

**MQAC CASE REVIEW DISPOSITION**  
Commission Meeting RCM Presentations

Respondent: Browne, Charlie

Case Number: 2011-159613

Date Presented: <u>1-13-12</u>	RCM: <u>Harvey</u>	License#: <input checked="" type="checkbox"/> MD/ <input type="checkbox"/> PA _____
Panel Chair: <u>Ruiz</u>	Staff Attorney: <u>Landreano</u>	MQAC Clerk: <u>KRAMER</u>

PANEL A	Andison, Brantner, Burger, Clower, Concannon, Cullen, Elders, Green, Johnson, Pattison, Winslow
PANEL B	Cvitanovic, <del>Dore</del> , <del>Gotthold</del> , <del>Harde</del> , <del>Harvey</del> , <del>Hensley</del> , <del>Hopkins</del> , <del>Marsh</del> , <del>Ruiz</del> , <del>San</del>

**A. REQUEST FOR LEGAL ACTION :**  Summary Suspension  Summary Action  Practice Restriction

<input type="checkbox"/> Statement of Charges	<input type="checkbox"/> Statement of Allegations /Stipulation to Informal Disposition
<input type="checkbox"/> Withdrawal of SOC	<input type="checkbox"/> SOA/STID for Voluntary Surrender
<input type="checkbox"/> Notice of Decision on Application: (Denied)	<input type="checkbox"/> Withdrawal of SOA
<input type="checkbox"/> Notice of Decision on Application (Granted with conditions)	<input type="checkbox"/> Notice of Correction

**Alleged Violations—RCW 18.130.180:**

<input type="checkbox"/> (1) Moral turpitude	<input type="checkbox"/> (10) Aiding and abetting	<input type="checkbox"/> (19) Treating by secret methods
<input type="checkbox"/> (2) Misrepresentation of facts	<input type="checkbox"/> (11) Violation of rules	<input type="checkbox"/> (20) Betrayal of patient privilege
<input type="checkbox"/> (3) False advertising	<input type="checkbox"/> (12) Practice beyond scope	<input type="checkbox"/> (21) Rebating
<input type="checkbox"/> (4) Incompetence	<input type="checkbox"/> (13) Misrepresentation or fraud	<input type="checkbox"/> (22) Interference with investigation
<input type="checkbox"/> (5) Out of state action	<input type="checkbox"/> (14) Failure to supervise	<input type="checkbox"/> (23) Current drug/alcohol misuse
<input type="checkbox"/> (6) Illegal use of drugs	<input type="checkbox"/> (15) Public health risk	<input type="checkbox"/> (24) Sexual contact/patient abuse
<input type="checkbox"/> (7) Violated state or federal law	<input type="checkbox"/> (16) Unnecessary or inefficacious drugs	<input type="checkbox"/> (25) Acceptance of more than nominal gratuity
<input type="checkbox"/> (8) Failure to cooperate	<input type="checkbox"/> (17) Criminal conviction	
<input type="checkbox"/> (9) Failure to comply	<input type="checkbox"/> (18) Criminal abortion	

**Other Violations of Relevant State or Federal Law or RCW 18.130.170:** \_\_\_\_\_  
 Mental Impairment       Physical Impairment

**B. CLOSED AFTER INVESTIGATION:**

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A8-No jurisdiction
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A11- No whistleblower
<input type="checkbox"/> A3- Unique closure (Panel must explain)	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
<input checked="" type="checkbox"/> A5-Evidence does not support a violation	<input type="checkbox"/> Sexual Misconduct : RCW 18.130.062 No standard of care MQAC retain / Refer to Secretary non clinical

<b>OTHER EXPLANATIONS</b> (Legal Review, Return to Investigation: 1) 2)
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## GUIDE FOR CLOSURE CODES

### September 2011

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, and suspension, death of respondent or other circumstances. <ul style="list-style-type: none"> <li>• (explain): _____            _____            _____</li> </ul>
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> <li>• The evidence is not sufficient to establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision.</li> <li>• This includes situations in which the investigator was unable to obtain all material evidence.</li> </ul>
A-7	Mistaken Identity	The case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the release of complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that:  (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised mlf 0914-2011

**Landreau, Teresa (DOH)**

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**From:** Landreau, Teresa (DOH)  
**Sent:** Thursday, December 15, 2011 11:22 AM  
**To:** Harvey, Susan M (DOH)  
**Subject:** 2011-157783 MD; C.B.; completed investigation

Hi Susan,

We're both assigned to Denise Gruchalla's completed investigation of the complaint from Pt. A. The issue is Respondent (R) C.B.'s failure to detect a cancerous right ovarian tumor during a routine gynecological exam three weeks before the tumor reached nine inches and ruptured. Pt. A weighed 331 lbs. .

R documented that Pt. A denied problems or concerns during the exam, although Pt. A claims to have described significant symptoms. R describes the patient's elevated body mass index as making it quite difficult to detect the tumor. Denise has set out a timeline from the medical records at page 3 of her main report. After chemotherapy the Pt. is reported as cancer free as of 8/14/2011, a year after the tumor was detected.

Please let me know of any assistance I can provide to your review.

Thank you.

Teresa (360) 236-2769

Teresa Landreau, Staff Attorney

Medical Quality Assurance Commission

P.O. Box 47866, Olympia, WA 98504-7866

Desk:(360) 236-2769; Fax: (360) 586-4573

***Promoting Patient Safety and Enhancing the Integrity of the Profession  
through licencing, discipline, rule-making, and education.***

***NOTE: This email exchange is a public record and may be subject to disclosure under Public Records Act, RCW 42.56***

**CONFIDENTIAL INVESTIGATIVE REPORT**  
**PREPARED FOR THE**  
**MEDICAL QUALITY ASSURANCE COMMISSION**

\*\*\*\*\*

**CASE #2011 -157783MD**

**Respondent: Charlie Browne**

**Attorney: None**

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**ILRS Address:**

1 - DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)

\*\*\*\*\*

**Specialty: OB/Gyn**

**Board Certification: OB/Gyn**

**Type of Practice: OB/Gyn Group Health Cooperative**

**DOB: 1/10/1963**

**Licenses: MD 00035431 Iss: 9/2/1997, Exp: 1/10/2013**

**Medical School: 1995 C. Geffen Sch of Med – UCLA, CA**

**Residency: 7/1995 – 6/1999 – UWMC, Seattle, WA - OB/Gyn**

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**Complainant:**

4 - Identity - Whistleblower Regarding Health Care ...

**Attorney: Unknown**

4 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), R...

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Investigative Case File completed by Investigator Denise J Gruchalla PAC  
Date: 11/7/2011

APPROVED: \_\_\_\_\_

*James H. Smith*

DATE: 11-9-11

PRIOR CASE HISTORY:

None

GENERAL CASE SUMMARY

COMPLAINT / ALLEGATIONS: On July 26, 2010 the complainant underwent a routine Gyn examination. About three weeks later the patient was admitted for care related to a cancerous nine inch right ovarian tumor that had ruptured. The patient feels that the tumor would have been visible on external examination at the July visit and that the respondent should have detected it. At the time of that examination the patient weighed 331 lbs.

CASE REVIEW: The complainant is the patient 4 - Identity - Whistleblower Regarding... The Respondent is Charlie Browne MD, a board certified Ob/Gyn with Group Health Cooperative.

The Complaint alleges, relative to a July 26, 2010 gynecologic examination, that the Respondent misdiagnosed her stating "Dr. Browne should have noticed something unusual about my body; he did a full exam and missed a NINE INCH tumor just under my breast. He missed all the tell-tale signs of Ovarian Cancer which is what I had, and at the very least he should have diagnosed PMDD based on the symptoms I was having... Everything he needed to make both diagnosis' was available to him". She also stated that the tumor was "clearly visible to the naked eye".

The Complainant states that at the July 26, 2010 appointment she informed the Respondent about migraines, heavy and frequent menstruation, disabling cramps, 20 pound weight gain over a year, excessive bloating, urinary frequency and constipation. But that after an extensive examination, the Respondent found nothing wrong.

On August 14, 2010 the Complainant presented to Providence St. Peter hospital in Olympia with acute abdominal pain. She was found to have a right ovarian tumor that had burst and required emergency surgery at St. Joseph Hospital in Tacoma. The Complainant was diagnosed with ovarian cancer.

The Respondent stated that he saw the Complainant one time for a routine gynecologic examination on 7/26/2010. He states that the patient record indicates that the complainant denied any problems or concerns which are contrary to what she states in her complaint. The note also documents that the Complainant's "menses was mostly normal". The Respondent documented in the physical exam section that he was unable to feel the uterus and adnexae secondary to the patient's body habitus.

The Respondent opined that the detection of an ovarian tumor can be "quite difficult if not impossible, to appreciate in patients with an elevated body mass index" He also noted that when the patient is also asymptomatic it is rare to diagnose ovarian cancer.

The Respondent also referenced the Complainant's history note by other providers including a visit with her primary care provider on 6/28/2010 and the ER and Oncologist Consult in the ER on 8/17/2010 as being consistent with the history he noted.

The Respondent concludes that the Complainant was asymptomatic without concerns on 7/26/2010 and that given her size, he did not appreciate an ovarian mass and that generally that is "a reassuring sign..." **(Pages 6 – 8)**

*6/28/2010. At that visit, the Complainant was noted to have improved energy and her menses were normalizing. Her TSH was 4.32 and she was being treated for hypothyroidism and depression. Her weight was 326 pounds.*  
**(Pages 15 – 17)**

Review of the patient medical records reveals the following timeline:

7/26/2010 Preventative Visit – Ob/Gyn **(Pages 18 – 20)**

8/14/2010 0734 AM the Complainant called Group Health complaining of RLQ (right lower quadrant) abdominal pain that had started the previous night. never had pain "like this before". Advised to go to St. Peter ER. **(Page 21-22)**

8/14/2010 St. Peter Emergency Department Evaluation: Abrupt onset of right flank, low back pain radiating to RLQ. ROS: Nausea and vomiting and sweats. History: denied similar pain in the past. Denied diarrhea, dysuria, urinary frequency or hematuria. Menstrual period 2 weeks prior. ROS is otherwise negative. **(Pages 23 – 25)**

Physical Exam: abdomen was soft. Tender to palpation in RLQ without rebound or guarding. Right CVA tenderness.

CT scan and Ultrasound revealed a 20 cm right ovarian mass concerning for torsed right ovarian mass.

8/14/2010 937 PM Gyn Consult Heather Irwin MD: **(Pages 26 – 27)**

Physical Exam Findings: No acute distress, pain pretty much gone. Abdomen was obese, soft, nontender. Large palpable mass to the right of umbilicus, extending up into the right upper and right lower quadrant. Pelvic: Not too helpful but confirmed the large non-tender mass.

