STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Richard T. Adamson, MD
Master Case No. M2010-287
Document: Statement of Charges

Regarding your request for information about the above-named practitioner, 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:

> The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records - Health Care Information Access and Disclosure)

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
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of **RICHARD T. ADAMSON, MD** License No. MD00019594 Respondent	**No. M2010-287** **STATEMENT OF CHARGES**

The Disciplinary Manager, on designation by the Medical Quality Assurance Commission (Commission), makes the allegations below, which are supported by the evidence contained in program file number 2009-141688. The patients referred to in this Statement of Charges are identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On November 4, 1981, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board certified in psychiatry.

1.2 Respondent managed medication for Patient A's depression and provided supportive psychotherapy from July 2004 until November 2008. Early on Patient A revealed that she had been sexually abused by her father.

1.3 Respondent violated doctor-patient boundaries by providing business consultation services to Patient A, a family practice physician, while she was a patient. From September 2006 until October 2008, Respondent served as Patient A's consultant for purposes of opening a private practice, treating patients with chronic illness, anxiety and depression.

1.4 In mid-November 2008, Respondent and Patient A attended a four-day conference in Colorado. Respondent violated doctor-patient boundaries by dining with Patient A and sharing personal information with Patient A relating to his wife's suicide, and by kissing Patient A in his office on their return from the conference.

1.5 On November 21, 2008, Respondent and Patient A met at Respondent's office for a final psychotherapy session. Respondent encouraged Patient A to seek

treatment with someone else. Respondent and Patient A then had sexual intercourse in Respondent's office.

1.6 From December 2008 until June 2009, Patient A frequently met Respondent at his office and they would have sex on his couch. Patient A left her husband and moved into an apartment. Patient A and Respondent also had sex at Respondent's house and Patient A's apartment.

1.7 The sexual relationship between Respondent and Patient A ended sometime in June 2009, after Respondent told Patient A that during his relationship with Patient A he had been obsessed with another younger married woman and had engaged in 'phone sex' and 'instant messaging sex' with her. Given Patient A's history of sexual abuse from her father, this communication was abusive and potentially harmful to Patient A.

1.8 Respondent treated Patient B on and off between September 1989 and January 2010.

1.9 In April or May 2009, Respondent disclosed to Patient A that Patient B, who had the appointment before hers, had been talking about her in therapy. Respondent disclosed that Patient B had a crush on Patient A and wanted to ask her out.

1.10 In April or May 2009, Patient B met Patient A in the waiting room of Respondent's office. Patient B developed a friendship with Patient A and they saw one another socially until approximately November 2009.

1.11 Patient B discussed his friendship with Patient A in therapy sessions with Respondent. In September 2009, Patient B told Respondent that Patient A had indicated she did not want to pursue a dating relationship with Patient B. Patient A also told Patient B that she had romantic feelings for another man, whom she described as an unrequited love interest.

1.12 Respondent violated doctor-patient boundaries when Respondent communicated to Patient B that Patient A, whom Patient B had been seeing socially, was Respondent's patient, and that Respondent had a romantic relationship with Patient A, and that Respondent was Patient A's "unrequited love interest." Respondent also shared aspects of his personal life with Patient B.

1.13 Respondent violated doctor-patient boundaries when Respondent communicated to Patient A information about the contents of his sessions with Patient B.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(1), (4), (7) (20) and (24), and WAC 246-919-630 which provide in pertinent part:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
>
> . . .
>
> (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
>
> ...
>
> (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
>
> ...
>
> (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
>
> ...
>
> (24) Abuse of a client or patient or sexual contact with a client or patient;

...

WAC 246-919-630 Sexual Misconduct.

(1) Definitions:

(a) "Patient" means a person who is receiving health care or treatment, or has received health care or treatment without a termination of the physician-patient relationship. The determination of when a person is a patient is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent and context of the professional relationship between the physician and the person. The fact that a person is not actively receiving treatment or professional services is not the sole determining factor.
(b) "Physician" means a person licensed to practice medicine and surgery under chapter 18.71 RCW.

(c) "Key third party" means a person in a close personal relationship with the patient and includes, but is not limited to, spouses, partners, parents, siblings, children, guardians and proxies.

