

**STATE OF NEW MEXICO  
COUNTY OF SANTA FE  
FIRST JUDICIAL DISTRICT**

T.T.B., C.O.C., S.R., M.V., M.B., C.A.C., A.B.G., M.K.,  
C.K.O., A.M.S., S.O.C., R.B. and JANE DOES,

Plaintiffs,

v.

No. D-101-CV-2017-02818

SAN JUAN REGIONAL MEDICAL CENTER, INC.,  
SAN JUAN HEALTH PARTNERS, INC. and  
ALAN EMAMDEE, D.O.,

Case assigned to Thomson, David K.

Defendants.

**COMPLAINT**

Plaintiffs T.T.B., M.V., M.B., C.A.C., A.B.G., M.K., C.K.O., S.R., A.M.S., C.O.C.,  
S.O.C. and R.B., through their attorneys of record, McGinn, Carpenter, Montoya & Love, P.A.,  
and Titus & Murphy Law Firm, state as follows for their Complaint against Defendants:

**PARTIES, JURISDICTION, AND VENUE**

1. Plaintiffs are patients seeking psychiatric health services who are each individually victims of sexual abuse and assault perpetrated by Alan Emamdee, D.O., which abuse was facilitated by San Juan Regional Medical Center, Inc. and San Juan Health Partners.
2. Plaintiff T.T.B. is a resident of Santa Fe, Santa Fe County, New Mexico.
3. Plaintiff M.V. is a resident of Albuquerque, Bernalillo County, New Mexico.
4. Plaintiffs M.B., C.A.C., A.B.G., M.K., C.O., S.R., S.O.C. and A.M.S. are residents of Farmington, San Juan County, New Mexico.
5. Plaintiff C.O.C. is a resident of Aztec, San Juan County, New Mexico.
6. Plaintiff R.B. is a resident of Gypsum, Eagle County, Colorado.
7. It is likely that additional similarly situated victims may exist and may wish to file claims against the same defendants.

8. Upon information and belief, Defendant San Juan Regional Medical Center (hereafter SJRMC or “the hospital”) is a domestic non-profit corporation. SJRMC has an agent for service of process, Rick Wallace, located at 801 W Maple Street, Farmington, NM, 87401.

9. Defendant San Juan Health Partners (hereinafter SJHP or “the clinic”) is a domestic non-profit corporation. SJHP has an agent for service of process, Michael T. O’Loughlin, located at 801 W Maple Street, Farmington, NM, 87401.

10. Defendant San Juan Health Partners is a “division” of and/or joint venture with San Juan Regional Medical Center.

11. Defendant Alan Emamdee, D.O. is a psychiatrist residing in Farmington, San Juan County, New Mexico.

12. Upon information and belief, Defendant SJRMC and Defendant SJHP employed, and/or credentialed, trained, and supervised Defendant Emamdee related to the provision of psychiatric services to patients in its facilities.

13. At all times relevant to this Complaint, Defendants SJRMC and SJHP held themselves out to the community as having the capacity to provide safe and competent psychiatric service to New Mexico patients.

14. Defendants SJRMC and SJHP are directly liable for their own acts and omissions in recklessly and negligently managing and operating their facilities, and in recklessly and negligently hiring, credentialing, training, supervising, and retaining doctors and staff in their facility.

15. At all times relevant to this Complaint, Defendants SJRMC and SJHP acted through their owners, administrators, managers, directors, employees, agents, physicians, nurses, and medical staff, including Defendant Emamdee, who were acting in the course and scope of their

employment or agency, and SJRMC and SJHP are liable for their acts and omissions pursuant to the doctrines of *respondeat superior*, agency, apparent agency, and aided in agency.

16. At all times relevant to this Complaint, Defendant Emamdee was acting within the course and scope of his duties as an employee, agent or apparent agent of SJRMC and SJHP.

17. The law applicable in this case is the law of the State of New Mexico.

18. These are the appropriate parties to this case.

19. This Court has jurisdiction over the parties.

20. This Court has jurisdiction over the subject matter.

21. Venue is proper in this Court.

#### **STATEMENT OF FACTS**

22. All previous paragraphs are incorporated herein.

#### **Protecting against sexual misconduct by those in power**

23. Those who choose to provide medical services commit to do no harm.

24. Medical providers ask patients to trust that they have the patient's best interests at heart.

25. Doctors, and particularly psychiatrists, occupy a position of power and respect, and are not on equal footing with their patients.

26. Patients, particularly psychiatric patients, see doctors when they need help and are vulnerable.

27. Patients rely on doctors to provide needed assistance and treatment.

28. Patients trust that the requests made by doctors and methods employed by doctors are chosen with their best interests in mind.

29. Doctors are in a position uniquely suited to exploit the trust and reliance of their patients for their own gain.

30. This extends to the potential for sexual misconduct by doctors with their patients.

31. Because of these factors, those in a position of oversight, such as hospitals and health clinics, must exercise vigilance in supervising and evaluating doctors.

32. Sexual misconduct by doctors is a never event.

33. Sexual misconduct by doctors can be life-altering for the patient-victim, resulting in an inability to trust medical providers; resulting in gaps in medical treatment; decreased access to medical care; affecting relationships with family, friends, and those in a position of trust; and carries physical and emotional ramifications including depression and suicidal ideation.

