



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: David P. Shaw, MD
Docket No.: 03-03-A-1012MD
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:

Adjudicative Clerk Office
P.O. Box 47879
Olympia, WA 98504-7879
Phone: (360) 236-4677
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

FILED

MAR 20 2003

Adjudicative Clerk Office

In the Matter of the License to Practice)	
As a Physician and Surgeon of:)	Docket No. 03-03-A-1012MD
)	
DAVID P. SHAW, MD)	STATEMENT OF ALLEGATIONS
License No. MD00031334)	AND SUMMARY OF EVIDENCE
)	
Respondent.)	
)	

The Program Manager of the Medical Quality Assurance Commission, on designation by the Commission, makes the allegations below, which are supported by evidence contained in program case file 2002-02-0038MD. Any patients referred to in this Statement of Allegations and Summary of Evidence are identified in an attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 David P. Shaw, MD, Respondent, was issued a license to practice as a physician and surgeon by the state of Washington in September 1993.

1.2 Respondent began providing psychiatric care to Patient One in 1997.

1.3 In October 2001, Respondent mailed Patient One a card with \$500 cash inside. Respondent wrote in the card that the money was to help pay the veterinary treatment for Patient One's dog.

1.4 In January 2002, during a session, Respondent told Patient One he wanted to go hiking with her. He then gave Patient One a dozen roses, treats for her dog, and a card with \$500 cash inside. Patient One stopped seeing Respondent after this session.

Section 2: SUMMARY OF EVIDENCE

2.1 Complaint letter from Patient One, dated February 8, 2002.

2.2 Copies of cards given by Respondent to Patient One.

2.3 Memo to File regarding interview of Respondent, dated April 4, 2002.

2.4 Letter from Respondent to Commission, dated April 17, 2002.

2.5 Respondent's medical records of Patient One.

ORIGINAL

- 2.6 Medical record of subsequent treating physician of Patient One.

Section 3: ALLEGED VIOLATIONS

3.1 The facts alleged in paragraphs 1.2 through 1.4, if proven, would constitute unprofessional conduct, in violation of RCW 18.130.180(4), which provides in part:

(4) ... negligence ... which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed.

Section 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 to address the conduct alleged in this Statement of Allegations and Summary of Evidence, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen days to the Leann Yount, Department of Health, Section 5, 310 Israel Road SE, Tumwater, Washington 98501.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Michael L. Farrell, Department of Health Staff Attorney, 1500 West Fourth Avenue, Suite 313, Spokane, Washington 99204, (509) 458-3643, within fourteen days.

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

4.5 In the event 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. Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED this 19th day of March, 2003.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



Lisa Noonan, Program Manager


FOR Michael L. Farrell, WSBA # 16022
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS: Program No. 2002-02-0038MD

CONFIDENTIAL SCHEDULE

FILED

MAR 20 2003

Adjudicative Clerk Office

Respondent: David P. Shaw, MD

Docket No. 03-03-A-1012MD

Program No. 02-02-0038MD

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d)

Patient One



ORIGINAL



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: David Shaw, MD
Docket No.: 03-03-A-1012MD
Document: 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 42.17.310(1)(w)(ii).

If you have any questions or need additional information regarding the information that was withheld, please contact:

Adjudicative Clerk Office
P.O. Box 47879
Olympia, WA 98504-7879
Phone: (360) 236-4677
Fax: (360) 586-2171

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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:)	Docket No. 03-01-A-1012MD
)	
DAVID P. SHAW, MD)	STIPULATION TO INFORMAL
License No. MD00031334)	DISPOSITION
)	
Respondent.)	
)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 David P. Shaw, MD, Respondent, is informed and understands that the Program Manager of the Medical Quality Assurance Commission, on designation by the Commission, has made the following allegations:

1.1.1 David P. Shaw, MD, Respondent, was issued a license to practice as a physician and surgeon by the state of Washington in September 1993.

1.1.2 Respondent began providing psychiatric care to Patient One in 1997.

1.1.3 In October 2001, Respondent mailed Patient One a card with \$500 cash inside. Respondent wrote in the card that the money was to help pay the veterinary treatment for Patient One's dog.

1.1.4 In January 2002, during a session, Respondent told Patient One he wanted to go hiking with her. He then gave Patient One a dozen roses, treats for her dog, and a card with \$500 cash inside. Patient One stopped seeing Respondent after this session.

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) and (8).

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.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until the Commission accepts this Stipulation to Informal Disposition.

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 to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. However, it is subject to the federal reporting requirements pursuant to 45 CFR Part 61.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request, pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary 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 sections 1.1 and 1.2 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 to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

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

2.1 Within nine months of the effective date of this Stipulation to Informal Disposition, Respondent shall attend and satisfactorily complete a course on physician-patient boundaries approved by the Commission or the Commission's designee.

2.2 Respondent shall submit proof of satisfactory completion of the course within ten months of the effective date of this Order to:

Dani Newman, Compliance Officer
Medical Quality Assurance Commission
310 Israel Road SE
P.O. Box 47866
Tumwater, Washington 98501-7866.

2.3 All costs of compliance with this Agreed Order shall be borne by Respondent.

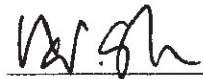
2.4 Respondent agrees to pay \$1000 for the administrative costs incurred in this case.

Respondent agrees to send the payment within ninety (90) days of the effective date of this Stipulation to Informal Disposition. The check or money order shall be sent to the following address:

Department of Health
Medical Quality Assurance Commission
P.O. Box 1099
Olympia, WA 98507-1099.

2.5 Provided Respondent has complied with the terms and conditions, the Commission will terminate this Stipulation to Informal Disposition 12 months after the effective date without any appearance or request by Respondent.

I, David P. Shaw, 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.



DAVID P. SHAW, MD
Respondent

MARCH 29, 2003
Date



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Attorney for Respondent

Date

Section 3: ACCEPTANCE

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

DATED this 10th day of April, 2003.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

By: _____

Panel Chair

Presented by:

Michael L. Farrell ^{#16022}
Michael L. Farrell, WSBA # 16022
Department of Health Staff Attorney

Date

4/10/03

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: David Shaw
Docket No.: 03-03-A-1012MD
Document: Release from 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 42.17.310(1)(w)(ii).

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
PO 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, PO Box 47890, Olympia, WA 98504-7890.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Olympia, Washington 98504

December 1, 2004

FILED
DEC 02 2004
Adjudicative Clerk Office

David P. Shaw MD
[REDACTED]

Re: Docket No.03-03-A-1012MD

Dear Dr. Shaw:

This letter is to officially inform you that the Medical Quality Assurance Commission has released you from the requirements of the *Stipulation To Informal Disposition* signed on April 10, 2003. You have demonstrated satisfactory compliance with the terms and conditions of the agreement.

This letter serves to inform you and other interested parties that you are now released from the requirements of the aforementioned *Stipulation To Informal Disposition* effective upon receipt of this letter.

The Commission wishes you well in your future endeavors in the practice of medicine.

If you have any questions concerning this matter, please feel free to contact Dani Newman, Compliance Officer, at (360) 236-4793 or write to DOH Health Profession Medical Quality Assurance Commission, P.O. Box 47866, Olympia, WA 98504 - 7866.

Sincerely,

Lisa Noonan
Disciplinary Program Manager
Medical Quality Assurance Commission

C: Dr. Everardo Espinosa, MD, Reviewing Commissioner
Mike Farrell, Staff Attorney

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INTERNAL TRACKING NUMBERS:

2002-02-0038MD