(2) A physician shall not engage in sexual misconduct with a current patient or a key third party. A physician engages in sexual misconduct when he or she engages in the following behaviors with a patient or key third party:

(a) Sexual intercourse or genital to genital contact;

(b) Oral to genital contact;

(c) Genital to anal contact or oral to anal contact;

(d) Kissing in a romantic or sexual manner;

(e) Touching breasts, genitals or any sexualized body part for any purpose other than appropriate examination or treatment;

(f) Examination or touching of genitals without using gloves;

(g) Not allowing a patient the privacy to dress or undress;

(h) Encouraging the patient to masturbate in the presence of the physician or masturbation by the physician while the patient is present;

(i) Offering to provide practice-related services, such as medications, in exchange for sexual favors;

(j) Soliciting a date;

(k) Engaging in a conversation regarding the sexual history, preferences or fantasies of the physician.

(3) A physician shall not engage in any of the conduct described in subsection (2) of this section with a former patient or key third party if the physician:

(a) Uses or exploits the trust, knowledge, influence, or emotions derived from the professional relationship; or

(b) Uses or exploits privileged information or access to privileged information to meet the physician's personal or sexual needs.

(4) To determine whether a patient is a current patient or a former patient, the commission will analyze each case individually, and will consider a number of factors, including, but not limited to, the following:

(a) Documentation of formal termination;

(b) Transfer of the patient's care to another health care provider;

(c) The length of time that has passed;

(d) The length of time of the professional relationship;

(e) The extent to which the patient has confided personal or private information to the physician;

(f) The nature of the patient's health problem;

(g) The degree of emotional dependence and vulnerability.

(5) This section does not prohibit conduct that is required for medically recognized diagnostic or treatment purposes if the conduct meets the standard of care appropriate to the diagnostic or treatment situation.

(6) It is not a defense that the patient, former patient, or key third party initiated or consented to the conduct, or that the conduct occurred outside the professional setting.

(7) A violation of any provision of this rule shall constitute grounds for disciplinary action.

RCW 70.02.0202 Disclosure by health care provider

1) Except as authorized in RCW 70.02.050, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent and employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

3. NOTICE TO RESPONDENT

The charges in this document affect the public health, safety and welfare. The Disciplinary Manager of the Medical Quality Assurance Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: August 10, 2010.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION

DANI NEWMAN
DISCIPLINARY MANAGER

KRISTIN BREWER, WSBA # 38494
ASSISTANT ATTORNEY GENERAL

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named below. RCW 42.56.240(1)

Patient A

Patient B

[redacted]

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Richard T Adamson
Master Case No. M2010-287
Document: Amended Statement of Charges

Regarding your request for information about the above-named practitioner, 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:

> The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records - Health Care Information Access and Disclosure)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **RICHARD T. ADAMSON, MD** License No. MD00019594 Respondent	**No. M2010-287** **AMENDED STATEMENT OF CHARGES**

The Disciplinary Manager, on designation by the Medical Quality Assurance Commission (Commission), makes the allegations below, which are supported by the evidence contained in program file numbers 2009-141688 and 2011-154741. The patients referred to in this Statement of Charges are identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On November 4, 1981, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board certified in psychiatry.

Patients A and B

1.2 Respondent managed medication for Patient A's depression and provided supportive psychotherapy from July 2004 until November 2008. Early on Patient A revealed that she had been sexually abused by her father.

1.3 Respondent violated doctor-patient boundaries by providing business consultation services to Patient A, a family practice physician, while she was a patient. From September 2006 until October 2008, Respondent served as Patient A's consultant for purposes of opening a private practice, treating patients with chronic illness, anxiety and depression.

1.4 In mid-November 2008, Respondent and Patient A attended a four-day conference in Colorado. Respondent violated doctor-patient boundaries by dining with Patient A and sharing personal information with Patient A relating to his wife's suicide, and by kissing Patient A in his office on their return from the conference.

1.5 On November 21, 2008, Respondent and Patient A met at Respondent's office for a final psychotherapy session. Respondent encouraged Patient A to seek treatment with someone else. Respondent and Patient A then had sexual intercourse in Respondent's office.

1.6 From December 2008 until June 2009, Patient A frequently met Respondent at his office and they would have sex on his couch. Patient A left her husband and moved into an apartment. Patient A and Respondent also had sex at Respondent's house and Patient A's apartment.

1.7 The sexual relationship between Respondent and Patient A ended sometime in June 2009, after Respondent told Patient A that during his relationship with Patient A he had been obsessed with another younger married woman and had engaged in 'phone sex' and 'instant messaging sex' with her. Given Patient A's history of sexual abuse from her father, this communication was abusive and potentially harmful to Patient A.

1.8 Respondent treated Patient B on and off between September 1989 and January 2010.

1.9 In April or May 2009, Respondent disclosed to Patient A that Patient B, who had the appointment before hers, had been talking about her in therapy. Respondent disclosed that Patient B had a crush on Patient A and wanted to ask her out.

