



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Doane M. Rising, MD  
Master Case No.: M2008-118739  
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**

**FILED**  
FEB 27 2009  
Adjudicative Clerk

In the Matter of

**DOANE M. RISING, MD**  
License No. MD00034275

No. M2008-118739

**STATEMENT OF CHARGES**

Respondent

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 2008-128948. The patient referred to in this Statement of Charges is identified in the attached Confidential Schedule.

**1. ALLEGED FACTS**

1.1 On October 28, 1996, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 Respondent is board certified in psychiatry and has operated a private practice since 1998.

1.3 Thirty-year-old-male, Patient A, became Respondent's patient during the winter of 1998. Respondent managed medication for Patient A's depression and provided psychotherapy.

1.4 One of Patient A's goals in therapy was to extend socially as a person capable of intimate relations with women.

1.5 In 2000 or 2001, Patient A attempted to harm himself while in a manic state. Respondent arranged for Patient A's voluntary admission into the University of Washington Medical Center psychiatry unit.

1.6 In November 2002, Respondent experienced transference feelings towards Patient A, which she discussed with her therapist. Respondent did not transfer Patient A's care to another provider. Respondent believed that she was adequately compartmentalizing and managing the transference.



1.7 In February 2003, Patient A was seriously injured in a skiing accident, which caused him to sink into despair. Respondent held Patient A's therapy sessions by phone since Patient A was unable to travel to Respondent's office due to his injuries.

1.8 On February 15, 2003, Patient A failed to answer the phone at the agreed-upon check-in time. Respondent stopped by Patient A's apartment to see if he was ok. During the visit, Patient A and Respondent kissed and embraced. Respondent did not transfer Patient A's care to another provider. Respondent continued to provide therapy sessions to Patient A.

1.9 Within the next week or two, Respondent and Patient A engaged in sexual activities at Patient A's apartment, including sexual intercourse. Respondent did not transfer Patient A's care to another provider. Respondent continued to provide therapy sessions to Patient A.

1.10 Respondent told Patient A that he should not tell anyone about their sexual encounters. Respondent told Patient A she could lose her license and custody of her son.

1.11 In September 2003, Patient A told Respondent that they should break off romantic relations. After terminating the romantic relationship, Patient A continued to see Respondent for therapy. Respondent did not transfer Patient A's care to another provider.

1.12 On or about May 18, 2006, Patient A phoned Respondent to tell her that he no longer needed her services.

1.13 Respondent breached the standard of care as a psychiatrist by failing to set clear and consistent boundaries between herself and Patient A, and by failing to transfer Patient A's care to another provider.

1.14 Respondent also breached the standard of care by taking failing to maintain adequate records of Patient A's therapy sessions.

## **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 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;

...

(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.

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

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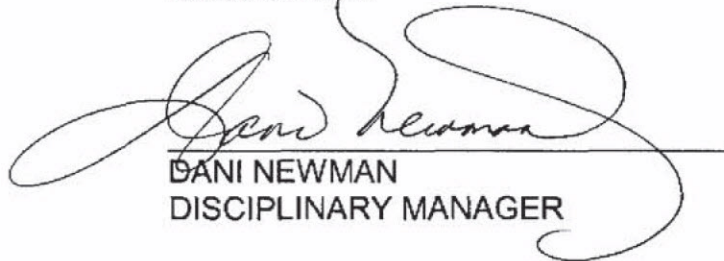
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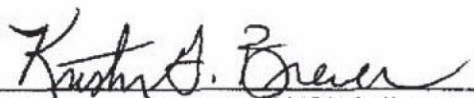
opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: February 26, 2009.

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







STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Doane M. Rising, MD  
Master Case No.: M2008-118739  
Docket No.:  
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

**DOANE M. RISING, MD**  
License No. MD00034275

Respondent

No. M2008-118739

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

The Medical Quality Assurance Commission (Commission), through Karen Caillé, Department of Health Staff Attorney, and Respondent, represented by counsel, Raegen Rasnic, stipulate and agree to the following for the purposes of this proceeding:

**1. PROCEDURAL STIPULATIONS**

1.1 On February 26, 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.

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 (45 CFR Part 61), the National Practitioner Databank (45 CFR Part 60) and elsewhere as required by law. It is a public document



and will be placed on the Department of Health's website and otherwise disseminated as required by the Public Records Act (chapter 42.56 RCW) and the Uniform Disciplinary Act, RCW 18.130.110.

