

NO. 90429-4  
NO. 69643-2-I

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IN THE SUPREME COURT FOR  
THE STATE OF WASHINGTON

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PATRICIA A. GRANT, PhD,

Petitioner,

v.

CLAUDIO GABRIEL ALPEROVICH, ST FRANCIS HOSPITAL- FRANCISCAN  
HEALTH SYSTEM; VALLEY MEDICAL, CENTER, TRIENT M. NGUYEN,  
MICHAEL K. HORI; PACIFIC MEDICAL, CENTER, INC.; LISA OSWALD;  
SHOBA KRISHNAMURTHY; MICHELE PULLING; WM. RICHARD LUDWIG;  
U.S. FAMILY HEALTH PLAN @PACIFIC MEDICAL CENTER INC.;  
VIRGINIA MASON MEDICAL CENTER; RICHARD C. THIRLBY, MD'S

Respondents.

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Court of Appeals Case No. 69643-2-1  
Appeal from the Superior Court for the  
State of Washington for King County

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PETITIONER'S RESPONSE TO  
RESPONDENT'S ANSWERS

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AUG 27 2014  
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## **I. RESPONSE TO RESPONDENT'S ISSUES PRESENTED FOR REVIEW.**

The mission of the Washington Supreme Court is to protect the liberties guaranteed by the constitution and laws of the state of Washington and the United States; impartially uphold and interpret the law; and provide open, just, and timely resolution of all matters. Chief Justice Barbara A. Madsen

### **A. Matter of Federal Concern:**

Dr. Grant's Petition raises numerous federal judicial procedural and civil rights violation questions, against the Washington State Court of Appeal Division I (COA), and King County Superior Court, Seattle, WA.

In Good Faith, she appears before this court raising questions of State judiciary rulings that denied her equal protection under the law, due process of the law, the right to legal protection and restitution from those who harmed her, as cited in her Petition for Review, COA, and Superior Court records governed by: 28 C.F.R. Part 1654, 28 C.F.R. Part 36, 28 C.F.R. § 36.104 (4)(i), 42 U.S.C. § 12102, 42 U.S.C. § 12131, 42 U.S.C. §§ 12181-12189, 1<sup>st</sup> and 14<sup>th</sup> Constitutional Amendments, Judicial Cannons, and others (See Original Petition).

Respondent's argued De Facto "Medical State Exclusivity" in defense of Dr. Grant's civil rights complaints. November 9, 2012, she tried to cite *Ambach v. French*, 167 Wn.2d 167 (Wash. 2009), as her legal authority, but Superior judge was hostile and did not allow her the opportunity to adequately present her her argument[Nov 2012-RP 23 1-25 and 24 1-25, 25 1-23].

Respondent's continued claims and references to Dr. Grant's complaint against them in the U.S. Federal court is a mute topic. She has waved her civil rights claims against Respondents to the federal court. She appears before this court seeking justice for medical malpractice (Neglect, and Failure to Treat).

Dr. Grant asks this court for judicial objectivity in reviewing Respondents case dismissals. COA praised Superior Judge's mockery of Washington's judicial system as one of great patients in hearing the complaint litigant with mental and behavioral health disabilities. Dr. Grant was Pro Se and the topic of mental health civil right violations were also a form of discussion November 9, 2012. COA approved the unprofessional actions of Winking, Smirking, Signaling, Mouthing, but the judge and the avoidance of courtroom recordings.

COA rulings have brought Washington State's Judiciary proceedings into federal question. Dr. Grant is petitioning review of the case dismissals and judicial rulings as presented in her Petition: 1) Rush to Summary Judgment; 2) Denial of Court Access, 3) Hostile and Inaccessible judicial system pursuant to 28 C.F.R. and 42 U.S.C. (see Petition for Review); 4) Conflict of Judicial Interest, 5) Biasness in favor for Special State Attorney and Former State Commissioner Yoshida;

6) Complaint Retaliation; 7) Structural Discrimination (De Facto and De jur laws and rulings) of a Pro Se multi-protected class complainant; 8) Judicial loss of Objectivity; 9) Constitutionally Vagueness of Judicial Process;

10) Synonymous application of the Expert Witness Affidavit -Letter used in the same capacity as the unconstitutional stricken Certificate of Merit, used to deny Dr. Grant “Reasonable” court assess for complaint discovery, and granted Respondents Summary Judgment case dismissal; and 11) The allowance and contribution of judicial harassment.

**B. Response to Respondents:**

Is the judicial authority of the COA and Trial Court, above that of the United States Constitution, Federal, and State of Washington Supreme Courts?

Respondents argue Dr. Grant did not have legal protection under the laws she has cited and ruled by the COA upper echelon judiciary authorities she alleges was denied, not limited to:

A) Rule 8(f) FRCP, which holds that all pleadings shall be construed to do substantial justice: Respondents has not brought forward argument before any court or proved no set of facts that that Dr. Grant’s case is without merit. Superior Judge acknowledged that Dr. Grant pleadings may be legitimate concerns [Nov 2012 - RP 27 1-3].

B) The respondents argue that Dr. Grant failed to set forth facts to support her medical records supporting.

Conley v. Gibson, 355 U.S. 41 at 48 (1957). The decisive answer to this is that the Federal Rules of Civil Procedure do not require a claimant to set out in



detail the facts upon which he bases his claim. To the contrary, all the Rules require is "a short and plain statement of the claim" (Rule 8(a)(2)) that will give the defendant fair notice of what the plaintiff's claim is and the grounds upon which it rests. Dr. Grant sent intent to take legal action notices to the Respondents more than 30 days prior to filing her complaint (Appendix(App) A).

The illustrative forms appended to the Rules plainly demonstrate this. Such simplified "notice pleading" is made possible by the liberal opportunity for discovery and the other pretrial procedures established by the Rules to disclose more precisely the basis of both claim and defense and to define more narrowly the disputed facts and issues.

Following the simple guide of Rule 8(f) that "all pleadings shall be so construed as to do substantial justice," we have no doubt that petitioners' complaint adequately set forth a claim and gave the respondents fair notice of its basis. The Federal Rules reject the approach that pleading is a game of skill in which one misstep by counsel may be decisive to the outcome, and accept the principle that the purpose of pleading is to facilitate a proper decision on the merits. *Maty v. Grasselli Chemical Co.*, 303 U. S. 197.

C) Pro se pleadings are to be considered without regard to technicality; pro se litigants' pleadings are not to be held to the same high standards of perfection as lawyers. *Jenkins v. McKeithen*, 395 U.S. 411, 421 (1959); *Picking v. Pennsylvania R. Co.*, 151 Fed 2nd 240; *Pucket v. Cox*, 456 2nd 233.

D) "Pleadings are intended to serve as a means of arriving at fair and just settlements of controversies between litigants. They should not raise barriers, which prevent the achievement of that end. Proper pleading is important, but its importance consists in its effectiveness as a means to accomplish the end of a just judgment." *Maty v. Grasselli Chemical Co.*, 303 U.S. 197 (1938).

E) "Court errs if court dismisses pro se litigant without instruction of how pleadings are deficient and how to repair pleadings." *B. Platsky v. CIA*, 953 F.2d 25, 26 28 (2nd Cir. 1991).

Respondent's arguments defending COA rulings raises federal judicial questions of the denial of Dr. Grant's rights in the State of Washington to self-represent and restitution from harm from healthcare providers.

## **II. RESPONSE TO RESTATEMENT OF THE CASE.**

### **A. Standard of Care and Causation:**

As aforementioned, Trial Judge acknowledges Dr. Grant pleadings may be legitimate concerns [Nov 2012 - RP 27 1-3], yet denied her court access. She raised this issue to the COA. COA and Respondents have not argued that Dr. Grant does not have a meritorious legal complaint:

Respondents failed to diagnose and treat Dr. Grant's gastric bypass hernia requiring surgical correction that resulted in angulated and twisted intestines, small bowel blockage, and intestinal hematoma. They neglect to follow

Washington State standard of care for treatment, as required by Dr. Grant's mandatory informed consent form (App B):

“Standard of Care” for gastric bypass hernias and internal complications:

1) # 14. Bowel obstruction: “... You understand that you need to seek medical help as soon as you develop any severe abdominal pain because of risk of bowel dying from strangulation...”; 2) #15. Persistent nausea with or without vomiting after surgery: “...Your physician should be made aware if you develop persisting nausea and vomiting...”; 3) # 23. Hernia: “...A hernia requires repair, which is another surgery. Occasionally the hernia can lead to persisting pain, bowel obstruction or strangulation of bowel. These are serious and potential life-threatening complications that need immediate surgery”; and 4) Unlisted and Unforeseen complications: “... You agree that the doctors have done their reasonable best in listing the most significant complications that may occur ...”.

**B. Medical Timeline:**

**June 17, 2009**, Gastric bypass surgical procedure (GSP) performed, Informed Surgical Consent form signed prior to surgery (App B): 1) **June 24, 2009**, [CP 137-172] Post- GSP complications reported; 2) **July 13-14, 2009**, Dr. Alperovich's x-rays and reports revealing gastric hernia(s) and swallowing delays, as requested by Dr. Oswald [CP 244-247];

3) **August 1-12, 2009**, Dr. Alperovich devised mental health plaction medical treatment, places Dr. Grant on intravenous feeding, ignores his medical

findings of July 13-14, and medical x-rays and emergency room reports of hematoma's, swallowing delays, dehydration, severe abdominal pain, and vomiting [CP 244-247 and medical reports]

**4) October 5-6, 2009**, Dr(s) Pulling and Krishnamurthy denial of recommend specialized x-ray's, Dr. Grant request of them to review with her medical records, falsified psychosis prescription medication – mental health treatment cohesion;

**5) October 2009**, Dr. Ludwig denies Dr. Grant's request for medical records review and assistance; **6) November 2009, U.S. Family Health Plan (USFHP)** responds to Dr. Grant's Congressional, informs Dr. Grant they conducted a medical review of her records and found no medical problems; **7) November 2009**, Dr. Schembre reports internal twisting and recommends exploratory surgery. [CP 287-288];

**8) December 23, 2009**, Dr. Thirlby disregards Dr. Schembre's recommendations, denies Dr. Grant corrective surgery, searches her medical records for her mandatory pre-gastric bypass mental health evaluation (App C), misquotes the findings to support fabricated conversation with Dr. Grant, while not adhering to the Washington Standards of care noted on Dr. Grant's Surgical Informed Consent (App B); and

**9) February 26, 2010**, Dr. Goodman surgically corrects Dr. Grant's hernia, diagnosed by Dr. Alperovich July 2009, along with other complications

that arose, during Dr. Grant's nine months of medical neglect, misdiagnoses, lack of medical concern, and Respondent's failure to follow Washington's required Standards of care and surgical correct Dr. Grant's life threatening gastrointestinal intestine complications.

**C. Expert Witness Theory -Met:**

Dr. Grant's Expert Witness, Dr. Goodman, is also the Medical Expert **who listened to Dr. Grant, studied her medical records, and in February of 2010** corrected her Gastric Bypass Hernia that was diagnosed and in her medical records, July 2009. Superior Judge recognized this fact [Nov 2012-RP 17 1-24].

Dr(s) Alperovich, Goodman, Pulling, Krishnamurthy, Thirlby, and Schembre (Not a party to this lawsuit) are Gastroenterology doctors. Dr(s) Alperovich, Thirlby, and Goodman are "Gastroenterology Surgeons," conducting gastric-bypass surgery. Whereas, Dr. Alperovich preformed Dr. Grant's bypass surgery in June 2009, and Dr. Goodman repaired Dr. Alperovich's July 2009 diagnosed hernia(s) and other complications, February 2010.

Dr. Goodman and Dr. Alperovich at the time of Dr. Grant's surgery were Bariatric Center of Excellence surgeons, with Dr. Goodman also a member of the American Society of Bariatric Surgeons. The fact that Dr. Goodman was embed in recovery from a natural disaster, learned counsel arguing local court ruling and practices in direct conflict the U.S. 14th Amendment constitutional law; Dr. Grant

makes as a matter of court record legal obstacles and barriers she encounter by opposing party's blocking her discovery.

Dr. Grant met the requirement of ensuring that a layman was not giving the courts hearsay information when she brought the letter of Dr. Goodman on November 9, 2012.

As a matter of law, examination of Dr. Grant's medical timeline, declared medical x-rays, and declared medical records, establishes genuine issues of material fact that as of July 23-14, 2009: 1) Dr. Grant's hernia diagnoses was a matter her medical records; and 2) Dr. Grant's June 2009, acknowledged informed surgical consent form; explaining post-gastric bypass hernia complications and required surgical repair was a matter of her medical records for Dr(s) Alperovich (July-August 2009), Oswald (July 2009), Krishnamurthy (September –October 2009), Pulling (October 2009), Ludwig (November 2009), USFHP (July-February 2009), Thirlby (September-December 2009), and other unknown health care providers noted who allegedly examined her medical records.