34. Psychiatric patients represent particularly vulnerable population when it comes to sexual misconduct by doctors, because they may:

- a. rely on the psychiatrist to provide medications essential to their daily functioning;
- b. perceive that if they report the abuse, others will find the psychiatrist more credible than the psychiatric patient;
- c. be struggling to survive past sexual or physical abuse and exploitation;
- d. worry that reporting will subject them to retaliation in the form of withholding of medications or retaliation in the form of negative or false reporting of conditions or disease processes; and
- e. rely on the psychiatrist's diagnoses and assessments for situations such as legal or custody proceedings.

35. Sexual misconduct by doctors has ramifications not only for the patient-victim, but for the community and society as a whole.

36. Those in a position of oversight over doctors must ensure that rules, training, supervision and common-sense standards are in place to prevent sexual abuse by doctors.

37. When doctors violate patient and community trust by committing sexual misconduct, those in a position of oversight must act swiftly and decisively to put an end to the misconduct.

38. Immediate action must be taken to ensure the safety of patients.

**Defendants SJRMC and SJHP**

39. To prevent abuse, operators of medical facilities must be aware of and sensitive to the conditions and phenomena that make psychiatric patients especially vulnerable to sexual abuse.

40. To that end, hospital officials are or should be aware that sex abusers seek employment among vulnerable populations such as psychiatric patients, and they have a duty to investigate potential employees and to ensure adequate supervision of providers with unsupervised access to vulnerable patients.

41. Upon information and belief, at all times pertinent hereto, Defendants San Juan Regional Medical Center and San Juan Health Partners (collectively the “San Juan Defendants”) undertook to provide psychiatric services to Farmington, New Mexico and the surrounding community, through both the Behavioral Health Unit at the hospital and the San Juan Health Partners Behavioral Health clinic.

42. As such, the San Juan Defendants were responsible for hiring, credentialing, training, supervising and retaining only providers who did not pose a danger to their patients.

43. The San Juan Defendants had a duty to supervise their providers to ensure sexual misconduct was not occurring.

44. This includes monitoring the conduct of providers through direct supervision, camera monitoring, evaluations, audits, reviews, patient satisfaction surveys, staff satisfaction surveys, background checks, anonymous complaint systems, and the like.

45. This likewise includes a duty to adequately train and supervise providers and staff to be alert for and report suspicious activity between providers and patients, and to create an environment where reporting threats to patient safety was encouraged.

46. It further includes enacting and enforcing adequate policies, procedures and systems for prevention, reporting, investigation and discipline of sexual misconduct.

47. When made aware of possible instances of suspicious activity or abuse, such allegations must be immediately investigated, and medical entities such as the San Juan Defendants must act immediately to put a stop to any misconduct and to protect patients from contact with someone who is suspected of sexual misconduct.

48. Action must include adequate discipline and reporting to ensure sexual misconduct is not perpetuated on that patient or other patients.

49. Upon information and belief, Defendants SJRMC and SJHP knew or should have known that Defendant Emamdee was repeatedly engaging in sexual misconduct and sexually abusing patients over a period of years, while he was supposed to be providing psychiatric care, through idiosyncratic behavior; perceptions of patients; observations of staff members; and through their duty to properly supervise and monitor medical providers.

50. Despite this, Defendants SJRMC and SJHP continued to retain and/or credential Defendant Emamdee and continued to allow him access to patient victims.

**Defendant Emamdee**

51. As a physician, Alan Emamdee had an obligation to make his patients better, not worse.

52. He had an obligation to help his patients, not harm them.

53. Defendant Emamdee was allowed unsupervised access to vulnerable psychiatric patients through his employment/staff appointment with SJRMC and SJHP.

54. Defendant Emamdee exploited the trust placed in him by his patients and his community by committing sexual misconduct and abuse with numerous patients.

55. He leveraged his position of trust and specialized knowledge to groom his patient victims and force them into sexually abusive situations in multiple ways, including:

- a. Identifying survivors of past sexual abuse and forcing them to recount their histories in graphic and inappropriate detail, under the guise of providing legitimate treatment;
- b. Convincing patients that sexual acts would relieve stress or anxiety;
- c. Withholding needed medications or services such as physician letters for custody hearings unless sexual acts were performed;
- d. Adding and subtracting prescription medications in an apparent attempt to destabilize victims and increase their vulnerability to abuse;
- e. Emphasized and preyed upon patients' feelings of isolation, depression, anxiety and belief that their doctor's word would be taken above theirs if they attempted to report abuse.

56. At this time it is known that Defendant Emamdee abused at least 12 patient victims, facilitated by the unsupervised access to vulnerable patients he was provided through his association with SJRMC and SJHP, and because the abuse was allowed to escalate and increase, there are likely many victims who have not yet come forward.

**Sexual Abuse at San Juan Regional Medical Center and San Juan Health Partners**

57. Defendants perpetrated and facilitated ongoing sexual abuse of patients seeking medical treatment at SJRMC and SJHP as described below. Each instance of abuse against each victim constitutes a separate occurrence.

Plaintiff T.T.B.

58. Plaintiff T.T.B. first encountered Defendant Emamdee at San Juan Regional Medical Center, where she was a patient in the Behavioral Health Unit, or BHU.

59. SJRMC assigned Defendant Emamdee to provide psychiatric care to T.T.B. during her inpatient stay.

60. Early on, Defendant Emamdee gleaned that T.T.B. had been a prior victim of sexual violence. At each encounter with T.T.B., Defendant Emamdee would steer the conversation to sexual matters and require her to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and would steer the conversation – under the guise of giving therapy – would ask T.T.B. to describe her sexual fantasies.

