

## COMPLIANCE REQUIREMENT SUMMARY

16-Apr-04

<b>NAME</b>	Dickinson, Katherine E	<b>CASE</b>	02-07-0031MD
<b>DOB</b>	29-May-1959	<b>MED SCH -YR</b>	Georgetown University
<b>LICENSE</b>	MD 34326	<b>DOCKET</b>	02-12-A-1026MD
<b>ISSUED</b>	11/18/1996	<b>SPECIALTY</b>	Family Practice
<b>EXPIRES</b>	05/29/2005	<b>RCW</b>	18.130.180 (4)
<b>ORDER TYPE</b>	Stipulation To Informal Disposition dated 2/27/03		
<b>TERMS</b>	Satisfy terms and conditons (13) months.		

*Requirements set forth below reflects only part of the terms of your Order. You are expected to adhere to all the terms of the Order.*

REQUIREMENTS	DUE	REC
<p><b>2.1</b> Within twelve (12) months of the effective date of this Agreed Order, Respondent shall attend and satisfactorily complete a minimum of four (4) hours at Category I continuing medical education in the area of current management of obstructive labor, with an emphasis on persistent posterior arrested labor. After the completion of the CME hours, Respondent shall prepare a typed written paper detailing the indications and contra-indications of vacuum extraction. Respondent shall submit proof of the completion of the CME hours and the typed written paper within thirteen (13) months of the effective date of this Stipulation to Informal Disposition to:</p> <p style="padding-left: 40px;">Dirk Gillespie, Compliance Officer Medical Quality Assurance Commission 1300 S.E. Quince Street P. O. Box 47866 Olympia, Washington 98504-7866</p>	16-Feb-04	<p>1/12/04</p> <p>Approved by Dr. GH</p>
FINE REQUIREMENT	DUE	REC
<p><b>2.2</b> Respondent agrees to pay <b>\$500.00</b> for administrative costs incurred in this case.</p>	4/20/03	2/26/03

Address: 1530 Ellis Street, Bellingham WA 98225  
 Staff Atty: Michael Farrell                      AAG: none  
               RCM: Hampton Irwin, MD  
 Counsel: none  
 Address:

# COMPLIANCE REQUIREMENT SUMMARY

09-Feb-04

<b>NAME</b>	Dickensen, Katherine E	<b>CASE</b>	02-07-0031MD
<b>DOB</b>	29-May-1959	<b>MED SCH -YR</b>	Georgetown University
<b>LICENSE</b>	MD 34326	<b>DOCKET</b>	02-12-A-1026MD
<b>ISSUED</b>	11/18/1996	<b>ORDER TYPE</b>	Stipulation to Informal Disposition (12/18/02)
<b>SPECIALTY</b>	Family Practice	<b>TERMS</b>	Satisfy the terms of the STID
<b>RCW</b>	18.130.180(4)	<b>LENGTH</b>	13 Months

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<p><b>2.2</b> Respondent agrees to pay <b>\$500.00</b> for administrative costs incurred in this case.</p>	4/20/03	2/26/03

Address: 1530 Ellis Street, Bellingham WA 98225  
 Staff Atty: Michael Farrell AAG: none  
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 Counsel: none  
 Address:

## COMPLIANCE REQUIREMENT SUMMARY

09-Feb-04

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<b>LICENSE</b>	MD 34326	<b>DOCKET</b>	02-12-A-1026MD
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<b>SPECIALTY</b>	Family Practice	<b>TERMS</b>	Satisfy the terms of the STID
<b>RCW</b>	18.130.180(4)	<b>LENGTH</b>	13 Months

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FINE REQUIREMENT	DUE	REC
<p><b>2.2</b> Respondent agrees to pay <b>\$500.00</b> for administrative costs incurred in this case.</p>	4/20/03	2/26/03

Address: 1530 Ellis Street, Bellingham WA 98225  
 Staff Atty: Michael Farrell                      AAG: none  
               RCM: Hampton Irwin, MD  
 Counsel: none  
 Address:

# COMPLIANCE REQUIREMENT SUMMARY

06-Aug-03

<b>NAME</b>	Dickensen, Katherine E	<b>CASE</b>	02-07-0031MD
<b>DOB</b>	29-May-1959	<b>MED SCH -YR</b>	Georgetown University
<b>LICENSE</b>	MD 34326	<b>DOCKET</b>	02-12-A-1026MD
<b>ISSUED</b>		<b>ORDER TYPE</b>	Stipulation to Informal Disposition (12/18/02)
<b>SPECIALTY</b>	Family Practice	<b>TERMS</b>	
<b>RCW</b>	18.130.180(4)	<b>LENGTH</b>	13 Months

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FINE REQUIREMENT	DUE	REC
<p><b>2.2</b> Respondent agrees to pay five hundred dollars (<b>\$500.00</b>) for administrative costs incurred in this case. Respondent agrees to send the payment within ninety (90) days of the effective date of this Stipulation to Informal Disposition.</p>	4/20/03	2/26/03

Address: 1530 Ellis Street, Bellingham WA 98225  
 Staff Atty: Michael Farrell      AAG: none  
 RCM: Hampton Irwin, MD  
 Counsel: none  
 Address:

## COMPLIANCE REQUIREMENT SUMMARY

<b>Name:</b>	Dickensen, Katherine E.	<b>Case #:</b>	02-07-0031MD
<b>D.O.B.:</b>	5-29-1959	<b>Docket #:</b>	02-12-A-1026MD
<b>Specialty:</b>	Fam. L. Practice	<b>Med School:</b>	Georgetown University
		<b>Grad Yr.:</b>	1985

**Notice:** Requirements set forth below reflect only part of the terms of your Order. You are expected to adhere to all the terms in the Order.

