Medical Quality Assurance Commission

P O Box 47866
1300 SE Quince Street
Olympia, WA 98504-7866

FAX

Date: 7/20/99

Number of pages including cover sheet: ______

To:
Sam Frazier
Office of the Governor

Phone: 360-902-0392
Fax phone: 360-753-4110

From:
Maryella Jansen
Program Manager
Medical Quality Assurance
Commission

Phone: (360) 236-4792
Fax phone: (360) 586-4573

REMARKS: ☐ Urgent ☑ For your review ☐ Reply ASAP ☐ Please comment

FAXed, letter from Bonnie King, Executive Director, Medical Quality Assurance Commission, Department of Health to Alice Hicks.

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone or fax immediately at the numbers as follows: telephone (360) 753-2287; fax number (360) 586-4573.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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

Medical Quality Assurance Commission

September 15, 1999

2 - Identity - Whistleblower Regarding Health C...

SUBJECT: **Katherine E. Dickinson, MD/ Case No. 99-07-0019MD**
James B Erhardt, MD/ Case No. 99-07-0021MD

Dear 2 - Identity - Whistl...

I am responding on behalf of other staff members to whom you have spoken and to the letter received by Program Manager Maryella Jansen on September 7, 1999. I also spoke to you by telephone on September 10th.

The information received from you in July included your letter and accompanying medical evaluation documents. A physician assistant on our staff assessed your letter and the medical evaluations you provided. The information from this assessment was presented and evaluated by staff members who meet weekly to assess cases. A physician is a member of this group. A decision was then made to present the information to the Medical Quality Assurance Commission's Initial Review Panel. This panel consists of physicians and a public member representative. Their decision was to close the case without further investigation. They determined that the medical documents provided with your letter did not show evidence of unprofessional conduct by the physicians against whom you had complained.

This type of closure is referred to by staff as a "below threshold" closure. A below threshold closure has criteria by which complaints are assessed to determine whether they can be closed without further investigation. The criteria are enclosed for your reference. See pages 4-6. Below threshold closures are used when complaints are unlikely to result in action by the Commission, if they were investigated.

The reason below threshold case closures were created is that the Commission and other health professions within the Department of Health do not have the resources to investigate every complaint received. However, use of the criteria and

2 - Identity - Whistleblower Rega...

the Commission's process for assessment assure complaints are consistently identified as being eligible for a below threshold closure.

You asked why you had not received an acknowledgement letter when you first sent in your complaint. Below threshold closures are done in a timely manner and the closure letter also serves as the notification letter.

The closure letter does not use the terms, "below threshold," but does provide the rationale for not investigating all cases by stating, "Due to limited resources the Medical Quality Assurance Commission is unable to pursue your report in accordance with specific criteria established for cases that are to be investigated."

You also asked why the "Patient Guide" we sent you did not specifically address below threshold closures. In the brochure under "An Overview of the Complaint and Disciplinary Process" you will find the following statement:

> *A majority of reports received are closed with no action because they are below the investigation threshold, or there is insufficient evidence.*

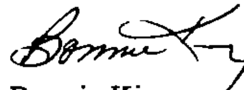
This sentence refers to below threshold closures and also to closures resulting from insufficient evidence when there is an investigation.

As you can see from the enclosed information, the Commission does not have an appeals process. In order for a below threshold closure to be reconsidered, you must provide new documentation (evidence), not previously reviewed by staff that would substantiate unprofessional conduct by the physicians.

The Commission's statutory authority to conduct all of its business comes from the Legislature, specifically Chapter 18.71 RCW – Physicians and Chapter 18.130 RCW Regulation of Health Professions – Uniform Disciplinary Act. You may choose to consult an attorney regarding your civil rights questions.

I am certainly aware of your frustration with our process. It can be a very complex process that is not always easy to explain or understand. If you need further clarification, feel free to contact me at (360) 236-4789.

Sincerely,



Bonnie King
Executive Director

Encl. Below Threshold Determination Guidelines

Cc: Sam Frazier, Office of the Governor
Ron Weaver, Department of Health Acting Assistant Secretary
Don Williams, Health Professions Quality Assurance Division Acting Director
Maryella Jansen, Medical Quality Assurance Commission Program Manager
James Smith, Medical Quality Assurance Commission Chief of Investigations

Health Professions Quality Assurance Division

Case Disposition Guidelines

December 15, 1998

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Introduction

The purpose of this series of guidelines is to provide criteria for determining fair and uniform decisions and disposition of all categories of cases, complaints, and violations identified and received by the Division.

Recent regulatory reforms in Washington have provided new mechanisms to achieve self-regulation through education and assistance as an alternative to imposition of penalties. In addition the Department of Health, Boards, and Commissions have worked, in recent years, to refine and improve the disciplinary process. Toward these goals, guidelines have been developed to provide a framework for case categorization and disposition through jurisdiction determination, below threshold determination, determination of the need for notices of correction and notices of violation, determination of the need for statements of allegation and stipulations to informal disposition, determination of the need for filings of statements of charges, and determination of no cause for action.

In conducting the case disposition process, the disciplining authority reviews and evaluates each case of alleged violation separately and impartially. Actions are taken based on the facts and circumstances of the case. The disciplining authority has the sole discretion to determine the appropriate disciplinary actions for each case.

It is also important to note that prior to proceeding with any of the disposition mechanisms discussed in the guidelines that follow, **jurisdiction must be determined**. All complaints or cases that are acted on must be under the statutory authority of the disciplining authority. Regardless of which disposition mechanism is applied, disposition documents must reference the specific statutory or administrative code section for each alleged violation.

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I. Title: Below Threshold Determination Guidelines

Introduction

The purpose of these guidelines is to provide criteria and framework for the consistent identification of complaints that fall below the threshold level established by the statutory mandated disciplining authorities. Complaints below the threshold are not pursued by the disciplining authority in order to conserve scarce resources and to expedite the resolution of complaints above the threshold.