Dr. Grant cited the proper legal authorities and rules denying Respondents Medical Malpractice summary judgment based on claims of frivolousness (Dr. Pulling – Non Oral – Jurisdiction Hearing), Untimely Expert Witness Letter, and Respondents deciding if they want to participate due to lack of Jurisdiction (Dr. Nguyen and Valley Medical Center) [Nov 2012- RP 4 10-25].

Trial Judge choose to ignore the U.S. and State Supreme court rulings on Rule 56 c in Medical Malpractice cases and give Respondents relief on an alleged technicality committed by a Pro Se Plaintiff ( Letter Timeliness). COA's ruling raises both State and Federal judiciary questions warranting case review.

Respondents had access to Dr. Grant's medical records, including Dr. Oswald who requested the July 2009 examinations, but refused Dr. Grant's request to review the findings, when Dr. Grant her she did not agree Dr. Alperovich's continued diagnoses of Thrush.

Dr. Alperovich and St. Franciscan Health Center- St. Francis Hospital also fail to honor testimony regarding Washington's standard of care and the non-compliance of Dr. Grant's Informed Consent form (App B) that they required her to sign.

Dr. Grant's post gastric bypass hernia and informed consents was a matter of medical record available for all the other unknown doctors, who stated that Dr. Grant was mentally ill, named by USFHP in reply to Dr. Grant's congressional inquiry (November 2009); whereas, all of these individuals were alleging that Dr. Grant's post-gastric bypass symptoms and complications was mental illness, while denying her required post-gastric bypass corrective hernia surgery.

### **III. RESPONSE ON WHY REVIEW SHOULD BE GRANTED.**

#### **A. Washington State Court Access Denied:**

The people have a right of access to courts; indeed, it is “the bedrock foundation upon which rest all the people's rights and obligations.” *Marbury v. Madison*, 5 U.S. (1 Cranch) 137, 163, 2 L.Ed. 60 (1803). *Elmore v. McCammon* (1986) 640 F. Supp. 905. *John Doe v. Puget Sound Blood Ctr.*, 117 Wash.2d 772,780, 819 P.2d 370 (1991) *Id.* at 782, 819 P.2d 370. *Putman v. Wenatchee Valley Medical Center, P.5.*, 166 Wn.2d 974, 216 P.3d 374 (2009).

COA and Trial Judge ignored Washington State’s governing practices, guidelines, and procedures addressing Pro Se litigants with mental and behavioral disabilities, thus bring the State Judicial system into Federal Question.

Not only was Dr. Grant subjected to inhumane medical treatment, as afore written (See Medical Timeline). She has been subjected to humiliation, hostility, and retaliation, also raising federal questions of Conflict of Interest within the Washington State judicial process.

Respondents received dismissals on converted facts. Respondent’s counsel as a matter of court record did not and has not presented sustainable facts warranting summary judgment dismissal. Respondent’s replies are bald-face personal restatements of the medical documents and information they have provided.



Respondents are arguing hearsay judicial technicalities receiving court dismissal based on the documentation they provided in response to Dr. Grant's limited interrogatory request.

June 15, 2012, Dr. Grant submitted her medical records as supporting evidence with her original complaint, asking for discovery rights to investigate and identify other parties to her claim; therefore, meeting her medical malpractice prima facie and legal discovery right to court access in accordance with the U.S. Supreme Court's Rule 56 (c) summary judgment rulings.

COA and Superior Judge's findings are of deliberate indifference and contrary to the three 1986 United States Supreme Court dissents clarifying Rule 56 Summary Judgments, Washington State Supreme court rulings clarifying affidavits and certifications prior to discovery in medical malpractice complaints. *John Doe v. Puget Sound Blood Ctr.*, 117 Wash.2d 772,780, 819 P.2d 370 (1991) Id. at 782, 819 P.2d 370. *Putman v. Wenatchee Valley Medical Center*, P.5., 166 Wn.2d 974, 216 P.3d 374 (2009). *Matsushita Electric Industrial Co., Ltd. V. Zenith Radio Corp.* 475 U.S. 574. *Celotex Corporation v. Catrett*, *Administratrix of the Estate of Catrett* 47 U.S. 317. *Jack Anderson, et al. v. Liberty Lobby, Incorporated, et al.*

#### **1. Discovery Timeline:**

**1) June 15, 2012**, complaints filed in King County Superior Court and given one year discovery period, with case initiation instructions; **2) Early July 2012**,

Respondents appeared. Dr(s) Hori and Pulling receiving multiple serve notification; **3) August 7, 2012**, Dr. Hori submits his 1<sup>st</sup> set of interrogatories, production of documents, and admissions request (Presented in Court record as example); **4) August 23, 2012**, Dr. Grant, following the same discovery style as Dr. Hori, submits her first set of interrogatories, admissions, and production of documents to include her request for polices, governing guidelines (App D);

**5) September 12, 2012**, appellees filed summary judgment motions (Oral Arguments), November 9, 2012; **6) On or about September 28, 2012**, with the exception of Dr. Hori, Pacific Medical Center Defendant's , Valley Medical Center and Dr. Pulling (Jurisdiction summary dismissals); Appellees summary judgment motions and discovery replies received;

**7) August 28, 2009**, Respondent's Alperovich, informed Dr. Grant he understood what she was requesting and that he would reply after November 9, 2009 summary hearing. He cited legal authority in not answering interrogatory questions. No interviews, depositions, or Washington medical governing guidelines, polices or practices to examine;

**8) On or about October 12, 2012**, received Pacific Medical Center (PacMed) Respondents letter answering Dr. Grant's discovery request alleging to provide interrogatories, referenced King County rules deflecting Dr. Grant's discovery request (App. E). No interviews, depositions, or Washington medical governing guidelines, polices or practices to examine;

**9) October 11, 2012**, Dr. Hori's summary brief and discovery request received, arguing release of production of documents if survival of November 9, 2012 Hearing. He provided legal argument for numerous unanswered interrogatories. No interviews, depositions, or Washington medical governing guidelines, polices or practices to examine.

**10) October 12, 2012**, receives Dr. Pulling's summary judgment motion and notice for non-oral hearing on **October 29, 2012**: Dr. Grant's response to failure to file within governing rules hearing date was rescheduled to October 29, 2009. No interviews, depositions, or Washington medical governing guidelines, polices or practices to examine.

Dr. Grant's COA Motion for Reconsideration provides legal opinion addressing jurisdiction dismissal of Dr(s) Pulling and Nguyen.

**11) October 29, 2012**, Dr. Grant's reply to summary judgment motions deadline met; **12) October 30, 2012**, Superstorm Hurricane Sandy strikes New York, cutting off Dr. Grant's ability to reach Dr. Goodman, her Expert Witness: Dr. Grant testifies to this fact that she did not have the discovery to assist her Expert Witness in an Affidavit; their contact was very limited due to the Storm, and Dr. Goodman was operating in limited capacity while on emergency call status.

Dr. Grant has argued and complained of the court proceedings tape recordings erasers as matter of court record, establishing the discrepancies in the recording proceedings and her allegations;

**12) On or about November 5, 2012**, defendant's reply briefs received; **13) On or about November 7, 2012**, Dr. Grant, established limited communication with Dr. Goodman; **14) November 8, 2012**, Dr. Grant receives e:mail of expert witness letter from Dr. Goodman; **15) November 9, 2012**, summary judgment hearing. [CP 330-343, 104-136].

No interviews, depositions, Washington medical governing guidelines police or practices to assist Dr. Grant's Expert Witness write his affidavit (Certificate of Merit), or allow her the opportunity full investigation of her medical complaint.

Dr. Grant's Discovery timeline also establishes less than 30 days of discovery for a Pro Se Litigant against seven or more skilled and learned counsels, defending a medical malpractice claim that was neither extensive nor reasonable.

This timeline also raises federal questions of judicial discrimination against Dr. Grant, Pro Se complainant by denying her a reasonable or extensive discovery period, when there is common legal knowledge of this requirement in a medical malpractice complaint. *John Doe v. Puget Sound Blood Ctr.*, 117 Wash.2d 772,780, 819 P.2d 370 (1991) Id. at 782, 819 P.2d 370. *Putman v. Wenatchee Valley Medical Center, P.5.*, 166 Wn.2d 974, 216 P.3d 374 (2009).

## 2. Rush to Summary Judgment:

COA and Superior Judge's denial of discovery when there is common legal knowledge of discovery in a meritorious medical malpractice complaint, is a question of disparate treatment.

Application of all four standards of review, in light of Dr. Grant as the non-moving party ( U. S. Supreme Court Justice Powell – *Matsushita Electric Industrial Co., Ltd. v. Zenith Radio Corp.* 475 U.S. 574); this court will find that Dr. Grant court access was denied and summary dismissals were invalid as a matter of law:

1) De Novo. *Whatley v. CNA Ins. Co.*, 189 F.3d 1310, 1313 (11th Cir. 1999); 2) Clearly Erroneous. *Concrete Pipe and Prods. v. Construction Laborers Pension Trust*, 508 U.S. 602, 623 (1993) and *Inwood Laboratories, Inc. v. Ives Laboratories, Inc.*, 456 U.S. 844, 855 (1982); 3) Substantial Evidence. *Richardson v. Perales*, 402 U.S. 389, 401 (1971); and 4) Abuse of Discretion. *Alexander v. Fulton County*, 207 F.3d 1303, 1326 (11th Cir. 2000):

U.S. Supreme Court Justice Rehnquist states the plain language of Rule 56(c) mandates the entry of summary judgment, **after adequate time for discovery** and upon motion, against a party who fails to make a showing sufficient to establish the existence of an element essential to that party's case, and on which that party will bear the burden of proof at trial. The party seeking

summary judgment always has the initial burden of presenting the basis for its motion and identifying those portions of the pleadings, depositions, answers to interrogatories and admissions that demonstrate the absence of a material fact.

*Celotex Corporation v. Catrett, Administratrix of the Estate of Catrett*

47 U.S. 317 .

On summary judgment motions, U. S. Supreme Court Justice Brennan speaking for the majority stated, if the moving party does demonstrate the absence of evidence its opponent must respond by pointing to record evidence, which was overlooked by the moving party or by supplying additional evidence. The moving party must then attack the adequacy of the evidence upon which its opponent is relying. *Celotex Corporation v. Catrett, Administratrix of the Estate of Catrett*

47 U.S. 317 .

Rules 56(a) and (b) state that claimant and defendants, respectively, may move "with or without supporting affidavits.", also Dispensing with any necessity for affidavits furthers the purpose of Rule 56 which is to dispose of factually unsupported claims or defenses. In substance, the opposing party's evidence must be admissible at trial, e.g. not hearsay; however, it may be in a form, which is otherwise inadmissible, e.g. affidavits. *Celotex Corporation v. Catrett, Administratrix of the Estate of Catrett* 47 U.S. 317 .

Dr. Grant throughout all of her pleadings has provided ample evidence for Rule 56 denial under the authority of the U.S. Supreme Court 1989 rulings. For

brevity, she asks this court to review the following in addition her Petition and this Reply to Respondents:

Washington State Court of the Appeals Opening Brief and Attachments, Motion of Reconsideration and Declaration, Original Filings and supporting evidence. Report of the Proceedings November 9, 2012, and Dr. Grant's pleadings court papers.

“Summary judgment is appropriate only where, drawing all reasonable inferences in favor of the nonmoving party, there is no genuine issue as to any material fact ... and the moving party is entitled to judgment as a matter of law.” *Celotex Corp. v. Catrett*, 477 U.S. 317, 322, 106 S.Ct. 2548, 91 L.Ed.2d 265 (1986); FED. R. CIV. P. 56(a).

Issues of fact are genuine “if the evidence is such that a reasonable jury could return a verdict for the non-moving party.” *Jack Anderson, et al. v. Liberty Lobby, Incorporated, et al.* 477 U.S. 242; “Material facts are those which will affect the outcome of the trial under governing law” ’ *Jack Anderson, et al. v. Liberty Lobby, Incorporated, et al.* 477 U.S. 242.

Dr. Grant's court records bring to light information far beyond a mere scintilla of relevant evidence that a reasonable mind might accept as adequate in supporting conclusions: COA and Superior Court Judges denied her 14<sup>th</sup> amendment rights of equal protection under the law and court access to defend the

harm and damage brought on by the medial neglect and failure to treat by these medical Respondents.

**B. Questions of Objectivity, Biasness, and Violations – Canon 3  
Codes of Conduct Washington State Judges (COA and  
Superior)**

**1. Hostile and Inaccessible Courtroom and Judicial System:**

"Pleadings are intended to serve as a means of arriving at fair and just settlements of controversies between litigants. They should not raise barriers which prevent the achievement of that end. Proper pleading is important, but its importance consists in its effectiveness as a means to accomplish the end of a just judgment." *Maty v. Grasselli Chemical Co.*, 303 U.S. 197 (1938).

