
15 that.
16 Q Well, earlier you had said that you
17 attempted to return to work and you were unable to
18 do so --
19 A Right.
20 Q -- so you stopped working.
21 A But I didn't need to return to work. It
22 was something I wanted to do. I couldn't do it
23 because mentally I was trying to focus on doing what
24 I had to do to get my son back in my life.
25 Q Let me back up a little bit and ask you a

Page 31

1 I'd appreciate that.
2 DR. ASSAD: I'm sorry. I wanted to hear
3 better. That's all.
4 MR. WHITE: I'll speak louder.
5 DR. ASSAD: I'm hearing okay, but I'll pay,
6 more attention.
7 BY MR. WHITE:
8 Q It's fair to say you're not paying for your
9 son's care when he's in your care, correct?
10 A Correct.
11 Q You're not paying for his clothes.
12 Is that correct?
13 A Correct.
14 Q You were not paying for his education,
15 correct?
16 A No.
17 Q You're not paying for his transportation,
18 correct?
19 A No.
20 Q You're not paying for any of these things.
21 A No. My partner.
22 Q Mr. Street is paying for all these things?
23 A My partner is, yes.
24 Q All right. So, what happens if Mr. [REDACTED]
25 stops paying for these things? What is your plan,

Page 33

1 question that simplifies, I think, this
2 back-and-forth.
3 Either you don't want to work currently or
4 you're not able to work. Are you able to work, yes
5 or no?
6 A I'm able to work, yes.
7 Q All right. You choose not to work.
8 Is that correct?
9 A I don't have to.
10 Q All right.
11 A My partner prefers me to focus on my
12 kids -- plural -- my daughter as well.
13 Q All right.
14 MS. EXLINE: I apologize. When are we
15 doing a little break? I have to use the restroom.
16 MR. WHITE: We can break any time.
17 Do you want to do a break now?
18 MS. EXLINE: If it's okay.
19 MR. WHITE: That's absolutely fine.
20 (Recess taken.)
21 BY MR. WHITE:
22 Q I just have a few more questions about the
23 driver's license issue and then we can move on.
24 Was your California driver's license
25 revoked or did you simply choose not to reapply for



Page 34

1 another license?
 2 A I didn't reapply.
 3 Q Okay. And have you been involved in any
 4 automobile accident in the last four years?
 5 A Yes.
 6 Q All right. How long ago was your most
 7 recent accident, ma'am?
 8 A August 2021.
 9 Q All right. And in brief can you describe
 10 what happened in that accident.
 11 A I had a concussion. I don't remember too
 12 much about what happened.
 13 Q And was this in California or was this in
 14 Nevada?
 15 A California.
 16 Q Okay. And what is your child's birth date,
 17 again?
 18 A [REDACTED].
 19 Q Was your child in the car with you at the
 20 time of this accident?
 21 A I didn't have my child until October 13th
 22 or October 14th of 2022.
 23 Q And you weren't pregnant at this time?
 24 A I had just given birth. I was postpartum
 25 several weeks.

Page 36

1 accident?
 2 A I don't recall.
 3 Q You don't recall --
 4 A I don't --
 5 Q -- if you were cited by the police or not?
 6 A No.
 7 Q Did you have to -- or do you recall if you
 8 had to pay any fines or citation fees for that
 9 incident?
 10 A I don't remember that.
 11 Q You don't remember that at all?
 12 A No.
 13 Q Is there any particular reason why you
 14 can't remember the incident?
 15 A I had a concussion and I don't really
 16 remember. I think that was a very traumatic time
 17 when I had just given birth and signed the consent.
 18 But there was a lot of trauma during that time and
 19 it's a little bit foggy so, yeah, I don't remember
 20 many details.
 21 Q You don't remember any followup from any
 22 law enforcement after that event?
 23 A No.
 24 Q You don't remember any insurance adjusters
 25 after that event?

Page 35

1 Q So, you weren't with --
 2 A I was by myself.
 3 Q Okay. Is that the last time that you've
 4 driven a car?
 5 A Yep.
 6 Q Did you ever drive a car to a meeting with
 7 your lawyer and my client?
 8 A No.
 9 Q All right. Did you ever tell anyone or my
 10 client and his lawyer that you left your keys in a
 11 car?
 12 A That I left my keys in a car?
 13 Q Correct.
 14 A Can I ask you to be more specific?
 15 Q Well, during this litigation have you ever
 16 informed my client and/or any attorney that you left
 17 your keys in your car?
 18 A No. May I elaborate on it?
 19 Q Your answer is "no." I don't know that you
 20 need to.
 21 A Okay. No.
 22 Q So, the accident of 2021, was it after that
 23 accident that you chose not to drive?
 24 A No. I wasn't really driving prior to that.
 25 Q Were you cited for anything in that

Page 37

1 A No, I don't.
 2 Q And you don't remember talking to the
 3 driver of the other car or cars after that event?
 4 A No.
 5 Q Do you recall making an insurance claim on
 6 your vehicle after that event?
 7 A I don't remember.
 8 Q All right. And you pronounce your child's
 9 first name [REDACTED] Is that correct?
 10 A [REDACTED] Short for [REDACTED]. I couldn't
 11 commit to [REDACTED]
 12 Q And who chose that first name?
 13 A I did.
 14 Q All right. And is he -- he's not with you
 15 today at this deposition, correct?
 16 A No.
 17 Q And I'm asking you that, it's obvious, I
 18 just want it for the record.
 19 A He's not here.
 20 Q All right. And I understand your boyfriend
 21 arrived to my -- this building, this location a
 22 little while ago, and you spoke with him after we
 23 had a break in the deposition.
 24 A Are you asking me that?
 25 Q Yes.



Page 38

1 A Yes.

2 Q And was the child with him?

3 A No.

4 Q Your child's not with you for obvious

5 reasons now, your child is not with your boyfriend.

6 So, where is your child?

7 A At home with his sister and Debbie, my

8 friend, who he is very comfortable with.

9 Q Who is Debbie?

10 A My friend.

11 Q What is her last name?

12 A [REDACTED].

13 Q Can you spell that, please.

14 A I don't know how to spell it.

15 Q You don't know your friend's last name?

16 A She's -- [REDACTED] or [REDACTED] -- yeah. I don't

17 know the -- [REDACTED] or [REDACTED].

18 Q How long have you been friends with Debbie?

19 A She's known the family for over 20 years.

20 Q Which family? Your family?

21 A [REDACTED] family and, essentially, since I'm

22 part of Roy's, yes.

23 Q So, she's known Roy longer than she's known

24 you?

25 A Yes. And I've been with Roy over 15 years

Page 40

1 schedule for the minor child?

2 A I'm not sure what I've considered.

3 Q All right. So, do you believe that a

4 week-on-week-off schedule might be in the child's

5 best interest?

6 A No. I don't know how to answer that. I'm

7 not sure what -- I'm not familiar with a

8 week-on-week-off. I'm not sure if that's in his

9 best interest.

10 Q Let me step back to be more precise.

11 A Please.

12 Q So, my question is this: Have you

13 considered sharing physical custody where you trade

14 once a week with Dr. Assad instead of the schedule

15 you're currently on? Have you ever considered that?

16 A No.

17 Q No? All right.

18 Do you believe that exchanging the child

19 just one time a week would be in the child's best

20 interest?

21 A No. I'm reconnecting with my son, so it

22 was very important for me to have him.

23 Q Okay. So, your answer is no, you don't

24 believe it's in the child's best interest.

25 A Yeah.

Page 39

1 and this is somebody I trust and somebody who is a

2 good person and my kids care for a lot.

3 Q Is she a childcare professional?

4 A No. She used to be a respiratory therapist

5 and also worked for Roy at some point. She's

6 various occupations. She's somebody whom I trust.

7 Q Does she have a valid driver's license?

8 A She does.

9 Q Okay. Can you please describe briefly the

10 current custody schedule you and Dr. Assad share

11 with your child.

12 A You want me to discuss the days or times?

13 Q Yes. Just briefly.

14 A I have my son Mondays and Tuesdays.

15 Q Mondays and Tuesday.

16 And then Wednesdays and Thursdays?

17 A Dr. Assad.

18 Q Okay.

19 A And then we alternate Friday, Saturdays and

20 Sundays.

21 Q Okay. And so that's -- that's a very

22 common joint custody schedule. You don't have to

23 answer this. It's not a question. Just very

24 common.

25 Did you ever consider a week-on-week-off

Page 41

1 Q Okay.

2 MS. EXLINE: I would just ask you, she was

3 trying to finish her answer and then you took the

4 part you wanted and were trying to make her stop

5 talking.

6 MR. WHITE: I don't recall doing -- are you

7 able to read back what my last question is? Is that

8 possible.

9 (Record read.)

10 MR. WHITE: Technically I'm not asking her

11 why, I'm asking her yes or no.

12 BY MR. WHITE:

13 Q Do you think it's in the best interest and

14 you said "no."

15 A I don't know how to answer that, to be

16 honest with you. I don't know how to answer that.

17 Q So, the objection is taken. To be overly

18 precise is not an appropriate objection because I

19 didn't ask you the why. You said yes or no. I

20 asked if it was in the best interest and you said

21 "no."

22 MS. EXLINE: I object because you did not

23 ask a yes-or-no question. And even if you did,

24 she's elaborating and then you tried to stop her

25 from speaking. And you said -- took the part you



Page 42

1 wanted and then you wanted her to stop speaking.
 2 So, I think that's an argumentative way to
 3 address the situation. I waited until it was
 4 finished and I'm just letting you know that that's
 5 concerning to me and I don't necessarily agree that
 6 it's appropriate.
 7 MR. WHITE: Okay. Typically yes-or-no
 8 questions are yes-or-no questions. But, certainly,
 9 if you want to add to them --
 10 THE WITNESS: Sometimes yes-or-no
 11 questions, there's responses that require more than
 12 a yes or a no, especially when it comes to my
 13 child's well being, best interest. It's not always
 14 a simple yes or no.
 15 BY MR. WHITE:
 16 Q **Certainly. And your lawyer was very**
 17 **agreeable and understanding at our previous**
 18 **deposition, so I will certainly accept that and I**
 19 **appreciate that.**
 20 **Speaking of which, let's talk a little bit**
 21 **about our -- your deposition of my client.**
 22 **Do you recall when that occurred, ma'am?**
 23 A Wednesday.
 24 Q **Okay. Of last week?**
 25 A Last Wednesday.

Page 44

1 **Were you sick?**
 2 A I struggled and I had a panic attack.
 3 There are a lot of things behind those emotions from
 4 a panic attack.
 5 Q **So, you weren't physically ill?**
 6 A You know, when I have panic attacks
 7 sometimes I do become nauseous, sometimes my heart
 8 does race, sometimes I'm out of -- beyond out of my
 9 comfort zone. It's not just in my head. I do
 10 become physically ill sometimes.
 11 Q **Now, the schedule to change the minor child**
 12 **on Wednesdays is what time in the morning?**
 13 A 9:00.
 14 Q **9:00. And did you exchange the minor child**
 15 **on that day, the day of the deposition?**
 16 A My boyfriend did.
 17 Q **He exchanged the child at 9:00 that**
 18 **morning?**
 19 A Later.
 20 Q **What time?**
 21 A I believe it had to be around 10:10,
 22 something like that. So, he was late on that day.
 23 Q **All right.**
 24 A It was a different location and he was
 25 late, and I acknowledge that.

Page 43

1 Q **And you were aware of that date and time?**
 2 A Yes, I was.
 3 Q **And did you believe that you were invited**
 4 **to come and attend?**
 5 A Yes.
 6 Q **And you chose not to?**
 7 A I struggled with being in the same room. I
 8 struggled and I had panic attacks.
 9 Q **So, you chose not to attend?**
 10 A I struggled. It's not a decision that --
 11 when you have a panic attack, it's not just a yes or
 12 no. I chose not to. I struggled. I'm sorry that's
 13 not the answer you're looking for, but I struggled.
 14 Q **No. I'm not --**
 15 A Clearly, you're looking for an answer.
 16 Q **No. I promise I'm not looking for a**
 17 **necessary answer. I'm trying to get a feel and**
 18 **overall view of what's going on.**
 19 A Okay.
 20 Q **So, you made a decision not to attend.**
 21 **Is that correct?**
 22 A I struggled with attending. I wish I could
 23 have. I couldn't being present in the same room. I
 24 panicked.
 25 Q **If I'm incorrect, please let me know.**

Page 45

1 Q **What happened that day?**
 2 A A lot to do with my panic attack that
 3 morning, so that was a big struggle for me. That
 4 trickled down into that.
 5 Q **So, in regards to your panic attack that**
 6 **day, is that something that you struggle with on a**
 7 **regular basis with Dr. Assad?**
 8 A Absolutely.
 9 Q **Is that going to impair your ability to**
 10 **exchange the minor child?**
 11 A I've had my boyfriend present and that's
 12 helped me a lot.
 13 Q **All right.**
 14 A Having a third party, maybe a neutral third
 15 party is something that I've kind of -- I think
 16 would be in everyone's best interest to avoid
 17 further conflict or to avoid situations like that
 18 from occurring.
 19 Q **Sure. And Mr. [REDACTED] is agreeable to being**
 20 **-- coming with you for those exchanges?**
 21 A He has been.
 22 Q **All right.**
 23 A He has been.
 24 Q **And you expect that he'll continue on to do**
 25 **that?**



Page 46

1 A He has expressed he will continue to do
2 whatever he needs to to help.

3 Q Fair enough. Are you satisfied where the
4 exchanges are taking place currently?

5 A I -- it's a little further out than I'd
6 like to drive, but I appreciate it's in a public
7 place, a fire station. And sometimes there's fire
8 or other, you know, law enforcement vehicles there
9 nearby. It gives me a sense of safety.

10 Q Now, are you comfortable exchanging the
11 child when Dr. Assad's wife, [REDACTED], is present?

12 A No longer. And that stopped being a thing,
13 I wanna say, maybe three or four weeks into having
14 my son back. It was not a healthy exchange.

15 Q So, you prefer exchanging with Dr. Assad
16 present than you do --

17 A I prefer a neutral party. But if I had to
18 choose between [REDACTED] or Dr. Assad, I -- it's more
19 painful for me and for my son as well to have a
20 prolonged exchange, where he is being held or not --
21 the exchange is not swift -- is that the right word?
22 -- quick --

23 Q Sure.

24 A -- and it makes it more difficult. He
25 becomes emotional and it's painful to watch me. And

Page 48

1 Q All right.

2 A I'm not going to.

3 Q How do you feel about other members of Dr.
4 Assad's family?

5 A I would prefer not. I would prefer not.

6 Q No members of his family --

7 A I prefer not. I fully -- despite the
8 discomfort, I would prefer Mother and Child -- I'm
9 sorry -- Mother and Father. I would prefer not to
10 include more people. It's already been a very
11 confusing thing for my son.

12 Q Has Dr. Assad ever had other family members
13 present at the exchange?

14 A Yes. Two different occasions. My second
15 exchange with my son, it was [REDACTED]'s sister. And
16 the first day I even saw my son --

17 Q What is her name?

18 A I have no idea.

19 Q You don't know her name?

20 A No.

21 Q Does she have more than one sister?

22 A I have no idea who they are.

23 Q And what happened?

24 A She tried to contact me by phone, tried to
25 text me or call me. I have no desire or connection

Page 47

1 I'm not going to pry my son out of his arms. So,
2 it's, I think, essentially harming me and causing
3 him discomfort. If I had to choose one of the
4 other, I'd prefer Dr. Assad or a third party -- a
5 neutral third party.

6 My boyfriend has been doing the exchanges
7 with [REDACTED] for that reason. Because she does not
8 do that for him. She does a quick change. But with
9 me it's very much holding him, speaking in Farsi, Do
10 you want to go with her," causing him to get fuzzy.

11 And that wasn't the case in the beginning
12 up until three or four weeks into me having him, so
13 it's not pleasant. It's not good for my son. He
14 doesn't need to be dropped off crying. I don't need
15 to be prying him out of her arms. I don't need to
16 be standing there watching. It should be a very
17 quick exchange, as she does with Roy, but she's
18 unable to do with me so ...

19 Q Do you believe that this alleged behavior
20 on her part could be fixed?

21 A I don't want to go down that road, because
22 it's very passive/aggressive at this point. It's
23 harming me and my child and it's something that
24 doesn't need to happen. An exchange should be
25 swift. I'm not going down that road again.

Page 49

1 to know anything about -- this is a very -- we don't
2 speak, so why would I speak to members of her family
3 as if it's such a casual thing. I'm there for my
4 son. It's very -- it's -- do you mind if I
5 elaborate a little more? I struggle with words
6 sometimes.

7 Q Go ahead.

8 A Sometimes I struggle to get my point across
9 and I'll try to lower my voice.

10 After my first exchange -- first visit with
11 my son, after he was picked up I was told that I had
12 an option for my second visit, whether I could skip
13 it or her sister would be the one to have to do the
14 pickup and dropoff, when the judge had already said
15 that she would be the intermediary, [REDACTED] would.

16 Q [REDACTED] would.

17 A So, she had already, on my second exchange,
18 basically said you have the option to not have him
19 or so-and-so is gonna do this. So, she was already
20 going against what the judge's orders were, which I
21 wasn't comfortable with.

22 I don't know this person. I wanted to
23 stick with what the judge wanted, that's what I
24 wanted to do. The way she presented it to me was
25 you have an option to see your son. But I'm just



Page 50

1 now coming back into his life. You're really kind
 2 of making me to feel like you're taking something
 3 from me that, hey, the judge doesn't know about, so
 4 you're making your own rules on what is okay.
 5 So, yes, the second visit -- I contacted
 6 [REDACTED] as soon as this happened. The second visit
 7 her sister did the pickup and dropoff because
 8 Ladonne was out of town, or something like that.
 9 So, yes, there's been other family members.
 10 I don't know. I would prefer to not go down that
 11 route. I don't need to meet his extended family. I
 12 really don't need Assad's ex-wife's family in my
 13 life. Okay?
 14 **Q** So, you don't want other members of his
 15 family helping facilitate exchanges?
 16 **A** I don't need more complications to an
 17 already complicated situation.
 18 **Q** All right. And you understand that your
 19 child is spending time with, not only Dr. Assad, but
 20 his wife, [REDACTED], and sister-in-law, [REDACTED], as
 21 well, correct?
 22 **A** Clearly, I understand that because I was
 23 kept after the relinquishment papers and trying to
 24 get custody of my son back and trying to get him to
 25 help me do that and then kinda told, hey, no, not

Page 52

1 those people?
 2 **A** I'm not sure how to answer this question.
 3 It's a very complicated answer to -- I think what
 4 you're looking for, you wanted a very simple yes or
 5 no and I'm not going to give you that.
 6 **Q** No. Answer in the most honest way that you
 7 can.
 8 **A** It's a very complicated situation given the
 9 nature and the background of Dr. Assad and I, so I
 10 think it's too complex for me to touch and just kind
 11 of ...
 12 **Q** You're aware that -- this is probably -- if
 13 this is a legal question I'll certainly withdraw the
 14 question -- but you're aware that when a judge makes
 15 a decision, that decision about custody may depend,
 16 in part, whether small or large, on the relationship
 17 the child might have with your family, extended or
 18 his family extended. Were you aware of that?
 19 **A** Of course.
 20 **Q** Okay. So, do you want your child to have
 21 relationships with your extended family?
 22 **A** My extended family?
 23 **Q** Yes.
 24 **A** My son does. My son has met members of my
 25 family.

Page 51

1 gonna happen.
 2 I'm pretty well aware that that's what
 3 happened, that she took on that role. So, yes, to
 4 answer your question, I'm aware that that bond was
 5 forced.
 6 **Q** That wasn't actually the question.
 7 **My question was, You're aware that your**
 8 **child is spending time with Dr. Assad's family.**
 9 **MS. EXLINE:** She said "yes."
 10 **THE WITNESS:** I think I answered that,
 11 maybe just not the way you wanted me to answer it.
 12 I'm pretty sure --
 13 **MR. WHITE:** She actually answered about a
 14 bond with Ladonne.
 15 **MS. EXLINE:** She said "I am aware" and then
 16 she elaborated.
 17 **MR. WHITE:** All right.
 18 **BY MR. WHITE:**
 19 **Q** I'll just keep asking it in different ways,
 20 then, to get the point across.
 21 Your son will spend time with Dr. Assad's
 22 family. You know that, correct?
 23 **A** As he has been.
 24 **Q** All right. And you have no interest in
 25 knowing those people or having a relationship with

Page 53

1 **Q** And you want that to continue?
 2 **A** Of course I do.
 3 **Q** All right.
 4 **A** He has grandparents. He has cousins. Of
 5 course, I do.
 6 **Q** Do you want him to have that same
 7 opportunity with Dr. Assad's family?
 8 **A** I -- you mean his ex-wife's family? Is
 9 that what you're asking me? Or his son -- his
 10 stepsons or his ex-wife's family?
 11 **Q** Let me be more specific.
 12 With [REDACTED] --
 13 **DR. ASSAD:** Excuse me. It's not my
 14 ex-wife.
 15 **BY MR. WHITE:**
 16 **Q** All right. With his current wife, who is
 17 [REDACTED] --
 18 **A** Right.
 19 **Q** -- and his other family members, do you
 20 want your child to have a relationship with those
 21 people?
 22 **A** I want him to be in healthy environments
 23 and I don't want him to grow up in very confusing
 24 and unhealthy dynamics.
 25 **Q** You believe that's an unhealthy



Page 54

1 **environment?**

2 A You know, I think this is a very loaded

3 question because of the background between Dr. Assad

4 and I. The background is very unhealthy and I think

5 you're aware of that.

6 I think what you're looking for is an

7 answer that I cannot give you right now, okay?

8 **Q No. I want you to answer the question as I**

9 **present the question. If the answer is no or yes --**

10 THE WITNESS: It's not a yes-or-no. Sorry

11 to interrupt you, but it's not a yes-or-no answer.

12 MR. WHITE: All right. Ms. Exline, these

13 are going to be questions that I have to ask and you

14 know that Judge Grossman is going to be -- these are

15 questions that are important. They're not meant to

16 harass.

17 So, if answering them, you know, it's a

18 harassing situation to get you to answer the

19 questions, then we have other things we can do but

20 it doesn't have to be.

21 Ms. Exline, do you want to take a moment

22 with your client? I mean --

23 MS. EXLINE: I'll take a moment with my

24 client, but I'll say for the record is that she's

25 explaining why she's struggling to answer the

Page 56

1 anything about them.

2 All I know is what I've experienced with

3 him and the very unpleasant, very passive aggressive

4 interactions with [REDACTED]. I don't know how to

5 answer that, so I'm struggling to give you an answer

6 with that.

7 **Q So, your concern is that Dr. Assad's family**

8 **raises issues because of what you've alleged Dr.**

9 **Assad has or has not done.**

10 A I have some concerns, yeah. I have some

11 concerns. Maybe I don't know how to elaborate or

12 express that, but I don't know them and it's hard

13 for me to say, yes, maintain a bond. All I know is

14 the trauma I've been through.

15 **Q Would you like the opportunity to get to**

16 **know members of Dr. Assad's extended family?**

17 A Absolutely not. I'm not comfortable

18 putting myself through more trauma. I've been

19 through a very awful thing and continue to put

20 myself through these things for my child. I have no

21 desire.

22 **Q So --**

23 A I've already seen enough from what his wife

24 has shown me, from what he has shown me. I've seen

25 and read things. Why would I re-traumatize myself?

Page 55

1 question and she's giving you that as her answer.

2 So, if what you're saying is that's not an

3 answer, then you're certainly allowed to give

4 followup questions. Let me take a moment and talk

5 with her, if that's okay with you.

6 MR. WHITE: Sure.

7 (Recess taken.)

8 BY MR. WHITE:

9 **Q So, let me rephrase my previous questions**

10 **-- or question.**

11 **Do you want your child to have a continuing**

12 **relationship with Dr. Assad's extended family?**

13 A I don't know their extended family or what

14 their relationship entails. Like, I know as long as

15 -- I don't know how they are. All I know is my

16 experience with Dr. Assad and the trauma that I've

17 gone through with him and everything that's

18 happened.

19 I cannot vouch for who they are as people,

20 if they're anything like him. I cannot vouch for

21 that. I'm not present in the home when my son is

22 there. I don't know anything about what their

23 household is like. How can I give you an answer

24 about what I -- is it something I'm comfortable with

25 or that I want to continue, when I don't know

Page 57

1 **Q So, you're aware that your child will spend**

2 **time with Dr. Assad's extended family, correct?**

3 A Who is -- who is this extended family?

4 You're saying --

5 **Q Primarily [REDACTED], his sister-in-law,**

6 **[REDACTED], his son.**

7 A Is that the one that had a dangerous

8 household with a monkey that was going around biting

9 people in the neighborhood? Because I would have a

10 problem with that, yeah.

11 **Q You would --**

12 A If he's in a dangerous household with an

13 exotic monkey that goes around attacking the

14 neighborhood, yeah, I definitely would want a social

15 worker to assess that environment is safe if that

16 money is still there or not.

17 So, I would have a concern. I don't know

18 anything about their family, which is what I'm

19 getting at. I can't answer that because I have no

20 knowledge.

21 **Q So, how would you like to get more**

22 **information about the extended family that your son**

23 **spends time with?**

24 A I think social workers. I'm not going to

25 go hire a private detective to go get dirt, but I



Page 58

1 prefer to have state officials, social workers,
 2 people that work for the state to make judgment
 3 calls like that. I'm not gonna take someone's word
 4 for it or someone's private detective word for it.
 5 A social worker. I would prefer social workers to
 6 see the environments, yeah.

7 Q So, as your child gets older --
 8 A Or now.

9 Q -- you would like to --
 10 MS. EXLINE: Let him finish the question.
 11 BY MR. WHITE:

12 Q -- get all the information about the
 13 extended family through social workers and
 14 government agents. Is that correct?
 15 A No, not as he gets older. I wish I had the
 16 information prior to now. I wish I had knowledge of
 17 that way before now. Hearing a lot of things that
 18 I've heard in this town about his family, I have
 19 just as many concerns that he has about mine that I
 20 have about his.

21 Q You were unhappy that your child was being
 22 spoken to in Farsi?
 23 A Incorrect. I was not happy that he was not
 24 exposed to English, because it didn't allow him an
 25 opportunity to even communicate with his own

Page 60

1 And he's being exposed to different things
 2 now, which will only make him thrive in situations
 3 like when he's ready to go to school, communicating
 4 with his sister, other grownups, anyone outside of
 5 this family, basically.

6 Q Are you teaching him Spanish?
 7 A No. But he knows one word, agua, instead
 8 of "water." He, for some reason, picked up on that.

9 Q Do you think it's important that your son
 10 learn more about his -- and I'm assuming on your
 11 side Spanish or Hispanic heritage.
 12 A I think it's important for him to know
 13 about himself, yeah, about any culture. But I think
 14 when -- I think not limiting him to just one thing,
 15 especially when there are no schools here that only
 16 speak Farsi, to my knowledge, unless they were
 17 planning on homeschooling him. He had no kids that
 18 he interacted with.

19 When I asked [REDACTED] has he been around
 20 kids his age, no. It's very apparent to me. So,
 21 socially that was something that was going to set
 22 him back. He's working on that and he's doing
 23 really good at that.

24 Q Let me back up a bit.
 25 A Please do.

Page 59

1 pediatrician. His own pediatrician showed concern
 2 with his assessment.

3 And I have two different therapy --
 4 therapists come to my home twice a month now to help
 5 him with cognitive skills and his motor skills. And
 6 they don't know the -- he's working through a lot of
 7 delays right now. I don't know if language delayed
 8 it but I didn't have a problem with him knowing
 9 Farsi.

10 I had concerns with his inability to
 11 express himself in English, basic things to his own
 12 pediatrician. If something was hurting or bothering
 13 him, who would he tell that to if they're only
 14 exposing him to one language.

15 I'm bilingual myself. My first language is
 16 not English, okay? I'm --

17 Q What's your first language?
 18 A Spanish.

19 So, I know the struggles. When I went to
 20 school it was like, to not be able to communicate
 21 with my peers when he starts preschool, you're
 22 setting him back already -- I'm all about as many
 23 languages as you can learn. I just thought there
 24 was something -- he's learning some English now.
 25 That's all I'm gonna say.

Page 61

1 Q You said you felt it was important that he
 2 be around kids his own age.
 3 A Yeah.

4 Q When he's with you and Mr. [REDACTED], how does
 5 he have exposure to other children?
 6 A My daughter. I have a
 7 four-and-a-half-year-old. I have my sister. She
 8 has a three-and-a-half-year-old.

9 Q Your sister, what's her name?
 10 A Monica.

11 Q What's her last name?
 12 A Same as I, [REDACTED].

13 Q And she has a three-year-old?
 14 A Three-and-a-half-year-old, I believe.

15 Q This child is around your son?
 16 A From time to time she'll come over.

17 Q How often is your sister around?
 18 A Every couple of weeks she comes over and
 19 she'll take my daughter out to lunch or do, like,
 20 girly things with her and stop by. And she'll bring
 21 her son sometimes over. She has also a 15-year-old.