61. Though this made T.T.B. uncomfortable and upset, she tried to comply as she assumed it was for therapeutic reasons.

62. Additionally, Defendant Emamdee conveyed to T.T.B. that if she did not answer his questions, he would have her transferred to the New Mexico Behavioral Health Institute, an undesirable location that Defendant Emamdee knew T.T.B. feared.

63. Defendant Emamdee changed T.T.B.'s medication regime, and thereafter would continually adjust her medications, causing an increase in symptoms and side effects.

64. While seeing T.T.B. as her treating psychiatrist at SJRMC, Defendant Emamdee would make comments regarding T.T.B.'s appearance, including that he thought she was "hot."

65. He told T.T.B. that he thought her roommate in the BHU was "hot," and suggested that T.T.B. perform sexual acts on her sedated roommate.

66. T.T.B. had multiple admissions to the SJRMC Behavioral Health Unit over the course of several months, during which Defendant Emamdee's manipulative behaviors continued.



67. At one point, T.T.B. asked a nurse in the BHU why she was still there, and the nurse told her it was because Defendant Emamdee thought she was special. T.T.B. told the nurse that was inappropriate.

68. Upon information and belief, this nurse was an employee or agent of SJRMC.

69. In this same timeframe, T.T.B. had ongoing custody proceedings regarding her children, which custody was at risk in part because of T.T.B.'s need for mental health services.

70. Upon her release from the BHU, Defendant Emamdee leveraged this fact to continue to exploit T.T.B. by telling her that he would help her in obtaining joint custody of her children if she continued to see him at the clinic, San Juan Health Partners.

71. At SJHP, Defendant Emamdee continued to focus excessively on sexual matters and require T.T.B. to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and asked her to describe sexual fantasies.

72. Defendant Emamdee told T.T.B. he would provide favorable reports in support of T.T.B. obtaining joint custody of her children if she would perform sex acts on him.

73. Defendant Emamdee required T.T.B. to perform oral sex on him on multiple occasions.

74. Defendant Emamdee digitally penetrated T.T.B.'s vagina.

75. He told T.T.B. that he would withhold medications and would negatively impact her custody proceedings if she did not continue to comply with his demands.

76. Defendant Emamdee indicated to T.T.B. that he would like to have intercourse with her.

77. T.T.B. told Defendant Emamdee she had an upcoming custody trial, and he told her he would testify favorably for her, but in order for him to do so she would have to continue to perform oral sex on him.

78. Defendant Emamdee would also fondle T.T.B.'s breasts.

79. In late 2016, Defendant Emamdee told T.T.B. he would like to meet her at a hotel to have intercourse.

80. She told him she had entered into a serious relationship with her future husband and could not do so.

81. At her subsequent appointment, Defendant Emamdee was short and inattentive, and he thereafter wrote a note indicating T.T.B. had "reverted to DID," or dissociative identity disorder, negatively impacting her custody proceedings.

82. Defendant Emamdee also had inappropriate conversations and contacts with T.T.B.'s daughter.

#### Plaintiff C.O.C.

83. Plaintiff C.O.C. first saw Defendant Emamdee at San Juan Regional Medical Center in the Behavioral Health Unit in the fall of 2015.

84. SJRMC assigned Defendant Emamdee to provide psychiatric care to C.O.C. during her inpatient stay.

85. C.O.C. additionally had appointments with Defendant Emamdee at San Juan Health Partners Behavioral Health clinic.

86. Early on, Defendant Emamdee gleaned that C.O.C. had been a victim of sexual abuse when she was young.

87. At each encounter with C.O.C., Defendant Emamdee would steer the conversation to sexual matters and require her to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and – under the guise of giving therapy – would ask C.O.C. to describe her sexual fantasies.

88. Though this was upsetting and uncomfortable, C.O.C. assumed it was necessary for therapeutic reasons.

89. Defendant Emamdee made C.O.C. feel special because he spent extra time with her in the hospital, and he told her that even though he had a full case load, he would continue to see her as an outpatient when she was discharged.

90. Defendant Emamdee started C.O.C. on psychiatric drugs, and thereafter would continually adjust her medications, causing severe symptoms and side effects.

91. He did not order labs or otherwise appropriately monitor the medications he prescribed.

92. C.O.C. had frequent appointments with Defendant Emamdee, and he would ask her to bring in her paintings, would sit inappropriately close to her on the couch in her office to show her videos, including one of how to perform a coffee enema on herself, a procedure he recommended to her.

93. He continued to require her to go into graphic detail regarding sexual topics, including during an additional admission to SJRMC.

94. Defendant Emamdee began calling C.O.C. regularly.

95. He asked her how she would feel if the things she told him made him want to touch himself, and how she would feel if the next time she came into the office he touched himself in front of her.

96. C.O.C. understood that if she did not comply with Defendant Emamdee, he would cut off access to the medication she needed.

97. During an office visit, Defendant Emamdee unzipped his pants and required C.O.C. to touch his genitals.

98. After this encounter, C.O.C. stopped complying with Defendant Emamdee's demands that she go into graphic detail regarding sexual matters.

99. Defendant Emamdee thereafter began to refuse her calls, withhold medication prescriptions, and reschedule her appointments, denying her access to the medical care she needed.

100. In early 2017, C.O.C. told her primary care doctor at San Juan Health Partners why she did not want to go back to see Defendant Emamdee.