1. What is a below threshold determination complaint?

Below Threshold Determination Complaints are complaints that would **not likely** result in a Statement of Charges, or a Stipulation to Informal Disposition, if investigated. While it is possible that a Stipulation to Informal Disposition, Notice of Correction or No Cause for Action determination may result, the nature of the complaint does not appear to warrant allocation of resources for investigation.

Any complaint that is classified as Below Threshold may be reconsidered for investigation if new documentation is received, if a pattern of the violation occurs, or if the disciplining authority deems that an investigation is appropriate

Complaints that are not within the disciplining authority's statutory mandated jurisdiction shall be classified as No Jurisdiction complaints and will not be classified as Below Threshold Complaints.

If a complaint or violation fails to meet the definitions in this section, it may not be closed under the Below Threshold Determination Policy.

2. Generally, when can a complaint be categorized as below threshold?

Generally, a complaint may be classified as a Below Threshold when one of the following is true:

- When the allegation set forth in a complaint or violation poses minimal risk of harm or impact to the public health, safety or welfare, OR
- When an investigation determines that a violation is Below Threshold, OR
- The complaint, if investigated, would likely not result in a Statement of Charges or Stipulation to Informal Disposition, but may result in a Closure with No Cause for Action or Notice of Correction.

3. Generally, when should the below threshold mechanism <u>not</u> be used?

The following are usually **not** identified as Below Threshold. In the event that a complaint has characteristics that fall into one of these categories as well as Below Threshold categories, it should be investigated.

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- Alleged violations that result in moderate to severe injury (e.g. mental, physical or financial injuries)
- Alleged violations that create a moderate to severe risk of harm
- Conviction of a gross misdemeanor or felony
- Fraud
- Physical abuse
- Sexual contact

4. Should each disciplining authority establish specific below threshold complaint categories?

Yes. Because of profession-unique characteristics, each disciplining authority (Commission, Board, DOH Secretary Authority Programs) must identify and define the types of complaints and cases which fall Below Threshold. These guidelines provide a general framework for the Below Threshold Determination, but are not a substitute for profession-specific decision criteria.

5. What kinds of cases typically are below threshold?

Listed below are examples of the types of cases or complaints that may be appropriate for below threshold determination. Profession-specific decision criteria established by the disciplining authority will determine if these subjects are usually below threshold in case disposition for a given profession.

- Advertising Cases

  Advertising that does not appear to be false, fraudulent or misleading may be appropriate for Below Threshold Determination.

- Anonymous Complaints

  Complaints that are received with no complainant's name and do not contain allegations of significant harm or potential harm.

- Billing/Fee Disputes

  This category involves complaints where the complainant asserts unfair business practices related to billings and fee disputes. This category does not include fraud or misrepresentation.

- Communication Issues

  The complaint appears to be the result of unintentional miscommunication, mistranscription, or mistake of fact.

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- Personality Disputes

  This category includes but is not limited to personality disputes that involve rudeness or minor verbal abuse.

- *Complainant Credibility*

  The complainant has previously demonstrated a lack of credibility.

- Isolated Complaints

  Single or non-pattern complaints with little or no patient harm. Repeated complaints of a similar nature could warrant further investigation.

- Aged or Dated Complaints

  Aged or dated complaints may be considered below threshold.

- Otherwise Resolved Complaints

  Complaints where the alleged violation has been resolved by another state agency, federal government, other entity, or the respondent, and other measures are not necessary to protect the public.

- Expired Credential

  Complaints which solely allege that a practitioner is practicing with an expired credential for a short period of time.

II. Title: No Jurisdiction Determination

This category involves complaints where the allegations are determined to be beyond or outside the sphere of authority of the disciplining authority. Each program's case management team must identify a specific statute or administrative code section that has been violated by the subject matter identified in the complaint or inspection report. In some cases this determination is not possible until after an investigation is conducted.

Complaints of unlicensed practice shall be referred to the Unlicensed Practice Unit in accordance with Division Policy No. D10.

The following are examples of complaint allegations that would fall into the No-Jurisdiction category:

- Personnel Issues

  Personnel issues that do not fall within the scope of the Uniform Disciplinary Act, a health care profession's practice act or administrative code.

- Misdemeanors Irrelevant to Professional Practice

  Conduct which is considered a misdemeanor in a court of law, but it is not directly related to the

practice of the profession.

- Fee Disputes

  Fee disputes between the practitioner and patient or client are not normally within the jurisdiction of the disciplining authority.

III. Title: No Cause for Action Determination

Cases which are within the jurisdiction of the disciplining authority, but (a) produce evidence that disproves the allegations in the case, OR (b) lack proof or sufficient evidence to substantiate allegations or issuance of notices, should be closed for **no cause for action**.

A no cause for action determination closes a case.

Note: The determination to issue a Notice of Correction, Notice of Violation, Statement of Allegations, or Statement of Charges discussed next all represent decisions to act, and therefore by definition never should be considered to be in the category of **no cause for action**.

IV. Title: Notice of Correction and Notice of Violation Guidelines

Introduction

The spirit of regulatory reform is to emphasize education and assistance before the imposition of penalties. The Legislature believes that by educating and assisting the regulated parties, it will achieve greater compliance with statutes and rules. This is the intent of utilizing Notices of Correction and Notices of Violation.

Criteria and conditions under which a Notice of Correction and a Notice of Violation are employed are identical with one exception: whether or not the infraction is identified as part of a technical assistant visit requested by the credentialed provider (and is appropriately addressed through the mechanism of a notice), a NOTICE OF VIOLATION is utilized. If the infraction is identified under any other circumstances (and is appropriately addressed through the mechanism of a notice), a NOTICE OF CORRECTION is utilized. Consequently, the guidelines presented in this section apply to both types of notices.