1.10 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 October 28, 1996, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

2.2 Respondent is board certified in psychiatry and has operated a private practice since 1998.

2.3 Thirty-year-old-male, Patient A, became Respondent's patient during the winter of 1998. Respondent managed medication for Patient A's depression and provided psychotherapy.

2.4 One of Patient A's goals in therapy was to extend socially as a person capable of intimate relations with women.

2.5 In 2000 or 2001, Patient A attempted to harm himself while in a manic state. Respondent arranged for Patient A's voluntary hospitalization.

2.6 In November 2002, Respondent experienced transference feelings towards Patient A, which she discussed with her therapist. Respondent did not transfer Patient A's care to another provider. Respondent believed that she was adequately compartmentalizing and managing the transference.

2.7 In February 2003, Patient A was seriously injured in a skiing accident, which caused him to sink into despair. Respondent held Patient A's therapy sessions by phone since Patient A was unable to travel to Respondent's office due to his injuries.

2.8 On February 15, 2003, Patient A failed to answer the phone at the agreed-upon check-in time. Respondent stopped by Patient A's apartment to see if he was ok. During the visit, Patient A and Respondent kissed and embraced. Respondent did not

transfer Patient A's care to another provider. Respondent continued to provide therapy sessions to Patient A.

2.9 For a period of weeks beginning in May 2003, Respondent and Patient A engaged in sexual relations at Patient A's apartment, including sexual intercourse. Respondent did not transfer Patient A's care to another provider. Respondent continued to provide therapy sessions to Patient A.

2.10 Patient A alleges that Respondent asked him to keep their relationship confidential to protect her custody of her son and her license. Respondent denies this allegation.

2.11 In September 2003, Patient A told Respondent that they should break off romantic relations. After terminating the romantic relationship, Patient A continued to see Respondent for therapy. Respondent did not transfer Patient A's care to another provider.

2.12 On or about May 18, 2006, Patient A phoned Respondent to tell her that he no longer needed her services.

2.13 Respondent failed to set clear and consistent boundaries between herself and Patient A, and to transfer Patient A's care to another provider.

### **3. CONCLUSIONS OF LAW**

The State and Respondent agree to the entry of the following Conclusions of Law:

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) and (24).

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

### **4. AGREED ORDER**

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

4.1 Probation for at Least Three Years. Respondent's credential to practice as a physician and surgeon in the state of Washington is placed on PROBATION for a



period of three years. During the period of probation, Respondent will comply with the following terms and conditions.

4.2 Practice Monitoring/Supervision. Within sixty days of the effective date of this order, Respondent shall enter into an arrangement with a board-certified psychiatrist, approved by the Commission's medical consultant, who will monitor Respondent's treatment of her male patients. Respondent shall provide the supervising psychiatrist with a copy of this Agreed Order and Dr. Wheeler's report. Respondent shall review all of her current male patients with the supervising psychiatrist to determine the appropriateness of the treatment plan and treatment relationship. Respondent shall keep formal records of her treatment of her male patients and shall provide those records to the supervising psychiatrist. Respondent shall meet personally with the supervising psychiatrist at least once a month to review records of male patients, and for mentoring on boundary issues with patients. Respondent shall ensure that the supervising psychiatrist submit quarterly reports to the Commission. The first report will be due January 1, 2010. The reports shall state when the supervising psychiatrist has met with Respondent since the last report, what cases were discussed, whether the records were adequate, and whether the supervising psychiatrist has any concerns about Respondent's treatment of male patients. If the supervising psychiatrist has concerns that Respondent has violated the conditions of this Agreed Order or has engaged in any behavior which is unethical or could place a patient or the public at risk, the supervising psychiatrist shall immediately report such concerns to the Commission. The frequency of the supervision meetings may be adjusted at the recommendation of the supervising psychiatrist, and subject to the discretion of the Commission or its designee.