Plaintiff S.R.

101. Plaintiff S.R. encountered Defendant Emamdee at San Juan Health Partners in February of 2017.

102. Her doctor had moved away, so she was referred to Defendant Emamdee for management of her medications.

103. At her appointment, S.R. told Defendant Emamdee that she had recently run out of one of her medications, and needed a refill.

104. He told her he did not prescribe anything to anyone.

105. Defendant Emamdee steered the conversation to sexual matters and required S.R. to go into repeated and graphic detail regarding past sexual abuse in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

106. Defendant Emamdee inquired about whether she was currently sexually active, and advised her that her current problems were because of pent-up sexual energy, telling her he could help her with this problem.

107. Defendant Emamdee required S.R. to expose her breasts to him, and touched her breasts.

108. He then required S.R. to perform oral sex on him.

109. She understood that he would withhold her prescription for necessary medication unless she complied with his demands.

Plaintiff M.V.

110. Plaintiff M.V. first encountered Defendant Emamdee in the Behavioral Health Unit at SJRMC in September of 2016.

111. Defendant Emamdee took M.V. into a private room, in contrast to the other providers, who would see patients on the floor.

112. During their encounters, Defendant Emamdee steered the conversation to sexual matters and required M.V. to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and sexual fantasies, in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

113. He asked if she was sexually active, and when she replied she was not, said “we need to take care of that.”

114. He commented on her looks, stating that she was attractive but needed to lose weight.

115. Defendant Emamdee set M.V. up for an appointment with him at the San Juan Health Partners Behavioral Health clinic after she was discharged from the hospital.

116. At this point she had lingering psychosis as she waited for the treatment she received in the hospital to take effect.

117. She expressed that she had an irrational fear of aliens she wanted to address with Defendant Emamdee, and asked him about a lump in her knee and whether it could be connected to aliens.

118. Rather than assisting her with conquering her irrational fear, Defendant Emamdee played into it by telling her the lump in her knee could indeed be related to aliens.

119. He touched her around her head and neck, telling her he was feeling for implants.

120. He then told her to hold the door to his office closed and required her to remove her pants, caressing her leg under the guise of telling her he was examining the knee.

121. He suggested that she come to his house for further testing on the lump in her knee.

122. Plaintiff M.V. felt threatened at this visit and did not go see Defendant Emamdee again, causing a gap in her treatment and a worsening of symptoms.

123.

Plaintiff C.K.O.

124. Plaintiff C.K.O. first saw Defendant Emamdee at SJHP Behavioral Health clinic in the fall of 2015.

125. At her initial appointment, in October of 2015, C.K.O. attempted to discuss her symptoms and current issues in her life with Defendant Emamdee.

126. Defendant Emamdee instead steered the conversation to sexual matters and required C.K.O. to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and sexual fantasies, in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

127. C.K.O. noticed Defendant Emamdee grinning when she would answer his invasive and inappropriate questions.

128. Defendant Emamdee changed C.K.O.'s medication regime, stopping her current medication without tapering her dosage, and thereafter would continually adjust her medications, causing an increase in symptoms and side effects.

129. Defendant Emamdee failed to conduct proper monitoring and testing related to C.K.O.'s medication.

130. In response to concerns C.K.O. raised about side effects from the medication, Defendant Emamdee would change the dosage or the medication prescribed without further investigation or evaluation.

131. The side effects of Defendant Emamdee's prescriptions were so severe that C.K.O. passed out at her desk at work.

132. At each encounter, including telephone conversations regarding medications, Defendant Emamdee would focus only on sexual matters.

133. Her father became concerned, and raised his concerns with Defendant Emamdee, who was dismissive.

134. On multiple occasions, Defendant Emamdee would profusely compliment C.K.O. on her appearance and he would tell her how attractive he thought she was.

135. During one appointment, he sat inappropriately near to C.K.O. on the couch in his office, ostensibly to show her a video about how to perform a coffee enema on herself, which he recommended to her as something he does on a daily basis and "enjoys."

136. During C.K.O.'s last visit with Defendant Emamdee, he stood inappropriately close to her, told her she was very attractive, told her she was very "bangable," and then hugged her.

Plaintiff M.B.

137. Plaintiff M.B. first saw Defendant Emamdee at San Juan Regional Medical Center in the spring of 2017, in the maternity ward, when he was assigned by SJRMC to do a post-natal check on her.

138. During this visit, Defendant Emamdee steered the conversation to sexual matters and required her to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and – under the guise of giving therapy – asked M.B. to describe her sexual fantasies.

139. He asked M.B. if she would be willing to give others tips on how to perform oral sex.

140. After her discharge, M.B. had two appointments with Defendant Emamdee at the SJHP Behavioral Health clinic.

141. At these appointments, Defendant Emamdee was unwilling to address the current issues in M.B.'s life for which she was seeking assistance, instead continually redirecting the conversation to irrelevant sexual topics rather than providing effective treatment.

Plaintiff M. K.

142. Plaintiff M.K. first saw Defendant Emamdee when he was her doctor at SJRMC, in the Behavioral Health Unit in the fall of 2016.

143. M.K. additionally had appointments with Defendant Emamdee at San Juan Health Partners Behavioral Health.

144. Defendant Emamdee changed M.K.'s medication regime frequently, causing an increase in symptoms and side effects.

145. Defendant Emamdee steered the conversation to sexual matters and required M.K. to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and



sexual fantasies, in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

146. When M.K. related that when she was a young girl an older man had forced her to perform oral sex, Defendant Emamdee expressed that this individual was a “lucky man,” and that Defendant Emamdee would like M.K. to perform oral sex on him.

