



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Frederick B. Davis, MD
Master Case No.: M2009-342
Docket No.:
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 Deputy Secretary, 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

FREDERICK B. DAVIS, MD
License No. MD00010139

Respondent

No. M2009-342

STATEMENT OF CHARGES

FILED
JUL 09 2009
Adjudicative Clerk

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by the evidence contained in file number 2008-129528. The patient referred to in this Statement of Charges is identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On February 5, 1968, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 Respondent specializes in psychiatry. He treated Patient A for anxiety and depression from January 2005 through December 2008. The treatment included psychotherapy and medication management. Other than an approximate three-month hiatus from treatment in 2005, Patient A saw Respondent for psychotherapy one to two times per week. During about the last year of treatment, Respondent would sit close to Patient A on the sofa in his office, hug her, kiss her on the cheek, and tell her how much he loved beautiful women. During a session on or about December 21, 2008, Respondent kissed Patient A on the mouth. Patient A left Respondent's care after that incident.

1.3 Respondent violated the standard of care by sitting close to, and hugging and kissing Patient A and by making inappropriate comments to her of a sexual nature. As a result, Respondent placed Patient A at an unreasonable risk of harm, and her anxiety worsened.

1.4 Respondent's charting also violates the standard of care. Although he saw her frequently for almost four years, his chart includes progress notes for only two

sessions. The records therefore do not adequately describe Patient A's course of treatment or her progress or lack of progress in psychotherapy. The chart also includes limited prescribing records, including a reference to prescriptions in one progress note and a copy of a prescription from a different date. There is no record of the medications Respondent prescribed during the course of treatment or of the effects and side effects of the medications.

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), and (24) and WAC 246-919-630(2)(d), which provide:

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.

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates 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;

...

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

...

WAC 246-919-630 Sexual misconduct.

(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:

...

(d) Kissing in a romantic or sexual manner.

...

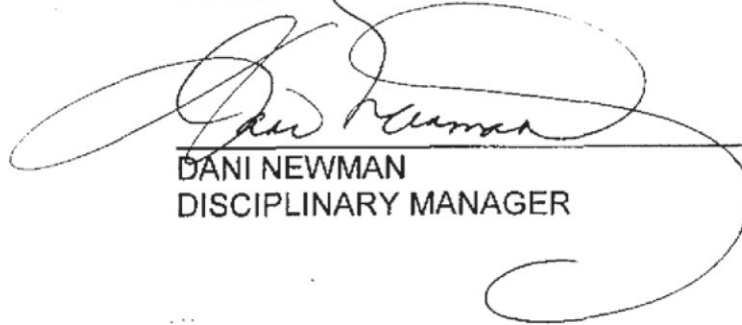
2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

3. NOTICE TO RESPONDENT

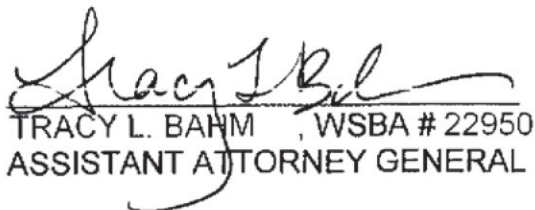
The charges in this document affect the public health, safety and welfare. The Disciplinary Manager of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these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

DATED: July 8, 2009.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION



DANI NEWMAN
DISCIPLINARY MANAGER



TRACY L. BAHM, WSBA # 22950
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





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Frederick B. Davis, MD
Master Case No. M2009-342
Document: Corrected 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

FREDERICK B. DAVIS, MD
License No. MD00010139

Respondent

No. M2009-342

**CORRECTED
STATEMENT OF CHARGES**

FILED
MAY 03 2010
Adjudicative Clerk

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by the evidence contained in file number 2008-129528. The patient referred to in this Statement of Charges is identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On February 5, 1968, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 Respondent specializes in psychiatry. He treated Patient A for anxiety and depression from January 2005 through December 2007. The treatment included psychotherapy and medication management. Other than an approximate three-month hiatus from treatment in 2005, Patient A saw Respondent for psychotherapy one to two times per week. During about the last year of treatment, Respondent would sit close to Patient A on the sofa in his office, hug her, kiss her on the cheek, and tell her how much he loved beautiful women. During a session on or about December 21, 2007, Respondent kissed Patient A on the mouth. Patient A left Respondent's care after that incident.

1.3 Respondent violated the standard of care by sitting close to, and hugging and kissing Patient A and by making inappropriate comments to her of a sexual nature. As a result, Respondent placed Patient A at an unreasonable risk of harm, and her anxiety worsened.

