



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Jackson L. Haverly, MD  
Master Case number: M2009-747  
Document: Statement of Allegations

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**

**FILED**  
AUG 20 2009  
Adjudicative Clerk

In the Matter of the license of

**No. M2009-747**

**JACKSON L. HAVERLY, MD**  
No. MD00030718

**STATEMENT OF ALLEGATIONS  
AND SUMMARY OF EVIDENCE**

Respondent.

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in case file number 2008-127412. The patient referred to in this Statement of Allegations is identified in the attached Confidential Schedule.

**1. ALLEGED FACTS**

1.1 On April 7, 1993, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in psychiatry by the American Board of Psychiatry Neurology. Respondent's license is active.

1.2 Respondent treated Patient A from approximately June 28, 2004 through February 3, 2007. Respondent diagnosed Patient A with Attention Deficit/Hyperactivity Disorder (ADHD). Patient A went through a heightened period of emotional distress beginning in the spring of 2006.

1.3 Respondent committed boundary violations while treating Patient A, even though his conduct may have been well intentioned. In December 2006, Respondent contacted Patient A and proposed that she perform housework for him in order to work off a debt she owed to him for therapy sessions. However, Respondent planned the get together as a social visit. Respondent gave Patient A birthday and Christmas gifts, personal notes, and he talked to Patient A about his personal history. Respondent proposed that they meet at his home again the following week.

1.4 When Patient A failed to meet with Respondent at his home he telephoned her and left a voicemail message describing his hurt feelings.

1.5 Respondent closed his Seattle practice in April 2007 and relocated to Alaska. He returned to Seattle in September 2007 on a leave of absence.

1.6 Respondent contacted Patient A and talked to her about his distress over a series of unfortunate events that had happened to him. Respondent invited Patient A to dinner and arranged to take a trip with her to visit her parents, which she subsequently cancelled. Later, Respondent dropped off a large container of cat food at Patient A's home without invitation. These encounters made Patient A uncomfortable and raised emotional conflicts for her.

## 2. SUMMARY OF EVIDENCE

- 2.1 Written statement from Patient A, received June 11, 2008.
- 2.2 Notes and gifts from Respondent to Patient A.
- 2.3 Written statement from Respondent, undated.
- 2.4 Patient A medical records.
- 2.5 Investigation Report and records in case file number 2008-127412.

## 3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(4), which provides in 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:

...

(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;

...

## 4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to

Informal Disposition and return it within fourteen (14) days to the Medical Quality Assurance Commission at PO Box 47866, Olympia, WA 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Lawrence Berg, Staff Attorney for the Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866, (360) 236-2792 within fourteen (14) days.

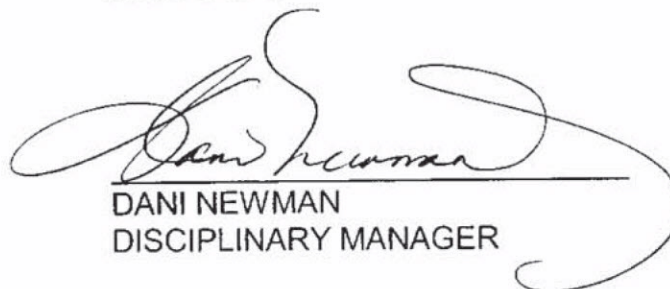
4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

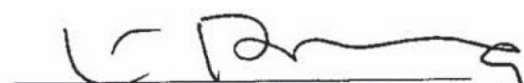
4.5 If Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a Statement of Charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED: July 23, 2009.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

  
DANI NEWMAN  
DISCIPLINARY MANAGER

  
LAWRENCE J. BERG, WSBA#22334  
DEPARTMENT OF HEALTH STAFF ATTORNEY

## 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: Jackson L. Haverly, MD  
Master Case number: M2009-747  
Document: Stipulation to Informal Disposition

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:

Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7865  
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 the license of

**JACKSON L. HAVERLY, MD**  
No. MD.00030718

Respondent.