147. M.K. did not feel comfortable going back to see Defendant Emamdee after this encounter, causing a gap in her treatment and affecting her health.

Plaintiff A.B.G.

148. Plaintiff A.B.G. began seeing Defendant Emamdee at San Juan Health Partners Behavioral Health in the fall of 2014.

149. She also had encounters with Defendant Emamdee as an inpatient at San Juan Regional Medical Center.

150. Defendant Emamdee placed A.B.G. on medications, and changed her medication regime frequently, causing an increase in symptoms and side effects.

151. Defendant Emamdee inappropriately stopped medications without tapering.

152. Defendant Emamdee identified that A.B.G. had been a victim of sexual abuse when she was young.

153. At each visit, Defendant Emamdee steered the conversation to sexual matters and required A.B.G. to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and sexual fantasies, in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

154. This caused A.B.G.’s condition to worsen, but she understood that she had to comply or Defendant Emamdee would withhold medications and medical treatment.

Plaintiff C.A.C.

155. Plaintiff C.A.C. had multiple encounters with Defendant Emamdee at San Juan Regional Medical Center.

156. During their encounters, Defendant Emamdee steered the conversation to sexual matters and required C.A.C. to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and sexual fantasies, in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

157. He indicated to C.A.C. that he would withhold contact with her son and harm her relationship with her son if she did not comply with his demands.

158. He required her to remove her clothing and touched her genitals.

Plaintiff S.O.C.

159. Plaintiff S.O.C. encountered Defendant Emamdee at both SJRMC and SJHP.

160. During her encounters with Defendant Emamdee, Defendant Emamdee would steer the conversation to sexual matters and required S.O.C. to go into repeated and graphic detail regarding past sexual assault/abuse and sexual encounters, in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

161. He failed to order appropriate testing to monitor her medications.

162. Defendant Emamdee repeatedly asked S.O.C. about performing oral sex, including how much she would charge to perform oral sex, whether she had an infection in her mouth that would impede performance of oral sex.

163. S.O.C. felt it was futile to report Defendant Emamdee's conduct because no one would believe a psychiatric patient over a psychiatrist.

Plaintiff A.M.S.

164. Plaintiff A.M.S. saw Defendant Emamdee at San Juan Health Partners Behavioral Health clinic.

165. Plaintiff A.M.S. additionally encountered Defendant Emamdee at SJRMC.

166. At each visit, Defendant Emamdee steered the conversation to sexual matters and required A.M.S. to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and sexual fantasies, in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

167. Defendant Emamdee inquired about whether she was currently sexually active, and advised her that her current problems were because of pent-up sexual energy, advising her to engage in sexual encounters to improve her emotional health.

168. He would require A.M.S. to recount sexual encounters in graphic detail.

169. Defendant Emamdee came to A.M.S.' place of business several times in a manner she found to be threatening.

170. Defendant Emamdee continually adjusted A.M.S.' medication regime, causing an increase in symptoms and side effects.

Plaintiff R.B.

171. Plaintiff R.B. saw Defendant Emamdee when he was assigned to be her doctor by San Juan Health Partners Behavioral Health.

172. R.B. was seeking assistance for PTSD, depression and suicidal ideation.

173. Defendant Emamdee continually steered the conversation to sexual matters and required R.B. to go into repeated and graphic detail regarding past sexual assault/abuse, sexual encounters and sexual fantasies, in a manner and to a degree irrelevant to the treatment he was supposedly rendering.

174. He chose not to address the pertinent issues for which R.B. needed assistance, negatively affecting her health.

**COUNT I: SAN JUAN REGIONAL MEDICAL CENTER**  
**NEGLIGENT CREDENTIALING AND RE-CREDENTIALING**

175. All previous paragraph are incorporated herein by reference.

176. At all times pertinent hereto, SJRMC, through its employees and agents, was required to use ordinary care and exercise reasonable diligence in credentialing and re-credentialing Defendant Emamdee, as a member of its staff with clinical privileges, and in having policies and procedures in place to ensure that patients like Plaintiffs were not needlessly endangered.

177. SJRMC was, at all times pertinent hereto, responsible for ensuring that its physicians like Defendant Emamdee had the necessary qualifications, training and supervision to provide quality and safe care to patients like Plaintiffs.

178. This includes responsibility for credentialing and re-credentialing only those providers who had, or have, the capacity, training, skill and experience to provide quality and safe care.

179. Despite its duties, SJRMC permitted Defendant Emamdee to be credentialed and then re-credentialled to exercise clinical privileges even though it knew, or reasonably should have known, that he was not qualified to exercise those privileges with reasonable and/or safe skill.

180. SJRMC's breach of duty in this regard toward its patients like Plaintiffs was reckless and/or negligent, and was the direct and proximate cause of Plaintiffs' injuries.

181. Because of SJRMC's breach, it is liable to Plaintiffs for all their damages

recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

182. Because SJRMC's acts and/or omissions were also willful, wanton and done in reckless disregard of Plaintiffs' safety, SJRMC is subject to punitive damages as well as compensatory damages.