1.4 Respondent's charting also violates the standard of care. Although he saw her frequently for almost four years, his chart includes progress notes for only two

sessions. The records therefore do not adequately describe Patient A's course of treatment or her progress or lack of progress in psychotherapy. The chart also includes limited prescribing records, including a reference to prescriptions in one progress note and a copy of a prescription from a different date. There is no record of the medications Respondent prescribed during the course of treatment or of the effects and side effects of the medications.

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), and (24) and WAC 246-919-630(2)(d), which provide:

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.

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates 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;

...

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

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WAC 246-919-630 Sexual misconduct.

(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:

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(d) Kissing in a romantic or sexual manner.

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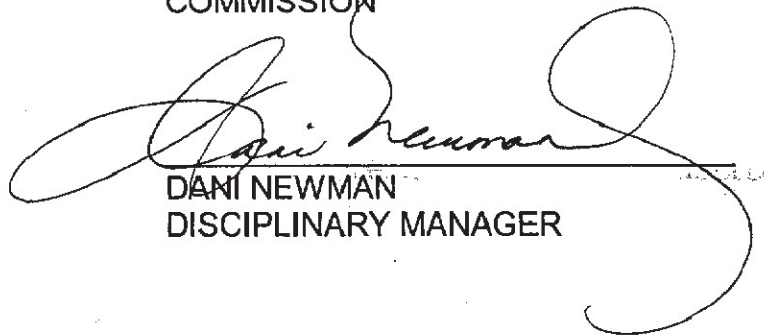
2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

3. NOTICE TO RESPONDENT

The charges in this document affect the public health, safety and welfare. The Disciplinary Manager of the 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 3, 2010

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION



DANI NEWMAN
DISCIPLINARY MANAGER



MICHAEL HALL, WSBA #19871
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





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Frederick B. Davis, MD
Master Case No. M2009-342
Document: Agreed 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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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of

FREDERICK B. DAVIS, MD
License No. MD00010139

Respondent

No. 2009-342

**STIPULATED FINDINGS OF FACT,
CONCLUSIONS OF LAW AND
AGREED ORDER**

The Medical Quality Assurance Commission (Commission), through Peter J. Harris, Department of Health Staff Attorney, and Respondent, represented by counsel, Thomas H. Fain, stipulate and agree to the following:

1. PROCEDURAL STIPULATIONS

1.1 On July 8, 2009, the Commission issued a Statement of Charges against Respondent.

1.2 In the Statement of Charges, the Commission alleges that Respondent violated RCW 18.130.180(1), (4), (7), and (24) and WAC 246-919-630(2)(d).

1.3 Respondent understands that the State is prepared to proceed to a hearing on the allegations in the Statement of Charges.

1.4 Respondent understands that if the allegations are proven at a hearing, the Commission has the authority to impose sanctions pursuant to RCW 18.130.160.

1.5 Respondent has the right to defend against the allegations in the Statement of Charges by presenting evidence at a hearing.

1.6 Respondent waives the opportunity for a hearing on the Statement of Charges provided that the Commission accepts this Stipulated Findings of Fact, Conclusions of Law and Agreed Order (Agreed Order).

1.7 The parties agree to resolve this matter by means of this Agreed Order.

1.8 Respondent understands that this Agreed Order is not binding unless and until it is signed and accepted by the Commission.

1.9 If the Commission accepts this Agreed Order, it will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), and elsewhere as

required by law. HIPDB may report this Agreed Order to the National Practitioner Databank (45 CFR Part 60).

1.10 This Agreed 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.

1.11 If the Commission rejects this Agreed Order, Respondent waives any objection to the participation at hearing of any Commission members who heard the Agreed Order presentation.

2: FINDINGS OF FACT

Respondent and the Program acknowledge that the evidence is sufficient to justify the following findings:

2.1 On February 5, 1968, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

2.2 Respondent specializes in psychiatry. He treated Patient A for anxiety and depression from January 2005 through December 2008. The treatment included psychotherapy and medication management. Other than an approximate three-month hiatus from treatment in 2005, Patient A saw Respondent for psychotherapy one to two times per week.

2.3 Respondent's chart for Patient A includes a progress note for one psychotherapy session. Although his treatment included medication prescriptions, Respondent did not adequately record which medications he prescribed or the prescribed dosages, amounts dispensed and refills, and he did not chart the reasons for prescribing the medications, any counseling to the patient about potential side effects, or the ongoing efficacy of the prescriptions or reasons to change prescriptions. The records therefore do not adequately describe Patient A's course of treatment, her progress in psychotherapy, or the efficacy of her medications.