Typical cases where notices of violation and correction should be utilized include:

- Second time violations that were below threshold level the first time
- Continuing education violations where the credentialed provider did not complete all necessary hours or classes taken were not appropriate
- Minor infection control violations
- Late renewals
- Minor inspection violations

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- Minor record keeping/reporting problems
- Name tag violations
- Utilizing out of date references
- Advertising violations
- Failure to release records
- When mandatory client or patient public disclosure statements do not meet requirements
- Addressing patterns of minor medication errors during a limited time period

1. What are notices of correction and violation?

An administrative mechanism whereby the credentialed provider is notified that violation of a statute or rule has been documented and the credentialed provider is provided a reasonable period of time to correct the violation. Notices of Violations are used instead of Notices of Correction when the infraction is identified during a technical assistance visit that was requested by the credentialed provider. Notices of Correction and Violation are not appealable under the Administrative Procedures Act.

2. What is achieved by utilizing notices?

Notices of occurrence of a violation, as well as education and assistance to the credentialed provider and the correction of the areas of violation without a lengthy legal process or record of formal disciplinary action.

3. Generally, when should notices be utilized?

The decision to utilize a Notice of Correction or Violation instead of other disposition processes should be made on a case by case basis. Generally, notices of correction or violation may be considered when the infraction has the following characteristics:

- violations of a rule or statute which does not result in patient harm and the risk of harm to future patients or clients is low
- respondent's violation only occurred once and there is no pattern of violations
- the conduct occurred more than two years ago
- respondent has no prior disciplinary action - in this or in any other jurisdiction wherein the individual practices or has practiced his or her profession
- respondent accepts responsibility for the violation
- respondent has potential for and is agreeable to correcting the violations within a reasonable time

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- respondent has performed remediation prior to the complaint
- There are health care professionals in the practice setting who are able to observe and take appropriate steps if the respondent engages in additional misconduct
- disciplining authority anticipates imposition of a monetary fine in a final order

4. Generally, when should notices not be utilized?

- When revocation or suspension of a credential or the placing of any conditions on the credential is required to assure public protection
- When allegations, if proven, would require reporting to national practitioner or national association data banks (so that other states would know about that practitioner's unprofessional conduct)
- When notice to the media, etc. is required for public protection
- When remedial action by the practitioner is necessary to ensure public protection

5. What information is provided externally when utilizing a notice of correction or violation?

- A copy of the Notice provided to the complainant after approval and issuance to the respondent. A closure letter is provided to all parties.
- A Notice **should not** be reported to professional organizations, other states, national practitioner data banks, unless a public disclosure request is made by these parties.
- Notices should be disclosed as a public record if requested.
- Mailing lists for Notices should not be maintained (note: in effect such lists would be considered as reporting Notices of Correction).
- Names of Notice respondents should not be placed in board or commission minutes.
- No reporting of Notices should be made to the media, unless specifically requested by the media.

6. What documentation is included in notices of correction and violation?

a) A description of the condition that is not in compliance and a specific citation to the applicable law or rule including the text of the applicable law or rule;

b) A statement of what action or condition is required to achieve compliance;

c) The date by which the agency requires compliance to be achieved;

d) Notice of the means to contact any technical assistance services provided by the agency or others;

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e) Notice of when, where, and to whom a request to extend the time to achieve compliance for good cause may be filed with the agency.

7. What steps should be taken if a notice is issued and the practitioner fails to correct the unlawful conduct?

Upon verification that the practitioner failed to correct the infraction identified in the Notice of Correction or Violation, the disciplining authority may then issue a statement of charges or statement of allegations.

8. What is the text of the statute that governs notices of correction and violation?

RCW 43.05.100 Provides:

(1) If in the course of an inspection or visit that is not a technical assistance visit, the department of agriculture, fish and wildlife, health, licensing, or natural resources becomes aware of conditions that are not in compliance with applicable laws and rules enforced by the department and are not subject to civil penalties as provided for in section RCW 43.05.110 of this act, the department may issue a notice of correction to the responsible party that shall include:

(a) A description of the condition that is not in compliance and the text of the specific section or subsection of the applicable law or rule;

(b) A statement of what is required to achieve compliance;

(c) The date by which the department requires compliance to be achieved;

(d) Notice of the means to contact any technical assistance services provided by the department or others; and

(e) Notice of when, where, and to whom a request to extend the time to achieve compliance for good cause may be filed with the department.

(2) A notice of correction is not a formal action, is not subject to appeal, and is a public record.

(3) If the department issues a notice of correction, it shall not issue a civil penalty for the violations identified in the notice of correction unless the responsible party fails to comply with the notice.

For the purposes of this chapter, a technical assistance visit is a visit by a regulatory agency to the facility, business, or other location that

(a) Has been requested or is voluntarily accepted; and is declared by the regulatory agency at the beginning of the visit to be a technical assistance visit.

(2) A technical assistance visit also includes a consultative visit pursuant to RCW 49.17.250.

(3) During a technical assistance visit, or within a reasonable time thereafter, a regulatory agency shall inform the owner or operator of the facility of any violation of law or agency

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rules identified by the agency as follows:

(a) A description of the condition that is not in compliance and a specific citation to the applicable law or rule;

(b) A statement of what is required to achieve compliance;

(c) The date by which the agency requires compliance to be achieved;

(d) Notice of the means to contact any technical assistance services provided by the agency or others; and

(e) Notice of when, where, and to whom a request to extend the time to achieve compliance for good cause may be filed with the agency.

9. What forms are used for the Notice of Correction and Violation?

- Notice of Correction
- Notice of Violation
- Delegation to Staff Issuance of Notices of Correction and Notices of Violation

(Located on the T Drive of the Division Information Network)

V. Title: Statement of Allegations and Stipulation to Informal Disposition Guidelines

1. What is a statement of allegations and stipulation to informal disposition?

A Statement of Allegations and Stipulation to Informal Disposition is an administrative notification of violation, and an opportunity to achieve compliance and certain sanctions may be agreed upon without formal disciplinary action.

Note: Stipulations to Informal Disposition should not be offered as settlement to Statements of Charges, nor should they be used as mechanisms of "bargaining down" the withdrawal of charges. The level of proof for a Statement of Allegations and Statement of Charges is always the same. However, a Statement of Allegations and Stipulation to Informal Disposition may be considered if it is determined that some facts supporting the Statement of Charges are no longer supported, thus reducing the level of severity of the charging criteria.