1.10 In April or May 2009, Patient B met Patient A in the waiting room of Respondent's office. Patient B developed a friendship with Patient A and they saw one another socially until approximately November 2009.

1.11 Patient B discussed his friendship with Patient A in therapy sessions with Respondent. In September 2009, Patient B told Respondent that Patient A had indicated she did not want to pursue a dating relationship with Patient B. Patient A also told Patient B that she had romantic feelings for another man, whom she described as an unrequited love interest.

1.12 Respondent violated doctor-patient boundaries when Respondent communicated to Patient B that Patient A, whom Patient B had been seeing socially, was Respondent's patient, and that Respondent had a romantic relationship with

Patient A, and that Respondent was Patient A's "unrequited love interest." Respondent also shared aspects of his personal life with Patient B.

1.13 Respondent violated doctor-patient boundaries when Respondent communicated to Patient A information about the contents of his sessions with Patient B.

Patients C and D

1.14 Patient C was referred to Respondent by Patient D, a friend, who was also a patient of Respondent. Respondent provided weekly psychotherapy for Patient C's stress and anxiety caused by ongoing divorce proceedings from Fall 2008 until September 15, 2009.

1.15 While providing therapy to Patient C, Respondent violated physician-patient boundaries by revealing significant details about his personal life to Patient C, including his own experience in marriage counseling, subsequent divorce, his second wife's tragic death, and dating as a single man.

1.16 Respondent further violated physician-patient boundaries with Patient C in the Fall of 2009. Respondent failed to appear for two appointments. At the next session, Respondent said to Patient A that while they could continue therapy, it might be difficult because "I think I like you too much." Patient C revealed that she had developed feelings for Respondent as well. Following these admissions, Respondent and Patient C discussed the possibility of a relationship. Based on that conversation, on September 15, 2009, Patient C sent Respondent an email terminating therapy. The relationship between Respondent and Patient C developed rapidly into a sexual one, and continued for the next three to four months.

1.17 When Respondent revealed that he was involved sexually with numerous women, including a 30 year old married woman with whom he was currently emailing and texting, a married woman whom he had been involved with since his wife died, an infectious disease physician, and a family practice physician, Patient C ended the relationship.

1.18 Respondent violated physician-patient boundaries when Respondent communicated to Patient C information about the contents of his sessions with Patient D, the patient who referred Patient C.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(1), (4), (7), specifically RCW 70.02.020, (20) and (24), and WAC 246-919-630 which provide in pertinent part:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:
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> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
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> (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
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> ...
>
> (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice; specifically,
>
> ...
>
> **RCW 70.02.020 Disclosure by health care provider**
> (1) Except as authorized in RCW 70.02.050, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent and employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.
>
> ...

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

...

(24) Abuse of a client or patient or sexual contact with a client or patient;

...

WAC 246-919-630 Sexual Misconduct.

(1) Definitions:

(a) "Patient" means a person who is receiving health care or treatment, or has received health care or treatment without a termination of the physician-patient relationship. The determination of when a person is a patient is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent and context of the professional relationship between the physician and the person. The fact that a person is not actively receiving treatment or professional services is not the sole determining factor.

(b) "Physician" means a person licensed to practice medicine and surgery under chapter 18.71 RCW.

(c) "Key third party" means a person in a close personal relationship with the patient and includes, but is not limited to, spouses, partners, parents, siblings, children, guardians and proxies.

(2) A physician shall not engage in sexual misconduct with a current patient or a key third party. A physician engages in sexual misconduct when he or she engages in the following behaviors with a patient or key third party:

(a) Sexual intercourse or genital to genital contact;
(b) Oral to genital contact;
(c) Genital to anal contact or oral to anal contact;
(d) Kissing in a romantic or sexual manner;
(e) Touching breasts, genitals or any sexualized body part for any purpose other than appropriate examination or treatment;
(f) Examination or touching of genitals without using gloves;
(g) Not allowing a patient the privacy to dress or undress;
(h) Encouraging the patient to masturbate in the presence of the physician or masturbation by the physician while the patient is present;
(i) Offering to provide practice-related services, such as medications, in exchange for sexual favors;
(j) Soliciting a date;

(k) Engaging in a conversation regarding the sexual history, preferences or fantasies of the physician.

(3) A physician shall not engage in any of the conduct described in subsection (2) of this section with a former patient or key third party if the physician:

(a) Uses or exploits the trust, knowledge, influence, or emotions derived from the professional relationship; or
(b) Uses or exploits privileged information or access to privileged information to meet the physician's personal or sexual needs.