Court errs if court dismisses pro se litigant without instruction of how pleadings are deficient and how to repair pleadings." *B. Platsky v. CIA*, 953 F.2d 25, 26 28 (2nd Cir. 1991):

Superior Judge dismissed Dr. Grant's complaints with Prejudice, without instruction on pleading deficient, repair and the opportunity to do so, although he clearly recognized that Dr. Grant could provide Expert Witness Testimony to support her claim, as to his striking her Letter untimely. COA rulings on this reflect hostility, retaliation, and discriminatory opinions and overtones.

COA dismissed Dr. Grant's complaint, refused her motion for reconsideration, and provided her no instructions on how to remedy her



complaint, nor an opportunity to do so, by rejecting her Motion of Reconsideration.

COA determined that Superior Judge showed great patients with Dr. Grant, although he denied Dr. Grant's request for 42 U.S. C. ADA accommodations to read her responses into court record, and was continually cut-off in the mist of argument and told by judge he was not allowing her to give argument in defense of her complaint.

Dr. Grant made this admission to the COA along with Judge's violations of the State Judicial canons and making a mockery Washington States judicial system.

COA determined that Dr. Grant was not discriminated against as a Pro Se Litigant or for any other reason, ignoring her U.S. 42 ADA request to read her responses into court record, and use this denial of communication to rule against her, and assert Attorney Fees.

U. S. Supreme Court Justice Brennan on the movant's burden proof in his dissenting opinion, the burden of persuasion at trial would be on the non-moving party, the party moving for summary judgment may satisfy Rule 56's burden of production in either of two ways:

First, the moving party may submit affirmative evidence that negates an essential element of the moving parties claim. Second, the moving party may demonstrate to the Court that the non-moving party's evidence is insufficient to

establish an essential element of the non-moving party's claim. *Celotex Corp. v. Catrett*, 477 U.S. 317, 322, 106 S.Ct. 2548, 91 L.Ed.2d 265 (1986).

**This does not mean, however, that the movant can baldly assert that the opponent has no evidence.** Such a burden of production is no burden at all and would simply permit summary judgment procedure to be converted into a tool for harassment. The moving party must show the absence of evidence, perhaps by deposing the opponent's witnesses, or parsing the documentary evidence or reviewing the answers to interrogatories. *Celotex Corp. v. Catrett*, 477 U.S. 317, 322, 106 S.Ct. 2548, 91 L.Ed.2d 265 (1986).

COA ruling and opinion as a matter of law is a bald face, closed door assertion that Dr. Grant could not prove no genuine set of facts to support her claims, Judicial Harassment.

## **2. Conflict of Judicial Interest – A Federal Issue:**

COA deliberate indifference to FRCP 56 and 8(f) rules, Federal and State authorities, allegations of hostility, harassment, and discrimination, after Dr. Grant raised question of Superior Judge courtroom communications, actions, and allowance of testimony from Counsel who had been previously heard support the bases of argument of Washington State Judicial Conflict of Interest in favor:

State Municipal Officer as Defined in RCW 42.23.020(2); Former Commissioner, Washington State Medical Quality Assurance Commission and

present Special Assistant Attorney General, Douglas K. Yoshida WSBA# 17365

– Representing Respondent Michelle Pulling, MD former state employee.

Dr. Grant appeared before the Washington State Judicial System requesting Justice, upon which she has not received. No Justice. No Peace.

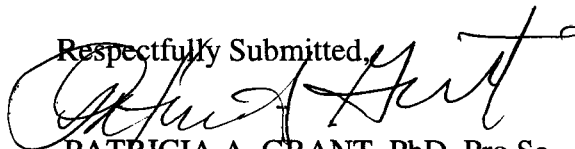
### CONCLUSION

Petitioner Patricia A. Grant, PhD legal is a stark contrast and the worse of what the Washington State Supreme Court and State Commissioner publishes as public policies of respect, courteous, and services to its citizens.

She respectfully prays this Court grant her Petition for Review; Deny COA Award of Attorney Fees; Allow to precede infamous paupas; Respondent is Certify their Medical Records; Remand for Trial De Novo /w Mental Health ADA Title II Accommodations for trial and hearings void any conflict of interest by State Municipal (District Attorney, Commissioners) Officers.

Dated: August 27, 2014

Respectfully Submitted,



PATRICIA A. GRANT, PhD, Pro Se  
1001 Cooper Point Rd # 240-231  
Olympia, WA 98502  
(210) 543-2331

## **APPENDIX**

- A. Petitioners Notices to Take Legal Action April 2009
- B. Franciscan Health Systems Informed Consent 6/2/2009
- C. Dr. Grant's Mandatory pre-gastric bypass surgical Psychological Evaluation.
- D. Dr. Grant's 1<sup>st</sup> Interrogatories and Production of Documents Request.
- E. Attorney Nancy Elliott, Pacific Medical Respondents Counselor, October 10, 2012 letter verifying incomplete and late discovery response.

## **APPENDIX A**

Patricia A. Grant  
1702 Camden Park Dr.  
Olympia, WA 98512

April 24, 2012

U.S. Family Health Plan  
Attention: Kate Ryan, V. P. Quality Control and Care  
1200 12<sup>th</sup> Ave S. Qtrs 8/9  
Seattle, WA 98144

Re: Denial of Medical Care - Mental Illness Discrimination  
Certified Mail: 7009 0960 0000 5565 7566  
Regular Mail

Kate Ryan:

After legal consultation and review of my medical records, letters, and the law; this is a **“Good Faith Amicable”** notification of intent to take **judicial** actions against your organization, regarding your denial of my **June 2009 post laparoscopic gastric bypass surgical correction**. To further protect my rights and ensure no further discrimination, I will be filing a legal claim prior to the end of the Washington State Medical Statue of Limitations, **based** on the following:

**A. Pretext information masking medical deception, denial of treatment, and Mental Illness disability discrimination, which is the bases for legal proceedings, as follows:**


- 1) Wm. Richard Lugwig MD, Medical Director, US Family Health Plan, October 2009 discriminatory medical denial.
- 2) October 2009 Congressional Complaint response Kate Ryan, Vice President of Quality and Care and Coordination and Program Director for US Family Health Plan.

**B. Mental Illness Labeling and Stigmatization** – Dr. Kirshnamuthy, Dr. Pullman (Student), Dr. Olswald, Dr. Shombre, and Dr. Alperovich are not Psychiatrists, they all had availability to my pre-surgical psychiatric evaluations, and were following Dr. Alperovich’s pretexted psychological diagnosis, verses reviewing my medical records and examinations. Records review would have noted the Internal Hernia after Laparoscopic Gastric Bypass, which was a part of the medical record, since July 2009. These hernias required surgical corrections; therefore, it was clear that this surgical medical necessity was neglected by these medical professionals, because they had utilized their psychiatric degrees to diagnosed, and began to trick or force mental illness treatments.

**C. Mental Illness Labeling, Categorizing, Stigmatizing, Profiling, Stereotyping and Discriminating** – The mental illness categorizations that tainted my records, caused 8 long months of suffering and mental anguish. These damages are directly, due to the bias surgical rejections within your medical network, upon which you supported. The discrediting left me no alternative to finding surgery support outside of your organization, upon which you did not approve, and had me to exit your network. Therefore, I had to travel to New York, NY for surgical non-discriminatory surgical correction, while having to return to Seattle to search for post-surgical follow-on care.

The actions of your organization directly tainted my character and creditability; therefore, defaming and discrediting me. Your support of the stigmatization of my medical records resulted in additional medical cost, mental anguish, humiliation, pain and suffering, denial of my civil rights that impeded proper medical care, and post-traumatic stress in regards to medical treatment. Your organization have deprived me of my basic human rights in the area of fair and open medical treatment, which must be recognized, corrected and compensated.

Sincerely,



Patricia A. Grant

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>U.S. Family Health PLAN  V.P. Quality Control + Care  200 12th Ave S, DTS  879  Leakhey, WI 98144</p>	<p>B. Received by (Printed Name) C. Date of Delivery  D. W. [Signature] 4-25-12</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>7009 0960 0000 5565 7566</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



Patricia A. Grant  
1702 Camden Park Dr.  
Olympia, WA 98512

April 24, 2012

Pacific Medical Centers  
Attention: Harvey Smith, Chief Medical Officer  
1200 12<sup>th</sup> Ave  
Seattle, WA 98144

Re: Denial of Medical Care - Mental Illness Discrimination

Lisa Oswald, MD (MD00044185), Shoba Krishnamurthy (MD00019387) and Michele Pulling (MD00046678)  
Certified Mail: 7009 0960 0000 5565 7627  
Regular Mail

Harvey Smith:

After legal consultation and review of my medical records; this is a **“Good Faith Amicable”** notification of intent to take **judicial** actions against your organization, regarding negligence and discriminatory actions associated with my **June 2009 post laparoscopic gastric bypass surgical care**. To protect my rights and ensure no further discrimination, I will be filing a legal claim prior to the end of the Washington State Medical Statute of Limitations, **based on the following:**

**A. Pretext information masking medical deception, denial of treatment, and Mental Illness disability discrimination, which is the bases for legal proceedings, as follows:**

- 1) Lisa Oswald, MD (MD00044185) - Requested Medical examinations in July 2009. July 2009 patient asked Dr. Oswald to review her referral examination and she refused. Her refusal to review her referral medical records, contributed into the fail diagnosis of an Internal Hernia after Laparoscopic Gastric Bypass that required surgery. Over the course of an eight (8) month period under her care, my condition worsens forming a small bowel obstruction/angulation gastric problem. Over this time period I persistently visited to allow her to witness the intermittent problems that were resulting from the required surgery to correct the Hernia that was identified in July 2009.

She diagnosed my illness as mental; therefore, supporting the pretexted medical reports verses examining her own medical request. She ignored the direct problems that I presented, and stood against me. She violated patient doctor trust, in supporting her colleagues, with deception by trying to create an urgent need for psychological examinations, verses supporting me in the obtainment of medical examination and

reading my records of July 2009. It took a Washington Tricare and Congressional complaint, to obtain the needed patient care that she supported her colleagues by denying. As my primary care doctor, her actions were instrumental in the denial of medical surgical treatment, New York, NY corrective surgery, eight (8) months of suffering, mental anguish, humiliation, and a host of damages, which could have not occurred, if she would have reviewed her July 2009 examinations as requested.

- 2) Shoba Krishnamurthy (MD00019387) – Handle scribbled a letter to VA regional hospital requesting examinations. She did not follow proper medical protocol. VA was not in her network. Kirshnamurthy made a mental illness diagnosis, while not addressing the Internal Hernia after Laparoscopic Gastric Bypass that was identified, through Alperovich July 2009 reports. Surgical problems identified in my medical records that she claims she was examining, yet she never identified the bowel blockage upon what she had made the VA referral.

Later Kirshnamurthy deny a specialized medical examination, diagnosed mental illness and misrepresented antidepressant medication. Her actions led to the Congressional and Washington complaint that identified the small bowel blockage and angulation. The mental illness tainting of my records, biased my medical records with pretext conversation.

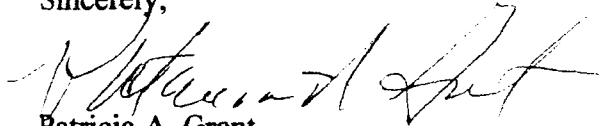
- 3) Dr. Michelle Pulling (Kirshnamurthy medical student) – Conducted no examination, co-spined with Kirshnamurthy, while they both denied me my rights of discussion regarding Oswald September 2009 medical referral to Virginia Mason. Pulling further assisted Kirshnamurthy in this deception by writing the bogus medical description.

**B. Mental Illness Labeling and Stigmatization** – Dr. Kirshnamurthy, Dr. Pullman (Student), Dr. Oswald are not Psychiatric MD's, they all had availability to my pre-surgical psychiatric evaluations, which informed them that my mental health was good and that I had a complicated history. They decided to follow Dr. Alperovich's pretexted psychological diagnosis, verses reviewing my medical records and examinations, as requested and denied in July 2009.

**C. Mental Illness Labeling, Stigmatizing, Profiling, Stereotyping and Discriminating** – The actions of these three doctors, due to their mental illness categorizations tainted my records, caused eight (8) months of suffering, denial of medical surgical care. Their discrediting of my mental state and character was a total violation of my medical civil rights, and let me know other alternative but to travel to New York, NY for corrective surgery.

The illegal discriminatory actions of these three doctors contributed to the tainting of my medical records, additional medical cost, mental anguish, humiliation, pain and suffering, denial of my civil rights to proper medical care, defamation of character and creditability, additional educational time and financial cost. Your organization has deprived me of my basic human rights regarding fair and open medical treatment, which must be recognized, corrected and compensated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia A. Grant', written in a cursive style.

