MEDICAL BOARD OF CALIFORNIA
CONSUMER COMPLAINT FORM

PERSON REGISTERING THE COMPLAINT

Please Print or Type

Mr. (Ms)
Name: Anderson (Last Name) Tiffany (First Name) (M.I.)

Mailing Address: 2 North Avena Avenue

Lodi (City) CA (State) 95240 (Zip)

Phone Number: 209-625-8587 (Daytime Number) 209-747-9095 (Evening Number) tiffanyanderson@me.com (Cell phone/E-mail address)

Mr. (Ms)
Patient Name: Anderson (Last Name) Tiffany (First Name) (M.I.)

Patient Date of Birth: 08-22-1970 **Your Relationship to Patient:** self

NATURE OF COMPLAINT

Please check the box which best describes the nature of your complaint and provide details on the next page

- [x] **Substandard Care** (e.g., Misdiagnosis, Negligent Treatment, Delay in Treatment, etc.)
- [ ] **Prescribing Issues** (e.g., excessive/under prescribing, Internet)
- [ ] **Unlicensed Provider orAiding/Abetting unlicensed practice**
- [ ] **Sexual Misconduct**
- [ ] **Physician/Provider Impairment** (e.g., Drug, Alcohol, Mental, Physical)
- [x] **Unprofessional Conduct** (e.g., Breach of Confidence, Record Alteration, Fraud, Misleading Advertising, Arrest or conviction)
- [ ] **Office Practice** (e.g., Failure to Provide Medical Records to Patient, Failure to Sign Death Certificate, Patient Abandonment)

Other _____

Notice: The information included on the complaint form is requested per Section 2220 of the Business and Professions Code. Except for the name of the physician, all information requested is voluntary, but failure to provide the requested information may delay or prevent the investigation of your complaint. Provide as much information as possible in connection with the complaint. The information on the complaint form will be used in part to determine whether a violation of State Law has occurred. If a violation is substantiated, the information may be transmitted to other government agencies, including the Attorney General's Office.

I wish to complain about the individual named below. I understand that the Medical Board does not assist citizens seeking return of their money or other personal remedies. I am, however, submitting this information so that it may be determined whether disciplinary action against this practitioner's license should be considered.

Check one:

☑ **Physician (M.D.)** ☐ **Podiatrist (DPM)** ☐ **Physician Assistant (PA)** ☐ **Registered Dispensing Optician (RDO)** ☐ **Midwife** ☐ **Unlicensed Provider**

COMPLAINT REGISTERED AGAINST **Please Print or Type**

Name: Eck (Last Name) Jon (First Name) L. (M.I.)

Office/Facility Name: U.S. HealthWorks **License No.** (If known): G67867

Street Address: 3663 E. Arch Road, Ste. 400 (Address) Stockton (City) CA (State) 95215 (Zip Code)

Phone Number: (209) 943-2202

Has the patient been examined/treated by another professional for this same condition?

☐ **No** ☑ **Yes** **If yes, provide name and address on the Authorization for Release of Medical Information**

Reason for Treatment: right knee injury

Date(s) of Treatment: 7/6/2011 - 7/18/2011

DETAILS OF COMPLAINT

(Attach additional sheets if necessary)

Please see attached two pages.

Claim # 7104454

Tiffany Anderson
2 North Avena Avenue
Lodi, CA 95240
209-625-8587

November 15, 2013

Medical Board of California
Central Complaint Unit

My right knee was injured during work on June 19th, 2008. I initially received care the next day at Dameron Occupational Health Care through August 12th, 2008 (eight total visits). This first treatment provider took a conservative approach and all precautions were taken to make my visits both comfortable and thorough. X-rays were immediately taken along with a complete examination. My first doctor listened to all of my complaints of pain and medical concerns. According to their findings and diagnosis, they gave proper medications to further treat and care for the injury.

The purpose of this letter is to file an official complaint against Dr. Jon L. Eck, who is employed by U.S. HealthWorks in Stockton, California. I was referred to Dr. Eck by my employer on July 6th, 2011. The care that I received from Dr. Eck was negligent in comparison to the care that I received previously in 2008 (see paragraph one).

