



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: George F. Jackson, MD
Master Case No. M2010-1309
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 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

GEORGE F. JACKSON, MD
License No. MD00039825

Respondent.

No. M2010-1309

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

FILED
DEC 15 2010
Adjudicative Clerk

The Medical Quality Assurance Commission (Commission) makes the allegations below, which are supported by evidence contained in case number 2010-143309. The patient referred to in this Statement of Allegations is identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On May 1, 2001, the state of Washington issued Respondent a license to practice as a physician. Respondent is board certified in psychiatry by the American Board of Psychiatry and Neurology. Respondent's license is currently active.

1.2 Respondent treated Patient A on two occasions. On December 10, 2009, Patient A disclosed that she had previously been diagnosed with depression, received treatment, and been prescribed Wellbutrin. Wellbutrin is an antidepressant medication prescribed to treat Major Depressive Disorder. Patient A requested a refill prescription for Wellbutrin.

1.3 Respondent completed a form entitled "Psychiatric Assessment" at the December 2009 appointment. However, he did not adequately document the patient's psychiatric history, history of depression, treatment history, or history of psychotropic drug efficacy. Respondent noted that Patient A appeared to have Post Traumatic Stress Disorder (PTSD) but he did not document symptoms. He did not complete an adequate psychiatric assessment to support either of the diagnosis of PTSD or the diagnosis of Major Depressive Disorder – Recurrent (MDD). Although he did refill the Wellbutrin prescription he told Patient A that she probably did not need this medication and that it was probably not helping her achieve the emotional stability that she was seeking.

ORIGINAL

He recommended a SSRI. Neither her symptoms, a rationale for this opinion, nor a reference to this discussion are documented.

1.4 Patient A disclosed that she had experienced a traumatic rape approximately 2-½ years previously and that she was in a lesbian relationship. Respondent excessively inquired into Patient A's sexual practices with her partner and he used vulgar language as it had been used by the patient.

1.5 On January 5, 2010, Patient A informed Respondent that her relationship had ended and that she was moving back to California. Respondent proceeded to engage Patient A in psychotherapy of a kind that he described as addressing underlying issues and exploring patterns of thoughts and behaviors. During this session he challenged her coping strategies despite the knowledge that she was relocating. Respondent also made comments about Patient A's personal appearance and behaviors in a manner that was particularly inappropriate for a patient assessed with PTSD. Respondent did not appear to consider the effect that any of this might have upon patient A, especially given her current life stressors and the impending move.

1.6 Respondent's chart notes are barely or completely illegible and there was no legible documentation of a discussion with Patient A's regarding a plan for follow-up with another provider after her relocation.

2. SUMMARY OF EVIDENCE

- 2.1 Memorandum to File dated 2/19/10 re investigative interview with Patient A.
- 2.2 Respondent's written statement dated May 13, 2010.
- 2.3 Memorandum to File dated 4/14/10 re investigative interview with Respondent.
- 2.3 Patient A medical records.

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 (Stipulation) pursuant to RCW 18.130.172(2). A proposed Stipulation is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations.

4.2 If Respondent agrees that the disposition proposed by the Stipulation is appropriate, Respondent should sign and date the Stipulation 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 proposed in the Stipulation are appropriate, Respondent should contact Larry 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.

4.5 If Respondent declines to resolve the allegations by means of a Stipulation 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).

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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 the Commission in writing if Respondent's name and/or address changes.

DATED: October 8, 2010.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION


BEVERLY TEETER
DEPUTY EXECUTIVE DIRECTOR


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 herein. RCW 42.56.240(1)

Patient A





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: George F. Jackson, MD
Master Case No. M2010-1309
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:

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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

GEORGE F. JACKSON, MD
License No. MD00039825

Respondent.

No. M2010-1309

**STIPULATION TO INFORMAL
DISPOSITION**

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

1. ALLEGATIONS

1.1 On May 1, 2001, the state of Washington issued Respondent a license to practice as a physician. Respondent is board certified in psychiatry by the American Board of Psychiatry and Neurology. Respondent's license is currently active.