Patricia A. Grant

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*Pacific Medical Centers  
Harvey Smith, CEO  
1200 12th Ave  
Seattle, WA 98144*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X [Signature]*  Agent  Addressee

B. Received by (Printed Name) / C. Date of Delivery  
*S. Weise / 4-25-12*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7009 0960 0000 5565 7627**

Patricia A. Grant  
1702 Camden Park Dr.  
Olympia, WA 98512

April 24, 2012

Virginia Mason Medical Center  
Attn: Legal Department –Lynne Chafetz (Administration)  
909 University St.  
Seattle, WA 981901

Re: Denial of Medical Treatment  
Richard C. Thirlby, MD, FACS  
Certified Mail: 7009 0960 0000 5565 7580  
Regular Mail

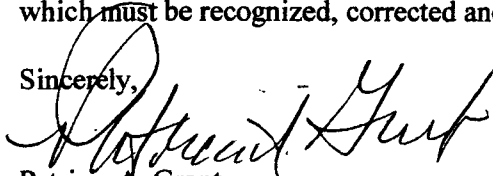
Mr(s) Lynne Chafetz:

After legal consultation and review of my medical records; this is a **“Good Faith Amicable”** notification of intent to take judicial actions against your organization, regarding the denial of medical surgery by **Richard C. Thirlby, MD**. To further protect my rights, I will be filing a legal claim prior to the end of the Washington State Medical Statue of Limitations.

December 23, 2009, Dr. Thirlby denied corrective gastric-bypass medical surgery, after Dr. Shombre identified the development of a mechanical small bowel obstruction/ angulation, involving the Roux limb of jejunum, coming off the gastric pouch. In addition my medical records identified an Internal Hernia after Laparoscopic Gastric Bypass in July 2009. This type of hernia had to be corrected through surgery. The bases of his denial of surgery was not explained in my examination, instead he ignored me, and offered treatment for my malnutrition to two white females that was providing me a ride to the appointment.

Thirlby denial of medical surgery resulted in denial of medical surgical coverage, as your organization is my insurance network hospital provider; therefore, I had to travel to New York, NY for emergency corrective surgery. Thirlby contributed to the additional medical cost, mental anguish, humiliation, pain and suffering, denial of my civil rights that impeded proper medical care and post-traumatic stress in regards to medical treatment, personal cost, loss of income opportunity, educational setbacks, increase educational cost, and limited follow on surgery in returning from New York, NY. His actions have deprived me of my basic human rights in the area of fair and open medical treatment, which must be recognized, corrected and compensated.

Sincerely,



Patricia A. Grant

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Virginia Mason Medical  
Center  
Attn: Legal Department -  
Lynne Chafetz  
909 University  
Seattle WA 98101

2. Article Number

(Transfer from service label)

7009 0960 0000 5565 7580

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

AMIR STIOLY

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

APR 09 2012

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Patricia A. Grant  
1702 Camden Park Dr.  
Olympia, WA 98512

April 24, 2012

St. Francis Health Systems  
Attn: Risk Management, Toni Hayes  
1717 South J. St.  
Tacoma, WA 98405

Re: Medical Neglect and Mental Illness Discrimination  
Claudio Gabriel Alperovich, MD (MD00042121)  
Certified Mail: 7009 0960 0000 5565 7597  
Regular Mail

Mr(s) Toni Hayes:

After legal consultation and review of my medical record and the law; this is a **“Good Faith Amicable”** notification of intent to take judicial actions against your organization, regarding my **June 2009 post laparoscopic gastric bypass surgical care, performed by Claudio Gabriel Alperovich, MD.** To further protect my rights and ensure no further discrimination, legal claims will be filed prior to the end of Washington State’s Medical Statute of Limitations, **based** on the following:

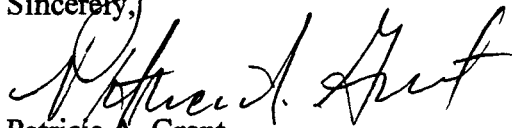
- A. **Medical Misdiagnosis** – Dr. Alperovich misdiagnosed an Internal Hernia after Laparoscopic Gastric Bypass, as Thrush then Mental Illness. His failure to review his July 2009 medical examinations that he had taken at your organization, contributed to **the development of a mechanical small bowel obstruction/ angulation involving the Roux limb of jejunum coming off the gastric pouch, with existing the Internal Hernia resulting from the Laparoscopic gastric-bypass.** This surgical medical development can be attributed directly to Alperovich’s denial of previous Thrush misdiagnoses. To support this misdiagnosis he facilitated a pretexted diagnosis of mental illness delusion, fixated on Thrush; therefore, causing the denial of medical treatment, 8 months of pain and suffering, humiliation, loss of covered medical care and travel to New York, NY for corrective surgery.
  
- B. **Medical Neglect** – Alperovich took no actions to correct or treat an Internal Hernia after Laparoscopic Gastric Bypass that developed on or about 4 days, after the initial June 2009 surgery release from your organization. Alperovich through two extensive hospital in-patient care opportunities, to address, treat and correct the July 2009 **Internal Hernia resulting from the Laparoscopic gastric-bypass that was identified for him, through your organization. He failed to take action. His incompetency was identified,**

**explained and corrected, through a Hernia and small bowel obstruction/angulation surgery performed in New York, NY, February 2010.**

- C. Mental Illness Labeling, Categorizing, Stigmatizing, Profiling, Stereotyping and Discriminating** – The discrimination and mistreatment received were the direct result of Alperovich's actions in his professional status, as a medical representative of your organization. Alperovich's ill begotten Mental Illness diagnosis and directive initiated the foundation of approximately 8-months of vomiting, limited liquid and no food intake, severe fatigue, fainting spells, intestinal involuntary vile secretions, dehydration, malnutrition, denial of covered medical surgical treatment, mental anguish, pain and suffering, loss of income opportunity, educational setbacks, increase educational cost, along with defamation of character.

Alperovich's actions directly tainted my character; therefore, defaming and discrediting me. The stigmatizing of my medical records resulted in additional medical cost, mental anguish, humiliation, pain and suffering, denial of civil rights that impeded proper medical care, financial and educational loss, and the exacerbation of a pre-existing condition: PTSD in regards to medical abuse. He have deprived me of my basic human rights in the area of fair and open medical treatment, which must be recognized, corrected and compensated.

Sincerely,



Patricia A. Grant



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*St. Francis Health System  
 1001 Hayes  
 Attn: Risk Management Dept  
 1717 South J. St.  
 Tacoma, WA 98405*

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
*Betsy Vann*

C. Date of Delivery  
*4-25-12*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail     Express Mail  
 Registered         Return Receipt for Merchandise  
 Insured Mail         C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service)    **7009 0960 0000 5565 7597**

Patricia A. Grant  
1702 Camden Park Dr.  
Olympia, WA 98512

April 24, 2012

Claudio Gabriel Alperovich, MD (Lic: MD00042121)  
24604 104<sup>th</sup> Ave SE, Ste 201  
Kent, WA 98030

Re: Medical Neglect and Mental Illness Discrimination  
Certified Mail: 7009 0960 0000 5565 7573  
Regular Mail

Claudio Alperovich:

**“Everyone has rights” including those with a “Mental Illness Diagnosis”!**

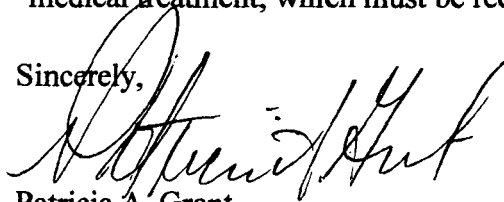
After legal consultation and review of my medical records, your notes, and letters; this is a **“Good Faith Amicable”** notification of intent to take judicial actions against you, regarding my **June 2009 post laparoscopic gastric bypass surgical care**. To further protect my rights and ensure no further discrimination, I will be filing a legal claim prior to the end of the Washington State Medical Statute of Limitations, **based** on the following:

- A. **Medical Misdiagnosis** – You misdiagnosed an Internal Hernia after Laparoscopic Gastric Bypass, as Thrash then divert to Mental Illness. Your failure to examine your own medical x-rays, contributed to **the development of a mechanical small bowel obstruction/ angulation involving the Roux limb of jejunum coming off the gastric pouch, in addition to the existing Internal Hernia resulting from the Laparoscopic Gastric-Bypass**. This surgical medical development can be attributed directly to medical misdiagnosis.
- B. **Medical Neglect** – You took no actions to correct or treat the Internal Hernia after Laparoscopic Gastric Bypass identified July 2009 that developed on or about 4 days after the initial surgery June 2009 hospital release. Although you had opportunity through two extensive hospital in patient stays, you failed to address, treat and correct the July 2009 Internal Hernia after Laparoscopic Gastric Bypass identification. **Your incompetency was identified, explained and corrected, through a small bowel obstruction/angulation, and Internal Hernia after Laparoscopic Gastric Bypass corrective surgery performed in New York, NY, February 2010.**
- C. **Mental Illness Labeling, Categorizing, Stigmatizing, Profiling, Stereotyping and Discriminating** – The discrimination and maltreatment received were the direct result from your actions, while you were in your professional status. You pretextual mental

illness diagnosis, along with your ill begotten assistance from Triet M. Nguyen, DO, initiated the foundation of approximately 8-months of vomiting, limited liquid and no food intake, severe fatigue, fainting spells, intestinal involuntary vile secretion, dehydration, malnutrition, denial of covered medical surgical treatment, mental anguish, pain and suffering, loss of income opportunity, educational setbacks, increase educational cost, along with defamation of character.

Your actions directly tainted my character; therefore, defaming and discrediting me. This stigmatizing of my medical records resulted in additional medical cost, mental anguish, humiliation, pain and suffering, denial of civil rights that impeded proper medical care, financial and educational loss, and the exacerbation of a pre-existing condition: PTSD in regards to medical abuse. You have deprived me of my basic human rights in the area of fair and open medical treatment, which must be recognized, corrected and compensated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia A. Grant', written in a cursive style.

Patricia A. Grant

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CLAUDIO GABRIEL ALPAROVICH,  
M.D.,  
24604 104<sup>th</sup> Ave SE, #201  
Kent, WA 98030

2. Article Number

(Transfer from service label)

7009 0960 0000 5565 7573

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL**

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

7010 2780 0003 6548 4575

(Transfer from service label)

2. Article Number

4. Restricted Delivery? (Extra Fee)  Yes

3. Service Type  
 Certified Mail  
 Express Mail  
 Registered  
 Return Receipt for Merchandise  
 Insured Mail  
 C.O.D.

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

B. Received by (Printed Name)  
 C. Date of Delivery

A. Signature  
 Agent  
 Addressee

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 Dr. Alparovich & Associates  
 Attn: Alparovich Claudio  
 24604 104<sup>th</sup> Ave SE, #201  
 Kent, WA 98030

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Patricia A. Grant  
1702 Camden Park Dr.  
Olympia, WA 98512

April 24, 2012

Valley Medical Center  
Attn: Atty David Smith, General Counsel  
400 South 43<sup>rd</sup> St.  
Tacoma, WA 98405

Re: Medical Neglect - Mental Illness Discrimination  
Claudio Gabriel Alperovich, MD (MD00042121)  
Triet M. Nguyen, DO  
Certified Mail: 7009 0960 0000 5565 7603  
Regular Mail

Mr(s) Toni Hayes:

After legal consultation and review of my medical records and the law; this is a **“Good Faith Amicable”** notification of intent to take judicial actions against your organization, regarding my **June 2009 post laparoscopic gastric bypass surgical care, performed by Claudio Gabriel Alperovich, MD, and Triet M. Nguyen, DO.** To further protect my rights and ensure no further discrimination, legal claims will be filed prior to the end of Washington State’s Medical Statute of Limitations, **based** on the following:

- A. **Medical Misdiagnosis** – Dr. Alperovich misdiagnosed an Internal Hernia after Laparoscopic Gastric Bypass, as Thrash then divert to Mental Illness, upon which he had Nguyen to assist. Both men failed to provide proper medical examinations in their perspective area of practice; whereas, Alperovich he had not the addressed previous medical examinations at St. Francis Hospital, where he is also on staff. Dr. Alperovich neglect with the assist of Ngugyen , contributed to **the development of a mechanical small bowel obstruction/ angulation involving the Roux limb of jejunum coming off the gastric pouch, along with the pre-existing Internal Hernia resulting from the Laparoscopic Gastric-Bypass.** This surgical medical development can be attributed directly to Alperovich denial of twice Thrush diagnosis, and Nguyen pretext actions and discriminatory diagnosis.
  