(4) To determine whether a patient is a current patient or a former patient, the commission will analyze each case individually, and will consider a number of factors, including, but not limited to, the following:
(a) Documentation of formal termination;
(b) Transfer of the patient's care to another health care provider;
(c) The length of time that has passed;
(d) The length of time of the professional relationship;
(e) The extent to which the patient has confided personal or private information to the physician;
(f) The nature of the patient's health problem;
(g) The degree of emotional dependence and vulnerability.

(5) This section does not prohibit conduct that is required for medically recognized diagnostic or treatment purposes if the conduct meets the standard of care appropriate to the diagnostic or treatment situation.

(6) It is not a defense that the patient, former patient, or key third party initiated or consented to the conduct, or that the conduct occurred outside the professional setting.

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

3. NOTICE TO RESPONDENT

The charges in this document affect the public health, safety and welfare. The Disciplinary Manager of the Medical Quality Assurance Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the

opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: March 23, 2011.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION

DANI NEWMAN
DISCIPLINARY MANAGER

KRISTIN G. BREWER, WSBA # 38494
ASSISTANT ATTORNEY GENERAL

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named below. RCW 42.56.240(1)

Patient A

Patient B

Patient C

Patient D

[redacted]

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Richard T Adamson
Master Case No. M2010-287
Document: Summary Action Order

Regarding your request for information about the above-named practitioner, 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:

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P.O. Box 47865
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Phone: (360) 236-4700
Fax: (360) 586-2171

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of: RICHARD T. ADAMSON, M.D., License No. MD00019594, Respondent.	Master Case No. M2010-287 EX PARTE ORDER OF SUMMARY SUSPENSION

PRESIDING OFFICER: Margaret Holm, Health Law Judge

COMMISSION PANEL: William Gotthold, M.D., Panel Chair
Frederick H. Dore, Jr. M.D.
Judith Page, Public Member

This matter came before the Medical Quality Assurance Commission (Commisson) on March 25, 2011, on an Ex Parte Motion for Order of Summary Action (Ex Parte Motion) brought by the Disciplinary Manager of the Department of Health Medical Program (Department) through the Office of the Attorney General. The Department issued an Amended Statement of Charges alleging Respondent violated RCW 18.130.180 (1), (4), and (7); specifically RCW 70.02.020(20) and (24); and WAC 246-919-630. After reviewing the Amended Statement of Charges, Ex Parte Motion, and supporting evidence, the Commission grants the motion. Respondent's license to practice as a physician and surgeon is SUSPENDED pending further action.

I. FINDINGS OF FACT

1.1 Richard T. Adamson, M.D. (Respondent), is licensed to practice as a physician and surgeon in the state of Washington at all times applicable to this matter. He is board certified in psychiatry.

1.2 On August 11, 2010, the Department served Respondent with a Statement of Charges alleging Respondent violated RCW 18.130.180(1), (4), and (7); specifically RCW 70.02.020(20) and (24); and WAC 246-919-630. The alleged underlying conduct included sexual misconduct and physician-patient boundary violations with Patient A, and physician-patient boundary violations with Patient B. The Statement of Charges was accompanied by all other documents required by WAC 246-11-250.

1.3 On March 17, 2011, the Department received a new complaint against Respondent alleging sexual misconduct and physician-patient boundary violations with Patient C, and physician-patient boundary violations with Patient D. Because the alleged violations in the new complaint are identical to those alleged in the pending Statement of Charges, and because the substance of the new complaint suggests a pattern of predatory conduct with patients, the Department amended the pending Statement of Charges to include the allegations in the new complaint.

1.4 On March 29, 2011, the Department served Respondent with an Amended Statement of Charges alleging Respondent violated RCW 18.130.180(1), (4), and (7); specifically RCW 70.02.020(20) and (24); and WAC 246-919-630. The Amended Statement of Charges was accompanied by all other documents required by WAC 246-11-250.

1.5 As set forth in the allegations in the Amended Statement of Charges, as well as the Ex Parte Motion, from July 2004 until November 2008, Respondent managed medication for Patient A's depression and provided supportive psychotherapy. Patient A

revealed that she had been sexually assaulted by her father. From September 2006 until October 2008, Respondent violated physician-patient boundaries by providing business consultation services to Patient A, a family practice physician, while she was a patient. In mid-November 2008, Respondent and Patient A attended a four-day conference in Colorado. Respondent violated physician-patient boundaries by dining with Patient A and sharing personal information with Patient A relating to his wife's suicide and by kissing Patient A in his office on their return from the conference. On November 21, 2008, Respondent and Patient A met at Respondent's office for a final psychotherapy session. Respondent encouraged Patient A to seek treatment with someone else. Respondent and Patient A then had sexual intercourse in Respondent's office. From December 2008 until June 2009, Patient A had sex with Respondent at his office, at Respondent's house, and at Patient A's apartment. The sexual relationship between Respondent and Patient A ended sometime in June 2009, after Respondent told Patient A that during his relationship with Patient A, he had been obsessed with another younger married woman and had engaged in "phone sex" and "instant messaging sex" with her.