**COUNT II: SAN JUAN HEALTH PARTNERS**  
**NEGLIGENT HIRING AND RETENTION**

183. All previous paragraphs are incorporated herein by reference.

184. At all times pertinent hereto, Defendant Emamdee was an employee, agent and/or member of SJHP.

185. SJHP was responsible for ensuring that it used ordinary care in its hiring and retention of Defendant Emamdee.

186. SJHP was responsible for ensuring that it hired only qualified personnel, that its personnel were provided with the necessary training and tools to provide safe, quality care, that its personnel were given the necessary supervision to ensure patient safety, and that it retained only those providers who demonstrated the capacity in training, skill and experience to provide safe, quality care.

187. SJHP failed to use ordinary care in hiring and retaining Defendant Emamdee.

188. SJHP knew or should have known that hiring Defendant Emamdee would create an unreasonable risk of injury to Plaintiffs; and that its retention of him would create an unreasonable risk of injury to Plaintiffs, which it did.

189. SJHP's breach of duty, which resulted in its negligent hiring and retention of Defendant Emamdee, was a direct and proximate cause of Plaintiffs' injuries.

190. Because of SJHP's breach, it is liable to Plaintiffs for all their damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

191. Because Health Partners' acts and/or omissions were also willful, wanton and/or done in reckless disregard of Plaintiffs' safety, Health Partners is also subject to punitive damages as well as compensatory damages.

**COUNT III: SAN JUAN DEFENDANTS**  
**NEGLIGENT TRAINING AND SUPERVISION**

192. All previous paragraphs are incorporated herein by reference.

193. At all times pertinent hereto, SJRMC and SJHP, through their employees and agents, were required to use ordinary care and exercise reasonable diligence in training and supervising Defendant Emamdee.

194. SJRMC and SJHP failed to use ordinary care in training and supervising Defendant Emamdee.

195. SJRMC and SJHP knew or should have known that its failure to properly train and supervise Defendant Emamdee would create an unreasonable risk of injury to Plaintiffs.

196. SJRMC and SJHP's breach of duty in this regard was reckless and/or negligent, and was the direct and proximate cause of Plaintiffs' injuries.

197. Because of SJRMC and SJHP's breach, they are liable to Plaintiffs for all their damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

198. Because SJRMC and SJHP's acts and/or omissions were also willful, wanton and done in reckless disregard of Plaintiffs' safety, they are subject to punitive damages as well as compensatory damages.

**COUNT IV: SAN JUAN DEFENDANTS**  
**NEGLIGENCE & RECKLESSNESS**

199. All previous paragraphs are incorporated herein by reference.

200. At all times pertinent hereto, SJRMC and SJHP, through their employees and agents, were under a duty to use ordinary care to avoid or prevent what a reasonably prudent person would foresee as an unreasonable risk of injury to patients like Plaintiffs.

201. SJRMC and SJHP failed to use ordinary care in permitting Defendant Emamdee to see and purport to treat patients like Plaintiffs.

202. SJRMC and SJHP knew or should have known that by permitting and enabling this relationship between Defendant Emamdee and Plaintiffs, Plaintiffs would be subject to an unreasonable risk of injury.

203. SJRMC and SJHP's breach of the duty of ordinary care was reckless and/or negligent and was the direct and proximate cause of Plaintiffs' injuries.

204. Because of SJRMC and SJHP's breach, they are liable to Plaintiffs for all their damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

205. Because SJRMC and SJHP's acts and/or omissions were also willful, wanton and done in reckless disregard of Plaintiffs' safety, SJRMC and SJHP are subject to punitive damages as well as compensatory damages.

**COUNT V: SAN JUAN DEFENDANTS**  
**VICARIOUS LIABILITY FOR DEFENDANT EMAMDEE'S ACTS UNDER**  
**AGENCY AND AIDED IN AGENCY THEORY**

206. All previous paragraphs are incorporated herein by reference.

207. At all times pertinent hereto, Defendant Emamdee was acting as the agent and/or apparent agent of SJRMC and SJHP in his treatment of Plaintiffs.

208. Defendant Emamdee's status as an agent and/or apparent agent of the San Juan Defendants enabled him to establish a psychiatrist/patient relationship with Plaintiffs.

209. As a psychiatrist who purported to be concerned with the mental health and stability of the individual Plaintiffs, Defendant Emamdee naturally was afforded substantial power and control over this vulnerable group.

210. But for his role as agent and/or apparent agent for the San Juan Defendants, Defendant Emamdee would not have been in this position of power over Plaintiffs.

211. The San Juan Defendants are, accordingly, vicariously liable for all of Defendant Emamdee's acts as set forth in Counts IX-XIII herein, which he committed while acting as the employee, agent and/or apparent agent of the San Juan Defendants.

212. SJRMC is, along with Defendant Emamdee, liable for all of his acts which were the direct and proximate cause of Plaintiffs' injuries.

213. SJRMC is liable for all of Plaintiffs' damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.



214. Because Defendant Emamdee's acts and/or omissions, as SJRMC's agent and/or apparent agent, were willful, wanton and/or done in reckless disregard of Plaintiffs' safety, SJRMC is subject to punitive damages as well as compensatory damages.

**COUNT VI: SAN JUAN DEFENDANTS**  
**RESPONDEAT SUPERIOR LIABILITY FOR THE MALPRACTICE**  
**OF DEFENDANT EMAMDEE**

215. All previous paragraphs are incorporated herein by reference.

216. SJRMC and SJHP are also responsible for Defendant Emamdee's acts of malpractice against Plaintiffs, under the doctrine of *respondeat superior*, as set forth in Count IX herein. Defendant Emamdee was their employee and/ or agent, and acting in the scope of his employment and/ or agency, in his role as the treating psychiatrist for Plaintiffs.