2. Generally, when should statements of allegation and stipulations to informal disposition be utilized?

The decision to utilize a Statement of Allegation and Stipulation to Informal Disposition instead of other disposition mechanisms should be made on a case by case basis. Generally, this disposition approach may be considered when the case has the following characteristics:

- The disciplining authority has established that a violation of a specific rule or statute has occurred and the disciplining authority has established the respondent's conduct or omission

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was the reason for the violation.

- Violation could have resulted in minimal to moderate patient harm or patient harm resulting was minimal.
- Risk of harm to future patients or clients is not likely.
- No definite pattern of violations.

3. Generally, when should statements of allegation and stipulations to informal disposition not be utilized?

- When revocation or suspension of a credential or the placing of any conditions on the credential is required to assure public protection
- When allegations, if proven, would require reporting to national practitioner or national association data banks (so that other states would know about that practitioner's unprofessional conduct.)
- When notice to the media, etc. is required for public protection.
- Moderate or severe violations, Below Threshold cases, No-Jurisdiction cases.

4. What are the limitations on sharing information concerning statements of allegations and stipulations to informal disposition?

- Presented in closed session.
- Provide copy to complainant after approval by the disciplining authority.
- Do not report to professional organizations, other states, national practitioner data banks.
- Disclosable as a public record, after accepted by the disciplining authority.
- No mailing lists to receive these.
- No name of respondents on minutes (but case numbers are recorded).
- No notices to media.

5. What documentation is required to accomplish statements of allegation and stipulations to informal disposition?

- Statement of the facts leading to the allegation of charges.
- Statement of the acts asserted to constitute unprofessional conduct or inability to practice with reasonable skill and safety.
- Statement that the stipulation is not to be construed as a finding of unprofessional conduct or inability to practice.

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- Statement that the agreement is not reportable under RCW 18.130.11, but is disclosable under the state public records requirements.
- Acknowledgment that a finding of unprofessional conduct or inability to practice, if proven, constitutes grounds for discipline.
- Agreement by the respondent that sanctions under 18.130.160 may be imposed, except as limited by RCW 18.130.172.
- Agreement by the disciplining authority to forego further disciplinary action.

6. What is the text of statutes governing the use of statements of allegations and stipulations to informal disposition?

RCW 18.130.172 --Evidence Summary and Stipulations.

(1) Prior to serving a statement of charges under RCW 18.130.090 or 18.130.170, the disciplining authority may furnish a statement of allegations to the licensee or applicant along with a detailed summary of the evidence relied upon to establish the allegations and a proposed stipulation for informal resolution of the allegations. These documents shall be exempt from public disclosure until such time as the allegations are resolved either by stipulation or otherwise.

(2) The disciplining authority and the applicant or licensee may stipulate that the allegations may be disposed of informally in accordance with this subsection. The stipulation shall contain a statement of the facts leading to the filing of the complaint; the act or acts of unprofessional conducted [conduct] alleged to have been committed or the alleged basis for determining that the applicant or licensee is unable to practice with reasonable skill and safety; a statement that the stipulation is not to be construed as a finding of either unprofessional conduct or inability to practice; an acknowledgment that a finding of unprofessional conduct or inability to practice, if proven, constitutes grounds for discipline under this chapter; and an agreement on the part of the licensee or applicant that the sanctions set forth in RCW 18.130.160, except RCW 18.130.160 (1), (2), (6), and (8), may be imposed as part of the stipulation, except that no fine * may be imposed but the licensee or applicant may agree to reimburse the disciplining authority the costs of investigation and processing the complaint up to an amount not exceeding one thousand dollars per allegation; and an agreement on the part of the disciplining authority to forego farther disciplinary proceedings concerning the allegations. A stipulation entered into pursuant to this subsection shall not be considered formal disciplinary action.

(3) If the licensee or applicant declines to agree to disposition of the charges by means of a stipulation pursuant to subsection (2) of this section, the disciplining authority may proceed to formal disciplinary action pursuant to RCW 18.130.090 or 18.130.170.

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* *Fines are included in the sanctions available to the disciplining authority for inclusion in a final order (RCW 18.130.160(3) issued after a hearing is held, or when the order is stipulated to by the respondent and the disciplining authority. Fines are limited to a maximum of five thousand dollars per violation per event. They are by definition punitive, and should not be considered a means to recover program costs associated with pursuing a complaint.

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(4) Upon execution of a stipulation under subsection (2) of this section by both the licensee or applicant and the disciplining authority, the complaint is deemed disposed of and shall become subject to public disclosure on the same basis and to the same extent as other records of the disciplinary. Should the licensee or applicant fail to pay any agreed reimbursement within thirty days of the date specified in the stipulation for payment, the disciplining authority may seek collection of the amount agreed to be paid in the same manner as enforcement of a fine under RCW 18.130.165.

7. What form is used for stipulations to informal disposition and statements of allegation?

- Stipulation to Informal Disposition (STIDS.DOC)
- Statement of Allegations and Summary of Evidence (SOA.DOC)

(Located on the T Drive of the Division Information Network)

VI. Title: Statement of Charges Guidelines

1. What is a statement of charges?

A formal initiating document alleging a violation of the Uniform Disciplinary Act.

2. What is achieved by utilizing a statement of charges?

Issuance of a Statement of Charges will result in a final order, usually an agreed order or an order issued pursuant to a hearing. The disciplinary order will contain sanctions necessary to protect or compensate the public and may also include requirements designed to rehabilitate the credential holder or applicant.