CT and Pelvic US noted the mass to be complex, predominantly solid without internal flow and compatible with a torsed right ovarian mass.

Recommended transfer to a gynecologic oncologist at St. Joseph Hospital in Tacoma. The complainant was felt to be stable and transported by her father.

8/15/2010 Gynecologic Consult, St. Joseph Med Center, Louis Dainty MD:  
**(Page 28-29)**

8/16/2010 St. Joseph Med Ctr, Operative Note: Bahman Saffari **(Pages 32 – 34)**  
Complainant underwent radical ovarian cancer debulking including total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, right pelvic and periaortic lymphadenectomy and resection of tumor from posterior cul-de-sac. Noted was a 15 – 20 cm cystic mass that had ruptured, and a copious amount of ascites measuring approximately 2 Liters. Lymphadenopathy.

Pathology showed endometrioid adenocarcinoma stage 2A.

8/27/2010 Group Health Cooperative, Oncology Consult: Lavanya Sundararajan MD  
(Pages 37 – 38)

The Complainant started chemotherapy on 9/10/2010 and finished in 2/2011. As of 8/14/2011, she is cancer free.

This investigative report is forwarded to the Medical Quality Assurance Commission for review.

CONTACTS:

Complainant

H/ [4 - Identity - Whistleblower ...] W/ [4 - Identity - Whistleblower R...]

Respondent

Denise J Gruchalla PAC  
Health Care Investigator  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504 – 7866  
Tel: 360-236-2775, Fax: 360-586-4573  
[Denise.gruchalla@doh.wa.gov](mailto:Denise.gruchalla@doh.wa.gov)



ACTIVITY:

<u>Date</u>	<u>Activity</u>
7/06/2011	Investigation authorized
7/18/11	Respondent and Complainant Letters/WB sent
7/26/11	Signed WB waiver approving release of identity received
7/29/11	Case review, investigation initiation and planning
8/01/11	Initial call and voicemail to complainant requested return call to discuss complaint details. Drafted LOCs to Providence St. Peter ROI and DI, St. Joseph Hospital (Franciscan) & Group Health Coop Olympia.
8/02/11	Call from complainant reviewed complaint specifics, DOS and subsequent provider's names. 7/26/2010 Gyn exam with Respondent at GHC, to ER Prov St. Peters 8/14/2010 with abd pain, 8/16/2011 Dr. Bahman Saffari Gyn Oncologist with Franciscan did surgery, chemo with Lavanya Sundararajan MD, GHC started 9/2010 and finished 2/2011. Cancer free now.
9/15/11	LOC requesting MR faxed to Group Health Olympia, Providence St. Peter and Dr. Bahman Saffari, St. Joseph Tacoma.
9/28/11	Pt Med Records for all 3 facilities available on IOD site. Copied to CD.
10/17/11	Respondent LOC with copy of complaint sent USPS.
10/21/11	Received Respondent's statement via e-mail attachment
10/24/11	Email communication with Respondent, received CV, CME and additional visit note from 6/28/2011.
11/7/2011	Investigative report completed and forwarded to the Medical Quality Assurance Commission for review.

## MQAC ASSIGNMENT MEMO

Case #: 2011-157783

Respondent: Browne, Charlie

Date Received: 7-6-11 Date Assigned: 7-6-11

Investigator: DeVise Gruchalla

Priority: A  B  C  D  Code:

- Respondent Notification Letter
- Complainant Acknowledgement Letter
- Whistleblower Letter & Waiver
- Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care
Action w/other state/jurisdiction	Inappropriate Communication	Other	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments: \_\_\_\_\_  
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**Background Check Processed**

JUL 06 2011

**NPDB/HIPDB  
 DEPARTMENT OF HEALTH  
 MEDICAL COMMISSION**

**MQAC REVIEW**  
**Case Number: 2011-157783**

Date: June 27, 2011  
Presented by: George Heye, MD

**Respondent:** BROWNE, CHARLIE, MD King County

**Complainant:** 4 - Identity - Whistleblower Regarding Health Care Pro...

**CASE SUMMARY**

**The Respondent:**

Board Certified:	OBSTETRICS AND GYNECOLOGY
DOB:	01-10-1963
Licensed since:	09-02-1997
Expiration date:	01-10-2013
Medical School:	1995—D. Geffen Sch of Med-UCLA; Los Angeles, CA
Residency:	07/1995-06/1999—U of WA Sch of Med; WA— OBSTETRICS AND GYNECOLOGY

**The Complainant:** A patient

**Malpractice Settlement:**

**The Complaint:** On July 26, 2010 the complainant underwent a routine gyn examination. About three weeks later the patient was admitted for care related to a cancerous nine inch right ovarian tumor that had ruptured. The patient feels that the tumor would have been visible on external examination at the July visit and that the respondent should have detected it. At the time of that examination the patient weighed 331 lbs.

**RCM Review**

**Prior Cases:**

None.

**Recommendation:**

MEDICAL QUALITY ASSURANCE COMMISSION

CMT

Review of Cases

CMT DATE 107/05  
Panel Members/  
Decision:

MQAC CMT - JULY 6, 2011  
William Gotthold, MD, Chair  
Ellen Harder, PA-C  
Terri Elders, Public Member  
Frank Hensley, Public Member  
DECISION: **Investigation authorized**

Case No.: 2011-157783

The attached pages were reviewed:  
044 - 047  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MQAC REVIEW**  
**Case Number: 2011-157783**

Date: June 27, 2011  
Presented by: George Heye, MD

**Respondent:** BROWNE, CHARLIE, MD King County

**Complainant:** 4 - Identity - Whistleblower Regarding Health Care Pro...

**CASE SUMMARY**

**The Respondent:**

Board Certified:	OBSTETRICS AND GYNECOLOGY
DOB:	01-10-1963
Licensed since:	09-02-1997
Expiration date:	01-10-2013
Medical School:	1995—D. Geffen Sch of Med-UCLA; Los Angeles, CA
Residency:	07/1995-06/1999—U of WA Sch of Med; WA— OBSTETRICS AND GYNECOLOGY

**The Complainant:** A patient

**Malpractice Settlement:**

**The Complaint:** On July 26, 2010 the complainant underwent a routine gyn examination. About three weeks later the patient was admitted for care related to a cancerous nine inch right ovarian tumor that had ruptured. The patient feels that the tumor would have been visible on external examination at the July visit and that the respondent should have detected it. At the time of that examination the patient weighed 331 lbs.

**RCM Review**

**Prior Cases:**

None.

**Recommendation:**



Washington State Department of

Health

Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

RECEIVED  
JUN 20 2011

### Complaint Form

COMPLAINT INTAKE  
UNIT RECEIVED

JUN 22 2011

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

Today's Date: 06/16/2011

#### 1. Your Information

Name: 4 - Identity - Whistleblower Regarding Health Care Pr...

Address: 4 - Identity - Whistleblower Regarding Health C...

City: 4 - Identity - Wh...

State: 4 - Identity...

Zip: 4 - Identit...

Phone: Work (4 - Identity - Whistleblow... Home (4 - Identity - Whistleblower Regard...

#### 2. Information about the Facility or Health Care Professional

Type of facility or profession: DOCTOR

Name of facility or professional: DR. CHARLIE BROWNE

Address: 700 LILLY ROAD NE

City: OLYMPIA

State: WA

Zip: 98503

#### 3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient) 3 - Healthcare Inf...

Date of incident: 7/26/2010

#### 4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at **HSQAComplaintIntake@doh.wa.gov**, or fax to 360.236.4818, or mail to:

Washington State Department of Health  
P.O. Box 47857  
Olympia WA 98504-7857.

Please attach any supporting documentation and additional sheets if necessary.

On July 26, 2010 I went to see Dr. Charlie Browne at Group Health Olympia for a routine gynecological exam. A nurse was present during the examination. Dr. Browne performed an extensive examination of my body including both breasts. I informed Dr. Browne that I have been struggling with migraines as well as heavy, frequent menstruation, and disabling cramps. I also weighed in at 331 pounds that day, 20 pounds heavier than a year before, and was excessively bloated, urinating frequently, and constipated. Dr. Browne did not notice anything unusual about my body during the examination, which I would like to point out involved me laying nude from the waist up for an extensive breast exam. 19 days later on August 14th, 2010 I was admitted to St. Peter's Hospital emergency room where it was discovered I had a NINE INCH tumor on my right ovary, which was so large it was visibly protruding out just under my right breast, and had burst causing me excruciating pain, requiring emergency surgery at St. Joseph's Hospital in Tacoma. Dr. Browne should have noticed something unusual about my body, he did a full exam and missed a NINE INCH tumor just under my breast. He missed all the tell-tale signs of Ovarian Cancer which is what I had, and at the very least he should have diagnosed PMDD based on the symptoms I was having and relayed to him. Absolutely everything he needed to make both diagnosis' was available to him. I truly do not understand how a medical doctor can miss such a huge tumor when he's trained to detect them. I worry for the other women out there whom he is performing exams and missing important lumps which may be cancer. In my case, he overlooked a huge tumor that was in fact Ovarian Cancer. If a doctor cannot detect a nine inch tumor which is clearly visible to the naked eye, directly under a breast that he is feeling for lumps, why is he practicing medicine? He had the opportunity to detect that lump and get it assessed before it burst causing a life threatening situation. I very easily could have died from that tumor bursting, I've never ever felt pain like that before or since. This man has no business practicing medicine if he can't detect a nine inch tumor and other common symptoms of cancer. How does a gynecologist miss ALL the tell-tale signs of Ovarian Cancer, including a huge tumor??

<i>For Department of Health use only:</i>			
Reviewed for multiple authority applications	date	name	
Routed to:	Multi-authority coordinator	date	
	Office	date	
	Office	date	



**Case View Screen** [update]



Case Status	2011-157783 (PUBLIC) Intake	Date Created Date Received	06/27/2011 06/22/2011	<b>Audit</b> Entry Items Documents Notes Master Cases <b>Participants</b> Add Master Case Timeline History
Respondent ID Respondent Credential	453185 <b>CHARLIE BROWNE</b> MD.MD.00035431	How Received Receiving Board Receiving Profession Receiving Department Received By	Mail COMMISSION Physician And Surgeon License Case Intake Cynthia R Hamilton	
Complainant ID Complainant	996921 <input type="text" value="4 - Identity - Whistleblower Reg..."/>	<b>Alleged Issues</b> Patient Care Patient Neglect Substandard or Inadequate Care Substandard or Inadequate Skill Level		
		<b>Case Nature</b> Standard of Care/Services		

**Comments:**

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

**Priority History** [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
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**Other Participants** [add]

No additional participants found

**Resolution** [update]

Department: Case Intake Worker: Cynthia R Hamilton Date Closed:	<b>Found Issues</b> none <b>Resolution</b> none
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**Resolution Notes:**

**Current HIPDB Reports.**

Type	Submission Date	Status	DCN	Case ID
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No HIPDB Reports found for this credential.