1.6 In April or May 2009, Respondent disclosed to Patient A that Patient B had talked about Patient A in therapy. Respondent disclosed that Patient B had a crush on Patient A and wanted to ask her out. Patient B developed a friendship with Patient A and they saw one another socially until approximately November 2009. Patient B discussed his friendship with Patient A in therapy sessions with Respondent. In September 2009, Patient B told Respondent that Patient A had indicated she did not want to pursue a dating relationship with Patient B. Patient A also told Patient B that she had romantic feelings for

another man, whom she described as an unrequited love interest. Respondent violated physician-patient boundaries when Respondent communicated to Patient B that Patient A was Respondent's patient, that Respondent had a romantic relationship with Patient A, and that Respondent was Patient A's "unrequited love interest." Respondent also shared aspects of his personal life with Patient B. Respondent violated physician-patient boundaries when Respondent communicated to Patient A information about the contents of his sessions with Patient B.

1.7 In the fall of 2008, Patient C was referred to Respondent by Patient D, a friend, who was also a patient of Respondent. Respondent treated Patient C for stress and anxiety on a weekly basis from the fall of 2008 until September 15, 2009. During that period, Respondent violated physician-patient boundaries with Patient C by sharing significant details of his personal life with Patient C; by revealing to Patient C that he liked her too much to continue therapy; and by discussing with Patient C the possibility of a relationship, which then led Patient C to email Respondent on September 15, 2009, terminating therapy. Subsequently, Respondent engaged in sex with Patient C for the next three to four months. Respondent revealed to Patient C that he was involved in sexual relationships with several women at the time he was engaging in sex with Patient C. At least one of those women was also Respondent's patient. Respondent further violated physician-patient boundaries when Respondent communicated to Patient C information about the contents of his sessions with Patient D, who referred Patient C to the Respondent.

1.8 The above allegations, supported by the Declaration of Tim Slavin, together with the attached exhibits, justify the determination of immediate danger in this case and a decision to immediately suspend the credential until a hearing on the matter is held.

II. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over Respondent's credential to practice as a physician and surgeon. RCW 18.130.040.

2.2 The Commission has authority to take emergency adjudicative action to address an immediate danger to the public health, safety, or welfare. RCW 18.130.050(8), RCW 34.05.422(4), RCW 34.05.479, and WAC 246-11-300.

2.3 The Findings of Fact establish the existence of an immediate danger to the public health, safety, or welfare if Respondent has an unrestricted credential. The Findings of Fact establish that the requested summary action is necessary and adequately addresses the danger to the public health, safety, or welfare.

III. ORDER

3.1 Based on the Findings of Fact and the Conclusions of Law, it is ORDERED that Respondent's license to practice as a physician and surgeon is SUMMARILY SUSPENDED pending further disciplinary proceedings by the Commission. Respondent shall immediately deliver all licenses (including wall, display, and/or wallet, if any) to the Department.

3.2 It is HEREBY ORDERED that a protective order in this case is GRANTED. All healthcare information and nonconviction data contained in the Ex Parte Motion,

Declaration, and attached exhibits shall not be released except as provided in Chapter 10.97 RCW and Chapter 70.02 RCW. RCW 34.05.446(1) and WAC 246-11-400(2) and (5).

Dated this 25 day of March, 2011.

Medical Quality Assurance Commission

WILLIAM GOTTHOLD, M.D.
Panel Chair

For more information, visit our Web site at http://www.doh.wa.gov/hearings.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Richard T. Adamson, MD
Master Case No.: M2010-287
Document: Default Order

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 and 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:

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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
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **RICHARD T. ADAMSON, MD** License No. MD00019594 Respondent	**No. M2010-287** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER OF DEFAULT (Failure to Respond)**

This matter comes before the Commission for final order of default. Based on the record, the (Commission) now issues the following:

1. FINDINGS OF FACT

1.1 On November 4, 1981, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently suspended.

1.2 On March 24, 2011, the Commission filed an Amended Statement of Charges, Ex Parte Motion for Order of Summary Action, Declaration of Tim Slavin with supporting exhibits, and proposed Ex Parte Order of Summary Suspension with the Adjudicative Clerk Office.