2.4 Although he acknowledges that, if this matter had gone to hearing, the Program would have introduced evidence to justify the factual findings in this paragraph,

Respondent would also have introduced evidence to the contrary. During about the last year of treatment, Respondent would sit close to Patient A on the sofa in his office, hug her, kiss her on the cheek, and tell her how much he loved beautiful women. During a session on or about December 21, 2008, Respondent kissed Patient A on the mouth. Patient A left Respondent's care after that incident. As a result of his conduct, Respondent placed Patient A at an unreasonable risk of harm, and her anxiety worsened.

3. CONCLUSIONS OF LAW

The State and Respondent agree to the entry of the Conclusions of Law in Paragraphs 3.1 through 3.3:

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 Respondent has committed unprofessional conduct in violation of RCW 18.130.180(4).

3.3 The above violation provides grounds for imposing sanctions under RCW 18.130.160.

3.4 The Commission also charged Respondent with committing acts of moral turpitude and sexual misconduct in violation of RCW 18.130.180(1), (7), and (24) and WAC 246-919-630(2)(d). Respondent does not agree that he violated those provisions, and the Commission makes no legal conclusions regarding them.

4. AGREED ORDER

Based on the Findings of Fact and Conclusions of Law, Respondent agrees to entry of the following Agreed Order:

4.1 **Practice Reviews.** For two years from the effective date of this Agreed Order, a representative of the Commission will make pre-announced semi-annual visits to Respondent's office for the purpose of monitoring order compliance. The representative will select random patient names from Respondent's appointment log and review patient records to ensure that Respondent is complying with this order. The representative may also interview Respondent and any employees in order to evaluate Respondent's compliance.

4.2 **Continuing Medical Education – Ethics.** Within six months of the effective date of this Agreed Order, Respondent shall attend and receive an unconditional pass from the ProBE Program offered by the Center for Personalized Education for Physicians (CPEP). Failure to receive an unconditional pass will constitute non-compliance with this Agreed Order. This education is in addition to mandatory continuing education hours required for license renewal.

4.3 **Continuing Medical Education – Record Keeping.** Within six months of the effective date of this Agreed Order, Respondent shall attend and successfully complete the "Medical Record Keeping" course at either the Case Western Reserve School of Medicine or the Physician Assessment and Clinical Education Program (PACE) at the University of California at San Diego Medical School. Failure to successfully complete the course will constitute non-compliance with this Agreed Order. This education shall be in addition to mandatory continuing education hours required for license renewal.

4.4 **Respondent Shall Maintain Appropriate Boundaries.** Respondent will maintain appropriate boundaries with patients. To maintain appropriate boundaries, Respondent will follow these guidelines:

4.4.1 Respondent will not have social contact with patients. For the purposes of this Agreed Order, "social contact" includes going on a date, having a meal, or attending a party or other non-structured event or social gathering that Respondent knows or reasonably should know a patient will attend. It does not include attending a meeting at which a patient may be present. If Respondent attends a social gathering at which a patient is unexpectedly present, Respondent should leave if feasible. Otherwise, Respondent shall make a reasonable effort to avoid or minimize interaction with the patient.

4.4.2 Respondent will see patients only during normal business hours.

4.4.3 Respondent will not treat individuals with whom he has had a social relationship. For the purposes of this Agreed Order, "social relationship" includes a friendship or someone Respondent frequently encounters in social situations.

4.4.4 Respondent will not accept gifts from patients.

4.4.5 Respondent will not engage in talk of a sexual nature with patients, except as necessary in the treatment of that patient.

4.4.6 Respondent will not disclose personal information about himself to patients, other than that which relates to his professional qualifications.

4.4.7 Respondent will not make house calls unless he receives specific written permission from the Commission or its Medical Consultant.

4.4.8 Respondent will not communicate with patients via text messaging, instant messaging or e-mail.

4.4.9 Respondent will not touch patients other than to shake a patient's hand at the start or end of a treatment session.

4.4.10 Respondent will not sit next to patients on the couch in Respondent's office.

The prohibitions in this paragraph are designed for Respondent to set appropriate boundaries between his professional life and his personal life and are to be construed with this purpose in mind.