**Action Items** [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created	User
Intake	Case Intake, Hamilton, Cynthia R			06/27/2011	06/27/2011		06/27/2011	Hamilton, Cynthia R
<b>Target:</b> CHARLIE BROWNE <b>Warning:</b> Warning Type: CASE PENDING Warning Effective Date: 06/27/2011 Suppress License Print: NO Warning: 2011-157783 <b>Case Status:</b> Status Changed To: Intake <b>Action Info:</b> Complaint Source: Patient/Client/Resident Possible Imminent Danger? No Single Complaint Process Coordination Needed? No								



**AMA Physician Profile**

**Name and Mailing Address:**

CHARLES M BROWNE MD  
9730 3RD AVE NE STE 200  
SEATTLE WA 98115-2023

**Primary Office Address:**

SAME AS MAILING ADDRESS

**Phone:** 1-206-985-9553

**Birthdate:** 01/10/1963

**Birthplace:** BRIDGETOWN BAR

**Physician's Major Professional Activity:** OFFICE BASED PRACTICE

**Practice Specialties Self Designated by the Physician\*:**

**Primary Specialty:** OBSTETRICS & GYNECOLOGY

**Secondary Specialty:** UNSPECIFIED

\*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

**AMA membership:** NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

**Current and/or Historical Medical School:**

D GEFFEN SCH OF MED-UCLA, LOS ANGELES CA 90095

**Degree Awarded:** Yes

**Degree Year:** 1995



**AMA Physician Profile**

**Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):**

*Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".*

**Institution:** UNIV OF WA SCH OF MED  
**Specialty :** OBSTETRICS & GYNECOLOGY

**State:** WASHINGTON  
 07/1995 - 06/1999  
 (VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

**Current and/or Historical Medical Licensure:**

<u>Jurisdiction</u>	<u>MD/DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
ARKANSAS	MD	08/06/2010	01/31/2012	ACTIVE	UNLIMITED	06/15/2011
WASHINGTON	MD	09/02/1997	01/10/2013	ACTIVE	UNLIMITED	06/20/2011

**Note:** When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

**Current and/or Historical NPI Information:**

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
None	Reported				

**ECFMG Certification:**

**Applicant Number:**

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



**AMA Physician Profile**

**Federal Drug Enforcement Administration:**

\* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX231	22N 33N 4 5	07/31/2013	06/13/2011

Address: Awhn, 9730 3rd Ave NE Ste 200, Seattle, WA 98115-2023

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

**Specialty Board Certification(s)\*:**

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

**Certifying Board:** AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

**Certificate:** OBSTETRICS & GYNECOLOGY

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/31/2010	12/31/2011	RE-CERT	06/09/2011
TIME LIMITED	12/31/2009	12/31/2010	RE-CERT(**)	06/09/2011
TIME LIMITED	12/31/2008	12/31/2009	RE-CERT(**)	06/09/2011
TIME LIMITED	12/31/2007	12/31/2009	RE-CERT(**)	06/09/2011
TIME LIMITED	12/31/2006	12/31/2008	RE-CERT(**)	06/09/2011
TIME LIMITED	12/07/2001	12/31/2007	INITIAL(**)	06/09/2011

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (\*\*) Indicates an expired certificate.

\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.



## AMA Physician Profile

### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

### Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

### Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
515 N. State Street  
Chicago, IL 60654  
800-665-2882  
312 464-5900 (fax)

**If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.**

**Credential View Screen**

**CHARLIE BROWNE**

**Address:**  
 Public     Mail     Renewal Mail

[change public address]  
 CHARLIE BROWNE  
 1 - DOH Licensee Health Profes...

**ID** 453185  
**Warnings**  
**SSN/FEIN** 2 - DOH Licensee...  
**Contact Standing** Living  
**Contact Type** INDIVIDUAL  
**Birth Date** 01/10/1963  
**Public File** YES  
**Mailing List**  
**Legacy Licensure Name** BROWNE, CHARLIE

**Contact**  
**Audit**  
 Public Cases  
 Cont. Edu  
 Documents  
 Owned By/Key Mgmt  
 Exams  
 Experience  
**Notes**  
 Schools  
**Supervises**  
 SupervisedBy  
 Legacy  
 Librarian  
 Application  
 Other State License

Comments: AR sent 6/1/10

**Physician And Surgeon License [form letter]**

**Credential #** MD.MD.00035431  
**Legacy License #** MD00035431  
**Application Date**  
**Effective Date** 11/30/2010  
**Expiration Date** 01/10/2013  
**First Issuance Date** 09/02/1997  
**Last Date Of Contact**  
**CE Due Date** 01/10/2013

**Credential Status** ACTIVE (12/01/2010)  
**Status Reason** ACTIVE  
**Amount Due** \$0.00  
**Date Last Activity** 12/1/2010 2:02:32 PM  
**Last Updated by** Stewart, Kevin  
**Certificate Sent Date** 12/01/2010

**Audit**  
**Documents**  
**Workflow**  
 Key Mgmt  
**Fees**  
**Notes**  
**Print Docs**  
 Comp. Audit  
 Renewal  
 Legacy

Comments: 010807 A/C DL

**Supervises**    **User Defined License Data**    **Legacy**    **HIPDB**

2011-157783

[update]

Contact Name	Credential	Credential Definition	Board	Supervision Type	Status
Julie Ann Bridge	HCA.HC.00147251	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED IN RENEWAL
ANGELA CHU	HCA.HC.00150673	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	ACTIVE
Marnie Raelene Cockrill	HCA.HC.60043492	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	ACTIVE
SANDRA DELGADO	HCA.HC.00154034	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED IN RENEWAL
ELVIA DIAZ	HCA.HC.00128691	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED IN RENEWAL
Lindsey Grace Divelbiss	HCA.HC.60181782	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	ACTIVE
Yvonne Marie Eckard	HCA.HC.00153102	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED
Yvonne Marie Eckard	HCA.HC.60093185	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	ACTIVE
LISA L EGAN	HCA.HC.00132204	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED
ALICIA M GOODWIN	HCA.HC.00155791	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED IN RENEWAL
MARY A JETT	HCA.HC.00141588	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	ACTIVE
Debbie L Johnson	HCA.HC.00153158	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED
Debbie L Johnson	HCA.HC.60093189	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	ACTIVE IN RENEWAL
Joanie Dorsey Lambert	HCA.HC.00151179	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED IN RENEWAL
CYNTHEA MCGUIRE	HCA.HC.00147255	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	ACTIVE IN RENEWAL
LORENA MEDRANO	HCA.HC.00149420	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED
REBECCA M MORRISON	HCA.HC.00140457	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	EXPIRED
Ashley Marie Nickles	HCA.HC.60179866	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator	PENDING
Christy Michelle	HCA.HC.00143107	HCA-Health Care	SECRETARY	Health Care	EXPIRED IN

Roberson		Assistant Certification	Assistant Delegator	<b>RENEWAL</b>
Martina Romero	HCA.HC.00147813	HCA-Health Care Assistant Certification	SECRETARY Health Care Assistant Delegator	<b>EXPIRED IN RENEWAL</b>
Amanda Noel Struiksma	HCA.HC.60179861	HCA-Health Care Assistant Certification	SECRETARY Health Care Assistant Delegator	<b>ACTIVE</b>
Marlene Akira Tate	HCA.HC.00151449	HCA-Health Care Assistant Certification	SECRETARY Health Care Assistant Delegator	<b>EXPIRED</b>
KATINA WILLIAMS	HCA.HC.00154310	HCA-Health Care Assistant Certification	SECRETARY Health Care Assistant Delegator	<b>EXPIRED IN RENEWAL</b>

**Complainant View for 2011-157783** [back]

4 - Identity - Whistleblower Regardi...

ID	996921
Contact Standing	Living
DOB:	
Phone #	4 - Identity - Whistleblo...
Cell #	
SSN/FEIN	
Public File	YES
Mailing List	
Contact Type	ENFORCEMENT ENTRY

[change address]

4 - Identity - Whistleblower Rega...

Comments:

**Credentials**

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
No Credentials on File						

Update Contact

Change Contact





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

January 27, 2012

4 - Identity - Whistleblower Regarding Health Car...

Subject: Charlie Browne, MD  
RE: Case No. 2011-157783 MD00035431

Dear 4 - Identity - Whistleblower Re...

The Medical Quality Assurance Commission has completed its investigation concerning Charlie Browne, MD. The Commission is committed to protecting the health and safety of citizens of the State of Washington. The Commission takes every complaint seriously.

To take disciplinary action against a physician's license, the Commission is required to prove by clear and convincing evidence, a high burden of proof, that the physician's conduct violated the law. After careful review of the information gathered during the investigation, the Commission determined that the evidence does not support a violation. Based on this review, the Commission closed the case.

You may request reconsideration within thirty days of receiving this letter by submitting new information to the address below. The subject of the investigation by law will be notified of any new information submitted and given a chance to respond.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission.

Sincerely,

Melissa McEachron, Program Administrator  
Medical Quality Assurance Commission  
PO Box 47866, Olympia, WA 98504-7866





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

January 27, 2012

Charlie Browne, MD

1 - DOH Licensee Health Professional Home A...

RE: Charlie Browne, MD  
Case No. 2011-157783 MD00035431

Dear Dr. Browne:

The Medical Quality Assurance Commission has completed its investigation. The Commission is committed to protecting the health and safety of the citizens of the state of Washington. The Commission takes every complaint seriously.

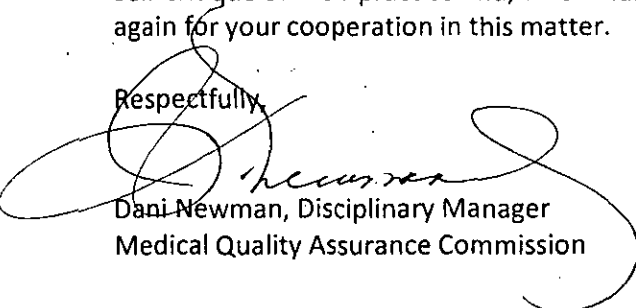
To take disciplinary action against a physician's license, the Commission is required to prove by clear and convincing evidence that the physician's conduct violated the law. After careful review of the information gathered during the investigation, the Commission determined that the evidence does not support a violation. Based on this review, the Commission closed the case.

Washington State law provides you with the right to submit an additional written statement if you wish. Any statement you provide will be added to the investigative file. The investigative file is subject to public release pursuant to the Washington State Public Records Act.

The Washington State Public Records Act also provides you with the right to request copies of documents from the investigative file. If you would like a copy of the investigative report, or copies of documents gathered during the investigation, please submit a request to the Department of Health, Public Disclosure Unit, PO Box 47865, Olympia, WA 98504-7865 or fax your request to 360-586-2171.