1.3 On March 29, 2011, the Commission served Respondent with a copy of the following documents at Respondent's last known address:

1.3.1 Amended Statement of Charges;

1.3.2 Ex-Parte Order of Summary Suspension;

1.3.3 Notice of Your Legal Rights;

1.3.4 Answer to Amended Statement of Charges and Request for Adjudicative Proceeding;

1.3.5 Ex-Parte Motion for Order of Summary Action; and

1.3.6 Declaration of Tim Slavin in Support of Motion for Summary Action, with attachments.

The Commission also served Respondent's attorney with the above documents at Respondent's request.

1.4 The Answer to the Amended Statement of Charges was due in the Adjudicative Clerk Office by April 18, 2011. On April 18, 2011, Respondent filed a request for more time to file an Answer. On April 25, 2011, the presiding officer granted Respondent an extension of 30 days to May 18, 2011.

1.5 To date, the Adjudicative Clerk Office has not received an answer to the Amended Statement of Charges. On June 8, 2011, the Adjudicative Clerk Office issued a Notice of Failure to Respond.

1.6 The Commission has no reason to believe Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Amended Statement of Charges was served.

1.7 The Amended Statement of Charges alleges the following:

Patients A and B

1.7.1 Respondent managed medication for Patient A's depression and provided supportive psychotherapy from July 2004 until November 2008. Early on Patient A revealed that she had been sexually abused by her father.

1.7.2 Respondent violated doctor-patient boundaries by providing business consultation services to Patient A, a family practice physician, while she was a patient. From September 2006 until October 2008, Respondent served as Patient A's consultant for purposes of opening a private practice, treating patients with chronic illness, anxiety and depression.

1.7.3 In mid-November 2008, Respondent and Patient A attended a four-day conference in Colorado. Respondent violated doctor-patient boundaries by dining with Patient A and sharing personal information with Patient A relating to his wife's suicide, and by kissing Patient A in his office on their return from the conference.

1.7.4 On November 21, 2008, Respondent and Patient A met at Respondent's office for a final psychotherapy session. Respondent encouraged Patient A to seek treatment with someone else. Respondent and Patient A then had sexual intercourse in Respondent's office.

1.7.5 From December 2008 until June 2009, Patient A frequently met Respondent at his office and they would have sex on his couch. Patient A left

her husband and moved into an apartment. Patient A and Respondent also had sex at Respondent's house and Patient A's apartment.

1.7.6 The sexual relationship between Respondent and Patient A ended sometime in June 2009, after Respondent told Patient A that during his relationship with Patient A he had been obsessed with another younger married woman and had engaged in 'phone sex' and 'instant messaging sex' with her. Given Patient A's history of sexual abuse from her father, this communication was abusive and potentially harmful to Patient A.

1.7.7 Respondent treated Patient B on and off between September 1989 and January 2010.

1.7.8 In April or May 2009, Respondent disclosed to Patient A that Patient B, who had the appointment before hers, had been talking about her in therapy. Respondent disclosed that Patient B had a crush on Patient A and wanted to ask her out.

1.7.9 In April or May 2009, Patient B met Patient A in the waiting room of Respondent's office. Patient B developed a friendship with Patient A and they saw one another socially until approximately November 2009.

1.7.10 Patient B discussed his friendship with Patient A in therapy sessions with Respondent. In September 2009, Patient B told Respondent that Patient A had indicated she did not want to pursue a dating relationship with Patient B. Patient A also told Patient B that she had romantic feelings for another man, whom she described as an unrequited love interest.

1.7.11 Respondent violated doctor-patient boundaries when Respondent communicated to Patient B that Patient A, whom Patient B had been seeing socially, was Respondent's patient, and that Respondent had a romantic relationship with Patient A, and that Respondent was Patient A's "unrequited love interest." Respondent also shared aspects of his personal life with Patient B.

1.7.12 Respondent violated doctor-patient boundaries when Respondent communicated to Patient A information about the contents of his sessions with Patient B.

Patients C and D

1.7.13 Patient C was referred to Respondent by Patient D, a friend, who was also a patient of Respondent. Respondent provided weekly psychotherapy for Patient C's stress and anxiety caused by ongoing divorce proceedings from Fall 2008 until September 15, 2009.

1.7.14 While providing therapy to Patient C, Respondent violated physician-patient boundaries by revealing significant details about his personal life to Patient C, including his own experience in marriage counseling, subsequent divorce, his second wife's tragic death, and dating as a single man.