Requirements	Due	Received
<p>2.1 Within twelve months of the effective date of this Stipulation To Informal Disposition, Respondent shall attend and satisfactorily complete a minimum of four hours at Category I continuing medical education in the area of current management of obstructive labor, with an emphasis on persistent posterior arrested labor. After the completion of the CME hours, Respondent shall prepare a typed written paper detailing the indications and contra-indications of vacuum extraction. Respondent shall submit proof of the completion of the CME hours and the typed written paper within 13 months of the effective date of this Stipulation to Informal Disposition to:</p> <p style="padding-left: 40px;">Dirk Gillespie, Compliance Officer Medical Quality Assurance Commission 1300 S.E. Quince Street P.O. Box 47866 Olympia, Washington 98504-7866.</p>	2/16/04	
<p>2.3 This Stipulation to Informal Disposition shall terminate automatically when the Department receives written verification that Respondent has successfully completed the CME required in paragraph 2.1, and paid the costs required in paragraph 2.2, above.</p>	N/A	N/A
<b>Fine Requirement</b>	<b>\$500</b>	4/20/03 2.26-03

### CONTINUING EDUCATION COMPLETED BY MQAC

Course Title	Date(s) Attended	Verified	Hours

Address: 1530 Ellis Street, Bellingham WA 98225  
License No: MD34326  
Reviewing Commission Member: Hampton Irwin, MD  
Staff Attorney: Mike Farrell

**STATEMENT OF ALLEGATIONS Information Sheet**  
**Health Professions Section Five**

Docket Number: 02-12-A-1026MD	
Case Number(s): 02-07-0031MD	
<b>Respondent Information:</b>	
Name:	<u>Katherine E. Dickinson, MD</u>
Address:	<u>1530 Ellis Street</u> <u>Bellingham, WA 98225</u>
License No.	<u>MD00034326</u>
Date of Birth:	<u>05-29-1959</u>
<b>Respondent's Attorney: (must file Notice of Appearance)</b>	
Name:	<u>N/A</u>
Address:	<u></u> <u></u> <u></u>
Phone No.	<u></u>
FAX No.	<u></u>
<b>Principle Assignments:</b>	
RCM:	<u>H. Irwin</u>
Staff Attorney:	<u>M. Farrell</u>
AAG:	<u>N/A</u>
<b>Service Information:</b>	
Date SOA/STID Served:	<u>12/10/02</u>
2nd Service (if necessary)	<u></u>
<b>Copies To:</b>	
RCM:	<u></u>
SA:	<u></u>
ACO:	<u></u>
Dirk/Dani:	<u></u>
<b>Date Entered in On Track:</b> <u>12/11/02</u> <b>&amp;</b> <b>Timeline:</b> <u>12/11/02</u>	
<b>Default Date:</b> <u></u>	
<b>Date Signed Stid Received:</b> <u></u>	
<b>Miscellaneous Information:</b> <u>BC in Family Practice / Georgetown U / 1985</u>	

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

In the Matter of the License to Practice	)	
As a Physician and Surgeon of:	)	<b>Docket No. 02-12-A-1026MD</b>
	)	
KATHERINE E. DICKINSON, MD	)	STATEMENT OF ALLEGATIONS
License No. MD00034236	)	AND SUMMARY OF EVIDENCE
	)	
Respondent.	)	
_____	)	

The Program Manager of the Medical Quality Assurance Commission, on designation by the Commission, makes the allegations below, which are supported by evidence contained in program case file number 2002-07-0031MD. Any patients referred to in this Statement of Allegations and Summary of Evidence are identified in an attached Confidential Schedule.

**Section 1: ALLEGED FACTS**

1.1 Katherine E. Dickinson, MD, Respondent, was issued a license to practice as a physician and surgeon by the state of Washington in November 1996.

1.2 On or about October 2, 2000, Respondent, in attempting to deliver an infant, used a vacuum extractor and attempted to rotate the vertex with a vacuum extractor. Respondent then tried several pulls without progress. The infant suffered a subgaleal bleed and died a few days later.

**Section 2: SUMMARY OF EVIDENCE**

- 2.1 Records of Mount Baker Family Medicine of Patient One.
- 2.2 Records of St. Joseph Hospital of Patient One.
- 2.3 Letter from Respondent to Bonita James, dated August 28, 2002.

### **Section 3: ALLEGED VIOLATIONS**

3.1 The facts alleged in paragraphs 1.2 and 1.3, if proven, would constitute unprofessional conduct, in violation of RCW 18.130.180(4), which provides in part:

(4) ... negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed.

### **Section 4: NOTICE TO RESPONDENT**

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and Summary of Evidence, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen days to the Leann Yount, Department of Health, Section 5, 1300 SE Quince Street, Olympia, Washington 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Michael L. Farrell, Department of Health Staff Attorney, 1500 West Fourth Avenue, Suite 313, Spokane, Washington 99204, (509) 458-3643, within fourteen days.

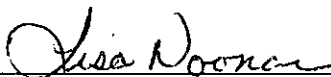
4.4 If Respondent does not respond within fourteen days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

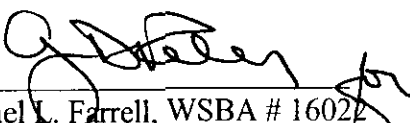
4.5 In the event Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a statement of charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED this 10<sup>th</sup> day of December, 2002.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

  
\_\_\_\_\_  
Lisa Noonan, Program Manager

  
\_\_\_\_\_  
Michael L. Farrell, WSBA # 16022  
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 02-07-0031MD

## CONFIDENTIAL SCHEDULE

**Respondent: Katherine E. Dickinson, MD**

**Docket No. 02-12-A-1026MD**

**Program No. 2002-07-0031MD**

**This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d)**

Patient One

2 - Healthcare Information Rea...

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

In the Matter of the License to Practice	)	
As a Physician and Surgeon of:	)	<b>Docket No. 02-12-A-1026MD</b>
	)	
KATHERINE E. DICKINSON, MD	)	STIPULATION TO INFORMAL
License No. MD00034236	)	DISPOSITION
	)	
Respondent.	)	
	)	

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**Section 1: STIPULATION**

The parties to the above-entitled matter stipulate as follows:

1.1 Katherine E. Dickinson, MD, Respondent, is informed and understands that the Program Manager of the Medical Quality Assurance Commission, on designation by the Commission, has made the following allegations:

1.1.1 Katherine E. Dickinson, MD, Respondent, was issued a license to practice as a physician and surgeon by the state of Washington in November 1996.

1.1.2 On or about October 2, 2000, Respondent, in attempting to deliver an infant, used a vacuum extractor and attempted to rotate the vertex with a vacuum extractor.