- B. **Medical Neglect** – Alperovich took no action to correct or treat an Internal Hernia after Laparoscopic Gastric Bypass that developed on or about 4 days, after the initial June 2009 surgery hospital release. This Hernia was identified through Alperovich’s July 2009 in hospital examinations, yet he diagnosed Thrush. Instead of standing by this diagnosed that he had twice rendered, he incorporates Nguyen, who provides a 10 minute pretexted evaluation of Thrush illness fixation, diagnosis delusional with treatment

refusal. The joint incompetency of both men was identified, explained and corrected, through a Hernia small bowel obstruction/angulation surgery performed in New York, NY, February 2010.

- C. **Mental Illness Labeling, Categorizing, Stigmatizing, Profiling, Stereotyping and Discriminating** – The discrimination received from your organization directly resulted from the combined actions of Alperovich and Triet, who acted in their professional status, as representatives of your organization. Alperovich's ill begotten Mental Illness diagnosis, and directive initiated the foundation of approximately 8-months of vomiting, limited liquid and no food intake, severe fatigue, fainting spells, intestinal involuntary vile secretion, dehydration, malnutrition, denial of covered medical surgical treatment, mental anguish, pain and suffering, loss of income opportunity, educational setbacks, increase educational cost, along with defamation of character.

Alperovich and Triet actions directly tainted my character; therefore, defaming and discrediting me. The false stigmatizing of my medical records resulted in additional medical cost, mental anguish, humiliation, pain and suffering, denial of civil rights that impeded proper medical care, financial and educational loss, and the exacerbation of a pre-existing condition: PTSD in regards to medical abuse. They have deprived me of my basic human rights in the area of fair and open medical treatment, which must be recognized, corrected and compensated.

Sincerely,

Patricia A. Grant

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Valley Medical Center  
 Attn: Atty David Smith,  
 General Counsel  
 400 South 43<sup>rd</sup> St  
 Renton, WA 98055

2. Article Number

(Transfer from service label)

7009 0960 0000 5565 7603

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Daniel Estratier*

Agent

Addressee

B. Received by (Printed Name)

Daniel Estratier

C. Date of Delivery

2-26

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

## **APPENDIX B**



Washington State Law guarantees that you have both the **right** and the **obligation** to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

I authorize Dr. Alperovich to treat the following condition(s) morbid obesity  
(Print Provider Name) (Explain the nature of condition in professional and lay language)

AT: St Francis Hospital  
(Name of the Hospital)

The procedure(s) planned for the treatment of my condition(s): laparoscopic gastric bypass

have been explained to me by my physician. (Explain procedures to be performed in professional and lay language)

The physician has discussed with me the reasons and anticipated benefits for this operation/procedure/treatment, the probability of its success, available alternative procedures, treatment or therapies (although not recommended, including non-treatment), potential problems related to recuperation and the possible consequences of not having this operation/procedure.  See Other Record if applicable.

As explained to me, I understand that some aspects of the procedure or significant surgical tasks may be performed by a healthcare provider other than the primary surgeon/practitioner identified in this consent. I understand that significant surgical tasks that may be performed on me during the operation include tasks such as opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, and altering tissues. I further understand that due to unforeseen circumstances, persons other than those listed below may be present or the identities of the persons and tasks may change and if so, I will be informed of such information and it will be documented in the post-operative note. I permit the other practitioners or persons named below as are needed to assist him/her to perform this operation/procedure on me.  Patient informed name(s) not available at time of consent. Patient provided list of potential assistant information.

Credentialed Provider(s)	Names (if available)	Significant Surgical Tasks/Other (if known at the time)
Assisting Physician(s):		
Other Surgical Assistant(s):	<u>J. Hurley</u>	
Resident(s) or Student(s):		

**Risks of Surgery/Procedure/Treatment**  
 This authorization is given with the understanding that any operation or procedure involves some risks and hazards. The more common risks include stroke, device failure, infection, nerve injury, blood clots, heart attack, allergic reactions, contrast reaction, perforation of vessels, heart, or lung tissue, respiratory failure, kidney failure, bleeding, severe blood loss, and risks of blood transfusions. Potential hazard of prolonged or frequent radiation exposure to include, but not limited to the following, short term and rare side effects: skin irritation, skin ulcers, a small increase in the lifetime risk of cancer, Female (childbearing age) - a small potential hazard to fetus. These risks can be serious and possibly fatal. I have been made aware of detailed risks and consequences that are associated with this particular operation/procedure.  See Other Record if applicable.

**Anesthesia/Procedural Sedation:** I consent to the administration of anesthesia/procedural sedation by my anesthesiologist or physician performing the procedure. Anesthesia benefits and options have been discussed and I understand that all anesthetics involve risks of complication and serious possible damage to vital organs such as the brain, heart, lung, liver and kidney and that in some cases may result in paralysis, cardiac arrest and/or brain death from both known and unknown causes. I have been told about the side effects of anesthesia medications and problems they may cause with recovery.

**Other Unforeseen Procedures:** I recognize that during the course of the operation, post operative care, medical treatment, anesthesia or other procedure, unforeseen conditions/problems may necessitate additional or different procedures than those set forth above. I authorize the above named physicians, his/her assistants or designees, to perform such unforeseen procedure(s) that are necessary according to their best medical judgement. I understand any tissue or parts surgically removed may be disposed of by the hospital or provider in accordance with accustomed practice.

I have had sufficient opportunity to discuss my condition and treatment with my physician(s) and/or their associates, and all of my questions have been answered to my satisfaction. I believe I have been given sufficient information upon which to make an informed decision about undergoing the proposed treatment. I understand that I should not sign this form until all my questions have been answered to my satisfaction and until I understand all the words or terms on this form. I have read and fully understand this form and I voluntarily authorize and consent to this operation/procedure or treatment. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I have been advised that the proposed procedure may not improve my condition and may, in fact, worsen it.

Date: 6/2/09 Time 12:55 (a.m. / p.m.)  Patricia Grant  
 Patient's Signature / Other Legal Representative  
 Witness: J. Hurley Relationship of Legally Responsible Person to Patient \_\_\_\_\_  
 I have explained the contents of this document to the patient/legal representative and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.  
ALPEROVICH (Physician / Provider Printed Name) [Signature] (Physician / Provider Signature) 6/2/09 (Date) \_\_\_\_\_ (Time) (a.m. / p.m.)  
 Name of Interpreter/Translator: (Print) \_\_\_\_\_ Agency \_\_\_\_\_

Page 1 of 1


+ CATHOLIC HEALTH INITIATIVES  
**Franciscan Health System**  
 St. Clare Hospital Lakewood, Washington    St. Francis Hospital Federal Way, Washington    St. Joseph Medical Center Tacoma, Washington

**INFORMED CONSENT**

PATIENT INFORMATION

Patricia Grant  
6/21/58

Original - **SMW** Weigh **000105**



201770

22. Dumping syndrome: You understand that this group of unpleasant symptoms is common and is caused by fast passage of liquid sugary or similar food from the pouch to the bowel, leading to a variety of symptoms like weakness, cramps, nausea, vomiting, diarrhea, feeling jittery, dizziness, fast heart beat (palpitations), and excessive sweating. If avoiding the food items that usually cause the problem does not help, you need to inform your physician. PAG
- \* 23. Hernia: Surgery causes a potential weakness in the abdominal wall. The risk of hernia is higher with open than laparoscopic surgery. A hernia requires repair, which is another surgery. Occasionally the hernia can lead to persisting pain, bowel obstruction or strangulation of bowel. These are serious and potentially life-threatening complications that need immediate surgery. PAG
24. Unsatisfactory weight loss: Gastric bypass allows patients on the average to lose 70-75% of the excess weight, but there is no guarantee in this, as some patients lose more, and others lose less. After losing the maximum weight (average 1 1/2 - 2 years after surgery), many patients regain 5-10% of weight then stabilize. There is no guarantee that an individual patient will achieve those quoted numbers. PAG
25. Gallstones: There is a risk of probably 30% of developing gallstones after a gastric bypass. If that happens, you absolutely need another surgery to remove the gallbladder. PAG
26. Liver or kidney failure (Rare): Although transient abnormalities in the function of the kidneys or liver could happen, it is very rare that they lead to permanent damage (failure). Severe failure is a potentially life threatening condition. PAG
27. Stretch of the pouch and/or the opening between the pouch and the bowel (anastomosis): You acknowledge that you have received instructions as to the importance of complying with the recommended portion control to help avoiding pouch stretch. A second surgery is technically more difficult than the first. PAG
28. Change in bowel habits: These are variable and cannot be predicted. Some patients will become constipated, others develop chronic diarrhea. Many patients continue to have normal bowel habits. PAG
- \* 29. Unlisted and unforeseen complications: You understand that it is impossible to list every complication possible during and after surgery. You agree that the doctors have done their reasonable best in listing the most significant complications that may occur. Furthermore, very rare complications may be not foreseen. PAG

**PREGNANCY and BREAST-FEEDING:**

I have been informed that infertility may be cured after surgery, to the extent that obesity may have contributed to it. This is particularly true when the infertility is due to hormonal imbalances or polycystic ovarian syndrome. I agree not to get pregnant for at least 18-24 months after obesity surgery. The safety of the patient and the fetus has not been established during the period of fast weight loss.

I take full responsibility for effective birth control during this period. I also understand that I may not be able to breast-feed during periods of rapid weight loss.

If you agree that the above two paragraphs are correct, initial here

PAG

**RISK OF GALLBLADDER SURGERY (CHOLECYSTECTOMY)**

higher incidence with the laparoscopic than open gastric bypass for unknown reasons. It may necessitate seeing a gastro-enterologist to do an endoscopy and dilate the opening. That may have to be done more than once if the scarring causes the narrowing to recur. Rarely, another surgery is needed.

- \*14. Bowel obstruction: Due to scarring, adhesions, twists or internal herniation. This uncommon complication may occur early on, or several months or years after surgery, and may need surgery. This complication is serious and potentially fatal, though usually treatable if management is started early. You understand that you need to seek medical help as soon as you develop any severe abdominal pain because of the risk of bowel dying from strangulation. Your bariatric surgeon or another surgeon with experience in dealing with patients after gastric bypass would be the best to contact immediately from the very beginning.

PAG

- \*15. Persistent nausea with or without vomiting after surgery: This is an uncommon complication that can lead to dehydration and/or malnutrition. Often times it is related to poor eating patterns. It could be caused by a variety of other reasons. Your physician should be made aware if you develop persisting nausea and vomiting.

PAG

16. Ulcer in the stomach, pouch or intestine below the anastomosis: This complication can lead to abdominal pain, nausea, hunger pains, bleeding or even a perforation. Smoking is known to be a factor if a patient is a smoker. An ulcer may also lead to fistula (see item # 17 below) An ulcer should be treatable by medications and smoking cessation. Rarely, an ulcer requires another surgery. You need to inform your surgeon of any of those symptoms, as promptly as possible, so that appropriate treatment may be started early.

PAG

17. Fistula: This is an abnormal connection between the pouch and the bypassed stomach. The exact causes of this rare complication are unknown. The connection can lead to acid flowing from the bypassed stomach to the pouch (causing an ulcer) and the food may pass from the pouch to the big stomach (causing inadequate weight loss). Occasionally major surgery may be required to treat this condition.

PAG

18. Nutritional deficiencies: There is a definite risk of suffering from deficiencies related to proteins, calories, vitamins and minerals if you do not follow the recommendations. Rarely, deficiencies occur even with following the advice. You agree that you are committed to taking the advised portions of meals, the recommended frequency, proteins and water, the multivitamins, B-Complex and calcium citrate with vitamin D for the rest of your life. You agree to report to your physician if you have any problem with taking the required nutritional supplements.

PAG

19. Nerve damage: There are reports of rare development of nerve damage, including severe weakness and even irreversible paralysis. These are related to deficiencies in elements of vitamin B complex (not only B12). You repeat here your commitment to take vitamin B complex supplements (not only B-12) in addition to the multivitamins for the rest of your life.

PAG

20. Hair loss: You understand that this is a common complication, but usually it is not severe. You also understand that it is usually self-limited and may resolve within 9 months or so after the surgery.

PAG

21. Postoperative depression, emotional imbalance and marital problems have been reported to occur following weight loss surgery. You understand that it is my responsibility to comply with any psychology goals that are given to you before surgery, and to report as early as possible to your physicians, therapist or counselor about any of the above symptoms after surgery. You understand that depression is a potentially serious problem that needs attention and treatment.

