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JAN 15 2016

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

MEDICAL COMMISSION

**AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075**

RCW 43.70.075 provides in part: "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."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Carla E. Torres, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: 25 Whistleblower
Date: 1-10-16
Home Phone: _____
Day Phone: 25 Whistleblower
cell

Printed name: 25 Whistleblower
Date of birth: 06/18/1983
PLEASE RETURN NO LATER THAN January 15, 2016

Please include middle initial

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may prevent the Medical Commission from taking further action on this matter.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

**CASE #: 2015-12419MD
RESPONDENT: Carla E. Torres, MD**



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, Washington 98504-7866

December 30, 2015

25 Whistleblower

RE: Carla E. Torres MD
Case Number: 2015-12419MD

Dear 25 Whistleblower:

We're writing you regarding your complaint against Carla E. Torres MD. A panel of Commissioners has authorized an investigation of your complaint and we have assigned it case number 2015-12419MD. However, before we can go any further, we need you to complete and return the enclosed *Authorization to Release Complainant's Name*. Our state laws require that we keep your identity confidential. During the investigation of your complaint, the facts of the case may reveal your identity. We want to make sure you give us permission to proceed with our investigation. If we don't get this waiver back from you, we may not be able to move forward and will have to close your complaint. Once we receive your signed waiver, we will assign an investigator to contact you. **Your signed waiver is due back to this office no later than January 15, 2016.**

We will do our best to gather all the information needed for the Commission to determine whether Dr. Torres met the standard of care. The investigator will talk with people who have knowledge of the issues in your complaint, gather documents such as medical records to review what care was provided, and by whom, and talk to Dr. Torres. Once the investigator has completed the investigation, they will write an objective report. The report will be forwarded to a Reviewing Commission Member (RCM) for review. The RCM will be a physician, physician assistant or public member. The RCM will present the investigation to a panel of Commissioners made up of physicians, physician assistants, and public members. The panel then decides whether Dr. Torres met the standard of care.

Washington law loosely defines the standard of care as exercising the degree of care, skill, and learning expected of a reasonably prudent health care practitioner in a similar situation. However, there are cases where the patient was harmed, but the practitioner actually met the standard of care. Sometimes negative outcomes occur when no law is broken – there may be actual harm to the patient, but the actions taken by the doctor do not meet the "legal" definition of harm. Our law basically states that incompetence, negligence or malpractice which results in injury to a patient or creates an unreasonable risk of harm to a patient could be considered unprofessional conduct.

We have enclosed a flow chart of the investigative process. Your investigation is complex and can take up to 170 days, so please be patient. Thank you for your concerns and bringing this to our attention.

Sincerely,

TINA BRAGGS
Medical Investigations

Enclosures: *Authorization to Release Complainant's Name* with return envelope.
Investigation Flow Chart
What Happens Next brochure and statutes

MD 2015-12419-000276



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, Washington 98504-7866

January 19, 2016

Carla E. Torres, MD
1336 Cayetano Drive
Napa, CA 94559-4271

SUBJECT: Case No: 2015-12419MD

Dear Dr. Torres:

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, the Uniform Disciplinary Act. 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 a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The Investigator assigned to your file is Michael Yorgensen, 360-236-2777, Michael.Yorgensen@doh.wa.gov. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

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. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the investigation and case 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.

Respectfully,

Department of Health
Medical Quality Assurance Commission

Enclosure: *What Happens Next*, RCW 18.130.180

MD 2015-12419-000277

Yorgensen, Michael L (DOH)

From: Carla Torres <carla.torresmd@gmail.com>
Sent: Tuesday, January 26, 2016 9:15 PM
To: Yorgensen, Michael L (DOH)
Subject: Inquiry 2015-12419MD

Mr Yorgensen,

I just received a letter regarding your investigation. I am unaware of any conduct issues or any outstanding standard of care reviews regarding my practice. The majority of my practice is based within the military installations and all medical complaints are addressed by our Risk Management office. Both my hospital commander and direct superior officers are unaware of any unprofessional conduct complaints.

I would appreciate any light you can shed on the current investigation and if I can be of any assistance.

V/r,

Carla Torres MD LtCol USAF

Sent from my iPad



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
P.O. Box 47866, Olympia, Washington 98504-7866

March 15, 2016

25 Whistleblower

Re File #: 2015-12419MD

Dear 25 Whistleblower,

I need to get a copy of the medical records directly from Travis. I know that you provided a copy, but we are required, for neutrality purposes, to have a copy directly from the hospital.

