RE: David Young  
Docket No.: 04-01-B-1043NT  
Document: Statement of Charges

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: NONE

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

Customer Service Center  
PO Box 47865  
Olympia, WA 98504-7865  
Phone: (360) 236-4700  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Deputy Secretary, Department of Health, PO Box 47890, Olympia, WA 98504-7890.
In the Matter of the License to Practice as a Doctor of Naturopathic Medicine of:

DAVID G. YOUNG,
Candidate No. CA00000863
Respondent.

Docket No. 04-01-B-1043NT
STATEMENT OF CHARGES

The Executive Director of the Naturopathy Program (Program), on designation by the Secretary of Health, makes the allegations below, which are supported by evidence contained in program case file no. 2003-09-0003.

Section 1: ALLEGED FACTS

1.1 David G. Young, Respondent, applied for a license to practice as a doctor of naturopathic medicine by the state of Washington in September 2003.

1.2 Respondent is licensed to practice as a naturopathic physician in the state of Oregon under license no. 0773, which was issued on January 8, 1993 (Oregon license).

1.3 On or about July 15, 2003, the Oregon Board of Naturopathic Examiners (OBNE) issued a Consent Order, Case No. N02-06-06, regarding Respondent’s Oregon license.

1.4. In the Consent Order, Respondent agreed to comply with each of the following conditions:

1.4.1 The Board of Naturopathic Examiners (Board) is the agency responsible for licensing, regulating and disciplining naturopathic physicians in the State of Oregon. David Young, N.D., (Licensee) is a licensed naturopathic physician
currently practicing in Portland, Oregon, and is subject to the jurisdiction of the Board.

1.4.2 Licensee agrees that all entries in patient chart notes for patients under his care will be exclusively written by Licensee with all computer entries printed out, hand signed and dated at the end of each entry and placed in the patient's "hard copy" chart. After handwriting any chart note entries, Licensee will sign or initial, and date the chart note. The handwritten signature, initial, and date shall be placed at the end of each chart note entry.

1.4.3 Licensee agrees that all patients who are under his care will have written orders for all injections and intravenous treatment. All written orders will be exclusively written by Licensee and all computer entries will be printed out, hand signed and dated at the end of each entry and placed in the patient's "hard copy" chart. All injections and intravenous treatments will be recorded and include the date of the injection, or intravenous treatment, and who provided the treatment.

Any change in treatment protocol will be made only by Licensee or other licensed health care professional with prescribing authority, working with Licensee and documented in the chart notes. All chart notes will be written by Licensee with all computer entries printed out, hand signed and dated at the end of each entry and placed in the patient's "hard copy" chart.

1.4.4 Licensee agrees that the Board can request and review patient charts at random to assure compliance of this Consent Order.

1.5. In the Consent Order, Respondent stated that he understands that failure to comply with any condition of probation, or statute, rule or order of the Board, will be a
violation of this agreement and the Board could take further disciplinary action including, 
but not limited to, suspension or revocation of his license.

1.6. The Consent Order remains in effect for **five (5) years** from July 15, 2003.

1.7. The Consent Order provides that Respondent may request that the OBNE agree 
to terminate the Consent Order after Respondent has met its conditions for a period of at 
least **twenty four (24) months** from July 15, 2003.

1.8. On or about April 28, 2004, the Washington State Department of Health, 
Naturopathy Program, received from the OBNE a certified copy of the Consent Order.

**Section 2: ALLEGED VIOLATIONS**

2.1 The violations alleged in this section constitute grounds for disciplinary action 
pursuant to RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

2.2 The facts alleged in paragraphs 1.3 through 1.8 constitute unprofessional 
conduct in violation of RCW 18.130.180(5), which provides as follows.

**RCW 18.130.180 Unprofessional conduct.** The following 
conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this 
chapter:

... 

(5) Suspension, revocation, or restriction of the individual's 
license to practice any health care profession by competent 
authority in any state, federal, or foreign jurisdiction, a certified 
copy [emphasis added] of the order, stipulation, or agreement 
being conclusive evidence of the revocation, suspension, 
restriction; 

...
Section 3: NOTICE TO RESPONDENT

The charges in this document affect the public health, safety and welfare. The Secretary of the Washington State Department of Health directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline pursuant to RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

DATED this 3rd day of August, 2004.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH
NATUROPATHY PROGRAM

[Signature]
ROBERT J. NICOLOFF
Executive Director

[Signature]
LAURA N. WILLIAMS, WSBA #25544
Assistant Attorney General Prosecutor
RE:    David G. Young
Docket No.: 04-01-B-1043NT
Document: Informal Disposition

Regarding your request for information about the above-named practitioner, certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: NONE

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    P.O. Box 47865
    Olympia, WA 98504-7865
    Phone: (360) 236-4700
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH
NATUROPATHY PROGRAM

In the Matter of the Application for License to
Practice as a Doctor of Naturopathy of:

DAVID G. YOUNG,
Candidate No. CA00000863

Respondent

) Docket No. 04-01-B-1043NT
) STIPULATION TO INFORMAL
) DISPOSITION

Section 1: STIPULATION

The state of Washington and Respondent stipulate to the following:

1.1 David G. Young, Respondent, is informed and understands that the Executive
Director of the Naturopathy Program (Program), on designation by the Secretary of
Health, has made the following allegations:

1.1.1 David G. Young, Respondent, applied for a license to practice as a doctor
of naturopathy by the state of Washington in September 2003.

1.1.2 Respondent is licensed to practice as a naturopathic physician in the state
of Oregon.

1.1.3 On or about July 15, 2003, the Oregon Board of Naturopathic Examiners
(OBNE) issued a Consent Order regarding Respondent's license.

1.1.4 The Consent Order requires that Respondent be the only person to write
chart notes for patients under his care, that he record dates of treatment and
names of staff who provided treatment, and that he comply with random audits of
the OBNE.

1.1.5 The Consent Order remains in effect for five (5) years from July 15, 2003.
1.1.6 The Consent Order allows Respondent to request early termination of the Consent after meeting its conditions for no less than twenty four (24) months.

1.2 The conduct described above, if proven, would constitute a violation of RCW 18.130.180(5).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of this Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by Secretary of Health.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct, inability to practice, or criminal conduct.

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

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and this Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.
1.9 The Program agrees to forego further disciplinary proceedings concerning the allegations contained in paragraph 1.1 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this Stipulation to Informal Disposition.

1.11 Respondent is advised and understands that a violation of the provisions of Section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

**Section 2: INFORMAL DISPOSITION**

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

2.1 Respondent shall reimburse costs to the Program in the amount of three hundred fifty dollars ($350.00), which must be received by the Program within two (2) years of the effective date of this Stipulation to Informal Disposition. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health, and mailed to the Department of Health, Naturopathy Program, P.O. Box 1099, Olympia, WA 98504-1099. Failure to pay the reimbursement within two (2) years of the effective date of this Stipulation to Informal Disposition shall constitute a violation of this Stipulation to Informal Disposition.

2.2 When Respondent uses a computer to make chart notes, he shall personally make all computer entries of any and all patient chart notes for patients under his care.
He shall print out computer entries, hand sign and date them. They shall be placed in the patient’s chart.

2.3 When Respondent makes handwritten notes, he shall sign or initial and date each chart note. Each chart note shall be placed in the patient’s chart.

2.4 When respondent orders injections for patients under his care, he shall make such orders in writing, either by hand or by computer. When Respondent makes the orders by computer, he will print them out, hand sign and date them. They shall be placed in the patient’s chart. Respondent shall follow the procedures outlined in paragraphs 2.2 and 2.3 above.

2.5 Respondent will record all injections, the date of the treatment, and the name of the provider of the treatment. Respondent shall follow the procedures outlined in paragraphs 2.2 and 2.3 above.

2.6 If and when Respondent changes treatment protocol for a patient under his care, he shall document this in the chart notes. Respondent shall follow the procedures in 2.2 and 2.3 above.

2.7 Respondent shall comply with any and all random audits of patient charts by the Program to assure compliance with this Stipulation to Informal Disposition.

2.8 This Stipulation to Informal Disposition will remain in effect until July 15, 2008.

2.9 Respondent may request early termination of the Stipulation to Informal Disposition no earlier than July 15, 2005, upon written verification to the Program that the Consent Order has been terminated by the OBNE.

2.10 Respondent shall obey all federal, state, and local laws and all administrative rules governing the practice of the profession in the state of Washington.
2.11 Respondent shall assume all costs of complying with this Stipulation to Informal Disposition.

2.12 If Respondent violates any provision of this Stipulation to Informal Disposition in any respect, the Secretary of Health may take further action against Respondent's license.

2.13 Respondent shall inform the Program, in writing, of changes in his residential address and/or business address.

2.14 Upon successful compliance with the terms and conditions of this Stipulation to Informal Disposition, Respondent may be may fully reinstated from compliance by the Secretary of Health or its designee.

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I, DAVID G. YOUNG, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Secretary of Health without my appearance. If the Secretary of Health accepts this Stipulation to Informal Disposition, I understand that I will receive a signed copy.

DATED: 5 November 2004.

DAVID G. YOUNG
Respondent

5 November 2004
Date

, WSBA #
Attorney for Respondent

Date
Section 3: ACCEPTANCE

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

DATED this 12th day of November 2004.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH
NATUROPATHY PROGRAM

LAURA FARRIS, SENIOR HEALTH LAW JUDGE
PRESIDING OFFICER

Presented by:

Judy L. Young
JUDY L. YOUNG, WSBA #3797
Department of Health Staff Attorney

November 8, 2004
Date