4.3 Treatment/Therapy. Respondent shall continue in weekly therapy with her psychotherapist, Dr. Maria Root, for at least one year from the effective date of this Agreed Order. After this one-year period, Dr. Root shall determine the frequency of Respondent's therapy. The therapy shall continue until Dr. Root decides that it is no longer needed. Respondent shall provide Dr. Root with a copy of this Agreed Order and Dr. Wheeler's report. Dr. Root will follow the recommendations in Dr. Wheeler's report. Respondent shall cause Dr. Root to submit quarterly reports to the Commission. In the quarterly reports, Dr. Root shall inform the Commission of Respondent's progress in



treatment, changes in prognosis or diagnosis, and additional recommendations, if any, to protect the public. If Dr. Root has concerns that Respondent has violated the conditions of this Agreed Order or has engaged in any behavior which is unethical or could place a patient or the public at risk, Dr. Root shall immediately report such concerns to the Commission. The quarterly reports shall be submitted to the Commission on the first day of October, January, April, and July. Respondent shall be permitted to change therapists only with prior written approval by the Commission or its designee.

4.4 Ethics or Boundaries Course. Within six months of the effective date of this Agreed Order, Respondent agrees to successfully complete a course in medical ethics or in practitioner-patient boundaries. Respondent will obtain approval in advance for the course from the Commission Medical Consultant. Respondent will submit proof of the satisfactory completion of the course to the Commission. If the course requires Respondent to complete a written report, Respondent will assure that the Commission receives a copy of Respondent's written report. If the course instructors inform the Commission that Respondent did not satisfactorily complete the course, the Commission may require Respondent to re-take the course. The ProBE Program – Professional/Problem-Based Ethics administered through the Center for Personalized Education for Physicians (CPEP) is a pre-approved program.

4.5 Maintaining proper boundaries. Respondent will maintain appropriate boundaries with patients. To maintain appropriate boundaries, Respondent will follow these guidelines:

- A. 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, attending a party, or attending other non-structured events at which people are gathered; it does not include attending a meeting at which a patient may be present and it does not include events at which the presence of Respondent and one or more patient is incidental.
- B. Respondent will see patients only during normal business hours.
- C. Respondent will not treat individuals with whom she 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.
- D. Respondent will not accept gifts from patients.



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

F. Respondent will not disclose personal information about herself to patients, other than that which relates to her professional qualifications.

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

H. Respondent will not hug patients or have any physical contact with patients. The prohibitions in this paragraph are designed for Respondent to set appropriate boundaries between her professional life and her personal life, and are to be construed with this purpose in mind.

4.6 Fine. Respondent will pay a fine to the Commission in the amount of \$10,000. Subject to the community service provision below, Respondent will pay the fine within three years of the effective date of this Agreed Order. The fine will 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. In lieu of paying this fine, Respondent may perform community service by providing psychotherapy at no cost to a female patient on or recently on active military duty, a blind female patient, or an uninsured female patient. Respondent shall inform her practice monitor upon accepting a pro bono patient to satisfy this requirement, and shall provide the practice monitor with proof of the ongoing treatment provided to this client. The practice monitor shall include this information in his or her reports, and shall report to the Commission whether Respondent's quality of care for the pro bono patient is equal to her non pro bono patients. Community service shall reduce the fine at the rate of \$100 per hour, the rate for community service psychiatric services in the area. No later than three years following the effective date of this Agreed Order. Respondent shall pay the remaining fine balance, after deduction of all community service credit.

4.7 Compliance Appearances. Respondent shall appear before the Commission on an annual basis and present proof that she is complying with the Agreed Order. Respondent shall continue to appear annually unless otherwise instructed in



writing by the Commission or its representative, or until the Commission releases Respondent from the terms and conditions of this Agreed Order.