4.5 **Record Keeping.** Respondent shall keep a complete chart for every patient he treats, and he shall record pertinent information in the chart each time he treats a patient, has a phone conversation with a patient (other than conversations that are purely for scheduling purposes), or discusses a patient with a collateral, a consultant, or another treating provider. Information that Respondent includes in his charts shall include, but not necessarily be limited to:

4.5.1 Patient's full name and date of treatment.

4.5.2 Presenting issue(s).

4.5.3 Summary of what was said during psychoanalysis.

4.5.4 Analysis of treatment issues, progress, concerns, treatment plan, and changes to treatment plan.

4.5.5 Diagnoses and considerations regarding possible future diagnoses, including any reasons for a change in diagnosis.

4.5.6 Medication plan, changes in medication or amounts prescribed, and reasons for changes.

4.5.7 Medications prescribed, including name of medication, dosage (including any titration or reduction plan), amount to be filled, prescription time period, and number of refills.

4.6 **Fine.** Respondent shall pay a fine to the Commission in the amount of \$2,000 within three months of the effective date of this Agreed Order. The fine shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to the Department of Health, Medical Quality Assurance Commission, P.O. Box 1099, Olympia, WA 98507-1099.

4.7 **Termination of Agreed Order.** After fulfilling the terms of this Agreed Order, Respondent may petition the Commission in writing for release. Respondent may not petition for early release. Respondent may be required to appear before the Commission to present any such petition.

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

4.9 **Compliance Costs.** Respondent is responsible for all costs of complying with this Agreed Order.

4.10 **Effect of Future Violations.** If Respondent violates any provision of this Agreed Order in any respect, the Commission may take further action against Respondent's license.

4.11 **Change of Address.** Respondent shall inform the Program and the Adjudicative Service Unit, in writing, of changes in Respondent's residential and/or business address within thirty (30) days of the change.

4.12 **Effective Date.** The effective date of this Agreed Order is the date the Adjudicative Service Unit places the signed Agreed Order into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Agreed Order.

5. COMPLIANCE WITH SANCTION RULES

5.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. Tier A of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices result in mild patient harm or a risk of mild patient harm. The Findings of Fact describe substandard charting and inappropriate conduct which resulted in increased anxiety in a patient who was already in psychiatric treatment for anxiety and depression. Tier A of the "Sexual Misconduct or Contact" schedule, WAC 246-16-820 applies to "cases involving inappropriate conduct, contact or statements of a sexual or romantic nature." Paragraph 2.4 describes such conduct. Since Tier A of both schedules includes the same range of sanctions – zero to three years of oversight and other conditions – there is no "greater sanction" to impose, as required under WAC 246-16-800(3)(a)(i) when "the act of unprofessional conduct falls in more than one sanction schedule". Tier A of either schedule therefore applies.

5.2 The Commission will impose appropriate sanctions within Tier A by balancing the mitigating and aggravating factors.

5.2.1 Mitigating factors include: (a) Respondent's 42 years in practice and (b) the fact that he has acknowledged the need to improve his record-keeping.

5.2.2 Aggravating factors include: (a) the Commission disciplined Respondent in 1992 through a Stipulation and Agreed Order based on professional negligence and the willful betrayal of a practitioner-patient privilege and (b) the patient's relative vulnerability.

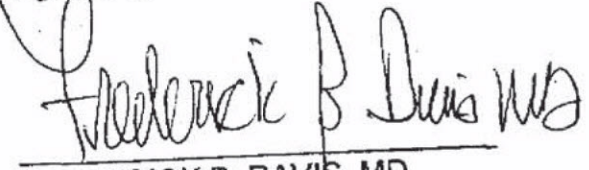
5.3 Pursuant to WAC 246-16-800(3)(d), the Commission determines appropriate sanctions by starting in the middle of the applicable tier range and moving toward the maximum or minimum end of the tier based on the aggravating and mitigating factors. The middle point of Tier A is one and a half years. The Commission reached its decision in this case by starting at that midpoint and moving slightly toward the maximum end of the tier after considering the aggravating and mitigating factors. The resulting terms are appropriate and will protect the public by including a two-year period of oversight with semi-annual practice reviews, two significant continuing education courses designed to help remedy the issues of concern, and relevant practice requirements.

6. FAILURE TO COMPLY

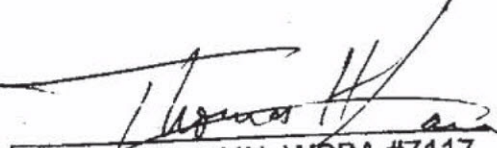
Protection of the public requires practice under the terms and conditions imposed in this order. Failure to comply with the terms and conditions of this order may result in suspension of the license after a show cause hearing. If Respondent fails to comply with the terms and conditions of this order, the Commission may hold a hearing to require Respondent to show cause why the license should not be suspended. Alternatively, the Commission may bring additional charges of unprofessional conduct under RCW 18.130.180(9). In either case, Respondent will be afforded notice and an opportunity for a hearing on the issue of non-compliance.