1.2 Respondent treated Patient A on two occasions. On December 10, 2009, Patient A disclosed that she had previously been diagnosed with depression, received treatment, and been prescribed Wellbutrin. Wellbutrin is an antidepressant medication prescribed to treat Major Depressive Disorder. Patient A requested a refill prescription for Wellbutrin.

1.3 Respondent completed a form entitled "Psychiatric Assessment" at the December 2009 appointment. However, he did not adequately document the patient's psychiatric history, history of depression, treatment history, or history of psychotropic drug efficacy. Respondent noted that Patient A appeared to have Post Traumatic Stress Disorder (PTSD) but he did not document symptoms. He did not complete an adequate psychiatric assessment to support either of the diagnosis of PTSD or the

diagnosis of Major Depressive Disorder – Recurrent (MDD). Although he did refill the Wellbutrin prescription he told Patient A that she probably did not need this medication and that it was probably not helping her achieve the emotional stability that she was seeking. He recommended a SSRI. Neither her symptoms, a rationale for this opinion, nor a reference to this discussion are documented.

1.4 Patient A disclosed that she had experienced a traumatic rape approximately 2-½ years previously and that she was in a lesbian relationship. Respondent excessively inquired into Patient A's sexual practices with her partner and he used vulgar language as it had been used by the patient.

1.5 On January 5, 2010, Patient A informed Respondent that her relationship had ended and that she was moving back to California. Respondent proceeded to engage Patient A in psychotherapy of a kind that he described as addressing underlying issues and exploring patterns of thoughts and behaviors. During this session he challenged her coping strategies despite the knowledge that she was relocating. Respondent also made comments about Patient A's personal appearance and behaviors in a manner that was particularly inappropriate for a patient assessed with PTSD. Respondent did not appear to consider the effect that any of this might have upon patient A, especially given her current life stressors and the impending move.

1.6 Respondent's chart notes are barely or completely illegible and there was no legible documentation of a discussion with Patient A's regarding a plan for follow-up with another provider after her relocation.

2. STIPULATION

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

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

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

2.4 If the Commission accepts the Stipulation 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 Stipulation to the National Practitioner Databank (45 CFR Part 60).

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

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

2.7 Respondent agrees to be bound by and to successfully complete the terms and conditions of this informal disposition.

2.8 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.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Probation.** Respondent's license status during the effective term of this Stipulation is PROBATION.

3.2 **Continuing Medical Education.** Respondent must complete a minimum of four (4) hours of Category 1 continuing medical education (CME), pre-approved by the Commission or its designee, in each of the following areas: (1) patient communications; (2) boundaries; (3) diagnosis and documentation of MDD and PTSD; and (4) effects of sexual trauma on patients and treatment. Respondent must complete the course work within twelve (12) months of the effective date of this Stipulation. Respondent agrees to submit proof of CME within thirty (30) days of completion by mailing documentation to: Compliance Officer, MQAC, P.O. Box 47866, Olympia, WA 98504-7866. This CME shall be in addition to mandatory continuing education hours required for license renewal.

3.3 **Recordkeeping.** Respondent shall implement improvements to patient records in the areas of legibility, patient history, and documenting diagnoses based on CME course materials.

3.4 **Practice Review.** Respondent agrees that a representative of the Commission may make semi-annual visits to Respondent's office in order to monitor compliance with this Stipulation. The representative may select six patient names at random from Respondent's appointment log and review all related patient records. The representative also may interview Respondent. Respondent agrees to cooperate with the representative during practice reviews and to permit the representative to review and copy patient records.

3.5 **Reimbursement.** Respondent agrees to reimburse costs to the Commission in the amount of one thousand dollars (\$1,000.00) which must be received by the Commission within twelve (12) months of the effective date of this Stipulation. The reimbursement or payments 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, MQAC, P.O. Box 1099, Olympia, WA 98507-1099.