The Commission thanks you for your cooperation during this investigation. The Commission understands that being investigated is disconcerting and inconvenient. Many physicians use this experience to initiate a self-critique of their practice and, when indicated, modify or improve certain areas of a practice. Thank you again for your cooperation in this matter.

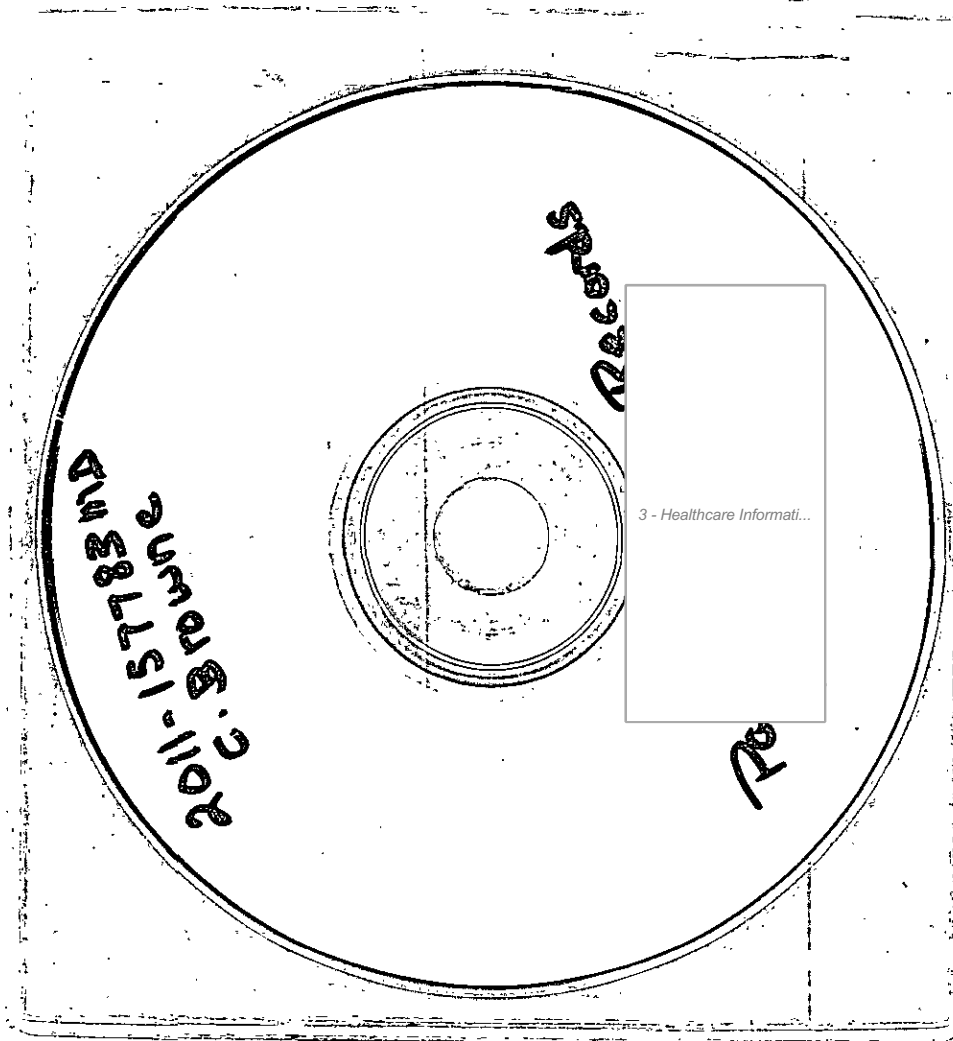
Respectfully,

  
Dani Newman, Disciplinary Manager  
Medical Quality Assurance Commission



EVIDENCE / ATTACHMENTS:

<u>Page</u>	<u>Description</u>
001	WAC 246-15-030 notice
002 – 003	Complaint
004	Whistleblower Waiver
005 – 007	Respondent Statement
008 – 014	Respondent CV & CME
015 – 049	Patient Medical Records
050 – 052	Respondent Letters
053 – 054	Complainant Letters
055 – 066	Correspondence
067 – 074	Email Correspondence
Attachment A	CD of Patient Medical Records <ul style="list-style-type: none"><li>- Group Health Cooperative</li><li>- Providence St. Peter Med Ctr.</li><li>- Franciscan St. Joseph Med Ctr.</li></ul>



**ATTACHMENT A**  
**2011 - 157783MD/Charlie Browne MD**  
**CD Patient Medical Records**

# INVOICE



**Invoice #:** 16342586

**Invoice Date:** 9/20/2011

0.00

**Due Date:** 9/30/2011

**Terms:** Net 10

**WA DEPT OF HEALTH**  
 DENISE GRUCHALLA  
 PO BOX 47866  
  
 OLYMPIA, WA 98504-7866

**Patient:** 3 - Healthcare Information Readily Identifiable...  
**Account #:** 336678  
**Claim / File #:** 2011-157783MD  
**SS #:**  
**DOB:** 3 - Healthcare I...

**Shipping Address:** PO BOX 47866  
 OLYMPIA, WA 98504-7866

Records Requested from: **PROVIDENCE ST PETER HOSPITAL**

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 40	40	\$0.00	\$0.00
Basic Fee \$23.00	1	\$23.00	\$23.00
Copy Charge \$1.04 Per Page 1-30	30	\$1.04	\$31.20
Copy Charge \$.79 Per Page 30 +	10	\$0.79	\$7.90

Product Total:	\$ 62.10	
Postage:	\$ 0.00	
State Tax:		6.50%
City/local Tax:		<u>2.20%</u>
Sales Tax:	\$ 5.40	(8.70%)
-----		
Grand Total:	\$ 67.50	
Credits/Payments:	\$ 0.00	
-----		
<b>Amount Due:</b>	<b>\$ 67.50</b>	

**Please Note:** This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2.

- Payment Options:**
- Use your credit card online at [payportal.iodincorporated.com](http://payportal.iodincorporated.com)
  - Use your credit card by phone at 425-462-7771 x72
  - By mail; please include the payment sheet (page 2) with your check to ensure that your payment is properly applied!

*iod incorporated TaxID No. 65-0765287*  
 PO Box 19072, Green Bay WI, 54307-9072  
 Phone: 425-462-7771 \* Fax: 425-462-7773

# INVOICE



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### MAKE PAYMENT TO:

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PO Box 19072  
Green Bay, WI 54307-9072

TaxID No. 65-0765287

Invoice No: **16342586**  
Requester: **WA DEPT OF HEALTH**  
Account #: **336678**

Patient Name:

Amount Due: **67.50**

Amount Paid \$

Check No

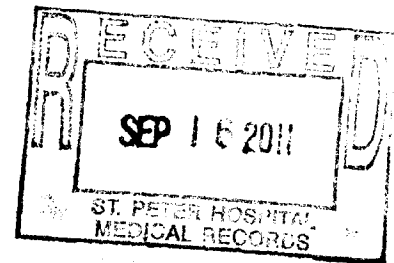
[To make an online payment, please go to payportal.iodincorporated.com](http://payportal.iodincorporated.com)

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

19596833



September 15, 2011

Providence St. Peter Hospital  
Attn: Medical Records  
413 Lilly Rd NE  
Olympia, WA 98506

Re File #: 2011-157783MD

Dear Custodian:

The Washington Medical Quality Assurance Commission has received your complaint and is investigating health care provided by Dr. Charlie Browne.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe Health care. Under the provisions of RCW 18.130.050, the Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Any written statement you make may be released to the person under investigation if a statement of charges is issued.

Under provisions of the above laws you are requested to provide:

- The complete medical records for [redacted] <sup>3 - Healthcare Information Readily Iden...</sup> DOB [redacted] <sup>3 - Healthcare I...</sup> pertaining to her Emergency Department visit on August 14, 2010, to include but not limited to new patient and medical history forms, physician orders, reports, diagnostic imaging of the ultra sound and cat scan studies and the discharge summary.

Forwarded (E-MAIL)  
to Pam M.  
9/16/11  
- JZ -

Copied by IOD Incorporated

DOB: [redacted] ISS: [redacted] SIG: [redacted] AUTH: [redacted] EP: [redacted] Auth:  N  2  3  4  5  6

Address  Verified Payer  CL  No Charge

Cert  Bills  ROI Prob Form  CL Invoice

Date 9/19/11 Emp ID #: 1562

# INVOICE



Invoice #: 16390175

Invoice Date: 9/26/2011

Due Date: 10/6/2011

Terms: Net 10

0.00

WA DEPT OF HEALTH  
DENISE GRUCHALLA  
PO BOX 47866

OLYMPIA, WA 98504-7866

Patient: 3 - Healthcare Information Readily Identifiable...

Account #: 336678

Claim / File #: 2011-157783MD

SS #:

DOB: 3 - Healthcare Info...

Shipping Address: PO BOX 47866

OLYMPIA, WA 98504-7866

Records Requested from: **GROUP HEALTH - CAPITOL HILL FAMILY MEDICAL CENTER**

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 118	118	\$0.00	\$0.00
Basic Fee \$23.00	1	\$23.00	\$23.00
Copy Charge \$1.04 Per Page 1-30	30	\$1.04	\$31.20
Copy Charge \$.79 Per Page 30 +	88	\$0.79	\$69.52

Product Total:	\$ 123.72	
Postage:	\$ 0.00	
State Tax:		6.50%
City/local Tax:		<u>2.20%</u>
Sales Tax:	\$ 10.76	(8.70%)
	-----	
Grand Total:	\$ 134.48	
Credits/Payments:	\$ 0.00	
	-----	
<b>Amount Due:</b>	<b>\$ 134.48</b>	

**Please Note:** This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2.

**Payment  
Options:**

- Use your credit card online at [payportal.iodincorporated.com](http://payportal.iodincorporated.com)
- Use your credit card by phone at 425-462-7771 x72
- By mail; please include the payment sheet (page 2) with your check to ensure that your payment is properly applied!

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Green Bay, WI 54307-9072

TaxID No. 65-0765287

Invoice No: **16390175**  
Requester: **WA DEPT OF HEALTH**  
Account #: **336678**

Patient Name: 3 - Healthcare Information Readily Identifiable to a Person...

