

Timeline for Case 2013-10493

Label	Value
Respondent:	Planned Parenthood of the Great Northwest
Credential:	MTSC.FS.00000038
Profession:	Medical Test Site Categorized License
Created:	12/10/2013
Closed:	03/05/2014
Alleged Issues:	Breach of Confidentiality Failure to Maintain Records or Provide Medical, Financial, Other Required Information Patient Rights
Case Nature:	Standard of Care/Services
Found Issues:	None
Resolutions:	Evidence does not support a violation

Timeline Detail	Start	End	Days Used
OPENED	12/06/2013	12/10/2013	4
Intake	12/10/2013	12/10/2013	0
Assessment	12/10/2013	12/17/2013	7
Investigation	12/17/2013	01/09/2014	23
Case Disposition	01/09/2014	03/05/2014	55
CLOSED	03/05/2014		1

Timeline Summary	Auth Days	Extend Days	Days Used	Days Remain
OPENED	0	0	4	-4
Intake	7	0	0	7
Assessment	14	0	7	7
Investigation	170	0	23	147
Case Disposition	140	0	55	85
CLOSED	0	0	1	-1
		Total:	90	

Planned Parenthood of Great NW

Case Disposition Worksheet

Respondent: _____
Date Presented: _____

Case Number: 2013 10493

Profession: _____ MTSC

Section: _____

Presented by: N/A

Staff Attorney: _____
Pre-Assigned or Requested (circle one)¹

Staff present at B/C Disposition: No
CMT Discussion Required

SEXUAL MISCONDUCT CASES

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when there are no clinical issues involved. (It is recommended to make this referral only after investigation; however, any pre-investigation referral should include a panel authorization for investigation.)

- Panel finds there are clinical issues, do not refer.
- No clinical issues, refer case to Secretary

Complete Signature Below Only If Case Is Referred to Secretary

Authorized by Panel Chair: _____
 Print Name of Panel Chair: _____
 per Program Staff (initials) _____ Reviewing Commission Member _____
 (if applicable) (if applicable)
 Date referral authorized: _____

A. REQUEST FOR LEGAL ACTION:

Summary Action:
 Suspension Practice Restrictions _____

- Statement of Charges:
- Statement of Allegations:
- Notice of Correction:
- Notice of Determination:
- Withdrawal of SOC:

- Compliance: Release from STID
- Compliance: Release from Order
- Compliance: Referral to Collection Agency
- Compliance: Authorization for Fast Track

Withdrawal of SOA:

Alleged Violations—RCW 18.130.180:

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

Other Violations of Relevant State or Federal Law: _____

Or
RCW 18.130 .170: Mental Impairment Physical Impairment

B. FILE CLOSED:

<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> No violation at the time the event occurred	<input type="checkbox"/> Conduct was within standard of practice	<input type="checkbox"/> No violation determined
<input checked="" type="checkbox"/> Evidence does not support a violation	<input type="checkbox"/> Risk minimal, not likely to reoccur	<input type="checkbox"/> Mistaken identity	<input type="checkbox"/> Care rendered was within standard of care
<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Complainant withdrew	<input type="checkbox"/> No Whistleblower	<input type="checkbox"/> Complaint unique closure
<input type="checkbox"/> Application Investigation Only- No Action to Deny			

Further explanation (if any): _____

C. OTHER, EXPLAIN (Legal Review, Return to Investigation, etc.):

¹ Program may request a specific staff attorney who has prior experience with the file or the Respondent.
PLANNED PARENTHOOD 2013-10493FS PAGE 2

Planned Parenthood of the Great NW

Assessment Worksheet

Respondent: *of the Great NW*

Case Number: 2013- 10493

Date: 12/17/2013

Board/Commission/Profession: FS

Facility Type: *MTL*

Presented by: Tammy Kelley

Staff present: _____

Conference Call Board/Commission/CMT meeting Panel members: _____

- Tammy K Barb R John H Deb F Shannon W
 Marlee O Byron P Kirby P Tim T

A. FILE CLOSED:

<input type="checkbox"/> BT- No Jurisdiction	<input type="checkbox"/> BT- No violation at the time the event occurred	<input type="checkbox"/> BT- Advertising that is a technical violation	<input type="checkbox"/> BT- Communication and personality issues
<input type="checkbox"/> BT- Aged or outdated complaints	<input type="checkbox"/> BT- Risk minimal, not likely to reoccur	<input type="checkbox"/> BT- Lack of complaint credibility	<input type="checkbox"/> BT- Complainant withdrew
<input type="checkbox"/> BT- No complainant's or client/patient's name and no allegations of significant harm or potential harm	<input type="checkbox"/> BT- Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT- Practice on an expired credential for a period of time accepted by the disciplining authority	<input type="checkbox"/> BT - Insufficient information
<input type="checkbox"/> BT- Profession-specific threshold. Explain: _____ a) Violating confidentiality b) Inappropriate delegation c) Failure to supervise d) Isolated incidents	<input type="checkbox"/> BT- Issues which have been otherwise resolved. Explain resolution: _____ (detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT- If allegations are true, no violation of law occurred	<input type="checkbox"/> BT- Referral to another program or agency. <input type="checkbox"/> BT- Incident reported by facility