As I mentioned previously, we have no jurisdiction over a federal facility or another state. Travis AFB allows you to authorize for disclosure of medical records. I am enclosing the forms.

If you would fill out the form so that I can get those specific notes that are referenced in the complaint.

My address is as below. If you could have them mail copies to my address.

Copies are to be sent to:

Michael Yorgensen
Medical Commission Investigations Unit
P.O. Box 47866
Olympia, WA 98504-7866

If you have any questions, please feel free to contact me.

Respectfully,

Michael Yorgensen, Health Care Investigator
Phone: 360-236-2777
Fax: 360-586-4573

MD 2015-12419-000279

Authorization for Disclosure of Medical or Dental Information from 60th Medical Group
(This form is subject to the Privacy Act of 1974 - Use Blanket PAS-DD Form 2005)

Patient Data

Full Name of Patient (Last, First, Middle) _____

Date of Birth (MM/DD/YYYY) _____

Sponsor's SSN _____

Street Address _____

City/State/ZIP _____

Home Phone () _____

Work () _____

Dates of Treatment: From Date _____

To Date _____

Type of Treatment: Outpatient Inpatient ADAPT Family Advocacy Dental**Disclosure**I authorize the 60th Medical Group to release my patient information to:

Provider: _____

Street Address: _____

City/State/ZIP: _____

Phone: _____

FAX: _____

Reason for Request / Use of Medical Information: Continuation of Medical Care Retirement / Separation Personal Use Insurance School

Effective Date: _____

 Legal Other (specify): _____Is the information being used for any pending or contemplated litigation*? Yes No

* If litigation is pending or being contemplated, request for copies are sent to the Medical Law Consultant for review according to AFI 51-501 and AFI 51-502.

Information to be released: Check the box and initial or sign to specify which type of medical information is to be released. Medical Information _____ (patient's initials) Family Advocacy Information _____ (patient's signature) Drug/Alcohol Information _____ (patient's signature) AIDS/HIV Information _____ (patient's signature) Images (i.e., X-Rays) _____ (patient's signature) Specified Medical Information _____ (patient's initials) I will pick up the copies. (Photo ID Required) Mail copies to address provided I authorize _____

to pick up my records. (Photo ID Required)

Name of Accepting Clerk

Print

IN OFFICE USE ONLY

Date: _____

Copies Made By: _____

of Copies Made: _____

 OPR FSO ROI

Upon completion, file original in record / provide copy of release to ROI

Release Authorization

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMC Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would not longer be protected.
- c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.
- d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

This authorization shall become effective immediately and shall remain in effect until the release of medical information is completed or until date specified: _____

This date shall not exceed one year.

Signature of Patient / Parent* / Legal Representative**

Date (MM/DD/YYYY)

Relationship to Patient

* For dependent children, parents may sign except when the record is marked that a minor has consented to his/her own care. In this situation the record will not be released to the parent.

** For deceased patients, the next of kin must sign and furnish proof of death.

For Staff Use Only

(To be completed only upon receipt of written revocation)

Authorization Revoked Reason for Revocation: _____

Revocation Completed By

Date (MM/DD/YYYY)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, Washington 98504-7866

April 26, 2016

Carla Elisse Torres
1336 Cayetano Dr
Napa, CA 94559-4271

Re File #: 2015-12419MD

Dear Dr. Torres:

The Medical Quality Assurance Commission has received a reported concern regarding the medical care that you provided to 25 Whistleblower, DOB 06/18/1983, at the Travis AFB on 03/01/2015.

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

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

Under provisions of RCW 18.130.180(8) and WAC 246-919-620 a licensee 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 the information is needed to determine compliance with state licensure rules or laws.

Under the terms of the laws mentioned, you are requested to provide:

1. A thorough response to the allegation that as the consulting physician (specialist), you were negligent by opting not to examine the patient after receiving a second phone call from the Emergency Room concerning the patient.

MD 2015-12419-000282

2. A response to the allegation that medical negligence on your behalf directly contributed to the patient's loss of her left ovary and fallopian tube.
3. A response to the allegation that you relied upon incorrect information given by a physician assistant who was not qualified to handle the case.
4. An explanation of your reason for choosing not to examine the patient.
5. Please enclose a copy of your most recent CV & CME's.
6. Please provide any medical documentation that you feel is pertinent to this investigation.

Please feel free to address any other issues presented in the attached complaint.

You may consult with and engage an attorney at your expense to represent you in this matter before making your response. Your response may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you, please have the attorney file a Letter of Representation at the address below. The Letter of Representation will allow us to speak with them, if necessary, about the complaint against you and ensure they are copied on any correspondence to you. If your attorney prepares your response, you must affirm by your signature, that you have read and endorse the content of the document.