No. M2009-747

**STIPULATION TO INFORMAL  
DISPOSITION**

**1. STIPULATION**

The Medical Quality Assurance Commission (Commission), represented by Lawrence J. Berg, Staff Attorney, and Respondent, represented by counsel, if any, stipulate to the following terms.

1.1 Jackson L. Haverly, MD, Respondent, is informed and understands that the Disciplinary Manager of the Medical Quality Assurance Commission (Commission), has been authorized by the Commission to make the following allegations.

1.1.1. On April 7, 1993, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in psychiatry by the American Board of Psychiatry Neurology. Respondent's license is active.

1.1.2. Respondent treated Patient A from approximately June 28, 2004 through February 3, 2007. Respondent diagnosed Patient A with Attention Deficit/Hyperactivity Disorder (ADHD). Patient A went through a heightened period of emotional distress beginning in the spring of 2006.

1.1.3. Respondent committed boundary violations while treating Patient A, even though his conduct may have been well intentioned. In December 2006, Respondent contacted Patient A and proposed that she perform housework for him in order to work off a debt she owed to him for therapy sessions. However, Respondent planned the get together as a social visit. Respondent gave Patient A birthday and Christmas gifts, personal notes, and he talked to Patient A about his personal history.

Respondent proposed that they meet at his home again the following week.

1.1.4. When Patient A failed to meet with Respondent at his home he telephoned her and left a voicemail message describing his hurt feelings.

1.1.5 Respondent closed his Seattle practice in April 2007 and relocated to Alaska. He returned to Seattle in September 2007 on a leave of absence.

1.1.6 Respondent contacted Patient A and talked to her about his distress over a series of unfortunate events that had happened to him. Respondent invited Patient A to dinner and arranged to take a trip with her to visit her parents, which she subsequently cancelled. Later, Respondent dropped off a large container of cat food at Patient A's home without invitation. These encounters made Patient A uncomfortable and raised emotional conflicts for her.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

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

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition (Stipulation).

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

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation is not formal disciplinary action. However, it is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 61 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site.

1.8 This Stipulation is releasable to the public upon request pursuant to the Public Records Act, chapter 42.56 RCW. The Statement of Allegations and Summary

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STIPULATION TO INFORMAL DISPOSITION  
NO. M2009-747

of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in paragraph 1.1 above.

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

1.11 Respondent is advised and understands that a violation of the provisions of Section 2 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.

## **2. INFORMAL DISPOSITION**

Pursuant to RCW 18.130.172(2) and based upon the above stipulation, the parties agree to the following Informal Disposition.

2.1 **ProBE course.** Respondent must attend and successfully complete the ProBE course offered by the Center for Personalized Education for Physicians (CPEP) in Denver, CO, within (1) year of the effective date of this Order. Successful completion means that Respondent must receive an "unconditional pass" at the conclusion of the course. The course shall not count toward Respondent's statutorily mandated minimum continuing medical education requirements in Washington.

2.2 **Cost Reimbursement.** Respondent must reimburse costs to the Commission in the amount of one thousand dollars (\$1,000.00) which must be received by the Commission within six (6) months of the effective date of this Stipulation. The reimbursement must 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 at P.O. Box 1099, Olympia, Washington 98507-1099.

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

2.4 **Costs.** Respondent must assume all costs of complying with this Stipulation.

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

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

2.7 **Effective Date.** The effective date of this Stipulation to Informal Disposition 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.

2.8 **Release.** The Commission will release Respondent from this Stipulation to Informal Disposition when Respondent provides written proof that he has successfully completed all the terms. A Compliance Officer will send Respondent a letter stating Respondent is released from the Stipulation to Informal Disposition. Respondent will not have to file a petition for release or appear before the Commission.

### **3. COMPLIANCE WITH SANCTION SCHEDULE**

3.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions, including stipulations to informal dispositions under RCW 18.130.172. Respondent's alleged conduct falls in Tier A of the "Practice Below Standard of Care" schedule, WAC 246-16-810 because Respondent caused minimal patient harm.