I will attempt to explain how Dr. Eck's care in 2011 was unprofessional, neglectful, and unethical. On June 29th, 2011, I reinjured my right knee while at work. My right knee struck a metal post. I had undergone two surgeries on this knee since 2008. The metal post tore open the skin on my right knee including a incision point from my previous surgeries. The laceration was from my knee to my ankle. There was also bruising on my right leg and inner thigh. Dr. Eck took no x-rays on that initial visit nor did he thoroughly examine my injured right knee. Dr. Eck asked me to roll up my pant leg rather than actually see my whole leg; as a result he was only able to see up to half of my knee. Dr. Eck then sent me away to return to work, without restrictions. I was still in pain. As a result of releasing me to work, the open wound was exposed to dirty wastewater and pesticides that burned while I was fulfilling the duties of my job. I began to feel sick and experienced flu-like symptoms. Along with the exposure my knee injury was exacerbated by the physical elements of my job. Dr. Eck rescheduled a follow-up appointment for seven days later. I did not trust the lack of concern displayed by Dr. Eck and did not want to return to him for further treatment so I turned to my private physician for further treatment.

Realizing that this injury would need to be filed with the Division of Workers' Compensation, I returned to Dr. Eck on July 18th, 2011, with symptoms of continued severe knee pain along with new symptoms of fatigue, sore throat, fever and dizziness. Those new symptoms came from a virus; a virus that lasted for 5 months and required three rounds of antibiotics. My private physician's diagnosis was chronic fatigue. At the July 18th office visit with Dr. Eck, he twisted and torqued my knee in every direction, causing the pain to be worse than when I arrived. Dr. Eck again provided no beneficial care and sent me away, in severe pain. Everything I told Dr. Eck about my past surgeries/medical concerns/medical conditions particularly regarding my right knee were ignored, not taken into consideration.

TA

After the examination, Dr. Eck said he could do nothing more for me and I was again released back to work with no restrictions. Dr. Eck refused to prescribe any medication nor antibiotics to fight any possible infection that I had specifically requested.

I wrote a letter to my manager stating that I did not want to return to see Dr. Eck due to his lack of care and professionalism during my past two visits; he did nothing for me. As Dr. Eck had said he could do nothing more for me, going back to him seemed pointless. I felt hostility right from the start from Dr. Eck and sensed that he had pre-judged me from conversations that he had shared with my manager. Dr. Eck spoke directly to my manager several times about my injury; this violates HIPA law. In order to get my industrial injury the proper medical treatment, I contacted the Division of Workers' Compensation Information Assistance office. Pam Meyers of that office then discovered that my manager had never notified the company's insurance provider regarding these visits to Dr. Eck so Workers Compensation had not created a file on this injury. It appears my company paid Dr. Eck / U.S. HealthWorks directly.

Dr. Eck's treatment was unsatisfactory. I believe that his care was unprofessional, negligent, and unethical. Dr Eck's lack of duty to treat me caused additional harm to my medically supported complaint. Returning me to work without restrictions exposed me to actual further harm to my right knee. I respectfully request that your office investigate Dr. Eck and send me a letter to confirm. Thank you.

11-15-13

MEDICAL BOARD OF CALIFORNIA

Central Complaint Unit

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name	Date of Birth
Tiffany Anderson	08/22/70
Medical Record Number (If applicable)	Date of Death (If applicable)
U.S. HealthWorks 118168567	N/A
Control Number	Social Security No. (Optional)
	549-23-5133

I, the undersigned hereby authorize:

Physician/Facility Dr. Gary Murata/Alpine Orthopaedic Medical Group, Inc.