Respondent then tried several pulls without progress. The infant suffered a subgaleal bleed and died a few days later.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(1).

1/9/03

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. However, it is subject to the federal reporting requirements pursuant to 45 CFR Part 61.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request, pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

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## **Section 2: INFORMAL DISPOSITION**

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 Within twelve months of the effective date of this Agreed Order, Respondent shall attend and satisfactorily complete a minimum of four hours at Category I continuing medical education in the area of current management of obstructive labor, with an emphasis on persistent posterior arrested labor. After the completion of the CME hours, Respondent shall prepare a typed written paper detailing the indications and contra-indications of vacuum extraction. Respondent shall submit proof of the completion of the CME hours and the typed written paper within 13 months of the effective date of this Stipulation to Informal Disposition to:

Dirk Gillespie, Compliance Officer  
Medical Quality Assurance Commission  
1300 S.E. Quince Street  
P.O. Box 47866  
Olympia, Washington 98504-7866.

2.2 Respondent agrees to pay five hundred dollars (\$500) for administrative costs incurred in this case. Respondent agrees to send the payment within ninety (90) days of the effective date of this Stipulation to Informal Disposition. The check or money order shall be sent to the following address:

Medical Quality Assurance Commission  
Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099.

2.3 This Stipulation to Informal Disposition shall terminate automatically when the Department receives written verification that Respondent has successfully completed the CME required in paragraph 2.1, and paid the costs required in paragraph 2.2, above.

I, Katherine E. Dickinson, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

*Katherine E. Dickinson*

KATHERINE E. DICKINSON, MD  
Respondent

*12/18/2002*

Date

\_\_\_\_\_  
Attorney for Respondent

\_\_\_\_\_  
Date

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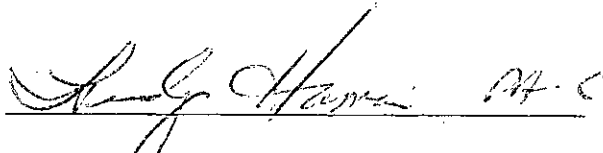
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Section 3: ACCEPTANCE

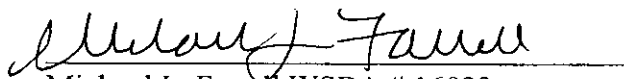
The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this 9 day of January, 2003.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

  
Panel Chair

Presented by:

  
Michael L. Farrell WSBA # 16022  
Department of Health Staff Attorney

January 9, 2003  
Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS: Program No. 2002-07-0031MD



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

April 20, 2004

Katherine E. Dickinson MD  
1530 Ellis Street  
Bellingham WA 98225

Re: Case No. 02-07-0031MD  
Docket No. 02-12-A-1026MD

Dear Dr. Dickinson:

This letter is to officially inform you that the Medical Quality Assurance Commission has released you from the requirements of the *Stipulation To Informal Disposition* signed on January 9, 2003. You have demonstrated satisfactory compliance with the terms and conditions of the agreement.

This letter serves to inform you and other interested parties that you are now released from the requirements of the aforementioned *Stipulation To Informal Disposition* effective upon receipt of this letter.

The Commission wishes you well in your future endeavors in the practice of medicine.

If you have any questions concerning this matter, please feel free to contact Dani Newman, Compliance Officer, at (360) 236-4793 or write to the Medical Quality Assurance Commission, P.O. Box 47866, Olympia, WA 98504-7866.

Sincerely,

Lisa Noonan  
Disciplinary Program Manager  
Medical Quality Assurance Commission

c: Hampton Irwin, MD  
Mike Farrell, Staff Attorney



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

In the Matter of the License to Practice )  
As a Physician and Surgeon of: )  
 )  
KATHERINE E. DICKINSON, MD )  
License No. MD00034326 )  
 )  
Respondent. )  
\_\_\_\_\_ )

**Docket No. 02-12-A-1026MD**

**DECLARATION OF SERVICE**

I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

On December 11, 2002, I served a true and correct copy of the Statement of Allegations and Summary of Evidence that were signed by Lisa Noonan, Program Manager, on December 10, 2002, and Stipulation to Informal Disposition (original and copy to Respondent), by placing same in the U.S. mail by 4:00 p.m., postage prepaid, on:

**Katherine E. Dickinson, MD  
1530 Ellis Street  
Bellingham, WA 98225**

Dr. Dickinson was also sent an additional copy of the above documents by Certified Mail (7002 0510 0003 6616 2373), Return Receipt Requested, and placing same in the U.S. mail by 4:00 p.m., postage prepaid.

DATED this 11<sup>th</sup> day of December 2002, at Olympia, Washington.

Leann C. Yount  
Leann C. Yount  
Legal Secretary

**Original filed with:**  
Adjudicative Clerk Office  
1107 Eastside Street  
PO Box 47879  
Olympia, WA 98504-7879

<b>FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:</b> Program No. 02-07-0031MD
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DECLARATION OF SERVICE BY MAIL – PAGE 1 OF 1  
Docket No. 02-12-A-1026MD

**ORIGINAL**



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
1300 SE Quince St • P.O. Box 47866 • Olympia, Washington 98504-7866

December 11, 2002

Katherine E. Dickinson, MD  
1530 Ellis Street  
Bellingham, WA 98225

**Re: In the Matter of the License to Practice as a Physician and Surgeon of  
Katherine E. Dickinson, MD; Program No. 02-07-0031MD; &  
Docket No. 02-12-A-1026MD**

Dear Dr. Dickinson:

You have been under investigation by the Washington State Medical Quality Assurance Commission as a result of allegations of unprofessional conduct, pursuant to RCW 18.130.180(4).

The Medical Quality Assurance Commission has ordered that a Stipulation to Informal Disposition (Stipulation) be offered to you rather than filing a formal Statement of Charges, at this time.

I have enclosed the original and one copy of the Stipulation to Informal Disposition. The terms of the Stipulation to Informal Disposition are those proposed by the Reviewing Commission Member. Note that signing the Stipulation does not constitute an admission of any violation of law. A Stipulation to Informal Disposition does not constitute disciplinary action.