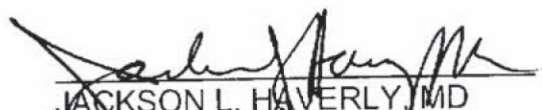
3.2 WAC 246-16-800(3)(c) directs the Commission to identify aggravating or mitigating factors and select sanctions within the minimum and maximum range of the appropriate sanction schedule tier. Mitigating factors are present in this case. It is a mitigating factor that Respondent apologizes for any actions that troubled Patient A during her treatment, and he states that he shared personal information in order to facilitate identification and trust between physician and patient.

3.3 Tier A sanction terms range from a minimum of practice conditions (the conditions may include monitoring and training) to a maximum of three years of oversight. This Stipulation requires training in the areas of boundaries and ethics, and payment of cost reimbursement. The mitigating factors present in this case justify the sanctions imposed in this Stipulation.

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#### 4. RESPONDENT'S ACCEPTANCE

I, JACKSON L. HAVERLY, MD, Respondent, certify that I have read this Stipulation to Informal Disposition 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 to Informal Disposition, I understand that I will receive a signed copy.

  
JACKSON L. HAVERLY, MD  
RESPONDENT

August 10, 2009  
DATE

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

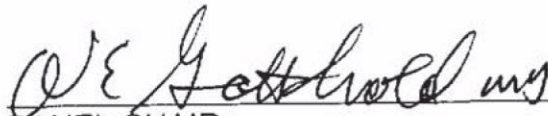
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DATE

## 5. COMMISSION'S ACCEPTANCE


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

DATED: 19 Aug 09, 2009.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

  
\_\_\_\_\_  
PANEL CHAIR

PRESENTED BY:

  
\_\_\_\_\_  
LAWRENCE J. BERG, WSBA#22334  
DEPARTMENT OF HEALTH STAFF ATTORNEY

August 19, 2009  
DATE



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Jackson Haverly, MD  
Master Case No. M2009-747  
Document: Release from Stipulation to Informal Disposition

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:

Respondent's residential address, including street, city, and zip code pursuant to RCW 42.56.050, RCW 42.56.350(2)

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  
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

**FILED**  
JUL 07 2010  
Adjudicative Clerk

July 6, 2010

Jackson Haverly, MD

Re: Master Case No.: M2009-747  
ILRS Case No.: 2008-127412  
Credential No.: MD 30718

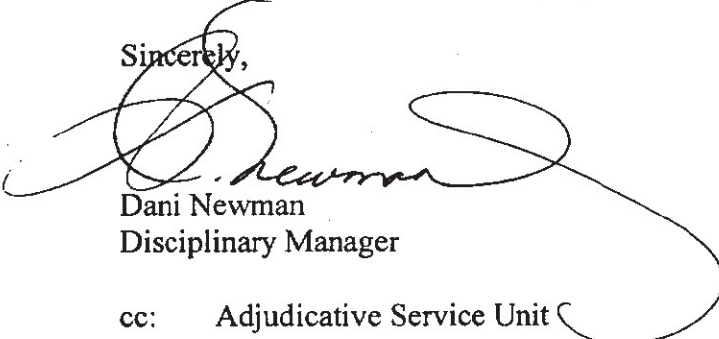
Dear Dr. Haverly:

This letter is to officially inform you and other interested parties that the Medical Quality Assurance Commission has released you from the requirements of the *Stipulation to Informal Disposition (STID)* signed on August 19, 2009. You have demonstrated satisfactory compliance with the terms and conditions of the agreement. You are now released from the requirements of the STID effective upon receipt of this letter.

The Department of Health Medical Quality Assurance Commission wishes you well in your future endeavors as a physician and surgeon.

If you have any questions concerning this matter, please contact Robert Horner, Compliance Officer at (360) 236-2763 or write to the Department of Health, Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866.

Sincerely,

  
Dani Newman  
Disciplinary Manager

cc: Adjudicative Service Unit