Please submit your response within fourteen (14) days after receipt of this letter but no later than **May 13, 2016**.

Mail your response to:

Michael Yorgensen, Investigator
Medical Quality Assurance Commission
Medical Investigations
P.O. Box 47866
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,

Michael Yorgensen
Health Care Investigator
Phone: 360-236-2777
Fax 360-586-4573

Attachments: Complaint



Medical Quality Assurance Commission

Intake Coordinator

PO Box 47866

Olympia, WA 98504-7866

Phone: 360.236.2762 Fax: 360.586.4573

E-mail: medical.complaints@doh.wa.gov

RECEIVED

DEC 18 2015

**DEPARTMENT OF HEALTH
MEDICAL COMMISSION**

Complaint Form

Today's Date: 11-26-15

1. Your Information

Name: 25 Whistleblower

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: () _____ Work: () _____

Cell Phone: _____ E-mail: _____

2. Information about the Physician (MD) or Physician Assistant

Name of Physician (MD) or Physician Assistant: Carla Elisse Torres

Credential #: MD 05/4581

Clinic or Facility: David Grant Medical Center

Address: 101 Boder Circle

City: Travis Air Force Base State: CA Zip: 94535

3. Patient Information

Full name: 25 Whistleblower

Date of Birth: 06/18/983

Date of incident: 03/01/2015

4. Scheduling problems or personality conflicts are usually not within the Commission's ability to take action.
5. Reports involving fee for fee disputes or insurance claims are only investigated if there appears to be fraud involved.
6. Please describe your complaint in the space below. Include the names, title and phone number of any witnesses that were involved in the complaint.
7. Please attach any supporting documentation or additional information you may have.

You may submit a complaint to the Medical Commission by mail, fax or email at:

Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Fax: .360.586.4573

Please describe your complaint in the space below. Include names, titles and phone numbers of any witnesses. Please attach copies of documents to support your complaint. You may mail, email or fax this form to the Medical Quality Assurance Commission at the physical address, email address, or fax number above.

Medical negligence on behalf of Dr. Carla Torres directly contributed to the patient's (my) loss of her left ovary and Fallopian tube preceded by two completely unnecessary days of agonizing pain endured while vomiting profusely, unable to eat, defecate, or urinate. As the consulting physician (specialist being consulted) she was negligent by opting not to examine the patient herself after receiving a second phone call from the Emergency room concerning a patient who was begging to be seen. Please, see attached.

Please include additional sheets as necessary.

Please, examine my medical records closely. They show that hospital staff were fully aware as of almost one year prior (March 25, 2014) that I, 25 Whistleblower had an enormous ovarian cyst (6.5 x 7.5 x 5.6 centimeters, which is just one half of a centimeter under the normal size threshold for surgical intervention). I did not have symptoms (as far as I knew) until February 28, 2015. I became very ill and went to the emergency room at David Grant Medical Center. They found then that the cyst was then 11.3 x 9.5 x 9.3 centimeters and there were trace amounts of free fluid within the pelvic cavity (the ovary was hemorrhaging). By the end of my visit I felt well enough that the doctor opted to send me home, but advised that I would need to see an OB-GYN early that following week for further evaluation. I was also instructed to come right back immediately if my condition worsened at all.

Sunday morning (March 1, 2015) my condition worsened drastically. So drastically that I was unable to return under my own power—I was transported in an ambulance and finally consented to pain medications. The pain medications were totally ineffectual. I arrived crying, moaning, and occasionally screaming while writhing in agony on a hospital gurney. I was unable to move myself onto the hospital bed. I was seen by a Physician Assistant by the name of Mr. Lance Camacho (he passed himself off to me and my husband as a doctor, though). I informed them all of the cyst and that I was certain it had torsed because of the incredibly dramatic increase in pain from the day before. They opted to make me wait a few hours to do another ultrasound (the exact same treatment from the night before). They found essentially the same results except that there was more “trace fluid” in the pelvic cavity. Mr. Camacho consulted over the telephone with Dr. Torres the OB-GYN on call. They agreed that I should be sent home. Mr. Camacho discharged me with Ibuprofen (even though he knew that the pain medications had had zero effect on my condition at all). I was still vomiting uncontrollably and in complete agony. I was unable to urinate or defecate and walking was extremely difficult at that point.

I begged them to refer me to another hospital with an OB-GYN, but they refused. I begged them to get an OB-GYN to see me, but they refused. Mr. Camacho came to speak to us in the Triage area and told us that he had spoken to Dr. Torres again over the phone, but she would not do anything to help my condition. They insisted that I wait and make an appointment to be seen the following weekday in the Women’s Health Clinic. I begged while crying and vomiting from the pain still, but they would not help.

I was seen the next morning by Dr. Allison Van Haastert, who realized at that point that my condition was very severe. Dr. Van Haastert admitted me for pain management that day with surgery to follow first thing in the morning (it was already mid-day by the time I was seen at Women’s Health). The following morning she discovered that the ovary was hemorrhaging significantly and had torsed a full three times around the IP ligament and curled partially around the large intestine. She was forced to remove the ovary and the fallopian tube. Following the surgery she admitted to me that, indeed, I should have gone to surgery right away on Sunday rather than have been forced to wait an extra two days in agony and unable to care for my five-month-old infant.

In sum, if Dr. Torres had acted in a medically responsible way she would have simply come downstairs to the emergency room and had a look at me and my radiology results. She would have realized the seriousness of my condition and I would have had a chance at keeping my

ovary and fallopian tube. Dr. Torres relied upon the incorrect information given by a Physician Assistant who was not qualified to handle my case.

On June 24, 2015 I met with Dr. Van Haastert, Dr. Ramone Toliver (the ER physician from Saturday February 28, 2015), Dr. Brown (the ER Commander), Lance Camacho (the incompetent PA masquerading as a doctor), and Mattie Howard-Bey (the Healthcare Resolutions Specialist for DGMC). I confronted Mr. Camacho with the numerous errors he made in my medical records, the horrid agony he had forced me to endure, and his part in the loss of my ovary and fallopian tube. He admitted to all of the errors and apologized in front of all of the aforementioned people. All of the aforementioned people can verify that he admitted that the incorrect information in my records he knew was incorrect.

I respectfully request that a formal acknowledgment of Dr. Torres's medical negligence be issued to me in addition to whatever administrative action you see fit to be taken against Dr. Torres.

*** TX REPORT ***

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TIME USE 02'58
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MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

P.O. BOX 47866
OLYMPIA, WASHINGTON 98504-7866



Fax

Date: April 26, 2016

Number of pages including cover sheet: 5

To:

Attn: Terry Gadd

Medical Records

Travis AFB

Fax: 707-423-5272

From:

Michael Yorgensen PA-C

Health Care Investigator

Washington State Medical Commission

Phone: (360) 236-2777

Fax (360) 586-4573

REMARKS: Urgent For your review Reply ASAP Please comment

Thank you!

ATTENTION: The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above (or the employee or agent responsible to deliver it to the intended



Fax

Date: April 26, 2016

Number of pages including cover
sheet: 3

To:

Attn: Terry Gadd

Medical Records

Travis AFB

Fax: 707-423-5272

From:

Michael Yorgensen PA-C

Health Care Investigator

Washington State Medical
Commission

Phone: (360) 236-2777

Fax (360) 586-4573

REMARKS: Urgent For your review Reply ASAP Please comment

Thank you!

ATTENTION: The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above (or the employee or agent responsible to deliver it to the intended recipient). 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 immediately, and return the original message to us at the address listed above via U.S. Postal Service. We will, of course, be happy to reimburse you for any costs. Thank you.

April 26, 2016

Good Morning Terry,

I just spoke to you on the phone.

I received records on the patient from 15 Oct 2015 to 25 Feb 2016 but I need from 02/28/2014 to 03/10/2015.

Respectfully,

Michael Yorgensen PA-C

Washington State Medical Investigator

Phone: 360-236-2777

Fax: 360-586-4573

FACSIMILE ELECTRO MAIL TRANSMITTAL

(This information collection is not subject to OMB review under PL-86, The Paperwork Reduction Act.)

WARNING!! - DO NOT TRANSMIT CLASSIFIED INFORMATION OVER UNSECURED TELECOMMUNICATIONS SYSTEMS. OFFICIAL DOD TELECOMMUNICATIONS SYSTEMS ARE SUBJECT TO MONITORING AND USE OF DOD TELECOMMUNICATIONS SYSTEMS CONSTITUTES CONSENT TO MONITORING.

SECTION I - TO BE COMPLETED BY ORIGINATOR

CLASSIFICATION OFFICIAL BUSINESS ONLY		TRANSMISSION <input checked="" type="checkbox"/> IMMEDIATE <input type="checkbox"/> ROUTINE		PAGE 1 OF PAGES	
<input checked="" type="checkbox"/> FOR OFFICIAL USE ONLY					
TO (Office Symbol, Point of Contact, and Address) Michael Yorgensen		FAX NO. DSN COMMERCIAL 360-586-4573			
ELECTRONIC MAIL ADDRESS (E-Mail)		VOICE NO. DSN COMMERCIAL			

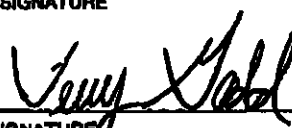
SUBJECT
 Patient: **25 Whistleblower**

FROM (Office Symbol, Point of Contact, and Address) 60 MDSS/SGST ATTN: OUTPATIENT RECORDS 101 BODIN CIRCLE TRAVIS AFB, CA 94535-1825 OFFICIAL BUSINESS ONLY		FAX NO. DSN COMMERCIAL 799-5272 707-423-5272			
ELECTRONIC MAIL ADDRESS (E-Mail)		VOICE NO. DSN COMMERCIAL 799-5353 707-423-5353			

REMARKS
 ATTENTION:

RELEASER'S SIGNATURE	DATE 20160420	TIME
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SECTION II - TO BE COMPLETED BY ELECTRO MAIL OPERATOR

DATE TRANSMITTED	TIME TRANSMITTED	TRANSMITTER'S SIGNATURE 
DATE ADDRESSEE CONTACTED	TIME ADDRESSEE CONTACTED	CONTACTOR'S SIGNATURE

60th Med Gp Travis AFB CA 94535

Authorization for Disclosure of Medical or Dental Information from 60th Medical Group
(This form is subject to the Privacy Act of 1974 - Use Blanket PAS-DD Form 2005)

Patient Data

Full Name of Patient (Last, First, Middle) [Redacted] 25 Whistleblower

Date of Birth (MM/DD/YYYY) 06/18/1983 Sponsor's SSN [Redacted] 25 Whistleblower

Street Address [Redacted] 25 Whistleblower

City/State/ZIP [Redacted] 25 Whistleblower

Home Phone [Redacted] 25 Whistleblower Work () [Redacted]

Dates of Treatment: From Date 02/28/2014 To Date 03/10/2015

Type of Treatment: Outpatient Inpatient ADAPT Family Advocacy Dental

Disclosure

I authorize the 60th Medical Group to release my patient information to:

Provider: Michael Yorgensen

Street Address: P.O. Box 47866

City/State/ZIP: Olympia, WA 98504 - 7866

Phone: 360-236-2777 FAX: 360-586-4573

Reason for Request / Use of Medical Information:

- Continuation of Medical Care
- Insurance
- Other (specify): Medical Commission Investigation (PROBATION - 3/10/15)
- Retirement / Separation
- School
- Effective Date: _____
- Personal Use
- Legal

Is the information being used for any pending or contemplated litigation*? Yes No

* If litigation is pending or being contemplated, request for copies are sent to the Medical Law Consultant for review according to AFI 51-501 and AFI 51-502.

Information to be released: Check the box and initial or sign to specify which type of medical information is to be released.

- Medical Information JM (patient's initials)
- Family Advocacy Information _____ (patient's signature)
- Drug/Alcohol Information _____ (patient's signature)
- AIDS/HIV Information _____ (patient's signature)
- Images (i.e., X-Rays) [Redacted] 25 Whistleblower _____ (patient's signature)
- Specified Medical Information _____ (patient's initials)

- I will pick up the copies. (Photo ID Required)
- Mail copies to address provided to pick up my records. (Photo ID Required)
- I authorize _____

Name of Accepting Clerk <u>[Signature]</u> Print	IN OFFICE USE ONLY	
	Date: _____	Copies Made By: _____
# of Copies Made: _____		<input type="checkbox"/> OPR <input type="checkbox"/> FSO <input type="checkbox"/> ROI
Upon completion, file original in record / provide copy of release to ROI		

DGMC Faxed to WA. 20 Apr 16

Release Authorization

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMC Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would not longer be protected.
- c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.
- d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

This authorization shall become effective immediately and shall remain in effect until the release of medical information is completed or until date specified: 04/03/2017

This date shall not exceed one year.

25 Whistleblower

04/03/2016

Signature of Patient / Parent* / Legal Representative**

Date (MM/DD/YYYY)

Self

Relationship to Patient

* For dependent children, parents may sign except when the record is marked that a minor has consented to his/her own care. In this situation the record will not be released to the parent.

** For deceased patients, the next of kin must sign and furnish proof of death.

For Staff Use Only

(To be completed only upon receipt of written revocation)

Authorization Revoked Reason for Revocation: _____

Revocation Completed By _____

Date (MM/DD/YYYY) _____

Yorgensen, Michael L (DOH)

From: Carla Torres <carla.torresmd@gmail.com>
Sent: Tuesday, April 26, 2016 1:32 PM
To: Yorgensen, Michael L (DOH)
Subject: Re: Inquiry 2015-12419MD

My address is current. Please send what you need completed.

Sent from my iPhone

> On Apr 26, 2016, at 1:30 PM, Yorgensen, Michael L (DOH) <michael.yorgensen@doh.wa.gov> wrote:

>

> Good Afternoon Ma'am,

>

> I have a letter of cooperation (questions) to send you. The address in our files associated with your license list Napa, CA.

>

> I would greatly appreciate an updated address and will update the data files as well.

>

>

> Respectfully,

>

> Michael Yorgensen

>

> -----Original Message-----

> From: Carla Torres [<mailto:carla.torresmd@gmail.com>]

> Sent: Tuesday, January 26, 2016 9:15 PM

> To: Yorgensen, Michael L (DOH)

> Subject: Inquiry 2015-12419MD

>

> Mr Yorgensen,

>

> I just received a letter regarding your investigation. I am unaware of any conduct issues or any outstanding standard of care reviews regarding my practice. The majority of my practice is based within the military installations and all medical complaints are addressed by our Risk Management office. Both my hospital commander and direct superior officers are unaware of any unprofessional conduct complaints.

>

> I would appreciate any light you can shed on the current investigation and if I can be of any assistance.

>

> V/r,

>

> Carla Torres MD LtCol USAF

>

>

>

> Sent from my iPad

Yorgensen, Michael L (DOH)

From: Carla Torres <carla.torresmd@gmail.com>
Sent: Monday, May 02, 2016 2:24 PM
To: Yorgensen, Michael L (DOH)
Subject: Documents reviewed

Mr Yorgensen,

I am familiar with this case as it has been reviewed by our Risk Management office and a formal peer review was conducted for all levels of care provided to this patient.

I will provide you with a hard copy of my response and the Quality Assurance case file from David Grant Medical center once I verify that I have the permission to do so. I will enclose my cv & cme in a separate email.

I will be passing on your contact information for verification by our Risk Management supervisor Steve Bush. Rest assured that this patient's case and all aspects of its management have already been thoroughly reviewed and my contribution has been deemed professional and has met standard of care.

V/r,

Carla Torres MD Lt Col USAF

Sent from my iPhone

DUPLICATES

DO NOT

COPY

DEPARTMENT OF THE AIR FORCE
60TH SURGICAL OPERATIONS SQUADRON (AMC)



May 3, 2016

MEMORANDUM FOR: DOH Medical Quality Assurance Commission c/o Michael Yorgensen

FROM: Carla Torres MD Lt. Col MC USAF

SUBJECT: Response RE File #2015-12419MD

Mr Yorgensen, in response to your inquiry dated April 26, 2016, I am submitting the following documents;

1. Response to items 1-6 of inquiry
2. Redacted Standard of Care review provided to the 60th Medical Group's Quality Assurance Office regarding this case and my contributions
3. Memorandum from Capt Kalen Fredette USAF Medical Law Consultant verifying releasability of Standard of Care Review

Response to allegation that as the consulting specialist, I was negligent by opting not to examine the patient after receiving a second phone call from PA Lance Camacho from the ER.

I was never asked by the treating ER provider Lance Camacho, nor the supervising ER physician Dr Ramone Toliver to come to bedside to examine the patient. I was first called as the specialist consultant to provide the patient clinical aftercare, which was scheduled for the next day. I was called a second time by the same PA and notified that the patient requested to be admitted. I requested further clinical history and offered to come to bedside to evaluate the patient for consideration of admission for pain control. As noted in the Standard of Care document, the PA informed me that the patient did not have a surgical abdomen, that admission was unnecessary and that her pain had improved with medication. The ER provider documented that the patient had clinically improved with medication and discharged her.

25 Whistleblower is aware that a bedside specialist consultation was not requested and that her record reflects that she was discharged in good condition. She notes in her DOH complaint that she had a healthcare resolution meeting on June 24, 2015 with the PA, his supervising ER physician, and the Director of Emergency Medicine where this was discussed. During that meeting and in the subsequent Quality Assurance and Peer Review, there has never been an accusation against me that, as the on-call specialist, I refused a provider's request to evaluate a patient in the ER.