1.7.15 Respondent further violated physician-patient boundaries with Patient C in the Fall of 2009. Respondent failed to appear for two appointments. At the next session, Respondent said to Patient A that while they could continue therapy, it might be difficult because "I think I like you too much." Patient C revealed that she had developed feelings for Respondent as well. Following these admissions, Respondent and Patient C discussed the possibility of a relationship. Based on that conversation, on September 15, 2009, Patient C sent Respondent an email terminating therapy. The relationship between Respondent and Patient C developed rapidly into a sexual one, and continued for the next three to four months.

1.7.16 When Respondent revealed that he was involved sexually with numerous women, including a 30 year old married woman with whom he was currently emailing and texting, a married woman whom he had been involved with since his wife died, an infectious disease physician, and a family practice physician, Patient C ended the relationship.

1.7.17 Respondent violated physician-patient boundaries when Respondent communicated to Patient C information about the contents of his sessions with Patient D, the patient who referred Patient C.

1.8 Subsequent to service of the Ex Parte Order of Summary Suspension and the Amended Statement of Charges, the Commission received two similar complaints involving Respondent and patients, Case Nos. 2011-155181 and 2011-155554. The complaints describe a pattern of conduct similar to that with Patient A and Patient C.

1.9 Respondent has failed to respond to the Commission investigator's letters of cooperation for Case Nos. 2011-155181 and 2011-155554. See attached declaration of Tim Slavin regarding failure to respond.

1.10 The Department has filed the Declaration of Dani Newman regarding Respondent's failure to respond to the Amended Statement of Charges. The exhibits supporting the Findings of Fact, Conclusions of Law and Final Order of Default (Order) are attached to the Declaration of Tim Slavin in Support of the Motion for Summary Action.

2. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over Respondent and over the subject matter of this case, RCW 18.130.040.

2.2 Respondent did not file a response to the Amended Statement of Charges within the time allowed. WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Respondent is in default and the Commission may issue a final order based on the evidence presented, RCW 18.130.090(1) and RCW 34.05.440.

2.3 Based upon the Findings of Fact, Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180(1), (4), (7), specifically RCW 70.02.020(20); (24) and WAC 246-919-630.

2.4 Based on the Findings of Fact, the Commission concludes that Respondent cannot be rehabilitated, nor can he regain the ability to practice with reasonable skill and safety.

2.5 Sufficient grounds exist to take disciplinary action against Respondent's license. RCW 18.130.160 and 18.130.180.

3. ORDER

The COMMISSION ORDERS:

3.1 Respondent's license to practice as a physician and surgeon in the state of Washington is **PERMANENTLY REVOKED** with no right to reapply.

3.2 The effective date of this Order is that date the Adjudicative Clerk Office places the signed order into the U.S. mail. Respondent shall not submit any fees or compliance documents until after the effective date of this Order.

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4. COMPLIANCE WITH SANCTION RULES

4.1 RCW 18.130.390 and WAC 246-16-800, *et seq.*, require the Commission to impose sanctions that fall within one of the sanction schedules in WAC 246-16-800, *et seq.*, or to explain why the Commission is deviating from those sanction schedules.

4.2 The conduct described in the Findings of Fact falls within Tier B of the sanction schedule entitled "Sexual Misconduct or Contact," WAC 246-16-820. The conduct described also falls within Tier B of the sanction schedule entitled "Practice Below Standard of Care," WAC 246-16-810. When the act of unprofessional conduct falls in more than one sanction schedule, the greater sanction is imposed. WAC 246-16-800(3)(a)(i). In this instance, Tier B of the sanction schedule entitled "Sexual Misconduct or Contact," and Tier B of the sanction schedule entitled "Practice Below Standard of Care," provide the same level of sanction.

The Commission elects to use the "Sexual Misconduct or Contact" sanction schedule since it specifically applies to the conduct described in the Findings of Fact. Respondent's romantic/sexual relationship with Patients A and C violated patient-physician boundaries and resulted in harm to Patients A and C. Respondent's sexual relationships with Patients A and C for whom he was providing psychiatric care harmed these patients in that (a) Respondent abused the trust Patients A and C placed in their psychiatric physician regarding intimate details of their lives; (b) it created role confusion; (c) it caused a loss of objectivity on behalf of Respondent; (d) and it revealed Respondent's lack of regard and loyalty for these patients, and ultimately increased their psychiatric issues and frailties. This harm was particularly egregious with respect to Patient A, who trusted Respondent with intimate details of her life and person in the process of psychotherapy, and who was extremely vulnerable due to her history of sexual abuse.