B. Investigation of the complaint is authorized.

Additional Instructions to investigator: _____

Initiate investigation and obtain relevant records, including patient records.

Authorized by Panel Chair/CMgr: _____
 Print Name of Panel Chair/CMgr: _____
 Per Program Staff (initials) _____ Reviewing Commission Member _____
 (if applicable) (if applicable)

Date investigation authorized: _____

Recommended priority:

- | | <u>Professions</u> | <u>Facilities</u> |
|----------------------------|----------------------------|-------------------|
| <input type="checkbox"/> A | (risk of immediate danger) | (____ # of days) |
| <input type="checkbox"/> B | (serious risk) | (____ # of days) |
| <input type="checkbox"/> C | (moderate risk) | (____ # of days) |
| <input type="checkbox"/> D | (minor risk) | (____ # of days) |
| <input type="checkbox"/> E | (technical violations) | (____ # of days) |

C. SEXUAL MISCONDUCT CASES

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when the case does not involve clinical expertise or standard of care issues. (Note: any pre-investigation referral should still include a panel authorization for investigation.)

- Panel finds there are clinical issues, do not refer.
 No clinical issues, refer case to Secretary

**COMPLAINT INTAKE
SUMMARY WORKSHEET**

RESPONDENT INFORMATION

Name & Address	Planned Parenthood of the Great NW Central Region Planned Parenthood of the Great Northwest Laboratory Director 2001 E Madison St Seattle, WA 98122-2959					Case #	2013-10493(FS)MTSC		
						Allegation	<ul style="list-style-type: none"> Breach of Confidentiality Failure to Maintain Records or Provide Medical, Financial, Other Required Information Patient Rights 		
						License #	MTSC.FS.000000038		
						Issued			
Phone #						Expires	06/30/2015		
Legal Action	Yes	No	Compliance	Yes	No	Status	Active		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cases	Open:	Closed:	

COMPLAINANT INFORMATION

Name & Address	1 - Name - Whistleblower Regarding Health Care P... PISC				
Phone #	1 - Name - Whistleblower Reg...		E-Mail		

SUMMARY OF COMPLAINT

The complainant alleges that on 11/15/13 went to the clinic for STD testing including HIV/herpes blood test but after leaving realized that the blood test hadn't been done. On 11/21/13 the complainant received a call informing her that she tested positive for herpes but complainant informed the caller that it must be someone else diagnosis since her blood was never drawn. On 11/25/13 the complainant managed to talk to a manager, who informed her that she hadn't been informed about the incident.

Case View Screen

Case Status	2013-10493 (PUBLIC: Internal) Assessment	Date Created	12/10/2013	Audit Entry Items Notes Master Ca: Participan Timeline b
Respondent ID	844360	Date Received	12/06/2013	
Respondent	Planned Parenthood of the Great Northwest MTSC.FS.00000038	How Received	Mail	
Credential	Planned Parenthood of the Great NW Central Region	Receiving Board	FACILITIES AND SERVICES Medical Test Site Categorized License	
Address	<input type="radio"/> Public <input checked="" type="radio"/> Mail	Receiving Profession	Case Intake	
	Planned Parenthood of the Great NW Central Region Planned Parenthood of the Great Northwest Laboratory Director 2001 E Madison St Seattle, WA 98122-2959	Received By	Angel Brown	
Complainant ID	1108949	Alleged Issues Breach of Confidentiality Failure to Maintain Records or Provide Medical, Financial, Other Required Information Patient Rights		
Complainant	1 - Name - Whistleblower R...	Case Nature Standard of Care/Services		

Comments:

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

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼
Present for Assessment	Case Management, Kelley, Tammy		[add]		12/10/2013			12/10/2013
Target: Planned Parenthood of the Great Northwest, MTSC.FS.00000038								
Case Status:	Status Changed To:	Assessment						
Intake	Case Intake, Brown, Angel		[add]		12/10/2013	12/10/2013		12/10/2013
Target: Planned Parenthood of the Great Northwest, MTSC.FS.00000038								
Warning: Warning Type: CASE PENDING								
Warning Effective Date: 12/10/2013								
Suppress License Print: NO								
Warning: 2013-10493								
Case Status:	Status Changed To:	Intake						
Action Info:	Complaint Source	Patient/Client/Resident						
Possible Imminent Danger? No								
Single Complaint Process Coordination Needed? No								
Comments: The complainant alleges that on 11/15/13 went to the clinic for STD testing including HIV/herpes blood test but after leaving realized that the blood test hadn't been done. On 11/21/13 the complainant received a call informing her that she tested positive for herpes but complainant informed the caller that it must be someone else diagnosis since her blood was never drawn. On 11/25/13 the complainant managed to talk to a manager, who informed her that she hadn't been informed about the incident.								

Credential View Screen

<p>Planned Parenthood of the Great Northwest Address: <input type="radio"/> Public <input checked="" type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>Planned Parenthood of the Great NW Central Region Planned Parenthood of the Great Northwest Laboratory Director 2001 E Madison St Seattle, WA 98122-2959</p> </div>	<p>ID: 844360 Warnings: CASE PENDING SSN/FEIN: Federal ID: 910686012 Secretary Of State Number: 578040516 CLIA: 50D0663561 Contact Standing: In-Business Contact Type: ORGANIZATION Public File: YES Mailing List: US Citizen:</p>	<p>Contact Audit Enforcement Cont. Edu Documents Owners Owned By/ Exams Experience Notes Schools Librarian Application Other State Online Infor</p>
<p>Comments:</p>		

Medical Test Site Categorized License [form letter]

<p>Credential #: MTSC.FS.00000038 Legacy License #: MTS-0038 Application Date: Effective Date: 07/01/2013 Expiration Date: 06/30/2015 First Issuance Date: Last Date Of Contact: Next Examinations Date: 02/28/2015</p>	<p>Credential Status: ACTIVE (04/15/2013) Status Reason: ACTIVE Amount Due: \$0.00 Date Last Activity: 4/15/2013 12:04:02 PM Last Updated by: Stewart, Kevin Certificate Sent Date: 04/15/2013</p>	<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal Legacy Medical Testir License Statu</p>
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Comments: Forks closed 11/30/11, Silverdale closing 12/31/11, Oak Harbor closing 12/31/11, per email 12/12/11.

- User Defined License Data
- Workflow
- Legacy

User Definable License Data

Field	Value
Medical Test Site Type	Community Clinic
Multiple Sites	Yes
Lab Director	Michael Romo MS MT
Lab Contact	Michael Romo
Lab Contact Email	michael.romo@ppgnw.org
Lab Phone Number	206-328-6815
Lab Fax Number	

[update]

Field	Value
Medical Test Site Region	Region 2
MTS Category	Category A
MTS Lab Testing Personnel 1	ARNP
MTS Lab Testing Personnel Quantity 1	1
MTS Lab Testing Personnel 2	On Job Training
MTS Lab Testing Personnel Quantity 2	9

Legacy Action -LQA
 Legacy Personnel-LQA
 Legacy Revenue - LQA



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

March 06, 2014

1 - Name - Whistleblower Regarding Health Care Prov...

Subject: Case No: 2013-10493

Dear 1 - Name - Whistleblower Regar...

Thank you for submitting your concern about Planned Parenthood of the Great Northwest.

Based on the information provided, we investigated your complaint. We issued a report of our findings to the facility. The complaint was unsubstantiated; the evidence does not support a violation.

You have the right to request any information contained in the file. You may submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865, by fax to (360) 586-2171, or by email pdrc@doh.wa.gov.

If you have questions, please contact us at (360) 236-2620 or email us at hsqacomplaintintake@doh.wa.gov.

Thank you for bringing this matter to our attention.

Sincerely,

Brandy L. Boczar
Office of Customer Service
Complaint Intake Unit



CONFIDENTIAL MATERIAL



WASHINGTON STATE DEPARTMENT OF HEALTH
OFFICE OF LABORATORY QUALITY ASSURANCE
20425 72nd AVENUE SOUTH, SUITE 310
KENT, WA 98032

COMPLAINT INVESTIGATION REPORT

COMPLAINT # 13-20

<u>Initial Contact</u> 12/17/13	Date	<u>Priority Level: 3</u>	<u>ILRS# 2013-10493</u>
<u>Complainant's Name:</u> <small>1 - Name - Whistleblower Regar...</small>		Laboratory: MTSC-0038 CLIA -50D0663561 Accrediting Org -	
<u>Address:</u> <small>1 - Name - Whistleblower Regarding He...</small>		Name: Planned Parenthood of the Great NW Central Region Address: 2001 E Madison Street, Seattle, WA 98122-2959	
<u>Phone #</u> <small>1 - Name - Whistleblower Re...</small>		Director: Michael Romo, MS, MT Lab Contact:	
<u>Receiver's Name:</u> Tammy Kelley/Susan Walker		Phone # 206-328-6815	

DESCRIPTION OF COMPLAINT

12/17/13- Tammy Kelley received a complaint and forwarded to Susan Walker.

We just received this case regarding Planned Parenthood, MTSC0000038. Can you please take a look at it and let me know your thoughts. Thanks!

The complainant alleges that on 11/15/13 went to the clinic for STD testing including HIV/herpes blood test but after leaving realized that the blood test hadn't been done. On 11/21/13 the complainant received a call informing her that she tested positive for herpes but complainant informed the caller that it must be someone else diagnosis since her blood was never drawn. On 11/25/13 the complainant managed to talk to a manager, who informed her that she hadn't been informed about the incident./lp

ACTION TAKEN

12/17/13 – Susan Walker requested more information such as complainant's name and which location did she have her testing performed. Complainant's information was entered into ILRS and the address of the clinic was 9641 28th Avenue SW in Seattle. Susan will contact the laboratory director and get additional information and will try to do a paper investigation../lp





12/31/13: I contacted Michael Romo today with the complaint. He said the clinic manager was gone until January 6th and he would get back to me on Monday, the 6th. SW

1/8/14: I got this email message from Michael Romo today. He is working on the complaint. He said that the complainant had gotten another HSV done by another lab and it came back negative. SW

I just met with LabCorp and they will run a report of all STD, HIV, and herpes ordered that day. Small clinic so should only be a couple. Then will have clinic check health records of those patients and all others if necessary that were seen that day to rule out if a printed label for the complainant was placed on another patient's sample.

If patient is certain she did not have blood drawn (I have seen instances where patient did not remember) will find out if she was asked to come in for a redraw. LabCorp will do her test at no charge and GNW will also not charge any fees.

I know Kirsten is in meetings all day and Annelise may be as well. Still no reply to email so left voice messages.

1/9/14: The lab completed their complaint investigation and these are their findings.

We have completed our investigation of the complaint alleging no blood sample was taken at PPGNW's West Seattle Health Center but positive HSV results were reported to the patient.

The Health Center Manager, Annelise Ring, has interviewed the clinician who examined the patient and ordered STD screening tests including HSV. She also interviewed the phlebotomist who performed all blood draws on November 15, 2013 the day of the complainant's visit. All records in the electronic medical record as well as paper logs for tests ordered that day were also reviewed and compared with shipping and receipt documents at LabCorp.

On November 15 there were six samples collected and sent to LabCorp. Four were blood samples for STD screening including HSV testing. Four results matching each patient, including the complainant were received and reported to the centralized follow-up nurse who contacted and informed the patient of her results on November 25, 2013. HSV 1 / 2 , IgM by EIA screening results are reported as a numerical ratio rather than clearly positive or negative. The reference intervals from LabCorp are:

- Negative: <0.91
- Equivocal: 0.91-1.09





- Positive: >1.09

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

The patients HSV 1 result was 2.73 and her HSV 2 result was 1.84. Documentation in the medical record shows she was encouraged to return for follow up testing in a few weeks. Here are the comments from Anna Alston, ARNP, Assistant Director of Clinician Services:

Hi- below is a response I sent to the West Seattle clinician today, who I assume was following up on the referenced patient complaint. It is a summary of the limitations of HSV testing, and low positive results. Our follow up RNs generally follow a standard script for STI notification, which includes: Causative agent, common symptoms, prevention of transmission, management of partners, and long term management options. This is also documented in the medical record. Please let me know if you need additional or clarifying information.

"As I sign off abnormal lab notification in WA and ID, I can confirm that the follow up RNs do include this information in their counseling points. My thoughts:

- There is quite a bit of evidence that ELISA results between 1.1 and 3.5 may be "falsely reactive". We know this can be caused by cross-reactivity with other herpes viruses, but there is also evidence that some individuals "live in a low range", particularly those who have been seropositive for many years.*
- LabCorp reports 0.91-1.09 as equivocal, and >1.09 as positive. It is not incorrect to notify patients >1.09 that their result was positive, even if we are recommending additional follow up.*
- ELISAs often convert faster than Western Blot, so having patients return in 3 months is reasonable if there is any risk of convalescence.*
- There is also some evidence that starting daily suppression (a common request) early may delay conversion.*
- I believe HMC uses 3.0 instead of 3.5 as assumption of positivity, but that may be outdated.*
- The "About STI Testing" handout does include general information that "not every test is 100% accurate" and that there are limitations of testing in the incubation period. Routine HSV is also not recommended by the CDC or USPSTF, so discussing the limitations of testing with patients is definitely recommended."*

Conclusion:

During the course of the exam the patient told the clinician she was "very hung over" from her birthday party the night before. Six days elapsed between the date of her visit and being contacted by the follow-up RN with the results. We conclude she failed to recall having her blood drawn a week earlier due most likely to her condition during her visit to the West Seattle Health Center. All documentation and staff interviews indicate she is mistaken about not having a blood sample taken that day.

PPGNW and I are certain all specimen collection, processing, handling procedures were followed per written protocols. We are convinced an appropriate blood sample was collected from this patient, tested, and results reported. The patient was drawn in the exam room immediately after her examination. The name and date of birth shown





on preprinted sample labels resulting from orders clinician input into the computer were verbally confirmed with patient before samples were obtained. Her specimens were labeled while in the room using those labels. There was a 10 minute interval between this patient and those before and after who also had blood drawn. That rules out any possibility of mislabeling as all sample labels are applied to blood sample tubes immediately after drawing before the patient leaves the room.

However, every patient complaint is an opportunity for improvement. The clinician leadership is aware of this incident and may issue additional guidance on how these results are to be reported to insure complete patient understanding. Secondly the additional test she had performed by another provider producing a negative result may be due to a different test method, e.g. DNA PCR which detects presence of HSV as opposed to the LabCorp EIA test performed on this patient which detects antibodies to HSV or their lab may use a higher threshold, such as a ratio score of 3.0 or higher indicating HSV positive.

After being made aware of this issue the health center manager did write off all charges for this test and LabCorp has agreed to provide an additional test at no charge should the patient elect follow-up testing as recommended.

If you or the patient requires additional information please contact me and I will forward to the appropriate staff at PPGNW as needed.

We have concluded that the complaint was unsubstantiated and this completes this investigation.
SW



Notice

The identity of a whistleblower who complains in good faith to the Department of Health about the improper quality of care by a health care provider or in a health care facility shall remain confidential.

RCW 43.70.075

Department of Health staff need to:

- Place this notice in the file with the complaint.
- Keep this notice in the file with the complaint when the case is closed.

WAC 246-15-030

Notice



Washington State Department of

Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

RECEIVED

DEC 06 2013

HSQA - CSO

Complaint Form

Today's Date: 12/3/13

1. Your Information

Name: 1 - Name - Whistleblower Regarding Health Care Provider or Health...

Address: 1 - Name - Whistleblower Regarding Health Care Provi...

City: 1 - Name - Whistleblower Regarding Health...

State: 1 - Name - W...

Zip: 1 - Name - Whistleblower...

Phone: Work () - Home 1 - Name - Whistleblower Regarding Health...

2. Information about the Facility or Health Care Professional

Type of facility or profession: Planned Parenthood Clinic

Name of facility or professional: Planned Parenthood - West Seattle

Address: 9641 28th Ave SW

City: Seattle

State: WA

Zip: 98

3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient)

1 - Name - Whistleblower Regarding...

Date of incident: 11/15/13

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQAComplaintIntake@doh.wa.gov, or fax to 360.236.2626, or mail to:

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

Please attach any supporting documentation and additional sheets if necessary.

I visited this clinic on 11/15 and requested STD testing, including HIV/herpes blood tests. After leaving, I realized my blood hadn't been drawn.

On 11/21, I received a call from Planned Parenthood (PP) informing me I tested positive for herpes type 1 + 2. After I realized the nurse was referencing a blood test, I informed PP that I must have received another person's diagnosis, as my blood hadn't been drawn.

I was met with resistance and it was implied that I was being out of fear.

On 11/25 I managed to speak with the clinic manager, Annaliese, who informed me she hadn't been informed about this incident. I asked that she follow-up ^{with me} with any information she could share.

I want to make sure Planned Parenthood delivers the correct diagnosis to the correct patient!

For Department of Health use only		
Reviewed for multiple authority applications:	Date _____	Name _____
Routed to: Multi-authority coordinator:	_____	date _____
Office	_____	date _____
Office	_____	date _____
Office	_____	date _____

Redaction Summary (15 redactions)

1 Privilege / Exemption reason used:

1 -- "Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1)"
(15 instances)

Redacted pages:

Page 4, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 5, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 7, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 8, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances

Page 13, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 7 instances