Amount Due: **134.48**

Amount Paid \$

Check No

[To make an online payment, please go to payportal.iodincorporated.com](http://payportal.iodincorporated.com)

*iod incorporated TaxID No. 65-0765287  
PO Box 19072, Green Bay WI, 54307-9072  
Phone: 425-462-7771 \* Fax: 425-462-7773*

19 604825

2 933797



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

FILE COPY

September 15, 2011

Group Health Medical Records  
Attn Health Information  
125 16<sup>th</sup> Ave E  
Seattle, WA 98112

Company: HOD Incorporated	
DOB SS SIG	Auth: <u>NA</u> 1 2 3 4 5 6
<input checked="" type="checkbox"/> Address	<input type="checkbox"/> Verified Payer <input type="checkbox"/> CL <input type="checkbox"/> No Charge
<input type="checkbox"/> Cert	<input type="checkbox"/> Bills <input type="checkbox"/> ROI Prob Form <input type="checkbox"/> CL Invoice
Date: <u>9/20/11</u> Emp ID #: <u>1615</u>	

Re File #: 2011-157783MD

Dear Custodian:

The Washington Medical Quality Assurance Commission has received your complaint and is investigating health care provided by Dr. Charlie Browne.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe Health care. Under the provisions of RCW 18.130.050, the Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Any written statement you make may be released to the person under investigation if a statement of charges is issued.

Under provisions of the above laws you are requested to provide:

- The complete medical records for 3 - Healthcare Information Readily Ide... DOB 3 - Healthcare... from July 26, 2010 to September 30, 2010 to include but not limited to chart notes, new patient and medical history forms, physician orders, reports, correspondence, medical referral sheets, testing and evaluation data, procedure reports, diagnostic rapps and studies, radiology reports, x-ray reports, MRI reports, and CT scan reports. ✓

RECEIVED BY: [Signature]

SEP 15 2011

# INVOICE



Invoice #: 16338415

Invoice Date: 9/20/2011

0.00

Due Date: 9/30/2011

Terms: Net 10

WA DEPT OF HEALTH  
DENISE GRUCHALLA  
PO BOX 47866  
  
OLYMPIA, WA 98504-7866

Patient: 3 - Healthcare Information Readily Identifiable L...  
Account #: 336678  
Claim / File #: 2011157783MD  
SS #:  
DOB: 3 - Healthcare Informa...

Shipping Address: PO BOX 47866  
OLYMPIA, WA 98504-7866

Records Requested from: **FMG - SAFFARI, BAHMAN MD**

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 47	47	\$0.00	\$0.00
Basic Fee \$23.00	1	\$23.00	\$23.00
Copy Charge \$1.04 Per Page 1-30	30	\$1.04	\$31.20
Copy Charge \$.79 Per Page 30 +	17	\$0.79	\$13.43

Product Total:	\$ 67.63	
Postage:	\$ 0.00	
State Tax:		6.50%
City/local Tax:		2.20%
Sales Tax:	\$ 5.88	(8.70%)
		-----
Grand Total:	\$ 73.51	
Credits/Payments:	\$ 0.00	
		-----
<b>Amount Due:</b>	<b>\$ 73.51</b>	

**Please Note:** This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2.

- Payment Options:**
- Use your credit card online at [payportal.iodincorporated.com](http://payportal.iodincorporated.com)
  - Use your credit card by phone at 425-462-7771 x72
  - By mail; please include the payment sheet (page 2) with your check to ensure that your payment is properly applied!

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PO Box 19072, Green Bay WI, 54307-9072  
Phone: 425-462-7771 \* Fax: 425-462-7773*

# INVOICE



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TaxID No. 65-0765287

Invoice No: **16338415**  
Requester: **WA DEPT OF HEALTH**  
Account #: **336678**

Patient Name:

Amount Due: **73.51**

Amount Paid \$

Check No

[To make an online payment, please go to payportal.iodincorporated.com](http://payportal.iodincorporated.com)

*iod incorporated TaxID No. 65-0765287  
PO Box 19072, Green Bay WI, 54307-9072  
Phone: 425-462-7771 \* Fax: 425-462-7773*



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

September 15, 2011

Bahman Saffari, MD  
St. Joseph Franciscan  
1624 S I St Ste 205  
Tacoma, WA 98405

Re File #: 2011-157783MD

Dear Dr. Saffari:

Copied by IOD Incorporated

DOB: [redacted] | SSN: [redacted] | IOTH: [redacted] | FA: [redacted] | Auth: N/N 1 2 3 4 5 6

Address    Verified Payer    CL    No Charge

Cert    Bills    ROI Prob Form    CL Invoice

\_\_\_\_\_

\_\_\_\_\_

Date: 9/14/11   Emp ID #: 1483

The Washington Medical Quality Assurance Commission has received your complaint and is investigating health care provided by Dr. Charlie Browne.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe Health care. Under the provisions of RCW 18.130.050, the Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Any written statement you make may be released to the person under investigation if a statement of charges is issued.

Under provisions of the above laws you are requested to provide:

- The complete medical records for [redacted] DOB [redacted] including but not limited to chart notes, new patient and medical history forms, physician orders, medical information exam records, reports, correspondence, medical referral sheets, testing and evaluation data, surgery reports, procedure reports, operative reports, radiology reports, MRI reports, CT scan reports, and any other pertinent information in the patient charts.

## **NOTICE**

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

## **NOTICE**



Washington State Department of

Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

### Complaint Form

RECEIVED  
JUN 20 2011

COMPLAINT INTAKE  
UNIT RECEIVED

JUN 22 2011

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

Today's Date:06/16/2011

#### 1. Your Information

Name: 4 - Identity - Whistleblower Regarding Health Care P...

Address: 4 - Identity - Whistleblower Regarding Health ...

City: 4 - Identity - W...

State: 4 - Identity...

Zip: 4 - Identity...

Phone: Work 4 - Identity - Whistleblower ... Home 4 - Identity - Whistleblower Regardin...

#### 2. Information about the Facility or Health Care Professional

Type of facility or profession: DOCTOR

Name of facility or professional: DR. CHARLIE BROWNE

Address: 700 LILLY ROAD NE

City: OLYMPIA

State: WA

Zip: 98503

#### 3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient) 3 - Healthcare Inf...

Date of incident: 7/26/2010

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at **HSQAComplaintIntake@doh.wa.gov**, or fax to 360.236.4818, or mail to:

Washington State Department of Health

P.O. Box 47857

Olympia WA 98504-7857.

Please attach any supporting documentation and additional sheets if necessary.

On July 26, 2010 I went to see Dr. Charlie Browne at Group Health Olympia for a routine gynecological exam. A nurse was present during the examination. Dr. Browne performed an extensive examination of my body including both breasts. I informed Dr. Browne that I have been struggling with migraines as well as heavy, frequent menstruation, and disabling cramps. I also weighed in at 331 pounds that day, 20 pounds heavier than a year before, and was excessively bloated, urinating frequently, and constipated. Dr. Browne did not notice anything unusual about my body during the examination, which I would like to point out involved me laying nude from the waist up for an extensive breast exam. 19 days later on August 14th, 2010 I was admitted to St. Peter's Hospital emergency room where it was discovered I had a NINE INCH tumor on my right ovary, which was so large it was visibly protruding out just under my right breast, and had burst causing me excruciating pain, requiring emergency surgery at St. Joseph's Hospital in Tacoma. Dr. Browne should have noticed something unusual about my body, he did a full exam and missed a NINE INCH tumor just under my breast. He missed all the tell-tale signs of Ovarian Cancer which is what I had, and at the very least he should have diagnosed PMDD based on the symptoms I was having and relayed to him. Absolutely everything he needed to make both diagnosis' was available to him. I truly do not understand how a medical doctor can miss such a huge tumor when he's trained to detect them. I worry for the other women out there whom he is performing exams and missing important lumps which may be cancer. In my case, he overlooked a huge tumor that was in fact Ovarian Cancer. If a doctor cannot detect a nine inch tumor which is clearly visible to the naked eye, directly under a breast that he is feeling for lumps, why is he practicing medicine? He had the opportunity to detect that lump and get it assessed before it burst causing a life threatening situation. I very easily could have died from that tumor bursting, I've never ever felt pain like that before or since. This man has no business practicing medicine if he can't detect a nine inch tumor and other common symptoms of cancer. How does a gynecologist miss ALL the tell-tale signs of Ovarian Cancer, including a huge tumor??



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
MEDICAL INVESTIGATIONS

\*\*\*\*\*

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME  
PURSUANT TO RCW 43.70.075

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, .... shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Charlie Browne, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: 7/21/11

Please include middle initial

Home Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Day Phone: \_\_\_\_\_

PLEASE RETURN NO LATER THAN August 1, 2011

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

CASE #: 2011-157783MD  
RESPONDENT: Charlie Browne, MD

RECEIVED

JUL 26 2011

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

MD 2011-157783-000004

Begin forwarded message:

**From:** peanuts <[charliebrowne@comcast.net](mailto:charliebrowne@comcast.net)>  
**Date:** October 21, 2011 4:56:39 PM PDT  
**To:** [denise.gruchalla@doh.wa.gov](mailto:denise.gruchalla@doh.wa.gov)  
**Subject:** Response

Dear Ms Gruchalla,

Hello... and pleased to meet you... although, honestly, I'd rather be doing so under different circumstances. (smile)

Please find attached, per your request, a copy of my response letter to your letter (dated Oct 18, 2011) regarding File # 2011 - 157782MD.

You will also find attached a copy of my CV.

I will work on accumulating the list of CMEs this weekend and will get that to you in a separate email.

Please let me know if there is any other information that you need.

Warmly,

Charlie Browne

Charlie Browne, MD FACOG

1 - DOH Licensee Health Professional ...

October 21, 2011

Denise J Gruchalla PAC, Health Care Investigator  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, WA 98504-7866

Dear Ms Gruchalla,

I write in response to your October 18, 2011 letter informing me of a complaint filed by 4 - Identity - Whistleblower Regarding Health C... with the Commission (File #: 2011 - 157783MD).

Attached is a copy of my *curriculum vitae*. I will soon forward you a list of CMEs I have attended in the last three years.

I have reviewed the records of her case and attest that the information and quotes (in italics) that I reference below is to the best of my knowledge accurate. Per your request, the following is an overview of the care I provided to 3 - Healthcare Information... and a response to the allegations in her complaint:

I saw 3 - Healthcare Information ... for a routinely scheduled Gynecological exam on 7/26/10. At that time, she had just recently been diagnosed with thyroid dysfunction (hypothyroidism) and had started treatment for this. Her list of medications were:

- Levothyroxine (for the newly diagnosed hypothyroidism)
- Citalopram (for a history of depression)
- Advair inhaler (for Asthma)
- Albuterol Inhaler (for Asthma)

As I normally would, I asked her specifically about her gynecologic history and whether she had any problems. She stated to me that she was in general good health and, per my note, "*she denied any concerns or problems*". Evidence to substantiate this is reflected in the nursing notes from that same encounter. The process at these visits is that the nurse meets the patient first in the waiting area, brings them back to the room, asks them if there are any specific problems or issues or if it is just a general preventative care type visit. The nurse then reviews medications, ask about any allergies and take their vitals. The nursing notes from that visit state that she was there for a gynecological exam only and describes no complaints from 3 - Healthcare Information R...

