GERHARDSTEIN & BRANCH

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*Alphonse A. Gerhardstein Jennieer L. Branch **Jacklyn Gonzales Martin *Adam G. Gerhardstein

July 30, 2014

*Also admitted in Minnesota

**Also Admitted in Kentucky and West Virginia

ROBERT F. LAUTMAN

Of Counsel

Ms. Rebecca Maust, Chief Division of Quality Assurance Ohio Department of Health 246 North High Street Columbus, OH 43215

Re: Planned Parenthood Southwest Ohio Region's update to its May 8, 2014 Request for Variance to the Hospital Transfer Agreement Requirement

Dear Ms. Maust:

In September 2013 and again in May 2014 I submitted variance requests for Planned Parenthood of Southwest Ohio Region ("PPSWO"), the owner and operator of the PPSWO ambulatory surgery facility. This letter is to notify the Department of Health of the addition of a back-up physician.

On July 7, 2014 I notified you that Dr. Caligaris would be resigning as a back-up physician effective August 1, 2104. Effective August 1, 2014, Dr. Tari Anderson will be a back-up physician for PPSWO. I have attached her contract with PPWSO, (Attachment 1 with Exhibit A notice to The Christ Hospital), and verification of her privileges at The Christ Hospital (Attachment 2) and licensure with the Ohio State Medical Board (Attachment 3).

If you need any additional information or have any questions, please contact me at the address and phone number above, or by email to jbranch@gbfirm.com.

Sincerely,—

Jennifer I. Branch

Encls. Attachment 1- contract with back-up physician

Attachment 2 - privileges at Christ Hospital

Attachment 3- Ohio State Medical Board verification

BACK-UP PHYSICIAN SERVICES AGREEMENT

This Back-Up Physician Services Agreement ("Agreement") is effective as of August 1, 2014 ("Effective Date"), by and between Planned Parenthood of Southwest Ohio, ("PPSWO") an Ohio nonprofit corporation, and Dr. Tari Anderson (Dr. Anderson).

- 1. Dr. Anderson agrees she has admitting privileges at The Christ Hospital in Cincinnati, Ohio and will exercise those privileges to provide for the continuity of care and the timely, unimpeded acceptance and admission of PPSWO's patients.
- 2. Dr. Anderson agrees to be a back-up physician for PPSWO. She agrees to provide 24/7 emergency back-up hospital admissions for PPSWO's patients in the event of surgical complications, emergency situations, or to meet other medical needs that require a level of service beyond she capability of PPSWO. In the event that she is temporarily unavailable she will insure that coverage is provided by the other physicians who provide coverage for Dr. Anderson in her medical practice or other physicians who are serving as back-up physicians for PPSWO.
- 3. Dr. Anderson attests that she following statements are true:
 - a. I am licensed to practice medicine in Ohio.
 - b. I am familiar with PPSWO and its operations.
 - c. I agree to provide PPSWO notice of any changes in my ability to provide back-up coverage.
 - d. The travel time from my office to The Christ Hospital is approximately eighteen minutes by car.
- 4. Dr. Anderson verifies that:
 - a. she has told PPSWO that her specialty is Obstetrics and Gynecology;
 - b. her telephone numbers are: __
 - (office)
 - frome):
 - c. she has informed The Christ Hospital that she is a consulting physician for PPSWO and has agreed to provide back-up coverage for the facility when medical care beyond the care the facility can provide is necessary (see attached Exhibit A).
- 5. Dr. Anderson agrees she is licensed to practice medicine in Ohio and will alert PPSWO within 24 hours if his active status to practice medicine in Ohio changes.
- 6. Dr. Anderson agrees that no disciplinary actions have been taken against her and there are no complaints are under review by the Ohio State Medical Board for violations of R.C. 4731,22. Dr. Anderson agrees to alert PPSWO within 24 hours if an action is taken against him by the Ohio State Medical Board.

- 7. Dr. Anderson agrees she is credentialed with admitting privileges in Obstetrics and Gynecology without restrictions at The Christ Hospital in Cincinnati, Ohio and will arrange patient admission and care for each patient needing medical services according to each patient's need.
- 8. Dr. Anderson agrees to immediately and without delay inform PPSWO of any circumstances that may impact her ability to provide for continuity of care and the timely, unimpeded acceptance and admission of the PPSWO's patients.
- 9. Dr. Anderson agrees to provide PPSWO with notice of any planned or unplanned absence from the locale within one business day before such date or as soon as practicable (if the absence is unplanned) or three business days before such date or as soon as practicable (if the absence is planned in advance).
- 10. Dr. Anderson agrees to maintain a list of physicians outside her area of specialty to consult with or refer to, or to use The Christ Hospital's on-call for consulting/referral physicians outside his area of specialty/expertise.
- 11. PPSWO agrees to provide Dr. Anderson with the patient's name, reason for referral, current medical condition and the means of transport to the hospital.
- 12. PPSWO agrees to send to the hospital with the patient a copy of all patient records.
- 13. This agreement may only be modified in writing.
- 14. This agreement may be terminated without cause after thirty (30) days written notice is provided to the parties.

The parties have executed this Agreement by each of their authorized representatives.

Tari Anderson, M.D.	Planned Parenthood of Southwest Ohio
7600	Jany V. Zavon
/	
	Name: Jerry H. Lawson
	Title: President/ CEO

Lawson, Jerry

From:

asgard@fuse.net

Sent:

Wednesday, July 30, 2014 11:47 AM Mike.Keating@TheChristHospital.com

To: Cc:

Lawson, Jerry

Subject:

Transfer Agreement for PPSWO

Gentleman,

This note is to inform you that I have agreed to provide backup emergency coverage for Planned Parenthood of Southwest Ohio. This arrangement includes 24/7 emergency care for any services that Planned Parenthood is able to provide, potentially requiring hospitalization of patients at The Christ Hospital under my supervision. If I am unavailable, Dr. David Schwartz and Dr. Michael R Draznik would serve as alternates for staff coverage. Thank you for your attention to this matter.

Tari Anderson, MD



The Christ Hospital Health Network

2139 Auburn Avenue Cincinnati, Ohio 45219 Tel. (513)-585-2221 Pax: (513)-585-3293

July 30, 2014

Confirmation of Medical Staff Membership and/or Clinical Privileges

The information provided below applies only to the period of affiliation at The Christ Hospital.

Name: Tart S. Anderson, MD

Department: Women's Health Service Line

Staff Category: Active Date: 4/1/2005 - Present Prior Date: Na Date on File

This letter will serve as confirmation that Tari S. Anderson, MD is/was credentialed by The Christ Hospital, in full compliance with Ohio State Regulation, Federal Law and Joint Commission Standards.

This individual meets/met this facility's standards for appointment/respecintment and/or approval/renewal of clinical privileges. There is no derogatory information on file regarding this practitioner. Information is based on review of the individual's oredentials record at The Christ Hospital.

If you have any questions regarding the above information, please contact our office at 513,585,2221.

Sincerely,

Bero Gawne, MD

VP & Chief Medical Officer



Identification	[back]	
Name	Dr. TARI SUZANNE ANDERSON Birth Date: 6/1962 Birth Place: WAHIAWA, HI Birth Country:	
Practice	5777 Kellogg Avense Cincinnati, OH 45230 United States of America	
Residence	New Richmond, OH 46157 County: Clermont	
Professional Education	Sohool: 086070-Wright State University School of Medicin Graduated: 06/11/88	19

License and Registration Information						
Credential	License Type	Initial Licensure Date	Expiration Date	Status		
35.058827	Doctor of Medicine	09/15/1989	07/01/2016	ACTIVE		
	COLOGY					
and do noi con	is are voluntarily provide firm that the physician is lified by a specially boar found by clicking this gre	d by the physician. They are not Board certified by a professiona d, you should contact that board en box.	yerilied by the State Med I specially organization. T Information and links to	ical Board o find out if a specially		

Formal Action Information No formal action exists.

The above is an accurate representation of information currently maintained by the State Medical Board of Ohio as of 7/28/2014. The JCAHO and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

The State Medical Board utilizes the Federation Credentials Verification Service (FGVS) as an agent and partner in ilcensing physicians in Ohio. Physicians initially licensed in Ohio after February 1st, 1997 have had their medical education, post-graduate training and examination history primary source verified by FCVS. Therefore, the use of this website for documentation of primary source verification (PSV) of education and training meets current NCQA guidelines for those licensed after February 1, 1997. This statement, affirming that primary source verification of medical education and post-graduate training has been performed as part of the floensure process, should be printed out and retained in your files. Prior to February 1, 1997, the State Medical Board prime source verified the post-graduate training and examination history.

Exclusions Search Results: Individuals 🥬

No Results were found for

ANDERSON, Tari

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

Search Again

Search conducted 7/23/2014 1:47:36 PM EST on O/G LEIE Exclusions database. Source data updated on 7/10/2014 10:20:00 AM EST.