I have also enclosed a document entitled "Statement of Allegations." The law requires that this be served along with a Stipulation to Informal Disposition. It merely recites the allegations against you.

If you choose to enter into the Stipulation to Informal Disposition, please sign the original in the spaces indicated and return it to me. Keep the copy for your records. I will forward a conformed copy to you when the original is signed.

If you choose not to accept the Stipulation to Informal Disposition, please inform me in writing within 10 days. The matter will then be re-presented to the Commission to determine whether to issue a Statement of Charges in this case.



You are, of course, free to consult with and engage an attorney to represent you in these matters . If you have any further questions, please contact me at (509) 458-3643.

Sincerely,

*Leann C. Mount, Legal Secretary*

for Michael L. Farrell  
Staff Attorney, Dept. of Health

MLF/lcy  
Enclosure(s)

c: Hampton Irwin, MD, Reviewing Commission Member

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

In the Matter of the License to Practice	)	
As a Physician and Surgeon of:	)	<b>Docket No. 02-12-A-1026MD</b>
	)	
KATHERINE E. DICKINSON, MD	)	STIPULATION TO INFORMAL
License No. MD00034236	)	DISPOSITION
	)	
Respondent.	)	
	)	

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**Section 1: STIPULATION**

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1.1.2 On or about October 2, 2000, Respondent, in attempting to deliver an infant, used a vacuum extractor and attempted to rotate the vertex with a vacuum extractor.

Respondent then tried several pulls without progress. The infant suffered a subgaleal bleed and died a few days later.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. However, it is subject to the federal reporting requirements pursuant to 45 CFR Part 61.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request, pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

//

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## Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 Within twelve months of the effective date of this Agreed Order, Respondent shall attend and satisfactorily complete a minimum of four hours at Category I continuing medical education in the area of current management of obstructive labor, with an emphasis on persistent posterior arrested labor. After the completion of the CME hours, Respondent shall prepare a typed written paper detailing the indications and contra-indications of vacuum extraction. Respondent shall submit proof of the completion of the CME hours and the typed written paper within 13 months of the effective date of this Stipulation to Informal Disposition to:

Dirk Gillespie, Compliance Officer  
Medical Quality Assurance Commission  
1300 S.E. Quince Street  
P.O. Box 47866  
Olympia, Washington 98504-7866.

2.2 Respondent agrees to pay five hundred dollars (\$500) for administrative costs incurred in this case. Respondent agrees to send the payment within ninety (90) days of the effective date of this Stipulation to Informal Disposition. The check or money order shall be sent to the following address:

Medical Quality Assurance Commission  
Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099.

2.3 This Stipulation to Informal Disposition shall terminate automatically when the Department receives written verification that Respondent has successfully completed the CME required in paragraph 2.1, and paid the costs required in paragraph 2.2, above.

I, Katherine E. Dickinson, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

---

KATHERINE E. DICKINSON, MD  
Respondent

---

Date

---

Attorney for Respondent

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Date

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### Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this \_\_\_\_ day of \_\_\_\_\_, 2003.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

---

Panel Chair

Presented by:

---

Michael L. Farrell WSBA # 16022  
Department of Health Staff Attorney

---

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS: Program No. 2002-07-0031MD
--



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Olympia, Washington 98504

Medical Quality Assurance Commission  
April 1, 2004

TO: Dr. Irwin, RCM  
Mike Farrell, Staff Attorney

FROM: Dani Newman, Compliance Officer *DN*

SUBJECT: KATHERINE E. DICKENSEN MD <sup>son</sup> MD 34326

RE: *Determination of Reinstatement Request*  
*Stipulation To Informal Disposition (STID) dated 01/09/03*  
Case No. 2002-07-0031MD  
Docket No. 2002-12-A-1026MD

The above-mentioned physician has complied with all the requirements of the STID. Please review the attached documents and determine if removal of STID is appropriate. If approved, a STID release letter will be generated through the compliance officer for signature by Lisa Noonan Disciplinary Program Manager.  
*Thank you.*

*Reviewing Commissioner please fax this page with your response, to my attention at (360) 586-4573, thank you.*

Dr. Irwin:

*Hampton W. Irwin M.D.*  
Signature

Approved: ☒

Disapproved: ☐

DATE:

*04/06/2004*

STAFF ATTORNEY:

*Mike Farrell*  
Signature

Approved: ☒

Disapproved: ☐

DATE:

*4-15-04*

Comments: \_\_\_\_\_

Dick Gillespie  
Compliance Officer  
Medical Quality Assurance Commission  
1300 SE Quince Street  
PO box 47866  
Olympia, WA 98504-7866

**RECEIVED**

JAN 12 2004

DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS 5

January 6, 2004

Dear Mr. Gillespie;

Enclosed is a written paper to satisfy the terms of the Stipulation To Informal Disposition, case # 02-07-0031MD.

I have completed 4 hours of continuing education, as requested.

On May 5, 2001, I attended a seminar held by Aldo Vacca MD at St. Joseph Hospital in Bellingham on use of vacuum devices to assist in obstructed labor, with emphasis on use in OP presentations. This was 2.5 credit hours. Please note that, although this was before the Stipulation was made, it was after the case of concern. It was timely and very high quality since Dr. Vacca is the world expert in this field. He had made it his mission to teach physicians how to use vacuum devices safely and appropriately. He reviewed the use of the actual equipment available at our hospital. I hope you will accept this CME since it is by far the best available.

I have also completed 1.5 hours of online study of use of the vacuum device for obstructed labor in The Answer Page.com.

Sincerely,



Katherine E. Dickinson MD

FYI - Dr. Irwin RCM  
M. Farrell, SA

1/15/04

601  
1-14-04

## Indications and contraindications for vacuum extraction

Vacuum extraction is a tool that can be used to assist in vaginal delivery of the infant, under the right conditions. There is some risk in vacuum delivery, and it is an operative vaginal delivery, similar to use of forceps.

Indications for vacuum assist for delivery are divided into maternal and fetal indications.

Generally, gestational age should be at least 34 weeks to avoid increased risks to the fetus from birth trauma related to prematurity.

Maternal indications include exhaustion, lack of cooperation, inability to push effectively, or a need to avoid hard pushing because of cardiac or cerebrovascular disease.

Fetal indications include a nonreassuring fetal heart tracing, such that delivery needs to be effected more quickly. Also a prolonged second stage of labor (defined as longer than 1 hour for a multipara without epidural anesthesia, or longer than 2 hours with an epidural; or longer than 2 hours in a primipara without an epidural, or longer than 3 hours without an epidural). Also failure to progress in the second stage of labor.

Relative contraindications for vacuum assist delivery include fetal prematurity, fetal scalp trauma, such as post scalp sampling; unengaged head; incomplete cervical dilation; active bleeding; suspected fetal coagulation defects; and suspected macrosomia (4000 - 4500 grams, or 8 lb 13 oz to 9 lb 4 oz). Also a breech or other nonvertex malpresentation; cephalopelvic disproportion; delivery requiring rotation or excessive traction, and inadequate anesthesia.

It should be noted that some vacuum extraction devices are designed to assist in rotating an occiput-posterior presentation, but not by direct rotational force to the scalp. These vacuum cups have a floating attachment of the cup to the operators handle, so that when placed correctly and traction placed in the right axis, the head is likely to rotate and descend to delivery all in one movement.

## References

Vacca, Aldo. Handbook of Vacuum Extraction in Obstetric Practice. Brisbane. Vacca Research. 1997

Ratcliffe, Stephen D. et al. Family Practice Obstetrics. Second Edition. Philadelphia. Hanley and Belfus. 2001.

Deutchman, Mark. Vacuum Extraction: A Necessary Skill. American Family Physician. September 15, 2000.

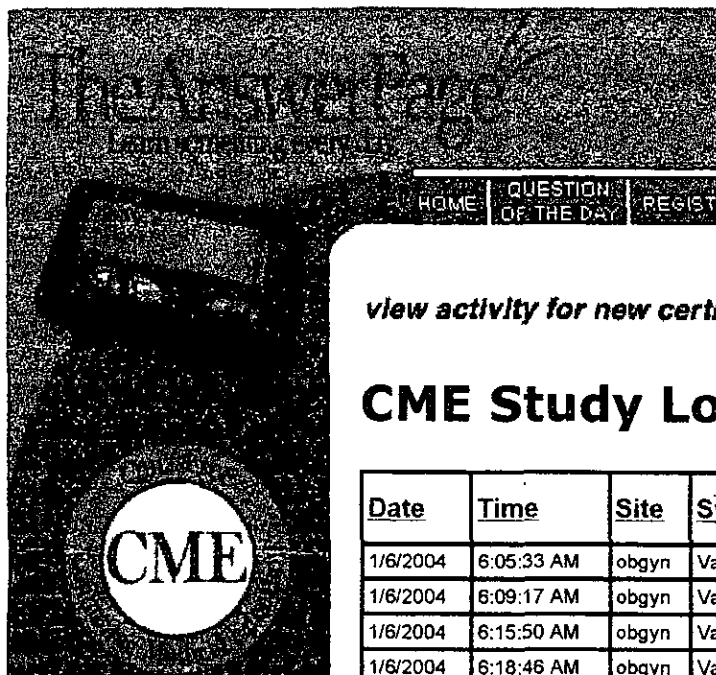
Putta, Lakshmidevi, and Jeanne P. Spencer. Assisted vaginal Delivery Using the Vacuum Extractor. American Family Physician. September 15, 2000.

American College of Obstetricians and Gynecologists. Practice Bulletin: Fetal Macrosomia. No. 22 November 2000.

**CME Credits****St. Joseph Hospital***17-Feb-03*For the period: **1/1/2001** through **2/17/2003**

<b>Name</b>	<b>Meeting</b>	<b>Topic / Affiliation /</b>	<b>Category</b>	<b>Credits</b>
<b>Dickinson, Katherine MD</b>				
	04/25/2001	Perianal Disease & Management AAFP Debra Fox, MD	I	1.00
	05/09/2001	Vacuum Extraction Delivery AAFP Aldo Vacca, MD	I	2.50
	09/26/2001	Update on Preterm Labor AAFP Dale Reisner, MD	I	1.00
	11/20/2001	"Bioterrorism" AAFP Marvin Wayne, MD	I	1.00
	10/08/2002	Pap Classification, HPV, and Related Topics AAFP Omar Shokeir/Burton Vanderbilt	I	1.50
	11/14/2002	Treatment of the Acutely Agitated Patient AAFP Lorin Gardiner, MD	I	1.00
	01/29/2003	Partnering with Patients: New Options in AAFP Safford, Jackson, Polonsky, Br	I	3.00
		Total for category I		<b>11.00</b>
	10/29/2002	Update on Hepatitis B Chia Wang, MD	II	1.50
		Total for category II		<b>1.50</b>
		<b>Total CME Credits</b>		<b>12.50</b>

*Page 1*



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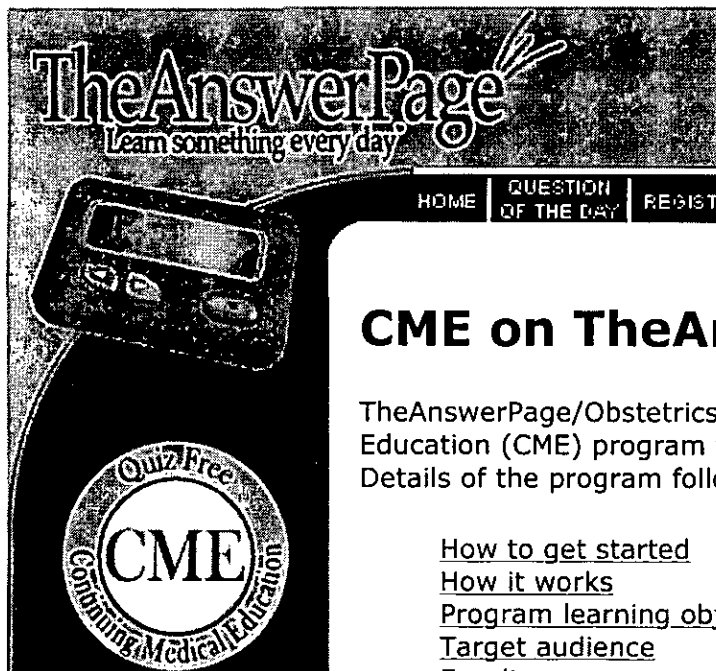
*evaluate TheAnswerPage*

## CME Study Log for user kath:

Date	Time	Site	Syllabus Topic	Question of the Day	Certi Issue
1/6/2004	6:05:33 AM	obgyn	Vacuum-assisted delivery	May 28, 2002	No
1/6/2004	6:09:17 AM	obgyn	Vacuum-assisted delivery	May 29, 2002	No
1/6/2004	6:15:50 AM	obgyn	Vacuum-assisted delivery	May 30, 2002	No
1/6/2004	6:18:46 AM	obgyn	Vacuum-assisted delivery	May 31, 2002	No
1/6/2004	6:24:47 AM	obgyn	Vacuum-assisted delivery	June 1, 2002	No
1/6/2004	6:28:01 AM	obgyn	Vacuum-assisted delivery	June 2, 2002	No

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625020000 MEDICAL COST RECOV 62502600 7866

DATE	REFERENCE #	SEQUENCE #	AMOUNT
02/26/03		002208	500.00
TOTAL COUNT 1		TOTAL AMOUNT 500.00	

625020000 TOTAL COUNT 1 625020000 TOTAL AMOUNT 500.00

Make payable to: Dept of Health  
Mail to: DEPARTMENT OF HEALTH  
MEDICAL COMMISSION  
PO BOX 1099  
OLYMPIA WA 98507 1099

500-  
(N)

MEDICAL COST RECOVERY

NAME Katherine Dickinson

AMOUNT \$ 500.00

3 6250200007



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, Washington 98504-7866

January 21, 2003

Katherine E. Dickensen, MD  
1530 Ellis Street  
Bellingham WA 98225

Dear Dr. Dickensen:

Enclosed please find your copy of the *Compliance Requirement Summary* reflecting your requirements and their respective due dates. These requirements will help determine compliance with the **Stipulation To Informal Disposition** dated January 16, 2003.

Section. 2.2 of the stipulation requires an administrative cost recovery of \$500.00 due within 90 days of the effective date of the stipulation. Please submit a check or money order payable to The Department of Health. Please mail your payment to the following address along with a copy of this letter and the enclosed medical cost recovery slip:

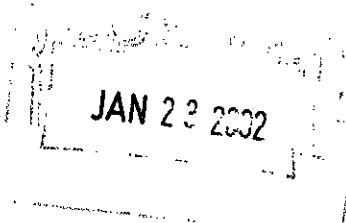
Department of Health  
Medical Quality Assurance Commission  
PO BOX 1099  
Olympia WA 98507-1099

If you have any questions regarding your Order, please contact me at (360) 236-4794.

Sincerely,

Dirk Gillespie  
Compliance Officer

**ACCOUNTING USE ONLY:**  
62502600 EZ 8999



NEED CHART	FILE
ROUTE TO:	DONE
<input checked="" type="checkbox"/> MW	
<input type="checkbox"/> CF	
<input type="checkbox"/> Nurse:	
<input type="checkbox"/> Billing	
<input type="checkbox"/> Records Release	
<input type="checkbox"/> Other:	





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Department of Health  
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PO Box 1099  
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STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, Washington 98504-7866

January 21, 2003

Katherine E. Dickensen, MD  
1530 Ellis Street  
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Dear Dr. Dickensen:

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Department of Health  
Medical Quality Assurance Commission  
PO BOX 1099  
Olympia WA 98507-1099

If you have any questions regarding your Order, please contact me at (360) 236-4794.

Sincerely,

Dirk Gillespie  
Compliance Officer

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In the Matter of the License to Practice as a  
Physician and Surgeon of:

KATHERINE E. DICKINSON, M.D.,  
License No.: MD00034236

Respondent.

Docket No.: 02-12-A-1026MD

DECLARATION OF SERVICE  
BY MAIL

I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

On January 16, 2003, I served a true and correct copy of the Order on Stipulation to Informal Disposition dated January 9, 2003, by placing same in the U.S. mail by 3:30 p.m., postage prepaid, on the following parties to this case:

KATHERINE E. DICKINSON,MD  
1530 ELLIS STREET  
BELLINGHAM WA 98225

DATED: This 16 day of January, 2003, at Olympia, Washington.

Pam L. Mena, Adjudicative Clerk Office

cc: Michael L. Farrell, Staff Attorney  
Lisa Noonan, Program Manager

FOR INTERNAL USE ONLY: INTERNAL TRACKING NUMBERS: 2002-07-0031MD



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*PO Box 47879 • Olympia, Washington 98504-7879*

January 16, 2003

KATHERINE E. DICKINSON, MD  
1530 ELLIS STREET  
BELLINGHAM WA 98225

RE: Docket # 02-12-A-1026MD

Dear Dr. Dickinson:

Enclosed please find the Stipulation to Informal Disposition dated January 9, 2003.

Questions regarding the document(s) should be directed to Dirk Gillespie, Compliance Officer for the Washington State Medical Quality Assurance Commission, P. O. Box 47866, Olympia, WA 98504-7866 or (360) 236-4794.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pam L. Mena".

Pam L. Mena  
Adjudicative Clerk Office  
P. O. Box 47879  
Olympia, WA 98504-7879  
(360) 236-4674

Enclosure

cc: Dirk Gillespie, Compliance Officer  
Michael L. Farrell, Staff Attorney  
Lisa Noonan, Program Manager

# Final Order Mailing List

04/01/2004

Respondent: Last, First		Address:		Legal/ACO/CO/HCI	Date of Service
DICKINSON, Katherine E		1530 Ellis St. Bellingham 98225			4/20/04
Respondent's Counsel:		Address:			
Program No.	02-07-0031 MD				RCW-UDA
Type of Order	STID Release (stipulation to Informal Disposition) Letter				
Date of Order	4/20/04	Med. School	Georgetown University		
License No.	MD 34326	Grad Year	1985		
Issue Date	11/18/1996	Expire Date	5-29-05		
Date of Birth	may 29, 1959	SS No.	1 - DOH Licensee Social Security Number - R...		
Specialty	Family practice	Docket No.	02-12-A-1026 MD		
AAG of Record: Ms.0110		ACO-7879 OPS-7872			
Reviewing Commissioner: RCM Hampton Erwin MD		Address:			4-20-
Staff Attorney Mike Farrell					4-20
Program Manager: Neenan/MLF		NO- SOA, ICL, AC YES- NOC, ME, STID/SOA, SOC			
Complainant Letter:		Letter Only: Yes=soc, ao, fo, stid No-soa, ME, ac, rsa			
STATS Folder		see- S/Stats/In Hse.xls (ICL, NOC, AC,)			
FEDERATION State MED BD of US INC		Yes-SOC, incl ASI w/school per Verna/JanC.3/30/00 YES-soa/stid 8/1/03 summary suspension & EX Parte		YES	4-20
FINAL & AGREED Orders-Bev		for business packet only			
WPHP - Scott Alberti, CCDC II		include WPHP( 206) 5830127 AO,FO,SOA/STID 720 Olive Way Suite 717, Seattle 98101			
ACO - SUSPENSION / REVOKE		ACO to do ASI, Timeline (L) by ACO-CO 4/03, (provide -SRL, AO, ICL, AC-memo)			
Legal - SUMMARY SUSPENSION		ASI by Leann /and provide copy to Disc Mgr.			Legal
TIMELINES Workload or HTTS		ACO do WSOC per 8/16/99 CO-enter only soc,asoc,soa & noc Pam (01-Jan-01-leann to enter above)			Legal
TRACKING System ID#		soc/exparte/soa-Legal (Final S, LP, LS,NOC -compliance officer)			Lost Program
CARD File		ALL Orders- include Notice of Correction (NOC)			4-20-04
ASI (update before BATS)		(co-to close all, noc, admin, icl, stids) ACO not closing ASI			4-20-04
BATS -HTTS		Option notes fields - 2yr AO/FO/STID- keep check-prob.susp, revoke. probation-release, Remove check when expired, release			4-20-04
S\ Drive.xls UDA active only		suspend-stay, AO, FO, STID, NOC			4-20-04
S\ Drive.xls STATS /DispOPEN/CLOSE		SOC, SOA, ME, OPEN, CLOSE-2X			
S\ Drive.xls CRS worksheet		Compliance Requirement Summary OPEN /CLOSED			4-20-04
S\ Drive.xls CPR List		Compliance Practice Review Log			
S. Drive.xls CAS List		Compliance Appearance Schedule			
S\ Drive.doc INITIAL or REVENUE \$ Letter		* STID, AO, FO Type 1-Cost Recovery(STID) 2-Medical Disc Fine (AO-FO)		Type	
S.Drive.doc TRIPLICATE Letter w/RX log		* STID, AO, FO Initial RX letter			
Notes					

USE THE FOLLOWING FORMS AS APPLICABLE

Initial Letter	we have a generic letter	
\$ Letter	(2) type STID, Agreed Order or Final Order (include the revenue slip)	
\$Letter - thank you	money received	
Initial RX letter	we have a generic letter (shall include disk, rx books, rx log sheet)	
Rx letter thereafter	we have a generic letter (include rx books, disk)	
Quarterly Declaration Report	we have a generic letter (2-type )	
CME letter	we have generic letter ( pre-approval, aproval & pend. Certificate)	
BATS	Include end date or leave blank if indefinite	
ASI	served date of entry, 2-space, Order type w/date, rcw, prob., sus, note-any pertinent info.	
Chaperone Letter	pre-approved & approved	
Evaluator	pre-approved & approved	
NOC	notice of Correction is a light brown manilla folder	
Petition	modification or release	
STID Release Letters	we have a generic form (PRF shall be approved first by MC, SA, RCM) final signature by Disc Mgr.	
Agreed Order Release	not used often (but refer to MLB-form )	
Admin Closure	generic form - (deceased, revoked, license expires)	
NOTES		

Dickinson MD  
1530 Ellist  
Bellingham WA  
98225



Dick Gillespie  
Compliance Officer - MQAC  
1300 S.E. Quince street  
P.O. box 47-866  
Olympia WA 98504-7866

# Final Order Mailing List

01/03/2003

Respondent: Last, First <i>Katherine Dickenson</i>	Address: Legal/ACO/CO/HCI	1-16-03
Respondent's Counsel:	Address:	N/A
Program No.:	<i>02-07-0031md</i>	RCW-UDA
Type of Order	<i>STID</i>	
Date of Order	<i>1-9-03</i>	
License No.	<i>34326</i>	
Issue Date		
Date of Birth	<i>5-29-59</i>	
Specialty		
Med. School	<i>Georgetown</i>	
Grad Year	<i>1985</i>	
Expire Date		
SS No.		
Docket No.	<i>02-12-1-1026md</i>	
AAG of Record: Ms:0110	ACO-7879 OPS-7872	N/A
Reviewing Commissioner:	Address:	1-16-03
Staff Attorney		1-16-03
Program Manager:	(Inc Orders w/Stats report )	1-21-03
<i>Pigott</i>	no STIDs or non reportable RSA/ Yes-noc, Yes-mental exam	
Public Disclosure Officer:		1-21-03
<i>Marla/Bob</i>	SOA is not releasable until STID is signed / noc	
Complainant:	Address: SOC's & STID inc w/letter	N/A
FEDERATION State MED BD of US INC	incl ASI w/school per Verna/JanC.3/30/00 Yes-SOC, No-STIDs YES-summary suspension & EX Parte	N/A
FINAL & Agreed Orders only-Bev	business packet	N/A
AGREED Orders only - Mike Farrell	review	N/A
STIDS only - Gerald Kelly	include WSOC & SOA	1-21-03
STIDS, AO, FO - Scott Alberti, CCDC II	WPHIP 2065830127 include WSOC & SOA 720 Olive Way Suite 717, Seattle 98101	N/A
STIDS	ACO-Pam Mena (STID Letter of all Release)	N/A
SUSPENSION / REVOCATIONS	ACO-Pam Mena (ASI, Timelines, Doctors)	N/A
ADMINISTRATIVE CLOSURE memos	ACO Pam Mena (provide copy to ACO)	N/A
INVESTIGATIONS Vicki	SUMMARY SUSPENSION Updates	N/A
TIMELINES Workload or HTTS	8/16/99 CO-enter only soc,asoc,soa & noc ACO do WSOC per Pam (01-Jan-01-leann to enter above)	Legal
TRACKING System ID#	soc/exparte/soa-Legal (Final S, LP, LS,NOC -compliance officer)	Lost Program
S-Drive UDA / RX List / Revoked List	active only-inc.noc/ suspended orders ASI-ACO	1-16-03
CARD File	include NOC	1-21-03
STATS Compliance Listing XLS	SOC, SOA, OPEN, CLOSE, STID, Rx, PR, CA	1-16-03
ASI	(co-to close all, noc, admin, incl, stids) ACO not closing ASI	1-21-03
CRS	worksheet-Compliance Requirement Summary	1-21-03
REVENUE \$ Letter	STID, AO, FO	1-21-03
CLOSURE REASON	suspended, revoked, release, etc.	N/A

# Final Order Mailing List

Respondent:		Address: (Certified Mail)		Legal/ACO/CO/HCI
Katherine Dickinson, MD				12-11-02
Respondent's Attorney:		Address: (Certified Mail)		N/A
Program No.		02-07-0031MD		N/A
Type of Order		Statement of Allegations		
Date of Order	12-10-02	Med. School	Georgetown University	
License No.	34326	Grad Year	1985	
Issue Date	11-18-96	Expire Date		
Date of Birth	5-29-59	SS No.		
Specialty		Docket No.	02-12-A 1026 MD	
AAG of Record: Ms.0110		ACO-7879 OPS-7872		N/A
Reviewing Commissioner:		Address:		12-11-02
Irwin				
Staff Attorney:		Address:		12-11-02
Farrell				
Program Manager:		(Inc. Orders w/Stats report )		12-11-02
Pigott		no STIDs or non reportable RSA/ Yes-noc, Yes-mental exam		
Public Disclosure Officer:		Provide SOA & STID together		12-17-02
Marla/Bob		SOA is not releasable until STID is signed / noc		
Complainant:		Address: SOC's & STID inc w/letter		N/A
FEDERATION State MED BD of US INC		( incl orders) ASI printout 10/99-Verna/JanC-3/30/00-YES-soc No-STIDS		N/A
FINAL & Agreed Orders only-Bev		business packet		N/A
FINAL & Agreed Orders only-Dr. Heye				N/A
AGREED Orders only - Mike Farrell				N/A
STIDS only - Gerald Kelly		include WSOC & SOA		N/A
STIDS only - Linda Grant-L&I		include WSOC & SOA see reverse for address		N/A
STIDS - Scott Alberti - WPHP		include WSOC & SOA see reverse for address		N/A
STIDS - Pam Mena - ACO		STID Letter of Release		N/A
Timeline Workload or HTTS		ACO do WSOC per Pam 8/16/99 co enter only soc,nsoc,son & noc (01-Jan-01-learn to enter above)		Legal
Tracking System ID#		soc/exparte/soa-Legal (Final S, LP, LS,NOC -compliance officer)		12-11-02
S-Drive UDA / RX List / Revoked List		active only-inc.noc/ suspended orders ASI-updated by Bev/Sue		N/A
Card File		include noc		12-17-02
ASI-Update susp/revoke see Sue/Bev code		(co-to close all, noc, admin, incl, stids) ACO not closing ASI		12-11-02
Compliance Listing - XLS		SOC,SOA,Open,STIDopen,Rx,PR,CA,Close		12-17-02
Revenue \$ Letter		stid.doc / agreed - final		N/A
CRS		worksheet-Compliance Requirement Summary		N/A

# Public Distribution List

<b>Linda Grant</b> <i>Phone-360-9026790</i> <i>keep per Mej</i>	<b>Provider Review &amp; Education</b> <b>Department of Labor and Industries</b> <b>PO Box 44322</b> <b>Olympia, WA 98504-4322</b>	all
<b>Casey Zimmer</b> <i>No STIDs</i> <i>keep per Mej</i>	<b>Medical Assistance Administration</b> <b>PO Box 45510-5510</b> <b>Olympia, WA 98504-5510</b>	all
<b>Catherine A. Colton</b> <b>Regional Inspector General</b> <i>Yes- rsa, ao, rfr, revoke, default, final</i> <i>No-SOC, WSOC, ASOC, STID, eff 1/31/02</i> <i>keep per Mej</i>	<b>Department of Health &amp; Human Services</b> <b>Office of Investigations</b> <b>P.O. Box 422516</b> <b>San Francisco, CA 94142-2516</b>	
<b>Scott Alberti, CCDC II</b> <i>(WPHP Mandates Only)</i> <i>Ph:206-5830127</i> <i>Only Final or AO w/conditions</i>	<b>Washington Physicians Health Program</b> <b>720 Olive Way Suite 717</b> <b>Seattle, WA 98101</b>	
<b>Miscellaneous:</b>	<i>Notes:</i>	
<b>Archivist-Bob Horner PDO</b> <i>Public Disclosure Officer</i> <i>File closer prepare for archives</i>		
<b>HIPDB</b> <b>Healthcare Integrity &amp; Protection Data Bank</b> <b>Respondents Reporting Form:</b> <b>Attorneys HIPDB Action Report:</b> <b>Assigned DCN No.</b>	<b>MD-010 PA-642</b> <i>report STID eff 12/1/99</i> <b>Indef-98 / Perm-99</b> <b>ID CODE-DCN# 3 - Healthcare...</b> <b>HIPDB-none for reinstatement or modification-per Pam 3/29/00</b> <b>Report Summary Suspension</b>	<b>ACO shall report</b> <i>eff. 8/1/01</i>

Redaction Summary ( 3 redactions )

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3 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" ( 1 instance )
- 2 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 1 instance )
- 3 -- "Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information - 45 CFR 61.14, RCW 42.56.070(1)" ( 1 instance )

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Page 10, 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 39, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance  
Page 44, Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information - 45 CFR 61.14, RCW 42.56.070(1), 1 instance