4.8 Termination of Order. Respondent may petition to terminate the terms and conditions of this Agreed Order no sooner than three years from the effective date of this Agreed Order. The Commission has sole discretion to grant or deny Respondent's petition. This will depend on a number of factors, including Respondent's compliance with the terms and conditions of this Agreed Order, Respondent's demonstration that she can practice medicine with reasonable skill and safety, and submission of a final report from Dr. Jennifer Wheeler, based on a subsequent psychological evaluation. The psychological evaluation shall include (1) revisiting Respondent's diagnosis including a PIA, (2) a clinical interview with Respondent, (3) consultation with Dr. Root, (4) consultation with the supervising psychiatrist. The report shall detail Respondent's progress and ability to practice psychiatry safely with male patients. If Dr. Wheeler is not available, the Commission or its designee will approve a suitable alternate to perform the final evaluation.

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

4.10 Costs. Respondent is responsible for all costs of complying with this Agreed Order.

4.11 Violation of Order. If Respondent violates any provision of this Agreed Order in any respect, the Commission may take further action against Respondent's license.

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

4.13 Effective Date. The effective date of this Agreed Order is the date the Adjudicative Clerk Office 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 terms for Agreed Orders. The conduct alleged falls within Tier B of the "Sexual Misconduct or Contact" schedule found at WAC 246-16-820. Respondent's romantic/sexual relationship with Patient A violated patient-physician boundaries.

5.2 Tier B of the 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 or revocation. The terms in this Agreed Order are at the middle of the range, including oversight for at least three years, practice monitoring/supervision, therapy, boundaries/ethics course, annual appearances before the Commission, and are consistent with the following mitigating and aggravating factors.

5.3 The following are *mitigating* factors: (a) Respondent voluntarily underwent a comprehensive psychological evaluation by Jennifer Wheeler, Ph.D. Dr. Wheeler is a clinical and forensic psychologist with expertise in evaluating physicians who have engaged in boundary violations or sexual misconduct. The sanctions in this Agreed Order are based, in part, on the recommendations in Dr. Wheeler's report; (b) Respondent accepted full responsibility for the conduct; (c) Respondent expressed remorse and awareness that the conduct was wrong; (d) Respondent fully cooperated with the investigation; (e) Respondent discussed her relationship with Patient A with her therapist who failed to admonish her regarding the physician/patient boundary violation; (f) Respondent's conduct occurred six years ago in 2003, (g) Respondent's conduct involved a single patient; (h) Respondent is board-certified in psychiatry and has been practicing in Washington for 13 years with no prior discipline.

5.4 The following are *aggravating* factors: (a) As Patient A's psychiatrist, Respondent was responsible for allowing the romantic/sexual relationship to occur; (b) Respondent's conduct abused the trust relationship between patient and therapist.

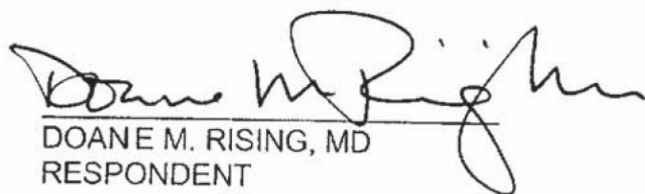


## 6. FAILURE TO COMPLY

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. ACCEPTANCE

I, Doane M. Rising, 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.

  
DOANE M. RISING, MD  
RESPONDENT

8/5/09  
DATE

  
RAEGEN N. RASNIC, WSBA# 25480  
ATTORNEY FOR RESPONDENT

8/6/09  
DATE



## 8. ORDER

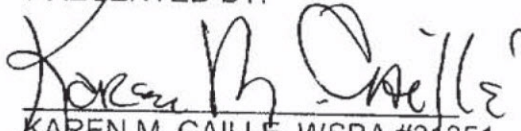
The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

DATED: 19-Aug, 2009.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE  
COMMISSION

  
PANEL CHAIR

PRESENTED BY:



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

Aug. 19, 2009  
DATE



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Doane M. Rising, MD  
Master Case No.: M2008-118739  
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:

**DOANE M. RISING, MD**  
License No. MD00034275

**No. M2008-118739**

**ORDER OF TERMINATION**

Respondent

This matter comes before the Medical Quality Assurance Commission (Commission), on the petition of Doane M. Rising, MD, Respondent, for release from the terms and conditions of the Agreed Order in this case. The Commission, having reviewed Respondent's compliance record, issues the following:

**Section 1: PROCEDURAL BACKGROUND**

1.1 On October 28, 1996, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in psychiatry. Respondent's license is currently active.