Address 2488 N. California Street

City/State/Zip Code Stockton/CA/95204

Phone Number(s) (209) 948-3333

Treatment Date(s) 8/16/2011 - 12/18/2012

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

Patient Signature _____ Date 11-15-13

or Legal Representative _____ Date _____

Relationship

NOTE: Failure by a physician, podiatrist or health care provider to provide the requested records within 15 days, or a health care facility in 30 days, of receipt of this request and authorization may constitute a violation of Section 2225.5 of the Medical Practice Act and may result in further action by the Board. This release is compliant with the requirements of HIPAA and Civil Code Section 56.11.

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2528 FAX: (916) 263-2435 www.mbc.ca.gov

MEDICAL BOARD OF CALIFORNIA

Central Complaint Unit

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name Tiffany Anderson	Date of Birth 08/22/70
Medical Record Number (If applicable) U.S. HealthWorks 118168567	Date of Death (If applicable) N/A
Control Number	Social Security No. (Optional) 549-23-5133

I, the undersigned hereby authorize:

Physician/Facility Dr. Eck/U.S. HealthWorks

Address 3663 E. Arch Road

City/State/Zip Code Stockton/CA/95215

Phone Number(s) (209) 943-2202

Treatment Date(s) 7/6/2011 - 7/18/2011

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MEDICAL BOARD OF CALIFORNIA
Central Complaint Unit

CONSUMER COMPLAINT FORM

Instructions for Filing Your Complaint

- ✓ Fill in the full name and address, telephone number, license number (if known) of the person your complaint is against. Also write this information in the first section of the Authorization for Release of Medical Records on the reverse side of the Complaint Detail Form.
- ✓ If the patient has seen another doctor for the **same** problem, include the name, address and date(s) of treatment on the release section of the complaint form.
- ✓ Write your complaint and include as many specific details as possible (who, what, when, where, why). Include the date(s) of treatment and specific examples of the problems with the care and treatment and use extra sheets of paper, if needed. Send us copies of any documents in support of your complaint which may include patient records, photographs, audiotapes, correspondence, billing statements, proof of payments, etc.
- ✓ Sign and date the complaint form at the bottom of the page and on the Authorization Release Form.

Authorization for Release of Medical Information

The Authorization for Release of Medical Information found on the reverse side of the Complaint Details form is a legal authorization for the Medical Board's staff to obtain information about the patient's care from the doctors and/or medical facilities involved in the medical care. **ANY EXTRA COMMENTS, NOTATIONS, ETC. MAKE THE FORM VOID AND WE WILL HAVE TO ASK YOU TO COMPLETE ANOTHER RELEASE FORM.** If you wish to provide us with additional information, please do so using a separate sheet of paper. If there are more than four physicians or medical facilities, you may copy the blank form in order to have enough spaces. When this form is completed and signed, it allows the Medical Board to order records from **ONLY** the doctors or facilities you have listed on the medical record release form.

Print or **type** the patient's name, date of birth, date of death, and medical record number if applicable. If we need to contact you to clarify your information, it will delay the review process. FILL IN THE FULL NAME AND ADDRESS OF THE PERSON YOU ARE COMPLAINING ABOUT IN THE FIRST SECTION. Fill in the names and addresses of all other health care providers where the patient was seen for the medical problems **in this specific complaint** (doctors and/or clinics or hospitals, etc.) using the other sections on the medical release.

NOTE: The release form must be signed and dated **by either the patient or the individual legally authorized to make medical decisions for the patient.** If the patient is unable to sign the release, the form may be signed by: 1) the next of kin, if the patient is deceased (provide a copy of the Death Certificate); 2) the parent of a minor child; or 3) the person named by the patient in a signed Power of Attorney granting the person authority to make **medical decisions** for the patient (provide a copy of this document).

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Dr. Jon L. ECK

RateMDs.com

11/13/2013

Location Stockton, CA
Gender Male
Specialty Family / G.P.
Website ushealthworks.com

Practice U.S. Healthworks

Ph. (209) 943-2202

Med. School : St. Louis Univ Sch of Med; St. Louis MO 63104

Grad Year : 1988

Accepting New Patients : Y

On 10/20/13 updated profile to add middle initial L.

Not among top 3 rated GPs in Stockton