



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: August T. Piper Jr., MD  
Master Case No.: M2018-826  
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:

**No. M2018-826**

**AUGUST T. PIPER, JR., MD**  
License No. MD00012652

**STIPULATION TO INFORMAL  
DISPOSITION**

Respondent.

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 July 17, 1972, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent practices psychiatry. Respondent's license is currently active.

1.2 Respondent began providing psychiatric care for Patient A in October 2016.

1.3 Respondent's chart notes are handwritten, at times, difficult to follow, and at times, almost illegible.

1.4 Respondent's note for Patient A's first visit failed to document a coherent history, a mental status examination, or a diagnostic assessment, and therefore, failed to comply with the standard of care for an initial psychiatric evaluation.

1.5 Patient A saw other providers and received oxycodone from those providers for shoulder and neck pain. In March 2018, Patient A's other providers discontinued prescribing oxycodone for Patient A. However, Respondent did not document the reason or reasons that the other providers were refusing to continue to prescribe oxycodone for Patient A. If the other providers had concerns about possible misuse or abuse of oxycodone, those concerns should have been addressed prior to Respondent prescribing oxycodone for Patient A.

ORIGINAL

1.6 One of the other providers apparently told Respondent that Patient A had a urinalysis screen that was positive for cocaine. Respondent commented that the provider was overly concerned about that but did not document his reasoning for dismissing a positive urine test for cocaine as not being of concern, especially in a patient who was being prescribed controlled medications.

1.7 On March 20, 2018, Respondent temporarily took over prescribing oxycodone for Patient A. Respondent initially prescribed 40 oxycodone 10mg tablets and continued prescribing 5mg and 10 mg tablets alternatively until the final prescription on May 2, 2018, close to the time when Patient A was scheduled for surgery. Respondent did not document the specific conditions for which he was prescribing oxycodone until April 10, 2018, did not document details about Patient A's neck and shoulder injury that necessitated treatment with an opioid medication, and did not document an appropriate physical examination of the affected areas. Respondent also did not document that he confirmed the oxycodone dose that Patient A reported either with one of the previous providers or by checking the prescription monitoring database.

1.8 On May 2, 2018, Respondent increased Patient A's oxycodone dose to allow a maximum of seven 10mg tablets daily after having previously reduced the maximum dose from seven to five tablets daily on April 25, 2018. Respondent did not document his rationale for the dose increase on May 2, 2018.

## 2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

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.

ORIGINAL

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health's website, 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 forgo 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 to provide a contact phone number where Respondent can be reached for scheduling purposes.

3.2 **Demographic Census.** Washington law requires physicians and physician assistants to complete a demographic census with their license renewal. RCW 18.71.080(1)(b) and 18.71A.020(4)(b). Respondent must submit a completed demographic census to the Commission within **thirty (30) days** of the effective date of this Stipulation. The demographic census can be found at <https://fortress.wa.gov/doh/opinio/s?s=WMCcensus>.

3.3 **Medical Record Keeping Course.** Respondent must enroll and satisfactorily complete an in-person, Commission-approved course in medical record keeping. The live, two-day Medical Record Keeping Course (MR-17), Physician Edition, offered by Professional Boundaries, Inc., is pre-approved by the Commission.

Respondent must provide proof of satisfactory completion of the course to the Compliance Officer within **four (4) months** of the effective date of this Stipulation.

3.4 **Paper on Adequate Medical Record Keeping.** Following completion of the required medical record keeping course pursuant to paragraph 3.3, Respondent must compose a scholarly paper on the importance of proper and adequate medical record documentation. The paper must include a section on proper documentation of the initial psychiatric evaluation of a new patient. The paper must be a minimum of one thousand (1,000) words, typewritten, contain a bibliography, refer to the course completed in paragraph 3.3, and discuss how Respondent intends to apply what he learned into his practice. Respondent should be prepared to discuss the subject matter of his paper with the Commission at the initial personal appearance. Respondent must submit the paper to the Compliance Officer for approval, in both electronic and printed format, **within six (6) months** of the effective date of this Stipulation.