PAG

## **APPENDIX C**

\* Final Report \*

Document Type: Phone Msg  
Document Date: 06 January 2009 12:35  
Document Status: Auth (Verified)  
Document Title/Subject: GENERAL MESSAGE - VMMC  
Performed By/Author: Rainey PHD, Lawrence C on 06 January 2009 12:35  
Encounter info: 12201026, VM Downtown, Clinic, 11/11/2008 - 11/11/2008

**\* Final Report \***

Virginia Mason Medical Center

## Visit No:

I spoke today with pt's most recent mental health counselor, Edwin Birch, in Kent, WA (206-291-2944) to review aspects of pt's mental health hx. He also does not feel that she meets criteria for bipolar disorder but does believe she has had a hx of trauma and hypervigilance and affective lability reactive to that hx. She worked in outpatient psychotherapy on self-care skills. He confirms that she is working on a graduate degree at this time. He describes her as a "highly intelligent person who will become well informed about any procedure she will undergo" and as one who would be compliant with tx recommendations. He believes that she is emotionally stable at this time and able to cope with the challenges of bariatric surgery.

**Completed Action List:**

\* Perform by Rainey PHD, Lawrence C on 06 January 2009 12:35

Printed by: Esteban, Fe A  
Printed on: 07/05/2012 23:33

Page 1 of 1  
(End of Report)

\* Final Report \*

Document Type: Phone Msg  
Document Date: 17 November 2008 9:16  
Document Status: Auth (Verified)  
Document Title/Subject: GENERAL MESSAGE - VMMC  
Performed By/Author: Rainey PHD, Lawrence C on 17 November 2008 9:16  
Encounter info: 12201026, VM Downtown, Clinic, 11/11/2008 - 11/11/2008

**\* Final Report \***

Virginia Mason Medical Center

Visit No:

On 11/12/08 (the day after pt's consultation with me) I had contacted her by phone to ask her permission to speak with her most recent mental health provider whom she had seen earlier this year through Pacific Medical. I faxed her a ROI form. I explained that checking with recent/current mental health providers or obtaining records was part of the mental health evaluation. Ms. Grant indicated that she was concerned about her mental health hx being misconstrued and that she had "spoken to [her] attorney" about the matter. To date (11/17) I have not received her signed ROI.

**Completed Action List:**

\* Perform by Rainey PHD, Lawrence C on 17 November 2008 9:16

\* Final Report \*

Document Type: MH Initial Eval  
Document Date: 11 November 2008 0:00  
Document Status: Correction  
Document Title/Subject: MH Initial Eval  
Performed By/Author: Rainey PHD, Lawrence C on 12 November 2008 0:00  
Verified By: Rainey PHD, Lawrence C on 18 November 2008 11:26  
Encounter info: 12201026, VM Downtown, Clinic, 11/11/2008 - 11/11/2008

**\* Final Report \*****MH Initial Eval**

MENTAL HEALTH INITIAL EVALUATION  
MRN: 6250882  
Patient: GRANT, PATRICIA  
Patient DOB: 10/21/1958  
Visit Date: 11/11/2008

AMENDED 11/18/08

## IDENTIFYING DATA AND REFERRAL SOURCE

This is a 50-year-old, single woman who is referred by Dr. Jeffrey Hunter's office for psychological evaluation prior to weight reduction surgery.

## HISTORY OF PRESENT ILLNESS

Patient states that she has struggled with weight for a number of years, but has gained considerable weight since she had motor vehicle accident in 2004 when she was hit from behind. During her period of recovery she became inactive and started gaining weight. She currently weighs 254 pounds. She stands 5 feet 6 inches tall and has a body mass index of 41. She has tried numerous nonoperative weight loss programs including Weight Watchers, TOPS, NutriSystem, and a period of treatment with phen-fen. She reports no sustained significant weight loss with any of those methods.

She denies problems with binge eating or night eating syndrome. She thinks her biggest problem nutritionally is portion control.

For the last two months she has started exercising through water aerobics four to five times per week. She has trouble with plantar fasciitis and thus could not walk or do weightbearing exercises, but finds she enjoys working out in the pool.

She has been researching bariatric surgery for the past one to two years. In addition to her consultation yesterday with Katherine Redmon, PA-C at Virginia Mason - Federal Way, patient has also been reading on the Internet. She has three cousins who have had bariatric surgery (two with gastric bypass and one with Lap-Band). Patient states today that she had been considering the Lap-Band, but now believes she would like to proceed with the gastric bypass as she sees that as having a greater chance of having long-term success.

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Printed on: 07/05/2012 23:33

Page 1 of 4  
(Continued)

## \* Final Report \*

She has significant psychiatric history (see below), but describes herself as being in relatively good spirits at present. She states that she is now pursuing a PhD program in organizational psychology through Capella University, an online school. Though she has not worked for a number of years, she describes herself as wanting to go back to work. On PHQ-9 administered today she scores 15/27, which would be in the depressed range. However, this score is elevated by symptoms of "overeating," "feeling tired or having little energy," which may be a function of her obesity. She denies feeling down or depressed on most days. There is no suicidal thinking. She denies psychomotor retardation. She does have some negative self-concept problems, but she also attributes those to weight concerns.

## CURRENT OR PREVIOUS PSYCHIATRIC TREATMENT

Patient has a lengthy and complex psychiatric history. Some of the details were difficult to gather as she is somewhat discursive and tells stories about various periods of her treatment. She was first given a psychiatric diagnosis of bipolar disorder in 1984. She was in her early 20s at that time and serving as a personnel officer in the United States Air Force. Patient's explanation to me is that she had endured a long period of harassment from a prejudiced senior officer who took exception to having an African-American female officer under him. Patient was hospitalized at that time and started on mood-stabilizing agents. She was eventually discharged medically from the Air Force. She says that her retirement was "30% bipolar disease and 20% knee problems." For the next 10 years she was in outpatient psychotherapy on an intermittent basis. It is not clear to me from her description today to what extent she was treated with psychotropic medications during that time. Patient states that several subsequent psychiatrists and therapists she saw doubted the diagnosis of bipolar disorder, but instead came to see her as suffering from "posttraumatic stress disorder," in that she had been harassed and had an emotional reaction to that treatment. Patient denies ever having had a history of expansiveness, euphoria, or other manic-like symptoms. In 2004, she also had a brief psychiatric hospitalization after having a motor vehicle accident. In being transported to the hospital after that accident she was strapped down, and she says this triggered frightening flashbacks to her time in the Air Force when she was put in restraints. She stated the episode in 2004 resolved quickly on its own. Her most recent treatment was in outpatient psychotherapy between March and September 2008. This dealt with stressors related to being in graduate school online and also some stressors related to her now 22-year-old twin sons. Patient has a current prescription for both Neurontin and Xanax; however, she says she does not take these medications on a regular basis and only "when needed." She described herself as only having taken Xanax "one or two times per year." She is not taking Neurontin currently.

## SUBSTANCE USE HISTORY

Alcohol consumption is limited to one or two drinks on rare occasions. No history of alcohol abuse. She uses no recreational drugs. She has had no history of treatment for chemical dependency problems.

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Printed on: 07/05/2012 23:33

Page 2 of 4  
(Continued)



\* Final Report \*

#### PHYSICAL SCREENING AND MEDICAL HISTORY

She has developed comorbidities of obesity including hypertension, stress incontinence and osteoarthritis of the knees, back and hands. Primary care is provided by Dr. Linda Oswald.

#### SOCIAL AND DEVELOPMENTAL HISTORY

She is a native of San Antonio, Texas. She describes herself as coming from an underprivileged family. She is one of five children. Her father worked as a messenger and her mother is a beautician.

Patient was the only child in her family to go to college. She attended Our Lady of the Lake College in San Antonio, Texas and received her bachelor's degree there. She then entered the Air Force for four years as an officer. She returned to the same university and took an MBA in 2004. She is now working on a PhD in organizational behavioral management.

She was medically retired from the Air Force, apparently largely due to psychiatric problems, in 1984. She was placed on 100% VA retirement in 1995. Patient states that she did work eight to nine years after getting out of the Air Force and did some community college teaching in basic computer skills. I do not believe that she has worked since 1993.

She has never been married. She has twin sons, now aged 22.

#### LIVING ARRANGEMENT/HOME ENVIRONMENT

She resides in Kent, Washington with her two sons.

#### MENTAL STATUS EXAMINATION

This is a neatly dressed and groomed, African-American woman. She arrives late due to confusion about location. However, she brings carefully prepared intake forms with her. She relates in a friendly and talkative manner. Mood is described as essentially euthymic. Affect in session seems content-appropriate. There are no clear delusions, hallucinations or other psychotic features. There is no suicidal ideation. Judgment is adequate for medical decision-making.

#### DSM-IV DIAGNOSIS

AXIS I: History of Mood Disorder, NOS.

AXIS II: No diagnosis.

AXIS III: Per Past Medical History.

AXIS IV: Psychosocial Stressors - Disability status.

AXIS V: Current GAF: 65.

#### ASSESSMENT

This is a 50-year-old woman who is now interested in pursuing gastric bypass surgery for obesity. She seems to be reasonably well informed about the nature of the surgery. She has yet to meet with a dietician and needs a clear idea of some of the dietary changes that will be required of her. She does have an appreciation for the fact that she will need to be committed on an ongoing basis to have optimal long-term outcome. Over the past couple of months she has

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Printed on: 07/05/2012 23:33

Page 3 of 4  
(Continued)

\* Final Report \*

started exercising regularly, which is a plus. There are no problems with substance abuse. Her current living situation sounds to be stable.

There are confusing elements about her psychiatric history. On the one hand, she received a medical discharge from the Air Force due to psychiatric grounds, and later a full disability from the VA. On the other hand, she describes herself as having been able to complete a MBA program and now working on a PhD program in organizational management. Though she has carried the diagnosis of "PTSD," I elicited no history of a truly life-threatening trauma which would be necessary to meet criteria for that diagnosis. She also adamantly denies any history of mania, though it would be necessary for a diagnosis of bipolar disorder. Instead she describes herself as having become depressed and anxious reactive to a period of harassment and various forms of abuse while in the service. She has not been hospitalized psychiatrically recently. She has not required use of psychotropic medications on a regular basis, by her report.

If the picture as described above is accurate, she would be an adequate candidate from a psychological standpoint for bariatric surgery. However, I am somewhat uneasy with the apparent inconsistencies in the history she gives versus the previous disability ratings she has been given.

#### DISPOSITION

I will ask her permission to obtain records from her more recent outpatient mental health providers who have had a chance to observe her over time. If these are consistent with the patient's construal of her issues, we could move ahead.

In the interim, I have suggested that she try to attend the bariatric surgery support group to meet with some other patients.

Attending: Lawrence C Rainey, Ph.D.

LR/AT-MS

dd: 11/12/2008 00:00

dt: 11/13/2008 18:51

de: 11/18/08lm

Voice Number: 07610

Report ID: 314357

CC:

Jeffrey A Hunter, MD A-SO

#### Completed Action List:

- \* Perform by Rainey PHD, Lawrence C on 12 November 2008 0:00
- \* Transcribe by Spheris Transcription on 13 November 2008 18:51
- \* Verify by Rainey PHD, Lawrence C on 18 November 2008 11:26

Printed by: Esteban, Fe A  
Printed on: 07/05/2012 23:33

Page 4 of 4  
(End of Report)

## **APPENDIX D**

The Honorable Jay V. White

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

Patricia A. Grant  
Plaintiff,

NO. 12-2-20677-5

v.  
Claudio Gabriel Alperovich, et. al.  
Defendants

**PLAINTIFF'S FIRST SET OF  
INTEROGATORIES AND REQUESTS FOR  
PRODUCTION TO DEFENDANT  
MICHAEL K. HORI, M.D**

TO: Michael K. Hori, M.D.'s ("Hori")

Plaintiff in an effort to response to your previously submitted discovery requests (Interrogatories and Production); Patricia A. Gant ("Plantiff"), pursuant to Civil Rules 26, 33 and 34, propounds the following discovery to Defendant Michael K. Hori, M.D.'s ("Hori").

**GENERAL INSTRUCTIONS**

**1. Interrogatories,**

Pursuant to Civil Rules 26 and 33, Plaintiff propounds the following Interrogatories and Requests for Production to Defendant Michael K. Hori, M.D. Interrogatories as to be answered by Defendant, fully and under oath, within thirty (30) days after service hereof. A blank space has been provided following each interrogator for the insertion of your answer thereto. Answers which cannot be fully set forth in the spaces should be set forward in supplemental pages attached to our answers. If any Interrogatory cannot be answered in full, answer it to the extent possible, specify the reasons for your inability to answer the remainder, and, as to information in response thereto which becomes known or available to you or to your attorneys after service of your original answers, you are obligated to submit promptly supplemental answers setting forth such additional information in full. Plaintiff will object to the testimony of any expert whose name is not disclosed in response to these Interrogatories or in accordance to the Case Scheduled deadlines. In answering these Interrogatories, furnish such information as is available to you regardless of whether this information is obtained directly by you, though your agents or other representatives, or by your attorney. In response to each Interrogatory, if you do not respond to the Interrogatory in whole or in part because you are unable to do so or otherwise, identify each person whom

34 you believe has information or documents regarding the subject of the Interrogatory calls for an answer  
35 that involves more than one part, each part of the answer shall be clearly set out so that it is  
36 understandable. If the space provided after each interrogatory is insufficient, you may supplement any  
37 answer on a separate sheet of paper.