Response to the allegation that medical negligence on my behalf directly contributed to the patient's loss of her left ovary and fallopian tube.

This allegation is not supported by the medical record and the pelvic ultrasound on 1 March 2015. Contrary to her allegation, the ultrasound verifies that the ovary and tube had positive blood flow and at that ER visit she did not have the torsion that later occurred resulting in the removal of her tube and ovary.

As noted in the chronological summary of care, the patient was seen by a gyn physician on the 2 March appointment that I had scheduled via ER consultation. She was offered admission at that time for serial exam and pain control, which she refused against medical advice so that she could take her cat to a veterinary appointment later that day. She returned on 3 March for outpatient surgery, during which time it was discovered that she had ovarian torsion.

This patient has not proceeded with a malpractice claim due to the fact that the torsion that occurred after her 2 March ultrasound may have been attributed to or at least exacerbated by her refusal of medical care.

Response to allegation that I relied upon incorrect information given by a physician assistant who was not qualified to handle the case.

I relied upon the medical information provided to me and documented in the medical record. I am not responsible for the supervision or management for the midlevel providers employed by the Emergency Department.

Explanation for choosing not to examine the patient

As stated above, I was not asked for a bedside consultation. I was only asked to provide ER follow up.

CV and CME for 2014-2015 enclosed

Pertinent Medical documentation

I have been advised by my Medical Legal Consultant, see attached memo, that the redacted Standard of Care document is all that I can release at this time. I do have access

to the patient's medical records, her case file with our Quality Assurance Department, her claims against numerous physicians and physician assistants and documentation that supports the redacted SOC review. I have been advised that the document sent by the DOH does not contain appropriate medical release to allow me to make available [REDACTED] 25 [REDACTED] clinical record or personal information.

If you find that your investigation requires the additional documentation, I look forward to providing it once the requisition is approved by my Medical Legal and HIPPA office.

I appreciate your thorough consideration of this case and truly am available for any request you may have to settle this matter.

5/3/2016

X Carla Torres

Signed by: TORRES.CARLA.E.1179889125

Sincerely,

Carla Torres MD Lt Col USAF
Medical Director
Obstetrician/Gynecologist

The American College of Obstetricians and Gynecologists
PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT



ACOG COGNATE PROGRAM

TRANSCRIPT

409 12th Street, SW
 PO Box 96920
 Washington, DC 20090-6920
 (800) 673-8444 - (202) 863-2543
 fax: (202) 484-1586
 e-mail: cognates@acog.org

ACOG ID Number: 0004427551

Carla Elisse Torres MD
 1336 Cayetano Dr
 Napa, CA 94559-4271

Cognates Posted Through Tuesday, May 03, 2016

Primary Cycle Credits

Activity Date	Code	ACOG/ACCME Approved Category 1 Activity	COGNATE Credits	Cumulative Total by Cycle
11/14/2014	1220	ACOG DISTRICT MEETING	20.00	20.00
12/31/2014	04	ABOG MOC Part 2 Article Review	25.00	45.00
09/28/2015	04009	MOC-Mgmt of Ovaries at the Time of Hysterectomy	3.00	48.00
12/31/2015	04	ABOG MOC Part 2 Article Review	10.00	58.00
12/31/2015	04	ABOG MOC Part 2 Article Review	25.00	83.00

Secondary Cycle Credits

Activity Date	Code	ACOG/ACCME Approved Category 1 Activity	COGNATE Credits	Cumulative Total by Cycle
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Summary of Category 1 COGNATE Credits for Primary Cycle

Reporting Years	Total COGNATE Credits
2014	45.00
2015	38.00
2016	0.00

Total COGNATE Credits This Cycle: 83.00

Summary of Category 1 COGNATE Credits for Secondary Cycle

Reporting Years	Total COGNATE Credits
2017	0.00
2018	0.00
2019	0.00

Total COGNATE Credits This Cycle: 0.00

Redaction Log

Total Number of Redactions in Document: 165

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
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9	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
10	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
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12	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected – Remedy for retaliatory action – Definitions Relating to health care provider and health care facility whistleblower protections	136(3) 137(2) 140(2) 143(1) 145(2) 147(1) 153(5) 154(1) 168(1) 152(1) 169(2)
39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement – Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	157(1) 158(1) 159(1) 160(1) 161(1) 162(1) 163(1) 164(1) 165(1)