7. RESPONDENT'S ACCEPTANCE

I, FREDERICK B. DAVIS, MD, Respondent, have read, understand and agree to this Agreed Order. This Agreed Order may be presented to the Commission without my appearance. I understand that I will receive a signed copy if the Commission accepts this Agreed Order.


FREDERICK B. DAVIS, MD
RESPONDENT

3/28/10
DATE


THOMAS H. FAIR, WSBA #7117
ATTORNEY FOR RESPONDENT

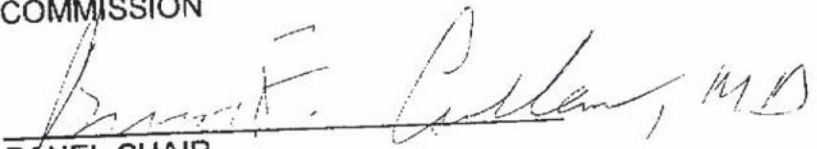
3/30/10
DATE

8. COMMISSION'S ACCEPTANCE AND ORDER

The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

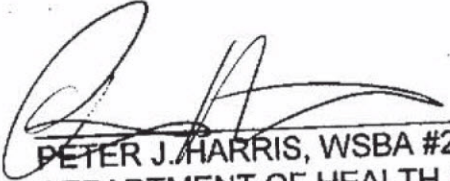
DATED: 15 April, 2010.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION



PANEL CHAIR

PRESENTED BY:



PETER J. HARRIS, WSBA #24631
DEPARTMENT OF HEALTH STAFF ATTORNEY

4-15-10

DATE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Frederick B. Davis, MD
Master Case No.: M2009-342
Document: Order of Release

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:

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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

FREDERICK B. DAVIS, MD
License No. MD00010139

Respondent.

No. M2009-342

ORDER OF TERMINATION

This matter comes before the Medical Quality Assurance Commission (Commission), on the petition of Frederick B. Davis, MD, Respondent, to terminate the Stipulated Findings of Fact, Conclusions of Law, and Agreed Order (Agreed Order) in this case.

1. PROCEDURAL STIPULATIONS

1.1 On February 5, 1968, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On July 8, 2009, the Commission issued a Statement of Charges against Respondent. On or about April 15, 2010, the Commission entered the Agreed Order in this case.

1.3 On or about June 4, 2012, the Commission received Respondent's request to terminate the Agreed Order.

1.4 If the Commission enters this Order of Termination it will be reported to the Health Integrity and Protection Databank (HIPDB) (45 CFR Part 61), and elsewhere as required by law. HIPDB will report this Order to the National Practitioner Databank (45 CFR Part 60).

1.5 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.

2. FINDINGS OF FACT

The Commission makes the following Findings of Fact.

2.1 On February 5, 1968, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

2.2 On July 8, 2009, the Commission issued a Statement of Charges against Respondent. The Statement of Charges alleged Respondent had made inappropriate comments and had inappropriate physical contact with a patient, and failed to maintain appropriate records. On or about April 15, 2010, the Commission entered the Agreed Order in this case.

2.3 The Agreed Order required that Respondent complete continuing medical education in ethics and recordkeeping, submit to practice reviews, maintain adequate patient records, maintain appropriate boundaries, and pay a fine.

2.4 The Agreed Order also provided that Respondent could petition the Commission to terminate the Order not sooner than two years.

2.5 The Commission has reviewed all relevant materials and finds that Respondent has fully complied with all conditions in the Agreed Order.

3. CONCLUSIONS OF LAW

The Commission makes the following Conclusions of Law based on the Findings of Fact.

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 Respondent's petition to terminate the Agreed Order is timely filed.

3.3 Respondent has fully complied with all conditions in the Agreed Order.

3.4 Respondent's request to terminate the Agreed Order should be granted.

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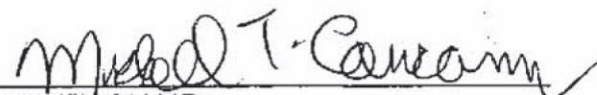
4. ORDER

Based on the Findings of Fact and Conclusions of Law, the Commission ORDERS:

4.1 Respondent's request to terminate the Agreed Order is GRANTED.


DATED: Oct. 4, 2012.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



PANEL CHAIR

PRESENTED BY:



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