3. Generally when should a statement of charges be utilized?

- Violation(s) are moderate to severe in nature.
- Violation(s) result in moderate to severe injury.
- Violation(s) create a moderate to severe risk of harm.
- Failure to comply with a previous disciplining authority order, Stipulation to Informal Disposition (STID), Notice of Correction (NOC) or Notice of Violation (NOV).
- Failure to reach agreement on a Stipulation to Informal Disposition.
- A clear pattern of behavior that violates the Uniform Disciplinary Act.
- Substantiated violation(s) of a specific rule or statute AND the disciplining authority has determined that the respondent's conduct was the reason for the violation.
- After investigation, the evidence indicates the practitioner is unable to practice with reasonable skill and safety.

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- There is strong evidence to support violation(s).
- When revocation or suspension of a credential or the placing of any conditions on the credential is required to assure public protection.
- When allegations, if proven, would require reporting to national practitioner or national association data banks (so that other states would know about that practitioner's unprofessional conduct.)
- When notice to the media, etc. is required for public protection.
- When remedial action by the practitioner is necessary to ensure public protection.

4. Generally, when should a statement of charges <u>not</u> be utilized?

A Statement of Charges should not be issued by the disciplining authority when:

- There is no violation of the Uniform Disciplinary Act.
- When the case meets the criteria for Below Threshold Determination, NOC/NOV, or a STID.

5. *What are the limitations on sharing information on statements of charges?*

- A copy of the Statement of Charges and other supporting documents must be served on the credentialed provider.
- A copy of the Statement of Charges must be provided to the complainant.
- Respondent's name will be on disciplining authority agenda and in minutes.
- Final order is reported to professional organizations, press outlets, other states and the national practitioner data bank.
- Final order is disclosable as a public record and may be mailed to a list of those individuals and/or organizations which request receipt of all such orders.

6. What is the text of the statutes governing statements of charges?

RCW 18.130.090 Statement of charge - Request for hearing. (1) If the disciplining authority determines, upon investigation, that there is reason to believe a violation of RCW 18.130.180 has occurred, a statement of charge, or charges shall be prepared and served upon the license holder or applicant at the earliest practical time. The statement of charge or charges shall be accompanied by a notice that the license holder or applicant may request a hearing to contest the charge or charges. The license holder or applicant must file a request for hearing with the disciplining authority within twenty days after being served the statement of charges. If the twenty-day limit results in a hardship upon the license holder or applicant, he or she may request for good cause an extension not to exceed sixty additional days. If the disciplining authority finds that there is good cause, it shall grant the extension. The failure to request a hearing constitutes a default, whereupon the disciplining authority may enter a decision on the basis of the facts available to it. If a hearing is requested, the time of the hearing shall be fixed by the disciplining authority as soon

as convenient, but the hearing shall not be held earlier than thirty days after service of the charges upon the license holder or applicant.

7. What forms are used for statement of charges, withdrawal of charges, and answer to statements of charges?

- Statement of Charges (SOC.DOC)
- Withdrawal of Statement of Charges (WITHDRBD.DOC)
- Motion and Order for Withdrawal of Statement of Charges (WITHDRSY.DOC)
- Answer to Statement of Charges and Request for Settlement and Hearing (ANSWER.DOC)

(Located on the T Drive of the Division Information Network)

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To: "Weaver, Ronald L.","Williams, Donald H.","Jansen, Maryella E.","Smith, James H."
Cc: "Schlender, Claire I."@ESP1.WA-DOH,"Boruchowitz, Steve A.","Collins, Patrick B.","Moore, Glenda K."@ESP1.WA-DOH,"Dale, Mary L."
From: King, Bonnie L.
Subject: [2 - Identity - Whist...] Correction
Date: 09/15/1999 Time: 6:53PM

Attached is the letter I'm sending off to [2 - Identity - ...] on Thursday. The electronic version is your copy unless you need a hard copy. A hard copy will go to Sam Frazier in the Governor's office.

I'm also sending [2 - Ide...] a copy of our Case Disposition Guidelines. If you haven't seen them, they're located on the HPQAD T drive under policies/d07.04.

Please expect that one or more of us will hear from [2 - Identity - ...] again when she receives this letter. If there is anyone else to whom she has spoken that needs a copy of this letter, please forward to them or let me know. Thanks.

Bonnie King
Executive Director
HPQAD Section 5
Phone: (360) 236-4789
FAX: (360) 586-4573
Internet: blk0303@doh.wa.gov

Attachments: HICKS.DOC [Binary]

To: "Boruchowitz,Steve A.","Weaver,Ronald L.","Shoblom,Susan E.","King,Bonnie L."
Cc: "Jansen,Maryella E."
From: Williams, Donald H.
Subject: 2 - Identity - Whistleblower Regarding Health ...
Date: 09/15/1999 Time: 9:53AM

Sure is fun being Acting HPQA Director.

I just had a LONG (45 min.) conversation with 2 - Identity - Whi... about her complaint that was submitted to the Medical Commission and was found to be below threshhold. Her physician had allegedly lied on a report that was submitted to DSHS stating that she could work (e.g., could lift up to 20 pounds) she says she has trouble lifting 5 pounds. This report resulted in DSHS terminating her eligibiltiy for GAU (Welfare). She appealed and underwent a mental health exam being declared "chronically mentally ill" during the process. This qualified her for SSI but when she found out why she qualified, she withdrew her application. During the conversation she described much of her background including growing up black in the south under Jim Crow laws, having filed discirimination complaints against the Whatcom Transit Authority,and others. She asked if I was black and how many black employees we had. she also mentioned other law suits she has filed. She also stated she did not vote for Gov. Locke.

One of her complaints is that the Patient Complaint Brochure that Medical sent her with the acknowlegement letter was not "complete" in that it did not fully describe the complaint process. She seemed hurt that her case was not deemed "important enough" to be investigated by the Commission. "How could they decide on my case without investigating it?"

I am not sure that we can do anything to resolve her issues. I advised her that Bonnie King was working on a letter to her to better explain our process to assist her in understanding why her case was not accepted for investigation. I have no illusions that this explaination will be helpful but we should try.

Please note my new phone number 2 - Identity - Whistlebl...

