



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Jim C. Chen, MD
Docket No.: 05-12-A-1045MD
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**

In the Matter of the License to Practice
as a Physician and Surgeon of

JIM C. CHEN, MD
License No. MD00031641

Respondent

Docket No. 05-12-A-1045MD

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

The Health Services Consultant, on designation by the Medical Quality Assurance Commission (Commission), makes the allegations below, which are supported by the evidence contained in Program Case File Number 2004-10-0060MD. The patient referred to in this Statement of Charges is identified in the attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 JIM C. CHEN, Respondent, was issued a license to practice as a physician and surgeon by the state of Washington in March 1994. Respondent's license is currently active.

1.2 Respondent assisted Patient A, [REDACTED], in early 2002.

1.3 Respondent conducted intake and initiated Zoloft antidepressant therapy for Patient A.

1.4 Respondent provided out-patient referrals and treatment program resources to Patient A. Additionally, Respondent provided after-hour crisis intervention for Patient A by telephone.

1.5 Respondent failed to retain medical or prescription records of Patient A's treatment.

Section 2: SUMMARY OF EVIDENCE

2.1 Respondent's written statement dated January 20, 2005.

2.2 Respondent's written statement dated April 26, 2005.

2.3 Investigative materials in Program Case File Number 2004-10-0060MD.

Section 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;

....

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, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen (14) days to the Department of Health Legal Unit, Attn: Carolyn Bradley, Paralegal, PO Box 47873, Olympia, WA 98504-7873.

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 J. Berg, Department of Health Staff Attorney, PO Box 47873, Olympia, WA 98504-7873, (360) 236-4695 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).

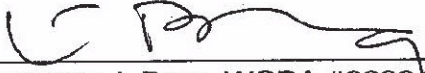
4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-11-060, Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED: 27th of March, 2006.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



LISA NOONAN
HEALTH SERVICES CONSULTANT



Lawrence J. Berg, WSBA #22334
Department of Health Staff Attorney

FOR INTERNAL USE ONLY:

PROGRAM NO. 2004-10-0060MD

CONFIDENTIAL SCHEDULE

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 A





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Jim C. Chen, MD
Docket No.: 05-12-A-1045MD
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.

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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

JIM C. CHEN, MD
License No. MD00031641

Respondent

Docket No. 05-12-A-1045MD

**STIPULATION TO INFORMAL
DISPOSITION**

Section 1: STIPULATION

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

1.1 JIM C. CHEN, MD, Respondent, is informed and understands that the Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, has made the following allegations.

- A. JIM C. CHEN, Respondent, was issued a license to practice as a physician and surgeon by the state of Washington in March 1994. Respondent's license is currently active.
- B. Respondent assisted Patient A, [REDACTED], in early 2002.
- C. Respondent conducted intake and initiated Zoloft antidepressant therapy for Patient A.
- D. Respondent provided out-patient referrals and treatment program resources to Patient A. Additionally, Respondent provided after-hour crisis intervention for Patient A by telephone.
- E. Respondent failed to retain medical or prescription records of Patient A's treatment.

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 42.17 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 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.

Section 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 Respondent must complete a minimum of three (3) Category One hours of Continuing Medical Education (CME) in the subjects of general medical charting, recordkeeping, and risk management. Course work should include prescription writing and be completed within six (6) months of the effective date of this Stipulation. The course(s) shall be approved in advance by the Commission or its designee. Information on applicable CME can be acquired from the Commission or its designee. Respondent

shall provide the Commission with proof of completion of such course-work within thirty (30) days of such completion.

2.2 Respondent shall reimburse investigative costs to the Commission in the amount of \$1,000.00 (One Thousand Dollars) which must be received by the Commission within ninety (90) days of the effective date of this Stipulation. Failure to timely pay the reimbursement violates this Stipulation. The reimbursement must be paid by certified check or money order payable to the State Treasurer and mailed to:

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

2.3 Respondent must retain accurate and complete medical and prescription records of patient treatment.

2.4 The Commission will close this Stipulation to Informal Disposition without any appearance or request by Respondent when Respondent has fully complied with the terms of this Stipulation.

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

2.6 Respondent shall assume all costs of complying with this Stipulation.

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

2.8 Respondent shall inform the Commission and the Adjudicative Service Unit in writing, of changes in his residential and/or business address within thirty (30) days of such change.

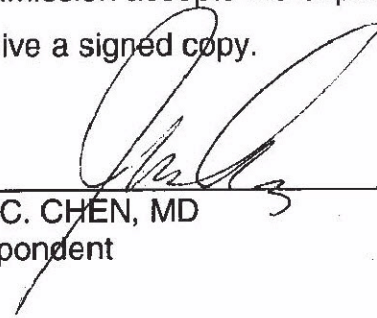
2.9 The effective date of this Stipulation to Informal Disposition is that date the Adjudicative Services Unit places the signed order into the U.S. mail. Respondent shall not submit any fees or compliance documents until after the effective date of the Stipulation.

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Section 3: ACKNOWLEDGMENT

I, JIM C. CHEN, 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.



JIM C. CHEN, MD
Respondent

4/27/06

Date

LEE M. BARNS, WSBA#5033
Attorney for Respondent

Date

Section 4: ACCEPTANCE

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


DATED this 27 day of April, 2006.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



Panel Chair

Presented by:



Lawrence J. Berg, WSBA # 22334
Department of Health Staff Attorney

April 27, 2006

Date

FOR INTERNAL USE ONLY:

PROGRAM NO. 2004-10-0060MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Jim C. Chen MD
Docket No.: 05-12-A-1045MD
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 42.56.350(2)

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

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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
February 13, 2007

FILED
FEB 14 2007
Adjudicative Clerk Office

Jim C Chen MD


Re: Docket No. 05-12-A-1045MD
Credential No. MD 31641
Program Case No. 04-10-0045MD

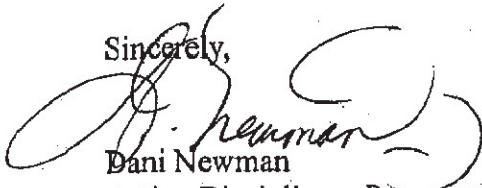
Dear Dr. Chen:

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 April 27, 2006. 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 me at the number below or write to the Department of Health, Health Profession Section 5, PO Box 47866, Olympia, WA 98504-7866.

Sincerely,



Dani Newman
Acting Disciplinary Program Manager
(360) 236-4793

c: Lee M Barns, Attorney
Larry Berg, Staff Attorney
Adjudicative Service Unit ✓