There is no sanction schedule for moral turpitude, or for disclosure of health care information about a patient to another person, or for the willful betrayal of a practitioner-patient privilege. Under WAC 246-16-800(d), the Commission will use its judgment to determine the appropriate sanctions with respect to those acts of unprofessional conduct.

4.3 Tier B of the "Sexual Misconduct or Contact" schedule requires terms that range from a minimum oversight for two years (which may include suspension, probation, practice restrictions, training, monitoring, supervision, evaluation, etc.) to a maximum of five years of oversight unless revocation. 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. The sanction in this Order is the maximum for the range, permanent revocation, and is consistent with the following aggravating factors.

4.4 The following are *aggravating* factors:

(a) As Patient A's and Patient C's psychiatrist, Respondent was responsible for allowing the romantic/sexual relationship to occur;

(b) Respondent's romantic/sexual relationship with Patient A and Patient C exploited Patient A's and Patient C's vulnerability;

(c) Respondent's conduct was psychologically devastating to Patient A. Respondent knew that Patient A had been sexually abused by her father. Respondent told Patient A that during his relationship with Patient A he had been obsessed with another younger married woman and had engaged in 'phone sex' and 'instant messaging sex' with her. Given Patient A's history of sexual abuse from her father, this communication was abusive and potentially harmful to Patient A;.

(d) Respondent's conduct was psychologically devastating to Patient C. Respondent encouraged Patient C to go through with her divorce when Patient C asked him whether she should, acknowledging that normally he would turn the question back to her and then they would discuss it for six months. Patient C followed Respondent's advice because he was a professional. Right before the divorce became final, Patient C revealed to Respondent that she was concerned about her judgment going forward in

terms of relationships. Respondent reassured Patient C that she was intelligent and capable of making good judgments. Respondent then became romantically/sexually involved with Patient C, and then after 3-4 months, admitted to Patient C that he was involved with numerous women, including two married women. Respondent's conduct destroyed Patient C's confidence in her judgment regarding relationships;

(e) Respondent's conduct demonstrates a pattern of predatory behavior with patients. Respondent erodes physician-patient boundaries by sharing personal information, elicits sympathy for himself, suggests a relationship, engages in sex with his patient, and then reveals his concurrent sexual affairs to the patient.

(f) Respondent's conduct is not an isolated incident. The Commission has two open complaints involving Respondent and patients, Case Nos. 2011-155181 and 2011-155554. The complaints describe a pattern of conduct similar to that with Patient A and Patient C. Respondent has failed to respond to the allegations in these new complaints. Respondent's failure to respond to the new complaints as well as his failure to respond to the Amended Statement of Charges leave these very similar and very serious issues unaddressed.

(g) Respondent lied on his self-report to the Commission by only admitting his sexual misconduct with Patient A;

(h) Respondent lied to the Commission in his response to the investigator's letter when Respondent stated that he had never before engaged in boundary violations;

(i) Respondent shared personal information with Patient A and Patient C about his wife's suicide, manipulating a sympathetic, role-reversing, and self-gratifying sexual relationship at the expense of his patients;

(j) Respondent shared information about Patient B with Patient A;

(k) Respondent shared information about Patient A with Patient B;

(l) Respondent shared information about Patient D with Patient C;

(m) Respondent's conduct with Patients A, B, C, and D abused the trust relationship between patient and therapist.

4.5 There are no *mitigating* factors.

5. NOTICE TO PARTIES

This Order will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center and elsewhere as required by law. HIPDB may report this Agreed Order to the National Practitioner Data Bank (45 CFR Part 60). This Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's listserv, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). It may be disclosed to the public upon request pursuant to the Public Records Act (Chapter 42.56 RCW). It will remain part of Respondent's file according to the state's records retention law and cannot be expunged.

Either Party may file a **petition for reconsideration,** RCW 34.05.461(3); 34.05.470. The petition must be filed within ten (10) days of service of this Order with:

Adjudicative Clerk Office
Adjudicative Service Unit
PO Box 47879
Olympia, WA 98504-7879

and a copy must be sent to:

State of Washington
Medical Quality Assurance Commission
PO Box 47866
Olympia WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied twenty (20) days after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A petition for judicial review must be filed and served within thirty (30) days after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the thirty (30) day period will begin to run upon the resolution of that petition,

RCW 34.05.470(3).

The Order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail, RCW 34.05.010(19).

DATED: 26 July, 2011.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Brian F. Cullen, MD
PANEL CHAIR

PRESENTED BY:

Karen M. Caille'
KAREN M. CAILLE, WSBA #31351
DEPARTMENT OF HEALTH STAFF ATTORNEY

July 22, 2011
DATE