22 Q And do you ever leave your son with her --
 23 A No --

24 Q -- to provide care?
 25 A No.



Page 62

1 Q No?

2 A No.

3 Q Why?

4 A She works 12-hour shifts.

5 Q So, you don't let her provide childcare

6 because she's busy?

7 A It's not to let her. I'm home. I'm the --

8 when I'm with my son, I'm with my son. I'm not --

9 right now he's with Debbie and Roy and Vida also,

10 but when I have my son in my care, he is with me.

11 Q So, you haven't relied on her for

12 childcare?

13 A No.

14 Q All right. So, if Dr. Assad were to ask

15 that she not be allowed to provide childcare, is

16 that something that you would consider?

17 A She's -- she works for the jail. She's

18 passed -- she's got no record. So, if he wanted to

19 say my sister is dangerous or don't have a bond with

20 your biological aunt, then I -- by all means, say

21 that, Dr. Assad. It sounds ridiculous.

22 Q I think you're assuming the answer I'm

23 looking for.

24 A Well, you're going somewhere with it.

25 Q I am, but it's just not that. I promise.

Page 64

1 place, would you feel comfortable communicating with

2 Dr. Assad via text messaging?

3 A No.

4 Q Okay. Via telephone calls?

5 A No.

6 Q And so how would you -- in a perfect world

7 where you're the ruler of the world, how would you

8 choose to communicate with Dr. Assad about your son?

9 A I believe the judge put an order in that

10 communications need to go through an app called "Our

11 Family Wizard." I believe it's -- his ex-wife was

12 handling that communication and I don't think that

13 -- I think there was some unhealthy going back and

14 forth.

15 And I've been kind of relying on Melissa to

16 kinda relay whatever is needed or I've gone through

17 an attorney, which right now I think that's where

18 I'd like to stay.

19 Q So, it's your answer, in part, that you

20 want to continue communicating about your minor

21 child with the assistance of counsel?

22 A I think I need advice from them sometimes

23 because there are situations that don't seem right

24 dealing with him and his family members. So, I do

25 appreciate having advice from legal counsel in how

Page 63

1 A No? What do you mean if Dr. Assad would

2 say -- my son is not allowed to have a relationship

3 with his biological aunt? Where are you going with

4 this? Sorry.

5 Q Just a moment here. I'll get there.

6 So, my question is this: Do you believe it

7 appropriate to prevent or hinder your son's

8 relationship with Dr. Assad's extended family while

9 at the same time it's okay for you to encourage that

10 relationship with your extended family?

11 A Are blood relative and ex-wife's family

12 members the same thing?

13 Q Family's family.

14 A Oh, okay. I was kept -- he was kept from

15 my family for a long time. That didn't matter it,

16 did it?

17 Q Are you talking about the period of time

18 when you gave the child up for adoption or do you

19 mean after that? Which period are you referring to?

20 You answered in that way. Which way do you mean?

21 A When I tried to get my son back when I

22 contacted Dr. Assad to stop the adoption to go

23 through.

24 Q So, on a more pleasant subtopic, after this

25 matter is concluded and there's a custody order in

Page 65

1 to approach certain things that are relating to my

2 son. Everything is pretty much a touchy subject

3 anymore.

4 Q So, you believe that after the conclusion

5 of this case, you'll be able to refer to your

6 present counsel in regards to communications with

7 Dr. Assad? If that's too big of a question, I'll

8 rephrase.

9 A I'm not sure how to -- like, I'm not sure

10 how to answer. I think I told you --

11 Q You understand Melissa is going away when

12 this case is settled, don't you?

13 A Okay.

14 Q Yes or no, you don't understand that?

15 A No, I didn't understand that.

16 Q Hypothetically your lawyer leaves for

17 whatever reason. How would you like to communicate

18 with Dr. Assad?

19 A Oh, I would probably need to hire somebody

20 to help me go through some -- some things that I'm

21 not comfortable with, which is a lot of things that

22 I'm not comfortable with. There's a lot of

23 unresolved issues between Dr. Assad and myself that

24 are pending legally still so ...

25 Q So, you don't believe that you would be



Page 66

1 able to communicate about your child with Dr. Assad
 2 through any format?
 3 A Right now if it is through a format, I
 4 would still appreciate the advice of a legal --
 5 someone to kind of guide me through it if there's
 6 something that I can't navigate on my own just for
 7 the sake of keeping peace and for the best interest
 8 of my son.
 9 Q Do you anticipate that you'll need to have
 10 someone have legal representation?
 11 A I'm not sure.
 12 Q Let me finish the question.
 13 A I'm sure. I wasn't sure.
 14 Q -- through the pendency of the child's
 15 life, meaning until he's 18?
 16 A I have no idea.
 17 Q Have you ever -- have you recently
 18 considered moving from the state of Nevada?
 19 MS. EXLINE: Objection, that question's
 20 compound. Two questions you asked. There's an "or"
 21 in there.
 22 MR. WHITE: Withdrawn. Apologies. I'm
 23 sure I was just being verbose and not on purpose.
 24 BY MR. WHITE:
 25 Q Have you recently considered moving from

Page 68

1 A So, you're asking me if I'm okay for my son
 2 and I to disconnect, to not -- for me to not see my
 3 son? Is that what you are asking me?
 4 Q No. I'm asking --
 5 A I'm confused with what you're asking me.
 6 Q I will include the assumptions that I'm
 7 making that I'm sure Ms. Exline makes that you're
 8 not.
 9 If -- this is going to be a hypothetical to
 10 help you answer the question.
 11 MS. EXLINE: I do think it's inappropriate
 12 to ask hypotheticals to a lay witness, so I'll
 13 object to improper hypothetical. But go ahead and
 14 ask.
 15 MR. WHITE: Sure.
 16 BY MR. WHITE:
 17 Q I'm not asking you for a legal conclusion,
 18 so your lay opinion about yourself is fine. Usually
 19 not objectionable, but I understand why. I might
 20 have too.
 21 If Dr. Assad wanted to move from the state
 22 of Nevada with your child after this case is over,
 23 would you agree to that?
 24 A Absolutely not.
 25 Q Okay.

Page 67

1 the state of Nevada?
 2 A No. No.
 3 Q Has it been explained to you the process of
 4 relocating with a child?
 5 A No.
 6 MS. EXLINE: Object to the extent that
 7 calls for privileged communication between counsel
 8 and client, but you can answer if it's not what
 9 we've spoken about.
 10 THE WITNESS: Can you repeat it?
 11 BY MR. WHITE:
 12 Q Well, I'm sure she answered "no," but I'll
 13 ask again, certainly.
 14 If your lawyer objects to something, you
 15 don't have to can give me an answer. You can wait.
 16 A Oh, okay.
 17 Q Would you be agreeable to Dr. Assad moving
 18 from the state of Nevada?
 19 A With my son?
 20 Q Yes.
 21 A Why would I agree to that?
 22 Q Is that a "no"?
 23 A To part ways with my son?
 24 Q Would you be in agreement to allow him to
 25 move from Nevada with your son?

Page 69

1 A I'm not going to part ways with my son
 2 because he chooses to leave the state.
 3 Q Request what if Dr. Assad would agree to
 4 allow you substantial visits during the summer and
 5 during the holidays?
 6 A Absolutely not. And that is actually very
 7 offensive. Not that it matters to you or him.
 8 MS. EXLINE: I want to object to this line
 9 of questioning because there's no pending relocation
 10 issues, as far as I'm aware, by either party. I
 11 object it's irrelevant but you can answer anything
 12 on this issue.
 13 MR. WHITE: We can break a little early for
 14 lunch, if you want to.
 15 MS. EXLINE: I just don't want to run out
 16 of time, so I think we can keep going for a little
 17 longer.
 18 MR. WHITE: All right.
 19 BY MR. WHITE:
 20 Q And, again, just to put on the record, any
 21 questions about relocation certainly I'm not asking
 22 legal questions or anything you've discussed with
 23 Ms. Exline.
 24 In regards to the current custody schedule
 25 do you believe that -- well, do you believe that



Page 70

1 you're able to access emergency help if you need to
 2 regarding your child?
 3 A Yes, I do.
 4 Q And do you have access to reliable
 5 transportation?
 6 A Absolutely.
 7 Q Do you have a dedicated driver?
 8 A There's three or four transportation
 9 companies my boyfriend owns and I --
 10 Q If Mr. [REDACTED] was not available in the
 11 middle of the night tonight and there was an
 12 incident, would you be able to get the child
 13 somewhere?
 14 A Yeah, absolutely.
 15 Q Walk me through that a little bit.
 16 How would you do that?
 17 A How would I get my son where?
 18 Q How would you get your child, for example,
 19 to a hospital?
 20 A I would call my sister or my close friend
 21 first. If not, I call a taxi or I'd call a driver.
 22 And I have many drivers that I've worked with
 23 throughout the years that transportation is not an
 24 issue and hasn't been an issue for me.
 25 Q Now, do you have access to a credit card or

Page 72

1 Q All right. How old is Mr. [REDACTED]?
 2 A 74, 75.
 3 Q All right. I'm in my early 50s and so my
 4 question is this: Based on which is uncommon --
 5 actually, it's more common than I would like -- but
 6 Mr. [REDACTED] has a stroke tonight and you need to get
 7 somewhere --
 8 A Knock on wood, I would hate for that to
 9 actually happen, for you to wish that on him.
 10 If he had a stroke, how would I get what?
 11 Q How would you get yourself from point A to
 12 point B?
 13 A First of all, I'd call 9-1-1. Thank you
 14 for putting such a --
 15 Q You've never considered that your -- this
 16 might be a medical situation for anybody?
 17 A Hold on a second. My boyfriend has no
 18 heart issues. If he were to have a stroke, I'd
 19 probably call 9-1-1.
 20 Where are you going with this regarding my
 21 boyfriend? He has no heart conditions, he's never
 22 had a stroke before. Where are you going with this?
 23 Q The question is, You don't have a plan if
 24 Roy [REDACTED] dies.
 25 A So, you're talking about death now. You

Page 71

1 cash to buy things?
 2 A Sure. Roy has cash in the drawer. Roy
 3 keeps his wallet there. He knows if I need
 4 something, all I have to do is ask. And even if I
 5 didn't, I'm not -- it's not a concern of mine.
 6 Q Well, I appreciate your lack of concern.
 7 But my question is my -- my followup question is, If
 8 Mr. [REDACTED] is out of town and you require somebody
 9 or have to buy something for your son, how do you do
 10 it?
 11 A My boyfriend doesn't leave town and he sure
 12 doesn't leave me without anything, so I'm not sure.
 13 Q So, if he were to leave you with something,
 14 it would be cash?
 15 A He wouldn't leave town. He wouldn't leave
 16 me alone. We coparent our daughter and he's
 17 semi-retired. He doesn't go into work anymore. We
 18 coparent. We're in the same household. He's not a
 19 stranger to me. He's been my partner for over 15
 20 years.
 21 Q So, if he were gone, you wouldn't be able
 22 to pay for things that your child needs?
 23 A I think you're -- I just said that he's not
 24 without me. We are constantly, every day in each
 25 other's lives, so I'm not sure why --

Page 73

1 said "stroke."
 2 Q You have a 70-something boyfriend and you
 3 have an anticipated what you would do if something
 4 happened to him?
 5 A First of all, I'd call 9-1-1 in the case of
 6 an emergency.
 7 Q You'd call 9-1-1, all right.
 8 A May I finish? Don't interrupt me.
 9 Q Well -- go ahead.
 10 A I'd call 9-1-1 if I'm witnessing my
 11 boyfriend have a stroke.
 12 Q All right.
 13 A So, you're talking about what? His age?
 14 That he's close to death? How old is Dr. Assad?
 15 Q I didn't say that at all. That was not the
 16 question.
 17 A So, why throw something in about stroke?
 18 MS. EXLINE: Hold on. Hold on.
 19 THE WITNESS: I'm so confused.
 20 MS. EXLINE: I think you're having a --
 21 you're getting -- my client is, to be fair, a bit
 22 sensitive of the idea of you just assuming he's
 23 having a stroke. She's having an emotional response
 24 to the proposition in a kind of blase way that he's
 25 just dead.



Page 74

1 Can we just take a deep breath and get back
 2 on track, or maybe we do take a break now.
 3 MR. WHITE: I'm going to continue to ask
 4 questions that reflect your preparedness with your
 5 child. I don't care and I will not ask you
 6 questions regarding how hold any partner you have
 7 is. All right?
 8 I would ask you questions about
 9 preparedness regardless of the age. In your earlier
 10 testimony you have demonstrated an overdependence on
 11 Mr. [REDACTED], and my questions are going to be what
 12 happens if Mr. [REDACTED] isn't there, whether he leaves
 13 you, whether you break up, or whether he has a
 14 medical event.
 15 I will continue to ask these questions
 16 after lunch, I will ask these questions at trial,
 17 and these are questions that you need to be able to
 18 answer for the safety of a child. I'm not trying to
 19 embarrass you. Personally, I don't care.
 20 A I'm not embarrassed.
 21 Q I could careless about who people love.
 22 A I'm disgusted talking about death of my
 23 boyfriend.
 24 MS. EXLINE: Honestly -- hold on.
 25 THE WITNESS: Disgusting.

Page 76

1 improper.
 2 MS. EXLINE: I'll state my case. You don't
 3 like that she had an emotional response to what came
 4 across as a bit of a touchy subject and so I'm
 5 trying to get everyone to calm down and reorient.
 6 And you're just --
 7 MR. WHITE: I'm with you on that.
 8 MS. EXLINE: -- you're doubling down. "I'm
 9 going to ask you now, I'm going to ask you at
 10 trial."
 11 You get to ask your questions, Mr. White.
 12 MR. WHITE: She needs to know the kind of
 13 questions that she will have to answer.
 14 MS. EXLINE: He can ask them mean or nice
 15 or in between. Just answer the question.
 16 THE WITNESS: My first reaction would be
 17 9-1-1 was not the right answer he wanted, or that--
 18 MR. WHITE: I just want the honest answer.
 19 THE WITNESS: So, if my boyfriend is having
 20 a stroke, I'm not a medical person. I'd probably
 21 call 9-1-1 right away. There's ambulances, there's
 22 people that come to you. What is the answer he was
 23 looking for?
 24 But, yeah, I mean, you asked his age to
 25 begin with. We talked about stroke.

Page 75

1 MS. EXLINE: You get to ask the questions.
 2 I'm not having an issue with that. I think my
 3 client is having an emotional response to the blase
 4 word choice of just, like, let's pretend he's dead
 5 and blah, blah, blah.
 6 So, that being said, I think that's to be
 7 expected, that someone who is a bit sensitive and
 8 the fact that this case has a complex history, I
 9 mean, do we need to just go out and say it, that my
 10 client's alleging that my client basically raped
 11 her?
 12 MR. WHITE: Let's not argue our cases on
 13 the record.
 14 MS. EXLINE: We're tiptoeing.
 15 MR. WHITE: I know some -- for your client,
 16 I get it. I'm going to ask her about a backup plan.
 17 MS. EXLINE: This is not for my client.
 18 MR. WHITE: Should we go off the record,
 19 then?
 20 MS. EXLINE: No. I'm on the record. I
 21 want you to hear this.
 22 MR. WHITE: I'm not going to discuss
 23 allegations against my client when it's about a
 24 question she believes I asked improperly. You can
 25 object, but to go on and state your case is

Page 77

1 MR. WHITE: Can I rephrase the question to
 2 be more pleasant?
 3 THE WITNESS: Then you go on to death. And
 4 then I answered you that my first reaction would be
 5 to call 9-1-1, the emergency medical services, to
 6 come, okay?
 7 Am I supposed to, you know, save his life
 8 if he's having a stroke? What answer were you
 9 looking for? Because you were looking for
 10 something.
 11 BY MR. WHITE:
 12 Q Ma'am, I'm asking these questions because I
 13 would like you to answer if you have a plan for
 14 raising your son if Mr. [REDACTED] is no longer in the
 15 picture.
 16 A You're jumping ahead to his death, right?
 17 Q Or breaking up with you. People break up
 18 all the time.
 19 A Let's break it down. I'm sorry. You
 20 talked about a stroke first and then you talked
 21 about death and then you went from death to --
 22 Q Now we're getting nonresponsive. I
 23 understand you're upset.
 24 A I'm confused with your line of questioning.
 25 Can you keep it concise to one thing at a time. If

Page 78

1 you're going to go somewhere else -- first you
2 mention the stroke and then death and now it's -- I
3 mean, I thought you're asking me as it's happening.
4 Q I'm not assuming death. Your earlier
5 testimony was that you answered that you rely a
6 great deal on Mr. [REDACTED].
7 My question is, Do you have a plan if Mr.
8 [REDACTED] is not there to provide the kind of support
9 that he has traditionally --
10 A What do you mean by "plan"? Living
11 arrangements? Finances?
12 Q Yes.
13 A Yes. He has things set in place for my
14 daughter and I.
15 Q Do you have a driver any more?
16 A Of course I do.
17 Q Is your son financially provided for by Mr.
18 [REDACTED]?
19 A Yes, he has been.
20 Q In what way?
21 A My boyfriend is who buys groceries, who
22 buys clothes, who buys everything for our entire
23 household.
24 Q Does he have a trust for your child?
25 A For my daughter? I'm not sure --

Page 80

1 answered "9-1-1," okay?
2 Q Certainly.
3 A Sorry.
4 Q No, you don't have to apologize.
5 Your earlier responses to my questions have
6 led me to ask you questions about what happens if
7 Mr. [REDACTED] is not willing or able to provide you the
8 support that he has. That's why I asked about what
9 happens if he's not in the picture.
10 A Okay. You asked me about -- maybe I
11 misinterpreted how you were asking me these
12 questions. In the moment in a case of emergency,
13 because you mentioned what would I do --
14 Q I mentioned that.
15 A I got confused.
16 Q Are you able to get your child somewhere or
17 are you able to pay for your child somehow if Mr.
18 [REDACTED] is unable to?
19 A Yeah.
20 Q All right.
21 MR. WHITE: Now is a good time for a break.
22 (Recess taken.)
23
24
25

Page 79

1 Q I'm sorry. When I say "your," I mean the
2 child you and Dr. Assad share.
3 Does he have a trust for him?
4 A No. He has things set up for myself and my
5 daughter.
6 Q Okay. So, he has nothing set up for your
7 son, however. All right.
8 A Is he supposed to?
9 Q Well, I don't know. I'm asking these
10 questions because you've answered a lot that Mr.
11 [REDACTED] provides this and does that.
12 And, again, part of parenting is preparing
13 for things that are unpleasant, and so my questions
14 were, Have you done that.
15 A We coparent our daughter together. We've
16 had a lot of talks about what would happen if
17 something happened to him.
18 So, yeah, I had an emotional response
19 because that's -- you jumped from one thing to one
20 thing. I thought you were -- you were asking me
21 what would I do if I'm witnessing him having a
22 stroke. I didn't think you were asking me ahead of
23 time to plan his death or funeral or, like,
24 expenses. I thought you were asking me in the
25 moment if he's having a stroke. That's why I

Page 81

AFTERNOON SESSION

1 BY MR. WHITE:
2 Q I will be returning to just a couple
3 followup questions for the subjects we discussed
4 this morning.
5 A Sure.
6 Q Earlier we discussed finances and bills,
7 and so my followup question in regards to issues of
8 finances is this: Do you file taxes?
9 A I haven't since I stopped working.
10 Q Okay. And so you don't file jointly with
11 anybody?
12 A No. No. We're not married.
13 Q All right. And then while we're talking
14 about your son's family on both sides, you talked
15 about having a daughter. Is that correct?
16 A I have a daughter, yes.
17 Q How old is she?
18 A Four and a half.
19 Q Now, I might have misunderstood.
20 Is that Mr. [REDACTED]'s daughter?
21 A He's raised her as his own, yeah.
22 Q And has he adopted her?
23 A He's in the process. He's inquired.
24 Q Okay. And does the biological father pay



Page 82

1 **child support?**
 2 A He's never met her. He's not in the
 3 picture. Never was.
 4 Q Okay. And where is he?
 5 A I have no idea where he is.
 6 Q Okay. Do you have any other children
 7 besides these two?
 8 A Just two.
 9 Q Okay. So, how much of an age difference is
 10 there between the children about?
 11 A Two.
 12 Q Two years, about?
 13 A Yeah. She was born in 2018. A little over
 14 two or three years.
 15 Q And do you have any educational plans for
 16 primary or kindergarten for your son?
 17 A Not yet. I'm trying to get him to where
 18 he's caught up with his motor skills and cognitive
 19 and he's learning some words. He's learning some
 20 English. I intend to research the best schools for
 21 him.
 22 Q Okay. Have you done that yet?
 23 A No. But I'm aware through my daughter that
 24 good schools usually have a waiting list. That will
 25 be in the near future. I just want to make sure

Page 84

1 A He has made it with those appointments.
 2 Q Okay.
 3 A They're held at my home. The providers
 4 prefer that it's in a home setting, especially with
 5 some of the things that -- he hasn't been tested for
 6 anything like autism and I haven't requested that,
 7 but there are significant delays.
 8 I think that he has shown enough
 9 improvement that I feel like he'll be caught up.
 10 They feel the same, not to diagnose him early. But
 11 they prefer the setting to be in a home setting
 12 because they also want to see how I react, what his
 13 environment is like, and how I can work around and
 14 give me tips and ideas.
 15 So, when you say would I be willing to
 16 cooperate with him going forward, he has access to
 17 his records. There was a release there with
 18 Advanced Pediatrics and he's aware because
 19 Dr. Driscoll is the one who made the notes that my
 20 son had delays.
 21 Q When I say "cooperation," I mean to ask you
 22 would you be comfortable sharing information about
 23 your son's appointments and what he requires?
 24 A My appointments are during my time. He's
 25 more than welcome to make appointments during his

Page 83

1 that he's where he needs to be. He has some delays
 2 that need to be addressed and hadn't been addressed,
 3 so he's getting better. There's improvement there.
 4 Q When you speak of delays, have these delays
 5 been discussed with you by a professional?
 6 A Yes. By several professionals.
 7 Dr. Driscoll's office as well as Advanced Pediatrics
 8 and the people who referred me to Advanced
 9 Pediatrics gave me three different places to go
 10 through.
 11 They did an initial intake and then
 12 Advanced Pediatrics did their own assessment, which
 13 lasted several hours long. I have all the records
 14 for that. I gave them to Melissa. And I have
 15 progress notes since he started two months ago and
 16 the specific areas of improvement and the
 17 recommendations they've given me.
 18 He has four sessions a month. He has a
 19 speech pathologist, I think is what she is, and then
 20 I don't know the title of the other lady but she
 21 focuses on the fine motor skills.
 22 Q Now, going forward after this matter
 23 concludes, are you willing to cooperate with Dr.
 24 Assad to make sure that your son makes it to all
 25 these appointments?

Page 85

1 times. They're aware of the sensitive issues behind
 2 why we don't speak and why we communicate through
 3 lawyers, the providers.
 4 Q Let me rephrase that question.
 5 A Sure.
 6 Q You expect that each of you will handle
 7 separately issues related to your child's medical
 8 and developmental needs?
 9 A No, I don't expect that. You're assuming
 10 that -- I'm doing my part on what I can address.
 11 I'm sure he can address those things the same way
 12 that I am. He has access to the therapist.
 13 Q So, you want him to do his on his own time
 14 and you do yours on your own time?
 15 A Right now they prefer to help me do what I
 16 have to do, and he's more than welcome to talk to
 17 them as well.
 18 I spoke to the therapist about this and
 19 it's something that he could call in and they could
 20 schedule things for himself as well.
 21 Q So, would you prefer to do it together or
 22 separately?
 23 A I right now, due to the nature of all of
 24 our background, I'm doing with my son therapies.
 25 And he's more than welcome to do therapies with him



Page 86

1 and schedule that and talk to the providers. He has
 2 access to that. There's release forms that have
 3 been signed.

4 Q I understand that you're very focused on
 5 the proceedings now. I understand that. I'm
 6 speaking more to the future.

7 In the future do you envision coordinating
 8 visits for medical and developmental issues with Dr.
 9 Assad somehow?

10 A He has the same access that I do.

11 Q Okay. Thank you for that answer.

12 So, take me back to when you and Dr. Assad
 13 first met. Do you recall the year you first met?

14 A Sometime 2011, I think. I don't remember
 15 the exact year. Actually, I'm not sure. I wanna
 16 say around that time.

17 Q Okay. And if you phrase it that way,
 18 that's your best guess.

19 A It's a guess, I would say.

20 Q That's not something that I'm going to beat
 21 anybody over the head about because I don't remember
 22 dates better than anybody else.

23 So, how did you first become acquainted by
 24 Dr. Assad?

25 A My insurance company, a referral for

Page 88

1 with Dr. Assad, is that correct? I'm making
 2 assumptions, so please correct me if I'm wrong.

3 You had an initial consultation with Dr.
 4 Assad sometime in 2011. Is that correct?

5 A It could be off a year or two, but I would
 6 say around that time, yeah, sure.

7 Q All right. And did you decide to become a
 8 patient of Dr. Assad's at that time?

9 A I guess I did. Yes. After.

10 Q You said "I guess I did."

11 A Because I maintain that he remained my
 12 psychiatrist until 2020, yes.

13 Q Okay.

14 A So, clearly, he remained my psychiatrist.

15 Q Did you see any other psychologist aside
 16 from Dr. Assad from 2011 to 2020?

17 A No.

18 DR. ASSAD: Psychiatrist.

19 MR. WHITE: Psychiatrist.

20 I'm saying "psychologist" instead of
 21 "psychiatrist." My apologies. I use them
 22 interchangeably because I'm not very smart. Okay.

23 BY MR. WHITE:

24 Q Any psychiatrist that you saw besides Dr.
 25 Assad from 2011 through 2020?

Page 87

1 seeking a mental health provider that my insurance
 2 would accept.

3 Q And they listed Dr. Assad as a caregiver?

4 A It was under their -- whatever directory
 5 they had, yeah. He was -- at the time I think it
 6 was Anthem that I went through.

7 Q Okay. And they said they would pay for him
 8 if you decided to see him.

9 A I don't -- if he was listed under a
 10 directory, that means that he was -- he was covered
 11 by that in my insurance.

12 Q And so did you pay with insurance when you
 13 visited Dr. Assad that year or did you pay with
 14 cash?

15 A I remember -- I initially went through
 16 insurance, so I'm assuming I paid through insurance.

17 Q And do you believe you continued to pay
 18 with insurance?

19 A I'm not sure what the billing -- from 2011,
 20 how that went.

21 Q Do you recall ever paying with cash that
 22 year?

23 A I don't know what I paid for in 2011 for my
 24 mental health services.

25 Q All right. So, you had an initial visit

Page 89

1 A I'm not going to go into my mental health.
 2 I don't waiving any -- I'm not going to go into my
 3 mental health records from 2011 to 2020. I'm not
 4 asking the same of him, a mental evaluation of him,
 5 which I should have.

6 But it's not -- you're not gonna weaponize
 7 my mental health against me, and if you do, that's
 8 kind of a dangerous game, I think.

9 MR. WHITE: Well, I don't appreciate the
 10 veiled threat. I don't quite understand the threat.

11 Secondly, I'm not asking your client to unveil any
 12 treatment history or records.

13 BY MR. WHITE:

14 Q I'm simply asking if you saw any other
 15 healthcare professionals that are in the same field
 16 as Dr. Assad from 2011 to 2020.

17 A Healthcare professionals in the same field?
 18 I don't know. I'm not sure.

19 Q Psychiatrists.

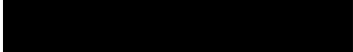
20 A I'm not sure.

21 Q You're not sure?

22 A Right.

23 Q So, you're not sure if you made an
 24 appointment with --

25 MS. EXLINE: I'll object that question is



Page 90

1 confusing, because I'm confused.
 2 MR. WHITE: Well, I tried to make it not
 3 confusing, tried to make it simpler.
 4 She suggested that she's not going to
 5 answer the question, make an objection, which is
 6 probably more appropriate for your lawyer to make.
 7 MS. EXLINE: Well, I will make the
 8 objection --
 9 MR. WHITE: There you go.
 10 MS. EXLINE: -- that my client is going to
 11 object to anything that would delve into something
 12 that's subject to the doctor-patient privilege --
 13 MR. WHITE: Absolutely. Done.
 14 MS. EXLINE: -- as well as the
 15 attorney-client privilege, obviously.
 16 But I'm still confused about anything in
 17 the mental health area or same area as Dr. Assad
 18 versus another psychiatrist?
 19 BY MR. WHITE:
 20 **Q Here's the question: Did you see any other**
 21 **psychiatrists from 2011 to 2020 other than Dr.**
 22 **Assad?**
 23 A I'm not going into my personal health and
 24 answering.
 25 MR. WHITE: She's refusing to answer the

Page 92

1 **Q You don't know?**
 2 A Right.
 3 MS. EXLINE: And please don't talk over him
 4 because there's a lot of talking over and we need
 5 this part of the record to be crystal clear.
 6 THE WITNESS: I don't need it to be that
 7 clear if it's -- none of his personal health records
 8 are being disclosed.
 9 BY MR. WHITE:
 10 **Q So, your answer is you're not disclosing**
 11 **the information. I'm asking the questions I'm**
 12 **asking because you believe that my client should**
 13 **provide the same information.**
 14 A He's already lied under oath.
 15 **Q So, is that "yes" or "no"?**
 16 A Yes. I agree if you delve into my personal
 17 health records, I agree his should be disclosed as
 18 well.
 19 **Q And that's why you're not answering my**
 20 **question?**
 21 MS. EXLINE: Can we start over and go back
 22 to your question so that way --
 23 MR. WHITE: She's putting wonderful things
 24 on the record for me, so I understand you wanting to
 25 go back. But at some point she has to answer the

Page 91

1 question.
 2 THE WITNESS: I'm not going to go into my
 3 personal -- to protect -- there's some kind of
 4 privilege that a patient -- doctor-patient
 5 privilege. I'm not going to attack his mental
 6 health. Why are you going to go after mine?
 7 MS. EXLINE: Whether you saw someone --
 8 THE WITNESS: I don't recall seeing anyone,
 9 no. I don't remember seeing anyone.
 10 BY MR. WHITE:
 11 **Q All right. So, you don't recall.**
 12 **You're telling me today that you just don't**
 13 **remember if you saw another therapist ever from --**
 14 A From 2011.
 15 **Q For a span of nine years you have no memory**
 16 **of ever seeing another therapist.**
 17 MS. EXLINE: Therapists and psychiatrists
 18 are different. You're confusing me, so I --
 19 MR. WHITE: I don't want to confuse you.
 20 MS. EXLINE: Let's be very clear on that.
 21 MR. WHITE: Okay.
 22 THE WITNESS: I don't know.
 23 BY MR. WHITE:
 24 **Q You don't know?**
 25 A I don't know.