1.2 On February 26, 2009, the Commission issued a Statement of Charges against Respondent. On or about August 19, 2009, the Commission and Respondent entered into an Agreed Order in this case.

1.3 On November 13, 2012, Respondent petitioned for release from the terms and conditions of the Agreed Order.

1.4 If the Commission enters this Order of Termination, it will be reported to the Health Integrity and Protection Databank (HIPD) (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.

## **Section 2: FINDINGS OF FACT**

2.1 On October 28, 1996, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in psychiatry. Respondent's license is currently active.

2.2 On August 19, 2009, the Commission entered Stipulated Findings of Fact, Conclusions of Law and Agreed Order, In the Matter of Doane M. Rising, MD, No. M2008-118739. In the August 19, 2009, Agreed Order Respondent was to comply with the following terms and conditions:

A. Under paragraph 4.1 of the Agreed Order, Respondent's license is placed on probation for at least three years.

B. Under paragraph 4.2, Respondent must enter into an arrangement with a board-certified psychiatrist, who will monitor Respondent's treatment of her male patients. Respondent shall meet personally with the supervising psychiatrist at least once a month to review records of male patients, and for mentoring on boundary issues with patients. Respondent shall ensure that the supervising psychiatrist submit quarterly reports to the Commission. The frequency of the supervision meetings may be adjusted at the recommendation of the supervising psychiatrist, and subject to the discretion of the Commission.

C. Under paragraph 4.3, Respondent will continue in weekly therapy with her psychotherapist for at least one year from the effective day of the Agreed Order. Respondent shall cause her psychotherapist to submit quarterly reports to the Commission.

D. Under paragraph 4.4, within six months of the effective date of the Agreed Order, Respondent will successfully complete a course in medical ethics or practitioner-patient boundaries.

E. Under paragraph 4.5, Respondent will maintain proper boundaries with patients.

F. Under paragraph 4.6, Respondent will pay a fine in the amount of \$10,000. In lieu of paying this fine, Respondent may perform community service by providing psychotherapy at no cost to a female patient on or recently on active

military duty, a blind female patient, or an uninsured female patient. Community service shall reduce the fine at the rate of \$100 per hour. Respondent's practice monitor shall include this information in his reports to the Commission.

G. Under paragraph 4.7, Respondent shall appear before the Commission on an annual basis and present proof that she is complying with the Agreed Order.

H. Under paragraph 4.8, Respondent may petition to terminate the terms and conditions of the Agreed Order no sooner than three years from the effective date of the Agreed Order. Respondent must submit a final report from Dr. Jennifer Wheeler, based on a subsequent psychological evaluation when Respondent petitions for termination of the Agreed Order.

2.3 The Commission has reviewed all relevant materials and finds that Respondent has fully complied with all the terms and conditions of the Agreed Order.

### **Section 3: CONCLUSIONS OF LAW**

Based on the Findings of Fact, the Commission makes the following Conclusions of Law:

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

3.2 The request for termination of the August 19, 2009, Agreed Order is properly before the Commission.

3.3 Respondent has fully complied with all the terms and conditions of the Agreed Order.

3.4 Respondent's request for termination of the August 19, 2009, Agreed Order should be granted and the Commission's oversight and monitoring of Respondent's compliance terminated.

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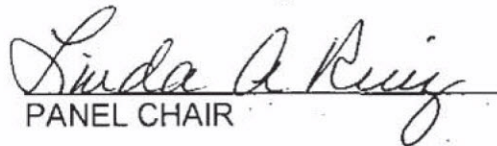
**Section 4: ORDER**

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

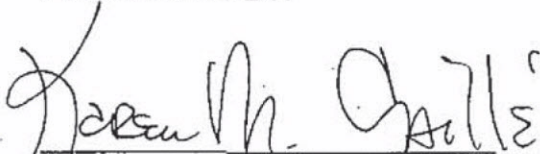
4.1 Respondent's request for termination of the August 19, 2009, Agreed Order is GRANTED.

DATED: Nov 16, 2012.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE  
COMMISSION

  
Linda A. King  
PANEL CHAIR

PRESENTED BY:

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