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13	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
14	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
15	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
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20	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
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26	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
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36	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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43	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
44	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
45	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
46	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
47	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
48	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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50	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
51	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
52	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
53	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
54	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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56	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
57	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
58	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
59	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
60	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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62	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
63	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
64	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
65	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
66	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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68	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
69	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
70	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
71	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
72	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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74	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
75	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
76	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
77	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
78	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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80	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
81	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
82	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
83	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
84	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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86	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
87	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
88	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
89	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
90	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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92	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
93	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
94	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
95	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
96	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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98	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
99	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
100	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
101	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
102	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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104	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient’s authorization – Need-to-know basis; RCW 70.02.010(9) ‘Health care provider’; RCW 70.02.010(14) ‘Person’	1
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107	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient’s authorization – Need-to-know basis; RCW 70.02.010(9) ‘Health care provider’; RCW 70.02.010(14) ‘Person’	1
108	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient’s authorization – Need-to-know basis; RCW 70.02.010(9) ‘Health care provider’; RCW 70.02.010(14) ‘Person’	1

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110	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
111	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
112	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
113	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
114	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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116	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
117	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
118	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
119	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
120	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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122	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
123	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
124	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
125	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
126	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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127	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
128	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
129	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
130	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
131	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1
132	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient's authorization – Need-to-know basis; RCW 70.02.010(9) 'Health care provider'; RCW 70.02.010(14) 'Person'	1

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134	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient’s authorization – Need-to-know basis; RCW 70.02.010(9) ‘Health care provider’; RCW 70.02.010(14) ‘Person’	1
135	01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient’s authorization – Need-to-know basis; RCW 70.02.010(9) ‘Health care provider’; RCW 70.02.010(14) ‘Person’	1
136	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected – Remedy for retaliatory action – Definitions Relating to health care provider and health care facility whistleblower protections	3
137	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected – Remedy for retaliatory action – Definitions Relating to health care provider and health care facility whistleblower protections	2
140	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected – Remedy for retaliatory action – Definitions Relating to health care provider and health care facility whistleblower protections	2
143	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected – Remedy for retaliatory action – Definitions Relating to health care provider and health care facility whistleblower protections	1
145	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected – Remedy for retaliatory action – Definitions Relating to health care provider and health care facility whistleblower protections	2
147	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected – Remedy for retaliatory action – Definitions Relating to health care provider and health care facility whistleblower protections	1

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152	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected — Remedy for retaliatory action — Definitions Relating to health care provider and health care facility whistleblower protections	1
153	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected — Remedy for retaliatory action — Definitions Relating to health care provider and health care facility whistleblower protections	5
154	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected — Remedy for retaliatory action — Definitions Relating to health care provider and health care facility whistleblower protections	1
157	39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement — Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	1
158	39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement — Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	1
159	39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement — Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	1
160	39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement — Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	1

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162	39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement — Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	1
163	39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement — Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	1
164	39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement — Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	1
165	39 ASF Peer Review	Quality Assurance or Peer Review Information and Reports - Ambulatory Surgical Facilities - RCW 42.56.360(1)(c): Health care.; RCW 70.230.080(3): Coordinated quality improvement — Rules. (3) Information and documents, including complaints and incident reports, created specifically for, and collected and maintained by, a quality improvement committee	1
168	25 Whistleblower	RCW 43.70.075 (1): Identity of whistleblower protected — Remedy for retaliatory action — Definitions Relating to health care provider and health care facility whistleblower protections	1
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Redaction Reasons by Exemption

Reason	Description	Pages (Count)
01 Healthcare Info	Healthcare information readily identifiable to a person – RCW 42.56.360(2): Health care; RCW 70.02.020(1): Disclosure by health care provider; RCW 70.02.050 Disclosure without patient’s authorization – Need-to-know basis; RCW 70.02.010(9) ‘Health care provider’; RCW 70.02.010(14) ‘Person’	1(1) 2(1) 3(1) 4(1) 5(1) 6(1) 7(1) 8(1) 9(1) 10(1) 11(1) 12(1) 13(1) 14(1) 15(1) 16(1) 17(1) 18(1) 19(1) 20(1) 21(1) 22(1) 23(1) 24(1) 25(1) 26(1) 27(1) 28(1) 29(1) 30(1) 31(1) 32(1) 33(1) 34(1) 35(1) 36(1) 37(1) 38(1) 39(1) 40(1) 41(1) 42(1) 43(1) 44(1) 45(1) 46(1) 47(1) 48(1) 49(1) 50(1) 51(1) 52(1) 53(1) 54(1) 55(1) 56(1) 57(1) 58(1) 59(1) 60(1) 61(1) 62(1)