Page 93

1 question or have an objection.
 2 MS. EXLINE: It's fair to let her finish.
 3 That's why I wait until she stops speaking before I
 4 jump in.
 5 MR. WHITE: No. Go ahead.
 6 MS. EXLINE: You asked, Did you see any
 7 other psychiatrist between 2011 to 2020.
 8 MR. WHITE: Besides Dr. Assad.
 9 MS. EXLINE: I objected on the issue of
 10 whether it goes into her doctor/patient privilege.
 11 But you can answer the question about
 12 whether you saw someone and then we can object as to
 13 whether they go into it.
 14 THE WITNESS: Okay. I had an intake with
 15 somebody else, yeah. I'm not going to talk about
 16 that, though.
 17 BY MR. WHITE:
 18 **Q An intake with somebody else.**
 19 A I'm not going to talk about that.
 20 MS. EXLINE: Just listen to the question
 21 and answer it, okay? And then let me do my job for
 22 you.
 23 BY MR. WHITE:
 24 **Q Do you remember when the intake took place?**
 25 A No, I do not. I do not.



Page 94

1 Q If you had to guess, do you think --
2 A I'm not going to guess because it's not a
3 good guess. I don't know.
4 Q Did you thereafter see that person that you
5 completed the intake for?
6 A I'm not sure how to answer this.
7 Q Well, let me back up a little bit.
8 You stated a little bit ago, maybe 30
9 seconds ago, that you completed an intake --
10 A Yeah.
11 Q -- with another psychiatrist sometime
12 between 2011 and 2020. You didn't remember when
13 that happened.
14 A Yeah.
15 Q And so my followup question is, Did you
16 become a client of the person or people -- he can be
17 a group, I suppose -- where you completed the
18 intake, or do you remember?
19 A I did become a client.
20 Q All right. See, about a minute ago you
21 said you only completed the intake, so now you
22 became a client, all right.
23 So, I'm gonna take you at your most recent
24 answer.
25 A I'm not going to talk about my mental

Page 96

1 from 2011 to 2020. Is that correct?
2 A Yes.
3 Q Okay. And so my followup question is, Why
4 do you think you were a client? What things did you
5 do that you believe made you a client of this
6 person?
7 A I had -- I went through the initial intake
8 and had phone conversations, sessions, I guess --
9 Q You had sessions?
10 A -- over the phone. It was during COVID, so
11 that's what most people were doing at the time.
12 Q Do you still believe that you are this
13 person's client?
14 A No. I stopped being a client of that
15 person sometime first week of November, I think it
16 was, something like that, of 2021 -- no. 2020. I'm
17 sorry.
18 Q This is before the pregnancy?
19 A Like as soon as I found out I was pregnant.
20 I believe it was a week or two after that.
21 Q How did you stop being a client of this
22 person?
23 A I never saw them.
24 Q You stopped going back?
25 A Yeah. I no longer rescheduled, no longer

Page 95

1 health.
2 Q You testified you became a client.
3 What does that term -- I'm not asking for
4 your legal opinion or -- why do you believe you
5 became a client of this other individual?
6 A I needed to discuss some issues that I was
7 having with my current -- or my former psychiatrist.
8 Q Okay. And you believe -- needing that help
9 made you a client.
10 A I stopped seeing that doctor when I found
11 out I was pregnant, the one I became a client of,
12 because he made excuses for Dr. Assad's behavior.
13 Q But you believed you were this doctor's
14 client.
15 A We had some -- we did an intake over the
16 phone and we had -- because it was during COVID, the
17 phone session.
18 Q Okay. And so you had a --
19 MS. EXLINE: Can we go off the record
20 briefly.
21 MR. WHITE: Sure.
22 (Recess taken.)
23 BY MR. WHITE:
24 Q So, your earlier testimony was that you
25 believed you became a client of another psychiatrist

Page 97

1 was a patient.
2 Q So, you stopped being a patient by not
3 going back to this person?
4 A I didn't resume service.
5 Q And you believe that was enough to end the
6 patient/client relationship?
7 A With the person I saw?
8 Q Yes.
9 A And we're not referring to Dr. Assad?
10 Q No, not at all.
11 A Okay. Yes, that was enough. I concluded
12 treatment.
13 Q Concluded or stopped?
14 A No. Concluded. I was done after the last
15 session that I had with that specific provider.
16 Q When you say "concluded," did you mean the
17 issues were addressed, or you did you mean that you
18 didn't want to see this person anymore as a
19 therapist or psychiatrist?
20 A It means, based on what I was told in the
21 last session, I was put off and it kinda created
22 more anxiety in an already anxious situation.
23 So, it kind of made things a little bit
24 worse for me. I thought it was safer for me to not
25 proceed with this provider.



Page 98

1 Q And you didn't send this person a letter,
2 an email stopping services?

3 A I don't remember.

4 Q Okay.

5 A I don't remember how that transpired.

6 Q You said that you originally saw Dr. Assad
7 in 2011, correct?

8 A At some point, yeah, around that time.

9 Q All right.

10 A I'm guessing on that year. It's what I can
11 remember but I don't know exactly the dates.

12 Q All right. And you selected Dr. Assad
13 because he was on a list provided by your insurance
14 company.

15 A That's right.

16 Q All right. Do you remember your first
17 session with Dr. Assad?

18 A No, I don't remember specifics.

19 Q All right. Do you remember anything from
20 your first couple of sessions with Dr. Assad?

21 A I do not.

22 Q So, I don't want to know specifics of what
23 you covered or what you discussed. I'm just
24 wondering when's the earliest you remember -- or
25 have memory of your sessions with Dr. Assad?

Page 100

1 Q When did that happen, you stopped talking?

2 A The last time I saw him was, I think, the
3 third week -- or the 17th. It was a Saturday at his
4 office, but we maintained texting each other.

5 Q 17th of what month?

6 A October 17th or October 24th. All I know
7 it was a Saturday, so it was either one of those
8 dates.

9 Q In what year?

10 A 2020.

11 Q Okay.

12 A And I went to see him to get Latuda
13 samples, and that is when the second sexual
14 encounter happened, and he gave me some medication.

15 Q Was it the Latuda?

16 A He didn't give me Latuda. He gave me pills
17 that were already in a pill bottle that he took the
18 sticker off of that were on the left side of the
19 drawer that he pulled out after something sexual had
20 happened.

21 Q Okay. When you say you were never
22 officially terminated, I'm not familiar with that
23 term. So, when I ask you to explain it, I'm not
24 suggesting a meaning to it.

25 When you said he never officially

Page 99

1 A I don't know. I don't remember. I
2 remember, like, doing my -- like doing some simple
3 questionnaire. I don't remember specific things
4 about my sessions, no.

5 Q Simple questionnaire.

6 Do you believe that was an intake form?

7 A I think so. I think so.

8 Q Okay. And then after you completed the
9 intake form, did you continue to have sessions with
10 Dr. Assad?

11 A Yes.

12 Q All right. And how long did you continue
13 to visit Dr. Assad as a client?

14 A I'm going to say, I think it was on a
15 pretty consistent, like, monthly basis.

16 Q On a monthly basis. Okay.

17 When I said "how long" I meant -- and let
18 me be clear.

19 I was asking how long the -- you believed
20 yourself to be a client of Dr. Assad in terms of
21 years.

22 A Until I -- I stayed his client and I never
23 was officially terminated by him. I became -- I was
24 never officially terminated. I stopped -- we
25 stopped talking after --

Page 101

1 terminated me, what do you mean by that?

2 A For example, can I use an example?

3 Q Certainly.

4 A My lawyer would have to tell me she's no
5 longer my lawyer. There would have to be some kind
6 of formal -- how do you say -- communication where
7 I'm no longer her client, right? Something like
8 that, where it's not just like -- so, there was him
9 being my psychiatrist since that long and still
10 offering me medication and having me come to his
11 office for medication in exchange for other things,
12 how -- I don't know how -- I'm losing my --

13 MS. EXLINE: Are you okay?

14 THE WITNESS: Not really, no.

15 MS. EXLINE: Do you need a break?

16 THE WITNESS: No.

17 BY MR. WHITE:

18 Q You can certainly have one.

19 A I don't want one.

20 MS. EXLINE: Just take a deep breath.

21 THE WITNESS: So, you said you're not
22 familiar with officially terminating. He maintained
23 as my doctor and said, I'll still continue to --
24 after the pregnancy there was a text message where
25 he says, You'll have to get a new doctor, but this



Page 102

1 is after everything had happened.
 2 BY MR. WHITE:
 3 Q When was that text approximately?
 4 A Sometime in November. I don't know the
 5 dates exactly.
 6 Q Of two thousand --
 7 A And twenty.
 8 Q He told you --
 9 A It was the second or third week, and by
 10 then everything had already happened.
 11 Q So, he said you would have to get another
 12 doctor in regards to what?
 13 A He had already -- I was already pregnant by
 14 then.
 15 Q And he told you that you would have to get
 16 another doctor?
 17 A Yeah.
 18 Q And why do you believe he said that?
 19 A I don't know. You'd have to ask him.
 20 Q All right. So, going back to 2011, moving
 21 forward, do you believe that you continued to be a
 22 client of Dr. Assad's?
 23 A I was.
 24 Q That's a "yes"?
 25 A I was. Yes.

Page 104

1 because it wasn't -- he didn't put me on work
 2 insurance until later. So, I was working for him.
 3 I must have been paying it for, like, the checks I
 4 had or whatever. I don't think it was that much a
 5 month at the time.
 6 Q And the two of you, Mr. [REDACTED] and you,
 7 were living together at the time?
 8 A Yes. We've always lived together in Palm
 9 Desert or here.
 10 Q So, how long did you see Dr. Assad before
 11 you had any concerns about the nature of the
 12 relationship, if ever?
 13 A I didn't understand -- I don't understand.
 14 Q All right. I'll rephrase.
 15 In your complaint you allege, among other
 16 things, that my client took improper advantage of
 17 you.
 18 A Uh-huh.
 19 Q My question is, when did you first suspect
 20 that was occurring or was it only after the child --
 21 I'm not putting answers or words in your mouth. I
 22 just want to know.
 23 A I felt like -- I felt like my intuition was
 24 a little bit off because of what I was going
 25 through. But I knew that after he -- when he said

Page 103

1 Q All right. And so did you ever leave the
 2 state to live during this period of time, the nine
 3 years? Then I'll be more specific.
 4 A I rented an apartment, I wanna say,
 5 sometime -- I rented an apartment that I only stayed
 6 at for, like, a month or a month and a half, and
 7 then I kinda let my sister live there the rest of
 8 the year.
 9 I don't remember the dates. I'm having
 10 kind of a fuzzy moment in my brain.
 11 Q I remember things contextually as they
 12 relate to others more than dates. If you're not
 13 great with dates, give me your best guess.
 14 So, you were dating Mr. [REDACTED] during this
 15 period of time?
 16 A I've been with him since November of 2007,
 17 and there's -- yeah.
 18 Q All right.
 19 A We were just -- he had a house down in Palm
 20 Springs.
 21 Q And did Mr. [REDACTED] pay for your therapy
 22 sessions?
 23 A I believe I was going through insurance.
 24 Q Okay.
 25 A And that was -- at the time I paid for them

Page 105

1 he had a friend to meet me at Red Lobster, something
 2 didn't feel right then.
 3 Q When was that?
 4 A Sometime two weeks before it happened, so
 5 end of September. I don't know the exact dates on
 6 that.
 7 Q Do you know the year?
 8 A 2020.
 9 Q Okay. And when I ask you questions
 10 generally, I know that everyone in this case has
 11 been involved in it and you probably know the dates
 12 in here better than you do your own children and
 13 parents' birthdays.
 14 I, frankly, don't and I also want the
 15 record to reflect the correct dates and not just
 16 lean on what is this collective knowledge that I may
 17 not have. If you don't remember, you don't have to
 18 make up a date, and please don't. So, I'm not
 19 asking to play Gotcha because, honestly, I'm asking
 20 for information. Sometimes depositions are really
 21 just to get information.
 22 So, end of September 2020 you testified or
 23 gave testimony today that you met Dr. Assad at a
 24 seafood -- what was the name of the restaurant?
 25 A He asked me if -- he was persistently



Page 106

1 calling me say would I go out to meet with his
 2 friend because he told his friend about me. His
 3 friend was lonely, and I don't know, it would get my
 4 mind off of Roy, something along these lines.
 5 **Q No, no, no. I just want to know the name**
 6 **of the restaurant.**
 7 A I know. So, he said -- he asked if I could
 8 meet his friend at a Red Lobster, so I didn't
 9 knowingly meet him. I went to meet his friend, who
 10 ended up being him. So, just giving you a little
 11 context. Yes, it was Red Lobster.
 12 **Q So, you testified that he said he had**
 13 **somebody for you to meet romantically, being a**
 14 **matchmaker?**
 15 A Yes, something along those lines. He had
 16 an older friend who was lonely who was a doctor and
 17 that he had told about me.
 18 **Q Okay. When you say "older," do you mean**
 19 **older generally or older than him?**
 20 A I don't know. He just said he's an older
 21 gentleman and he's lonely. I thought I was going to
 22 meet somebody, and it was a very strange scenario to
 23 be tricked into it.
 24 **Q So, you were on the outs with Mr. [REDACTED]?**
 25 A We were arguing about going back and forth

Page 108

1 to meet him for dinner, like give it a shot.
 2 And he was very persistently calling and
 3 texting me when was I available, did I have my
 4 daughter, could I go out tonight, what kind of
 5 place, so he could relay that to his friend.
 6 **Q So, he wasn't going to -- the plan was**
 7 **originally not for him to come with you and meet**
 8 **this third person. The plan was for you to go meet**
 9 **this third person.**
 10 A Yeah.
 11 **Q So, you go to the Red Lobster.**
 12 **What happens next?**
 13 A I show up and he's there and --
 14 **Q When you say "he" --**
 15 A Dr. Assad. There's a hostess that walks me
 16 back to his table. It's kind of an awkward thing
 17 already. I was not in an emotionally good place at
 18 the time, so the idea of even meeting somebody for
 19 dinner was already outrageous.
 20 But because it was my psychiatrist and
 21 maybe a part of me was flattered that he said, I
 22 told him about you. And I thought, Really? You
 23 think I'm decent or enough to present to a doctor?
 24 Like, okay, because I think I'm kind of a hot mess.
 25 So, actually I believed that, you know, and

Page 107

1 to California. I didn't want to be here anymore
 2 and, yeah, we were trying to figure that out.
 3 **Q So, that's less than three years ago.**
 4 A Yeah.
 5 **Q All right. So, less than three years ago**
 6 **you were having a degree of conflict with Mr. [REDACTED]**
 7 **to where you went to at least meet someone that Dr.**
 8 **Assad had told you that he was gonna set you up**
 9 **with.**
 10 A I was having conflict with Roy?
 11 **Q Sure.**
 12 A So, that's what made me go to -- no. I was
 13 improperly, like, kinda steered that direction by my
 14 psychiatrist.
 15 **Q So, "steered," do you mean the restaurant**
 16 **or do you mean dating or do you mean having problems**
 17 **with Mr. [REDACTED]?**
 18 A I'm not referring to Mr. [REDACTED]. I'm not
 19 referring to Roy.
 20 **Q Okay. So, you had this appointment or time**
 21 **to meet and you believed that you were meeting**
 22 **somebody that was older that Dr. Assad knew that was**
 23 **a doctor and he was -- did you say lonely?**
 24 A Yeah. He mentioned the word "lonely." He
 25 said, I've told him about you. Why don't you go out

Page 109

1 I showed up. And he's not there and I'm kind of
 2 like, Oh, what's going on. So, I'm already out of
 3 my element being there. And then eventually after
 4 small talk I said, So, is your friend coming, and he
 5 said, Well, I'm the friend.
 6 **Q What was your response to that?**
 7 A Kind of like in shock. And I kinda just
 8 stayed quiet, okay, taking it back in. And then he
 9 starts explaining himself, like that he is separated
 10 and he's lonely and maybe we could help each other.
 11 And he knew about some of the things I had
 12 been arguing with Roy about, you know, my
 13 relationship. So, he knew that I was -- I have --
 14 I'm sorry. I don't feel good. I'm sorry.
 15 MS. EXLINE: Do you need a minute?
 16 THE WITNESS: I get ahead of myself and my
 17 thoughts are kinda like racing right now. I don't
 18 want to prolong it.
 19 I don't want to stay here all day either.
 20 I just need to maybe just reel myself back in for a
 21 moment. I don't mean to be rude. I just need to
 22 center myself for a minute.
 23 MS. EXLINE: Take a deep breath. Do you
 24 have water?
 25 THE WITNESS: No. I drank it all.



Page 110

1 MS. EXLINE: Let's take a break.

2 MR. WHITE: Okay.

3 (Recess taken.)

4 BY MR. WHITE:

5 Q So, your last answer explained what Dr.

6 Assad said to you after he revealed that the blind

7 date was, in fact, him.

8 A Uh-huh.

9 Q Did you get up and leave at that time?

10 A No. I stayed there. He ended up kind of

11 going into that he was separated, his son just died.

12 And that kinda triggered me because I felt sadness

13 for him.

14 Like, there was a weird role reversal there

15 and just something shifted where I felt like, oh, my

16 daughter had a -- my boyfriend had a daughter that

17 passed away. So, I remember the pain my boyfriend

18 went through and I just felt sad for him. He said

19 his son had just passed away.

20 And I just felt like -- I don't know. I

21 felt sad for him and I sat -- I stayed there. I

22 stayed there. I didn't -- I don't even remember

23 eating. I kind of just sat there.

24 Q Do you believe you stayed for dinner?

25 A I didn't. I don't remember eating. If I

Page 112

1 feeling like my depression was spiraling.

2 And I remember thinking like he was being

3 nice to me and acting like he cared. That was the

4 first time, like, there was a shift there and he

5 physically hugged me. I remember thinking of him as

6 a human. And I thought, like, I just needed someone

7 to be nice to me. It felt nice to have someone tell

8 me, like, it's not in your head, it'll be okay.

9 And I told him I hadn't been sleeping well

10 and I asked him if I can come by his office or make

11 an appointment and get something to help me to

12 sleep.

13 Q All right. What did he say to that?

14 A He said to go ahead and do it then and he

15 had also said he could show me apartments then. He

16 had mentioned that during the dinner, and I said I

17 don't really want to but he took me anyway to drive

18 around that neighborhood.

19 Q That night?

20 A Yes, that night. And he had told me to go

21 into his car, so I had gotten into his truck. And I

22 really would have preferred just to make an

23 appointment, but to actually just have, like, a real

24 session where I could have had something to go to

25 sleep, like, instead of being forced to go see --

Page 111

1 did it was probably just -- I didn't have -- I

2 didn't even --

3 Q How long ago -- how long did you stay

4 there?

5 A I don't remember. Whatever length, however

6 long it took for him to finish his meal, because I

7 don't recall eating.

8 Q So, your time at the Red Lobster is

9 concluded. Do you remember approximately what time

10 of day it was when you left the restaurant?

11 A I remember it being dark. That's all I

12 remember at that point. It was already nighttime.

13 It was dark.

14 Q And then after you left the restaurant, did

15 you both go home or did you --

16 A I walked towards my car and I had -- he had

17 told -- already given me, like, this whole spiel

18 about that he was lonely and I was going through

19 things and we could help each other. He had gone

20 through these things.

21 And I remember walking out to my car and I

22 told him that -- he gave me a hug and I remember I

23 told him, Thank you for caring, because I had been

24 in a pretty dark place, something along those lines.

25 I didn't feel like I mattered or I was already

Page 113

1 drive by a neighborhood or told to come by his

2 office now, like, I'll give you whatever.

3 Q Did you believe you couldn't say no?

4 A Yes, I couldn't. I think I tried to and

5 he's, like, very adamant. I had no desire to go

6 look at apartments nor did I -- I would have

7 preferred to make an appointment like I normally did

8 at his office. I didn't need to go at night after

9 hours. It was just not normal.

10 Q So, let me ask you this.

11 A I'm sorry.

12 Q That's all right. I'm not looking you in

13 the eyes because I know it's difficult. This is the

14 hard part.

15 A I'm not trying to be disrespectful.

16 Q So, why didn't you just say no?

17 A I didn't feel like -- I think I tried to

18 and he was very persistent, I can do it now, I can

19 give you what you need now, just come in my car.

20 Q Did you think that if you said no, he would

21 hurt you?

22 A I think I said no and I think he just

23 stayed persistent. And I'm a little bit of a person

24 that is -- how do you say it? I speak up but I

25 don't really know -- like if someone over-speaks --



Page 114

1 I'm learning how to have a voice now, but I don't
 2 know how to explain it. I don't know how to explain
 3 it.

4 **Q So, you got in Mr. -- or Dr. Assad's truck**
5 and you went to look for apartments.

6 **Is that what you said?**

7 A Yes.

8 **Q Okay.**

9 A I had no desire to do that, but it was
 10 something that he had already kind of pre-thought,
 11 like he had thought ahead of time. And I see that
 12 now and noticed it was weird then.

13 It was like I -- like, why would I want to
 14 go look at apartments? I have my daughter at home.
 15 I don't even know why I'm here and decided to meet
 16 your friend. It was not normal. And I did say no.
 17 It's not something that I had time to do or I
 18 thought was normal to do.

19 **Q So, when you were looking for apartments,**
20 did you focus on any certain area of town, do you
21 remember?

22 A I wasn't looking for apartments.

23 **Q When you guys were driving around --**

24 A I wasn't even speaking on, like -- he took
 25 me to a certain area and I don't even remember what

Page 116

1 was complete? What happened next?

2 A So, it was him driving around. It wasn't
 3 me. I was not actively looking for an apartment.

4 So, after -- I don't remember how -- like I
 5 have to go home eventually. I'm not interested in
 6 that right now. And he takes me to his office to
 7 get me something to go asleep. He goes inside his
 8 office and he brings out just some pills in a
 9 Kleenex, different colored pills, different types of
 10 pills, and gives them to me.

11 **Q All right. When you say he goes into his**
12 office, did you go into the building with him or are
13 you waiting in the car?

14 A I was in his truck.

15 **Q So, you waited in his truck. He went into**
16 his office to get you these things.

17 A Yeah.

18 **Q All right.**

19 A I would have rather made an appointment.

20 **Q You stayed in the truck.**

21 A The night of that dinner at the Red
 22 Lobster, yeah. It was the office on -- the walk-in
 23 office that he has.

24 **Q Did he invite you to come into the**
25 building?

Page 115

1 area. I just remember making an excuse saying,
 2 like, I'm not interested. I wanted to go home at
 3 that point. Like, it was already a weird scenario.
 4 I was feeling weird about myself agreeing to go to a
 5 dinner with a guy. It's a lot to process, like,
 6 thinking about it.

7 **Q You felt guilty for going on a date?**

8 A I felt guilty for, like, agreeing to meet
 9 his friend for dinner, yeah. I did.

10 **Q So, you felt guilty for going on a blind**
11 date.

12 A I felt guilty for agreeing to do something
 13 like that, yeah. I felt like why am I here? I have
 14 personal things I have to attend to. Like, it
 15 fucked -- I'm sorry.

16 It messed my mind up a lot more after that.
 17 It really altered, like, what energy am I putting
 18 off, what is happening? Why is it happening? And
 19 it stayed that way until -- way deep until after I
 20 gave birth and sometimes I still struggle with it.

21 **Q Did you stop at any of the apartments?**

22 A No.

23 **Q So, you drove around, whether it's you both**
24 or Dr. Assad, looking for apartments.

25 **What happened next after the driving around**

Page 117

1 A I don't remember. I don't think -- I don't
 2 remember.

3 **Q But you didn't go into the building?**

4 A I did not.

5 **Q Was the car running? Do you remember?**

6 A I don't remember those details, no.

7 **Q So, you remain in the car. He went and got**
8 some medication, comes back. What happens next?

9 A He gives me the Kleenex, or whatever pills
 10 were in there, and then he drives me back to my car.

11 **Q So, he gives you these pills.**

12 A Yes.

13 **Q And did he tell you what they are?**

14 A I asked for some and he told me to Google
 15 them. He told me some are stronger than I take and
 16 they're a lot different. So, he told me to look
 17 them up or break it off. I don't remember exactly.

18 **Q And he gave these to you for your insomnia,**
19 correct?

20 A That's what he said. I don't know. Yeah.

21 **Q Well, that's what you asked for.**

22 A Yeah, that's what I asked for. I would
 23 have preferred a real appointment, though.

24 **Q So, you drive to his office, he goes in and**
25 gets these pills, gives them to you and tells you to



Page 118

1 look up the pills if you want more information.

2 A Yeah.

3 Q This is after you said you wanted something

4 to help your insomnia?

5 A Yeah. I was expecting, like, an office

6 visit with a real prescription and knowledge of what

7 I was taking rather than just, Here's the Kleenex.

8 I would have rather not done a dinner with

9 my psychiatrist, to be honest with you, under those

10 -- like it's not normal. None of this is normal.

11 Q So, he brings you sleeping pills and then

12 drives you to your car.

13 A Yeah. Yeah.

14 Q He doesn't take you back to his home.

15 A No. He doesn't take me back to his home.

16 Q Okay. Returns you to your car.

17 What happened next?

18 A I get in my car.

19 Q Does Dr. Assad attempt to kiss you or

20 become romantic?

21 A I don't remember that. I don't think so.

22 I don't remember that.

23 Q Did you give each other a hug?

24 A Maybe that's when the hug occurred. I'm

25 not sure. Either it occurred when I was initially

Page 120

1 think maybe that's part of it.

2 But the other part was that what he

3 initially told me I have an older friend -- he said

4 this years ago -- and I kind of took it as maybe I

5 heard it wrong or maybe there was a language

6 barrier, maybe I misinterpreted thing when he

7 initially said that years ago.

8 Q Said what years ago?

9 A About how he had an older friend. It

10 wasn't the first time that I had heard that

11 proposition. I just didn't think that I heard it

12 right the first time.

13 Q Okay.

14 A Like, I think maybe like I was -- maybe

15 misinterpreted what he had said. But after it

16 happened, it was like, well, no, it didn't.

17 So, that's -- helping each other, that's

18 what he meant. He said he had an older friend who

19 was lonely and he could help you out, he could help

20 you get an apartment or financially or something

21 along those lines, that he just wanted company.

22 Q So, then after you met him at Red Lobster,

23 realized the blind date was actually with Dr. Assad,

24 did the term "help each other out" come up?

25 A It was weird to begin with, which is why I

Page 119

1 -- maybe it occurred twice. I don't know. But

2 there was a hug that night. I'm not sure.

3 I remember confiding in him that night that

4 I had felt like my depression -- I was going to a

5 really dark place, like --

6 Q So, you drove home afterwards?

7 A I did. I drove home.

8 Q And then did you go out again that night?

9 A No. I stayed home.

10 Q All right. So, let me go back just a bit.

11 A Yeah.

12 Q When the two of you were at dinner -- and

13 you used this phrase a couple times. I don't want

14 to embarrass anybody. Really, this embarrasses

15 everybody so it's not designed for anyone in

16 particular.

17 But you kept using the phrase "help each

18 other," he suggested to you that you could help each

19 other.

20 A I think he meant that in different ways but

21 I can't make the assumption.

22 Q Well, what did --

23 A There was a loneliness -- I don't mean to

24 cut you off. I think there was loneliness aspect

25 where he saw that I'm kind of in despair, and I

Page 121

1 struggled like why did I do that, because my doctor

2 suggested to meet someone new. He was inquiring

3 when am I available, like when can I meet,

4 persistently, weeks.

5 So, it always felt weird to me. I went

6 against my own judgment but I trusted him that it

7 was a normal thing. Like, okay, if he's wanting me

8 to meet someone, it's a normal person, you think I'm

9 normal. You're the psychiatrist here.