As is the norm with such visits, I did a focused exam (Breast and Pelvic regions) and these were both normal. My notes state that the components of her pelvic exam were normal but I was unable to fully feel her uterus and adnexae because of her body habitus.

MD 2011-157783-000000

As 3 - Healthcare Information ... confirmed in her complaint, she weighed approximately 330 lbs at the time of the visit. I also did a Pap smear, the result of which was completely normal.

I see upon reviewing the notes of her history since that visit that on 8/14/10 she presented to the emergency room with abdominal pain, at which time a CT scan and ultrasound were done that show the tumor that she alluded to in her complaint.

It saddens me to hear of any patient who has suffered pain in the process of establishing a diagnosis, far more one whom I had seen shortly before. Nevertheless, irrespective of the size of any ovarian tumor, it can often be quite difficult, if not impossible, to appreciate them in patients with an elevated body mass index. In fact, this is one of the main reasons why the diagnosis of ovarian cancer in the asymptomatic patient is so rare (which is very frustrating to providers and patients alike).

Evidence to substantiate this difficulty in this particular case (from reviewing the records) includes:

1. The examination by the ER doctor at her ER visit (on 8/14/10) states that her abdominal exam was: *"Soft. There is tenderness to palpation in the right lower quadrant without rebound or guarding"*. There was no mention of any mass appreciated during this physical exam either.
2. The exam by the OB/GYN who was called in to see her in the ER after the imaging studies were done that showed the ovarian mass, even with this forehand knowledge commented in her exam that the *"pelvic exam was not too helpful"*.

Again, I am saddened to hear of 3 - Healthcare Information Re... ultimate diagnosis, ovarian cancer. I am also sad to learn that she perceives her history per her complaint (*struggling with migraines, heavy frequent menstruation, disabling cramps, excessively bloated, urinating frequently and constipated*) to be so very different than what is reflected in the contemporaneous records from her visit with me and the other providers she saw shortly before and after her visit with me:

- The history she gave to her PCP on 6/28/10 (prior to seeing me) as reflected in his note: *"...energy is improved and menses normalizing. Her mood is even more even and positive"*.
- The history she gave to me at the time I saw her as reflected in my note: *"she denied any concerns or problems. Menses mostly regular"*.
- The history she gave to the ER doctor who saw her in the ER on 8/17/10 as reflected in his note: *"never had similar pain to this... denies any diarrhea, denies any pain with urination... no frequent urination"*.
- The history she gave to the OB/GYN who saw her in the ER on 8/17/10 as reflected in her note: *"she had been in her usual state of good health and only on close questioning said she had occasional vague pain in her right lower quadrant"*.
- The history she gave to the Oncologist in the ER on 8/17/10 as reflected in his note: *"Gynecologic history: Unremarkable"*.

MD 2011-157183-00006A

- The history she gave to a second Oncologist who she saw for an office visit on 8/27/10 as reflected in his note: "*she was apparently in good health up until when she presented to the ER*". And who further noted in her Gynecologic history that: "*she still gets her period regularly. No menstrual problems*".

In summary, it is my honest and firm understanding that [3 - Healthcare Information ...] was by her own admission totally asymptomatic and without any concerns or problems when I saw her on 7/26/10. Given her body size, I did not appreciate an ovarian mass, one that was later discovered on imaging studies on 8/14/10. It is not the standard of care to obtain imaging studies on patients who present for a normally scheduled routine gynecological exam even when there is difficulty in feeling the size of their ovaries and uterus. In fact, we generally interpret the inability to feel the ovaries as a reassuring sign as this typically suggest that the ovaries are not enlarged. Therefore, I do not believe that I breached any standard with respect to the care I provided to [3 - Healthcare Information R...]

Respectfully,

Charlie Browne, MD FACOG

Charlie Browne, MD FACOG

1 - DOH Licensee Health Professiona...

October 23, 2011

Denise J Gruchalla PAC, Health Care Investigator  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, WA 98504-7866

Dear Ms Gruchalla,

As promised, hereunder is a list of some of my CMEs for the past three years as you requested. Please let me know if there is any more information you need.

2011

- ACOG Maintenance of Certification
- Adult Procedural Sedation, Swedish Medical Center
- NAF 35<sup>th</sup> Annual Meeting, Chicago, IL
- NAF Risk Management Seminar, New Orleans, LA

2010

- ACLS Training, Group Health Cooperative, Seattle, WA
- ACOG Maintenance of Certification
- NAF 34<sup>th</sup> Annual Meeting, Philadelphia, PA
- NAF Risk Management Seminar, Newport Beach, CA

2009

- ACOG Maintenance of Certification
- APIC Essentials of the Infection Surveillance, Prevention & Control Program: Interventions to Prevent Healthcare-Associated Infections; Cleaning, Sterilization & Disinfection; Employee Health; Role of the Environment in Infection Prevention; & Basic Infection Prevention
- NAF 33<sup>rd</sup> Annual Meeting, Portland, OR
- NAF Risk Management Seminar, Denver, CO

Respectfully,

Charlie Browne, MD FACOG

**PERSONAL DATA**

Office Address 9730 3<sup>rd</sup> Ave NE, Ste 200  
Seattle, WA 98115  
(206) 985-9553

Birthplace Bridgetown, Barbados

**ACADEMIA**

Accreditation Association for Ambulatory Health Care  
Wilmette, IL

Accreditation Surveyor 2002

Department of Obstetrics and Gynecology  
Virginia Mason Medical Center, Seattle, WA  
Pelvic Surgery Fellow

2001

Department of Obstetrics and Gynecology  
University of Washington Medical Center, Seattle, WA  
Ob/Gyn Resident

1999

Drew/UCLA Medical Program  
UCLA School of Medicine, Los Angeles, CA  
M.D.

1995

American Association of Pathologists' Fellowship  
Kaiser Permanente Medical Center, Los Angeles, CA

1993

Medical Genetics Fellowship  
Cedars-Sinai Medical Center, Los Angeles, CA

1992

Psychobiology  
UCLA, Los Angeles, CA  
B.S.

1991

Physical Sciences Program  
Long Beach City College, Los Angeles, CA  
A.S.

1985

**LICENSURE**

Washington State  
Arkansas State

1997

2010

**BOARD CERTIFICATION**

Diplomate, American Board of Obstetrics and Gynecology

2001

**PROFESSIONAL POSITIONS**

Medical Director All Women's Health North Seattle, WA	10/07 - Present
Gynecologic Surgeon Group Health Cooperative Seattle, WA	07/99 - Present
Clinical Instructor/Auxiliary Faculty University of Washington Medical Center Seattle, WA	07/99 - Present
Surveyor / Chair Accreditation Association for Ambulatory Health Care Wilmette, IL	2002 - Present
Medical-Legal Consulting Seattle, WA	2000 - Present
Clinic Provider Planned Parenthood of Greater Washington & Northern Idaho Yakima, WA	02/09 - Present
Clinic Provider Little Rock Family Planning Services Little Rock, AR	08/10 - Present
Medical Director Cedar River Clinics Renton, WA	2006 - 12/08
Clinic Provider Cedar River Clinics Yakima, WA	1997 - 2009
Clinic Provider Aurora Medical Services Seattle, WA	2004 - 2007
Clinic Provider All Women's Health Tacoma, WA	2004 - 2006
Clinic Provider	



Seattle Medical & Wellness Clinic Seattle, WA	2002 - 2004
Clinic Provider Planned Parenthood of Western Washington Seattle, WA	06/99 - 11/00
Attending Physician Women's Clinic Harborview Medical Center Seattle, WA	07/99 - 10/05
Consulting Physician Glaser Family Medicine Dysplasia Clinic Swedish Medical Center Seattle, WA	01/99 - 12/02
Lecturer "Providing Services for Obese Patients" NAF 32 <sup>nd</sup> Annual Meeting Minneapolis, MN	2008
Primary Medical Consultant Travelemergency.com	2000
Lecturer "Recognition & Management of Domestic Violence in Primary Care" Update in Primary Care: 3 <sup>rd</sup> Annual Conference Seattle Research Association, Seattle, WA	1999
Instructor Blood Pressure Measurement Standardization Shared Care/American Heart Association	1994
Laboratory Technician Cedars-Sinai Medical Center, Los Angeles, CA	1991
<b>HOSPITAL PRIVILEGES</b>	
Group Health Cooperative – Active Seattle, WA	07/20/99 - Present
Virginia Mason Medical Center – Courtesy Seattle, WA	07/20/99 - Present
Swedish Medical Center – Courtesy Seattle, WA	01/25/00 - Present
University of Washington Medical Center	

Seattle, WA 07/01/99 - 10/01/05  
 Harborview Medical Center  
 Seattle, WA 07/01/99 - 10/01/05

**LEADERSHIP POSITIONS**

Board of Directors Member  
 The Bra Show  
 Seattle, WA 2006 - 2009

Preceptor  
 Primary Care Management and Practicum: Women's Health  
 Seattle University, Seattle, WA 2003 - Present

Mentor  
 Summer Medical Education Program  
 UW School of Medicine, Seattle, WA 2002 - Present

Mentor  
 U-DOC High School Program  
 UW School of Medicine, Seattle, WA 1997 - Present

Primary Advisor  
 Advisory Group for the Domestic Violence & Child Protection Services Project  
 King County Department of Health, Seattle, WA 1997 - 2001

Moderator  
 SPARX Panel on Domestic Violence  
 UW School of Medicine, Seattle, WA 1998 - 1999

President  
 Medical School Class  
 Drew/UCLA Medical Education Program, Los Angeles, CA 1994 - 1995

Clinic Coordinator  
 Inner-city Student-Managed Free Clinic  
 UCLA, Los Angeles, CA 1994 - 1995

Student Representative  
 Biomedical Ethics Committee  
 UCLA, Los Angeles, CA 1994 - 1995

President  
 American Geriatric Society Student Chapter  
 UCLA, Los Angeles, CA 1994

Counselor  
 Suicide Prevention Crisis Line  
 Family Services of Los Angeles, CA 1994

Moderator

South Central Youth Congress, Los Angeles, CA 1993 - 1995

Member  
Committee on Admissions  
Drew/UCLA Medical Education Program, Los Angeles, CA 1993 - 1995

Member  
Medical Education Committee  
UCLA, Los Angeles, CA 1993 - 1995

Member  
University's Institution Education Programs Committee  
Drew University of Medicine & Science, Los Angeles, CA 1993 - 1995

Coordinator  
Symposium on Battered Women  
Martin Luther King Medical Center, Los Angeles, CA 1992

Coordinator  
Men Taking Action Against Rape  
UCLA, Los Angeles, CA 1990 - 1991

#### **RESEARCH EXPERIENCE**

"The Mother's Maneuver: Making the Diagnosis of a Potentially Viable Pregnancy in an Emergent Situation"  
Collaborators: Leslie Miller, MD; Gregory Jurkovich, MD  
UWMC, Seattle, WA 1999

"Comparison of Pregnancy Rates of Minimum Stimulation with Standard Source Protocol in the Treatment of Infertility"  
Collaborators: Nancy Klein, MD  
UWMC, Seattle, WA 1998

"Bone Aging in Achondroplasia Individuals"  
Collaborators: Ralph Lachman, MD; David Rimoin, MD  
International Skeletal Dysplasia Registry, Los Angeles, CA 1995

NIH Research Fellow  
Hypertension in Twins Study, Barbados.  
Collaborators: Clarence Grim, MD; Rasha Soliman, MD  
Drew University of Medicine & Science, Los Angeles, CA 1994

"Prenatal Diagnosis of the Skeletal Dysplasias"  
Collaborators: Rueben Sharony, MD; Ralph Lachman, MD; David Rimoin, MD  
Cedars-Sinai Medical Center, Los Angeles, CA 1993

"Laterality of Verbal & Auditory Stimuli in Split-Brain Patients"  
Collaborators: Sarah Spence, MD, Oren Zaidel, PhD  
UCLA, Los Angeles, CA 1990

**PROFESSIONAL AFFILIATIONS**

Fellow American College of Obstetricians and Gynecologists	2001 - Present
Member The Society of Laparoendoscopic Surgeons	2002 - Present
Member Arkansas Medical Society	2011
Educational Affiliate American College of Obstetricians and Gynecologists	1999 - 2001
Associate Fellow American College of Surgeons	2000 - 2001

**PUBLICATIONS**

Sharony R, Browne C, Lachman RS, Rimoin DL: Prenatal Diagnosis of the Skeletal Dysplasias. *Am J Obstet Gynecol* 1993;169:668-675.

**HONORS/AWARDS**

Service Star Award Group Health Cooperative	2002 & 2003
Patient Satisfaction Survey Award Group Health Cooperative	2003
Certificate Of Appreciation For Teaching Family Medicine Department, Group Health Cooperative	2002
"I Want To Be Like That Person" Award 4th Year Medical School Class, UW School of Medicine	1997
Leroy R. Weekes Award For Excellence in Obstetrics & Gynecology Drew/UCLA Medical Program	1995
Mackenzie Foundation Scholarship UCLA School of Medicine	1993 - 1995
Who's Who Among Students in American Universities & Colleges	1993
Student Award Research Training (START) Scholarship UCLA	1990



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

July 18, 2011

Charlie Browne, MD

1 - DOH Licensee Health Professional Hom...

SUBJECT: Case No: 2011-157783MD

COPY

Dear Dr. Browne:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(4), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. ***The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond.*** In a very small percentage of cases, a statement from you will not be required and no investigator will contact you.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the Investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure What Happens Next? along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2770.

Respectfully,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission

Enclosure: What Happens Next, RCW 18.130.180



MD 2011-157783-000050



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

October 18, 2011

Charlie Browne M.D.

1 - DOH Licensee Health Professional Home Address an...

Re File #: 2011 – 157783MD  
Respondent: Charlie Browne MD

Dear Dr. Browne:

The Medical Quality Assurance Commission has received a complaint from [redacted] concerning the health care you provided to her July 26, 2010. [redacted] alleges that you misdiagnosed a large ovarian tumor. On August 14, 2010 [redacted] required emergent care for acute abdominal pain and found to have a nine inch right ovarian tumor. She was transferred to St. Joseph Hospital in Tacoma, underwent surgery the following and subsequent chemotherapy 2 weeks later. A copy of the complaint is enclosed for your review.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe health care. Under the provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Please be advised this is a preliminary investigation only and no charges have been issued in connection with this investigation.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620 a licensee shall cooperate by providing a full and complete explanation covering the matter under investigation.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Under the terms of the laws mentioned, you are asked to provide:

1. A narrative statement to the allegations
2. An overview of the care you provided to [redacted] on July 26, 2010.



3. A copy of your Curriculum Vita
4. Copies of your last 3 years of CME

You may provide any other information you would like the Commission to consider.

Please note that the patient medical records have been acquired from Group Health.

*You may consult with and engage an attorney at your expense to represent you in this matter before making your response. Your response may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you, please have the attorney file a Letter of Representation at the address below.*

Please submit your response **within fourteen (14) days after receipt** of this letter. Mail your response to:

Denise J Gruchalla PAC, Health Care Investigator  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,



Denise J Gruchalla  
Tel: 360-236-2775, Fax 360-586-4573  
Denise.gruchalla@doh.wa.go

Attachments: Copy of Complaint

00 10 11



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

July 18, 2011

4 - Identity - Whistleblower Regardi...

COPY

RE: Charlie Browne, MD  
Case No. 2011-157783MD

Dear 4 - Identity - Whistleblow...

Thank you for your recent letter in which you express concerns regarding medical care provided by Charlie Browne, MD. Your complaint has been assigned case number 2011-157783MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2770.

Sincerely,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98506-7866

Enclosures: What Happens Next?  
RCW 18.130.180



MD 2011-157183-000053





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

July 18, 2011

4 - Identity - Whistleblower Reg...

RE: Charlie Browne, MD  
Case No. 2011-157783MD

COPY

Dear 4 - Identity - Whistleblow...

Washington state law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, an investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your complaint.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form of an Authorization to Release Complainant's Name will be necessary. I have enclosed this form for your signature, along with a postage paid envelope for its return. Once your waiver is received, your identity will be released solely for the purposes of investigation and adjudication as necessary. Your identity will be protected in all other instances and will not be released in response to public disclosure requests. **Your signed waiver is due back to this office no later than August 1, 2011.**

If you have any questions, please contact me at (360) 236-2770.

Thank you for your cooperation.

Sincerely,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission  
Medical Investigations  
PO Box 47866  
Olympia, WA 98504-7866

Attachments: Return Envelope  
Waiver of Confidentiality of Identity



MD 2011-157783-000054



## Fax

Date: September 15, 2011

Number of pages including cover 3  
sheet: \_\_\_\_\_

To: **Group Health Medical Records**

Attn: Health Information  
\_\_\_\_\_  
\_\_\_\_\_

Phone: 206-326-3058  
\_\_\_\_\_

Fax phone: 206-326-2599  
\_\_\_\_\_

CC: \_\_\_\_\_

From: **Denise Gruchalla, PAC**

**Health Care Investigator**  
\_\_\_\_\_  
\_\_\_\_\_

Phone: 360-236-2775  
\_\_\_\_\_

Fax 360-236-2795  
\_\_\_\_\_

REMARKS:  Urgent  For your review  Reply ASAP  Please comment

Thank you for your anticipated cooperation.

**ATTENTION:** The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above (or the employee or agent responsible to deliver it to the intended recipient). If you received this in error, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you *have* received this message in error, please notify us by telephone immediately, and return the original message to us at the address listed above via U.S. Postal Service. We will, of course, be happy to reimburse you for any costs. Thank you.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
*PO Box 47866, Olympia, WA 98504-7866*

September 15, 2011

Group Health Medical Records  
Attn Health Information  
125 16<sup>th</sup> Ave E  
Seattle, WA 98112

Re File #: 2011-157783MD

Dear Custodian:

The Washington Medical Quality Assurance Commission has received your complaint and is investigating health care provided by Dr. Charlie Browne.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe Health care. Under the provisions of RCW 18.130.050, the Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Any written statement you make may be released to the person under investigation if a statement of charges is issued.

Under provisions of the above laws you are requested to provide:

- The complete medical records for  DOB  from July 26, 2010 to September 30, 2010 to include but not limited to chart notes, new patient and medical history forms, physician orders, reports, correspondence, medical referral sheets, testing and evaluation data, procedure reports, diagnostic rapps and studies, radiology reports, x-ray reports, MRI reports, and CT scan reports.



Page 2  
Group Health Medical Records  
September 15, 2011

Please send copies of the records within fourteen (14) days after receipt of this letter. It is requested that records and images be provided in CD format, if available. **Note: If there is a charge for the copying of the records, please include your federal tax identification number on your billing statement.** If copying costs will exceed \$100.00, please advise before copying. Copies are to be sent to:

Denise Gruchalla, PAC, Health Care Investigator  
Department of Health  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,



Denise Gruchalla, PAC, Health Care Investigator  
360-236-2775  
Fax 360-236-2795

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 0225  
DESTINATION TEL # 82063262599p6126292  
DESTINATION ID  
ST. TIME 09/15 11:23  
TIME USE 00'38  
PAGES SENT 3  
RESULT OK

MEDICAL QUALITY ASSURANCE COMMISSION  
MEDICAL INVESTIGATIONS

P.O. BOX 47866  
OLYMPIA, WASHINGTON 98504-7866



Fax

Date: September 15, 2011  
Number of pages including cover 3  
sheet: \_\_\_\_\_

To: **Group Health Medical Records**  
Attn: Health Information

Phone: 206-326-3058  
Fax phone: 206-326-2599  
CC:

From: **Denise Gruchalla, PAC**  
**Health Care Investigator**

Phone: 360-236-2775  
Fax 360-236-2795

REMARKS:  Urgent  For your review  Reply ASAP  Please comment

Thank you for your anticipated cooperation.

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## Fax

Date: September 15, 2011

Number of pages including cover sheet: 3

To: **Providence St Peter Hospital**

Attn: Medical Records

Phone: 360-493-7181

Fax phone: 360-493-4277

CC: \_\_\_\_\_

From: **Denise Gruchalla, PAC**

**Health Care Investigator**

Phone: 360-236-2775

Fax: 360-236-2795

REMARKS:     Urgent     For your review     Reply ASAP     Please comment

Thank you for your anticipated cooperation.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
*PO Box 47866, Olympia, WA 98504-7866*

September 15, 2011

Providence St. Peter Hospital  
Attn: Medical Records  
413 Lilly Rd NE  
Olympia, WA 98506

Re File #: 2011-157783MD

Dear Custodian:

The Washington Medical Quality Assurance Commission has received your complaint and is investigating health care provided by Dr. Charlie Browne.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe Health care. Under the provisions of RCW 18.130.050, the Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Any written statement you make may be released to the person under investigation if a statement of charges is issued.

Under provisions of the above laws you are requested to provide:

- The complete medical records for  DOB  pertaining to her Emergency Department visit on August 14, 2010, to include but not limited to new patient and medical history forms, physician orders, reports, diagnostic imaging of the ultra sound and cat scan studies and the discharge summary.



