

Olympia, Washington 98504

RE: Sandra Anne Karlsvik, MD

Docket No.: 03-12-A-1005MD

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:

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 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

5 C 0 2 2003

Adjudicative Clerk Office

In the Matter of the License to Practice)	
as a Physician and Surgeon of:)	Docket No. 03-12-A-1005MD
CANDRA ANDID WAD COME AND)	CTATENTE OF ALLECATIONS
SANDRA ANNE KARLSVIK, MD)	STATEMENT OF ALLEGATIONS
License No. MD00025708)	AND SUMMARY OF EVIDENCE
)	
Respondent)	
)	

The Program Manager of the Medical Quality Assurance Commission ("Commission"), on designation by the Commission, makes the allegations below, which are contained in case file no. 2002-12-0047MD. Any patient referred to in this Statement of Allegations and Summary of Evidence is identified in an attached Confidential Schedule.

Section 1: ALLEGED FACTS

- 1.1 Sandra Anne Karlsvik, MD, Respondent was issued a license, to practice as a physician and surgeon by the state of Washington in July 1988.
- his primary care physician and treated him for his medical condition, trigeminal neuralgia. During the time she served as primary care physician, Respondent discussed the issue of treatment of his medical condition, trigeminal neuralgia by the use of marijuana, as authorized by RCW 69.51A.
- 1.3 Medical records from 1996 and Respondent's Statement indicate Patient One has had suicidal ideation and contemplated killing himself due to the pain from the trigeminal neuralgia.

1.4 While serving as Patient One's physician, Respondent did not take and/or chart a history and physical or keep any medical record of the care provided to Patient One.

Section 2: SUMMARY OF EVIDENCE

- 2.1 Declaration of Sandra Karlsvik, MD, before the Medical Quality Assurance Commission.
- 2.2 Declaration of Sandra Karlsvik, MD, before the Superior Court, Pierce County, Washington State, dated November 25, 2002.
 - 2.3 Respondent's Statement in response to Complaint.
 - 2.4 Patient One's medical records.
 - 2.5 Records and files in program file No. 2002-12-0047MD.

Section 3: ALLEGED VIOLATIONS

- 3.1 The facts alleged in paragraph's 1.2 through 1.4, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180 (4), which defines unprofessional conduct as, in part:
 - "(4) Incompetence, negligence, or malpractice 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 ten (10) working days to the Medical Quality Assurance Commission at:

Department of Health Medical Quality Assurance Commission 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 to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Rosemary J. Irvin, Staff Attorney within ten (10) working days at:

Department of Health / Centerpoint 20435 – 72nd Avenue South, Suite 200 Kent, WA 98032 (253) 395-2788

4.4 If Respondent does not respond within ten (10) working days, the Medical Quality Assurance 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).

DATED this 2nd day of December 200%.

STATE OF WASHINGTON DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE COMMISSION

Lisa Noonan

Program Manager

For Rosemary J. Irvin WSBA # 8137

Department of Health Staff Attorney

FOR INTERNAL USE ONLY.

Program Case No. 2002-12-0047MD

CONFIDENTIAL SCHEDULE

SANDRA ANNE KARLSVIK, MD Program No. 2002-12-0047MD Docket No. 03-12-A-1005MD

This Confidential Schedule is intended for use of the parties to clarify the factual circumstances surrounding the allegations of the Statement of Allegations. The Confidential Schedule is to be released only to the parties, and as otherwise directed by the Medical Quality Assurance Commission during the administrative proceedings.

PATIENT NUMBER

PATIENT NAME

ONE



Olympia, Washington 98504

RE: Sandra Anne Karlsvik, MD

Docket No.: 03-12-A-1005MD

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:

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:)	Docket No. 03-12-A-1005MD	
SANDRA ANNE KARLSVIK, MD License No. MD00025708)	STIPULATION TO INFORMAL DISPOSITION	-
Respondent) _)		

Section 1: STIPULATION

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

Respondent, is informed and understands that the Program Manager of Medical Quality Assurance Commission ("Commission"), on designation by the Commission has made the following allegations:

- 1.1 Sandra Anne Karlsvik, MD, Respondent was issued a license, to practice as a physician and surgeon by the state of Washington in July 1988.
 - as his primary care physician and treated him for his medical condition, trigeminal neuralgia. During the time she served as Patient One's primary care physician, Respondent discussed the issue of treatment of his medical condition, trigeminal neuralgia by the use of marijuana, as authorized by RCW 69.51A.
 - 1.1.2 Medical records from 1996 and Respondent's Statement indicate Patient One has had suicidal ideation and contemplated killing himself due to the pain from the trigeminal neuralgia.
 - 1.1.3 While serving as Patient One's physician, Respondent did not take and/or chart a history and physical or keep any medical record of the care provided to Patient One.

- 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.
- 1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition 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 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 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 Respondent shall successfully complete either the PROBE or Vanderbilt medical education course on physician – patient boundary issues and ethics within one year of the effective

date of this Agreed Order, or, if such course is unavailable within this time, as soon as possible thereafter. The Commission shall make the final determination as to what is "successful completion".

- 2.2 Respondent shall follow generally accepted practice standards in providing patient treatment.
 - 2.3 Respondent shall maintain proper patient records for patients she treats.
- 2.4 Respondent shall pay one thousand dollars (\$1000) for recoupment of the expenses of the Department of Health in investigation and processing this action. This fee shall be remitted to the following address within one year of acceptance of this Stipulation to Informal Disposition by the Commission:

Department of Health Medical Quality Assurance Commission Accounting Department Post Office Box 1099 Olympia, Washington 98507-1099

2.5 Jurisdiction under this Stipulation to Informal Disposition shall end upon completion of its terms and written release by the Commission.

I, Sandra Anne Karlsvik, MD, Respondent, certify that I have read this Stipulation to

1,000			
Informal Disposition in its entirety; that my counsel o	f record, if any, has	fully explained the	
legal significance and consequence of it; that I fully us	nderstand and agree	e to all of it; and that i	t
//			
//			
//			
//			
//		*	
//			
//			
//	ė.		
//			
//			
//			

may be presented to the Commission	n without my appearance. If the Commission or Secretary of
Health accepts the Stipulation to Inf	formal Disposition, I understand that I will receive a signed
сору.	SANDRA ANNE KARLSVIK, MD Respondent 1 - 2(-04) Date Mark Leemon Attorney for Respondent 7/27/64
	Date
Se	ection 3: ACCEPTANCE
The Commission accepts this	Stipulation to Informal Disposition. All parties shall be
bound by its terms and conditions.	,
DATED this <u>(</u> § day of <u>Que</u>	<u>J</u> , 2004.
	STATE OF WASHINGTON DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE COMMISSION By: L. L
	Panel Chair
Presented by: Welmany Von Rosemary J. Irvin WSBA # 8137 Department of Health Staff Attorney 8-18-04	
Date	

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 2002-12-0047MD



Olympia, Washington 98504

RE: Sandra A. Karlsvik, MD

Docket No.: 03-12-A-1005MD

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 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.

November 9, 2005

Sandra A Karlsvik MD

Re:

Docket No. 03-12-A-1005MD

Credential No. MD 25708

Program Case No. 02-12-1047MD

Dear Dr. Karlsvik:

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 18, 2004. 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 feel free to contact Dani Newman, Compliance Officer, at (360) 236-4793 or write to the Department of Health, Health Profession Section 5, P.O. Box 47866, Olympia, WA 98504-7866.

Sincerely,

Lisa Noonan

Disciplinary Program Manager

Medical Quality Assurance Commission

Larry Berg, Staff Attorney C: Adjudicative Service Unit 1711000