10 So, it felt weird. All of it felt weird.

11 The proposition felt weird from the get-go but I

12 didn't have the judgment to not act on it. I kinda

13 just -- I don't know how to explain it.

14 I went along with it because of his

15 persistence. I went along to the meet his friend

16 because of his persistence or because I trusted that

17 he had a friend and I was doing something I was

18 supposed to be doing.

19 Q Did he ever tell you how old this friend

20 was?

21 A No. He didn't go into specifics. He just

22 said an older guy who is a doctor who is lonely.

23 That's all.

24 Q Once you realized that this blind date was

25 actually with Dr. Assad, you said earlier that Dr.



Page 122

1 Assad said to you at that time again, I suppose,
 2 that you could help each other.
 3 At that time at that dinner what did you
 4 take that to mean?
 5 A I was in a very dark place that I was
 6 honestly -- if, like, anyone had any kindness
 7 towards me, I would have appreciated it. So,
 8 someone caring for me or recognizing that, hey,
 9 someone is not doing okay, meant something to me.
 10 It doesn't matter who it came from.
 11 But it probably specifically meant more
 12 because it was somebody who had known me for a long
 13 time and knew my struggles or knew whatever issues I
 14 had been dealing with.
 15 Did that answer your question?
 16 Q It didn't. That's okay.
 17 A I'm sorry.
 18 Q Do you think when he used at dinner the
 19 phrase "help each other," do you think he meant help
 20 each other not be lonely?
 21 A I'm not sure what he meant. You would have
 22 to ask him what he meant. I don't know what I think
 23 now. I don't know what I thought then. I don't
 24 know.
 25 Q You have no impression or memory of what

Page 124

1 -- if I saw him again officially, like in his office
 2 setting. I don't remember now.
 3 Q Do you remember setting an appointment for
 4 a visit after that night.
 5 A I don't remember. I don't think I did. I
 6 don't remember doing that. I don't think I did.
 7 Q Okay. So, without -- I don't want to
 8 pinpoint you on dates, but after that night at the
 9 Red Lobster, do you remember what happened the next
 10 time you saw Dr. Assad in person?
 11 A When I was in the motel room?
 12 Q Well --
 13 A I think that's what it was.
 14 Q If that's the next time you saw Dr. Assad.
 15 A I'm trying to figure. I don't think I saw
 16 him in his office prior to that.
 17 Q Okay. So, then you saw him when you were
 18 renting a motel room?
 19 A Yeah.
 20 Q All right. And this was in October,
 21 correct?
 22 A Yes.
 23 Q Okay. So, you were in a motel room in
 24 October and you saw Dr. Assad.
 25 Who initiated that visit? Who asked who to

Page 123

1 impression you had when he said that to you?
 2 MS. EXLINE: Did you say "then" or "now"?
 3 I'm sorry.
 4 MR. WHITE: Then.
 5 THE WITNESS: I don't think I could
 6 understand whatever impression. I don't think I was
 7 in a place where I could make the impressions of
 8 what was going on. I don't think I could understand
 9 very well what was going on. I think it was kind of
 10 a confusing day, a confusing time and it still
 11 confuses me.
 12 BY MR. WHITE:
 13 Q All right. So, you return home after
 14 driving around and you allege that Dr. Assad was
 15 trying to show you apartments that you didn't want
 16 to look at.
 17 A I had no intention on doing that, yeah.
 18 Q So, when was the next time after that that
 19 you saw Dr. Assad in person?
 20 A I don't know if I saw him in his office
 21 again for an actual consultation or if it was
 22 October when I was in that actual crisis. I don't
 23 know.
 24 I wanna say it was the end of September but
 25 I don't know if I had made -- I don't know if it was

Page 125

1 visit whom first?
 2 A He had been contacting me kind of going --
 3 asking me if I'm going through with the looking at
 4 apartments for the two weeks prior to that. He had
 5 been kind of talking to me about Roy and kind of
 6 feeding on my insecurities because it's -- to leave
 7 Roy, he's a bad guy. And convinced me at some point
 8 to take my sim card out of my phone because Roy
 9 would know I'm talking to Dr. Assad, and I actually
 10 did do that.
 11 Q He didn't care for Mr. [REDACTED]?
 12 A Clearly, no. No. He was very much
 13 encouraging me to part ways with him and go through
 14 with getting an apartment from him, from Dr. Assad.
 15 Q Okay.
 16 A Encouraged me to take my sim card out of my
 17 phone and get a different phone and, like, just ...
 18 Q So, that night after the Red Lobster did
 19 you -- and before you met Dr. Assad at that motel
 20 room you spoke of in October, did you refill any
 21 prescriptions from Dr. Assad?
 22 A I don't remember. I know end of September
 23 I did. I had an actual prescription but I don't
 24 remember, like -- I don't remember. I don't
 25 remember. I just know end of September I did.



Page 126

1 Q And, again, if you don't remember, that's
2 fine.

3 A I don't.

4 Q All right. So, you were aware that Dr.
5 Assad didn't care for Mr. [REDACTED].

6 Do you believe he was encouraging you to
7 leave Mr. [REDACTED]?

8 A Yeah, he was.

9 Q Do you believe he was encouraging you to
10 leave Mr. [REDACTED] from a therapeutic standpoint or
11 because he was interested in you romantically?

12 A I don't know how to answer that because I
13 really didn't know what to do or believe.

14 Q Did you believe Dr. Assad was interested in
15 you romantically the night you met him in your motel
16 room?

17 A I believed he played into my insecurities
18 in my relationship that he was privy to being my
19 doctor. And I believed that he encouraged that from
20 that standpoint, which, already being confused in a
21 relationship, adding his own feelings to it, or what
22 his intentions were is -- wasn't something I was
23 able to mentally navigate. I knew that I trusted
24 him and whatever complications I had in my
25 relationship should have -- that should not have

Page 128

1 professional?

2 Q So, previous to the motel room visit, he
3 had taken you to a Red Lobster under the auspices of
4 a blind date with an older doctor, took you to look
5 at apartments, whether or not you wanted to go.

6 And then the night you met him in a motel
7 room, you still didn't know if he had romantic
8 interest in it. I don't know if it was somebody
9 like -- I didn't -- I don't know what I thought and.
10 I really don't know to this date. I don't
11 know. It's a confusing thing for me, which is hard
12 for me to be in a room with somebody who I don't
13 know. I don't know anything.

14 All I know is I felt taken advantage of by
15 somebody who I trusted. I don't know how to
16 navigate these feelings. I don't. I don't. I
17 don't know how to answer.

18 Q All right. So, Dr. Assad had been texting
19 you prior to you meeting him in a motel room.

20 MS. EXLINE: You said "meeting him in a
21 motel room." She did not testify she met him at a
22 motel room. I just want to get that clear.

23 MR. WHITE: I think earlier she said the
24 next time she saw him was at a motel room.

25 MS. EXLINE: Yes, she did say that. But

Page 127

1 ever been encouraged or entangled with Dr. Assad.
2 It put me in a very -- really unable to make
3 decisions clearly.

4 Q So, you didn't know if he was interested in
5 you romantically at that time?

6 A At that point I thought he cared as a
7 person. I thought he's trying to tell me the right
8 things. But I see looking back now that there was
9 persuasion to leave Roy for his own interest,
10 convincing me that Roy is a bad guy,
11 he-doesn't-care-about-you type of thing.

12 Q And I don't want to harp on this. This
13 will be the last time I ask it in any iteration and
14 I appreciate your patience. I know these things are
15 embarrassing and hard to talk about.

16 Are you saying you didn't know if he was
17 romantically interested in you at the night you met
18 him in the motel room?

19 A I didn't trust my own judgment on what his
20 intentions were. I don't know that I was in a clear
21 state of mind to be able to gauge what my
22 psychiatrist's intentions were towards me, whether
23 they were healthy or not, because I was barely
24 trying to understand my own feelings about whatever
25 I was going through. How could I do that with a

Page 129

1 she didn't say she met him at a hotel room. They're
2 two different things. That's when they saw each
3 other.

4 MR. WHITE: All right.

5 BY MR. WHITE:

6 Q How do you come to see Mr. Assad in your
7 motel room? How did he end up in your room?

8 A I reached out to him.

9 Q All right. Reached out to him via text?

10 A I think -- I don't know. Originally I
11 think it was text.

12 Q Okay. You sent him a text?

13 A Yeah.

14 Q And did you tell him where you were?

15 A At some point.

16 Q At some point in the texting you said
17 you're at this motel.

18 Do you remember the name of the motel?

19 A It's got a different name now. It's the
20 one across from the mall. I think it was called
21 "Super Eight."

22 Q Did you invite him to the motel?

23 A No. He wanted to come. I told him I
24 wasn't well and I wasn't well.

25 Q All right. Said you weren't doing well.



Page 130

1 A I wasn't doing well.

2 Q All right. And so did you tell him your
3 room number?

4 A I don't know if I did that in a phone call.
5 I know there was a phone call. I don't recall that
6 phone call at all.

7 I remember seeing that there was, like, a
8 -- from the phone records after the fact that we'd
9 spoke on the phone, I don't remember having -- but I
10 know clearly I told him, like, my room or whatever.

11 Q All right. I just had to make the record
12 on that because the whole meet-me-at-the-hotel room
13 was in question.

14 So, you called -- you don't remember
15 exactly but you either called and told him the hotel
16 room number.

17 A Yeah.

18 Q I don't imagine he went and started
19 pounding on doors. You provided him with the
20 information of which motel room you were in,
21 correct?

22 A Yes.

23 Q All right. So, he arrived at your motel
24 room. What happened next? Did you watch a movie?
25 Did you get room service? Did you talk?

Page 132

1 front desk or, like, knocked on the door and like
2 found out -- tried to find out what was going on.

3 So, I was afraid of having someone come or
4 the police come and check, like, being in trouble
5 for that.

6 MR. WHITE: Let's go off the record.
7 (Recess taken.)

8 BY MR. WHITE:

9 Q So, were you under the influence of any
10 drugs or alcohol at the time that Dr. Assad appeared
11 at your motel room?

12 A Yeah.

13 Q Okay. What were you on?

14 A Jack Daniels and whatever medication he had
15 given me.

16 Q Okay. So, you were mixing alcohol with
17 your pills.

18 A The pills that Dr. Assad gave me, yes.

19 Q Did you believe it was okay to have Jack
20 Daniels and pills?

21 A I wanted to kill myself that night.

22 Q And did you express that you had earlier
23 attempted suicide to Dr. Assad any time that night?

24 A Yes. That's why I reached out to him.

25 Q Okay. And so who suggested moving to

Page 131

1 A No. It's a motel room. There was no
2 movie. There was no -- I remember he may have
3 suggested to go somewhere else.

4 Q Did the two of you talk for any period of
5 time --

6 A Yes.

7 Q -- after he arrived at your motel?

8 A Yeah. I don't remember exactly what. I
9 just remember him sitting on the edge of the bed. I
10 was afraid of being in trouble.

11 Q In trouble with Mr. [REDACTED]?

12 A No. In trouble with, like, police or
13 somebody knocking on my door or, like, the manager
14 of the motel coming by because of the noise that I
15 had made from --

16 Q From a previous fight?

17 THE WITNESS: Do I say it?

18 MS. EXLINE: He doesn't know what's going
19 on. You need to explain.

20 THE WITNESS: Okay. So, I had dragged a
21 coffee or side table, or whatever thing was there,
22 and I tried to hang myself. And I fell on the side
23 of the table and I made a loud noise.

24 So, I was on the second floor and I thought
25 somebody, maybe, downstairs would have called the

Page 133

1 another location?

2 A He did. I don't think I was in any
3 condition to suggest anything.

4 Q Okay. And then you went to a hotel.
5 Is that correct?

6 A Yeah.

7 Q And did he drive you or did you drive your
8 own car?

9 A He drove.

10 Q Okay. Did you check out -- did you pack up
11 your belongings from the motel and take them to the
12 new place?

13 A I don't think I had belongings. If I did,
14 it might have been whatever little Jack -- it might
15 have been whatever, like, I purchased that I was
16 drinking.

17 I didn't go to the motel with intentions to
18 stay there. I went there specifically to attempt to
19 hang myself or take pills and drink and see what
20 would happen.

21 Q Who paid for the motel?

22 A I did.

23 Q All right. And so, then, you relocated to
24 the hotel. Do you remember the name of the hotel?

25 A No. It's across the airport.



Page 134

1 Q Okay. And you get to the hotel, the two of
 2 you, I assume. Who pays the bill for this hotel?
 3 A I stayed in the truck. He told me to wait
 4 there while he went inside.
 5 Q Okay.
 6 A And then he came back outside and had me
 7 join him and, I guess, then he checked in and got a
 8 room.
 9 Q So, he had you come in while he signed up
 10 for the room?
 11 A So, he had -- I think initially may have
 12 gone in to check for availability. I'm not sure. I
 13 just know he got out and then he came back and told
 14 me to come back in. He still had to go through the
 15 front desk.
 16 Q So, the two of you were together at the
 17 front desk for a period of time?
 18 A Yeah. I remember feeling weird about that.
 19 Q Why?
 20 A For a couple of reasons.
 21 Q All right. What were those reasons?
 22 A Trying to process everything that I just
 23 had gone through on my own in the motel room while
 24 being intoxicated and trying to make my -- like, I
 25 didn't want the front desk to know that I'm -- like

Page 136

1 So, I did that. And I went back downstairs
 2 thinking, oh, crap, now the guy at the front desk is
 3 going to know I'm messed up because I'm making an
 4 excuse to come down here and I'm probably looking
 5 the way I feel, which was not well, but my instant
 6 reaction was to get out of the room and get
 7 something to drink.
 8 Q So, Dr. Assad rented a room with two beds?
 9 A Yeah.
 10 Q Did you actually get a drink?
 11 A It was Gatorade and a water.
 12 Q One for each of you?
 13 A No. I just got whatever, buying myself
 14 time. It was a reason to get out of the room
 15 because it was a situation that I felt uneasy. I
 16 already felt uneasy with myself in the motel room
 17 and I just didn't feel like I was going in the right
 18 direction.
 19 Q At this point did you believe Dr. Assad's
 20 intentions were romantic in nature?
 21 A I think my gut told me yes, get out of the
 22 room, go buy yourself some time and get something to
 23 drink. Even though I was not in the right state of
 24 mind because I had mixed alcohol and pills and even
 25 with the alcohol itself, I really wasn't okay to

Page 135

1 I'm thinking -- while he was checking in I'm looking
 2 in the mirror thinking, like, do I look as screwed
 3 up as I feel, kind of checking in with myself and my
 4 appearance and feeling like I'm probably gonna give
 5 myself away to the front desk that I'm messed up and
 6 going through something.
 7 I had just gone through something on my own
 8 and physically being there with my doctor that late
 9 at night too, I remember thinking this is a really
 10 weird vibe and look and I don't know how this --
 11 Q All right. So, you arrived to the room
 12 sometime after checking in.
 13 A Yeah.
 14 Q Is that correct?
 15 A After he got his case, he -- he walked into
 16 the an elevator. And I don't know what floor it was
 17 on but I just remember there was an elevator
 18 involved.
 19 Q Okay. And then what happened when you
 20 arrived at the room?
 21 A I freaked out and I made an excuse to
 22 leave. He said a comment like, I wasn't sure what
 23 you were comfortable with so I got two beds. So, I
 24 looked around and just scoped the room and said I
 25 had to go get something to drink.

Page 137

1 make any judgment or any -- but I knew that I needed
 2 to buy time so my gut tells me something good is not
 3 gonna happen here.
 4 Q So, you returned. Did you return to the
 5 room after you bought the drinks?
 6 A I did. I kind of didn't know what else I
 7 was supposed to do.
 8 Q Did you have a cell phone with you at that
 9 time?
 10 A I did.
 11 Q All right. Did you call a friend or
 12 anyone?
 13 A No. No. I don't think I was in any
 14 position to call anyone. I only reached for my
 15 phone when I got a Lyft in the morning -- the next
 16 morning.
 17 Q Okay. So, you returned to the room with
 18 the Gatorade and the water. What happened next?
 19 A I think something, like, he starts touching
 20 me, something like that.
 21 Q Did you start to kiss first?
 22 A No. I don't like to kiss people.
 23 Q Okay. Did he attempt to kiss you?
 24 A I don't remember. I just remember him
 25 touching my breasts.



Page 138

1 Q You don't remember if he tried to kiss you?

2 A I don't remember that, no.

3 Q So, after he started to touch you, what

4 happened?

5 A I think that progressed to something that I

6 didn't want to happen, that happened anyways.

7 Q When you say "didn't want to happen," did

8 you feel threatened that, if you didn't complete

9 what was going on, you'd be in trouble?

10 A I don't know if "trouble" is the right

11 word. I don't know other than like I froze and I

12 told him that I wasn't going to. I said it twice

13 that I don't want to and I wasn't going to. And he

14 was very persistent.

15 And I don't think I was in any position at

16 that point after I had just said no, like I just

17 felt -- I said no twice. I didn't want to.

18 Q Do you remember how long the incident

19 lasted?

20 A No, I don't. I don't remember.

21 Q Did this incident end with penetrative sex?

22 A It did.

23 Q Did you have a discussion at the time or

24 immediately before?

25 A I --

Page 140

1 were in?

2 A Yeah.

3 Q What time did he get up approximately?

4 A I have no idea.

5 Q Was it in the early morning?

6 A I don't know what time he left.

7 Q Okay. So, Dr. Assad got up and left the

8 room at some point before you left the room.

9 A Yes.

10 Q All right. Did Dr. Assad say anything to

11 you before he left?

12 A Yes. But I don't remember too much.

13 Q Okay. Did he leave you a note?

14 A No.

15 Q Did he leave you anything?

16 A He left money on the dresser like if I was

17 a hooker.

18 Q How much money did he leave?

19 A He left \$500.

20 Q Okay. Had the two of you had some

21 agreement regarding this money?

22 A No. We never spoke about that, nor did I

23 ever express to him that I needed or wanted it or

24 anything.

25 Q So, you were offended?

Page 139

1 Q I haven't finished the question yet.

2 A Sorry.

3 Q Did you have a discussion either during or

4 immediately before intercourse about birth control

5 and pregnancy?

6 A No. After he ejaculated in me, I said, Why

7 did you do that? I don't -- I don't -- I'm not on

8 anything and I probably should take something.

9 Q "Take something," do you mean a Plan B?

10 A Yeah.

11 Q All right. And what was his response to

12 that?

13 A That you can't get pregnant when you're on

14 your period.

15 Q Were you, in fact, on your period?

16 A I believe I was on the last day of my

17 period.

18 Q Did you fall asleep that night?

19 A I did.

20 Q Did you fall asleep in bed with Dr. Assad

21 or --

22 A He slept in a different bed.

23 Q The two of you slept in different beds?

24 A He got up and slept in a different bed.

25 Q So, Dr. Assad got up and left the bed you

Page 141

1 A Disgusted, like, wow, I had -- yeah,

2 already feelings of hatred of myself.

3 Q So, you were already in a bad way and you

4 woke up and saw this money and --

5 A Yeah.

6 Q All right. So, the two of you didn't

7 bargain for an exchange of money for favors?

8 A No.

9 Q All right. Do you think Dr. Assad thought

10 that?

11 A I don't know what he thought. I'm not him.

12 Q Okay. But you didn't think it was for the

13 exchange of services for money, correct?

14 A I don't know what I thought other than I

15 felt disgusted and I felt dirty and I felt like some

16 hooker-type thing.

17 Q And what did you do with the money?

18 A I took the money. Someone's gonna make me

19 feel -- I felt disgusted already. So, I didn't

20 leave it for the housekeeper. I don't even know if

21 they have housekeepers there. They probably do.

22 Q What time did you check out that next day?

23 A I only remember from what the Lyft says,

24 that I left around between 7:00 and 8:00 in the

25 morning.



Page 142

1 Q Where did you go?
 2 A To my motel room.
 3 Q Back to the motel?
 4 A Yeah.
 5 Q Okay. And how long did you stay at the
 6 motel?
 7 A I got in the car and left and went back
 8 home.
 9 Q That same day?
 10 A Yeah, that morning.
 11 Q And then did Dr. Assad follow up with a
 12 text or a phone call that day?
 13 A Yes.
 14 Q All right. Did he follow up with a text?
 15 A It could have been both. I don't know.
 16 There was a series of --
 17 Q Did you convey to Dr. Assad that you were
 18 upset that he left you money?
 19 A I don't think I talked about that specific
 20 thing with him. I think I was just still stuck in
 21 my depression and what I had just attempted that
 22 night that I didn't really need -- I didn't go into
 23 specifics about, This is how you made me feel.
 24 I was broken. I remember just going back
 25 home and crawling back into bed and kind of going

Page 144

1 Q The following Saturday, all right.
 2 Where did this encounter occur?
 3 A I was asking for help still. He was kind
 4 of going back and forth about the apartment thing
 5 and he knew I was in a dark place still, that I was
 6 still drinking.
 7 I had told him I ran out of my Latuda
 8 samples and that I was still struggling. And he
 9 said to come into his office, he would provide me
 10 with some.
 11 Q Latuda?
 12 A Yeah.
 13 Q Do you know what that drug is prescribed
 14 for?
 15 A No.
 16 Q All right. And he gave this to you?
 17 A Yeah.
 18 Q As a prescription or a sample?
 19 A No. They're very expensive through
 20 insurance. Most insurance doesn't cover it, I
 21 guess. It was like \$1,200 at the pharmacy.
 22 Q A month?
 23 A Yeah. It's kind of a wild number, right?
 24 Q American healthcare. Sorry. I had to get
 25 that on the record.

Page 143

1 through this whole depressive cycle again, now I
 2 have -- this is something extra, like what just
 3 happened, why did it happen.
 4 Q So, you didn't express to Dr. Assad you
 5 were offended by the \$500?
 6 A I don't know what I expressed to him. I
 7 don't think money was a particular -- I don't think
 8 I talked to him really in specifics other than what
 9 the text message will, like, say about -- regards
 10 mostly my mood, like what I'm telling him, I'm not
 11 in a good place or my mood is not right or I need
 12 help, not, I'm offended by your \$500. It wasn't
 13 that. It was more like, I'm stuck. I don't know
 14 where to go and what to do.
 15 Q So, did you go to a pharmacy or doctor to
 16 purchase Plan B that day?
 17 A No, I didn't. I actually could have took
 18 his word for it, that I couldn't get pregnant on my
 19 period.
 20 Q And so is that the only time the two of you
 21 were physically intimate?
 22 A No. No.
 23 Q There was another time?
 24 A The Saturday -- I think it was the
 25 following Saturday, either the 17th or the 24th.

Page 145

1 A It's actually funny.
 2 Okay. So, he had given me samples for that
 3 reason. That is why I was getting the samples
 4 through him and they were in a little, like,
 5 carton-type thing, like seven days at a time. You
 6 would pop it out of this thing and they came in
 7 different prescriptions.
 8 Q I believe those are called "blister packs."
 9 Is that correct?
 10 A They weren't like foil. They were like
 11 little cardboard-type things.
 12 Is that the same thing?
 13 Q Oh, okay. So, you just testified that he
 14 was pursuing the apartment issue.
 15 A Yeah. Even, like, in my instability, which
 16 I was extremely emotionally unstable. Who tries to
 17 do that? Like, okay. So --
 18 Q Let me --
 19 A -- his -- yeah. Go ahead.
 20 Q I was going to ask you a question about the
 21 apartment issue.
 22 Isn't it true, however, that at some point
 23 in the these days, in this week you informed him of
 24 an apartment that you'd like to consider including
 25 an address?



Page 146

1 A I went to tour that by myself because he
 2 kept persisting about me moving out, moving out.
 3 I was at a point where I was very unstable.
 4 I did pack my belongings in boxes and put them in
 5 the garage and I didn't know what the right thing to
 6 do was.
 7 I didn't -- a lot of the conversations were
 8 focused on, Are you available to go see, are you
 9 available to go do this? And a lot of my responses
 10 were, No, I can't today, my daughter, or, like, Oh,
 11 she's sick, and I would use a lot of those excuses
 12 to kind of put that off because my -- my main focus
 13 was, like, I need to go get an apartment now.
 14 That's what he wanted me to do.
 15 Q And did you find an apartment that you
 16 liked?
 17 A I found an apartment and I got an
 18 apartment. It's not something that I required him
 19 to help me with. I never physically went out to go
 20 see the apartment. He would call me and text me
 21 throughout the days through different times, leave
 22 me voice mails, leave me texts, I saw an apartment
 23 today. He would go see his own apartments, or he
 24 would convince me, like, there's a new one here.
 25 Like, very adamant and very persistent.

Page 148

1 It's something that -- I'm aware of what my
 2 relationship with Roy had been and is, whereas, I
 3 felt very influenced by Dr. Assad in how it all
 4 began, how that was navigated, how I was deceived to
 5 going to dinner in the first place, his influence on
 6 me. I never felt that type of pressure with Roy.
 7 That's the biggest difference. It made me realize I
 8 don't -- why am I putting myself in this box --
 9 Q You believed --
 10 A -- does that make sense -- by my
 11 psychiatrist?
 12 Q You believed -- please don't.
 13 MS. EXLINE: I can't give you an
 14 indication.
 15 THE WITNESS: That's how I felt, like I'm
 16 forced to do something.
 17 BY MR. WHITE:
 18 Q So, you were not interested in a romantic
 19 relationship with Dr. Assad even at that time?
 20 A No.
 21 Q All right.
 22 A I made --
 23 Q So, the following Saturday you said that
 24 you wanted -- or he was giving you a sample of the
 25 Latuda.

Page 147

1 And he asked me the second time I saw him.
 2 This was kind of what was going on in between the
 3 first encounter and the second encounter, is
 4 basically when am I moving out and when can I move
 5 you in, type of thing is the gist of it.
 6 Q Did you send him a text about an apartment
 7 that you liked?
 8 A I think I told him when I had a -- what do
 9 you -- a walk-through, like a tour of it.
 10 Q And did you like the place?
 11 A Yeah. But I never asked for him to assist
 12 me.
 13 Q You never showed him?
 14 A No. He never went with me. No, he never
 15 went with me. If I mentioned where I'm going to get
 16 an apartment it was to kind of quiet that
 17 conversation down, his role in my life, kind of,
 18 where my life is going.
 19 And I was already like I'm in the
 20 relationship with somebody who I work for, yeah, I
 21 work for, and I do have kind of this -- where he's
 22 -- he provides for me, but I also work for him.
 23 So, he's a very different relationship than
 24 agreeing to kind of being made to go down -- or
 25 influenced to go down a path by my psychiatrist.

Page 149

1 A Yes.
 2 Q So, did you go to his office to get the
 3 sample?
 4 A Yes. He asked me to come in. There was
 5 nobody there.
 6 Q Did you talk by phone or was this a text?
 7 A I remember it was both, because I remember
 8 getting lost and, like, I was nervous about going.
 9 I was completely sober too, so I was kind of even
 10 more outside of -- like, everything was very much
 11 more real, like I'm really meeting my doctor on a
 12 Saturday to get medication.
 13 Q You got lost. You had been to his office
 14 before. Was this a new location?
 15 A I've never been -- I only went there during
 16 the day to do the urinalysis that he required, like,
 17 one or two every year. It wasn't the location that
 18 I would normally go to.
 19 Q What time of night did you go over to his
 20 office?
 21 A It was during the day on a Saturday.
 22 Q Oh, all right. But you got lost on your
 23 way?
 24 A Yeah. I think my nerves.
 25 Q All right. Had you been drinking that day?



Page 150

1 A No. No. But I remember --

2 Q So, you were sober?

3 A Yeah, sober.

4 Q So, you went to his office.

5 Did you go inside the office?

6 A I did. I did. He had to open the door.

7 Q Was there a secretary there or --

8 A There was nobody else but him and a cat.

9 Q All right. And so was he normally -- from

10 what you understand, was he open for business that

11 day?

12 A No. He was not open on a Saturday.

13 Q And you knew this before you arrived at his

14 office?

15 A I think it was -- I think, yeah. I'm

16 pretty sure there's nobody there and it's a locked

17 office and he made it clear that -- yeah.

18 Q Did you feel uncomfortable going?

19 A I did. I did.

20 Q All right. Did you suggest that you come

21 in Monday during regular office hours?

22 A I think I remember asking him by text or in

23 person that I'd rather make an appointment. It was

24 kind of the similar feeling that I felt right after

25 the Red Lobster dinner when he persisted, like tried

Page 152

1 of costly medication?

2 A I'm not sure the samples are, like -- I

3 would have preferred to go in person. I would have

4 preferred, yeah, to pay out of pocket. I didn't

5 want to go into his office on a Saturday and do a

6 sexual favor in exchange for a sample of an

7 expensive medication.

8 Q Why did you think you would need to do a

9 sexual favor for --

10 A He made that kind of clear.

11 Q In what way?

12 A By phone, by text.

13 Q What would you say made it that clear?

14 A That he wanted to see me again, that he has

15 a bed in his office.

16 Q All right. And so you went on Saturday and

17 you thought he was going to demand sex for

18 medication at this point.

19 This just wasn't a normal client visit,

20 correct?

21 A I didn't feel that way at that point after

22 the first encounter. I knew that there was nothing

23 normal about this. It didn't feel right. It just

24 didn't click in completely.

25 Q I understand. Did he force you to go to

Page 151

1 -- I would have rather to have made an appointment.

2 Q Did you prefer the appointment because you

3 wanted the prescription instead of samples?

4 A I didn't want to have sex in exchange for

5 medication or any arrangement.

6 Q Actually, wasn't the question.

7 A Okay.

8 Q So, did you prefer -- you said on two

9 occasions within that span of a couple weeks you

10 preferred an appointment to receiving samples.

11 Did you prefer an appointment to just

12 receiving samples in order to get a prescription for

13 a longer period of time?

14 A No. I preferred to go in office in person

15 to do the proper way which felt like it was a normal

16 thing, not like an outside, weird thing.

17 Q So, if Dr. Assad had said, all right, we'll

18 have an appointment and he gave you a prescription

19 for Latuda instead of samples, you would have been

20 satisfied with that outcome?

21 A I would have been satisfied if it was a

22 professional setting, yes.

23 Q Professional setting.

24 A Yeah.

25 Q So, you didn't want to receive free samples

Page 153

1 his office on that day? Did he threaten law

2 enforcement or physical harm to you if you didn't

3 go?

4 A He didn't threaten law enforcement or

5 physical harm.

6 Q And you believed -- your testimony a few

7 minutes ago was that you believed he wanted to trade

8 sexual favors for medication --

9 A He made that clear, yeah.

10 Q -- by saying that he had a bed in his

11 office.

12 A And he wanted to see me again, he enjoyed

13 himself, he had a bed in his office, yeah.

14 Q Well, is there any chance that he was

15 interested in you romantically and he wanted to see

16 you again and that was the reason?

17 A I was a patient. I don't know what was

18 going through my psychiatrist's head when he said

19 that to me. I don't know because I was barely

20 understanding what was going through my own head.

21 I don't know that I had the capacity to

22 understand my psychiatrist's motives, intentions, or

23 actions or anything like that.

24 Q So, you're adamant that the conclusion Dr.

25 Assad wanted to trade medication for sex is correct,



Page 154

1 but when I ask you if there's a possible other
 2 conclusion that he was romantically interested in
 3 you, you have no idea and you tell me that you have
 4 no ability to understand his psyche at that time.
 5 A As his patient and as someone that had just
 6 experienced a suicide attempt or mental crisis, I
 7 don't think -- I'm not sure how to answer this --
 8 Q All right.
 9 A -- that I could justify his behavior as a
 10 person or a patient. All I know is I was in crisis.
 11 Q I'm not asking you to do any of that.
 12 A Okay.
 13 Q So, you think that he didn't value you as a
 14 potential romantic partner. Is that correct?
 15 A I didn't value myself as a human. How
 16 could I know what he valued me as?
 17 Q Well, why do you assume he wanted to trade
 18 medication for sex with you?
 19 A He made that clear to me. That, I
 20 understood, that he said he wants to see me again
 21 and that he has a bed.
 22 Q And you didn't take that as a romantic
 23 overture.
 24 A I don't know what the difference is. He
 25 was my psychiatrist, not somebody that I met.

Page 156

1 that's not something that I just -- I still had to
 2 process, so I didn't know what to do.
 3 Q All right. So, you came into the office,
 4 you started to have sex. You were having sex, Dr.
 5 Assad saw a bruise on you and he pointed it out,
 6 that upset you. And then what happened?
 7 A Well, first it was his office and then he
 8 took me to this little back room and then he took
 9 his little bed out and took my clothes off.
 10 And he saw the bruise as he's taking my
 11 pants off and I'm just kind of -- I don't know if I
 12 kinda just froze and then I kind of zoned out.
 13 Q So, you were or were not having sex at the
 14 time he saw the bruise?
 15 A He was -- at some point he was inside of me
 16 and then got off of me but didn't finish. Didn't,
 17 yeah.
 18 Q And I really don't care for details. I
 19 assume sex is sex all over the world.
 20 But I'm curious about the bruise. He saw a
 21 bruise and he was concerned. When he pointed it
 22 out, it upset you. Then what happened?
 23 A I don't know if he was concerned. He just
 24 pointed it out, and I just freaked out and I kinda
 25 zoned out.

Page 155

1 Q All right. So, you keep answering the
 2 question that I haven't asked, Do you think it's
 3 appropriate. I'm not asking you that.
 4 I'm simply asking, Do you think he was
 5 romantically interested in you?
 6 A I don't know what he was.
 7 Q Okay. So, you went to the office, went
 8 inside. Was the door locked? Do you know or do you
 9 remember?
 10 A I think he opened it. I don't know.
 11 Q All right.
 12 A I think he opened it.
 13 Q So, what happened once you came in?
 14 A Similar thing that --
 15 Q Similar to what?
 16 A Like, he started touching me and then he
 17 said he had a bed and he went -- we went into his
 18 back room.
 19 Q All right. And did you have sex?
 20 A No. No. No. Started to, and he was
 21 inside me and there was other things that I was
 22 doing. And I freaked out when he saw a bruise on my
 23 body that was from me falling on the table and he
 24 asked me about it. And I kinda froze up and I
 25 didn't really know how to process that because

Page 157

1 And I don't really know much more than
 2 that. We stopped and I put my clothes back on. He
 3 told me to wear a skirt next time and asked about my
 4 daughter, bring her.
 5 And I remember getting back into my car and
 6 just thinking I'm just a disgusting human being, and
 7 that was the last time I saw him.
 8 Q Did either one of you finish that day?
 9 A No.
 10 Q All right.
 11 A No.
 12 Q Did Dr. Assad provide you with samples of
 13 medication?
 14 A He gave me something from a pill bottle
 15 that he got out of his desk.
 16 Q All right.
 17 A And took the sticker off, and whatever
 18 little white pills were in there. I don't know what
 19 that was?
 20 Q He didn't tell you what they were?
 21 A No.
 22 Q He just said, Here's some pills?
 23 A He said, These will help you sleep. No
 24 label on them. Didn't know what it was. Didn't
 25 tell me what it was.



Page 158

1 Q So, did he give this to you after the
 2 encounter or before?
 3 A After.
 4 Q Did you say "thank you"?
 5 A Are you kidding me right now?
 6 Q I'm just wondering what the social --
 7 A That's so disgusting. That is so
 8 disgusting.
 9 Q Let me rephrase that question.
 10 A Please do.
 11 Q So, were you upset with each other at the
 12 end of the encounter or was it cordial?
 13 A I'm disgusted because he asked me to bring
 14 my daughter along, asked me to wear a skirt next
 15 time. Should I go on, Dr. Assad?
 16 Q Well, you said that he asked about your
 17 daughter. You didn't say that he told you to bring
 18 your daughter.
 19 A I'm disgusted right now.
 20 Melissa, may I take a restroom break,
 21 please?
 22 MS. EXLINE: I think she needs to use the
 23 restroom.
 24 MR. WHITE: Go ahead. No worries.
 25 (Recess taken.)

Page 160

1 between you and Dr. Assad?
 2 A I was instructed to by him, and I believe
 3 there's some messages that show that, that say,
 4 Please delete my messages.
 5 It was similar to what he had already
 6 instilled in me where weeks before this happened he
 7 had told me to take my sim card out and -- which was
 8 really stupid and I did do that and I was without a
 9 phone for a while, and I'm like, Why am I doing
 10 this? So, he instilled in me to have secrecy.
 11 Q Did he make you aware that there was
 12 software that could retrieve and delete the
 13 messages?
 14 A He told me to get another phone and get rid
 15 of my sim card and use What's App and that his wife
 16 bugged his phone and that I should have -- I did end
 17 up buying another phone, which I haven't gotten yet.
 18 It's in storage and it's gonna have a lot
 19 more messages similar, because he had different
 20 phone numbers too that he used, where it's a lot of
 21 the same thing. Prior to any of this happening it's
 22 gonna have a lot of, Can you come now, can you go to
 23 dinner, like kind of the persisting thing that I've
 24 been talking about. So, there's a lot more messages
 25 too that haven't been shown.

Page 159

1 BY MR. WHITE:
 2 Q So, ma'am, let's go back to the encounter
 3 the previous week at the hotel with Dr. Assad.
 4 After that night, the next day, did you
 5 send Dr. Assad a text telling him that you enjoyed
 6 the encounter or asking if he enjoyed the encounter?
 7 A I don't remember what the communication was
 8 the day after. I think I was still -- I think I
 9 drank the remaining whiskey that I had when I went
 10 home. And I think it was just like a blur to me
 11 what was happening, that it had happened.
 12 I didn't realize until maybe a day or two
 13 after that when I started seeing my bruise kind of
 14 form more and my body's aching, like I really went
 15 through some really messed-up things that night.
 16 And reality is clicking in that this is,
 17 like -- this is real. This actually wasn't in my
 18 imagination, like this happened, all of it from my
 19 attempt to what happened with the doctor and then,
 20 like...
 21 Q So, you don't recall if you sent a text
 22 asking if he enjoyed it or saying you enjoyed it,
 23 the next day?
 24 A I don't. I don't.
 25 Q Have you on occasion deleted any texts

Page 161

1 Q So, is your testimony that you have deleted
 2 text message exchanges?
 3 A I was instructed to, yeah.
 4 Q Okay. So, you would not be surprised if
 5 there are more texts on this phone that you speak
 6 of?
 7 A No, of course not. I deleted a lot of
 8 messages. I kept -- I started keeping some and I
 9 realized maybe this is not normal.
 10 I started telling some people about some
 11 things that happened and they would, like, react to
 12 me like, What's going on with you, you're going
 13 through something, like, what is wrong.
 14 Q So, have you provided the other telephone
 15 you're speaking of?
 16 A It's in the storage unit.
 17 Q Go ahead and let me finish the question.
 18 A Sorry about that.
 19 Q Have you provided this phone that you're
 20 speaking of now? Have you provided this to your
 21 attorney?
 22 A No.
 23 Q Okay. So, she doesn't -- well, I'm not
 24 going to speak to what she does or doesn't know.
 25 So, moving on, I want to go back to



Page 162

1 something a little more pleasant, but not much, the
 2 tax issue, filing of taxes.
 3 Have you filed a tax return in the last --
 4 a personal tax return in the last ten years that you
 5 recall?
 6 A Last year I filed would have been 2020 when
 7 I was working last.
 8 Q 2020?
 9 A Yes. I provided that to the lawyers.
 10 Q And did you file single or did you file
 11 jointly?
 12 A Single.
 13 Q Okay. In the last ten years, if you
 14 recall, have you filed your tax return as joint?
 15 A I just answered that.
 16 No. Single.
 17 Q All right.
 18 A I said it twice already.
 19 Q Let's go back to the Saturday when you went
 20 to -- let's go off record for just a second.
 21 (Dr. Assad exits deposition room.)
 22 MR. WHITE: I want to introduce Katy Duran,
 23 my paralegal, and she just recently was certified.
 24 And I told her that she could have a part in helping
 25 with my ongoing cases, so she's here to take notes

Page 164

1 BY MR. WHITE:
 2 Q When did you first know that you were
 3 pregnant from the encounter with Dr. Assad on that
 4 Saturday?
 5 A I wasn't feeling well end of October. I
 6 hadn't been feeling well. Like I said, my body was
 7 kind of aching from falling on the stupid coffee
 8 table.
 9 And having been disoriented the way I was
 10 two weeks prior, I had assumed that physically
 11 whatever I was feeling was just associated to
 12 whatever my drinking, my falling over, hitting that
 13 table, that my body was just aching.
 14 But then I don't know. I started getting
 15 sore boobs and it was around the 31st. I'm like,
 16 oh, no. This is not a good thing.
 17 Q Thirty-first of November?
 18 A October. So, it was, like, two weeks
 19 after.
 20 Q Two weeks after -- after the encounter you
 21 realized you were pregnant?
 22 A I took 13 positive tests and I was
 23 pregnant.
 24 Q You took 13?
 25 A I have anxiety and OCD. I can obsess or

Page 163

1 and observe. However, she is -- as is a requirement
 2 under the Rules of Professional Conduct of lawyers,
 3 she won't ask any questions or answering any
 4 questions or proposing anything for me to ask.
 5 She's simply here to observe and take notes and give
 6 me her opinion at a later date.
 7 I did some quick legal research at lunch
 8 and I didn't see anything that prohibited her from
 9 being here, and I didn't assume you'd have an issue
 10 with it.
 11 MS. EXLINE: If she's part of your staff
 12 and helping with your file, that's not something
 13 that we have a problem with, per se, if she's
 14 involved in your case and helping to take notes or
 15 whatever. I don't know what you mean by "certified"
 16 just like a certified paralegal?
 17 MR. WHITE: She graduated with her
 18 certificate.
 19 MS. EXLINE: Oh, okay. That's what I
 20 thought you mean. Okay. I was just making sure.
 21 Okay. That's fine.
 22 MR. WHITE: I thought we might appreciate a
 23 little change in the energy in the room.
 24 MS. EXLINE: Yes. It's better so far. We
 25 will take it.

Page 165

1 fixate on things. I wanted to make sure I was. It
 2 felt like that was enough confirmation.
 3 Q So, you found out about Halloween that you
 4 were pregnant?
 5 A Yeah.
 6 Q So, what did you do after you saw your
 7 positive test?
 8 A I freaked out.
 9 Q Understandably.
 10 A I freaked out. It was a couple of days of
 11 freaking out. I had called my friend and I had
 12 confided in two friends about what had happened. I
 13 don't know exactly what I said. I just kinda took
 14 it step by step.
 15 I don't remember the details but I remember
 16 I confided in two friends and both of them were kind
 17 of shocked, like, clearly, something's wrong with
 18 you but, like, this is not right on his part.
 19 And I reached out to him and told him.
 20 Q When did you reach out to him?
 21 A Around that time. I don't know.
 22 Q October or November 1st, or something?
 23 A It was the 31st or the 1st, or something
 24 like that. It was end of the month. It was very
 25 shortly after I found out, a day or two. Yeah.



Page 166

1 Q So, going back to the two encounters --
 2 sexual encounters previous, did you notify law
 3 enforcement about either of those encounters?
 4 A Not until later on, no.
 5 Q When you say "later on," how much later on?
 6 A I wanted to -- but I don't know if I can
 7 talk about that. I wanted to but I had to rely on
 8 him to get my son back, so I couldn't --
 9 Q All right.
 10 A -- do that. That was the only way to get
 11 my son back is to --
 12 Q You believed if you pressed charges against
 13 Dr. Assad that he wouldn't help you get your son
 14 back?
 15 A It -- yes.
 16 Q All right. Had he told you this, that he
 17 was going to help you get your son back?
 18 A Yes.
 19 Q Okay.
 20 A After I told him that I hadn't signed the
 21 papers. Yeah, the relinquishment rights, yeah.
 22 Q Oh, I understand. So, you mean to say that
 23 you were gonna file criminal charges?
 24 A Yeah.
 25 Q And then you were afraid that, if you did

Page 168

1 -- I was not in a good place and I knew that when I
 2 spoke to him I became -- I kinda reverted into this
 3 is fragile, broken place, and I still do to this
 4 day, so it's hard for me to be in the room and not
 5 go back in time.
 6 I didn't want to see him in person to do
 7 his test and he was already encouraging me that I
 8 shouldn't have -- like, I shouldn't go through with
 9 it, that if I was pregnant, I shouldn't go through
 10 -- it made me uneasy the idea of seeing him and I
 11 started feeling really like I couldn't trust him. I
 12 felt uneasy, very uneasy.
 13 Q Let me ask you a question in regards to
 14 what you just said.
 15 You said that he suggested to you that you
 16 -- and I assume you mean abort the fetus.
 17 A Yes. I think initially it was let me make
 18 sure, let me check your blood.
 19 Q Wanna make sure you're pregnant.
 20 A Yeah. And then it kind of went into that
 21 there's -- it's not too late, that I could still
 22 take something.
 23 Q So, he didn't want you to have the child
 24 initially.
 25 A Right.

Page 167

1 so, Dr. Assad would not sign to give up -- I
 2 understand. I thought you meant another child, but
 3 then I remember earlier that you told me you had the
 4 two. Okay.
 5 So, when you first notified Dr. Assad that
 6 you were pregnant, did you assume it was his?
 7 A I don't have -- I didn't have sex with
 8 anyone other than him so --
 9 Q So, you told him this, and what was his
 10 response?
 11 A He needed me to come into his office to
 12 verify, that sometimes those tests give false
 13 responses and that I needed to go and check -- he
 14 needed to check my blood or my urine or something, a
 15 different type of test or something.
 16 Q A blood pregnancy test?
 17 A Something like that. He was going to
 18 administer that, yeah.
 19 Q And what did you say to his offer?
 20 A No. My friends told me no, not to see him.
 21 They didn't -- they were aware by then of the
 22 situation and they told me not to see him.
 23 And I started becoming afraid of him. I
 24 thought maybe he's going to give me something like
 25 he's given me before, medication that I didn't know

Page 169

1 Q Why not?
 2 A You'd have to ask him.
 3 Q Well, he was -- from your earlier testimony
 4 he was trying to give you money, set you up with an
 5 apartment, and now you're pregnant.
 6 So, my question is, Do you believe that --
 7 or did he suggest that he wanted you to stay
 8 pregnant so he could be in your life romantically,
 9 or do you not know?
 10 A I don't know. And that's a very big level
 11 of confusion for me, to put myself in his shoes.
 12 Because I didn't know then, I don't know anything
 13 with what his state of mind. He was my
 14 psychiatrist. It's a very confusing thing for me to
 15 try to analyze my psychiatrist's intentions.
 16 Q No. I'm not asking you to do any deep
 17 diving. When I'm asking you these things, what do
 18 you think. If you don't know, you don't know.
 19 A I don't know. I really don't know.
 20 Q All right. So, when did you make a
 21 decision about keeping the baby approximately?
 22 A I went back and forth about maybe lying
 23 about maybe that I didn't -- I was going to, like,
 24 have an abortion and just go to California and not
 25 tell anyone.



Page 170

1 Q And have the baby.

2 A Yeah. Yeah. And I went back and forth.

3 I stopped talking to him and I kinda shut

4 down from a lot of people close to me that I

5 probably should have confided in, so I kind of dealt

6 with the pregnancy and what happened on my own.

7 So, I went back and forth a lot, what I was

8 supposed to do, but I never -- I would never want to

9 have an abortion. I just thought maybe I'll just

10 say I did and just leave and just kinda start over

11 and figure something out in California.

12 Q So, during these two months what was your

13 relationship with Mr. [REDACTED]? Were you broken up or

14 still boyfriend and girlfriend?

15 A I was still there.

16 Q Okay.

17 A I was still there.

18 Q And these sexual encounters with Dr. Assad,

19 you didn't tell Mr. [REDACTED] about at the time.

20 A I hinted at the dinner. I hinted at the

21 dinner. I hinted at the dinner and I didn't know

22 how to say to him this is what happened, because we

23 had our own issues in our relationship.

24 I didn't know how to -- I didn't tell

25 people because this happened two weeks after the

Page 172

1 she's passed away now, and -- but with no phone and

2 kind of going off, like, Roy's a bad guy and I'm

3 trying to tell Roy, like, hey, someone took me out

4 to dinner.

5 I'm trying to explain to him. I don't know

6 -- so, I don't tell him about the details until I

7 take the test the day after -- the same time Dr.

8 Assad -- he knew before Dr. Assad.

9 Q And that conversation, I assume, went

10 poorly.

11 A I'm not sure.

12 Q All right.

13 A Probably very depressing conversation.

14 Q You don't remember?

15 A I think it was low. I think it was low,

16 yeah. I think it was a very low point.

17 Q And after you told Mr. [REDACTED], did you have

18 a plan for what you wanted to do with the child?

19 A I wanted to lie and say that I had an

20 abortion.

21 Q Lie to Dr. Assad?

22 A Yeah.

23 Q All right. And then keep the child

24 somewhere in California?

25 A I thought maybe I could go back home, yeah.

Page 171

1 dinner, so if I would have confided in somebody, I

2 don't think that he would have been, like, my

3 lifeline or, Hey, I'm in crisis, he would have been

4 who I reached out to. I wish I would have told Roy

5 or kind of --

6 Q When did you tell Roy, Mr. [REDACTED]?

7 A I tried to after the dinner, that I don't

8 think that we were in the -- we were in the same.

9 Q Well, let me ask you about --

10 A Like a week after before this happened, I

11 had gone to Mexicali and gone to Carlsbad, and

12 that's when I took the sim card out of my phone like

13 Mr. Assad told me to.

14 So, I was without a phone and I'm trying to

15 relate to Roy, like, kind of in a confusing place.

16 I'm trying to tell him but I don't know how to get

17 the words out, so I kinda just don't, and I ended up

18 going to Carlsbad and Mexicali.

19 Q What is Mexicali? The restaurant?

20 A I don't know. It's my grandmother -- it's

21 in Baja, California, two hours from Palm Springs.

22 Q There's a popular restaurant in town,

23 Mexicali. So, you went to California, all right.

24 A My grandmother's house. So, I took my

25 daughter there. My grandmother lives there, and

Page 173

1 I wanted to do that, and it was part of what Roy and

2 I were talking about. I don't know. I just had

3 family there and, clearly, I needed a better support

4 system and I didn't have that here at the time.

5 Q So, after you had this conversation --

6 first conversation with Mr. [REDACTED], you said, I'm

7 pregnant, did you let him know that it was Dr.

8 Assad's child?

9 A Yeah --

10 Q All right.

11 A -- of course.

12 Q And so after you had this conversation, did

13 you talk to -- or soon thereafter did you talk to an

14 adoption agency?

15 A No. It wasn't soon or after. It was right

16 before I gave birth, a couple weeks.

17 Q So, we're talking about a span of another

18 eight months, correct --

19 A Yes.

20 Q -- when you were wrestling with what to do.

21 Okay.

22 A I was going back and forth and very

23 emotional and pregnant, not knowing what the right

24 thing to do is.

25 Q Did you spend most of your time pregnant in



Page 174

1 Nevada or California?

2 A Here. I was here.

3 Q Okay. And did you have a regular Ob/Gyn?

4 A I had that, and I was referred to a

5 high-risk Ob/Gyn for some previous complications,

6 just to be on the safe side. But I didn't maintain

7 a lot of those appointments because they pressured

8 me into giving his name and I didn't know how to

9 talk about it to anybody at the time, like how it

10 happened.

11 It made everyone else uncomfortable, me

12 saying I was pregnant by my psychiatrist because I

13 would freak out at every appointment, like what's

14 wrong with this girl.

15 Q Were you seeing another therapist during

16 this time while you were pregnant? And, again, I'm

17 not asking you any specifics about the

18 conversations. I'm just wondering if you got some

19 mental health help during this time.

20 A I attempted. It was not successful. It

21 was a big -- you can't really get help if you're not

22 able to tell the truth, and I couldn't say his name

23 to a lot of people.

24 Q Okay.

25 A In a weird way I felt like I had to -- I

Page 176

1 doing here?

2 Q Mr. [REDACTED] had paid for the apartment -- is

3 that correct -- or did Dr. Assad?

4 A Dr. Assad has never -- aside from the \$500

5 he left on the dresser that night, I have never

6 asked him for anything.

7 Q Did he ever give you anything substantial?

8 A No. Just the \$500 he left on the dresser

9 the night my son was conceived.

10 Q So, when did you return to live with Mr.

11 [REDACTED]?

12 A I don't think I ever didn't live with him.

13 Like, I had ordered furniture but I couldn't spend

14 the night there. I didn't want to be alone.

15 Q Okay.

16 A And an apartment I wasn't living in, so it

17 didn't make sense to stay there. I'd go there and

18 look. I tried, like -- I tried to envision myself

19 being in there and coparenting with Roy, figuring it

20 out and having my son there and kind of letting Dr.

21 Assad -- I didn't know.

22 Q Coparenting with Dr. --

23 A No. With Roy.

24 Q With Mr. [REDACTED].

25 A Yeah.

Page 175

1 don't know if the right word is protect him -- but I

2 felt like this weird, confused -- I don't know how

3 to say it.

4 Q Do you believe that you ever cared for Dr.

5 Assad in what could be considered a romantic way?

6 A No. I think I cared about somebody caring

7 about me. When I realized, like, the hug he gave

8 me, I didn't know how emotionally vulnerable I was

9 that that meant something to me. I don't see that

10 as a romantic feeling, though.

11 Q So, you weren't romantically interested

12 with him and fell out of romantic interest.

13 A No.

14 Q Romantic interest on your side didn't

15 exist.

16 A No. No. I just was a human being that

17 needed someone to care, and he just showed or

18 pretended to care. That's just -- and then that was

19 like an opening, I guess, for anything else.

20 Q So, eight months of pregnancy. You were

21 remaining living with Mr. [REDACTED]. Is that correct?

22 A I had an apartment and I didn't like to be

23 alone either. Roy didn't want me to be there alone.

24 So, I left the apartment. I think I'd go there

25 sometimes and I was there and I'm like, what am I

Page 177

1 Q Okay. So, you wanted to coparent the child

2 with Mr. [REDACTED].

3 A No, no, no. My daughter. We have a

4 daughter.

5 Q Yes. That's right.

6 A So, I have to -- I didn't want to be alone.

7 It wasn't healthy for me to be alone. I didn't know

8 how to have these feelings and be myself, so he

9 asked me to just like drop the -- break the lease.

10 So, I broke the lease and then just gave all the

11 furniture away that I had in there.

12 Q So, during these eight months that you were

13 pregnant, did you continue to have contact with Dr.

14 Assad? I just mean via text even.

15 A Up until the third week of November. And

16 when I received that message of, I had to delete the

17 text message because my wife, or my ex, was here.

18 And I'm just thinking how did I go from

19 being like this person that was going to meet your

20 friend and I'm your patient and then now being like

21 this weird secret. Like, I didn't ask for this.

22 So, it felt like with what am I doing? You

23 have -- I became involved in now this confusing --

24 your marriage-type thing. Like, I don't -- it got a

25 little bit more twisted, like, I don't ...



Page 178

1 Q Okay.

2 A It confused me.

3 Q So, you continued to have contact until the

4 third week of November and then you stopped having

5 contact with Dr. Assad. Is that correct?

6 A Yeah.

7 Q Until you gave birth or after that?

8 A After I gave birth and after I signed the

9 relinquishment papers.

10 Q So, you gave birth -- and, again, don't

11 tell me specific conditions, but it sounds like the

12 birth went well.

13 A It was traumatic.

14 Q Then I was wrong.

15 A Very traumatic. I tried to stop the

16 adoption and the adoptive parents were there, the

17 social worker --

18 Q No. No, I mean the actual labor.

19 A All of it was traumatic. Other than seeing

20 and holding my baby, all of it was traumatic.

21 Q So, had you talked to an adoption agency

22 prior to giving birth? Did you have it set up?

23 A Like 19 days before.

24 Q Okay. So, a few weeks before you made the

25 hard decision that you wanted to put this baby up

Page 180

1 relationship with Dr. Assad at that time?

2 A No. I don't think I was considering

3 anything. I think that what was being sent my way

4 was, okay, I'll go with it and kind of just

5 accepting of it, whether it's ...

6 Q All right. So, you came to the conclusion

7 at 19 days to reach out to an adoption agency to

8 have your baby adopted.

9 I assume this is because you're far past

10 the point that you could terminate the pregnancy,

11 correct?

12 A No. I became unsure of my ability. I

13 talked to -- I tried to talk to a therapist that was

14 out of town.

15 Q Concerned about your ability to do what?

16 A Be a mom.

17 Q All right.

18 A I was put on medication those last two

19 weeks, so I think that just amplified, like, any

20 negative or self-doubt that I had, and I didn't

21 react well.

22 Q So, why didn't you -- and if you did,

23 please correct me if I'm wrong.

24 Why didn't you simply notify Dr. Assad and

25 say, I don't want to be a mother to this child?

Page 179

1 for adoption.

2 A (Witness nods.)

3 Q Did you notify Dr. Assad --

4 A No.

5 Q -- before you gave birth that you wanted to

6 put the baby up for adoption?

7 A No. NO. Everyone was -- no.

8 Q Everyone was advising you to not tell him

9 or to tell him?

10 A Everyone was advising me to report him both

11 to law enforcement and to the medical board.

12 So, I'm very confused between, like,

13 okay -- so, it was just a very confusing emotional

14 time and I didn't -- I didn't ...

15 Q You stopped contacting him after the third

16 week of November because of something to do with his

17 wife and deleting texts?

18 A No. It's a little more complicated than

19 that. It's to do with the position I was in, that I

20 was kinda tricked into, placed into, and my own

21 feelings of how my depression got me here, all of it

22 together.

23 The wife part of it was just a weird twist

24 to it that I didn't want to be a part of it.

25 Q Were you considering being in a

Page 181

1 A I wanted to be a mother.

2 Q What's that?

3 A I wanted to be a mother. I tried to stop

4 the adoption.

5 Q Okay.

6 A My voice wasn't loud enough.

7 Q But you made that initial phone call,

8 correct?

9 A I was afraid to even -- I called and then I

10 hung up. And then I think it went by text after

11 that and then I had Roy contact him.

12 Q Contact him or contact the adoption agency?

13 A Contact him, Dr. Assad, after.

14 Q I want to come back and get real narrow in

15 time, only because there's some jumps here and I'm

16 not sure that I'm getting the right time frame.