38 **2. Requests for Production (“RFPS”).**

39 Pursuant to Civil Rules 26 and 34 Plaintiff hereby request that Hori produce and make available  
40 for inspection and copying to 1001 Cooper Point Rd, SW, Ste 140-231, Olympia, WA 98502, within (30)  
41 days of the date of service hereof, each of the documents requested herein, as defined in the Definitions  
42 set forth below. A blank space has been provided following each request for production for the insertion  
43 of your response thereto. Responses which cannot be fully set forth in that space should be set forth in  
44 supplemental pages attached to your responses. These requests are continuing, as additional information  
45 or documents in response thereto becomes known or available to you or to your attorneys after service of  
46 your original responses hereto, you are obligated to produce such documents and submit supplemental  
47 responses setting forth such additional information in full promptly. In responding to these requests,  
48 furnish such documents and information as are available to you regardless of whether obtained directly by  
49 you, through your agents or other representatives, or by your attorney. In response to each document  
50 request, if you do not respond to the document request in whole or in part because you are unable to do so  
51 or otherwise, identify each person who you believe has information or documents and tangible things of  
52 any nature which are now or have at any time been in the possession, custody or control of Hori,  
53 including documents in possession of those under common control, predecessors in interest, consultants,  
54 accountants, attorneys, and all persons or entities employed by or acting on your behalf. Please Bate-  
55 stamp all documents responsive to the RFPS. If you object to production of any document(s) on the bases  
56 of privilege log which you claim the right to withhold the document.

57

58

**DEFINITIONS**

59 In responding to the Interrogatories and RFPS contained herein, you are instructed as follows:

- 60 1. “Incident” and “occurrence” refer to the injuries, events and allegations as more fully set forth  
61 and alleged in Plaintiff’s Complaint and Amended Complaint.

- 62 2. "You," "yours," or "Defendant" shall mean Michael K. Hori, M.D, and all agents'  
63 *representatives, investigators, consultants, employees, attorneys, or any other person or entity*  
64 *acting by or on behalf of said Defendant.*
- 65 3. "Hori" shall mean Defendant Michael K. Hori, M.D., and all agents' representatives,  
66 *investigators, consultants, employees, attorneys, or any other person or entity acting by or on*  
67 *behalf of said Defendant.*
- 68 4. "Health care Facilities" shall mean all hospitals, clinics, nursing homes, medical centers  
69 *representatives, infirmaries, mental health institutions, or other health care institutions, which*  
70 *provide medical and/or psychological treatment.*
- 71 5. "Health care provider" shall mean all persons or entities defined in RCWW 7.70.010, et seq.
- 72 6. "Documents" and "tangible things" shall mean and include, but not limited to, any original,  
73 *written, recorded or graphic matter, handwritten, typed, punched, photographed, or otherwise*  
74 *produced, and all nonidentical copies of each such writings, whether different from the original*  
75 *because of notes made on such copy or otherwise, including, but not limited to, papers, books,*  
76 *accounts, drawings, data, data compilations, reports, letters and all enclosures thereto, transmittal*  
77 *documents, records, files, memoranda, messages, cables, telexes, telegrams correspondence,*  
78 *electronic mail (email), transcription of telephone conversations, statements, bills, drafts, checks,*  
79 *notes, diaries, scratch papers, files and records, regulations, photographs, films, mechanical or*  
80 *sound recordings or transcripts thereof, notebooks, financial statements, income statements*  
81 *charts, maps diagrams, graphs, service bulletins, studies, notices, log books, pamphlets, tapes,*  
82 *tape recordings, pictures, contracts, agreements, and all similar documents. If requested*  
83 *information is in or on an email, computer disk, computer, computer system, or hard drive,*  
84 *network system, magnetic tape, back up tape or other electronic storage device, the term*  
85 *documents as used herein includes a printout of such information. The term document as used*  
86 *herein or any similar word or phrase is to be interpreted in the broadest possible manner. Any*  
87 *comment or notation appearing on any documents, and not a part of the original text, is to be*  
88 *considered a separate "document." A person is required to produce a document or tangible thing*  
89 *that is within the person's possession, custody, or control.*
- 90 7. "Person" means corporation, partnership, organization, association, entity, a natural person, and  
91 *any government or governmental body, commission, board, or agency.*

- 92 8. "Identify" or "Identification" when referring to a person means to state information sufficient to  
93 enable the requesting party to locate such person, including but not limited to, that person's full  
94 name, present or last known residential address and telephone number, social security number,  
95 birth date, the present whereabouts of such person, the last known employer or business  
96 affiliation of such person, the last known business address of such person, the person's present  
97 job title or description, and the job title or description during the period relevant to your answers.  
98 If the person to be identified is an entity other than a natural person, "identify" or "identification"  
99 means to state the entity's full name, the present or last known telephone number and address of  
100 its principal office or place of doing business.
- 101 9. "Identify" or "Identification" when in reference to a document mean to state the date, the author,  
102 the addresses, type of document (e.g., letter, memorandum, telegram, chart, data, data  
103 compilations, etc.), its name or title, the date when first issued or which appeared thereon, the  
104 company and/or person preparing the same, the name of any company and/or person to whom  
105 transmitted, the substance of the contents thereof, the person from whom obtained, the name and  
106 address of the person who has custody and control thereof, and any other means of identifying it  
107 with sufficient particularity to meet the requirements for its inclusion in a request for production.  
108 If any such document was, but is no longer in your possession or subject to your control, state  
109 what disposition was made of it and the reason for such disposition.
- 110 10. "Identify" or "identification" when referring to an opinion or statement means to state the  
111 substance of the opinion or statement, whether the opinion or statement was written or oral, when  
112 and where the opinion or statement was made, the identity of any person or persons present when  
113 the opinion was offered or statement was made, and the identity of the person who now has  
114 custody and control of any such opinion or statement if in written form.
- 115 11. "Identify" or "identification" when referring to a claim or lawsuit other than this lawsuit means to  
116 state the name of the claim or lawsuit, state the date of the claim or lawsuit, identify the parties to  
117 the claim or lawsuit, state the jurisdiction and cause number (if any) of the claim or lawsuit,  
118 identify any person or persons having knowledge of such claim or lawsuit, and state whether any  
119 settlement or judgment was received and the amount thereof.
- 120 12. "Describe in full detail" means to set out every aspect of every fact, circumstance, act, omission,  
121 or course of conduct known to you relating in any way to the matter inquired about, including,

122 without limitation, the date and place thereof, the identity of all documents relating thereto, and if  
123 *anything was said to by any person, the identity of each such person and each such oral statement,*  
124 and if the oral statement in whole or in part was contained, reported, summarized or referred to in  
125 any documents, the identity of each such document.

126 13. Words in the female gender include the masculine and neuter. The singular number includes the  
127 plural, and the plural indicates the singular.

128

129 **II. INTERROGATORIES**

130

131 INTERROGATORY NO. 1: Please identify yourself in full as “identify” is defined in these  
132 interrogatories and request for production.

133 ANSWER:

134

135 INTERROGATORY NO. 2: If you have been married, please state the name and address of each and  
136 every current previous spouse(s) and the dates of said marriage(s).

137 ANSWER:

138

139 INTERROGATORY NO. 3: Please identify in full any children you have or have ever had.

140 ANSWER:

141

142 INTERROGATORY NO. 4: Please describe your educational history, including names of all educational  
143 institutions attended, and for each such institution the city and state, dates of attendance, and whether a  
144 diploma, degree or other achievement was earned, from the date you began high school until the present.

145 ANSWER:

146

147 INTERROGATORY NO. 5: Please describe in full detail what you know about Plaintiff’s military  
148 service including, but not limited to, the date and circumstances regarding her discharge from the  
149 military?

150 ANSWER:

151

152 INTERROGATORY NO. 6: Please describe in full detail all of Plaintiff’s medical records and  
153 information that you were provided, and the person(s) who provide you her information and/or used as  
154 the bases to form your medical opinion, as you have written in your Consultation, as filed by Plaintiff in  
155 Exhibit 8 (p. 1-2) dated 8-3-2009; contained within Plaintiff’s Exhibits that she filed with her original  
156 court complaint June 15, 2012.

157 ANSWER:



158  
159 INTERROGATORY NO. 7: Please describe in full detail the person(s) whom requested your  
160 Consultation Services of Plaintiff. In addition identify all authorities and laws: 1)The Standard Operating  
161 Procedures; 2)Local procedures and governing guidelines; 3) State and Federal Laws; 4) State and  
162 Federal Guidelines; 5)State and Federal Codes; 6) State and Federal Statues; 7) State and Federal Acts  
163 and 8) Any other State and Federal legal authorities that you and the consultant requesting person(s) has  
164 applied as granting you the authority to provide your medical opinion that you rendered, as filed by  
165 Plaintiff in Exhibit 8 (p. 1-2) dated 8-3-2009; contained within Plaintiff's Exhibits that she filed with her  
166 original court complaint June 15, 2012.

167 ANSWER:

168  
169 INTERROGATORY NO. 8: Please identify the date you started providing medical consultations for the  
170 person(s) whom requested your consultation services, as you had provided through your medical opinion  
171 of Plaintiff, on August 3, 2009 to the date of these interrogatories, as filed by Plaintiff her Exhibit 8 (p. 1-  
172 2) dated 8-3-2009; contained within Plaintiff's Exhibits filed with her original court complaint June 15,  
173 2012.

174 ANSWER:

175  
176 INTERROGATORY NO. 9: Please describe in full detail the person(s) whom you have discussed your  
177 medical opinion of Plaintiff, since August 3, 2009 and as to the date of these interrogatories, as rendered,  
178 and filed by Plaintiff in Exhibit 8 (p. 1-2) dated 8-3-2009; contained within Plaintiff's Exhibits that she  
179 filed with her original court complaint June 15, 2012.

180 ANSWER:

181  
182 INTERROGATORY NO. 10: Please identify any claim(s) or lawsuit(s) in which you have been involve  
183 prior or subsequent to the time the Complaint in this case was filed; include all lawsuits involving you  
184 and your direct medical consultants, diagnosis, and actions that reflect personally and professionally as an  
185 M.D.; exclude Plaintiff's claim(s) and lawsuit(s).

186 ANSWER:

187  
188 INTERROGATORY NO. 11: If you have ever been arrested or convicted of a crime, state the time; place  
189 and date of said arrest(s) or conviction(s) and the reason for said arrest(s) or convictions(s).

190 ANSWER:

191  
192 INTERROGATORY NO. 12: Regarding the allegations Plaintiff has made against or relating you, as she  
193 has raised in her Compliant and Amended Complaint, please state each and every legal cause of action  
194 you assert or intend to assert against her. State in detail the legal actions, claims, and asserts of anyone  
195 acting in your behalf.

196 ANSWER:

197

198 INTERROGATORY NO. 13: Regarding the claims Plaintiff raised in her Complaint and/or Amended  
199 Complaint, please describe in full detail each act or omission by defendants; including yours, or any past  
200 or present agent or employee of such defendant(s), yours, which Plaintiff claims was or were wrongful or  
201 negligent.

202 ANSWER:

203

204 INTERROGATORY NO. 14: Set forth by citation any statute, ordinance safety order, administrative rule,  
205 regulation, code, order, or other regulation, which governs and supports the following: 1) Your fiduciary  
206 authority that support your medical conclusion of August 3, 2009; 2) Plaintiff's claim against you ; and 3)  
207 Your medical relationships with any of the other present or future defendants and/or any past or present  
208 employee(s) and/or agent of any present or future defendant(s) in this matter.

209 ANSWER:

210

211 INTERROGATORY NO. 15: If any health care provider expressed any reason and/or opinion or made  
212 any statement *critical* of the care or treatment provided to Plaintiff by any of the defendants in this matter;  
213 please identify the reason and/or opinion statement in full as "identify" is defined in these interrogatories  
214 and request for production.

215 ANSWER:

216

217

218

219 INTERROGATORY NO. 16: If any health care provider, including other defendants in this case,  
220 expressed any opinion or made any statement supportive of the care or treatment given to Plaintiff by the  
221 defendants in this matter, please identify the opinion or statement in full as "identify" is defined in these  
222 interrogatories and requests for production.

223 ANSWER:

224

225 INTERROGATORY NO. 17: Please identify every doctor or other health care provider, including  
226 providers of mental health services, from whom you consulted, received treatment, or discussed the  
227 treatment that supported your August 3, 2009, medical opinion of Plaintiff, include their reference to her  
228 claim.

229 ANSWER:

230

231 INTERROGATORY NO. 18: Please list any and all the medical payments for considerations and/or  
232 favors, if any, that you, your employees, agent, or attorneys received on behalf of your consultations and  
233 medical opinion of Plaintiff on August 3, 2009.

234 ANSWER:

235

236 INTERROGATORY NO. 19: Please list any and all the medical payments for considerations, and/or  
237 favors, if any, that you, your employees, agent, or attorneys received for any other discussion(s),  
238 opinion(s), or statement(s) that you rendered regarding Plaintiff in reference to her claim and/or illness.

239 ANSWER:

240

241 INTERROGATORY NO. 20: Please describe in full detail any mental or emotional information about  
242 Plaintiff that you were provided, about Plaintiff before and after receipt of her claim. Please identify the  
243 all person(s) who provided you the information.

244 ANSWER:

245

246

247 INTERROGATORY NO. 21: Please identify every person or entity, including but not limited to  
248 employers, insurance companies, governmental agencies, or charitable organizations, that have been paid  
249 and/or been billed for the expenses referred to you in your answers to Interrogatories Nos 18 and 19,  
250 stating how much of the expenses were paid by each person or entity, and the amount of any lien based  
251 upon such payment.

252 ANSWER:

253

254 INTERROGATORY NO. 22: Please identify any persons known to you, your attorneys, or your agents  
255 having knowledge of facts relating to any of the issues raised by the pleadings.

256 ANSWER:

257

258 INTERROGATORY NO. 23: Please describe in full the knowledge of facts for each individual you  
259 identified in your response to Interrogatory No. 22.

260 ANSWER:

261

262 INTERROGATORY NO. 24: Please identify all documents, writings, diaries, drawings, papers, and  
263 audio- or visual-recordings relevant to this lawsuit and state the name of and address of the custodian of  
264 each. This request includes, but is not limited to, any exhibits which you intend to introduce at the trial of  
265 this lawsuit.

266 ANSWER:

267

268 INTERROGATORY NO. 25: Please identify any written or oral statements concerning the facts which  
269 the basis for this lawsuit that you have received from any person, institution, organization, government  
270 body, or any other entity, including any defendant or any part or present agent or employee of any  
271 defendant to this lawsuit. For any written statements please attach a copy pursuant to CR 26(b)(4).

272 ANSWER:

273

274 INTERROGATORY NO. 26: Please identify any written or oral statements concerning the facts which  
275 form the bases for this lawsuit that you , your agents, or anyone acting on your behalf has made to any  
276 person, institution, organization, government body, or any other entity, including any defendant or any  
277 past or present agent or employee of any defendant to this lawsuit. If the statement was made to a  
278 committee or government entity, state the name of the committee or entity, the members thereof, the date  
279 of the presentation, and the resolution, if any, of any grievance.

280 ANSWER:

281

282 INTERROGATORY NO. 27: Please state the names all experts upon whom you rely and/or will call as  
283 witnesses at trial on any issue regarding Dr. Hori's alleged acts and omission in this case, together with  
284 the subject matter on which the expert is expected to testify, the substance of the facts and opinions to  
285 which the expert is expected to testify, and a summary of the grounds for each opinion

286 ANSWER:

287

288

### III. REQUEST FOR PRODUCTION

289

290 REQUEST FOR PRODUCTION NO. 1: Please produce copies of all documents, including any and all  
291 marriages licenses, certificates and documents related to marital dissolution, related in any to your  
292 response to Interrogatory No. 2.

293 RESPONSE:

294

295 REQUEST FOR PRODUCTION NO. 2: Please produce copies of all documents relating in any way to  
296 your answers to Interrogatory No. 4, including but not limited to documents on which you relied in  
297 making your answers.

298 RESPONSE:

299

300 REQUEST FOR PRODUCTION NO. 3: Please produce copies of all documents relating in any way to  
301 your answers to Interrogatory No. 5, including but not limited to documents on which you relied in  
302 making your answers.

303 RESPONSE:

304

305 REQUEST FOR PRODUCTION NO. 4: Please produce copies of all documents relating in any way to  
306 your answers to Interrogatory No. 6, including but not limited to documents on which you relied in  
307 making your answers.

308 RESPONSE:

309

310 REQUEST FOR PRODUCTION NO. 5: Please produce copies of all documents relating in any way to  
311 your answers to Interrogatory No. 7, including but not limited to all documents related in any way to one  
312 or more of the following:

- 313 (a) Date of claim or lawsuit;
- 314 (b) Nature of claim of lawsuit;
- 315 (c) Parties to claim of lawsuit;
- 316 (d) Injuries, if any, alleged to be suffered by you or to have been caused by you in the claim or  
317 lawsuit;
- 318 (e) Names, addresses and telephone numbers of any person(s) having knowledge of any such claim  
319 or lawsuit ;
- 320 (f) The cause number of any such claim or lawsuit;
- 321 (g) Any medical or hospital expenses alleged to have been incurred in the claim or lawsuit; and
- 322 (h) Any settlement received or judgment awarded and the amount thereof.

323 RESPONSE:

324

325 REQUEST FOR PRODUCTION NO. 6: Please produce copies of all documents relating in any way to  
326 your answers to Interrogatory No. 8, including but not limited to documents on which you relied in  
327 making your answers.

328 RESPONSE:

329

330 REQUEST FOR PRODUCTION NO. 7: Please produce copies of all documents relating in any way to  
331 your answers to Interrogatory No. 9, including but not limited to documents on which you relied in  
332 making your answers.

333 RESPONSE:

334

335 REQUEST FOR PRODUCTION NO. 8: Please produce copies of all documents relating in any way to  
336 your answers to Interrogatory No. 10, including but not limited to documents on which you relied in  
337 making your answers.

338 RESPONSE:

339

340 REQUEST FOR PRODUCTION NO. 9: Please produce copies of all documents relating in any way to  
341 your answers to Interrogatory No. 11, including but not limited to documents on which you relied in  
342 making your answers.

343 RESPONSE:

344

345 REQUEST FOR PRODUCTION NO. 10: Please produce copies of all documents relating in any way to  
346 your answers to Interrogatory No. 12, including but not limited to documents on which you relied in  
347 making your answers.

348 RESPONSE:

349

350 REQUEST FOR PRODUCTION NO. 11: Please produce copies of all documents relating in any way to  
351 your answers to Interrogatory No. 13, including but not limited to documents on which you relied in  
352 making your answers.

353 RESPONSE:

354

355 REQUEST FOR PRODUCTION NO. 12: Please produce copies of all documents relating in any way to  
356 your answers to Interrogatory No. 14, including but not limited to documents on which you relied in  
357 making your answers.

358 RESPONSE:

359

360 REQUEST FOR PRODUCTION NO. 13: Please produce copies of all documents relating in any way to  
361 your answers to Interrogatory No. 15, including but not limited to documents on which you relied in  
362 making your answers.

363 RESPONSE:

364

365 REQUEST FOR PRODUCTION NO. 14: Please produce copies of all documents relating in any way to  
366 your answers to Interrogatory No. 16, including but not limited to documents on which you relied in  
367 making your answers.

368 RESPONSE:

369

370 REQUEST FOR PRODUCTION NO. 15: Please produce copies of all documents relating in any way to  
371 your answers to Interrogatory No. 17, including but not limited to documents on which you relied in  
372 making your answers.

373 RESPONSE:

374

375 REQUEST FOR PRODUCTION NO. 16: Please produce copies of all documents relating in any way to  
376 your answers to Interrogatory No. 18, including but not limited to documents on which you relied in  
377 making your answers.

378 RESPONSE:

379

380 REQUEST FOR PRODUCTION NO. 17: Please produce copies of all documents relating in any way to  
381 your answers to Interrogatory No. 19, including but not limited to documents on which you relied in  
382 making your answers.

383 RESPONSE:

384

385 REQUEST FOR PRODUCTION NO. 18: Please produce copies of all documents relating in any way to  
386 your answers to Interrogatory No. 20, including but not limited to documents on which you relied in  
387 making your answers.

388 RESPONSE:

389

390 REQUEST FOR PRODUCTION NO. 19: Please produce copies of all documents relating in any way to  
391 your answers to Interrogatory No. 21, including but not limited to documents on which you relied in  
392 making your answers.

393 RESPONSE:

394

395 REQUEST FOR PRODUCTION NO. 20: Please produce copies of all documents relating in any way to  
396 your answers to Interrogatory No. 22, including but not limited to documents on which you relied in  
397 making your answers.

398 RESPONSE:

399

400 REQUEST FOR PRODUCTION NO. 21: Please produce copies of all documents relating in any way to  
401 your answers to Interrogatory No. 23, including but not limited to documents on which you relied in  
402 making your answers.

403 RESPONSE:

404

405 REQUEST FOR PRODUCTION NO. 22: Please produce copies of all documents relating in any way to  
406 your answers to Interrogatory No. 24, including but not limited to documents on which you relied in  
407 making your answers.

408 RESPONSE:

409

410 REQUEST FOR PRODUCTION NO. 23: Please produce copies of all documents relating in any way to  
411 your answers to Interrogatory No. 25, including but not limited to documents on which you relied in  
412 making your answers.

413 RESPONSE:

414

415 REQUEST FOR PRODUCTION NO. 24: Please produce copies of all documents relating in any way to  
416 your answers to Interrogatory No. 26, including but not limited to documents on which you relied in  
417 making your answers.

418 RESPONSE:  
419

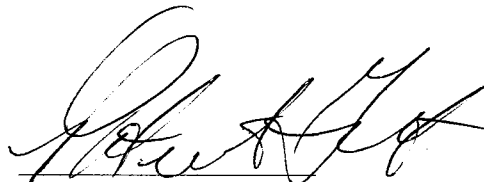
420 REQUEST FOR PRODUCTION NO. 25: Please produce copies of all documents relating in any way to  
421 your answers to Interrogatory No. 27, including but not limited to documents on which you relied in  
422 making your answers.

423 RESPONSE:  
424

425 REQUEST FOR PRODUCTION NO. 26: Please produce copies of all documents relating in any way to  
426 your answers to Interrogatory No. 27, including but not limited to documents on which you relied in  
427 making your answers.

428 RESPONSE:  
429

430 Dated this 27<sup>th</sup> day of August, 2012



431 PATRICIA A. GRANT  
432 Pro Se Plaintiff  
433  
434



## **APPENDIX E**



Nancy C. Elliott  
nellott@mhlseattle.com

October 10, 2012

***VIA E-MAIL & FEDERAL EXPRESS***

Ms. Patricia A Grant  
1001 Cooper Point Rd SW  
Suite 140-231  
Olympia, WA 98502

Re: *Grant v. Alperovich, et al.*  
Our File No. 328-015

Dear Ms. Grant:

It was a pleasure to talk to you yesterday. I will be glad to answer your discovery requests to my five clients, Pacific Medical Center, Dr. Oswald, Dr. Krishnamurthy, Dr. Ludwig and U.S. Family Health Plan at Pacific Medical Center, Inc. You stated that you did not have Word document and are going to send me a flash drive. Once I receive the flash drive, I will provide you with the final answers to your interrogatories and requests for production of documents.

I also advised you yesterday that under King County Local Rule LCR 26(2)(b) a party may serve no more than 40 interrogatories, including all discreet subparts to another party. I believe that you have already served 40 interrogatories, including the subsections to each of my clients.

I am also serving you with Defendants' Motion for Summary of Dismissal to dismiss the lawsuit that you have filed against Pacific Medical Center, Dr. Oswald, Dr. Krishnamurthy, Dr. Ludwig and U.S. Family Health Plan at Pacific Medical Center, Inc. The Motion for Summary Judgment will be heard on November 9, 2012, at 9:00 a.m., before the Honorable Jay White of the King County Superior Court at the Kent Regional Justice Center.

Thank you for your attention regarding these matters. If you have any questions or comments, feel free to contact me.

Sincerely yours,

MERRICK, HOFSTEDT & LINDSEY, P.S.

A handwritten signature in cursive script, appearing to read 'Nancy C. Elliott'.

Nancy C. Elliott  
NCE:mlb  
Enclosure

**CERTIFICATE OF SERVICE**

The undersigned declares under penalty of perjury, under the laws of the State of Washington that the following is true and correct: That on the date indicated below, I have sent Dr. Grant's Petitioner's Response to Respondent's Answers. Filed: August 27, 2014 as follows:

**Washington State Supreme Court  
Hand Carried.**

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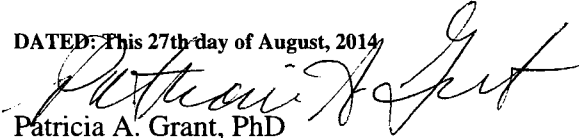
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Ludwig:**  
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925 Fourth Ave., Suite 2300  
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**Certified Mail# 7011 1150 0001 9883 1944**

**DATED: This 27<sup>th</sup> day of August, 2014**

  
**Patricia A. Grant, PhD**  
**Pro Se Appellant**  
1001 Cooper Point Rd, SW #140-231  
Olympia, WA 98502