



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Russell S. Tagg  
Master Case No.: M2012-9  
Document: Statement of Charges

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

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  
P.O. Box 47865  
Olympia, WA 98504-7865  
Phone: (360) 236-4700  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
CHIROPRACTIC QUALITY ASSURANCE COMMISSION

FILED  
MAR 09 2012  
Adjudicative Clerk

In the Matter of

No. M2012-9

**RUSSELL S. TAGG**

Credential No. CHIR.CH.00002726

**STATEMENT OF CHARGES**

Respondent

The Executive Director of the Chiropractic Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by the evidence contained in case no. 2011-161150.

**1. ALLEGED FACTS**

1.1 On September 3, 1992, the state of Washington issued Respondent a credential to practice as a chiropractor. Respondent's credential is currently active.

1.2 From approximately March 30, 2011 until September 9, 2011, Respondent provided thirty-three (33) treatment sessions to Patient A. Patient A had presented to Respondent's chiropractic facility with shoulder, neck and hip pain.

1.3 During the course of his treatment of Patient A, Respondent failed to properly drape her during massages, frequently leaving her breasts and/or buttocks exposed.

1.4 During the course of his treatment of Patient A, Respondent performed massage on her groin area, including close to her vagina and her anus, telling the patient it was necessary to treat her shoulder pain.

1.5 Starting in late July 2011, Respondent starting focusing his treatments less on Patient A's shoulder and neck, and more on her groin area. He regularly massaged Patient A's thigh and labia area. When Patient A chose not to remove her underwear, as repeatedly suggested by Respondent, he simply pushed the underwear to the side or removed them himself so he could massage her lower abdomen and pelvic areas.

1.6 From approximately July 2011 to until September 9, 2011, Respondent ended at least eight (8) massage sessions by kissing Patient A on her cheek.

1.7 On September 9, 2011, Respondent performed a massage session on Patient A. Per his request, Patient A had removed her underwear for the session. During the treatment, Respondent put his leg up on the table to gain leverage and Patient A could feel Respondent's penis pressed against her crotch. Respondent later straddled the table and pulled Patient A's legs up around his waist, a position that Patient A described as being "like lovers preparing to have sex." At the end of the massage, Respondent laid on top of Patient A and held her arms over her head to "stretch" her, then bent down and whispered "thank you" after he kissed Patient A on her cheek.

1.8 During the relevant time period herein, the following deficiencies occurred:

- A. Lack of clinical history, Patient A;
- B. Lack of rationale for the modalities of treatment, Patient A;
- C. Lack of or extremely limited orthopedic or neurological testing, Patient A;
- D. Lack of upper extremity examination when Patient A presented with complaints of shoulder, neck and hip pain;
- E. Lack of treatment plan for Patient A;
- F. Lack of re-examination on Patient A.

1.9 Respondent documented subluxation of two (2) regions as his diagnosis in Patient A's treatment records. For corresponding dates, Respondent billed Patient A's insurance company using Current Procedure Terminology (CPT) code 98942 for manipulation of five (5) to six (6) regions. Between March 30, 2011 and September 9, 2011, Respondent billed Patient A's insurance company for approximately thirty-three (33) treatments using CPT code 98942.

1.10 Between April 7, 2011 and September 9, 2011, Respondent billed Patient A's insurance company approximately thirty-two (32) times for neuromuscular re-education treatment. Respondent failed to document his clinical rationale for this in the treatment notes.

## **2. ALLEGED VIOLATIONS**

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(1), (7), (24), WAC 246-808-540, WAC 246-808-560(1), (2), (3), and WAC 246-808-590(3), which provide in part:

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

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW

...

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice

...

(24) Abuse of a client or patient or sexual contact with a client or patient;

...

**WAC 246-808-540 Billing.** A doctor of chiropractic may bill for all provided services that are allowable under chapter 18.25 RCW and the rules adopted pursuant to the foregoing statute. The doctor shall utilize codes and/or descriptions of services that accurately describe the professional services rendered.

...

**WAC 246-808-560 Documentation.** A doctor of chiropractic must keep complete and accurate documentation on all patients and patient encounters. This documentation is necessary to protect the health, well-being and safety of the patient.

(1) The patient record must detail the patient's clinical history, the rationale for the examination, diagnostic or analytical procedures, and treatment services provided. The diagnosis or clinical impression must be contained in the patient record, not merely recorded on billing forms or statements. Subjective health status updates, whether or not symptoms are present, must be documented for every patient encounter.

(2) Documentation for the initial record must include at a minimum:

a) The patient's history;

(b) Subjective presentation;

(c) Examination findings or objective findings relating to the patient's presenting condition;

(d) Any diagnostic testing performed;

(e) A diagnosis or impression;

(f) Any treatment or care provided; and

(g) Plan of care.

(3) Reexaminations, being necessary to monitor the progress or update the current status of a patient, must be documented at reasonable intervals sufficient to reflect the effectiveness of the treatment.

Reexaminations must also be documented whenever there is an unexpected change in the subjective or objective status of the patient. Reexamination documentation must include the subjective presentation and objective findings. This documentation shall also reflect changes in the patient's care and progress and in the treatment plan.

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**WAC 246-808-590 Sexual misconduct.**

....

(3) The chiropractor shall never engage in sexually harassing or demeaning behavior with current or former clients.

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

**3. NOTICE TO RESPONDENT**

The charges in this document affect the public health, safety and welfare. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against

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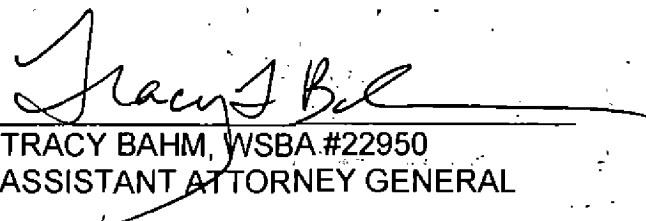
these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline pursuant to RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

DATED: March 9, 2012

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
DENTAL QUALITY ASSURANCE  
COMMISSION

  
\_\_\_\_\_  
ROBERT NICOLOFF  
EXECUTIVE DIRECTOR

ROBERT M. MCKENNA  
ATTORNEY GENERAL

  
\_\_\_\_\_  
TRACY BAHM, WSBA #22950  
ASSISTANT ATTORNEY GENERAL

**CONFIDENTIAL SCHEDULE**

**This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.56.240(1).**

Patient A:

