

Respondent: Dickinson, Katherine E.  
Case #: 01-01-0019 MD  
IRP Presenter: Crowell

**MEDICAL QUALITY ASSURANCE COMMISSION**  
*Initial Review Panel*  
**Case Assignment Transmittal**  
Date: APR 17 2001

- TO:  Legal \_\_\_\_\_, Staff Attorney  
 Investigations  
 Licensing Manager  
 Medical Consultant  
 Case Coordinator  
 Compliance Officer



The following action was ordered by the Initial Review Panel at the APR 17 2001 meeting:

- Close "no cause for action"       Close with letter of concern
- Close "no jurisdiction"       Close no jurisdiction. To local Medical Society
- Administrative closure       Expert Review by \_\_\_\_\_
- To RCM \_\_\_\_\_       Legal review
- Close "below threshold"
- Further Investigation concerning \_\_\_\_\_
- Practice review with emphasis on \_\_\_\_\_
- Other \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**INITIAL REVIEW PANEL  
CASE PRESENTATION**

**Case Number:  
01-01-0019MD**

**Date:** April 5, 2001  
**Presented by:** Bill N. Crowell, PA-C

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

**Complainant:** 3 - Identity - Whistleblower Regarding ...

**CASE SUMMARY**

The Respondent: Is a 41-year-old Board Certified Family Practice practitioner, who has been licensed in the State of Washington since November 1996.

The Complainant: A former patient of the Respondent.

Malpractice Settlement: N/A

The Complaint: Failure to provide adequate medical care.

Complaint Review: The Complainant, who it appears, has a number of medical problems, and who had been seen and treated by several providers over a prolonged period of time, was referred to the Respondent as a new patient. The Complainant alleges the Respondent failed to take the time to adequately address her long-standing physical problems and states "your lack of adequate medical care cost my insurance company additional expense and left me to suffer needlessly with improper medical care and improper pain control". DSHS and SSDI issues are also involved.

The Respondent replies by saying the Complainant became a new patient to their office in June of 2000, and presented with an extensive past history involving chronic neck and back pain, fibromyalgia and headaches.

The Respondent states that the Complainant's problems and concerns have been addressed at every turn and that her office has always accommodated the Complainant's need to be seen. The Respondent adds that in addition to regularly scheduled appointments, they have fit the Complainant in on a same day basis. On one occasion, the Respondent notes that the Complainant demanded a full two hours when thirty minutes had been worked into the schedule to accommodate her. The Respondent points out that throughout the Complainant's short history with them, they have responded to every request and phone call with referrals to other physicians and services available.

The Respondent noted that the Complainant had been having problems with her insurance company denying multiple physical therapy visits in October and November, and that based on the Complainant's past physical therapy record, the insurance denial problem had been ongoing with her carrier.

With regard to the Complainant's knee pain, the Respondent comments that the Complainant had injured her knee over one year prior to her visits with their office. In addition, the Complainant received an orthopedic surgery evaluation, MRI scan, and physical therapy treatment all prior to transferring her care to their office. The Respondent notes that the Complainant received an assessment of her knee at their office and was referred to an orthopedic surgeon for another evaluation. The Respondent adds that due to car problems, the Complainant had to cancel her visit with the orthopedic surgeon; however, they again authorized physical therapy in January of this year.

The Respondent closes by saying that they feel every effort was made to accommodate the Complainant's extensive and complicated history. The Respondent also contends that at no time were the Complainant's calls left unanswered or her problems left untreated in the six months that they saw her. Review of the Complainant's medical record validates the Respondent's care of the Complainant.

Prior Cases: #99-07-0019MD. Cross-referenced with another provider, the Complainant alleged the Respondent filed a fraudulent physical evaluation to DSHS that caused her to lose her General Assistance benefits. Closed below threshold.

DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS SECTION 5  
INVESTIGATIONS UNIT

CONFIDENTIAL INVESTIGATIVE REPORT

PREPARED FOR THE

MEDICAL QUALITY ASSURANCE COMMISSION

\*\*\*\*\*

CASE # 2001-01-0019MD

**Respondent:**

Katherine E. Dickinson, M.D.  
1530 Ellis Street  
Bellingham, WA 98225

**Attorney:**

**Business Address:**

SAA

**Specialty:** Non-Board Certified in Family Practice

**Hospital Affiliation:**

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**Complainant:**

3 - Identity - Whistleblower Regarding Health Care...

**Attorney:**

N/A

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Investigative Case File completed by Investigator: Bonita James Date: April 3, 2001.

APPROVED BY:

*James H. Smith*

DATE:

*4/4/01*

## GENERAL CASE SUMMARY

### COMPLAINT / ALLEGATIONS:

The Complainant, 3 - Identity - Whistleblower ..., has filed a complaint against Dr. Katherine E. Dickinson alleging that the Respondent failed to provide her with adequate medical care. The Complainant alleged that her telephone calls were not returned, her request for care went unanswered, she was denied care due to a mistake in the Respondent's office, and the Respondent cancelled her physical therapy.

The Complainant also complained that it took the Respondent 16 months from the initial injury to her knee before she was referred her to an orthopedic surgeon.

### CASE REVIEW:

The Respondent reported that the Complainant became a new patient to their office in June of 2000. She said that the Complainant presented with an extensive past history involving chronic neck and back pain, fibromyalgia and headaches.

The Respondent said that the Complainant's problems and concerns have been addressed at every turn. She said that her office has always accommodated the Complainant's need to be seen. The Respondent said that in addition to regularly scheduled appointments, they have fit the Complainant in on a same day basis. On one occasion, the Respondent said that the Complainant demanded a full two hours when thirty minutes had been worked into the schedule to accommodate her. The Respondent said that throughout the Complainant's short history with them, they have responded to every request and phone call with referrals to other physicians and services available.

The Respondent said that the Complainant had been having problems with her insurance company denying multiple physical therapy visits in October and November. She said that based on the Complainant's past physical therapy record, the insurance denial problem had been ongoing with her carrier.

With regard to the Complainant's knee pain, the Respondent said that the Complainant had injured her knee over one year prior to her visits with their office. She said that the Complainant received an orthopedic surgery evaluation, MRI scan, and physical therapy treatment all prior to transferring her care to their office. The Respondent said that the Complainant received evaluation of her knee at their office and was referred to an orthopedic surgeon for another evaluation. The Respondent said that due to car problems, the Complainant had to cancel her visit with the orthopedic surgeon, however, they again authorized physical therapy in January of this year.

The Respondent said that they feel every effort was made to accommodate the Complainant's extensive and complicated history. She contends that at no time were the Complainant's calls left unanswered or her problems left untreated in the six months that they saw her. See page 10-146 for the Respondent's statement and medical records.

1. Contacts Made	3. Significant Activity
2. Key Evidence / Attachments	4. Prior Case History.

1) **Contacts:**  
N/A

2) **Key Evidence / Attachments:**

<u>Page</u>	<u>Description</u>
1	Notice form and memo.
2 - 4	Letter of complaint.
5	Notification letter.
6	Acknowledgment letter.
7 - 9	Letter of cooperation.
10 - 146	Respondent's statement and medical records.

2) **ATTACHMENTS:**

**Activity:**

<u>Date</u>	<u>Activity</u>
01-09-01	Case reviewed by Bill N. Crowell, PA-C.
02-28-01	Case assigned for investigation.
03-05-01	Letter of cooperation.
03-21-01	Received a telephone call from Mr. Jim Burns, Operations Director at Mount Baker Hospital. Mr. Burns said that he was helping the Respondent with her response and requested an extension. Extension granted.
03-30-01	Respondent's statement and records received.
04-03-01	Report writing.

04-03-01 File forwarded.

3) **Prior Case History:**

99-07-0019MD – A patient alleged that the Respondent filed a fraudulent physical evaluation to DSHS, which caused her to lose her general assistance benefits. The Complainant also said that she saw the Respondent for dizziness and that she determined that it was not due to hypertension or that she had a stroke. The Complainant went to another physician who diagnosed her condition as syncope, etiology unclear, R/O relationship to BP or prior cervical strain. Physical therapy was recommended. The Complainant said that she went back to the Respondent who is her PCP, and that the Respondent refused to refer her to physical therapy. Closed below threshold.

.....  
WASHINGTON STATE MEDICAL QUALITY ASSURANCE COMMISSION  
REQUEST FOR INVESTIGATIVE SUPPORT  
.....

TO: *Medical Investigations Unit*

FROM: *Cindy Hamilton, Intake Coordinator*

PHONE #: *236-4805*

DATE: *01/10/01*

CASE #: *01-01-0019MD*

RESPONDENT: *DICKINSON, KATHERINE E. MD*

LOCATION: *Bellingham, WA*

DATE ASSIGNED: *01/10/01*

PRIORITY: *3* CODE: *04*

INVESTIGATOR ASSIGNED: *AKS 2/28/01  
BJ*

BACKGROUND COMMENTS

*Previous IRP Attached*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**INITIAL ASSESSMENT REVIEW**  
**Case Number: 01-01-0019MD**

Date: January 9, 2001  
Presented by: Bill N. Crowell, PA-C

Respondent: Katherine E. Dickinson, MD Whatcom County

Complainant: 3 - Identity - Whistleblower Re...

**CASE SUMMARY**

The Respondent: Is a 41-year-old Board Certified Family Practice practitioner, who has been licensed in the State of Washington since November 1996.

The Complainant: A former patient of the Respondent.

Malpractice Settlement: N/A

The Complaint: Failure to provide adequate medical care.

Complaint Review: The Complainant, who it appears has a number of medical problems, and who had been seen and treated by several providers over a prolonged period of time, was referred to the Respondent as a new patient. The Complainant alleges the Respondent failed to take the time to adequately address her long standing physical problems and states "your lack of adequate medical care cost my insurance company additional expense and left me to suffer needlessly with improper medical care and improper pain control". DSHS and SSDI issues are also involved.

Prior Cases: #99-07-0019MD. Cross-referenced with another provider, the Complainant alleged the Respondent filed a fraudulent physical evaluation to DSHS that caused her to lose her General Assistance benefits. Closed below threshold.

Code: 04

Notification: Yes  No

Investigative Plan:

- Complainant submitted a copy of the letter she had sent to the Respondent as her complaint.
- Copy of patient medical records.
- Respondent's statement.

• IRP

DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION - SECTION 5

INTAKE SHEET

Respondent Information

Case No: 01-01-0019MD Case Opened: 01/08/2001  
Case ID: 13010  
Name: Katherine E Dickinson, MD Lic/Cert/Reg No: MD00034326 Issued: 11/18/1996  
Address: 1530 Ellis St D.O.B.: 5/29/1959 Expires: 5/29/2001  
Bellingham, WA 98226 Soc Sec No: 1 - DOH Licensee S...  
School Attended: George Washington U; Wash DC Year Completed: 1985  
Specialty: Family Practice Board Certified: Yes

Complainant Information

Name: 3 - Identity - Whistleblower R...  
Address: 3 - Identity - Whistlebl... 3 - Identity - Whistleblower Regarding Health ...

Companion Case Information (other Respondent)

Previous Case Information (same respondent)

Case No: 99-07-0019MD Case Disposition: Closed Reason Closed: Below  
Complainant: 3 - Identity - Whistl...

\*Steps:

A=Assess

RM = Reviewing Member

S=Settlement

I=Investigating

LD=Legal Drafting

LP=Legal Prehearing

LR=Legal Review

LS = Legal Service

RAG=Legal Support

F=Final Action

RPT002

01/08/2001

Page 1 of 1

2001-01-0019MD

CPH0303

INDIVIDUAL NAME  
LAST DICKINSON  
FIRST KATHERINE  
MIDDLE E

REAL SYSTEM  
(JR, SR, III)

V2.5.7 12:17:28 PM

REFERENCE # MD00034326

SOC SEC NUM 1 - DOH Licensee Social S...

+--ADDITIONAL INFORMATION--+	
SEX F =	MARRIED Y =
OTHER NAME	
CORP. OFFICER	=
TRUST ACCOUNT	
BIRTH PLACE SEATTLE, WA	
DATE 05-29-1959	
SCHOOL CODE	
CE UNITS	0.00 REQD BY 05-29-2004

RESIDENCE INFORMATION  
1530 ELLIS ST  
BELLINGHAM WA 98225

*Whatcom  
County*

PHONE: ( ) -  
( ) -

COUNTY: 37  
LGL ST: WA

NOTES

CURRENT STATUS: A D	EXPIRATION DATE: 05-29-2001	FIRST ISSUE DATE: 11-18-1996
RENEWAL STATUS: Z	LAST ACTIVE DATE: - -	LAST RENEWAL DATE: 05-30-2000
COMPLAINTS O/C: 0 / 0	AUTHORITY:	

19/4

01-05-2001

crh0303

REAL SYSTEM

V2.5.1

12:18:26 PM

CASE  
NUMBER

99070019

COMPLAINANT

3 - Identity - Whistleblower Re...

COMPLAINT  
DATE

07-12-1999

INVESTIGATOR

TYPE STATUS  
19 CNA2



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

April 20, 2001

3 - Identity - Whistleblower Regarding Health Care Provi...

**SUBJECT:** Katherine E. Dickinson, MD  
Case No: 01-01-0019MD

Dear 3 - Identity - Whistleblower ...

The Medical Quality Assurance Commission has completed its investigation regarding the concerns you expressed about Katherine E. Dickinson, MD.

After careful consideration of the records and information obtained during its investigation, it was determined that disciplinary action is not necessary at this time. In order to take action against the license of a health care provider in the state of Washington, the Commission must prove that there were violations of rules or regulations governing the profession. It is the decision of the Commission that it would be unable to present sufficient evidence to support disciplinary action against Katherine E. Dickinson, MD.

Thank you for bringing your concerns to our attention. If future complaints are received, the Commission may review this case and consider it together with any new complaints. If you have any questions please feel free to contact this office at (360) 236-4888.

Sincerely,

**COPY**

Lisa Pigott, Acting Program Manager  
Medical Quality Assurance Commission  
RPT032.doc04/20/2001



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

April 20, 2001

Katherine E. Dickinson, MD  
1530 Ellis St  
Bellingham, WA 98226

SUBJECT: Katherine E. Dickinson, MD  
Case No: 01-01-0019MD

Dear Dr Dickinson:

The Medical Quality Assurance Commission has completed its investigation regarding allegations of failure to provide adequate medical care.

After careful consideration of the records and information obtained during its investigation, it was determined that disciplinary action is not necessary. In order to take action, the Commission must prove that there were violations of rules or regulations governing the profession. Violation could not be proven in this case. The complainant will also be advised of the decision to close this case.

As a reminder, you may submit an additional written statement if you wish it to be added to the case file. The file will be subject to release within the guidelines established by Washington Public Disclosure Laws. Public disclosure requests usually come from insurance companies and employers.

Thank you very much for your cooperation in this matter. If you have any questions, please feel free to contact this office at (360) 236-4888.

Respectfully,

**COPY**

Lisa Pigott, Acting Program Manager  
Medical Quality Assurance Commission

## **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**

Copy to: WS  
PRB

2 - Healthcare Information Readily Identifiable to a Per...

RECEIVED Friday, January 05, 2001

JAN 08 2001

Katherine - per  
1-8-2001

2 - Healthcare Information Readily Identifiable ...

INVESTIGATIONS

Dear Dr. Dickinson:

*I write this memo in response to your decision to cancel the Physical Therapy that your office ordered in October and November. When you wrote the orders you were aware that I was asking my insurance company to cover services in excess of the approved 12 visits during 2000. When I called my insurance company, I spoke with Robert, who advised me that PT would not be covered again until January, 2001. I booked the appointments for January 3<sup>rd</sup> and 5<sup>th</sup>, and the following weeks in January.*

*In addition, my telephone calls to you went un-returned for 2, 5 and 7 days, my requests for care went unanswered, and I was actually denied care due to a mistake in your office. When I confronted you about it, you admitted the mistake but did not bother to apologize. Further, during my last visit with you, you didn't seem to understand the depth, breadth, or duration (10 years) of my pain. Also, when you left the room, there was no "good-bye", or any sense that the visit was over, so we just sat and waited.*

*On Wednesday I met with Deb Peterson at Bellingham Physical Therapy, and she reviewed the file. My PT records with their office go back 10 years, beginning with a head-on auto accident. Ms. Peterson explained that this is a recurring injury, and was not sure if the hip injury was causing the knee strain or the knee strain the hip, but that they had treated this same injury several times.*

*I was initially referred to you for care by the ER staff. They advised me that with my complicated medical disorder including: injuries from an auto accident, fibromyalgia, severe allergies to medications and chronic pain, that the care I was receiving from Ginger Smith, Nurse Practitioner, was not sufficient. The staff attempted to treat me in the SJH after-hours-clinic, but, due to severe medication reactions while being treated in the hospital, they referred me back to the ER for treatment. The medflight nurses were called to treat one of my allergic reactions, and they warned me that with the level of care I needed, I must have a physician providing my care. They further warned me that if I needed an ambulance, even they would not have the correct medications and would have difficulty treating my allergic reactions. They found that your office was accepting new patients and referred me there.*

*During 2000: the neurologist that I was seeing, Dr. Patrick Delaney, left the Bellingham area to teach in San Diego, leaving me without neurological care. Dr. David Allan, my Primary Care Physician of 15 years, had two extended periods of more than three months where he was not available to provide patient care, and referred me to a larger practice. I chose Madronna, and thought a nurse practitioner was sufficient. It was not.*



*In addition, I had been under the care of Dr. Drobnicki for a year, and he was actively treating my fibromyalgia, including "frozen" joints/tissues requiring painful treatments.*

*Each time I was seen in your office I explained all of the above, and each time I was brushed off. I was more than adequately articulate in all of my appointments, especially relative to my history and the constancy of my pain. Hence, it is my perspective that, given that the physician has my records, she has all of the information she needs with which to offer the highest quality of care and treatment. In addition, the first time I saw you, I was having chest pains, told you about it, and you said I would have to schedule another appointment to be seen for that at a later date. I asked you on four occasions to take over Dr. Delaney and Dr. Drobnicki's care, and each time you did not. I called your office the week after Christmas and was told that you could see me in February, 2001, for assessment of the Fibromyalgia, and to provide the care that Dr. Drobnicki was unable to continue, due to an extended closure in his office. If you were too busy to take me on as a patient, then I should have been informed of that before I ever saw you, and referred elsewhere. You have ignored the medical care that I needed, causing me a great deal of pain, frustration and lost time at both school and work. Your choice to ignore the care I needed incurred medical bills that were not necessary. I do understand that you are busy; we all are! If you did not have time to see me and take over my care, both my insurance company and I should have been informed immediately. You left me without adequate pain management, either with PT, medications, or both.*

*After my 3<sup>rd</sup> visit for the knee damage, you finally referred me to an orthopedic surgeon. That is 16 months after the initial injury/fall. It should not have taken that long, especially when I informed you that the insurance company did not approve the ongoing physical therapy. Twice when I came in I could barely walk, and several times I was completely unable to even walk to the bathroom at home. I requested that you approve the disabled parking status that had expired and you stated, that you "could not do that", that "would be against the law". Please explain this to me. If your level of trust was that low that you did not believe me, you had two other sources for information. You could have reviewed past records from long-time physicians, and physical therapy records for 10 years, and you could have spent adequate time to evaluate my medical condition. You did neither. You simply dismissed me.*

*You walked out in the middle of appointments, not bothering to say, "goodbye, or that you were finished". I was so shocked by the care I was receiving, or not receiving, that I asked a friend to come with me on two subsequent appointments. He confirmed that I was reading the situation correctly, and that proper medical care was not being provided. This was an extremely adversarial relationship from our initial meeting. I do not know if this was your intent, or if you were just too busy, but I sincerely hope that you do not treat one more patient the way I was treated. I am filing this complaint with you, my disability caseworker and my insurance company, and I request that a meeting be scheduled to discuss this. I do not choose to continue with you as a primary care physician, you were not. I do intend to pursue this matter with you, in hopes that others*

*are not receiving the same lack of care. I will ask my insurance company to provide me with a list of approved physicians, and I did as your nurse suggested and researched and found a medical practice with the expertise to treat Fibromyalgia, as well as my neurological and orthopedic difficulties. Dr. Dickinson, I realize that you should not be forced to provide medical care for anyone. However, if you accept a patient, then you must have time to treat them, or refer them.*

*I was told that you did not have time to evaluate and assess the fibromyalgia, and could only see me on an emergency basis for treatment of back and knee injuries. If I chose to wait until February for adequate care, that would mean that the four prior months I had requested care, as well as December, January and February would have been spent "waiting for you to have time". I agree, we are all busy, you are not alone. Your lack of adequate medical care cost my insurance company additional expense and left me to suffer needlessly with improper medical care and improper pain control. Your efforts to find an Orthopedic Surgeon to assess my knee and hip injury were seven months too late. After your staff told me it would be February before you could see me, I realized that I was not going to be your victim. I will find alternative medical care. I will not use your referrals. The new medical provider will have their own referrals following assessments. I am in the process of that with my insurance company and disability caseworker.*

*Dr. Dickinson, I wish you well, and I do expect to meet with you to further discuss this complaint. This is not acceptable and I sincerely hope that you did not intend for this to be the quality of care acceptable to you. During the years I worked in Quality Management at St. Joseph Hospital, as Corporate Legal Liaison, I developed an understanding of the level of acceptable quality care. This experience, in my perspective, does not come close to meeting an acceptable standard of quality care.*

*Respectfully Submitted,*

2 - Healthcare Information Readily Identifiable to a Perso...

Cc:

*Disability Determination, DSHS & SSDI  
Premera Blue Cross  
Washington State Physicians Review Board*



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

January 8, 2001

Katherine E Dickinson, MD  
1530 Ellis St  
Bellingham, WA 98226

SUBJECT: Katherine E Dickinson, MD; Case No: 01-01-0019MD

Dear Dr. Dickinson:

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, and opened a file to consider the report on 1/8/2001. 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 an investigator from the Department of Health, Medical Assessment and 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 small percentage of cases, a statement from the Respondent will not be required and no investigator will contact the Respondent.

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. If the Commission receives any inquiries about the status of your license while this case is still open, only its existence will be disclosed. Once the 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 feel free to call this office at (360) 236-4798.

Respectfully,

COPY

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission  
Enc.: *What Happens Next?*; RCW 18.130.180  
(R)Notify-RPT030.DOC



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

January 8, 2001

3 - Identity - Whistleblower Regarding Healt...

**SUBJECT:** Katherine E Dickinson, MD  
Case No: 01-01-0019MD

Dear 3 - Identity - Whistleblo...

Thank you for your recent letter in which you express concerns regarding Katherine E Dickinson, MD. Your report has been assigned a case number which is 01-01-0019MD.

We determined from your letter that there may be violations of the Uniform Disciplinary Act, Chapter 18.130 RCW and this case will be investigated. If you have any additional information pertaining to this case, please forward it along with a copy of this letter to me at the above address. Please understand that you may not hear from us during the investigation. If we need additional information, one of our investigators will contact you.

Enclosed for your information is the brochure *What Happens Next?* along with a copy of RCW 18.130.180 Unprofessional Conduct. Once the investigation has been completed and a panel of the Commission has reviewed the facts of the case and taken action, you will be notified in writing of their decision.

Again, thank you for bringing your concerns to our attention. If you have any questions or need further information, please call my office at (360) 236-4798.

Sincerely,

**COPY**

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission

(C)ACK-RPT003.DOC



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

March 5, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Katherine E. Dickinson, M.D.  
1530 Ellis Street  
Bellingham, WA 98225

RE: Case No: 2001-01-0019MD

Dear Dr. Dickinson:

The Washington State Medical Quality Assurance Commission has received a complaint from 3 - Id... 3 - Identity - Whistleblower Rega... alleging that you failed to provide her with adequate medical care. A copy of the complaint is enclosed for your review and response.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under 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.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620, a health care provider 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 that information is needed to determine compliance with state licensure rules or laws. **Failure to cooperate is unprofessional conduct pursuant to RCW 18.130.180(8).**

Katherine E. Dickinson, M.D.  
March 5, 2001  
PAGE TWO

Under provisions of the above laws, please provide the following:

1. A written summary of the medical care you rendered to 2 - Healthcare Information Readily Identi...  
Please include in your reply a response to the specific allegations made by the complainant in the attached letter.
2. A complete copy of 2 - Healthcare Information Readily Identi... medical records.

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

You are free to consult with and engage an attorney at your expense to represent you in this matter prior to making your response. Your response(s) may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you please have the attorney file a Notice of Appearance at the address below.