3.5 **Practice Review.** Respondent shall permit a representative of the Commission to audit Respondent's records and review Respondent's practice. The practice review will occur approximately **nine (9) months** from the effective date of this Stipulation. If the Commission determines that Respondent's records are not to acceptable standards, the Commission may conduct a second practice review in approximately six (6) months from the date of the first practice review.

3.6 **Personal Appearances.** Respondent must personally appear at a date and location determined by the Commission in approximately **one (1) year** 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 will provide reasonable notice of all scheduled appearances.

3.7 **Cost Recovery.** Respondent must pay one thousand dollars (\$1,000) to the Commission to recover some of the costs of investigating and processing this matter. Payment must be by certified or cashier's check made payable to the

Department of Health and must be received within **ninety (90) days** of the effective date of this Stipulation. Respondent must send payment to:

Medical Quality Assurance Commission  
Department of Health  
P.O. Box 1099  
Olympia, WA 98504-1099.

**3.8 Address for Compliance Officer.** Respondent must send all documentation required by this Stipulation to the Compliance Officer to the address(es) below, unless otherwise directed.

1. Medical.compliance@doh.wa.gov

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

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

**3.10 Costs.** Respondent must assume all costs that Respondent incurs in complying with this Stipulation.

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

**3.12 Change of Address or Name.** Respondent must inform the Commission and the Adjudicative Clerk Office, in writing, of changes in Respondent's name and residential and/or business address within **thirty (30) days** of such change.

**3.13 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.

**3.14 Termination of Stipulation.** Respondent may petition the Commission to terminate this Stipulation after satisfying its terms no sooner than **one (1) year** from the effective date of this Stipulation. The Commission has the full discretion to grant or deny the petition to terminate. When the Compliance Officer receives Respondent's petition, a date and time will be set for Respondent to appear before a Commission panel, unless the Commission waives the need for an appearance. If the Commission

denies a petition to terminate, Respondent may submit another petition on an annual basis.

#### 4. COMPLIANCE WITH SANCTION RULES

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 A of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices caused no or minimal patient harm or a risk of minimal patient harm. Respondent's treatment of Patient A did not cause Patient A harm, but allegedly placed Patient A at risk of harm in the following ways: Respondent's charting of Patient A's treatment is incomplete and difficult to follow, and Respondent's documentation provided inadequate information for Patient A's subsequent providers. Therefore, Tier A applies.

4.2 Tier A requires the imposition of sanctions ranging from zero to three years of oversight. 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 mitigating and aggravating factors to move towards the maximum or minimum ends of the range. The Commission did not identify any aggravating factors in this case. The mitigating factor in this case justifies moving towards the minimum end of the range.

#### MITIGATING

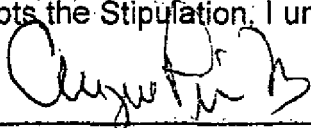
- No patients were injured from Respondent's alleged conduct.

4.3 This Stipulation's sanctions provide a minimum of one year of meaningful oversight, which include a course in medical record keeping, a paper on medical record keeping, a practice review, personal appearances before the Commission, and other terms designed to protect the public. These sanctions are appropriate within the Tier A range given the alleged facts of the case and mitigating factor and will ensure similar alleged conduct does not occur.

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**5. RESPONDENT'S ACCEPTANCE**

I, AUGUST T. PIPER JR., MD, Respondent, certify that I have read this Stipulation in its entirety; that my counsel of record, if any, 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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AUGUST T. PIPER JR., MD  
RESPONDENT

JANUARY 27, 2019

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WSBA#  
ATTORNEY FOR RESPONDENT

\_\_\_\_\_  
DATE

**6. COMMISSION'S ACCEPTANCE**

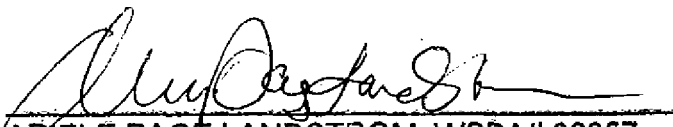
The Commission accepts this Stipulation. All parties shall be bound by its terms and conditions.

DATED: March 7, 2019.

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE  
COMMISSION

  
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PANEL CHAIR

PRESENTED BY:



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ARIELE PAGE LANDSTROM, WSBA# 38357  
COMMISSION STAFF ATTORNEY