Donald H. Williams, Executive Director
Washington State Board of Pharmacy
1300 Quince SE
PO Box 47863
Olympia WA 98504-7863
Phone (360)236-4825
FAX (360)586-4359
e-mail dhw0303@hub.doh.wa.gov

SEP 07 1999

9/3/99

2 - Identity - Whistleblower Regarding Health Care Provider - RCW 4...

Maryella Jansen
State of Washington
Department of Health
1300 SE Quince St
P.O. Box 47866
Olympia, Wa 98504-7866

Dear Ms. Jansen,

I received your 8/20/99 letter. This letter is a constitutional question of the United States Federal Courts and Govt.

On 7/19/99 I talked to Jim Smith, Chief Investigator. I ask Jim Smith, "Why my complaint is not investigated before sent to the commission?" Jim said, "We get a thousand complaint a year and we can't throw aside these complaint to investigate yours." The Federal Question is 28:1331. Civil Rights 42:1983. Please reopen my case and investigate To take action on Dr. Katherine Dickinson and James Erhorth

Thank You

2 - Identity - Whistleblower Regarding Health ...

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

August 20, 1999

2 - Identity - Whistleblower Regarding Health Care...

Dear 2 - Identity - Whi...

The Medical Quality Assurance Commission reviewed your report in regard to Drs. Dickinson and Erhardt.

The nature of your report does fall within the Medical Quality Assurance Commission authority under the Uniform Disciplinary Act (RCW 18.130.180) - Unprofessional Conduct. Due to limited resources the Medical Quality Assurance Commission is unable to pursue your report in accordance with specific criteria established for cases which are to be investigated. These cases have been closed.

You may wish to pursue your report with another organization or agency. Dr Dickinson and Dr. Erhardt will also be advised of the nature of the report.

Thank you for bringing this matter to our attention. If we may be of further assistance to you or answer any questions, please feel free to contact this office at (360) 236-4792

Sincerely,

Maryella Jansen

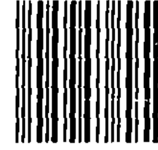
Maryella Jansen, Program Manager
Medical Quality Assurance Commission

RP1038.doc 8/20/99

CERTIFIED

Z 544 869 275

MAIL



0000

98504

U.S. POSTAGE
PAID
BELLINGHAM.WA
98225
SEP 03 '99
AMOUNT

$2.98

00043290-03

RETURN RECEIPT
REQUESTED

Maryella Jansen
Stat of Washington
Department of Health
1300 S.E. Quince St.
P.O. Box 47866
Olympia, Wa
98504-7866

Respondent: Dickinson, Katherine E
Case #: 99-07-0019MD
IRP Presenter: Rich

MEDICAL QUALITY ASSURANCE COMMISSION

Initial Review Panel

Case Assignment Transmittal

Date: AUG 1 7 1999

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 AUG 1 7 1999 **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: ________________________________

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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

August 20, 1999

Katherine E Dickinson, MD
2216 37th St
Bellingham, WA 98226

SUBJECT: Katherine E Dickinson, MD
Case Number 99-07-0019MD

Dear Dr Dickinson:

The Medical Quality Assurance Commission received a report in regard to unprofessional conduct. The Commission is mandated by law to review all alleged violations of the Uniform Disciplinary Act (RCW 18.130.180) - Unprofessional Conduct.

The report was assessed based upon criteria established by the Medical Quality Assurance Commission. The assessment did not identify issues of medical quality that would justify a detailed investigation. The report file has been closed.

The following statements outline the legislative mandates under which the Commission must deal with requests for disclosure. The existence of this report is not releasable through the automated voice response system nor over the telephone. However, the report is subject to written public disclosure requests. (RCW 18.130.095 and Chapter 42.17 RCW). If you wish, you may submit a written statement for the file which will also become part of the information provided in response to a public disclosure request

If you have any questions regarding this matter, please feel free to contact this office at (360) 236-4792.

Sincerely,

COPY

Maryella Jansen, Program Manager
Medical Quality Assurance Commission

RPT026.doc 8/20/99

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

August 20, 1999

2 - Identity - Whistleblower Regarding Health Care ...

Dear 2 - Identity - Whi...

The Medical Quality Assurance Commission reviewed your report in regard to Drs. Dickinson and Erhardt.

The nature of your report does fall within the Medical Quality Assurance Commission authority under the Uniform Disciplinary Act (RCW 18.130.180) - Unprofessional Conduct. Due to limited resources the Medical Quality Assurance Commission is unable to pursue your report in accordance with specific criteria established for cases which are to be investigated. These cases have been closed.

You may wish to pursue your report with another organization or agency. Dr Dickinson and Dr. Erhardt will also be advised of the nature of the report.

Thank you for bringing this matter to our attention. If we may be of further assistance to you or answer any questions, please feel free to contact this office at (360) 236-4792

Sincerely,

COPY

Maryella Jansen, Program Manager
Medical Quality Assurance Commission

RPT038.doc 8/20/99

IRP CASE PRESENTATION

Case Number:

99-07-0019MD

99-07-0021MD

Date: July 19, 1999

Presented by: James M. Rich, PA-C

Respondent:	#19, Dickinson, Katherine E.,MD #21, Erhardt, James B., MD

Complainant:	2 - Identity - Whistleblo...

CASE SUMMARY

The Respondent:
#19, 40 y/o Board Certified in Family Practice, licensed in Washington since 1996.
#21, 46 y/o Board Certified in Otolaryngology, licensed in WA since 1984.

The Complainant: 53 y/o female who claims to have residual effects from a MVA that included injuries to neck, shoulders, back, knees and chest. She also claims to have thoracic outlet syndrome. Respondent #19 is the complainant's PCP and Respondent #21 is an ENT specialist the complainant saw for "dizziness".

