



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Alexis Hallock, MD  
Master Case No.: M2017-526  
Document: Stipulation to Informal Disposition

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7865  
Phone: (360) 236-4700  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**ALEXIS HALLOCK, MD**  
License No. MD00036935

Respondent.

**No. M2017-526**

**STIPULATION TO INFORMAL  
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

**1. ALLEGATIONS**

1.1 On December 21, 1998, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On or about March 22, 2016, Patient A presented to Respondent for treatment. Patient A was a new patient and reported that he was on a waiting list for a benzodiazepine detoxification and addiction treatment program. During that initial patient encounter, Patient A told Respondent that he was on an 8 mg TID (three times daily) dose of alprazolam, i.e. 24 mg/day total, but was out of medication. The usual adult daily dose of alprazolam is 1-4 mg/day, with 6-8 mg/day considered acceptable in cases of extreme symptoms. In Respondent's statement to the Commission's investigator, Respondent indicated that she intended to issue a thirty-day supply of alprazolam to allow Patient A to remain on a stable dosage pending his enrollment in the benzodiazepine detoxification and addiction treatment program. Respondent's medical record documentation was inconsistent and varied between a plan to maintain Patient A on a stable dosage pending enrollment in the benzodiazepine program, and a plan to gradually taper Patient A off alprazolam.

1.3 Respondent's original March 2016 prescription was written for 2 mg alprazolam tablets, 1-2 tablets every 4-6 hours as needed with instructions to dispense 120 tablets. This meant Respondent was continued on a dosage of up to 24 mg/day and that the prescription was for a ten-day period. (Two 2 mg tablets every four hours.) This prescription was issued with up to two refills, i.e. sufficient to cover a 30-day period at 24 mg/day.

1.4 Despite the high alprazolam dosage, during this initial patient encounter, Respondent did not:

a. Check Patient A's prescription history with the Washington State Prescription Monitoring Program (PMP) in order to verify Patient A had been maintained on 24 mg/day of alprazolam prior to seeking care with Respondent;

b. Inquire with Patient A's previous care provider regarding Patient A's current medication regime and care in order to verify Patient A had been maintained on 24 mg/day of alprazolam prior to seeking care with Respondent and to find out why the previous provider was not continuing to provide care for Patient A in light of the excessively high dose of alprazolam; and

c. Verify Patient A's status on the waiting list with the benzodiazepine addiction treatment program.

1.5 Respondent continued treating Patient A through at least June 1, 2016. Respondent did not check the PMP at any point during the period between the initial encounter with Patient A and June 1. If Respondent had checked, she would have discovered four pharmacy fills for alprazolam attributed to her that she did not write based on the documentation in her medical record.

1.6 Respondent noted on at least two occasions in her medical record that Patient A was required to appear in person for a new alprazolam prescription instead of calling in telephonically, but nonetheless issued new prescriptions when Patient A did not appear in person instead of enforcing the requirement for an in-person appointment.

1.7 Respondent continued to prescribe alprazolam for Patient A despite Patient A's failure to follow through on Respondent's requirement to provide verification from the alleged benzodiazepine detoxification and addiction treatment program for which Patient A claimed to be on the waitlist.

1.8 On or about June 3, 2016, Respondent was contacted by a physician who was treating Patient A through a benzodiazepine addiction treatment program and a methadone maintenance program. In her statement to the Commission's investigator, Respondent indicated that she "immediately terminated" Patient A from care with instructions to return to his prior physician, whom she had not yet identified. Respondent's treatment records for Patient A do not reflect any of the steps Respondent took in the discharge of Patient A from her practice including notification to Patient A or any written or oral instructions she gave Patient A regarding possible benzodiazepine withdrawal or treatment, referral options, and options for emergency care.

## 2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4) and (7) based on 21 CFR 1306.04 and 21 CFR 1306.07.

2.2 The parties wish to resolve this matter by means of a Stipulation pursuant to RCW 18.130.172(1).

2.3 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Stipulation it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law.

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.9 A violation of the provisions of Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

### 3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms:

3.1 **Compliance Orientation.** Respondent shall complete a compliance orientation in person or by telephone within **sixty (60) days** of the effective date of this Stipulation. Respondent must contact the Compliance Unit at the Commission by calling (360) 236-2763, or by sending an email to: [Medical.compliance@doh.wa.gov](mailto:Medical.compliance@doh.wa.gov) within **twenty (20) days** of the effective date of this Stipulation. Respondent must provide a contact phone number where Respondent can be reached for scheduling purposes.

3.2 **Benzodiazepine Prescribing CME.** Within **six (6) months** of the effective date of this Stipulation, Respondent shall complete a course at least four hours in length regarding the safe prescribing of benzodiazepine medications. The course must address typical benzodiazepine dosages, signs that suggest or indicate inappropriate use or abuse, and management of patients who present on excessively high doses and must be approved in advance by the Commission's designee. Pre-approval may be obtained by contacting the Compliance Unit using the contact information in Paragraph 3.1.