17 19 days before you gave birth you were not

18 speaking regularly with Dr. Assad. Is that correct?

19 A I stopped speaking with him November of

20 2020.

21 Q Okay.

22 A I gave birth July 6th, 2021.

23 Q Yes. You were not in contact. So, for

24 months the two of you had no contact.

25 19 days before you gave birth you testified



Page 182

1 that you reached out to an adoption agency and set
 2 up an adoption of your baby. Is that correct?
 3 A I had talked -- I talked to somebody named
 4 Jesslyn, who told me that she had profiles of, like,
 5 people that --
 6 Q Wanted to adopt the child?
 7 A -- I could select the criteria of what I
 8 wanted, what I envisioned my son to be raised in.
 9 And I kind of -- I went through the website
 10 and found a family that I thought, okay, and they
 11 talked about the open adoption, which isn't,
 12 apparently, legally enforceable.
 13 Q Not?
 14 A Not legally enforceable.
 15 But then even at the time two days before
 16 they came, two days before I gave birth I tried to
 17 tell them that I couldn't go through with it, that I
 18 couldn't make that decision, two or three days.
 19 I gave birth the 6th, so it could have been
 20 like the 3rd or 4th of July, something like that. I
 21 called them and they wouldn't answer and then I
 22 texted them that I was having cold feet. I texted
 23 the social worker and the adoptive family who was
 24 driving down from Pacifica, California. It was kind
 25 of going back and forth with me trying to speak up

Page 184

1 to go through with it days before and I told them
 2 that I couldn't go through with it. I told the
 3 people at the hospital as well.
 4 But the adoptive family was already there,
 5 social worker was already there, and I was not --
 6 like, I was an awkward person. If you think me
 7 staring in a room and talking about what happened
 8 is awkward, I couldn't explain to you how I couldn't
 9 say his name, what happened or why I'm this way.
 10 Q I have a question about what you just said,
 11 and I don't want you to get too far in your story
 12 before I go back.
 13 A Sorry.
 14 Q No. Don't apologize.
 15 The question is this: Did you request an
 16 open adoption because you wanted to continue to have
 17 contact with your baby?
 18 A Even in my doubts, even in my doubts in
 19 myself and my ability to parent those last couple
 20 weeks, I knew that it didn't -- I needed to be in my
 21 son's life, yeah.
 22 Q So, when you talked to the adoption agency
 23 and they asked you who was the father, what did you
 24 tell them?
 25 A My psychiatrist here in town or a doctor

Page 183

1 and then ...
 2 Q Was this a Nevada adoption agency?
 3 A I didn't realize this, but it's out of
 4 California. So, I didn't even -- what is it? It's
 5 called "Adoption Connection" but it's got a
 6 different name here. I think they -- I don't know
 7 how they operate. I don't know. I didn't ask too
 8 many specifics other than, like, I was looking at
 9 profiles.
 10 Now, I didn't realize that what I signed
 11 was not even to that family that I signed. What I
 12 signed was for them to select. So, I was not even
 13 in the right, like looking at things -- the wording
 14 properly and I -- I don't know.
 15 Q Just so I'm sure and because this is an
 16 area that I have some experience in legally, you
 17 were told that you couldn't do an open adoption?
 18 A Right. So, once you terminate your rights
 19 you -- open adoptions are really up to the adoptive
 20 parents at their discretion, what they want, what
 21 they feel is appropriate. So, even if we had met
 22 and everything was okay, you get to be in his life,
 23 it's not enforceable or legally -- like, it wasn't a
 24 real thing.
 25 But even that being the case, I didn't want

Page 185

1 here in town.
 2 Q And you told them this and they understood
 3 that.
 4 A Yeah. I didn't give them the name, though.
 5 Q Did you tell them that you refused to give
 6 them a name?
 7 A Yes, I did.
 8 Q And to that do you remember what they said?
 9 A I don't remember.
 10 Q Did you come to understand that you needed
 11 to provide the father's information or did you
 12 believe that it was unnecessary?
 13 A I don't remember. I just know that -- I
 14 don't think my communications with them were,
 15 looking back, respected.
 16 So, I really don't think that clarity was
 17 there from the get-go with this Adoption Connection
 18 or Jesslyn Boulder or even the social worker in town
 19 handling the adoption.
 20 Q So, you believe you had miscommunication --
 21 A Very much so and very lack of respect for
 22 my wishes as the birth mom or as someone who was
 23 considering adoption or someone who was already kind
 24 of in a very sticky and confusing situation.
 25 Q So, was Mr. [REDACTED] assisting with any of



Page 186

1 **this?**

2 A He made some -- he, in the hospital, didn't

3 really know what to do. He knew that I was going to

4 regret this. I don't know -- I don't really know

5 how I handled what he was telling me.

6 I don't really know that I could handle

7 what anyone was telling me at this time because I

8 wasn't able to be -- I don't know. I wasn't able to

9 process a lot of the things until after I gave

10 birth.

11 Q **How soon after you gave birth did the**

12 **adoption agency -- I'll go as far as to say --**

13 **kidnap the child away from you?**

14 A The adoptive family was there when I

15 checked into the hospital. They were here in town

16 from Pacifica and they were there my whole hospital

17 stay.

18 Q **They were there at the hospital?**

19 A Uh-huh. So, they got, like, holding time

20 with him. So, there was a social worker there.

21 There was two social workers, one for the hospital

22 and one for the adoption company. They have a

23 different name here. It was Adoption Connection in

24 California, but they had a different name here. I

25 don't remember the name here.

Page 188

1 decorate the rooms in, like, acorns. And I'm just

2 like what the fuck --

3 Q **Acorns?**

4 A Yes, like acorns represented something.

5 And I'm alone with this woman who just came down

6 from Pacifica and I don't have Roy there.

7 Q **Because he's with your daughter?**

8 A Yeah. I don't know. I'm sorry.

9 MS. EXLINE: You're all right. Just take a

10 deep breath.

11 BY MR. WHITE:

12 Q **You're talking about one of the toughest**

13 **periods of anybody's life, and so if you take time**

14 **and you want to take water, that's fine. There's no**

15 **rush.**

16 A It's okay. Let me just breathe, maybe, a

17 minute. Sorry for being a weirdo.

18 MS. EXLINE: It's okay. You're doing fine.

19 BY MR. WHITE:

20 Q **So, then, how long after you gave birth did**

21 **the adoptive parents take your son?**

22 A So, they were present from the moment I

23 gave -- like after I had the C-section and they held

24 him the first day, second day, third day is the day

25 of discharge, and they left with him that morning.

Page 187

1 MS. EXLINE: Premier.

2 THE WITNESS: Okay, Premier.

3 BY MR. WHITE:

4 Q **I'll let the record reflect that Ms. Exline**

5 **was cordial enough to tell me the name without**

6 **asking for it.**

7 **Going back to the case in front of us, the**

8 **adoptive parents took your child, left the hospital,**

9 **I assume at some point. Is that correct?**

10 A They stayed the night there in my room

11 while I'm crying and freaking out, the adoptive mom.

12 And I have a daughter and Roy couldn't be always

13 there. Like, he's my safety, so he can't always be

14 there for me. So, he had to take my daughter home,

15 the adoptive mom came back and spent the night.

16 And I'd already expressed to the social

17 worker for Premier and at the hospital that I didn't

18 want to go through with it. And she came back and

19 said she was offended, the mom was, and she broke

20 down in front of me and talked about how hurt --

21 Q **The mom or social worker?**

22 A Adoptive mom.

23 -- how my son was like a reincarnation of

24 her dead brother, or something like that, who he had

25 killed himself or OD'd. And she was going to

Page 189

1 I hadn't signed any papers and I kept telling

2 Heather, she made a phone call to the social worker.

3 Q **Who is Heather?**

4 A Heather was the social worker for Premier.

5 -- that I needed -- she made a phone call

6 in the lobby and left a voice mail after she spent

7 the night in my room and seen me breaking down. She

8 said that she needs to sign the papers today and had

9 me call Heather or leave a voice mail. I don't

10 remember exactly, something where I needed to

11 interact with Heather and it had to be done that

12 day. I don't remember exactly.

13 I know there's text messages but I don't

14 remember exactly that there's -- that day of I'm,

15 like, on medication and recovering from the

16 C-section. I'm at home. I don't have my baby. And

17 I have messages and my phone blowing up from Denise

18 and from Heather, Are we going to do this today?

19 Q **You're being pressured to sign the**

20 **documents to complete the adoption.**

21 MS. EXLINE: Denise is the adoptive mother.

22 THE WITNESS: So, it's like --

23 BY MR. WHITE:

24 Q **And how long were you without your son?**

25 A A day, I think. I think they came -- I



Page 190

1 don't know if they came the next day around like
2 6:00 or 7:00.

3 **Q In the morning or night?**

4 A At night. I was sleeping. I was
5 medicated. I was in bed.

6 **Q You were recovering from a C-section?**

7 A Yes.

8 **Q You were laid up, understandably.**
9 **Do they return your son?**

10 A They don't bring my son, no. The social
11 worker brings a signed document or paper for me to
12 sign and, like, a basket from Bed, Bath, and Beyond,
13 like this is a gift basket I bring to everyone as a
14 little gift, like lotions and body spray.

15 **Q And you conveyed to them that you were not**
16 **happy with this decision.**

17 A I tried to. I told them at the hospital, I
18 told the social worker there, and over the phone. I
19 told the Capurro -- what's her name? My ob/gyn
20 wasn't there, so she was the attending -- what do
21 you call them? I don't recall.

22 She was very disgusting towards me and I
23 freaked out on her. And I'm like I'm not doing
24 this, I'm not signing these papers. I'm not -- I've
25 had enough doctors be disgusting towards me. I

Page 192

1 THE WITNESS: I forgot about Denise and the
2 hospital.

3 MS. EXLINE: We haven't had a talk about
4 that in a while.

5 THE WITNESS: No, I haven't had to. I hate
6 taking everything in, that I haven't thought about
7 what happened. Okay. I'm sorry.

8 MS. EXLINE: Do you need more water?

9 THE WITNESS: I do.

10 BY MR. WHITE:

11 **Q The child was returned to Dr. Assad's care**
12 **at some point. Is that correct?**

13 A Yes.

14 **Q Okay. And was that based on your request**
15 **or his request, from what you know?**

16 A I asked him to do that, and he asked me in
17 exchange for doing that, if I could make sure that I
18 didn't pursue the civil case against him, that I
19 dropped it.

20 **Q Do you mean the civil case suing him for**
21 **malpractice or a civil case like a paternity action?**

22 A Malpractice.

23 **Q Okay. And approximately when did the**
24 **agency return the baby to Dr. Assad -- not return,**
25 **but provide Dr. Assad the baby?**

Page 191

1 don't like it, I don't like the way it feels. I
2 thought, wow, woman to woman, so that's when I
3 freaked out.

4 And then Roy kinda calmed me down and they
5 tried to calm me down. And then once Roy left, the
6 adoptive mom came back, and that's what happened.
7 She had heard that I was not going to go through
8 with the adoption and she freaked out and said how
9 could I do this to her after I had already met her
10 and her husband. By then I was empty. I was
11 already weak. I was like nobody then. Sorry. I
12 don't feel good.

13 MS. EXLINE: I know. This was a really,
14 really hard part of the process. This is like a
15 re-trauma.

16 BY MR. WHITE:

17 **Q Tell you what. I'm going to try to skip**
18 **ahead.**

19 A I'm sorry.

20 **Q No, you're fine.**

21 **Normally I get objections, so if I can skip**
22 **ahead and finish up quickly without the objections--**

23 MS. EXLINE: I know time is an issue.

24 THE WITNESS: I'm sorry. I'll be quiet.

25 MS. EXLINE: Take a deep breath.

Page 193

1 A I wasn't aware because I had signed my
2 rights already, so I wasn't -- I wasn't in the know.
3 I was receiving emails from Denise, the adoptive
4 mom, you know, Got his shot today or took him -- got
5 him an outfit and pictures and, by the way, they
6 requested DNA testing and things like that.

7 I didn't know from the adoption agency when
8 exactly my son was in the care of Dr. Assad. I
9 wasn't let known. It wasn't known to me -- made
10 known to me.

11 **Q So, he told you that he would care for the**
12 **child if you were to drop the --**

13 A Yeah.

14 **Q -- civil charges.**

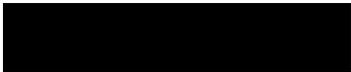
15 **Had you filed something against him by this**
16 **time?**

17 A Yeah, I did.

18 **Q And then when did you become aware that**
19 **your son had been returned to Dr. Assad?**

20 A Kind of harassed the adoptive mom by email
21 and my mom did as well. My dad made a phone call to
22 her as well, both Adoption Connection and Premier,
23 my mom, my dad, my sister, they all did, actually.

24 And I sent a couple of emails to Denise as
25 well and I let them know that I was onboard with Dr.



Page 194

1 Assad not signing his rights away, so I needed
 2 Denise to end the adoption, because they were
 3 wanting to talk me into making sure that didn't
 4 happen.
 5 I said, No, this is what I need to happen.
 6 And she sent me and Roy some text messages saying,
 7 like, Why are you doing this? Are you okay with
 8 this, Roy? Why are you allowing this to happen?
 9 And I was like -- I don't know when I was
 10 made aware. I think it had to have been through a
 11 lawyer. I think it might have been through when I
 12 contacted Surratt. I think they had to confirm that
 13 for me. Is that what you asked me? I'm sorry. I
 14 got lost in there.
 15 Q No. That's fine. I would have asked you
 16 questions about that series of events anyway, so
 17 thank you.
 18 My question was, How long was it after Dr.
 19 Assad received the baby that you knew that the baby
 20 was with Dr. Assad?
 21 A Okay. So, I became aware through the -- I
 22 think through Melissa. I think I had received
 23 confirmation from her. I don't think -- I had no
 24 notice from him. I reached out to Dr. Assad asking,
 25 Did you get the baby back, got no response. I

Page 196

1 communication with him prior to him having my son in
 2 his care. Roy called two different occasions on his
 3 cell phone to confirm, Are you getting the baby back
 4 and she's not doing well, because I wasn't doing
 5 well. I was having a lot of postpartum, and what
 6 happened with the agency and everything, I couldn't
 7 process it.
 8 So, Roy called Dr. Assad two to three
 9 different occasions. I just know it had to have
 10 been within three weeks and maybe again in August or
 11 September, just to confirm, Are you getting her son
 12 back?
 13 I think it was the second occasion that he
 14 said, It's gonna be a few years before she actually
 15 sees him because my wife is giving me trouble, or
 16 something along those lines, that my wife won't
 17 allow that, that she'll have to -- basically, I
 18 would have to see my son in private behind her back.
 19 This was after, like -- so, I heard this
 20 from Roy and I remember -- I don't know if I sent
 21 him -- I don't know. I may have sent a message out
 22 because I couldn't speak to him on the phone. I
 23 still can't speak to him. I think I said something
 24 like, I dropped the civil case and Roy said this,
 25 and he said, Roy is a liar. He said Roy was lying

Page 195

1 realized he wasn't going to respond.
 2 Q So, after -- later in time and you came to
 3 be, I guess, given a recap of what happened, how
 4 long had the baby been with Dr. Assad before you
 5 were able to spend time with your baby again?
 6 A 14 -- or, I'm sorry -- 12 months, because
 7 he was two months when he was with Dr. Assad, so I
 8 think at 14 months. Is that right?
 9 MS. EXLINE: October of 2022.
 10 THE WITNESS: 13. October 13th or
 11 October 14th, something like that.
 12 BY MR. WHITE:
 13 Q We're getting to the end and this is not --
 14 I'll make this as pleasant as possible, the ending
 15 of it, okay?
 16 So, Dr. Assad didn't reach out to you
 17 during these months from age two months to 14. He
 18 didn't reach out to you at all.
 19 Is that your testimony?
 20 MS. EXLINE: There was a -- there were
 21 court filings in September of 2021. That was the --
 22 BY MR. WHITE:
 23 Q But directly he didn't send you a text
 24 saying, It's okay, I have the baby now?
 25 A No. Roy was the last person to be in

Page 197

1 about that, by text messages. I lost that phone.
 2 Q Did you, in fact, drop the civil case you
 3 initiated against Dr. Assad?
 4 A I did. The moment he said he was getting
 5 my son, I did. I did. And I shouldn't have. I
 6 shouldn't have signed my papers to relinquish my
 7 son. But I didn't feel like I had any other option
 8 to get my son back other than Dr. Assad's help,
 9 which was true. I don't know how else I would have
 10 been able to, even if it took me a long time to see
 11 my son again and Dr. Assad was the only way to.
 12 Q All right. Just a few more areas to ask
 13 you about.
 14 Approximately how long have the two of you
 15 been following the current physical custody
 16 schedule?
 17 A How long? Since it started -- oh, when we
 18 switched over to the 2/2/4?
 19 Q Whenever the joint physical custody
 20 started. I don't know the dates. I know in the
 21 beginning I didn't have -- my brain's a little fuzzy
 22 right now.
 23 MS. EXLINE: I'll state for the record the
 24 paperwork is accurate and Judge Grossman ordered a
 25 ramp-up and by December of 2022 they were following



Page 198

1 this current schedule. But they ramped up over a
 2 six-week period from mid-October to early December.
 3 MR. WHITE: Okay.
 4 BY MR. WHITE:
 5 Q And it is not your desire for Dr. Assad to
 6 have primary physical custody.
 7 A I don't -- yes, that's not my desire.
 8 Q Okay. It is not your desire that Dr. Assad
 9 relocate with the minor child.
 10 A Correct. I'm in my son's life and I'd like
 11 to maintain in my son's life.
 12 Q And were you aware or have you been made
 13 aware that Dr. Assad is intending -- whether or not
 14 he actually does it -- on retiring from his
 15 profession within the next year?
 16 A I have no idea what his intentions are in
 17 his life. We don't speak and I have no idea.
 18 MR. WHITE: Today was probably the hardest
 19 deposition I've ever conducted. I think it went
 20 relatively well and I think you did as good a job as
 21 you possibly can and still remain the opposing
 22 party. So, I appreciate you spending time here
 23 today doing this, going through this.
 24 At this time I will stop and see if your
 25 counsel has any questions for you at this time to

Page 200

1 transcript?
 2 MS. EXLINE: By next week should be fine,
 3 by Monday the 19th.
 4 MR. WHITE: Please.
 5 MS. EXLINE: I'll take -- order it.
 6 (End of proceedings at 3:59 p.m.)
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 199

1 put on the record.
 2 MS. EXLINE: There were a couple of
 3 questions but I don't know that I necessarily need
 4 to do this on the record, per se.
 5 MR. WHITE: Okay.
 6 MS. EXLINE: Let me just take a moment.
 7 MR. WHITE: Ms. Exline, if you want to go
 8 off the record and have some conversations, that's
 9 fine as well. I'm sick of hearing myself talk.
 10 MS. EXLINE: I'm just checking my notes
 11 really quick.
 12 No, I'm good.
 13 MR. WHITE: So, we will go off the record
 14 and that will conclude today's deposition.
 15 MS. EXLINE: Do you want to do the
 16 confirmation of signing and review? We're on a
 17 tight timeline. We have trial the 29th and 30th.
 18 I think that both of us will need it as soon as we
 19 can.
 20 I'm hoping for a one-week turnaround but
 21 she'll review right away. If you want to follow the
 22 NRCP on confirming that she'll sign and review, we
 23 can confirm that process on the record, if you want
 24 to.
 25 THE REPORTER: When do you need the

Page 201

1 STATE OF NEVADA)
) ss.
 2 COUNTY OF WASHOE)
 3
 4 I, CHRISTINA M. DALPINO, a duly commissioned
 5 and licensed court reporter, Washoe County, State of
 6 Nevada, do hereby certify:
 7 That I reported the taking of the deposition of
 8 [REDACTED] commencing on June 6/12/23.
 9 That prior to being examined, the witness was
 10 duly sworn to testify to the truth. That I
 11 thereafter transcribed my said shorthand notes into
 12 typewriting and that the typewritten transcript of
 13 said deposition is a complete, true, and accurate
 14 transcription of said shorthand notes.
 15 I further certify that I am not a relative or
 16 employee of an attorney or counsel of any of the
 17 parties, nor a relative or employee of an attorney
 18 or counsel involved in said action, nor a person
 19 financially interested in the action.
 20
 21 DATED: At Reno, Nevada, this 17th of June, 2023.
 22
 23 
 24 Christina M. DalPino, CCR #641
 25



Page 202

ERRATA SHEET

1 I declare under penalty of perjury that I have read
 2 the foregoing _____ pages of my testimony, taken on
 3 _____(date) at _____(city), _____(state),
 4 and that the same is a true record of the testimony
 5 given by me at the time and place herein above set
 6 forth, with the following exceptions:
 7
 8

9 Page Line Should Read:	Reason for Change:
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____
16 _____	_____
17 _____	_____
18 _____	_____
19 _____	_____
20 _____	_____
21 _____	_____
22 _____	_____
23 _____	_____
24 _____	_____
25 _____	_____

Page 203

ERRATA SHEET

2 Page Line Should read:	Reason for change:
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 Date: _____	_____
15 _____	Signature of Witness
16 _____	_____
17 _____	_____
18 _____	_____
19 _____	Name Typed or Printed
20 _____	_____
21 _____	_____
22 _____	_____
23 _____	_____
24 _____	_____
25 _____	_____

Page 204

1 HEALTH INFORMATION PRIVACY & SECURITY: CAUTIONARY NOTICE

2 Litigation Services is committed to compliance with applicable federal
 3 and state laws and regulations ("Privacy Laws") governing the
 4 protection and security of patient health information. Notice is
 5 hereby given to all parties that transcripts of depositions and legal
 6 proceedings, and transcript exhibits, may contain patient health
 7 information that is protected from unauthorized access, use and
 8 disclosure by Privacy Laws. Litigation Services requires that access,
 9 maintenance, use, and disclosure (including but not limited to
 10 electronic database maintenance and access, storage, distribution/
 11 dissemination and communication) of transcripts/exhibits containing
 12 patient information be performed in compliance with Privacy Laws.
 13 No transcript or exhibit containing protected patient health
 14 information may be further disclosed except as permitted by Privacy
 15 Laws. Litigation Services expects that all parties, parties'
 16 attorneys, and their HIPAA Business Associates and Subcontractors will
 17 make every reasonable effort to protect and secure patient health
 18 information, and to comply with applicable Privacy Law mandates,
 19 including but not limited to restrictions on access, storage, use, and
 20 disclosure (sharing) of transcripts and transcript exhibits, and
 21 applying "minimum necessary" standards where appropriate. It is
 22 recommended that your office review its policies regarding sharing of
 23 transcripts and exhibits - including access, storage, use, and
 24 disclosure - for compliance with Privacy Laws.
 25 © All Rights Reserved. Litigation Services (rev. 6/1/2019)

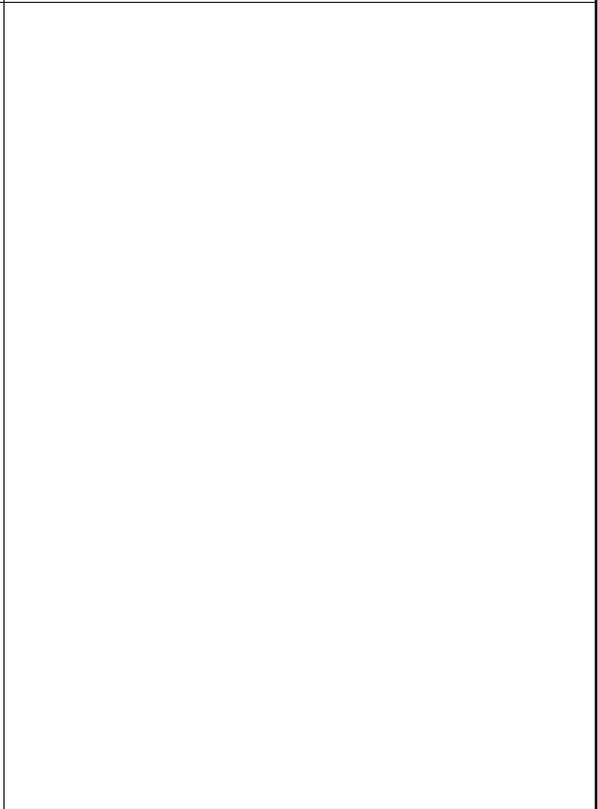


EXHIBIT 6

EXHIBIT 6

MEDICAL RECORDS

This exhibit contains personal medical information, records of a patient or other personal identifying information that is confidential and otherwise protected from disclosure to the public pursuant to NRS 622.310.

EXHIBIT 7

EXHIBIT 7

MEDICAL RECORDS

This exhibit contains personal medical information, records of a patient or other personal identifying information that is confidential and otherwise protected from disclosure to the public pursuant to NRS 622.310.

EXHIBIT 8

EXHIBIT 8

Lisa A Durette, MD, DFAPA, DFAACAP

3014 W. Charleston Blvd. Suite 130

Las Vegas, NV 89102

(702) 929-3412

(702) 671-6440

lisa.durette@unlv.edu

Last Updated: 1/20/2023

Current Position

Associate Professor, Department of Psychiatry and Behavioral Health	2017-present
Interim Chair, Department of Psychiatry and Behavioral Health	2022-present
Program Director, Child & Adolescent Psychiatry Fellowship Program	2017-present
Kirk Kerkorian School of Medicine at UNLV	
Las Vegas, Nevada	

Education

Child & Adolescent Psychiatry Fellowship, Medical University of SC, Charleston, SC	2002-2004
Psychiatry Residency, Medical University of SC, Charleston, SC	1999-2003
M.D, University of South Carolina School of Medicine, Columbia, SC	1995-1999
Bachelor of Art (B.A.) with Honors in French, Agnes Scott College, Decatur, GA	1991-1995
Bachelor of Arts (B.A.) with Honors in Chemistry, Agnes Scott College, Decatur, GA	1991-1995

Academic Appointments

Assistant Professor , Kirk Kerkorian School of Medicine at UNLV	2017-Present
Program Director, Child & Adolescent Psychiatry Fellowship Program	
Vice-Chair, Department of Psychiatry	2021-2023
Interim Chair, Department of Psychiatry and Behavioral Health	2023 - present
Las Vegas, Nevada	
Assistant Professor , University of Nevada School of Medicine, Las Vegas, NV	2013-2017
Department of Psychiatry, Program Director, Child & Adolescent Psychiatry Fellowship	
Community Faculty , University of Nevada School of Medicine, Las Vegas, NV	2004-2013
Department of Psychiatry, Supervisor and Instructor, Child & Adolescent Psychiatry	
Adjunct Clinical Professor	2008-2016
School of Medicine,	
Touro University	
Henderson, NV	

Professional Positions and Experience

Chief Medical Officer	2011-2023
Healthy Minds	
Las Vegas, Nevada	
Private Practice	2005-2018
Lisa Durette MD, PLLC	

Las Vegas, Nevada

Consultant Action for Child Protection (Action4CP.org) Charlotte, NC	2020-Present
Consultant American Physician Institute Chicago, IL	2019-2020
Consultant Ginger.io San Francisco, CA	2019-2021
Grant Reviewer Substance Abuse and Mental Health Services Administration Washington, DC	2017-Present
Psychiatric Consultant Utilization and Analytics Teams Nevada Medicaid/Hewlett-Packard Enterprises Carson City, NV	2012-2015
Psychiatric Consultant MES Services Boston, MA	2007-2012
Psychiatric Consultant NBC Universal/Viacom Los Angeles, CA	2008-2018
Medical Director Spring Mountain Treatment Center Las Vegas, Nevada	2008-2013
Speaker's Bureau Eli Lilly Las Vegas, NV	2007-2012
Speaker's Bureau Bristol Myers Squibb Las Vegas, NV	2007-2009
Staff Psychiatrist Behavioral Healthcare Options Las Vegas, Nevada	2004-2005
Consultant Physician Weight Management Center Medical University of South Carolina Charleston, South Carolina	2001-2003

Certification and Licensure

Diplomate, American Board of Psychiatry and Neurology, Psychiatry	2005
Diplomate, American Board of Psychiatry and Neurology, Child & Adolescent Psychiatry	2006
Diplomate, American Board of Preventive Medicine, Addiction Medicine	2021

Nevada State Medical License
South Carolina Medical License
Idaho State Medical License
Washington State Medical License
Vermont State Medical License

Military Development

Major, US Air Force Reserves
Flight Surgeon, US Air Force Reserves

315th Aeromedical Dental Squadron (AMDS), Charleston Air Force Base	1999-2008
Clinical Education Manager, 315th AMDS	2005-2008
99th Medical Group, Nellis Air Force Base	2008-2013
Individual Ready Reserves (Retired April 2021)	2013-2021

Professional Memberships and Activities

Behavioral Health Commission, State of Nevada	2016-Present
Chair	2019-2022
Vice-Chair	2017-2019

Nevada Department of Children and Family Services System of Care Subcommittee Member	2015-2018
Chair, Workforce Development Subcommittee	2016-2018

Nevada Council of Child and Adolescent Psychiatry (NVCCAP)	
President	2014-2021
Founding member, Executive Team	2017-2021
Advocacy Liaison	2014-Present
Delegate to the AACAP Assembly	2014-Present

American Academy of Child and Adolescent Psychiatry (AACAP)	1999-Present
Adoption and Foster Care Committee	2012-Present
Advocacy Committee	2015-2019
Board of Directors, American Association of Child and Adolescent Psychiatry Political Action Committee	2019-Present
Co-Chair, AACAP PAC Board	2023-Present

Nevada Psychiatric Association (NPA)	2004-Present
Government Affairs Committee	2017-Present
Immediate Past President	2010-2011
Chair - NPA Psychopharmacology Conference	2010-2011
President	2009-2010
President Elect	2009-2010
Secretary/Treasurer	2008-2009
Public Affairs Representative	2008-2009
President - Southern Chapter	2007-2008

Las Vegas Medical District Advisory Council Member	2018-Present
---	--------------

Clark County Children's Mental Health Consortium (CCMHC)	2007-2016
Public Awareness Subcommittee Member	2008-2011

Big Brothers Big Sisters of Southern Nevada Board of Directors	2004-2006
Nevada Healthcare Guidance Program Advisory Board Member	2014-2018
Girl Scout Leader, Troop 208	2012-2016
Jewish Community Center of Southern Nevada Board of Directors	2016-2017
Be A SHERO Foundation Founding Board Member Consultant to Be A SHERO Foundation Board of Directors Vice-Chair, Executive Board	2015-Present 2015-2017 2017-2021 2021-Present

Committee Assignments and Administrative Services

Search Committee Chair Department of Psychiatry Assistant/Associate Professor Search Kirk Kerkorian School of Medicine at UNLV, Las Vegas, NV	2021
Admissions Committee Kirk Kerkorian School of Medicine at UNLV, Las Vegas, NV	2022-2026
Compensation Committee UNLV Health Chair	2023-present
Compliance and Audit Committee UNLV Health	2023-present

Educational Activities

Instructor , Problem Based Medicine Kirk Kerkorian School of Medicine at UNLV, Las Vegas, NV	2018-2020
Instructor , Analytics in Medicine Kirk Kerkorian School of Medicine at UNLV, Las Vegas, NV	2017-2018
Course Developer Child Psychiatry Problem Based Learning	2016-2017
Didactics Director Child & Adolescent Psychiatry Fellowship	2013-present
Advising : Polypharmacy in Foster Youth Mentee: Celica Cosme, MS 3	2021-present
Advising : Primary Care Experience Pre/Post PAL Program Mentee: Crystal Oden, MS 4	2021-present
Instructor and Course Developer , Child Psychiatry 101 & De-escalation Crisis Intervention Training Quarterly Course Clark County School District Metro Police Force Henderson, NV	2020-present
Instructor Medical Ethics	2001-2003

Medical University of South Carolina
Charleston, South Carolina

Co-Instructor 2001-2003
Abnormal Psychology
College of Charleston
Charleston, South Carolina

French Teacher 1993-1995
Decatur High School
Decatur, Georgia

Honors and Awards

Greatest Medical Minds, Real Vegas Magazine	2022
Healthcare Heroes: Educator of the Year	2022
Greatest Medical Minds, Real Vegas Magazine	2021
Excellence in Mentorship Award, UNLV School of Medicine	2020
Top Doc, Las Vegas Seven Magazine	2018
Top Doc, Las Vegas Seven Magazine	2017
Excellence in Teaching, University of Nevada School of Medicine	2016
Rieger Award for Service Excellence, American Academy of Child & Adolescent Psychiatry	2016
Distinguished Fellow, American Academy of Child & Adolescent Psychiatry	2015
Top Doc, Las Vegas Seven	2015
Distinguished Fellow, American Psychiatric Association	2014
Top Doc, Las Vegas Seven	2014
National Reunification Month Proclamation of Center of Excellence, Clark County Board of Commissioners, Las Vegas NV	2013
Top Doc, Las Vegas Seven	2012
Top Doc, Desert Companion Magazine, Las Vegas	2012
Top Doc, Las Vegas Seven	2011
Top Doc, Las Vegas Seven Magazine	2009
Fellow, American Psychiatric Association	2003
Circle of Excellence Teaching Award, Medical University of South Carolina	2002
Benjamin Riggs, MD Best Resident Paper Award	2001
Eli-Lilly Fellowship Award	

Grants and Contract Awards

Nevada Family Medicine: Behavioral Health Enhancement Project (BHEP) 2022
Role: Educator
Contribution: 5% FTE

Pediatric Access Line, NV Department of Public and Behavioral Health, Mental Health Block Grant. \$1,200,000 2020
Program Creator and Lead Psychiatrist

AACAP Advocacy and Collaboration Grant, "Creation of a telephonic consultation service for pediatric oncology" \$3000 (Awarded to the NV Council of Child and Adolescent Psychiatry) 2015
Co-principal Investigator

Grants and Contract Awards, Pending

Zhai, S, Ming Zhu, Lisa Durette. BREAKING BARRIERS: DEVELOPING AN AI-EMPOWERED PERSONALIZED TRAUMA AND STRESS-RELATED DISORDERS DIAGNOSTIC, MONITORING, AND INTERVENTION PLATFORM FOR UNDERSERVED YOUTH POPULATIONS. Submitted to the UNLV IRB Study #UNLV-2023-209. Apr 17,2023. Role: Co-PI

Rosenkranz SK, Weisman Anne, Nicholas Barr, Kara Christensen, Lisa Durette, Jason Flatt, Sara Jordan, Laura Kruskall, James Navalta, Jennifer Pharr, Richard Rosenkranz. Lifestyle Behaviors, and Mental Health and Well-being in Children, Adolescents, and College-aged Students. Submitted to the UNLV Division of Research Faculty Opportunity: Collaborative Interdisciplinary Research, Scholarship, and Creative Activity Awards. April 1, 2023. Role: Co-PI

Publications

Brown, Durette, Ebright and Cho. "Restoring Wholeness to Psychiatry: Models of Understanding." *International Journal of Healing and Caring*. 2022, 22(2), 1-23

(Contributing Author) Children Exposed to Maltreatment: Assessment and the role of Psychotropic Medication. *Pediatrics*. 2020; 145(2)

Durette, L. "Where am I?" Systems of Care and Child Psychiatry: A Call for Advocacy", *AACAP News* 2018, 49(3), 132

Durette, L. Leveraging partnerships to strengthen local child and adolescent psychiatry resources and to improve outcomes. *Journal of the American Academy of Child and Adolescent Psychiatry* 2016; 55(10): S81-S82

Durette, L. "Autism Spectrum Disorders in Adolescents and Adults: Evidence Based and Promising Interventions", *Journal of Psychiatric Practice* 2016, 21(6), 487-8

McLean, L.S. (Durette) & Schuyler, D. (2001). Teaching the tools: Prolonging the Benefit of Psychotherapy. *Primary Care Companion to the Journal of Clinical Psychiatry*, 3(5), 222-223.

McLean, L.S. (Durette) (2002). Overcoming obstacles: Therapeutic Success Despite External Barriers. *Primary Care Companion to the Journal of Clinical Psychiatry*, 4(1), 27-29

Schuyler, D. [A Practical Guide to Cognitive Therapy](#). 2003. W.W. Norton & Co. pps 159-163, 182-185 (L.S. McLean [Durette])

Publications Under Review

Durette, L, Oden, C, Rudig, N and Parikh, N. The impact graduate medical education training programs' involvement on primary care clinician's experience of a child psychiatry access program. *Under Review, Academic Psychiatry*

Durette, L, Cosme, C, Rush, N, Borsellino, P, Chea, D and Krider R, .Trends in psychotropic use and polypharmacy amongst foster care-involved youth in Southern Nevada: a Single-institution study implementing multidisciplinary therapeutic model based on principles of Multisystemic Therapy. *Under Review, Frontiers in Psychiatry*

Abstracts and Presentations

March 2023: Clark County Medical Society & City of Las Vegas Suicide Prevention Summit. Suicide Awareness and Prevention in Youth. Las Vegas, NV. March 28, 2023. .

January 2023: Summit on Improving Community Response to Individuals with Behavioral Health Challenges. The Importance of Child-Family Teams. Las Vegas, NV, Jan 18-19, 2023.

December 2022: Clark County Medical Society CME Presentation. Innovative Integrated Care Models. (with Crystal Oden, MS4), Las Vegas, NV. Dec 1, 2022.

September 2022: Nevada Public Health Association Annual Conference in Las Vegas. Statewide Child Psychiatry Access Program Eases Burden for Youth Mental Health Access to Care., Las Vegas, NV

October 2016: Leveraging Partnerships to Strengthen Local Child and Adolescent Psychiatry Resources and To Improve Outcomes, AACAP Honors Presentation, JAACAP 55(10), Supplement, S81-2, New York, NY

Oral Presentations

Invited Presentations

December 2022: Keynote Address, Social Media's Influence of Body Image, Congreso Medicina Estetica, Cancun, Mexico

July 2022: Keynote Address, The Rise of Social media and the Fall of Body Image, The Aesthetic Show, The Wynn, Las Vegas, NV

July 2021: COVID, Anxiety, COVID and Aesthetic Surgery. Vegas Cosmetic Surgery Conference, Bellagio, Las Vegas, NV

National Meetings

July 2016: A Demonstration of Public and Private Partnership to Achieve Improved Outcomes, Workshop, FFTA Annual Meeting, New Orleans, LA

March 2016: Advocacy within a small Regional Organization AACAP, Legislative Conference AACAP, Washington, DC

March 2016: Superheroes – Collaboration between Child Psychiatry and Education Attorneys, COPAA Annual Conference, Philadelphia, PA

October 2015: Collaborative Clinical Care for Youth in Child Welfare: A Comparison of Two Innovative Models, Symposium, AACAP Annual meeting, San Antonio, TX

July 2014: Developing Partnerships Between Community Children's Mental Health Experts and Local Department of Family Services, Foster Family Treatment Association (FFTA) Annual meeting, Orlando, FL

Local/Regional Meetings

June - August, 2022. UNLV Women's Council, Summer Series: Children's Mental Health, UNLV, Las Vegas

March 2022. What is Trauma-Informed Care?. Presented at the Nevada Mental Health Crisis Hold Summit.

December 2020: Walk with a Doc, NV Chapter of the American Academy of Pediatrics. Suicide Risk and Prevention in Youth. Las Vegas, NV

September 2020: Walk with a Doc, NV Chapter of the American Academy of Pediatrics. When Things Aren't Perfect. Caring for Yourself and Your Children., Las Vegas, NV

August 2015: American Academy of Pediatrics Nevada Chapter Annual Meeting, Child Psychiatry 101, Las Vegas, NV

May 2014: Expanding the Child & Adolescent Psychiatry Workforce, First Lady's Mental Health Summit, Carson City, NV

August 2011: American Academy of Pediatrics Nevada Chapter Annual Meeting, Depression and Self Injurious Behavior, Las Vegas, NV

Grand Rounds Presentations

February 2022: Physician Suicide Awareness and Prevention: Grand Rounds, Kirk Kerkorian School of Medicine at UNLV.

September 2021: Suicide Awareness and Prevention in Youth. Grand Rounds, University of Nevada Reno School of Medicine

January 2021: Suicide Awareness and Prevention in Youth. Grand Rounds, Kirk Kerkorian School of Medicine at UNLV, Department of Pediatrics.

August 2015: Grand Rounds, UNSOM Las Vegas, Enough Abuse – How to recognize and work with Victims of Sexual Abuse, University of NV School of Medicine, Las Vegas NV

Problem Based Learning Cases

Sottile, R, Durette, L, Kalili, R, Kelemi Solomon (Psychiatry Behavioral Health), Kirk Kerkorian School of Medicine, 2022.

Durette, L, Peera, F, Kalili, R, Roger Korman (Psychiatry Behavioral Health), Kirk Kerkorian School of Medicine, 2022.

Poster Presentations

Durette, L, Oden, C and Rudig, N. Perceptions of Child Mental Health Pre and Post Initiation of the Pediatric Access Line. Nevada Psychiatric Association Annual Psychopharmacology Conference, Las Vegas, NV, February 2023.

Durette, L, Quadri, S, and Fritsch, S. Advocacy Curriculum can Mitigate Burnout. AADPRT Annual Meeting, Dallas, TX, March 2020

Durette, L. Comparison of Pre- and Post- Treatment Data in the Use of Evidence-Based Treatments of Foster Children in an Urban Community, AACAP Annual Meeting, Orlando, FL, October 2013

Social Media

NONE

Other Creative Products

MEDIA:

April 2023, "What Every Family Needs to Know About Fentanyl", 8News Las Vegas. Role: Contributor.
<https://www.8newsnow.com/news/local-news/what-every-family-needs-to-know-about-fentanyl-examines-the-deadly-drugs-impact-on-the-las-vegas-valley/>. Role: Contributor.

<https://news3lv.com/news/local/reassuring-your-child-about-the-texas-shooting>

<https://news3lv.com/news/local/young-adults-report-alarming-rate-if-mental-health-issues>

<https://news3lv.com/news/local/nevada-attorney-general-joins-fight-for-parents-on-social-media>

<https://news3lv.com/news/local/mental-health-matters-dealing-with-life-post-pandemic>

<https://news3lv.com/news/local/experts-say-more-children-are-having-mental-issues-after-covid-lockdowns>

<https://news3lv.com/news/local/new-cdc-survey-cites-concerns-with-distance-learning>

<https://www.ktnv.com/news/recent-texas-elementary-school-shooting-creates-more-questions-about-childrens-safety>

<https://www.8newsnow.com/news/local-news/teen-suicides-on-the-rise-mental-health-crisis-in-our-schools-experts-say/>

<https://www.8newsnow.com/news/local-news/expert-offers-tips-on-how-to-explain-school-violence-to-children/>

<https://www.8newsnow.com/news/local-news/parent-concern-over-online-dangers-for-teens-on-social-media/>

<https://www.8newsnow.com/news/local-news/teacher-expert-react-to-3-campus-assaults-in-1-day-stress-importance-of-mental-health/>

<https://www.fox5vegas.com/video/2022/06/23/tips-having-the-talk-with-your-child/>

https://news.yahoo.com/psychiatrist-shares-parents-know-violent-031844102.html?fr=yhssrp_catchall

https://news.yahoo.com/recent-texas-elementary-school-shooting-041953558.html?fr=yhssrp_catchall

<https://www.reviewjournal.com/opinion/commentary-virus-prompts-mental-health-crisis-in-our-youth-2366884/>

<https://thenevadaindependent.com/article/families-face-agonizing-dilemmas-over-keeping-kids-safe-amid-pandemic-resurgence>

<https://thenevadaindependent.com/article/56087>

<https://thenevadaindependent.com/article/report-nevada-sent-170-children-in-juvenile-justice-child-welfare-systems-out-of-state-for-treatment>

<https://lasvegasweekly.com/news/2021/feb/20/taking-care-of-teens-mental-health-during-pandemic/>

<https://lasvegasweekly.com/news/2020/aug/20/school-spirit-with-no-athletics-extracurriculars/>

<https://lasvegasweekly.com/news/2020/aug/20/students-exhibit-signs-of-depression-isolation/>

<https://www.imdb.com/title/tt4470384/>

<https://www.reviewjournal.com/news/politics-and-government/nevada/2023-legislature/advocates-applaud-mental-health-money-but-say-more-is-needed-2715903/>

<https://www.reviewjournal.com/opinion/commentary-virus-prompts-mental-health-crisis-in-our-youth-2366884/>

EXHIBIT 9

EXHIBIT 9

MEDICAL RECORDS

This exhibit contains personal medical information, records of a patient or other personal identifying information that is confidential and otherwise protected from disclosure to the public pursuant to NRS 622.310.

5

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28982-1

6 **Against:**

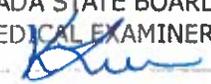
FILED

7 **ABDOLLAH ASSAD, M.D.,**

AUG 14 2024

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Abdollah Assad, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code
15 (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating
16 the IC's charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 10883). Respondent was
19 originally licensed by the Board on April 8, 2004.

20 2. Patient A² was a thirty-one (31) year-old female at the time of the events at issue.

21 3. During the relevant time period, Patient A was a long-established psychiatric
22 patient of Respondent, having regular visits being under Respondent's care and treatment since
23 June 23, 2011. During these regular visits, Respondent documented a history of anxiety and
24 problematic relationships that included her difficult relationship with her boyfriend on repeated
25 occasions. Respondent's records from these visits are handwritten and largely illegible.

26
27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
Complaint was authorized for filing, was composed of Board members Chowdhury H. Ahsan, M.D., Ph.D, FACC,
28 Ms. Pamela J. Beal and Irwin B. Simon, M.D., FACS.

² Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient
Designation served upon Respondent along with a copy of this Complaint.

1 inappropriate sexual relationship with Patient A while still continuing to see her as his patient and
2 prescribe her Adderall.

3 12. By reason of the foregoing, Respondent is subject to discipline by the Board as
4 provided in NRS 630.352.

5 **COUNT II**

6 **NRS 630.304(5) – Influencing a Patient to Engage in Sexual Activity**

7 13. All of the allegations contained in the above paragraphs are hereby incorporated by
8 reference as though fully set forth herein.

9 14. NRS 630.304(5) provides that influencing a patient in order to engage in sexual
10 activity with the patient or others is grounds for initiating disciplinary action.

11 15. As demonstrated by, but not limited to, the above-outlined facts, Respondent
12 influenced Patient A by failing to properly admit her to an appropriate care facility or get
13 Patient A emergency assistance following a suicide attempt despite her documented history of
14 troubled relationships, but instead took Patient A to a motel and engaged in sexual intercourse
15 with her.

16 16. By reason of the foregoing, Respondent is subject to discipline by the Board as
17 provided in NRS 630.352.

18 **COUNT III**

19 **NRS 630.301(5) – Engaging in Sexual Activity with a Patient**

20 17. All of the allegations contained in the above paragraphs are hereby incorporated by
21 reference as though fully set forth herein.

22 18. NRS 630.301(5) provides that engaging by a practitioner in any sexual activity
23 with a patient who is currently being treated by the practitioner constitutes grounds for initiating
24 disciplinary action.

25 19. As demonstrated by, but not limited to, the above-outlined facts, Respondent
26 engaged in sexual intercourse with Patient A and subsequently continued to prescribe controlled
27 substances to her as her physician.

28 ///

COUNT VI

**NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient
Relationship for Financial or Personal Gain**

29. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

30. NRS 630.301(7) provides that “engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain” is grounds for initiating discipline against a licensee.

31. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of a patient and exploited the relationship between the Respondent and Patient A by gaining intimate knowledge of Patient A during psychiatric treatment, and subsequently engaging in a sexual relationship with Patient A while she was in a vulnerable state.

32. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 14th day of August, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


IAN J. CUMINGS
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., Ph.D., FACC, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 14th day of August, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

CHOWDHURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28982-1

6 **Against:**

(FILED UNDER SEAL)

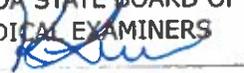
7 **ABDOLLAH ASSAD, M.D.,**

FILED

8 **Respondent.**

AUG 14 2024

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10
11 **PATIENT DESIGNATION**
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) hereby submits its **PATIENT DESIGNATION** to identify the true and correct identity of the patient(s) referenced in the filed formal Complaint, Case No. 24-28982-1.

1. Patient A's true and correct identity is as follows:

Name: [REDACTED]
DOB: [REDACTED]

DATED this 14th day of August, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

IAN J. CUMINGS
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28982-1

6 **Against:**

FILED

7 **ABDOLLAH ASSAD, M.D.,**

AUG 19 2024

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 **PROOF OF SERVICE**

11 I, Meg Byrd, Legal Assistant for the Nevada State Board of Medical Examiners, hereby
12 certify that on August 14, 2024, I sent the **COMPLAINT** and **PATIENT DESIGNATION**, as
13 well as required fingerprinting card with instructions to:

14 **ABDOLLAH ASSAD, M.D.**
15 **1261 E. 9th Street**
16 **Reno, NV 89512**

17 **ABDOLLAH ASSAD, M.D.**
18 **c/o Lyn E. Beggs, Esq.**
19 **316 California Ave., Suite 863**
20 **Reno, NV 89519**

21 via USPS Certified Mail Tracking numbers 9171969009350254611929 (Assad) and
22 9171969009350254611936 (Beggs) and both packages were delivered on August 16, 2024.

23 **See Exhibit 1 and Exhibit 2.**

24 DATED this 16th day of August, 2024.



25 **MEG BYRD**
26 Legal Assistant
27 Nevada State Board of Medical Examiners
28 9600 Gateway Drive
Reno, Nevada 89521

EXHIBIT 1

EXHIBIT 1



August 16, 2024

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number:
9171 9690 0935 0254 6119 29.

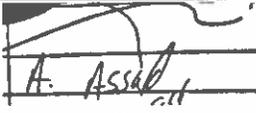
Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	August 16, 2024, 11:09 am
Location:	RENO, NV 89512
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™ Return Receipt Electronic

Shipment Details

Weight:	0.9oz
----------------	-------

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

EXHIBIT 2

EXHIBIT 2



August 16, 2024

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number: **9171 9690 0935 0254 6119 36**.

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	August 16, 2024, 10:58 am
Location:	RENO, NV 89509
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™ Return Receipt Electronic

Shipment Details

Weight:	0.6oz
----------------	-------

Recipient Signature

Signature of Recipient:	
Address of Recipient:	316 California

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and**
6 **Complaint Against:**
7 **ABDOLLAH ASSAD, M.D.,**
8 **Respondent.**

Case No. 24-28982-1
Case No. 24-28982-2

FILED
NOV 19 2024
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: _____

9
10 **ORDER STAYING PROCEEDINGS**

11 **TO:** Ian Cumings, Esq.
12 Deputy General Counsel
13 Nevada State Board of Medical Examiners
14 9600 Gateway Drive
15 Reno, NV 89521

14 ~and~

15 Abdollah Assad, M.D.
16 c/o Responent's Attorney
17 Lyn E. Beggs, Esq.
18 Law Offices of Lyn E. Beggs
19 316 California Ave., Suite 863
20 Reno, NV 89509

19 **NOTICE IS HEREBY GIVEN** that the proceedings in these case are hereby stayed pending
20 confirmation of settlement.

21 Counsel for the Board is hereby instructed to contact this hearing officer and attorneys for the
22 respondent five (5) days after the next regularly scheduled Board meeting, December 13, 2024, to
23 advise whether the Board ratified the settlement agreement or to set a status conference in the event

24 //
25 //
26 //
27 //

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

the Board does not approve the settlement agreement.

IT IS SO ORDERED.

DATED this 12 day of November, 2024.



CHARLES BURCHAM, ESQ.
Email: charlie@northernnevadaadr.com
Tel: (775) 750-2998
Hearing Officer

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 19th day of November, 2024, I served a file-stamped copy of the foregoing **ORDER STAYING PROCEEDINGS**, via USPS Certified Mail, postage pre-paid, to the following parties:

ABDOLLAH ASSAD, M.D.
c/o Lyn E. Beggs
Law Offices of Lyn E. Beggs
316 California Ave., #863
Reno, NV 89519

9171 9690 0935 0255 7005 92

Tracking No.: _____

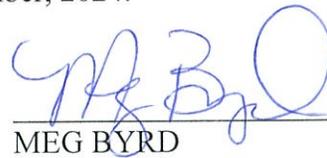
With courtesy copy by email to:

Lyn E. Beggs, Esq., at [lyn@lbeggslaw.com]

Ian J. Cumings, Senior Deputy General Counsel at
[icumings@medboard.nv.gov]

Charles Burcham, Esq. at [charlie@northernnevadaadr.com]

DATED this 19th day of November, 2024.



MEG BYRD

Legal Assistant

Nevada State Board of Medical Examiners



December 2, 2024

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number:
9171 9690 0935 0255 7005 92.

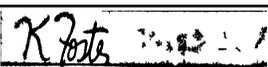
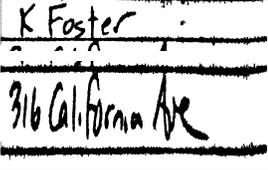
Item Details

Status:	Delivered, Front Desk/Reception/Mail Room
Status Date / Time:	November 20, 2024, 10:01 am
Location:	RENO, NV 89509
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™ Return Receipt Electronic

Shipment Details

Weight:	0.1oz
----------------	-------

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 *****

4
5 **In the Matter of Charges and**
6 **Complaint Against:**
7 **ABDOLLAH ASSAD, M.D.,**
8 **Respondent.**

Case No. 24-28982-1

FILED

DEC 20 2024

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

10
11 **SCHEDULING ORDER**

12 **TO:** Ian Cumings, Esq.
13 Deputy General Counsel
14 Nevada State Board of Medical Examiners
15 9600 Gateway Drive
16 Reno, NV 89521

~and~

16 ABDOLLAH ASSAD, M.D.
17 c/o Respondent's Attorney
18 Lyn E. Beggs, Esq.
19 Law Offices of Lyn E. Beggs
20 316 California Ave., Suite 863
21 Reno, NV 89509

22 On December 19, 2024, an Early Case Conference was held via conference call. The parties
23 appeared via their counsel: Ian Cumings, Esq. on behalf of the Investigative Committee of the
24 Nevada State Board of Medical Examiners and Lyn E. Beggs, Esq. on behalf of Respondent
25 Abdollah Assad, M.D. along with this Hearing Officer.

26 In compliance with 630.465, a prehearing conference will be conducted on **February 18,**
27 **2025** telephonically beginning at the hour of **10:00 a.m.** Counsel for the IC, Ian Cumings, Esq., will
28 initiate the call and add the parties to the line.

 All parties shall exchange witness and documents intended for use at the hearing on or before
the pre-hearing conference. This list shall include the qualifications and anticipated testimony of the

1 witness and the Bates stamp numbers on each of the exhibits. If a witness is not included on the list,
2 that witness may not be allowed to testify at the hearing unless good cause is shown for their
3 testimony. Likewise, if a document has not been listed in a prehearing conference statement, it may
4 not be admitted into evidence unless good cause is shown for its admittance.

5 All prehearing motions shall be served on all parties and this hearing officer by **February 25,**
6 **2025.** Responses and Oppositions to pre-hearing motions shall be served on or before **March 10,**
7 **2025,** at which time the motions shall be deemed submitted for decision. Service of prehearing
8 motions, responses and oppositions may be effectuated by U.S. Mail or by electronic mail (e-mail) to
9 all parties known email addresses and this hearing officer. **Service on the Hearing Officer must be**
10 **by e-mail.**

11 The formal hearing in this matter is hereby scheduled for **March 17, 2025** at the hour of **9**
12 **a.m.** and **March 18, 2025** at the hour of **9 a.m.** and will be held at the office of the Board of Medical
13 Examiners at 9600 Gateway Drive, Reno, Nevada 89521. A court reporter will take take sworn
14 testimony during the formal hearing and will produce a transcript to the hearing officer and all parties
15 at their request and at their expense.

16 Once the formal hearing is concluded the hearing officer will submit to the Board a synopsis
17 of the testimony recorded by the court reporter and will make a recommendation on the veracity of
18 witnesses, if there is conflicting evidence or if credibility of witnesses is a determining factor, and
19 thereafter the Board will render its decision. *See* NAC 630.470.

20 Witnesses and parties may appear remotely, and the party or parties planning on calling
21 witnesses remotely shall identify the name of such witnesses by e-mail to counsel and the Hearing
22 Officer no later than **March 10, 2025.**

23 Stipulation to stay the above dates shall be made to the hearing officer either by email or by
24 formal, filed stipulation as soon as the parties are aware of the necessity for a stay. Any stay request
25 will require a status conference to be set unless a formal settlement agreement is being presented to
26 the Board at the next regularly held Board meeting. If a formal settlement agreement is being placed
27 on the Board meeting agenda, notification of acceptance or denial of the settlement agreement by the
28

1 Board shall be delivered to this hearing officer no later than five (5) days after the Board meeting by
2 the Board attorney.

3 All parties to this case are required to keep the hearing office informed of events, progress
4 and resolution of this case.

5 **IT IS SO ORDERED.**

6 DATED this 19 day of December, 2024.

7
8 
9 _____
10 Charles Burcham, Esq.
11 Email: charlie@northernnevadaadr.com
12 Tel: (775) 750-2998
13 *Hearing Officer*

11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 20th day of December, 2024, I served a file-stamped copy of the foregoing **SCHEDULING ORDER**, via USPS Certified Mail, postage pre-paid, to the following parties:

ABDOLLAH ASSAD, M.D.
c/o Lyn E. Beggs
Law Offices of Lyn E. Beggs
316 California Ave., #863
Reno, NV 89519

Tracking No.: 9171 9690 0935 0254 6091 62

With courtesy copy by email to:

Lyn E. Beggs, Esq., at [lyn@lbeggslaw.com]

Ian J. Cumings, Senior Deputy General Counsel at
[icumings@medboard.nv.gov]

Charles Burcham, Esq. at [charlie@northernnevadaadr.com]

DATED this 20th day of December, 2024.



MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners



January 6, 2025

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number:
9171 9690 0935 0254 6091 62.