217. Under *respondeat superior*, the San Juan Defendants are liable to Plaintiffs for all of their damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

218. Because Defendant Emamdee's acts and/or omissions were also willful, wanton and done in reckless disregard of Plaintiffs' safety, the San Juan Defendants are subject to punitive damages under the doctrine of *respondeat superior*, as well as compensatory damages.

**COUNT VII: SAN JUAN DEFENDANTS**  
**UNFAIR PRACTICES VIOLATION RESULTING**  
**IN INJURY**

219. All previous paragraphs are incorporated herein by reference.

220. NMSA 1978, §§ 57-12-10 (2013) ("UPA") prohibits all organizations operating in New Mexico from engaging in unfair, deceptive or unconscionable trade practices.

221. Unfair and deceptive practices include false or misleading oral or written statements regarding the quality of services being provided.

222. The San Juan Defendants, at all times pertinent hereto, promised and represented to Plaintiffs, and the public, that they would be treated to and afforded safe and competent medical care.

223. These promises and representations made by the San Juan Defendants were knowingly made, and were false or misleading because Defendant Emamdee, as their agent and/or apparent agent, was continually engaging in criminal acts and intentional and/or negligent wrongs against Plaintiffs, who were under his care.

224. Plaintiffs, as well as the community at large, were deceived by the San Juan Defendants' promises and representations, to their detriment.

225. The San Juan Defendants' reckless, willful and/or negligent breaches of the UPA are a direct and proximate cause of Plaintiffs' injuries.

226. Because of the San Juan Defendants' breaches, they are liable to Plaintiffs for all their damages recognized in law, including, but not limited to physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

227. Additionally, Plaintiffs are entitled to treble damages, punitive damages, attorney's fees and costs under the UPA.

**COUNT VIII: SAN JUAN DEFENDANTS**  
**SPOILIATION OF EVIDENCE**

228. All previous paragraphs are incorporated herein.

229. Defendants have a duty to obtain and maintain patient medical histories.

230. Defendants have a duty to provide Plaintiffs' own medical records to Plaintiffs or their authorized agents upon request.

231. Defendants have a duty to use medical records of patients only for proper purposes.

232. Defendants may not alter or destroy access to evidence in an attempt to defeat or disrupt a lawsuit.

233. Despite multiple appropriate requests, the San Juan Defendants have chosen not to provide medical records to Plaintiffs in a timely fashion.

234. Upon information and belief, based on the fact that multiple requests for complete medical records have failed to result in production of such records, the San Juan Defendants may have altered, destroyed or lost the records.

235. Further, upon information and belief, Defendants have contacted victims of Defendant Emamdee's sexual misconduct in an attempt to convince them not to take legal action against Defendants and/or not to testify against Defendants, in effect destroying Plaintiffs' access to evidence.

236. Upon information and belief, Defendants have improperly accessed Plaintiffs' medical records to do so.

237. Upon information and belief, the aforementioned actions were done to block Plaintiffs' access to key evidence in their case.

238. This spoliation harms Plaintiffs in their ability to prove their claims and is actionable for damages, or should result in a spoliation instruction or sanction.

**COUNT IX: DEFENDANT EMAMDEE**  
**PROFESSIONAL MALPRACTICE**

239. All previous paragraphs are incorporated herein by reference.

240. As a psychiatrist, Defendant Emamdee was under a duty to possess and apply the knowledge and to use the skill and care ordinarily used by reasonably well-qualified doctors in New Mexico practicing under similar circumstances.

241. Defendant Emamdee committed sexual acts and/or other acts of unauthorized and improper sexual misconduct against Plaintiffs, and additionally engaged in other unauthorized and improper acts against Plaintiffs.

242. Defendant Emamdee's acts against Plaintiffs were an obvious and egregious breach of the standard of care.

243. His acts against the individual Plaintiffs include, but are not limited to:

- a. Criminal sexual penetration;
- b. Criminal sexual contact;
- c. Inappropriate and unauthorized physical touching;
- d. Inappropriate prescribing of medications;
- e. Threatening to withhold professional services and treatment unless he received sexual favors;
- f. Inappropriately forcing his patients to continually repeat and recount intimate details about past incidents of sexual abuse they suffered at the hands of others, all for his own gratification;
- i. Attempting to coerce patients to engage in sexual activity with others, including at SJRMC;
- j. Requiring patients to engage in uncomfortable conversations about their sex lives that were not therapeutically helpful, and instead caused them distress and shame;
- h. Withholding therapies or medications in retaliation when patients did not comply with his requests.

244. Defendant Emamdee's malpractice was a direct and proximate cause of Plaintiffs' injuries.

245. Because of his breach, Defendant Emamdee is liable to Plaintiffs for all their damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

246. Because Defendant Emamdee's acts and/or omissions were also willful, wanton and done in reckless disregard of Plaintiffs' safety, Defendant Emamdee is subject to punitive damages as well as compensatory damages.

**COUNT X: DEFENDANT EMAMDEE**  
**NEGLIGENCE**

247. All previous paragraphs are incorporated herein by reference.

248. Defendant Emamdee was also under a duty to use ordinary care to avoid or prevent what a reasonably prudent person would foresee as an unreasonable risk of injury to patients like Plaintiffs.