3.3 **Paper.** Within **thirty (30) days** of completion of the benzodiazepine prescribing CME required under Paragraph 3.2, Respondent shall submit a typewritten paper of no less than one thousand (1,000) words regarding what she learned from the course, including recognition of inappropriate use or abuse of benzodiazepines and management of patients who present on excessively high doses and how that information will be applied in her practice moving forward. Respondent should be prepared to discuss the subject matter of the written paper with the Commission at her initial personal appearance. The paper shall be submitted to the Commission, in both electronic and printed format, to the addresses below:

1. [Medical.compliance@doh.wa.gov](mailto:Medical.compliance@doh.wa.gov)

2. Compliance Officer  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866

3.4 **Personal Appearances.** Respondent must personally appear at a date and location determined by the Commission within approximately **nine (9) months** after the effective date of this Stipulation, or as soon thereafter as the Commission's schedule permits. Thereafter, Respondent must make personal appearances annually or as frequently as the Commission requires unless the Commission waives the need for an appearance. Respondent must participate in a brief telephone call with the Commission's Compliance Unit prior to the appearance. The purpose of appearances is to provide meaningful oversight over Respondent's compliance with the requirements of this Stipulation. The Commission shall provide reasonable notice of all scheduled appearances.

3.5 **Office protocol for use of the PMP.** Within **six (6) months** of the effective date of this Stipulation, Respondent shall prepare and submit for approval an office protocol she will use in her practice regarding use of the PMP with patients on higher than standard doses of benzodiazepines, including thresholds for when the Respondent will review the PMP record for such patients and what indications of potential inappropriate use or abuse of benzodiazepines will be looked for in the PMP record for such patients. The protocol shall be submitted to the Commission, in both electronic and printed format, to the addresses below:

1. [Medical.compliance@doh.wa.gov](mailto:Medical.compliance@doh.wa.gov)

2. Compliance Officer  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866

3.6 **Office protocol for termination of patients abusing controlled substance medications.** Within **six (6) months** of the effective date of this Stipulation, Respondent shall prepare and submit for approval an office protocol she will use in her

practice when Respondent discharges patients believed or discovered to be abusing controlled substance medications. The protocol shall be submitted to the Commission, in both electronic and printed format, to the addresses below:

1. Medical.compliance@doh.wa.gov

2. Compliance Officer  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866

3.7 **Cost Recovery.** Within **twelve (12) months** of the effective date of this Stipulation, Respondent shall pay one thousand dollars (\$1,000) to recover some of the costs of investigating and processing this matter. The cost recovery shall be paid by certified or cashier's check or money order, made payable to the Department of Health, and mailed to the following address.

Department of Health  
Medical Quality Assurance Commission  
P.O. Box 1099  
Olympia, WA 98507-1099

3.8 **Obey Laws.** Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.9 **Costs.** Respondent shall assume all costs that Respondent incurs in complying with this Stipulation.

3.10 **Violations.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.11 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing of changes in her residential and/or business address within **thirty (30) days** of such change.

3.12 **Effective Date.** The effective date of this Stipulation is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

3.13 **Termination of Stipulation.** Respondent may petition the Commission in writing to terminate this Stipulation after two (2) years from its effective date. Upon a

written petition to terminate, Respondent shall appear in person before the Commission at a date and location designated by the Commission unless otherwise waived by the Commission. An appearance on a petition to terminate may be combined with a required annual personal appearance. The Commission shall have full discretion to grant or deny the petition. If the Commission denies the petition, Respondent may petition again annually or at an interval otherwise determined by the Commission.

#### 4. COMPLIANCE WITH SANCTION RULES

4.1 4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions, including stipulations to informal disposition under RCW 18.130.172. Tier B of the "Practice Below Standard of Care", WAC 246-16-810, applies to cases where substandard practices resulted in moderate patient harm or created a risk of moderate to severe harm. Respondent's care of Patient A did not cause severe harm or death, but caused moderate harm or risk of severe or moderate harm in that it resulted in Patient A receiving copious amounts of benzodiazepines in a short period of time while he was in a benzodiazepine addiction treatment program. Therefore Schedule B therefore applies.

4.2 Tier B requires the imposition of sanctions ranging from zero to three. Under WAC 246-16-800(3)(d), the starting point for the duration of the sanctions is the middle of the range. The Commission uses aggravating and mitigating factors to move towards the maximum or minimum ends of the range.

4.3 While the ultimate duration of this Stipulation is undetermined – giving the Commission the discretion to lengthen the period of oversight if protection of public health and safety requires – it may be terminated after two years. This places the duration slightly toward the lower end of the sanction range. Here, the Commission has noted Respondent's cooperation with the Commission's investigator as well as Respondent's long period without disciplinary action. These mitigating factors warrant a possibly shorter period of oversight. The Commission did not identify any aggravating factors.

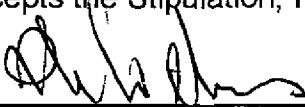
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**5. RESPONDENT'S ACCEPTANCE**

I, ALEXIS HALLOCK, MD, Respondent, certify that I have read this Stipulation in its entirety; that my counsel of record, COLIN F. KEARNS, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation, I understand that I will receive a signed copy.

  
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ALEXIS HALLOCK, MD  
RESPONDENT

12/12/17  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
COLIN F. KEARNS, WSBA NO. 45282  
ATTORNEY FOR RESPONDENT

1/3/18  
\_\_\_\_\_  
DATE

**6. COMMISSION'S ACCEPTANCE**

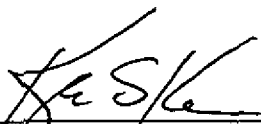
The Commission accepts this Stipulation. All parties shall be bound by its terms and conditions.

DATED: 1/18, 2017. 2018

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION

  
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PANEL CHAIR

PRESENTED BY:

  
\_\_\_\_\_  
KYLE KARINEN, WSBA NO. 34910  
COMMISSION STAFF ATTORNEY