3.6 **Termination of Stipulation.** Respondent may petition the Commission in writing to terminate this Stipulation no sooner than twelve (12) months from the effective date of this Stipulation. The Commission will issue a notice scheduling a date and time for Respondent to appear, unless the Commission waives the need for a personal appearance.

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

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

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

3.10 **Change of Address.** Respondent must notify the Commission and the Adjudicative Clerk Office if he changes his address of record within thirty (30) days of such change.

3.11 **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.

4. COMPLIANCE WITH SANCTION SCHEDULE

4.1 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. Patient A received the prescription that she requested. Psychiatric providers must document a patient history before making prescribing decisions; however, Respondent focused on Patient A's sexual lifestyle, his style was inappropriate, and his overall care reflects a lack of sensitivity and awareness that is expected from someone who is entrusted with the emotional well-being of his patients. Respondent's attempt to establish rapport with the patient and his inadequate documentation caused no or minimal patient harm or risk of harm.

4.2 WAC 246-16-800(3)(c) directs the Commission to identify aggravating or mitigating factors to determine appropriate sanctions. There are both mitigating and aggravating factors present in this case. Respondent continued to engage Patient A regarding sensitive issues, even though informed that the patient had decided to relocate. Respondent's ongoing inquiry into the patient's sexual identity added nothing to the clinical aspects of her health care and exposed the Respondent to complaints regarding his motivation. His use of vulgar language was a misguided attempt to establish rapport with the patient that should not be repeated, and his comments regarding the patient's personal appearance were well-intentioned but still inappropriate based on his diagnosis of PTSD. Finally, knowing that his patient was relocating and that he would not be able to assist her recovery, Respondent was excessively critical of Patient A's coping skills.

4.3 Tier A requires the imposition of sanctions ranging from 0 to 3 years. 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. In light of the factors discussed above, the Commission's concerns about Respondent's conduct while treating Patient A are addressed through his satisfactory completion of remedial coursework. However,

concerns about Respondent's documentation of relevant information and the legibility of his notes can only be addressed through a series of practice audits over a minimum one year period of time.

5. RESPONDENT'S ACCEPTANCE

I, GEORGE F. JACKSON, 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.



GEORGE F. JACKSON, MD
RESPONDENT

16/18/10

DATE

, WSBA #
ATTORNEY FOR RESPONDENT

DATE

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6. COMMISSION'S ACCEPTANCE

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

DATED: 9 December, 2010.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



PANEL CHAIR

PRESENTED BY:



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



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: George F. Jackson, MD
Master Case No.: M2010-1309
Document: Release from Informal Disposition

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

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

The following information has been withheld:

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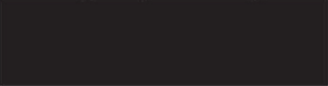
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

FILED
JUN 01 2012
Adjudicative Clerk

May 31, 2012

George F. Jackson, MD


Re: Master Case No.: M2010-1309
Case No.: 2010-143309
Credential No.: MD00039825

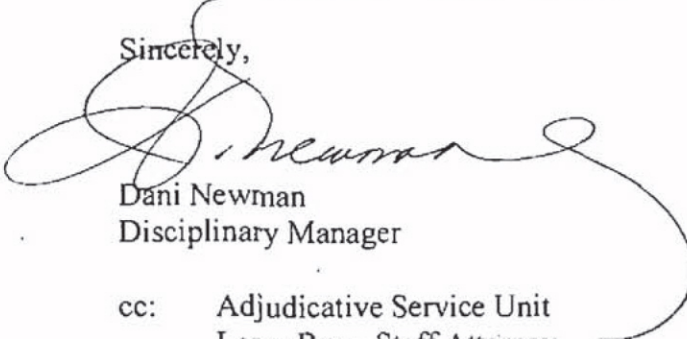
Dear Dr Jackson:

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* signed on December 9, 2010. You have demonstrated satisfactory compliance with the terms and conditions of the agreement. The Stipulation is terminated and you are now released from the requirements of the Stipulation 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 Bob 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
Larry Berg, Staff Attorney