

2023-4501 MD2

Respondent

License

MD.MD.60465043

Expiration

09/14/2023

License Status

ACTIVE

ABMS Specialty

Family Medicine

ABMS SubSpecialty

None

Res Specialty

Family Medicine

Complaint Summary

Complainant alleges respondent is performing abortions past the 26-week gestational period.

Single Complaint Process

No

Companion Cases

2022-4494 MD

Prior Cases

None

From: 25 Whistleblower
To: [WMC Medical Complaints](#)
Subject: Cedar River clinics
Date: Tuesday, April 4, 2023 11:26:18 AM

External Email

I am writing this email in hopes there can be action taken on this clinic I have worked with cedar River clinics for about 7 months now and I am still employed with them with plans to quit as this clinic in multiple occasions has gone over the 26wk gestation that is legal in the state of Washington knowingly and willingly. They have also on more than one occasion used in sterilized surgical tools on a pt and not let the patient know both doctor lauren owens and anuj khattar are aware of these situation and continue to let them happen khattar is the doctor that allows 28 week abortions and Owen is the doctor that in unhealthy and unsafe using dirty surgical tools on her patients. I am scared to go into work every day not knowing what will happen next these practices could seriously hurt someone or kill someone please take time to investigate this.

Sent from my iPhone



April 21, 2023

25 Whistleblower

25 Whistleblower

Case Number: 2023-4501
Credential Number: MD.MD.60465043

Dear 25 Whistleblower

Thank you for submitting your recent report in which you expressed concerns regarding Anuj Khattar, MD.MD.60465043. A panel of Commissioners met to review your report and to determine whether to authorize an investigation. After reviewing the issues raised in your report, the panel decided not to authorize an investigation because they did not have enough information to determine if a violation occurred.

You have the right to request any publicly disclosable information contained in the file. To do so, submit a request through the Department of Health, Public Disclosure Unit portal at: <https://www.doh.wa.gov/AboutUs/PublicRecords>. If you do not have access to the internet, you may send your written request to P.O. Box 47865, Olympia, WA 98504-7865. Please include the case number listed above.

You may request that the Washington Medical Commission (Commission) reconsider your report if you have **new information** and you provide the new information to us within 30 days of receiving this notification. Please send any information that has not already been submitted to the Commission to the mailing address listed below or to medical.reconsiderations@wmc.wa.gov. Please keep in mind, anything obtained from the closed complaint file would not constitute new information as the Commission has thoroughly considered these materials in making their determination.

Thank you for bringing your concerns to the attention of the Commission.

Sincerely,
Complaints Unit
medical.complaints@wmc.wa.gov

April 21, 2023

Anuj Khattar
PO Box 257
PMB 09206
Olympia, WA 98507-0257

Case Number: 2023-4501
Credential Number: MD.MD.60465043

Dear Anuj Khattar, MD:

The Washington Medical Commission received a report against you alleging unprofessional conduct. A panel of at least three Commissioners reviewed this report and determined that it did not meet the criteria for authorizing an investigation. Therefore, this complaint has been closed. This complaint will not be posted on our website. The existence of this complaint is only releasable to the public if they make a formal written records request.

The Washington Physicians Health Program is available to confidentially assist healthcare professionals who are experiencing difficulty with substance use, mental health, or other health problems that could impact safe practice. For more information, please visit wphp.org or call 800-552-7236.

You have the right to request any publicly disclosable information contained in the file. To do so, submit a request through the Department of Health, Public Disclosure Unit portal at: <https://www.doh.wa.gov/AboutUs/PublicRecords>. If you do not have access to the internet, you may send your written request to P.O. Box 47865, Olympia, WA 98504-7865. Please include the case number listed above.

After seeing what the file contains, you can submit a written statement for us to include in the file. Please remember that your statement will become part of the file and will be disclosed in any future disclosure requests. If you choose to submit a statement, please send it to us at PO Box 47866, Olympia, WA 98504 and include the case number listed above.

Sincerely,
Complaints Unit
Washington Medical Commission
medical.complaints@wmc.wa.gov

NOTICE

The identity of a Whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider **shall remain confidential** in most cases, under RCW 43.70.075.

WAC 246-15-030 controls procedures for filing, investigation, and resolution of Whistleblower complaints in healthcare settings.

(1)(b) Instructs that staff will affix a permanent cover to the complaint letter or other notice of complaint in the complaint file, noting that statutes protect the identity of the complainant.

(3)(c) Ensures upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

It is the staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed except in the limited situations below.

By signing the Whistleblower waiver authorization, you agree and understand that your identity may be released only:

- To the practioner who is the subject of your complaint;
- To other persons "reasonably necessary to the investigation"; and
- For use in a disciplinary hearing

NOTICE

Redaction Log

Total Number of Redactions in Document: 4

Redaction Reasons by Page

Page	Reason	Description	Occurrences
2	25 Whistleblower	RCW 43.70.075 (1) -Information that identifies a whistleblower: Identity of whistleblower who complains to the Department of Health about improper quality of care must remain confidential. Information that directly or indirectly identifies the whistleblower, including but not limited to: names, address, telephone numbers, email address, social security number, full facial image, detailed geographic information, membership to organizations, occupational titles, birth location, familial relationships, rare health condition, initials.	1
3	25 Whistleblower	RCW 43.70.075 (1) -Information that identifies a whistleblower: Identity of whistleblower who complains to the Department of Health about improper quality of care must remain confidential. Information that directly or indirectly identifies the whistleblower, including but not limited to: names, address, telephone numbers, email address, social security number, full facial image, detailed geographic information, membership to organizations, occupational titles, birth location, familial relationships, rare health condition, initials.	3