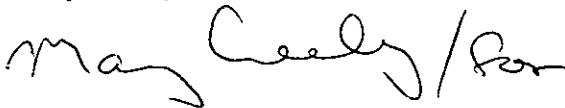
Page 2  
Providence St. Peter Hospital  
September 15, 2011

Please send copies of the records within fourteen (14) days after receipt of this letter. It is requested that records and images be provided in CD format, if available. **Note: If there is a charge for the copying of the records, please include your federal tax identification number on your billing statement.** If copying costs will exceed \$100.00, please advise before copying. Copies are to be sent to:

Denise Gruchalla, PAC, Health Care Investigator  
Department of Health  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,

A handwritten signature in black ink, appearing to read "Denise Gruchalla" followed by a stylized flourish or initials.

Denise Gruchalla, PAC, Health Care Investigator  
360-236-2775  
Fax 360-236-2795



\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 0226  
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DESTINATION ID  
ST. TIME 09/15 12:14  
TIME USE 00:31  
PAGES SENT 3  
RESULT OK

MEDICAL QUALITY ASSURANCE COMMISSION  
MEDICAL INVESTIGATIONS

P.O. BOX 47866  
OLYMPIA, WASHINGTON 98504-7866



### Fax

Date: September 15, 2011  
Number of pages including cover sheet: 3

To: **Providence St Peter Hospital**

Attn: Medical Records

Phone: 360-493-7181

Fax phone: 360-493-4277

CC: \_\_\_\_\_

From: **Denise Gruchalla, PAC**  
**Health Care Investigator**

Phone: 360-236-2775

Fax 360-236-2795

REMARKS:  Urgent  For your review  Reply ASAP  Please comment

Thank you for your anticipated cooperation.

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## Fax

Date: September 15, 2011

Number of pages including cover sheet: 3

To: Dr. Bahman Saffair

\_\_\_\_\_  
\_\_\_\_\_

Phone: 253-426-4780

Fax phone: 253-426-4599

CC: \_\_\_\_\_

From: Denise Gruchalla, PAC  
Health Care Investigator

\_\_\_\_\_  
\_\_\_\_\_

Phone: 360-236-2775

Fax 360-236-2795

REMARKS:  Urgent  For your review  Reply ASAP  Please comment

Thank you for your anticipated cooperation.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
*PO Box 47866, Olympia, WA 98504-7866*

September 15, 2011

Bahman Saffari, MD  
St. Joseph Franciscan  
1624 S I St Ste 205  
Tacoma, WA 98405

Re File #: 2011-157783MD

Dear Dr. Saffari:

The Washington Medical Quality Assurance Commission has received your complaint and is investigating health care provided by Dr. Charlie Browne.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe Health care. Under the provisions of RCW 18.130.050, the Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Any written statement you make may be released to the person under investigation if a statement of charges is issued.

Under provisions of the above laws you are requested to provide:

- The complete medical records for  DOB  including but not limited to chart notes, new patient and medical history forms, physician orders, medical information exam records, reports, correspondence, medical referral sheets, testing and evaluation data, surgery reports, procedure reports, operative reports, radiology reports, MRI reports, CT scan reports, and any other pertinent information in the patient charts.



MD 2011-157783-000004



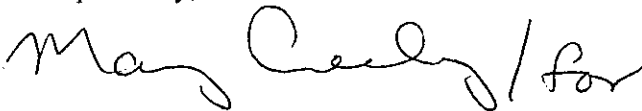
Page 2  
Dr. Bahman Saffari  
September 15, 2011

Please send copies of the records within fourteen (14) days after receipt of this letter. It is requested that records and images be provided in CD format, if available. **Note: If there is a charge for the copying of the records, please include your federal tax identification number on your billing statement.** If copying costs will exceed \$100.00, please advise before copying. Copies are to be sent to:

Denise Gruchalla, PAC, Health Care Investigator  
Department of Health  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,

A handwritten signature in black ink, appearing to read "Denise Gruchalla / for". The signature is written in a cursive, flowing style.

Denise Gruchalla, PAC, Health Care Investigator  
360-236-2775  
Fax 360-236-2795

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 0227  
DESTINATION TEL # 82534264599p6126292  
DESTINATION ID  
ST. TIME 09/15 12:38  
TIME USE 00'33  
PAGES SENT 3  
RESULT OK

MEDICAL QUALITY ASSURANCE COMMISSION  
MEDICAL INVESTIGATIONS

P.O. BOX 47866  
OLYMPIA, WASHINGTON 98504-7866



### Fax

Date: September 15, 2011  
Number of pages including cover sheet: 3

To: **Dr. Bahman Saffair**

Phone: 253-426-4780

Fax phone: 253-426-4599

CC:

From: **Denise Gruchalla, PAC**  
**Health Care Investigator**

Phone: 360-236-2775

Fax 360-236-2795

REMARKS:  Urgent  For your review  Reply ASAP  Please comment

Thank you for your anticipated cooperation.

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BROWNE, CHARLIE MD\_2011-157783 PAGE310

**Gruchalla, Denise J (DOH)**

---

**From:** charliebrowne@comcast.net  
**Sent:** Monday, October 24, 2011 3:10 PM  
**To:** Gruchalla, Denise J (DOH)  
**Cc:** charliebrowne@comcast.net  
**Subject:** Re: Response

Excellent.

Okay... I faxed it a little while ago (addressed to you).

Have a good rest of the day, and thank you again.

Charlie Browne

---

**From:** "Denise J Gruchalla (DOH)" <Denise.Gruchalla@DOH.WA.GOV>  
**To:** charliebrowne@comcast.net  
**Sent:** Monday, October 24, 2011 2:44:09 PM  
**Subject:** RE: Response

Dear Dr. Browne;

For the purpose of investigation, MQAC is HIPAA exempt; further respondents are required to cooperate with investigations and provide records as requested. Also, as matter of due process, you have the right to provide information, documents and evidence that supports your rationale and medical care and that you would like the Commission to consider.

It might be a good idea to fax a copy of the record so I can add it to the patient medical records and paginate for easy reference. Currently, as a cut and paste it will print in the middle of the e-mail string and I place e-mails in a separate section of the investigative file. Much like medical records, we organize the file with specific types of documents in sections and in a specific order.

I am working off-site today but will be in the office tomorrow. Our fax is secure and goes right to investigations, if you fax it today just be sure to address it to me, whoever takes the fax off will put it in my inbox. I will check on it tomorrow.

Thank You,

Denise J Gruchalla PAC, Health Care Investigator  
Department of Health  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866  
Tel: 360-236-2775, Fax: 360-5864573  
[Denise.gruchalla@doh.wa.gov](mailto:Denise.gruchalla@doh.wa.gov)

1

**From:** charliebrowne@comcast.net [mailto:charliebrowne@comcast.net]

**Sent:** Monday, October 24, 2011 1:31 PM

**To:** Gruchalla, Denise J (DOH)

**Cc:** charliebrowne@comcast.net

**Subject:** Re: Response

Dear Ms Gruchalla,

I have that visit note (of 6/28/10) and can fax it to you in minutes.

I also "copy and paste" it hereunder, in case that suffices. Again, I attest to the authenticity of what I send you as being unaltered and accurate to the best of my knowledge.

I did not clarify this specifically, but I presume that in sending you this information (given that you are with the MQAC and already have her other records to boot), I am not violating any confidentiality or HIPAA regulations, yes?

(fingers crossed...)

Charlie Browne

**Gruchalla, Denise J (DOH)**

---

**From:** charliebrowne@comcast.net  
**Sent:** Monday, October 24, 2011 1:31 PM  
**To:** Gruchalla, Denise J (DOH)  
**Cc:** charliebrowne@comcast.net  
**Subject:** Re: Response

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I did not clarify this specifically, but I presume that in sending you this information (given that you are with the MQAC and already have her other records to boot), I am not violating any confidentiality or HIPAA regulations, yes?

(fingers crossed...)  
Charlie Browne

*3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)*

MD 2011-157783-000000



3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)

3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)

3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)

---

**From:** "Denise J Gruchalla (DOH)" <Denise.Gruchalla@DOH.WA.GOV>  
**To:** "peanuts" <charliebrowne@comcast.net>  
**Sent:** Monday, October 24, 2011 9:44:49 AM  
**Subject:** RE: Response

Dear Dr. Browne,

Thank you for your kind e-mail and timely and thorough response.

I did a brief review of your response letter and attachments. There appears to be 6 attached documents: your response letter, CV, CME, and 2 e-mails; the last doc appears to be blank and I can't imagine what it would be but thought you should know.

In your response you referenced an appointment that the complainant had with her PCP on 6/28/2010, prior to her visit with you and which cited patient history and ROS. I have the complainant's medical records from the date of her appointment with you and forward. It seems however, that the 6/28/2010, appointment, as you pointed out, is relevant to this complaint and should be included. Would it be possible for you to send me that note either by e-mail or fax? If not, please let me know so that I can acquire it by other means.

If I have all documents, I may be able to get this case completed and forwarded to the Commission by the end of the month. However, the next Commission meeting is November 17-18, 2010 which may not allow enough time for the preparation and review that a case has to go through to be ready for presentation. I think it is more likely that the case would be presented at the January meeting.

Sincerely,

Denise J Gruchalla PAC, Health Care Investigator  
Department of Health  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866  
Tel: 360-236-2775, Fax: 360-5864573  
[Denise.gruchalla@doh.wa.gov](mailto:Denise.gruchalla@doh.wa.gov)

---

**From:** peanuts [mailto:charliebrowne@comcast.net]  
**Sent:** Monday, October 24, 2011 7:52 AM  
**To:** Gruchalla, Denise J (DOH)  
**Subject:** Fwd: Response

Dear Ms Gruchalla,

As promised, please find attached the list of CMEs.

Please let me know if there is any other information that you need.

Sincerely,

Charlie Browne



GROUP HEALTH MEDICAL CENTER - TACOMA  
209 Martin Luther King Jr. Way  
Tacoma, WA 98405-4267

Date: 10-24-11

To: DENISE CORUCHALLA

Phone: \_\_\_\_\_

Fax: 360-586-4573

From: CHARLIE BROWNE, MD  
Group Health Tacoma Specialty, OB/GYN and Midwifery

Phone: 253-596-3540

Fax: 253-596-3556

CC: \_\_\_\_\_

# of Pages (including cover sheet): 4

Urgent

Reply

Review

**Comments:**

*PLEASE FIND VISIT NOTE OF 6/28/10, per your request.*

**\*\*\*Confidentiality Statement\*\*\***

This document accompanying this facsimile transmission may contain confidential information belonging to the sender that is protected by Washington State and/or Federal law. This information is solely for the use of the addressee named above. You may be exposed to legal liability if you disclose this information to another person.

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Redaction Summary ( 84 redactions )

---

4 Privilege / Exemption reasons used:

1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" ( 7 instances )

2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" ( 1 instance )

3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 37 instances )

4 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" ( 39 instances )



Page 313, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance  
Page 314, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance  
Page 315, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance  
Page 316, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance