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Supreme Court No. _____

Case #: 1039328

Court of Appeals No. 854747-1

**IN THE SUPREME COURT
OF THE STATE OF WASHINGTON**

ABOLFAZL HOSSEINZADEH,

Plaintiff-Appellant and Cross-Respondent,

v.

SWEDISH HEALTH SERVICES, a Washington non-profit
organization; GURJEET SIDHU AKA GURJEET K SIDHU,
AKA GURJEET KAUR SIDHU, AKA GURJEET SIDHU,
AKA DR SIDHU, individually; JAKE HARLEY CHOINIERE,
AKA JAKE H CHOINIERE, AKA JAKE CHOINIERE, AKA
DR JAKE, individually; and UNKNOWN JOHN and JANE
DOES,

Defendants-Respondents and Cross-Appellants.

PETITION FOR REVIEW

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I. IDENTITY OF PETITIONER

Petitioner Abolfazl Hosseinzadeh was the Plaintiff in the trial court and appellant/cross-Respondent in the Court of Appeals.

II. COURT OF APPEALS DECISION

The Court of Appeals' *Abolfazl Hosseinzadeh v. Swedish Services, et. al.*, unpublished opinion on November 25, 2024, and is attached to this petition at *Attachment "A"*. The Motion for Reconsideration was denied on February 4, 2025.

III. ISSUES PRESENTED FOR REVIEW

Mr. Hosseinzadeh seeks review of the Court of Appeals' decisions pursuant to RAP 13.4 based on the following issues. First, the Court of Appeals' Opinion conflicts with the intent and general purpose of this Court's decisions with regard to drawing a distinction between the province of the jury and the trial judge when it found that expert testimonies failed to overcome summary judgment seemingly due to credibility issues. Additionally, The Court of Appeals' Opinion implicates significant questions of public interest when holding

Appellant's claims barred by RCW 7.70. The Court of Appeals Opinion also must be reviewed because of the substantial public interests for protecting the rights of non-lawyer pro se litigants during the discovery and summary judgment phases of litigation. Finally, the Court of Appeals erred by ruling against the purpose, and this Court's own precedent, under the entrepreneurial prong of the Washington Consumer Protection Act.

IV. STATEMENT OF THE CASE

Appellant Abolfazl Hosseinzadeh was the Plaintiff in King County Superior Court Case No. 22-2-11923-3 SEA. 1CP 2 Respondent is the Swedish Health Services, a non-profit corporation that provided healthcare services to Appellant (Respondents Ms. Sidhu and Dr. Choiniere provided healthcare services), were the Defendants. 1CP 2.

In 2019, Appellant was involved in a lawsuit with his Homeowner's Association. 1CP3. During that litigation, he wanted to seek mental healthcare and decided to seek psychiatric care for stress and anxiety resulting from racism

and defamation. Respondent Swedish referred Appellant to seek mental services from a psychologist and scheduled him to see Respondent Gurjeet Sidhu, who was listed as a psychologist on the Swedish Health Service's directory. 1CP 4. Respondent. Sidhu was not a licensed psychologist or psychiatrist and was not authorized to practice as a psychologist or psychiatrist. 1CP 3. Sidhu diagnosed Respondent with anxiety, depression, stress, and, later, a delusional disorder and recommended medications to Appellant. Sidhu was not licensed to diagnose Appellant with mental health disorders nor prescribe medications. 1CP 4. Sidhu diagnosed Appellant differently every time she saw Appellant. Appellant was then referred to Dr. Choiniere, a licensed psychologist, who said Appellant *may* have bipolar disorder and noted psychotic features (Appellant had no history of mania or mood issues). 1CP4. Dr. Choiniere prescribed Respondent medications; however, he declined to diagnose Appellant with bipolar disorder or a delusional disorder. 1CP 5.

Due to the Appellant's Homeowner's Association lawsuit, Sidhu and Dr. Choiniere were then deposed. 2CP 539-51. Appellant Sidhu testified Respondent had, in the past, been admitted to a mental health facility and taken antipsychotic medications. 1CP 7. Dr. Choiniere recorded no past significant mental health history. 3CP 1101.

Appellant filed this lawsuit against Respondents on July 28, 2022, for medical malpractice, negligence, defamation, and false light against all parties. 1CP 1. The complaint also alleged violations of privacy, deceptive, misleading, and unlicensed practice, fraud, and violation of the Washington Consumer Protection Act. 1CP 22. During Dr. Choiniere's deposition, Dr. Choiniere stated they met with Respondent only once, for about 50 to 60 minutes, and diagnosed Appellant with unspecified depression and unspecified anxiety. 2CP 951. Dr. Choiniere did not diagnose him with a delusional disorder. 2CP 951 and stated that he did not diagnose Appellant with bipolar disorder. During Sidhu's deposition, she testified that she met with Appellant,

diagnosed him with a delusional disorder in one session, and failed to correct that diagnosis in follow-up sessions; however, during her deposition she admitted that the delusional diagnosis should be a step-by-step diagnosis and there are many factors considered before making that diagnosis. 3CP 1009-19.

On December 2, 2022, Appellant received notification that Sidhu's counsel had requested his medical records; yet, Respondent (Swedish) had already delivered Appellant's medical records to Sidhu's counsel by then. 1CP 120, 268-70, 296-97. On December 5, 2022, acting in his nonlawyer Pro Se capacity, Appellant objected to the discovery request. 1CP 272-75. Respondent for Swedish and Dr. Choiniere stated that it sent the request for production on November 4, 2022. 1CP 277. Respondents' proof of service stated it was mailed on December 2, 2022. 1CP 268. Respondents Swedish and Dr. Choiniere had not even responded to Appellant's lawsuit. 1CP 80. Appellant filed a Motion for Default with a hearing set for December 28, 2022. 1CP 80. However, the trial court

denied that Motion for Default. 1CP 159, 163.

On February 17, 2023, Appellant – a nonlawyer Pro Se – filed a Motion and Declaration for Issuance of Subpoena Dues Tecum, but the trial court had never ruled on his motion causing the Appellant to fail to obtain evidence from a non-party.

On March 1, 2023, Appellant informed Respondents of his intention to file a Motion for Sanction during a conference meeting with Respondents’ attorneys after their failures to correct their wrongdoings. Respondents did not correct their wrongdoings and did not put an end to them, instead on March 8, 2023, the Defendants filed a joint Motion for Summary Judgment (hereinafter “MSJ”). 2CP 534. A hearing was set for April 7, 2023, in which the trial court set a new trial date to November 6, 2023, and a discovery cutoff for September 18, 2023. 2CP 864. In response to the Respondents’ MSJ, Appellant argued that discovery was still not closed because discovery was not due to close until September 18, 2023, which was five months after

Respondent's filed their MSJ. 2CP 878-82. Appellant included multiple declarations from expert psychiatrists in his response to Respondent's MSJ. 5CP 2136, 2147.

Respondents deposed Appellant on March 15, 2023 (a week after Respondents filed their joint Motion for Summary Judgment), and included a copy of the transcript with their reply. CP3 1392; CP3 1375; CP3 2218. On April 13, 2023, Appellant filed a Motion for Sanction. On April 19, 2023, the trial court granted the Respondents' joint MSJ and dismissed all of Appellant's claims with prejudice. VRP 18. In a handwritten note at the bottom of the order, the trial court said that the two experts (Dr. Pinales and Perez) failed to offer the "required standard of care testimony." 5CP 2291. The trial court stated that it reviewed all thirteen of Appellant's declarations. 5CP 2291. On May 1, 2023, Appellant filed a Motion for Reconsideration requesting reconsideration of the Court's April 19, 2023 "Order Granting Defendants' Joint Motion for Summary Judgment"; however it was denied. On May 18, 2023, Appellant filed a Motion for Reconsideration

requesting reconsideration of the Motion for sanctions;
however, that too was denied. CP5 2270, 2278.

Mr. Hosseinzadeh appealed. Op. 1. As to the medical malpractice claim, the Court of Appeals noted that under RCW 7.70.040(1)(a) holds a standard of care. Op.7. The Court of Appeals stated that “despite stating that these are ‘their professional opinions,’ the doctors’ declarations do not identify a specific standard of care.” Op. 9. The Court of Appeals added that the Providers’ actions or omissions are not explained in the declarations. Op.9. Thus, Dr. Perez failed to identify any “specific act constituting a breach.” Op.10. The Court of Appeals likened the affidavits to those in the *Guile v. Ballard*, 70 Wn.App. 18, 26 (1983), opinion and explained expert testimony that is too broad or uses broad language fails. Op. 11.

As to the fraud claim, the Court of Appeals noted that Swedish said that Epic, its software, populates titles based on education. Op.12-13. The Court of Appeals added the Appellant “does not provide any evidence that he had a right

to rely on the truth of any such representation or that he relied on a false representation to his detriment.” Op. 13. The Court of Appeals framed Appellant’s facts and arguments presented as “conclusory statements [that] are insufficient to satisfy his burden at summary judgment.” Op. 14. As to the Washington Consumer Protection Act (hereinafter “CPA”) claim, the Court of Appeals held Sidhu’s qualifications were not misrepresented openly to the public. Op. 15; RCW 19.86. On the third element of the CPA claim, the Court of Appeals declined to consider the reply brief’s alleged insertion of “new” evidence that Sidhu is “listed on the HealthPoint website [which lists providers] as being a PsyD” under RAP 9.12 (and under *Gartner, Inc. v. Dep’t of Revenue*, 11 Wn. App. 2d 765, 776-77 (2020)). Op. 15. As to the fourth element of a specific injury: the Court of Appeals stated that while he need not quantify the injury, making only conclusory statements that he suffered general injuries does not suffice. Op. 16. As to unlicensed practice, defamation, false light, and violation of privacy claims, the Court Appeals

noted that the arguments were all conclusory. Op. 17.

The Court of Appeals also denied the fees at trial and on appeal; however, they did award Respondents their appellate costs. Op. 17. Here, there were no findings that all actions were frivolous, and, in fact, the trial judge had redacted Respondent's proposed MSJ order text prompt that indicated this was a frivolous action. Op.19; 5CP 2291. Further, Respondents failed to submit any argument or citation that they are entitled to attorney's fees other than "it is equitable." Op. 20. The Respondents, although filed only by Sidhu (without paying the filing fees), also sought appellate costs for all parties under RAP 14.2, and because the parties were the "substantially prevailing parties, [the Court of Appeals] award[ed] **them** appellate costs pursuant to RAP 14.2." Op. 20-21 (emphasis added). The Court Appeals did not review and provide opinion on Appellant's Motion for Sanction despite Appellant's requesting it and paying for its review.

V. ARGUMENT WHY REVIEW SHOULD BE ACCEPTED.

A. The Court of Appeals' Opinion Conflicts With The Intent of Decisions Of This Court Regarding The Trial Court's Failing To Consider Expert Witness Qualifications and Excluding that Testimony on Credibility Grounds, Thus Warranting Review Under RAP 13.4(b)(1).

This proposition posits a conflict between the Court of Appeals' opinion and this Court's precedent; and is, therefore, reviewable under RAP 13.4(b)(1). Washington's CR 56(f) provides that: "Should it appear from the affidavits of a party opposing the motion that he cannot, for reasons stated, present by affidavit facts essential to justify his opposition, the court may refuse the application for judgment or may order a continuance to permit affidavits to be obtained or depositions to be taken or discovery to be had or may make such other order as is just."

"In a summary judgment motion, the moving party bears the initial burden of showing the absence of an issue of material fact." *Young v. Key Pharmaceuticals, Inc.*, 112 Wn.2d 216, 225 (1989). It is here when "the evidence and all reasonable

inferences therefrom is considered in the light most favorable to the plaintiff, the nonmoving party. An appellate court reviewing a summary judgment places itself in the position of the trial court and considers the facts in a light most favorable to the nonmoving party.” *Young*, 112 Wn.2d at 226.

When weighing if an expert’s opinion is admissible, courts look to see if the witness is properly qualified, if that expert relied on generally accepted theories, and if the expert’s testimony is helpful to the trier of fact. *State v. Allery*, 101 Wn.2d 591, 596 (1984). Helpfulness to the trier of fact is construed broadly. *Philippides v. Bernard*, 151 Wn.2d 376, 393 (2004) (referencing *Miller v. Likins*, 109 Wn. App. 140, 148 (2001)). In *Folsom v. Burger King*, this Court said that a trial court properly excludes expert testimony when it invades the jury’s province or lacks a proper foundation.¹³⁵ Wash.2d 658, 662-63 (1998).

In general, expert testimony is required to establish both the applicable standard of care and proximate causation. *Grove v. PeaceHealth St. Joseph Hosp.*, 182 Wn.2d 136, 143-44

(2014). “Affidavits containing conclusory statements without adequate factual support are insufficient to defeat a MSJ.”

Guile v. Ballard Cmty. Hosp., 70 Wn.App. 18, 25 (1993).

Therefore, a defendant moving for summary judgment can meet its initial burden by showing that the plaintiff lacks competent expert testimony. *Young*, 112 Wash.2d at p. 226-27. However, that is different from the credibility of a witness.

Witness credibility “and the weight to be given to the evidence are matters within the province of the jury and even if convinced that a wrong verdict has been rendered, the reviewing court will not substitute its judgment for that of the jury, so long as there was evidence which, if believed, would support the verdict rendered.” *State v. O’Connell et al.*, 83 Wn.2d 797, 834 (1974) (referencing *Burke v. Pepsi-Cola Bottling Co.*, 64 Wash. 2d 244 (1964)).

The Court of Appeals likened Appellant’s affidavits to those of *Guile*, in which the plaintiff’s experts “merely” provided “summarization of [the plaintiff’s] postsurgical complications, coupled with the unsupported conclusion that

the complications were caused by [the defendant physician's] 'faulty technique.'" (Op. 6); *Guile*, 70 Wn. App. at p. 23. In *Vant Leven v. Kretzler*, the trial court properly granted summary judgment when the affidavit stated it was "more probable than not" that the defendant's conduct fell below an applicable standard of care as its analysis—inviting juror speculation. 56 Wash.App. 349, 356 (1989).

Ultimately, admissibility of expert testimony is governed by ER 702. The determination as to whether an expert witness possesses the necessary qualifications to testify is within the reasoned discretion of the trial court. *Rice v. Johnson*, 62 Wn.2d 591 (1963); *Saldivar v. Momah*, 145 Wn.App. 365, 397 (2008) (discretion is to be exercised according to specified criteria). In *Rice v. Johnson*, this Court quoted *Wilson v. Wright* for its underlying precedent that a trial judge "determine[es] whether an expert witness possesses the necessary qualifications to testify on a proper subject is within the sound discretion of the trial court." 52 Wn.2d at p. 812. Yet, even in *Wilson* the trial court did not narrowly construe specialties and

admitted testimony from a metallurgist (having a master's degree in chemical engineering) instead of an "automobile mechanic" as the expert. *Id.* It is whether the testimony is sufficient to determine causation and guidance to the jury.

Such an analysis is followed by this Court in *Volk v. Demeerleer*, 187 Wash.2d 241, 276 (2016), where it rejected a bifurcated analysis by the Court of Appeals: one based on "two levels of speculation." In *Volk*, this Court stated that an "expert's opinion must be based on fact and cannot be a conclusion or based on an assumption if it is to survive summary judgment." 187 Wash.2d at 277. The worry is not that the expert pled too broadly but that the "trier of fact will be forced to speculate as to causation." *Id.* In *Volk*, this Court found the expert testimony permissible because the expert was familiar with the standard of care in Washington "through his consultation with a psychiatric colleague in Washington" and the expert had an "extensive background" in psychiatric and related clinical issues. *Id.* Therefore, he was qualified as an expert under ER 702. *Id.*

Here, the Court of Appeals stated that Appellant “submitted his own declaration and declarations by friends and family members.” (Op.4) As explained above, credibility is the province of the jury. It was improper for the Court of Appeals to affirm this invasion in the province of the jury. In a handwritten note at the bottom of its order, the trial court had stated merely that Dr. Pinales and Dr. Perez failed to offer “the required standards of care testimony which would be applicable to a Washington Hospital; LMFT or Psychiatrist.” 5CP 2291. The Court of Appeals noted that the trial court’s order did not “specifically address or provide any additional reasoning regarding any other claim” than the expert testimony. Op.4.

The Court of Appeals, however, agreed that “despite stating that these are ‘their professional opinions,’ the doctors’ declarations do not identify a specific standard of care.” Op.9. The Court of Appeals added that the Providers’ actions or omissions are not explained in the declarations. Op. 9. The Court of Appeals likened the affidavits to those in *Guile* and reasoned that where expert testimony fails when it is too broad or uses

broad language. Op. 11.

However, in Dr. Perez’s declaration for summary judgment, Dr. Perez addressed both Sidhu and Choiniere, specifically. 3CP 1264-66. Dr. Perez is a medical doctor specializing in psychiatry. 3CP 1264. Dr. Perez has been a board-certified Psychiatrist with the State of Washington since 1995 with more than 35 years of practice. 3CP 1264. Dr. Perez described what a licensed marriage and therapist is permitted to do within their practice—and it was not diagnose Appellant with psychotic disorders—and is “less” than what her credentials permit. 3CP 1267. The declaration indeed laid the foundation for what the standard of care would be for an assessment, Dr. Perez even disclosed her close relationship to Appellant, she also described what should be done in an assessment (over multiple visits), what clinical histories should be searched (i.e. without “performing a comprehensive psychiatric diagnostic evaluation”), and, importantly, she described the ongoing injuries directly related to Respondents’ actions: “enter[ing] false clinical and personal information and

false psychiatric diagnosis that have damaged [Appellant] and will continue to harm him in the future.” 3CP 1265-66.

Personal damage here has injured and will carry into future diagnoses, possible insurance costs, business opportunities, and his medical records must be corrected to avoid further injury.

3CP 1267. Dr. Pinales’ declaration likewise included their qualifications and extended the analysis to Dr. Choiniere’s inaccuracies for making such a diagnosis on one office visit.

3CP 1270-74. These witnesses qualified under ER 702 and connected the injuries directly to the defendants. Under ER 702, Dr. Perez and Dr. Pinales were qualified as experts. Both the trial Court and the Court of Appeal did not analyze Dr. Acosta’s declarations and other declarations in Appellant’s support. Respondents did not provide any expert opinions to disapprove expert opinions of Dr. Perez, Dr. Pinales, and Dr. Acosta, and to refute other declarations in Appellant’s support. Both the trial Court and the Court of Appeal failed to note the contradictory fact in the case proving that medical malpractice and negligent have accrued at least by one of Respondents

Sidhu or Dr. Choiniere, since Sidhu diagnosed Appellant with delusional disorder while Dr. Choiniere did not. Appellant could not have a disorder and have it, therefore both Sidhu or Dr. Choiniere could not be correct and at least one of them was wrong and committed malpractice by diagnosing or not diagnosing a disorder. Dr. Perez, Dr. Pinales, and Dr. Acosta address this contradictory facts in their declarations.

Credibility of an expert witness, however, is a question for the jury. WPI 2.10 as to Expert Testimony is a jury instruction. It contains:

“A witness who has special training, education, or experience may be allowed to express an opinion in addition to giving testimony as to facts. You are not, however, required to accept his or her opinion. To determine the credibility and weight to be given to this type of evidence, you may consider, among other things, the education, training, experience, knowledge, and ability of the witness. You may also consider the reasons given for the opinion and the sources of his or her information, as well as considering the factors already given to you for evaluating the testimony of any other witness.”

The weight given to expert testimony is, ultimately, a jury question. *Gerberg v. Crosby*, 52 Wn.2d 792 (1958); *Kohfeld v.*

United Pacific Ins. Co., 85 Wn.App. 34, 42-43 (1997). It was an error for the trial court, and the appellate court, to exclude Appellant's expert witnesses when they qualified under ER 702 and couched their analysis in the relationship between the experts and Appellant.

The Court of Appeal's decision conflicts with the intent of this Court's opinions regarding when expert testimony is admissible and if expert testimony that qualifies under ER 702 should be weighed by the judge or jury; and, ultimately, this reveals a gray area in the law appropriate for this Court to review. Under this Court's precedent, as addressed above, it is the courts' responsibility to analyze if an expert's opinions is admissible under ER 702 and whether that witness is properly qualified, if their opinion relies on generally accepted theories, and if their testimony is helpful to the trier of fact. *State v. Allery*, 101 Wash.2d 591, 596, 682 P.2d 312 (1984). "In general, an affidavit containing admissible expert opinion on an ultimate issue of fact is sufficient to create a genuine issue as to that fact, precluding summary judgment." *J.N. v. Bellingham*

Sch. Dist. No. 501, 74 Wn.App. 49, 60-61 (1994). This Court should consider reviewing this case because Washington courts construe helpfulness to the trier of the facts broadly. *Miller v. Likins*, 109 Wash.App. 140, 148 (2001). It is only when reasonable minds could reach but *one* conclusion (i.e. the opinion is unhelpful) is it appropriate to determine questions of facts as a matter of law. *Id.* at p. 144. This warrants review under RAP 13.4(b).

B. The Court of Appeals’ Opinion Implicated a Significant Question of Law and Is Of a Substantial Public Interest When It Erred In Affirming Appellant’s Claims Are Barred By RCW 7.70.30, Making this Appeal Reviewable under RAP 13.4(b)(3) and (4).

In 1976, the legislature preempted “all civil actions and causes of action, whether based on tort, contract, or otherwise, for damages for injury occurring as a result of health care.” RCW 7.70.010. “RCW 7.70 modifies procedural and substantive aspects of all civil actions for damages for injury occurring as a result of health care, regardless of how the action is characterized.” *Branom v. State*, 94 Wn.App. 964, 969 (1999). However, not all actions that occur during the

course of a health care provider and patient relationship constitutes “health care” within the meaning of the statute. *Estate of Sly v. Linville*, 75 Wn. App. 431, 438 (1994). RCW 7.70.010 exempts an “(1) injury result[ing] from the failure of a health care provider to follow the accepted standard of care,” thus “whether the injury is actionable is governed by RCW 7.70.030.” *Id.* at pp. 969-71. Where a healthcare provider “was utilizing the skills which he had been taught in examining, diagnosing, treating or caring for,” fits into RCW 7.70. *Id.* at pp. 970-71 (1999).

However, here, an unlicensed healthcare provider diagnosed Appellant. 3CP 1313, 1317. Although she may have been taught these skills, the protection of RCW 7.70 fails to extend to everyone purporting to hold a medical license. To hold otherwise would be allow anyone purporting to be a health care provider the protections of RCW 7.70, a result the legislature assuredly did not intend.

RCW 7.70.020(2) further supports a narrower definition of health care provider as an “employee or agent” of a person

described a “person licensed by” Washington to practice “acting in the course and scope of his [or her] employment.” Sidhu was not licensed, placing her beyond the scope of RCW 7.70.020(1), and beyond the scope of her employment, placing her actions outside of the protection of RCW 7.70.020(2). Additionally, Appellant presented written confirmation from the Washington State Department of Health’s Program Manager at Health Systems Quality Assurance, that a Marriage and Family Therapy credentialed professional is not qualified to make mental health diagnoses. 3CP 1306 and recommend medications.

The Court of Appeals applied the RCW 7.70 shield to Appellant’s claims. Op.7-9. Under RCW 7.70.040, when a “health care provider fail[s] to exercise that degree of care, skill, and learning expected of a reasonably prudent health care provider at that time in the profession or class to which he belongs, in the state of Washington, acting in the same or similar circumstances,” the shield no longer applies, and Sidhu acted beyond her credentials, and did not act within the scope

of her licensing. This Court should review the Court of Appeal's opinion because it permitted the protection of RCW 7.70 to impermissibly envelope an unlicensed practitioner exceeding the legislative intent of RCW. Further, it shields healthcare providers from their duty to ensure that their employees (or agents) are qualified and licensed practitioners.

A person purporting to be a healthcare provider specializing in a particular area will be held to the same standard of care as other members of that specialty. *Dinner v. Thorp*, 55 Wn.2d 90 (1959); *Adair v. Weinberg*, 79 Wn.App. 197, 203 (1995). Washington State chose its standard of care with the community-at-large and the profession in mind avoid overextending protection. *Harris v. Groth*, 99 Wn.2d 438, 442-47 (1983). Therefore, RCW 7.70 will not shield misrepresentation implicating medical services. *Young v. Savidge*, 155 Wn. App. 806, 823 (2010). Therefore, Appellant requests that this Court review the Court of Appeal's decision for public policy reasons under RAP 13.4.

C. The Court of Appeals Opinion Implicates A Substantial Public Interest In Protecting The Rights of Pro Se Litigants By Failing to Address The Trial Court’s Permissiveness Towards Respondents’ Discovery Violation, Making This Reviewable Under RAP 13.4.

The Court of Appeals also erred when it affirmed the trial court’s permissiveness towards Respondents’ discovery violations. RCW 70.02.060(1) stated that an “attorney shall provide advance notice to the health care provider and the patient or the patient's attorney involved through service of process or first-class mail.” RCW 70.020.060(1) layers onto that protection, explaining that is done to ensure the patent has time to request a protective order.

Counsel for Sidhu mailed a discovery request for Appellant’s medical records on December 2, 2022, as evidenced by dated mail. CP1 120; 268. The proof of service on the discovery service states December 2, 2022. 1CP 268. On December 5, 2022, Appellant objected to the discovery request. 1CP 272-75. It was too late because Respondent already collected the medical records from Swedish (also the Respondent-Defendant in this case), and informed Appellant it

sent the request for production on November 4, 2022. 1CP 277; 270. The trial court failed to address this issue entirely and so too did the Court of Appeals

Courts reverse summary judgment rulings when those rulings are premature and preclude deeper discovery. For example, when “failure was inevitable because the trial court failed to compel [defendant] to produce discovery that might evidence the requisite pattern of unfair or deceptive conduct” or possible “disparate treatment.” *Demelash v. Ross Stores Inc.*, 105 Wash. App. 508 (2001); Wash. Sup. Ct. Civ. R. CR 56. The trial court set November 6, 2023, as the trial date. 2CP 865. September 18, 2023, was the scheduled discovery cutoff. 2CP 864. On March 8, 2023, Respondents filed for summary judgment. 5CP 2098. Yet, on March 15, 2023, Respondents took Appellant’s deposition and then included it with their reply. 3CP 1392; 1375; 2218. On April 7, 2023, the Court dismissed Appellant’s claims. 5CP 2191. Such a premature cutoff deprived Appellant from the full discovery process while Respondent fully continued discovery. Both the trial

Court and the Court of Appeals failed to address Respondents violations of discovery and rights of Pro Se Appellant while they knew about the violations as Appellant explained in his Motion for Sanction and during the hearing for Respondents' Joint Summary Judgment. Both Courts also failed to react to Sidhu's unlicensed psychologist practice after learning about it, (RCW 18.83.020 and RCW 18.83.180).

While Pro Se litigants are held to the same standards as barred attorneys throughout litigation, the courts must likewise hold barred attorneys to such a standard in return. *Carver v. State*, 147 Wn.App. 567, 575 (2008). This Court should review Appellant's case because permitting counsel to violate RCW 70.02.060(1) governing the medical discovery process both violating statutory language while also permitting early Motion of Summary Judgment filings concerns the public interest and is reviewable under RAP 13.4 because, together, these actions suggests that pro se litigants are precluded from a full set of discovery tools while courts consent to abusive discovery tactics by barred attorneys.

D. The Court of Appeals Erred When It Failed to Properly Analyze the Entrepreneurial Prong Because It Erred When It Found The Evidence Supporting That Claim Was Not In the Trial Record, Making This Claim Reviewable Under RAP 13.4.

When considering the Consumer Protection Act claim, the Court of Appeals concluded that Sidhu's qualifications are not misrepresented to the public. Op.15. As to the third element (the public interest), the Court of Appeals declined to consider the reply brief's evidence because it characterized evidence that Sidhu was "listed on the HealthPoint website [which lists providers] as being a PsyD" as "new" evidence under RAP 9.12. (Op.15) The Court of Appeals also referenced *Gartner, Inc. v. Dep't of Revenue*, yet even that court stated that "RAP 9.12 does not limit appellate review to evidence 'cited' by the parties as 'evidence'" because the Court of Appeals must not simply engage in the same analysis as the trial court. 11 Wn. App. 2d 765, 776-77 (2020).

Here, against its own cited precedent, the Court of Appeals did exactly that. First, the Court of Appeals was incorrect because the trial court record included the screenshot

cited in Appellant’s Reply Brief on the Swedish HealthPoint website. 4CP 1592; see 1CP 48 (wherein Appellant noted that the Department of Health listed her without a “Psychologist License”).

In their MSJ, the Respondents argued that the CPA is inappropriate because Appellant’s complaints are based on clinical and not entrepreneurial acts and failed under the public interest prong. 2CP 549-50. It is here that the Court of Appeals improperly analyzed the entrepreneurial prong. *Wash. State Physicians*, 122 Wn.2d 299 (1993). In *Salois v. Mutual of Omaha Ins. Co.*, 90 Wash.2d 355, 359 (1978), this Court held that the CPA extends to “more than just sales” because the nature of goods and services are so diversified. Here, listing a wide breadth of healthcare professionals on their website, and some of those being unqualified, served to push business toward Respondents—including referrals. Appellant could have gone elsewhere or been referred elsewhere. But Respondents were chosen due to misrepresented expertise. This indicates choice and trade in the market. To hold

otherwise, is to displace healthcare services from the gambit of consumer trade entirely.

This error directly impacted the Court of Appeal's affirmation of the trial court, and it is incorrect. This is obvious error and reviewable under RAP 13.4 and requires reversal.

V. CONCLUSION

For the foregoing reasons, Mr. Hosseinzadeh respectfully requests that this Court grant discretionary review of the Court of Appeals' decision pursuant to RAP 13.4(b)(1) and (4) and remand for a new trial.

This document contains 5,113 words, excluding the parts of the document exempted from the word count by RAP 18.17.

Respectfully submitted this 5th day of March, 2025.



Corey Evan Parker

WSBA #40006

Attorney for

Abolfazl Hosseinzadeh

Attachment “A”

IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON

ABOLFAZL HOSSEINZADEH,

Appellant / Cross-Respondent,

v.

SWEDISH HEALTH SERVICES, a
Washington non-profit organization;
GURJEET SIDHU, aka GURJEET K
SIDHU, aka GURJEET KAUR SIDHU,
aka GURJEET SIDHU, aka Dr. SIDHU,
individually; JAKE HARLEY
CHOINIERE, aka JAKE H.
CHOINIERE, aka JAKE CHOINIERE,
aka Dr. JAKE, individually; and
UNKNOWN JOHN and JANE DOES,

Respondents / Cross-Appellants.

No. 85474-7-I

DIVISION ONE

UNPUBLISHED OPINION

CHUNG, J. — Abolfazl Hosseinzadeh received care from behavioral health providers associated with Swedish Health Services (“Swedish”), including Gurjeet Sidhu and Dr. Jake Choiniere, over the course of several months in 2019. Subsequently, defendants in a separate lawsuit filed by Hosseinzadeh subpoenaed Sidhu and Choiniere for depositions to discuss Hosseinzadeh’s treatment. After Hosseinzadeh gave his consent, Sidhu and Choiniere were both deposed. Hosseinzadeh then filed this suit against Swedish, Sidhu, and Choiniere (collectively, “Providers”) asserting claims of medical malpractice, defamation, and false light as well as claims of violation of privacy, unlicensed practice, fraud, and violations of the Washington Consumer Protection Act

(CPA), chapter 19.86 RCW. Providers jointly filed a motion for summary judgment dismissing Hosseinzadeh's claims, which the court granted.

Hosseinzadeh appeals. Providers cross-appeal the trial court's denial of attorney fees and costs. We affirm both the trial court's dismissal of Hosseinzadeh's claims and its denial of Providers' motion for attorney fees and costs. We deny the Providers fees on appeal but award costs.

FACTS

Abolfazl Hosseinzadeh was referred to counseling by his primary care physician in June 2019 to treat symptoms of depression and anxiety that he suffered as a result of alleged discriminatory and defamatory conduct by individuals in his condominium association and ensuing litigation that he initiated (HOA lawsuit). On June 17, 2019, Hosseinzadeh began the first of five counseling sessions with Gurjeet Sidhu. Sidhu is a licensed marriage and family therapist (LMFT) who was employed by Swedish at the time. Sidhu's progress notes for Hosseinzadeh's initial visit state that she explained the role of a behavioral health provider (BHP) to him. Sidhu's notes throughout the course of Hosseinzadeh's five visits describe his symptoms, his discussion of the HOA lawsuit, changes in his behavior, and recommendations for treatment. At their final session on July 29, 2019, Sidhu recommended that Hosseinzadeh see a psychiatrist, and he agreed.

Subsequently, on August 28, 2019, Hosseinzadeh attended one session with Dr. Jake Choiniere, a licensed psychiatrist. Choiniere's clinical notes included Hosseinzadeh's medical history, surgical history, psychiatric history,

family history, social history, and substance use history, as well as the results of a physical exam and a mental status exam. Under the heading “Diagnoses,” Choiniere listed “unspecified depression” and “unspecified anxiety” and stated, “Psychiatric differential diagnosis includes: Major depression with psychotic features, mixed episode of bipolar disorder, generalized anxiety disorder, PTSD.” Choiniere recommended that Hosseinzadeh consider “antidepressant treatment augmented with an atypical antipsychotic” medication which “may be helpful for sleep and borderline psychotic perceptions,” along with “intensive psychotherapy, specifically cognitive behavioral therapy or acceptance commitment therapy.” Choiniere’s notes indicate that Hosseinzadeh was “quite reluctant to consider medication treatment, although [he was] open to the notion of psychological counseling.”

Nearly a year after these treatment sessions, in May 2020, defendants in his HOA lawsuit sought to depose Sidhu and Choiniere. At the time of their respective depositions, neither Sidhu nor Choiniere had received written authorization or consent from Hosseinzadeh to discuss his personal health information. As a result, Sidhu and Choiniere refused to testify. In September 2020, the HOA lawsuit defendants again subpoenaed Sidhu and Choiniere for depositions. This time Hosseinzadeh provided Sidhu and Choiniere with signed authorization forms and stipulated to a protective order regarding their discussion of his medical records. Accordingly, at their respective depositions, Sidhu and Choiniere answered questions about their treatment of Hosseinzadeh.

On July 28, 2022, Hosseinzadeh filed a complaint in King County Superior Court against Providers, alleging claims of medical malpractice, false light,¹ and defamation. Hosseinzadeh also filed claims against Sidhu and Swedish for violation of privacy, unlicensed practice, fraud, and violation of the CPA.

On March 8, 2023, Providers filed a joint motion for summary judgment seeking dismissal of all claims against them and attorney fees and expenses pursuant to RCW 4.84.185. In support of his opposition to the motion, Hosseinzadeh submitted his own declaration and declarations by friends and family members, including his wife, Dr. Romelia Perez.

On April 19, 2023, the trial court granted Providers' motion for summary judgment. In its order, the trial court stated that along with other evidence, it considered all declarations submitted by Hosseinzadeh, with "particular focus . . . given to the declarations of Drs. Pinales and Perez, who concluded there was negligence without providing any facts to support their conclusions." The trial court elaborated that "neither Drs. Pinales or Perez offered the required standard of care testimony which would be applicable to a Washington Hospital[,] LMFT or Psychiatrist." The order did not specifically address or provide any additional reasoning regarding any other claim.

Hosseinzadeh filed a motion for sanctions against Providers, alleging that they intentionally lied to the court, made false statements of material fact, and violated his rights and court rules. The trial court denied the motion for sanctions as well as Hosseinzadeh's motion for reconsideration of the denial.

¹ For this claim only, Hosseinzadeh asserts that Swedish was vicariously liable for Choiniere's and Sidhu's action.

On May 1, 2023, Hosseinzadeh filed a motion for reconsideration of the order granting Providers' summary judgment motion, asserting that (1) Providers improperly served him by e-mail and untimely served him by mail and (2) genuine issues of material fact existed based on his "unopposed" declarations, Providers' admission that Sidhu was not a licensed psychologist, and Providers' failure to depose his witnesses. The trial court denied the motion for reconsideration on May 22, 2023.

DISCUSSION

Hosseinzadeh appeals the trial court's decision granting summary judgment and dismissing all of his claims.² Providers filed a cross-appeal of the trial court's decision to deny attorney fees and expenses for opposing a frivolous lawsuit.³ Providers also seek attorney fees on appeal.

I. Dismissal of Hosseinzadeh's Claims on Summary Judgment

Hosseinzadeh challenges the trial court's grant of summary judgment on four grounds. First, he claims his experts' declarations created a genuine issue of material fact regarding the standard of care for an LMFT, psychiatrist, and hospital in Washington state as well as regarding whether Providers breached that standard, as required for his medical negligence claim. Second, Hosseinzadeh asserts that his fraud claim is not foreclosed by RCW 7.70,

² In his notice of appeal, Hosseinzadeh also sought review of the court's denial of his motion for reconsideration of the order granting summary judgment, but he failed to assign error to that order. Hosseinzadeh's brief on appeal also challenges the denial of the motion for sanctions. However, he failed to attach the relevant order to the notice of appeal and also failed to assign error to the decision or provide argument in his opening brief. Accordingly, we decline to review the trial court's denial of his motion for sanctions.

³ Respondent Sidhu filed a brief and cross-appeal, and Respondents Swedish and Choiniere filed a "Joinder to Reply Brief of Respondent and Cross-Appellant Gurjeet Sidhu."

because it was not related to health care. Third, he claims that the record evidence establishes questions of fact on his CPA claim, including as to whether Providers' conduct was based on entrepreneurial activities, was of public interest, and resulted in injury to business or property. And fourth, Hosseinzadeh claims his unlicensed practice, defamation, false light, and violation of privacy claims are not barred by RCW 7.70.

On appeal, we review orders granting summary judgment de novo and consider "the evidence and all reasonable inferences from the evidence in the light most favorable to the nonmoving party." Keck v. Collins, 184 Wn.2d 358, 370, 357 P.3d 1080 (2015). We may affirm a summary judgment order on any basis that is supported by the record. Davidson Serles & Assocs. v. City of Kirkland, 159 Wn. App. 616, 624, 246 P.3d 822 (2011). Summary judgment is appropriate when "there is no genuine issue as to any material fact" and the moving party is entitled to judgment as a matter of law. CR 56(c). A "material fact" exists when such facts impact the outcome of the litigation. Owen v. Burlington N. & Santa Fe R.R. Co., 153 Wn.2d 780, 789, 108 P.3d 1220 (2005).

A party that moves for summary judgment has the initial burden of showing the absence of an issue of material fact. Young v. Key Pharm., Inc., 112 Wn.2d 216, 225, 770 P.2d 182 (1989). A defendant moving for summary judgment can submit affidavits to demonstrate that no issue of material fact exists or can demonstrate to the trial court that the "plaintiff lacks competent evidence to support an essential element of [their] case." Guile v. Ballard Cmty. Hosp., 70 Wn. App. 18, 23, 851 P.2d 689 (1993). When the moving party is the

defendant and the defendant-movant satisfies the initial burden, the burden then shifts to the plaintiff. Young, 112 Wn.2d at 225. The plaintiff must sufficiently demonstrate “the existence of an element essential to [their] case, and on which [they] will bear the burden of proof at trial.” Id. The failure to make such a showing will result in the trial court granting summary judgment. Id.

A. Medical Malpractice Claim

In his complaint, Hosseinzadeh alleged that Providers breached the relevant standard of care for healthcare providers by (1) misdiagnosing him; (2) failing to account for relevant criteria such as his background; (3) failing to advise him as to alternative diagnoses and treatment plans; (4) failing to conduct the proper tests; (5) presenting Sidhu as a licensed psychologist;⁴ and (6) failing to correct errors pertaining to his diagnosis, medical records, and treatment plans, such that his health and safety were threatened. Providers sought summary judgment on the basis that Dr. Perez and Dr. Pinales⁵ are not qualified to establish the standards of care for an LMFT or Washington hospital, and their declarations failed either to establish the relevant standards of care or to state how Providers breached such standards.

To prevail in a medical malpractice claim, a complainant must prove that (a) the health care provider’s treatment or conduct failed to comport with the

⁴ Specifically, in his complaint, Hosseinzadeh alleges that “Swedish refused to schedule an appointment for Plaintiff to see a psychiatrist despite a recommendation,” and “Swedish . . . owed a duty to Plaintiff, yet failed to provide services and activities and failed to operate, own, manage, control and/or administer the facilities in a manner that enable[d] Plaintiff [to] maintain the highest practicable health, mental, and psychosocial well-being.”

⁵ Although Providers focus on Dr. Perez and Dr. Pinales, the record also includes a declaration from Dr. Cesar Acosta. As Dr. Acosta’s declaration is substantively the same as Dr. Perez’s and Dr. Pinales’ declarations, the analysis of their declarations also applies to his.

applicable standard of care and (b) the failure to do so was the proximate cause of the complainant's injury. RCW 7.70.040(1). The standard of care applicable to a health care provider in Washington is that of a "reasonably prudent health care provider at that time in the profession or class to which [they] belong[], in the state of Washington, acting in the same or similar circumstances." RCW 7.70.040(1)(a). Both the standard of care and proximate cause elements for medical malpractice claims must be established through expert medical testimony. Keck, 184 Wn.2d at 370.

Providers assert that even assuming Dr. Perez or Dr. Pinales were appropriately qualified,⁶ they failed to articulate the standard of care applicable to each respective Respondent. In response, Hosseinzadeh argues that Dr. Perez's and Dr. Pinales's declarations established the standard of care applicable for developing treatment plans and for diagnosing a patient with delusional disorder, pointing to these statements:⁷

In my professional opinion, it is negligent to diagnose a patient with delusional disorder without reviewing patient's chart, without understanding patient's culture and background, without ruling out

⁶ Washington law requires that an expert testifying in a medical malpractice case "must demonstrate that [they have] sufficient expertise in the relevant specialty." Young, 112 Wn.2d at 229 (explaining that a pharmacist is not competent to testify as to a prescribing physician's standard of care regarding medication used for treatment); see also Frausto v. Yakima HMA, LLC, 188 Wn.2d 227, 229 n.1, 393 P.3d 776 (2017) (emphasizing that "only physicians may testify as to another physician's standard of care"). In his reply brief, Hosseinzadeh appears to acknowledge that Dr. Pinales is not qualified to establish the standard of care for an LMFT, psychiatrist, or hospital, though he maintains that Dr. Perez, a psychiatrist, was qualified to discuss the standard of care for a LMFT in Washington because both professions "treat[] patients with mental health issues." Because we conclude Hosseinzadeh's experts' testimony is deficient on other grounds, we need not address Providers' argument that Dr. Pinales and Dr. Perez are not qualified to establish the relevant standards of care.

⁷ Dr. Perez's and Dr. Pinales's opinions set out in their declarations are largely similar and duplicative of each other and include nearly all of the same arguments or observations. As the same language appears in both declarations but in differently numbered paragraphs, the paragraph numbers are omitted here for simplicity.

other diagnoses, and without performing a comprehensive psychiatric diagnostic evaluation. . . .

In my professional opinion, a treatment plan in mental health must be based on consideration of a patient's symptoms, the intensity and duration of the symptoms, the etiology of the symptoms, the Patient's cultural background, the Patient's educational and professional background, the Patient's family structure, the Patient's medical history, and the impact of the symptoms on the patient's functional ability.

However, despite stating that these are their "professional opinions," the doctors' declarations do not identify a specific standard of care.

Nor do the expert declarations address how any Providers' actions or omissions breached an applicable standard of care. Hosseinzadeh contends that these portions of Dr. Perez's and Dr. Pinales's declarations establish Sidhu's breach of the relevant standard of care:

In my professional opinion, Ms. Gurjeet Sidhu diagnosed Dr. Hosseinzadeh with delusional disorder based on her poor clinical judgment, her own cultural bias, her lack of knowledge and understanding of the ongoing scientific research and projects in medicine and cryonics, her inability to comprehend the possibility that some individuals discriminated and defamed Dr. Hosseinzadeh, and her own fabricated version of Dr. Hosseinzadeh's background and symptoms. . . .

In my professional opinion, Ms. Gurjeet Sidhu failed to consider Dr. Hosseinzadeh's etiology of his symptoms, background, culture, and medical history in her treatment plan for Dr. Hosseinzadeh.

The declarations also opine as to other allegedly negligent acts:

In my professional opinion, Ms. Gurjeet Sidhu misdiagnosed Dr. Hosseinzadeh with delusional disorder.

In my professional opinion, Ms. Gurjeet Sidhu and Mr. Jake Choiniere cannot both be correct when one diagnosed Dr. Hosseinzadeh with delusional disorder and the other does not within a short period of time. . . .

In my professional opinion, it is improper, poor clinical judgment, and negligent to enter [the] word “bipolar” in Dr. Hosseinzadeh’s medical records when he has never had the history or symptoms, diagnosis of bipolar disorder.

In my professional opinion, it is improper, poor clinical judgment, and negligent to enter word “impairment reality testing”, “borderline psychotic symptoms”, or “psychotic” in Dr. Hosseinzadeh’s medical records because his consideration for cryonics and because he has never had the history or symptoms of psychosis. . . .

In my professional and personal opinion, the health providers have fabricated symptoms and diagnosis which their negligence resulted in misdiagnose and defamation of Dr. Hosseinzadeh.

. . .
In my professional opinion, it is improper, poor clinical judgment, and negligent to diagnose Dr. Hosseinzadeh with delusional disorder based on his interest [in] cryogenics scientific research and projects.

In my professional opinion, it is improper, poor clinical judgment, and negligent to diagnose Dr. Hosseinzadeh with delusional disorder because he complained about being discriminated and defamed by some individuals in a condominium committee.

In my professional opinion, it is improper, poor clinical judgment, and negligent for a mental health provider to diagnose a patient with delusional disorder based on the provider’s personal beliefs and culture, based on the provider’s lack of scientific knowledge, or based on lack of understanding of the patient’s culture, background, or medical history.

As for Choiniere, Dr. Perez’s declaration fails to identify any specific act constituting a breach. As for Sidhu, the declarations lack information as to how any specific acts breached the standard of care for an LMFT. More is required to defeat summary judgment.

For example, in Keck, the expert identified the standard of care by averring that a reasonable doctor would have addressed the plaintiff’s problems after surgery for sleep apnea by referring her to another qualified doctor for

treatment. 184 Wn.2d at 371-72. Further, the expert's affidavit identified a breach of that standard of care by opining that the defendant surgeons sent the plaintiff to a general dentist, who would not have had the training or knowledge to deal with her specific postsurgery problems. Id. at 372. Thus, the expert's affidavit was sufficient to defeat summary judgment. Id. By contrast, in Guile, an expert affidavit was held to be insufficient to defeat summary judgment where it described the plaintiff's injuries and opined, "All of this was caused by faulty technique on the part of the first surgeon. . . . In my opinion he failed to exercise that degree of care, skill, and learning expected of a reasonably prudent surgeon at that time in the State of Washington" 70 Wn. App. at 26. The court in Guile concluded this affidavit lacked adequate factual support because it "was 'merely a summarization of [the plaintiff's] postsurgical complications, coupled with the unsupported conclusion that the complications were caused by [the defendant physician's] 'faulty technique.' " Id. at 26, 27.

Here, the experts' affidavits are like those in Guile. They lack specificity about the applicable standard of care for an LMFT, psychiatrist, and hospital in Washington. They also fail to connect acts or omissions of the Providers to the applicable standards of care. Consequently, there is no genuine issue of material fact as to Hosseinzadeh's medical malpractice claims.

B. Fraud Claim

Hosseinzadeh alleges that Swedish and Sidhu committed fraud against him by presenting Sidhu as a licensed psychologist despite knowing she did not possess that license. Further, he alleges that Sidhu defrauded him and the court

at her deposition by providing false licensing and credential information and “hiding” information pertaining to her credentials and the cause of his depressive symptoms. And he claims that Swedish and Sidhu concealed material facts to “induce [him] to take or refrain from taking some action . . . to hide the ongoing danger and threat to [his] health and safety.”

A claim of fraud requires the following:

(1) representation of an existing fact; (2) materiality; (3) falsity; (4) the speaker’s knowledge of its falsity; (5) intent of the speaker that it should be acted upon by the plaintiff; (6) plaintiff’s ignorance of its falsity; (7) plaintiff’s reliance on the truth of the representation; (8) plaintiff’s right to rely upon it; and (9) damages suffered by the plaintiff.

Adams v. King County, 164 Wn.2d 640, 662, 192 P.3d 891 (2008) (citing Stiley v. Block, 130 Wn.2d 486, 505, 925 P.2d 194 (1996)).

Hosseinzadeh’s declaration states that “Sidhu did not say that she was not a psychologist, instead, she presented herself as [a] psychologist. My medical records show [the] title of psychologist in front of Sidhu’s name. . . . The Washington Department of Health does not show that Sidhu has a psychologist or physician license.” Hosseinzadeh’s after visit summary (AVS) report for June 17, 2019 lists Sidhu as a “Mental Health Specialist,” and the AVS reports for Hosseinzadeh’s other four visits identify Sidhu as a “Gurjeet K. Sidhu, PsyD.” In the progress notes section of the AVS report, the field “Author” states “Gurjeet K. Sidhu, PsyD”; the field “Author Type” states “Psychologist”; and the field “Editor” states “Gurjeet K. Sidhu, PsyD (Psychologist).” A Swedish CR 30(b)(6) corporate representative explained that in Swedish’s electronic medical records system, “Epic,” a provider’s profile includes a title, which is based on their

education, so a Psy.D degree will populate as “Psychologist.” The Swedish representative also explained that Sidhu was hired as a psychotherapist, which broadly authorized her to conduct assessments on behavior and recommend pharmaceutical intervention not limited to family or marital issues. The record evidence shows that Sidhu was hired as a psychotherapist and her scope of practice as an LMFT included evaluating patients in the behavioral health clinic and providing diagnoses. There is no evidence that either Swedish or Sidhu falsely represented to Hosseinzadeh that Sidhu was a psychologist, or that they did so with knowledge of its falsity or with intent that Hosseinzadeh act on this information.

Moreover, Hosseinzadeh does not provide any evidence that he had a right to rely on the truth of any such representation or that he relied on a false representation to his detriment. To the contrary, he stated in his deposition that he “had no idea Sidhu has done to me until she went through the deposition.” Thus, the record evidence does not create a genuine issue of material fact as to his reliance on Sidhu’s being a licensed psychologist.

Similarly, as to Sidhu’s allegedly false statements at her deposition, Hosseinzadeh does not identify evidence creating a question of fact as to how he relied on the truth of any false representation or how such reliance caused him damage. Hosseinzadeh’s declaration states only that “Sidhu made false statements about me and my medical background,” “made false statements on my behalf about past and ongoing concepts and research on cryonics, reanimation . . . and other scientific works in medical fields that I thought she

understood,” and “made false statements about my health and background that damaged my standing in the Hosseinzadeh v. Bellevue Park, et al. [case].”

These conclusory statements are insufficient to satisfy his burden at summary judgment. Moreover, these claims are based on Sidhu’s statements at her deposition and are barred by the litigation privilege doctrine.⁸

Hosseinzadeh fails to identify specific evidence or provide argument as to how the record evidence establishes each element of fraud.⁹ Therefore, the trial court properly dismissed Hosseinzadeh’s fraud claim.

C. CPA Claim

Hosseinzadeh alleges that Swedish and Sidhu misled him to believe that Sidhu was a licensed psychologist and that this misrepresentation caused injury to his health in violation of the CPA. A party seeking to recover in a private CPA action “must establish five distinct elements: (1) unfair or deceptive act or practice; (2) occurring in trade or commerce; (3) public interest impact; (4) injury to plaintiff in his or her business or property; [and] (5) causation.” Hangman Ridge Training Stables, Inc. v. Safeco Title Ins. Co., 105 Wn.2d 778, 780, 719 P.2d 531 (1986). A plaintiff alleging injury under the CPA must establish all five elements. Id. Providers argue that Hosseinzadeh’s CPA claim fails because he did not establish the third or fourth elements.

⁸ The litigation privilege doctrine “protects participants [in litigation] – including attorneys, parties, and witnesses.” Young v. Rayan, 27 Wn. App. 2d 500, 508, 533 P.3d 123, review denied, 2 Wn.3d 1008, 539 P.3d 4 (2023). The privilege provides witnesses with “absolute[] immun[ity] from suit based on their testimony.” Bruce v. Byrne-Stevens & Assocs. Engineers, Inc., 113 Wn.2d 123, 125, 776 P.2d 666 (1989).

⁹ Further, as Providers point out, Hosseinzadeh failed to include a reference to the record for each factual statement. RAP 10.3(a)(5); M.G. by Priscilla G. v. Yakima Sch. Dist. No. 7, 2 Wn.3d 786, 803, 544 P.3d 460 (2024) (clarifying that RAP 10.3(a)(5) applies to merits briefs of the appellant and respondent).

As to the third element, public interest impact, Hosseinzadeh argues that the alleged misrepresentations about Swedish's staff are likely to harm others. However, as noted above, Sidhu is associated with the title "Psychologist" only within the Swedish medical records system, Epic. No evidence in the summary judgment record indicates that Sidhu's, or any other provider's, qualifications or license are misrepresented to the public. In his reply brief, Hosseinzadeh argues that Sidhu "is listed on the HealthPoint website [which lists Swedish's providers] as being a PsyD," and that "listing of a provider with a specific designation leads the public to believe the provider holds that specific license." But for an appellate court to consider evidence on an appeal from a summary judgment order, the evidence must have been "called to the attention of the trial court." RAP 9.12. Hosseinzadeh's citation to a website in his reply brief is insufficient for our consideration under RAP 9.12. See Gartner, Inc., v. Dep't of Revenue, 11 Wn. App. 2d 765, 776-77, 455 P.3d 1179 (2020) (striking reference to website in appellate brief where party had not provided documentation of evidence contained on website). The summary judgment evidence does not establish a question of fact regarding public interest impact, as required for a CPA claim.

Hosseinzadeh also does not provide evidence of the fourth element, which requires the party to make a specific showing of injury caused by the defendant's acts. Hangman Ridge, 105 Wn.2d at 792. Hosseinzadeh claims that under the CPA, he was not required to "detail his property or business" that was injured and that his damages do not need to be quantifiable. It is true that *injury* (not damages) need not be quantifiable; the distinction between injury and damages

“makes it clear that no monetary damages need be proven, and that nonquantifiable injuries, such as loss of goodwill would suffice.” Sign-O-Lite Signs, Inc., v. DeLaurenti Florists, Inc., 64 Wn. App. 553, 563, 825 P.2d 714 (1992) (quoting Nordstrom, Inc., v. Tampourlos, 107 Wn.2d 735, 740, 733 P.2d 208 (1987)). Hosseinzadeh relies on Michael v. Mosquera-Lacy for the proposition that “[w]hen a misrepresentation causes inconvenience that deprives the claimant of the use and enjoyment of his property, the injury element is satisfied.” 140 Wn. App. 139, 148-49, 165 P.3d 43 (2007), rev’d, 165 Wn.2d 595, 200 P.3d 695 (2009). But Michael does not change the requirement that “[t]here must be some evidence, however slight, to show injury to the claimants’ business or property.” Sign-O-Lite, 64 Wn. App. at 563. For example, in Sign-O-Lite, the court concluded that the plaintiff provided evidence that she suffered injury to her florist business when she could not manage her store the way she typically would because she had to address issues with her contract with the defendant. Id. at 564. By contrast, here, Hosseinzadeh does not identify evidence that establishes that he suffered injury to his business or property. Though he need not quantify injury, he makes only conclusory statements in his complaint that he suffered injury,¹⁰ and does not identify any evidence supporting these statements in his responsive summary judgment briefing.

The record evidence does not establish a genuine issue of material fact regarding the required elements of a public interest impact or an injury to

¹⁰ For example, Hosseinzadeh states that “Swedish’s . . . actions injured Plaintiff including, but not limi[t]ed to injury to his health. Plaintiff’s injury is directly and proximately caused by Defendant Swedish’s misleading and [deceiving] actions.”

Hosseinzadeh's business or property.¹¹ We affirm the trial court's decision to dismiss his CPA claim.

D. Unlicensed Practice, Defamation, False Light, and Violation of Privacy Claims

Hosseinzadeh also challenges the dismissal of his claims of unlicensed practice, defamation, false light, and violation of privacy. On appeal, Hosseinzadeh assigned error to the trial court's summary judgment dismissal but failed to brief the dismissal of these claims in his opening brief, which focused on the medical malpractice and fraud claims. To the extent he provided briefing on these issues, it was only in his reply briefing and was conclusory. "Points not argued and discussed in the opening brief are deemed abandoned and are not open to consideration on their merits." In re Disciplinary Proceeding of Kennedy, 80 Wn.2d 222, 236, 492 P.2d 1364 (1972). We do not consider claims argued for the first time on reply. RAP 10.3(c); Cowiche Canyon Conservancy v. Bosley, 118 Wn.2d 801, 809, 828 P.2d 549 (1992). Therefore, because Hosseinzadeh failed to adequately brief these additional tort claims in his opening brief, we do not consider these claims on the merits.

II. Providers' Cross-Appeal of Denial of Attorney Fees and Expenses Below and Request for Fees and Costs on Appeal

Sidhu filed a cross-appeal, in which Choiniere and Swedish joined, claiming the trial court abused its discretion by denying Providers' request for

¹¹ Providers also argue that the second element, whether the deceptive act or practice occurred in trade or commerce, is not satisfied. And Hosseinzadeh asserts that the evidence he submitted to the trial court was sufficient to demonstrate the fifth element, causation, but does not identify specific evidence in support. We need not address either of these elements as we conclude his CPA claim fails on other grounds.

attorney fees and expenses against Hosseinzadeh for filing a frivolous action. They also seek an award of attorney fees and costs on appeal. We affirm the trial court's denial of fees. We deny the Providers fees on appeal but award them their costs.

A prevailing party in an action that has terminated can submit a motion to the trial court seeking a determination that the non-prevailing party's claim(s) were "frivolous and advanced without reasonable cause." RCW 4.84.185. The trial court shall then consider all evidence presented on the motion to determine whether the action was "frivolous and advanced without reasonable cause." RCW 4.84.185. If the trial court determines that the action was frivolous, then the court may, "upon written findings by the judge that the action . . . was frivolous and advanced without reasonable cause, require the nonprevailing party to pay the prevailing party the reasonable expenses, including fees of attorneys, incurred in opposing such action" RCW 4.84.185. An action is frivolous when it " 'cannot be supported by any rational argument on the law or facts.' " Alexander v. Sanford, 181 Wn. App. 135, 184, 325 P.3d 341 (2014) (quoting Rhinehart v. Seattle Times, 59 Wn. App. 332, 340, 798 P.2d 1155 (1990)). Notably, when determining if an action is frivolous, a court must consider it as a whole. Biggs v. Vail, 119 Wn.2d 129, 136, 830 P.2d 350 (1992). Further, the trial court has discretion to determine whether to award attorney fees for a frivolous lawsuit. Rhinehart, 59 Wn. App. 339-40. However, the frivolous lawsuit statute should not be used in place of other pretrial motions or sanctions. Biggs, 119 Wn.2d at 137.

We review trial court determinations regarding attorney fees and expenses under RCW 4.84.185 for an abuse of discretion. Alexander, 181 Wn. App. at 184. A trial court abuses its discretion when a determination is “ ‘manifestly unreasonable, or exercised on untenable grounds, or for untenable reasons.’ ” Mayer v. Sto Indus., Inc., 156 Wn.2d 677, 684, 132 P.3d 115 (2006) (quoting Associated Mortgage Investors v. G.P. Kent Constr. Co., 15 Wn. App. 223, 229, 548 P.2d 558 (1976)).

In Biggs, the trial court found three out of four of the plaintiff’s claims to be frivolous and awarded attorney fees pursuant to RCW 4.85.185. 119 Wn.2d at 137. However, the Washington Supreme Court held that “the action *as a whole* cannot be deemed frivolous and attorneys’ fees were therefore improperly granted,” because the trial court did not find all of the plaintiff’s claims to be frivolous. Id.

Here, Sidhu argues that the trial court abused its discretion by denying her motion for attorney fees and expenses under RCW 4.84.185 because all claims against her were dismissed on the merits based on their apparent frivolity and because such claims are “clearly prohibited by the plain language of the applicable statutes.” Further, she posits that Hosseinzadeh brought this suit to “harass his former healthcare providers after their candid deposition testimony.” But nothing in the record, including the trial court’s order granting summary judgment, indicates that the claims were dismissed because they were frivolous and advanced without reasonable cause. The court did not make written findings to that effect, as required for an award of expenses under RCW 4.84.185.

Rather, the trial court's order indicates only that Hosseinzadeh's expert testimony was conclusory and failed to establish a standard of care as required for the medical malpractice claim and stated nothing specifically about the reason for dismissing the other claims. Because Providers fail to establish that the trial court abused its discretion in denying their request for attorney fees and expenses under RCW 4.84.185, we affirm the denial.

On appeal, a party can recover reasonable attorney fees or expenses when the party requests such fees in its opening brief. RAP 18.1(a). The party requesting fees must also "provide argument and citation to authority 'to advise the court of the appropriate grounds for an award of attorney fees as costs.' " Robinson v. Am. Legion Dep't of Wash., Inc., 11 Wn. App. 2d 274, 298, 452 P.3d 1254 (2019) (quoting Stiles v. Kearney, 168 Wn. App. 250, 267, 277 P.3d 9 (2012)).

Here, the only argument Providers offer for appellate attorney fees is "[i]t is equitable for Hosseinzadeh to bear the expenses of this needless and frivolous litigation that occurred during the trial court proceedings, and which are now being continued on appeal." Providers fail to provide argument and citation to any relevant authority to support their request for appellate attorney fees. Providers' request for appellate attorney fees is denied.

Providers also seek appellate costs pursuant to RAP 14.2. In general, the party that "substantially prevails on review" is awarded appellate costs unless the reviewing court instructs otherwise. RAP 14.2; John Doe v. Benton County, 200 Wn. App. 781, 793, 403 P.3d 861 (2017). On review, Providers are the

substantially prevailing parties, so we award them appellate costs pursuant to RAP 14.2, subject to compliance with the applicable procedural requirements.

Chung, J.

WE CONCUR:

Birk, J.

Smith, C.G.

CERTIFICATE OF SERVICE

I, the undersigned declare: I am over the age of eighteen years and not a party to the cause; I certify under penalty of perjury under the laws of the United States and of the State of Washington that on March 5, 2025, I caused the following document(s):

PETITION FOR REVIEW

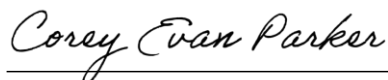
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.



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THE APPELLATE LAW FIRM

March 05, 2025 - 2:05 PM

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