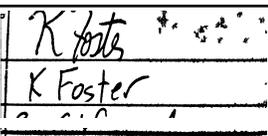
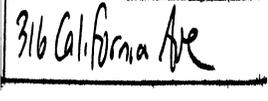
Item Details

Status: Delivered, Front Desk/Reception/Mail Room
Status Date / Time: December 26, 2024, 9:58 am
Location: RENO, NV 89509
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Return Receipt Electronic

Shipment Details

Weight: 0.1oz

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28982-1

6 **Against:**

FILED

7 **ABDOLLAH ASSAD, M.D.,**

FEB 14 2025

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

9
10 **PREHEARING CONFERENCE STATEMENT OF THE INVESTIGATIVE**
11 **COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS**

12 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners
13 (Board) submits the following Prehearing Conference Statement in accordance with
14 NAC 630.465 and the Hearing Officer's Scheduling Order filed on December 20, 2024.

15 **I. LIST OF WITNESSES**

16 The IC of the Board lists the following witnesses whom it may call at the hearing on the
17 charges in the Complaint against Respondent filed herein:

- 18 a. Ernesto Diaz, Chief of Investigations or his designee
19 Nevada State Board of Medical Examiners
20 9600 Gateway Drive
21 Reno, NV 89521

22 Mr. Diaz is expected to verify documentary evidence obtained during the investigation of this case
23 and testify regarding the investigation of this matter and any other matter deemed necessary at the
24 time of the hearing.

- 25 b. Patient A
26 c/o Nevada State Board of Medical Examiners
27 9600 Gateway Drive
28 Reno, NV 89521

29 Patient A is expected to testify as to her knowledge related the allegations in the Complaint, will
30 authenticate records, and any other matter deemed necessary at the time of the hearing.

1 c. Abdollah Assad, M.D.
2 c/o Lyn E. Beggs, Esq.
3 Law Offices of Lyn E. Beggs
4 316 California Ave., Suite 863
5 Reno, NV 89509

6 Dr. Assad is expected to testify regarding the facts and circumstances surrounding the formal
7 Complaint in this case and any other matter deemed necessary at the time of the hearing.

8 d. Lisa Durette, M.D.
9 3014 West Charleston Blvd., Suite 130
10 Las Vegas, NV 89102

11 Dr. Durette is Board-Certified with the American Board of Preventive Medicine and the American
12 Board of Psychiatry and Neurology and is licensed to practice medicine in the State of Nevada.
13 Dr. Durette has conducted a medical review of this case and is expected to testify regarding her
14 medical review of this matter and the applicable standard of care and any other matter deemed
15 necessary at the time of the hearing.

16 e. All witnesses identified by Respondent in his prehearing conference statement
17 and/or in any subsequent amended, revised or supplemental prehearing conference statement, or
18 list of witnesses disclosed by Respondent of persons she may call to testify at the hearing herein.

19 The IC reserves the right to amend and supplement this list as required for prosecution of
20 this case.

21 II. LIST OF EXHIBITS

22 The IC of the Board lists the following exhibits that it may introduce at the hearing on the
23 charges and formal Complaint against the Respondent. Additionally, the IC of the Board reserves
24 the right to rely on all exhibits listed in Respondent's prehearing conference statement and any
25 supplement and/or amendment thereof.

26 EXHIBIT NO.	27 DESCRIPTION	28 BATES RANGE (NSBME)
1	Allegation Letter to Respondent dated November 16, 2021	001-005
2	Second Request Allegation Letter to Respondent dated January 4, 2022	006-008

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

EXHIBIT NO.	DESCRIPTION	BATES RANGE (NSBME)
3	Response Letter from Respondent dated January 11, 2022	009-013
4	Medical Records from Abdollah Assad, M.D. requested by the Board's Investigations Division	014-028
5	Petition to Establish Paternity and Custody, filed in Second Judicial District Court – Family Court Case No. FV21-01226	029-128
6	Deposition of Patient A dated June 12, 2023 taken in Second Judicial Family Court Case No. FV21-01226	129-419
7	Pharmacy Records from Walgreens Pharmacy requested by the Board's Investigations Division	420-470
8	Curriculum Vitae of Lisa Durette, M.D., DFAPA, DFAACAP	471-478

The IC reserves the right to use any exhibits relied upon or identified by Respondent and reserves the right to amend and supplement this list of exhibits as required prior to the Prehearing Conference.

DATED this 14th day of February, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

IAN J. CUMINGS
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 14th day of February, 2025, I served a file-stamped copy of the foregoing PREHEARING CONFERENCE STATEMENT OF THE INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS, via Federal Express Overnight, postage pre-paid, to the following parties:

ABDOLLAH ASSAD, M.D.
c/o Lyn E. Beggs
Law Offices of Lyn E. Beggs
316 California Ave., #863
Reno, NV 89519
Respondent

Charles Burcham, Esq.
4255 Ross Drive
Reno, NV 89519
Hearing Officer

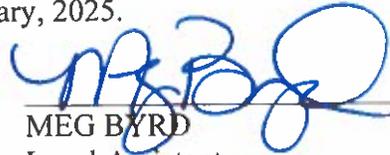
Respondent Tracking No.: 772091932210

Hearing Officer Tracking No.: 772092123036

With courtesy copy without exhibits by email to:

Lyn E. Beggs, Esq., at [lyn@lbeeggslaw.com]
Charles Burcham, Esq., at [charlie@northernnevadaadr.com]

DATED this 14th day of February, 2025.


MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners

Dear Customer,

The following is the proof-of-delivery for tracking number: 772091932210

Delivery Information:

Status:	Delivered	Delivered To:	Shipping/Receiving
Signed for by:	K.Fostet	Delivery Location:	316 CALIFORNIA AVE# 2
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday; Adult Signature Required		RENO, NV, 89519
		Delivery date:	Feb 17, 2025 09:47

Shipping Information:

Tracking number:	772091932210	Ship Date:	Feb 14, 2025
		Weight:	0.5 LB/0.23 KG

Recipient:

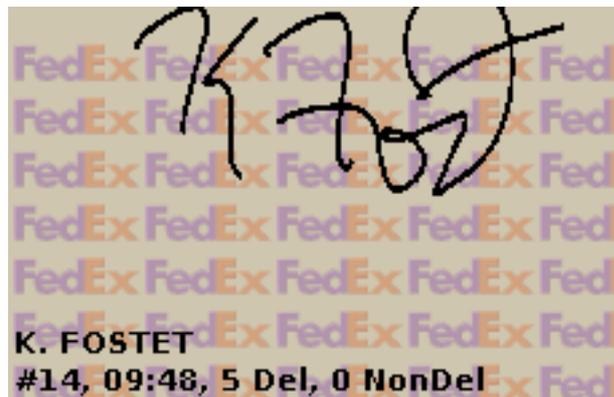
Lyn E. Beggs, Law Offices of Lyn E Beggs
316 California Ave #863
RENO, NV, US, 89519

Shipper:

Meg Byrd, Nevada State Board of Med Exam
9600 Gateway Drive
RENO, NV, US, 89521

Reference

Assad 24-28982-1





February 18, 2025

Dear Customer,

The following is the proof-of-delivery for tracking number: 772092123036

Delivery Information:

Status:	Delivered	Delivered To:	Residence
Signed for by:	Signature not required	Delivery Location:	4255 ROSS DR
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday; Residential Delivery		RENO, NV, 89519
		Delivery date:	Feb 17, 2025 15:55

Shipping Information:

Tracking number:	772092123036	Ship Date:	Feb 14, 2025
		Weight:	0.5 LB/0.23 KG

Recipient:
Charles Burcham, Esq.,
4255 Ross Drive
RENO, NV, US, 89519

Shipper:
Meg Byrd, Nevada State Board of Med Exam
9600 Gateway Drive
RENO, NV, US, 89521

Reference Assad 24-28982-1

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Thank you for choosing FedEx

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**
3

4 In the Matter of Charges and Complaint)
5)
6 Against:)
7)
8 ABDOLLAH ASSAD, M.D.)
9)
10 Respondent.)

Complaint No. 24-28982-1

FILED

FEB 18 2025

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

11 _____
12 PRE-HEARING CONFERENCE STATEMENT OF RESPONDENT

13 COMES NOW, Respondent, Abdollah Asad, M.D., by and through counsel, and in
14 accordance with Nevada Administrative Code (NAC) section 630.465, submits his Pre-Hearing
15 Statement providing notice of anticipated witnesses for purposes of the hearing currently set in
16 this matter.
17

18 Anticipated Witnesses

19 Dr. Assad anticipates calling the following witnesses during the hearing held in this
20 matter:

- 21 1) **Abdollah Assad, M.D.**
22 c/o Law Offices of Lyn E. Beggs, PLLC
23 316 California Ave, #863
24 Reno, NV 89509

25 Dr. Assad is expected to testify regarding his care and treatment of Patient A and the
26 termination of the patient/physician relationship. Dr. Assad will additionally testify as to his
27 education, training, and experience as a psychiatrist.

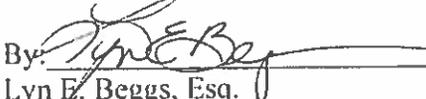
- 28 2) **Ladan Assad Dehbozorgi**

Mrs. Assad Dehbozorgi is expected to testify regarding her personal knowledge of Dr.

1 Assad's mental status at the time of the events in question in the Complaint and subsequent to
2 those events.

3 3) Any witnesses identified by the Investigative Committee in its Pre-Hearing
4 Conference Statement and any amendments thereto.
5

6 DATED this 16th day of February, 2025.
7

8 By: 
9 Lyn E. Beggs, Esq.
10 328 California Ave. Ste 3
11 Reno, NV 89509
12 775-432-1918
13 Attorney for Respondent
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and**
6 **Complaint Against:**
7 **ABDOLLAH ASSAD, M.D.,**
8 **Respondent.**

Case No. 24-28982-1

FILED

MAR 06 2025

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: *Small*

10
11 **AMENDED SCHEDULING ORDER**

12 **TO:** Ian Cumings, Esq.
13 Senior Deputy General Counsel
14 Nevada State Board of Medical Examiners
15 9600 Gateway Drive
16 Reno, NV 89521

17 ~and~

18 ABDOLLAH ASSAD, M.D.
19 c/o Respondent's Attorney
20 Lyn E. Beggs, Esq.
21 Law Offices of Lyn E. Beggs
22 316 California Ave., Suite 863
23 Reno, NV 89509

24 On February 18, 2025, the parties, through their counsel, and the undersigned Hearing Officer
25 conducted the prehearing conference. At the conference, counsel agreed to move the hearing date
26 from March 17, 2025 to a later date. Subsequent emails between counsel and the Hearing Officer
27 arrived at a new hearing date of **July 14, 2025**.

28 Accordingly, The formal hearing in this matter is hereby re-scheduled for **July 14, 2025** at the
hour of **9 a.m.** and will be held at the office of the Board of Medical Examiners at 9600 Gateway
Drive, Reno, Nevada 89521.

The prehearing conference has already been held, and the parties have submitted their
prehearing conference statements. If counsel desire a supplemental prehearing conference then one

1 can be scheduled. A request for same may be made by email on or before **June 2, 2025**.
2 All prehearing motions shall be served on all parties and this hearing officer by **June 20,**
3 **2025**. Responses and Oppositions to pre-hearing motions shall be served on or before **June 30, 2025**
4 at which time the motions shall be deemed submitted for decision. Service of prehearing
5 motions, responses and oppositions may be effectuated by U.S. Mail or by electronic mail (e-mail) to
6 all parties known email addresses and this hearing officer. **Service on the Hearing Officer must be**
7 **by e-mail.**
8 Witnesses and parties may appear remotely, and the party or parties planning on calling
9 witnesses remotely shall identify the name of such witnesses by e-mail to counsel and the Hearing
10 Officer no later than **July 3, 2025**.
11 All parties to this case are required to keep the hearing office informed of events, progress and
12 resolution of this case.
13 Other provisions in the prior Scheduling Order not in conflict with the foregoing remain in
14 effect.
15 **IT IS SO ORDERED.**
16 DATED this 6 day of March, 2025.
17
18 
19 _____
20 Charles Burcham, Esq.
21 Email: charlie@northernnevadaadr.com
22 Tel: (775) 750-2998
23 *Hearing Officer*
24
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 6th day of March, 2025, I served a file-stamped copy of the foregoing **AMENDED SCHEDULING ORDER**, via USPS Certified Mail, postage pre-paid, to the following parties:

ABDOLLAH ASSAD, M.D.
c/o Lyn E. Beggs
Law Offices of Lyn E. Beggs
316 California Ave., #863
Reno, NV 89519

9171 9690 0935 0255 7022 82

Tracking No.: _____

With courtesy copy by email to:

Lyn E. Beggs, Esq., at [lyn@lbeeggslaw.com]

Ian J. Cumings, Senior Deputy General Counsel at [icumings@medboard.nv.gov]

Charles Burcham, Esq. at [charlie@northernnevadaadr.com]

DATED this 6th day of March, 2025.



MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners



March 10, 2025

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number:
9171 9690 0935 0255 7022 82.

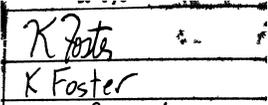
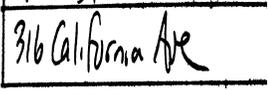
Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	March 7, 2025, 10:22 am
Location:	RENO, NV 89509
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™ Return Receipt Electronic

Shipment Details

Weight:	0.1oz
----------------	-------

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28982-1

6 **Against:**

7 **ABDOLLAH ASSAD, M.D.,**

8 **Respondent.**

FILED

JUN 17 2025

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

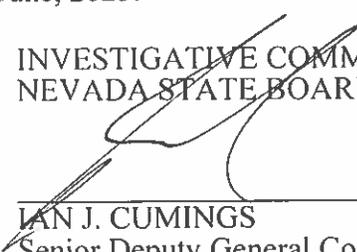
9
10 **INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL**
11 **EXAMINERS' REQUEST FOR REMOTE APPEARANCE OF WITNESS**

12 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board),
13 by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC, hereby files
14 its Request for Remote Appearance of Witness pursuant to the Amended Scheduling Order filed
15 March 6, 2024.

16 It is requested by the IC that Lisa A. Durette, DFAPA, DFAACAP, listed as a witness in its
17 Prehearing Conference Statement dated February 14, 2025, be given permission to testify remotely
18 at the hearing scheduled July 14, 2025.

19 DATED this 17 day of June, 2025.

20 INVESTIGATIVE COMMITTEE OF THE
21 NEVADA STATE BOARD OF MEDICAL EXAMINERS

22 By: 

23 **IAN J. CUMINGS**
24 Senior Deputy General Counsel
25 9600 Gateway Drive
26 Reno, NV 89521
27 Tel: (775) 688-2559
28 Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 17th day of June, 2025, I served a file-stamped copy of the foregoing INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS' REQUEST FOR REMOTE APPEARANCE OF WITNESS via USPS Certified Mail, postage pre-paid, to the following parties:

ABDOLLAH ASSAD, M.D.
c/o Lyn E. Beggs
Law Offices of Lyn E. Beggs
316 California Ave., #863
Reno, NV 89519

Tracking No.: 9489 0178 9820 3037 2103 55

With courtesy copy by email to:

Lyn E. Beggs, Esq., at [lyn@lbeggsllaw.com]

Ian J. Cumings, Senior Deputy General Counsel at
[icumings@medboard.nv.gov]

Charles Burcham, Esq. at [charlie@northernnevadaadr.com]

DATED this 17th day of June, 2025.



MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28982-1

6 **Against:**

FILED

7 **ABDOLLAH ASSAD, M.D.,**

JUN 23 2025

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 **SUBPOENA FOR TESTIMONY**

11 The Investigative Committee of the Nevada State Board of Medical Examiners sends
12 greetings to:



13
14
15 Pursuant to the authority of NRS 630.140(1), you are hereby ordered, that all singular,
16 business and excuses set aside, that you appear at the office of the Nevada State Board of Medical
17 Examiners, located at 9600 Gateway Drive, Reno, Nevada 89521 on the 14th day of July, 2025, at
18 9:00 a.m. to testify in the above-entitled action.

19 Should you fail to comply with this subpoena, the Investigative Committee may seek relief as
20 provided in NRS 630.140(3).

21 DATED this 17th day of June, 2025.

22 INVESTIGATIVE COMMITTEE OF THE
23 NEVADA STATE BOARD OF MEDICAL EXAMINERS

24 By:



25 **GHOWDHURY H. AHSAN, M.D., Ph.D., FACC**
26 *Chairman of the Investigative Committee*

27 9489 0178 9820 3037 2103 62

28 Issued by:
Ian J. Cumings, Senior Deputy General Counsel
9600 Gateway Drive, Reno, NV 89521

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT A
NEVADA RULES OF CIVIL PROCEDURE – RULE 45

Protection of Persons Subject to Subpoena.

(1) **Avoiding Undue Burden or Expense; Sanctions.** A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The court that issued the subpoena must enforce this duty and may impose an appropriate sanction—which may include lost earnings and reasonable attorney fees—on a party or attorney who fails to comply.

(2) **Command to Produce Materials or Permit Inspection.**

(A) **Appearance Not Required.**

(i) A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.

(ii) If documents, electronically stored information, or tangible things are produced to the party that issued the subpoena without an appearance at the place of production, that party must, unless otherwise stipulated by the parties or ordered by the court, promptly copy or electronically reproduce the documents or information, photograph any tangible items not subject to copying, and serve these items on every other party. The party that issued the subpoena may also serve a statement of the reasonable cost of copying, reproducing, or photographing, which a party receiving the copies, reproductions, or photographs must promptly pay. If a party disputes the cost, then the court, on motion, must determine the reasonable cost of copying the documents or information, or photographing the tangible items.

(B) **Objections.** A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, or a person claiming a proprietary interest in the subpoenaed documents, information, tangible things, or premises to be inspected, may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing, or sampling any or all of the materials or to inspecting the premises—or to producing electronically stored information in the form or forms requested. The person making the objection must serve it before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made:

(i) the party serving the subpoena is not entitled to inspect, copy, test, or sample the materials or tangible things or to inspect the premises except by order of the court that issued the subpoena;

(ii) on notice to the parties, the objecting person, and the person commanded to produce or permit inspection, the party serving the subpoena may move the court that issued the subpoena for an order compelling production or inspection; and

(iii) if the court enters an order compelling production or inspection, the order must protect the person commanded to produce or permit inspection from significant expense resulting from compliance.

(3) **Quashing or Modifying a Subpoena.**

(A) **When Required.** On timely motion, the court that issued a subpoena must quash or modify the subpoena if it:

(i) fails to allow reasonable time for compliance;

(ii) requires a person to travel to a place more than 100 miles from the place where that person resides, is employed, or regularly transacts business in person, unless the person is commanded to attend trial within Nevada;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to an undue burden.

1 (B) **When Permitted.** On timely motion, the court that issued a subpoena may quash or
2 modify the subpoena if it requires disclosing:

3 (i) a trade secret or other confidential research, development, or commercial
4 information; or

5 (ii) an unretained expert's opinion or information that does not describe specific
6 occurrences in dispute and results from the expert's study that was not requested by a party.

7 (C) **Specifying Conditions as an Alternative.** In the circumstances described in Rule
8 45(c)(3)(B), the court may, instead of quashing or modifying a subpoena, order an appearance or
9 production under specified conditions if the party serving the subpoena:

10 (i) shows a substantial need for the testimony or material that cannot be otherwise
11 met without undue hardship; and

12 (ii) ensures that the subpoenaed person will be reasonably compensated.

13 (d) **Duties in Responding to a Subpoena.**

14 (1) **Producing Documents or Electronically Stored Information.** These procedures apply
15 to producing documents or electronically stored information:

16 (A) **Documents.** A person responding to a subpoena to produce documents must
17 produce them as they are kept in the ordinary course of business or must organize and label them to
18 correspond to the categories in the demand.

19 (B) **Form for Producing Electronically Stored Information Not Specified.** If a
20 subpoena does not specify a form for producing electronically stored information, the person
21 responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably
22 usable form or forms.

23 (C) **Electronically Stored Information Produced in Only One Form.** The person
24 responding need not produce the same electronically stored information in more than one form.

25 (D) **Inaccessible Electronically Stored Information.** The person responding need not
26 provide discovery of electronically stored information from sources that the person identifies as not
27 reasonably accessible because of undue burden or cost. On motion to compel discovery or for a
28 protective order, the person responding must show that the information is not reasonably accessible
because of undue burden or cost. If that showing is made, the court may nonetheless order discovery
from such sources if the requesting party shows good cause, considering the limitations of Rule
26(b)(2)(C). The court may specify conditions for the discovery.

(2) **Claiming Privilege or Protection.**

(A) **Information Withheld.** A person withholding subpoenaed information under a
claim that it is privileged or subject to protection as trial-preparation material must:

(i) expressly make the claim; and

(ii) describe the nature of the withheld documents, communications, or tangible
things in a manner that, without revealing information itself privileged or protected, will enable the
parties to assess the claim.

(B) **Information Produced.** If information produced in response to a subpoena is
subject to a claim of privilege or of protection as trial-preparation material, the person making the
claim may notify any party that received the information of the claim and the basis for it. After being
notified, a party must promptly return, sequester, or destroy the specified information and any copies it
has; must not use or disclose the information until the claim is resolved; must take reasonable steps to
retrieve the information if the party disclosed it before being notified; and may promptly present the
information under seal to the court for a determination of the claim. The person who produced the
information must preserve the information until the claim is resolved.



June 23, 2025

Dear Meg Byrd:

The following is in response to your request for proof of delivery on your item with the tracking number:
9489 0178 9820 3037 2103 62.

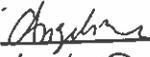
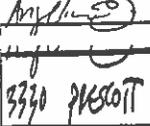
Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	June 20, 2025, 12:39 pm
Location:	RENO, NV 89509
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™ Return Receipt Electronic

Shipment Details

Weight:	0.1oz
----------------	-------

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-28982-1

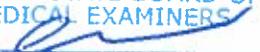
6 **Against:**

FILED

7 **ABDOLLAH ASSAD, M.D.,**

JUN 27 2025

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

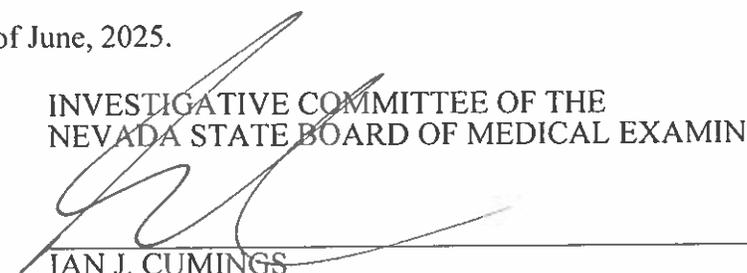
9
10 **INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL**
11 **EXAMINERS' SUPPLEMENTAL REQUEST FOR**
12 **REMOTE APPEARANCE OF WITNESS**

13 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board),
14 by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC, hereby files
15 its Supplemental Request for Remote Appearance of Witness pursuant to the Amended Scheduling
16 Order filed March 6, 2024.

17 It is requested by the IC that Patient A, listed as a witness in its Prehearing Conference
18 Statement dated February 14, 2025, be given permission to testify remotely at the hearing scheduled
19 July 14, 2025.

20 DATED this 27th day of June, 2025.

21 INVESTIGATIVE COMMITTEE OF THE
22 NEVADA STATE BOARD OF MEDICAL EXAMINERS

23 By: 

24 IAN J. CUMINGS
25 Senior Deputy General Counsel
26 9600 Gateway Drive
27 Reno, NV 89521
28 Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 27th day of June, 2025, I served a file-stamped copy of the foregoing INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS' REQUEST FOR REMOTE APPEARANCE OF WITNESS via USPS Certified Mail, postage pre-paid, to the following parties:

ABDOLLAH ASSAD, M.D.
c/o Lyn E. Beggs
Law Offices of Lyn E. Beggs
316 California Ave., #863
Reno, NV 89519

Tracking No.: 9171 9690 0935 0255 6840 69

With courtesy copy by email to:

Lyn E. Beggs, Esq., at [lyn@lbeggslaw.com]

Ian J. Cumings, Senior Deputy General Counsel at
[icumings@medboard.nv.gov]

Charles Burcham, Esq. at [charlie@northernnevadaadr.com]

DATED this 27th day of June, 2025.



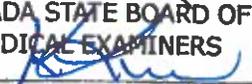
MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 *****

4
5 **In the Matter of Charges and Complaint**
6 **Against:**
7 **ABDOLLAH ASSAD, M.D.,**
8 **Respondent.**

Case No. 24-28982-1
FILED
JUL 11 2025
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

9
10 **STIPULATION FOR AGREED UPON FACTS OF CASE AT FORMAL HEARING**

11 The parties, The Investigative Committee (IC) of the Nevada State Board of Medical
12 Examiners (Board) by and through its counsel Ian J. Cumings, Senior Deputy General Counsel and
13 Respondent, Abdollah Assad, M.D. by and through his counsel Lyn E. Beggs, Esq. hereby stipulate
14 that the following facts are not in dispute and are hereby stipulated for the purposes of the formal
15 hearing scheduled July 14, 2025.

- 16 1. Patient A was a longtime patient of Respondent since June 23, 2011.
- 17 2. Throughout Patient A's treatment with Respondent, Patient A had a documented
18 history of anxiety, and problems with relationships and her longtime boyfriend.
- 19 4. A first sexual encounter took place in October, 2020.
- 20 a. On the date of the first sexual encounter, Patient A contacted Respondent from a hotel
21 room.
- 22 b. Respondent met Patient A at the motel room; they went to another hotel where they
23 engaged in sexual relations.
- 24 d. Following the October, 2020 sexual encounter, Patient A became pregnant.
- 25 5. Patient A gave birth to a child in June 2021; Respondent was determined to be the
26 father of the child.

27 ///
28 ///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

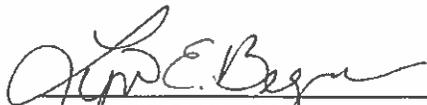
6. Respondent refilled Patient A's prescription for Adderall on October 16, 2020.

DATED this 11th day of July, 2025.

DATED this 11th day of July, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

LAW OFFICES OF LYN E. BEGGS



IAN J. CUMINGS
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Email: ICumings@medboard.nv.gov
Tel: (775) 688-2559
Counsel for the Investigative Committee

LYN E. BEGGS, ESQ.
316 California Ave., #863
Reno, NV 89509
Email: Lyn@lbeggsllaw.com
Tel: (775) 432-1918
Counsel for Respondent

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF SERVICE

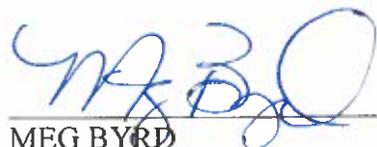
I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 11th day of July, 2025, I served a file-stamped copy of the foregoing **STIPULATION FOR AGREED UPON FACTS OF ASE AT FORMAL HEARING**, via email to the following parties:

Lyn E. Begg, Esq., at [lyn@lbeggslaw.com]

Ian J. Cumings, Senior Deputy General Counsel at [icumings@medboard.nv.gov]

Charles Burcham, Esq. at [charlie@northernnevadaadr.com]

DATED this 11th day of July, 2025.



MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 24-28982-1

Against:

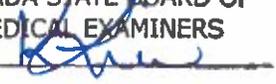
FILED

ABDOLLAH ASSAD, M.D.,

JUL 11 2025

Respondent.

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

STIPULATION FOR ADMISSION OF EXHIBITS AT FORMAL HEARING

The parties, The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) by and through its counsel Ian J. Cumings, Senior Deputy General Counsel and Respondent, Abdollah Assad, M.D. by and through his counsel Lyn E. Beggs, Esq. hereby stipulate that all Exhibits presented in the IC's Prehearing Conference Statement may be admitted by the Hearing Officer at the formal hearing scheduled July 14, 2025, without objection.

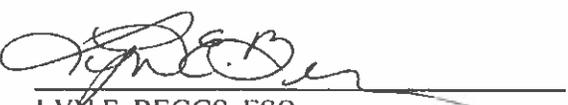
DATED this 11th day of July, 2025.

DATED this 11th day of July, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

LAW OFFICES OF LYN E. BEGGS


IAN J. CUMINGS
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Email: ICumings@medboard.nv.gov
Tel: (775) 688-2559
Counsel for the Investigative Committee


LYN E. BEGGS, ESQ.
316 California Ave., #863
Reno, NV 89509
Email: Lyn@lbcggsllaw.com
Tel: (775) 432-1918
Counsel for Respondent

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF SERVICE

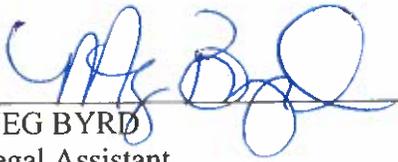
I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 11th day of July, 2025, I served a file-stamped copy of the foregoing **STIPULATION FOR ADMISSION OF EXHIBITS AT FORMAL HEARING**, via email to the following parties:

Lyn E. Begs, Esq., at [lyn@lbeggslaw.com]

Ian J. Cumings, Senior Deputy General Counsel at [icumings@medboard.nv.gov]

Charles Burcham, Esq. at [charlie@northernnevadaadr.com]

DATED this 11th day of July, 2025.



MEG BYRD
Legal Assistant
Nevada State Board of Medical Examiners