249. A reasonably prudent person in his role as psychiatrist would foresee that engaging in acts such as those enumerated above in the Factual Background and in Count IX would pose an unreasonable risk of injury to those patients like Plaintiffs.

250. Defendant Emamdee egregiously breached the duty of ordinary care by engaging in the acts enumerated with Plaintiffs, which he obviously should have foreseen would cause them great physical and emotional injury.

251. His breach was a direct and proximate cause of Plaintiffs' injuries.

252. Because of his breach, Defendant Emamdee is liable to Plaintiffs for all their damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

253. Because Defendant Emamdee's acts and/or omissions were also willful, wanton and/or done in reckless disregard of Plaintiffs' safety, he is also subject to punitive damages as well as compensatory damages.

**COUNT XI: DEFENDANT EMAMDEE**  
**BATTERY**

254. All previous paragraphs are incorporated herein by reference.

255. At all times pertinent hereto, Defendant Emamdee had a duty to obtain informed consent from patients.

256. Defendant Emamdee breached that duty by his unauthorized and illegal touching of patients, and by requiring patients to recount irrelevant and traumatic episodes under the guise of providing medical treatment, without warning patients of the potential harm to their physical and emotional health.

257. Defendant Emamdee's battery was a direct and proximate cause of Plaintiffs' damages.

258. Because of this battery, Defendant Emamdee is liable to Plaintiffs for all their damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.

259. Because Defendant Emamdee's acts and/or omissions were also willful, wanton and/or done in reckless disregard of Plaintiffs' safety, he is also subject to punitive damages as well as compensatory damages.

**COUNT XII**  
**INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS**

260. All previous paragraphs are incorporated herein in reference.

261. All previous paragraphs are incorporated herein in reference.

262. Defendant Emamdee's conduct was extreme and outrageous under the circumstances, going beyond the bounds of common decency.

263. Defendant Emamdee acted intentionally or recklessly.

264. As a direct and proximate result of his misconduct, Plaintiffs have suffered and will continue to suffer severe emotional distress.

**COUNT XIII**  
**NEGLIGENCE PER SE**

265. All previous paragraphs are incorporated herein by reference.

266. Defendant Emamdee owed a duty to Plaintiffs to use ordinary care in providing medical services.

267. Under the guise of providing appropriate psychiatric care, Defendant Emamdee used his position as psychiatrist at SJRMC and SJHP to abuse and damage Plaintiffs, and he violated the following laws:

- a. Intentionally choosing to inflict emotional distress on Plaintiffs through his extreme and outrageous conduct;
- b. Choosing to engage in criminal sexual penetration in the first degree, NMSA 1978, § 30-9-11(D) (criminal sexual penetration);
- c. Choosing to unlawfully or intentionally touch or apply force without consent for sexual touching to the unclothed intimate parts of another in violation of NMSA 1978, § 30-9-12 (criminal sexual contact).
- d. Unlawfully and intentionally touching or applying force to another person with intent to injure that person, in violation of NMSA 1978 § 30-3-5 (aggravated battery);
- e. Unlawfully or intentionally touching or applying force to another in a rude, insolent or angry manner in violation of NMSA 1978, § 30-3-4 (battery);
- f. Willfully and intentionally assaulting another with intent to commit a felony, in violation of NMSA 1978, § 30-3-2(C) (aggravated assault);

- g. An attempt to commit a battery on another in violation of NMSA 1978, § 30-3-1 (assault);
- h. Choosing, as a physician, to engage in unprofessional or dishonorable conduct in violation of NMSA 1978, § 61-6-15(D), including:
  - i. making false or misleading statements regarding the skill of the licensee or the efficacy or value of the medicine, treatment or remedy prescribed or administered by the licensee, or at the direction of the licensee in the treatment of a disease or other condition of the human body or mind;
  - ii. gross negligence in the practice of a licensee;
  - iii. manifest incapacity or incompetence to practice as a licensee;
  - iv. the prescribing, administering or dispensing of narcotic, stimulant or hypnotic drugs for other than accepted therapeutic purposes;
  - v. conduct likely to deceive, defraud or harm the public;
  - vi. repeated similar negligent acts;
  - vii. conduct unbecoming in a person licensed to practice, or detrimental to the best interests of the public; and
  - viii. sexual contact with a patient when the licensee uses or exploits treatment, knowledge, emotions or influence derived from the previous professional relationship.

268. Plaintiffs are in the class of persons sought to be protected by the aforementioned statutes, and the injuries they have suffered as a direct and proximate result of Defendant Emamdee's violation of these statutes are of the type intended to be protected by the statutes.

269. Defendant Emamdee was negligent *per se*.

270. Because of his statutory violations, Defendant Emamdee is liable to Plaintiffs for all their damages recognized in law, including, but not limited to, physical and emotional injury and damages, physical and emotional pain and suffering, invasion of bodily integrity, denial of competent and safe medical care, and exposure to severe psychological and emotional distress.



271. Because Defendant Emamdee's acts and/or omissions were also willful, wanton and/or done in reckless disregard of Plaintiffs' safety, he is also subject to punitive damages as well as compensatory damages.

WHEREFORE, Plaintiffs request that judgment be entered on their behalf against Defendants for compensatory damages in an amount to be determined at trial, punitive damages, treble damages, costs, pre and post-judgment interest, attorney fees and such other relief as the Court deems just and proper.

Submitted by:



McGINN  
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