Malpractice Settlement: N/A

The Complaint: 1, The complainant alleges that Respondent #19 filed a fraudulent physical evaluation to DSHS which has caused her to loose her General Assistance benefits.
2, The complainant saw Respondent #19 in June 1999 for dizziness. Respondent is said to have determined that it was not due to her hypertension or that she had had a stroke. The complainant went to Respondent #21, who is an ENT specialist. He diagnosed her condition as Syncope, etiology unclear, R/O relationship to BP or prior cervical strain. He is said to have recommended Physical Therapy. Respondent #21 wrote a letter to Respondent #19 with his recommendations for PT. The complainant states Respondent #19 refused to refer her to PT. She returned to Respondent #21, who made the PT referral. Her allegations against Respondent #21 is that he is said to have advised the complainant not to complain to MQAC about Respondent #19.

Case Review: ***This complaint has not been investigated and is brought for Below Threshold review:***
The complainant has provided various documents for review along with her letter of complaint. These documents have been reviewed.
1, Specifically, the Respondent marked on the form that she could lift 20#. The complainant states that she has told the Respondent that she had trouble lifting 10#. She provides a Physical Therapy evaluation that indicates various amounts of weight that could be lifted, pushed, pulled etc. This appears to be in the range of 10 to 20# depending on specific activity. The PT evaluation is much more specific as to various functions, whereas, the DSHS form gives a more limited choice for the physician to mark. The Respondent marked Light Work, can lift 20# maximum and frequently lift an/or carry 10#. Respondent #19 also recommended mental health care.

Prior Cases:
#19, None
#21, None

INITIAL ASSESSMENT REVIEW
Case Number: 99-07-0019MD
99-07-0021MD

Date: July 13, 1999
Presented by: James M. Rich, PA-C

Respondent:	#19, Dickinson, Katherine E.,MD #21, Erhardt, James B., MD

Complainant:	2 - Identity - Whistl...

CASE SUMMARY

The Respondent:
#19, 40 y/o Board Certified in Family Practice, licensed in Washington since 1996.
#21, 46 y/o Board Certified in Otolaryngology, licensed in WA since 1984.

The Complainant: 53 y/o female who claims to have residual effects from a MVA that included injuries to neck, shoulders, back, knees and chest. She also claims to have thoracic outlet syndrome. Respondent #19 is the complainant's PCP and Respondent #21 is an ENT specialist the complainant saw for "dizziness".

Malpractice Settlement: N/A

The Complaint: 1, The complainant alleges that Respondent #19 filed a fraudulent physical evaluation to DSHS which has caused her to loose her General Assistance benefits.
2, The complainant saw Respondent #19 in June 1999 for dizziness. Respondent is said to have determined that it was not due to her hypertension or that she had had a stroke. The complainant went to Respondent #21, who is an ENT specialist. He diagnosed her condition as Syncope, etiology unclear, R/O relationship to BP or prior cervical strain. He is said to have recommended Physical Therapy. Respondent #21 wrote a letter to Respondent #19 with his recommendations for PT. The complainant states Respondent #19 refused to refer her to PT. She returned to Respondent #21, who made the PT referral. Her allegations against Respondent #21 is that he is said to have advised the complainant not to complain to MQAC about Respondent #19.

Complaint Review: The complainant has provided various documents for review along with her letter of complaint. These documents have been reviewed.
1, Specifically, the Respondent marked on the form that she could lift 20#. The complainant states that she has told the Respondent that she had trouble lifting 10#. She provides a Physical Therapy evaluation that indicates various amounts of weight that could be lifted, pushed, pulled etc. This appears to be in the range of 10 to 20# depending on specific activity. The PT evaluation is much more specific as to various functions, whereas, the DSHS form gives a more limited choice for the physician to mark. The Respondent marked Light Work, can lift 20# maximum and frequently lift an/or carry 10#. Respondent #19 also recommended mental health care.

<u>Prior Cases</u>:
#19, None
#21, None

<u>Code</u>: 04

<u>Notification</u>: Yes

<u>Investigative Plan:</u> ? BT on both.

- Whistleblower Waiver
- Patient medical records from Respondent #19.
- Respondent's statement

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION - SECTION 5
INTAKE SHEET

Respondent Information

Case No: *99-07-0019MD*
Case ID: 11559

Case Opened: *07/12/1999*

Name: Katherine E Dickinson, MD
Lic/Cert/Reg No: MD00034326
Issued: 11/18/1996

Address: 2216 37th St
D.O.B.: 5/29/1959
Expires: 5/29/2000

Soc Sec No: 1 - DOH Licensee Soci...

Bellingham, WA 98226

School Attended: George Washington Univ School
Year Completed: 1985

Specialty: Family Practice
Board Certified: Yes

Complainant Information

Name: 2 - Identity - Whistleblow...

Address: 2 - Identity - Whistleblowe... 2 - Identity - Whistleblower Regarding ...

Companion Case Information (other Respondent)

Previous Case Information (same respondent)

***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

```
MEDICAL BOARD                ASSESSMENT SYSTEMS, INC.                  07-12-99
jeb9303                            REAL SYSTEM          V2.5.18        08:19:24 AM
INDIVIDUAL NAME                          (JR,SR,III)     REFERENCE # MD00034326
   LAST DICKINSON                                        SOC SEC NUM [1 - DOH Licensee Social S...]
  FIRST KATHERINE                         +-ADDITIONAL INFORMATION------------------+
 MIDDLE E                                 |          SEX F =      MARRIED Y =       |
                                          |                                         |
RESIDENCE INFORMATION                     |   OTHER NAME                            |
2216 37TH ST                              |CORP. OFFICER                          = |
BELLINGHAM, WA  98226                     |TRUST ACCOUNT                            |
                                          |                                         |
                                          |  BIRTH PLACE SEATTLE, WA                |
                                          |         DATE 05-29-1959                 |
PHONE: (    )     -      COUNTY:   37     |                                         |
       (    )     -      LGL ST: WA       |SCHOOL CODE                              |
                                          |   CE UNITS    0.00 REQD BY 05-29-2000   |
NOTES                                     +-----------------------------------------+

+-------------------------------------------------------------------------------+
|CURRENT STATUS: A D  EXPIRATION DATE: 05-29-2000  FIRST ISSUE DATE: 11-18-1996|
|RENEWAL STATUS: Z   LAST ACTIVE DATE:   -  -     LAST RENEWAL DATE: 05-06-1999|
|COMPLAINTS O/C:  0/ 0      AUTHORITY:                                          |
+-------------------------------------------------------------------------------+
```

99070019 MD   19   7/12

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

1

July 8, 1999

2 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1)...

Department Health
Medical Quality Assurance Commission
PO BOX 47866
Olympia, Wa.
9850-7866

Dear Quality Assurance Commission,
I am filing a compliant on Dr. Katherine Dickinson, MD my primary doctor and Dr. James B Eshardt, M.D.
My compliant on Dr. Dikinson is that I have been have serious problems of her not (1) referring to a (1) Neurologist. (2) not documenting the truth about my Injuries to Department of Social + Health Service. Dr Dickinson didnot tell the truth which cause My General Asnstance (GAU) to be terminate. On 10/15/98 She filled out a medical report form for Department of Social + Health Services to determinate my egibily. She to DSHS I can left 20 pounds and she said I have no Range motion limitation She ignore physical therapy report, the information is fraud + erronus.

I am in a personal injury case I represent myself. My injuries are neck shoulders back bilateral knees chest. I have thoracic outlet Syndrome. Enclosed is a copy of Physical Evaluation.
I ask her to tell the truth I told her I had trouble lifting 10 lb and s sometime five pounds. She disrespect my judgement and sent DSHS a fraudulent physical Evaluation. 10/15/98
Enclose is information DSHS files
Enclose is a Physical Capacity Evaluation by Department Vocational Rehabilitation.
On June 8, 1999 I went to see Dr. Dickinson I was dizzy. Dr. Dickinson Examining me Evaluation. She told me the dizzyness is not from blood pressure or stroke she order test. June 10, 1999 (6/11/99) I went to Dr. James B. Erhardt because I want to make sure it was not my ears. Dr. Erhardt said the dizzyness is not cause by ears, He said, "You have Syncope early stage" (impending stage of fainting) He asked me who is my primary care doctor I told him doctor Dickinson. He said "I am going write her a letter". He said, "We can get control of the syncope by exercise. You physical therapy can give you exercise. On June 17, 1999 Dr. Dickinson nurse call me. Her name is Julie. She said "Dr. Dickinson got a not from Dr. Erhardt regarding syncope

Dr. Dickinson she want you to make an appointment to see her."
June 23rd I saw Dr. Dickinson for the dizzingness. I asked her what Dr. Erhardt said. She said Dr. Erhardt said you have a mild dizzingness the kind that your physical therapy can't help you. Physical would not help. Her did not mention Syncope. I said Not he did not say that to me; He said I have Syncope and Physical therapy would help me get controll of the Syncope. I asked her to refer to Physical she "No" physical will not help. She said go back to Dr. Erhardt and ask him to refer you to Physical therapy. 6/23 I walk couple block to Erhardt Office and told his receptionist What Dr. Dickinson me. She gave me a copy of the document Dr. Erhardt send Dr. Dickinson. Enclose is a copy of the document and the physical therapy referral
My complaint on Dr. ~~Ern~~hardt is that Dr. Erhardt told me not to report Dr. Dickinson to the Quality Assurance Commission. He admitted She was not proper and not coordinating my health.

2 - Identity - Whistleblower Regarding Health Care Provider - RCW ...

== File Reports

[[=] [CLIENT'S NOTES]

Client Name: 2 - Identity - Whistleblower Regardin... Category: INCAPACITY

Client Number: 2143393 Client SSN: 3 - Personal Information - ...

Add New Done

Date	Text
12/28/98	A/R HAS REQUESTED FAIR HEARING AS CASE CLOSED DUE TO NO CURRENT MEDICAL EVIDENCE. PHYSICAL EVALUATION DOES NOT MEET INCAPACITY CRITERIA AND A/R CHOOSES TO NOT LET DSHS HAVE A COPY OF PSYCHOLOGICAL EVAL DONE BY KERRY BARTLETT, PHD FOR DVR. CLOSED GAU.

Recorded by: DARK@37 category: I 12/28/1998 2:34PM

July 8, 1999

The following Document enclosed in compliant to the Quality Assurance Commission are following:

1. Physical Evaluation 10/15/98

2 Information from DSHS

3. Dr. Erhardt Document to Dr. Dickinson 6/11/99

4. Physical Therapy Referral 6/26/99

5 Physical Capacities Evaluation 2/19/99

6 Confidential Psychological Evaluation 10/30/98

Katherine Dickinson, M.D.
Family Practice including Obstetrics

(360) 676-9336
(360) 733-0950
fax: (360) 676-2567

3015 Squalicum Parkway, Suite 120
Bellingham, WA 98225

Diplo[illegible]f the American
Board [illegible]rolaryngology

Ear, Nose and Throat Surgery
Diseases of the Head and Neck
Facial Plastic Surgery
(Cosmetic and Reconstructive)
Facial Skin Malignacies

JAMES B. ERHARDT, M.D., F.A.C.S.

Northland
Ear, Nose, Throat and Facial Plastic Surgery
Associates

3130 Squalicum Pkwy., #100 Bellingham, WA 98225-1936
(360) 734-6645
Fax: (360) 734-1073

Case File_450698_pdf-r.pdf redacted on: 12/24/2014 14:27

Redaction Summary (28 redactions)

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3 Privilege / Exemption reasons used:

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

2 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" (25 instances)

3 -- "Personal Information - Social Security Number - 42 U.S.C. § 405(c)(2)(C)(viii)(I), RCW 42.56.070(1)" (1 instance)

Page 2, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 3, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 21, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances
Page 22, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances
Page 23, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 24, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 25, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 28, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 29, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 30, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 32, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 32, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances
Page 33, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 35, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 37, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 41, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 41, Personal Information - Social Security Number - 42 U.S.C. § 405(c)(2)(C)(viii)(I), RCW 42.56.070(1), 1 instance