**Your reply is requested within fourteen (14) days following your receipt of this letter.** Please mail your response to:

Bonita James, Health Care Investigator  
Department of Health  
Medical Quality Assurance Commission  
Medical Investigations Unit  
1300 S.E. Quince St.  
P.O. Box 47866  
Olympia, Washington 98504-7866

If you have any questions, please feel free to contact me at (360) 236-4803 or by fax at (360) 586-4573.

Sincerely,



Bonita James  
Health Care Investigator

Z 227 074 857

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	
Katherine E. Dickinson MD	
Street & Number	
1530 Ellis Street	
Post Office, State, & ZIP Code	
Bellingham, WA 98225	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

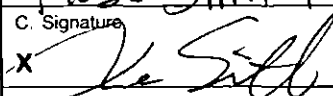
1. Article Addressed to:

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

2. Article Number (Copy from service label)

2227 074 857

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
Rose Smith	3-6-2001
C. Signature	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

MT. BAKER FAMILY MEDICINE  
A DIVISION OF MT. BAKER PLANNED PARENTHOOD

March 26, 2001

State of Washington  
Department of Health  
Attn: Bonita James  
1300 SE Quince St  
PO Box 47866  
Olympia, WA 98504-7866

RECEIVED

MAR 30 2001

INVESTIGATIONS

Re: Case No. 2001-01-0019MD

Dear Ms James:

This letter and the accompanying medical record is in response to complaint from 3-L...  
3 - Identity - Whistleblower Rega... alleging inadequate medical care.

2 - Healthcare Information... came to us as a new patient in June of 2000 presenting with extensive past history involving chronic neck and back pain, fibromyalgia, and headaches.

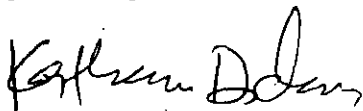
2 - Healthcare Information R... problems and concerns have been addressed at every turn. Our office has always accommodated her need to be seen. In addition to regularly scheduled appointments, we have fit her in on a same day basis. 2 - Healthcare Informati... demanded a full two hours at one visit when thirty minutes had been worked into the schedule to accommodate her. Throughout her comparatively short history with us we have responded to every request and phone call with referrals to other physicians and services available.

She had been having problems with her insurance company denying multiple physical therapy visits in October and November. Based on her past PT record this insurance denial problem was ongoing with her carrier. Regarding her knee pain, she injured the knee over one year prior to visits with our office. She received orthopedic surgery evaluation, MRI scan, and PT treatment all prior to transferring her care here. She received evaluation here, and referral to an orthopedic surgeon for another evaluation in a timely manner for her symptoms. Due to car problems 2 - Healthcare Informati... had to cancel her visit with the orthopedic surgeon, however, we again authorized PT in January of this year.

We feel every effort was made to accommodate 2 - Healthcare Information Re... extensive and complicated history. At no time were her calls left unanswered or her problems left untreated in the six months we saw her.

If there are any other questions, please call me at 360-714-1149.

Sincerely,



Katherine Dickinson, MD  
Mt Baker Family Medicine.

1530 ELLIS STREET • BELLINGHAM, WA 98225  
(360) 714-1149 • FAX (360) 715-8630





Physicians Review Board  
Department of Health  
State of Washington  
Medical QA

P.O. Box 47866  
Olympia, WA

98504-7866

RECEIVED

JAN 08 2001

INVESTIGATIONS

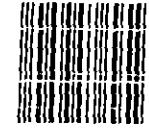
Attention: Cindy

3 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RC...

MT. BAKER FAMILY MEDICINE  
1530 ELLIS STREET  
BELLINGHAM, WA 98225



9241



58504

U.S. POSTAGE  
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BELLINGHAM, WA  
98225  
MAR 29 2001  
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First CLASS

STATE OF WASHINGTON  
Dept. of Health  
Attn: Bonita James  
1300 SE Quince St  
P.O. Box 7866  
Olympia WA 98504-7866

Redaction Summary ( 30 redactions )

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3 Privilege / Exemption reasons used:

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

2 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 10 instances )

3 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" ( 18 instances )

8

Page 2, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 4, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 5, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 9, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 10, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance  
Page 10, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances  
Page 11, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance  
Page 12, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 13, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances  
Page 16, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances  
Page 18, 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 20, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances  
Page 21, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances  
Page 22, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances  
Page 24, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 5 instances  
Page 24, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances  
Page 162, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance