



**Timeline for Case 2008-128802**

**Respondent:** DOUGLAS J W BARTHOLOMEW  
**Credential:** MHC.LH.00003582  
**Profession:** Mental Health Counselor License  
**Created:** 08/12/2008  
**Closed:** 10/17/2008

**Alleged Issues:**  
 Improper or Inadequate Supervision or Delegation  
 Malpractice  
**Case Nature:**  
 Misrepresentation  
 Standard of Care/Services  
**Resolutions:**  
 Evidence Does Not Support Allegation

Timeline Detail	Start	End	Days Used
OPENED	08/07/2008	08/12/2008	5
Intake	08/12/2008	08/12/2008	0
Assessment	08/12/2008	08/14/2008	2
Investigation	08/14/2008	10/02/2008	49
Case Disposition	10/02/2008	10/17/2008	15
CLOSED	10/17/2008		0

Timeline Summary	Auth Days	Extend Days	Days Used	Days Remain
OPENED	0	0	5	-5
Intake	7	0	0	7
Assessment	14	0	2	12
Investigation	170	0	49	121
Case Disposition	140	0	15	125
CLOSED	0	0	0	0
<b>Total:</b>			<b>71</b>	

**Case Disposition Worksheet**

**Respondent:** Douglas Bartholomew

**Case Number:** 2008-128802 MHC

Date Presented: 10/16/2008

Profession: MHC

Section: IIO

Presented by: Tammy Kelley

Staff Attorney: \_\_\_\_\_

Staff present at B/C Disposition: \_\_\_\_\_

Pre-Assigned or Requested (circle one)<sup>1</sup>

**SEXUAL MISCONDUCT CASES**

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when there are no clinical issues involved. (It is recommended to make this referral only after investigation; however, any pre-investigation referral should include a panel authorization for investigation.)

- Panel finds there are clinical issues, do not refer.
- No clinical issues, refer case to Secretary

**Complete Signature Below Only If Case Is Referred to Secretary**

Authorized by Panel Chair: \_\_\_\_\_

Print Name of Panel Chair: \_\_\_\_\_

per Program Staff (initials) \_\_\_\_\_ Reviewing Commission Member \_\_\_\_\_

(if applicable)

(if applicable)

Date referral authorized: \_\_\_\_\_

**A. REQUEST FOR LEGAL ACTION:**

- Summary Action:
  - Suspension
  - Practice Restrictions \_\_\_\_\_
- Statement of Charges: (Complete Sanctions Worksheet)
- Statement of Allegations: (Complete Sanctions Worksheet)
- Notice of Correction:
- Notice of Determination:
- Withdrawal of SOC:  Withdrawal of SOA:

**Alleged Violations—RCW 18.130.180:**

- |                                                         |                                                                     |                                                                           |
|---------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> (1) Moral turpitude            | <input type="checkbox"/> (10) Aiding and abetting                   | <input type="checkbox"/> (19) Treating by secret method                   |
| <input type="checkbox"/> (2) Misrepresentation of facts | <input type="checkbox"/> (11) Violation of rules                    | <input type="checkbox"/> (20) Betrayal of patient privilege               |
| <input type="checkbox"/> (3) False advertising          | <input type="checkbox"/> (12) Practice beyond scope                 | <input type="checkbox"/> (21) Rebating                                    |
| <input type="checkbox"/> (4) Incompetence               | <input type="checkbox"/> (13) Misrepresentation or fraud            | <input type="checkbox"/> (22) Interference w/ investigation               |
| <input type="checkbox"/> (5) Out of state action        | <input type="checkbox"/> (14) Failure to supervise                  | <input type="checkbox"/> (23) Current drug/alcohol misuse                 |
| <input type="checkbox"/> (6) Illegal use of drugs       | <input type="checkbox"/> (15) Public health risk                    | <input type="checkbox"/> (24) Sexual contact/patient abuse                |
| <input type="checkbox"/> (7) Violated state or fed law  | <input type="checkbox"/> (16) Unnecessary or<br>inefficacious drugs | <input type="checkbox"/> (25) Acceptance of more than<br>nominal gratuity |
| <input type="checkbox"/> (8) Failure to cooperate       | <input type="checkbox"/> (17) Criminal conviction                   |                                                                           |
| <input type="checkbox"/> (9) Failure to comply          | <input type="checkbox"/> (18) Criminal abortion                     |                                                                           |

**Other Violations of Relevant State or Federal Law: Or**

**RCW 18.130 .170:** Mental Impairment Physical Impairment

**B. FILE CLOSED:**

<input type="checkbox"/> CNA A – No Jurisdiction	<input type="checkbox"/> CNA F – No violation at the time the event occurred	<input type="checkbox"/> CNA J – Conduct was within standard of practice	<input type="checkbox"/> CNA E – No violation determined
<input type="checkbox"/> CNA C – Evidence does not support a violation	<input type="checkbox"/> CNA G – Risk minimal, not likely to reoccur	<input type="checkbox"/> CNA K – Mistaken identity	<input type="checkbox"/> CNA I – Care rendered within standard of care
<input type="checkbox"/> CNA D – Insufficient evidence	<input checked="" type="checkbox"/> CNA H – Complainant withdrew	<input type="checkbox"/> CNA M – No Whistleblower	<input type="checkbox"/> CNA X – Complaint unit closure

Further explanation (if any): Respondent was alleged of unprofessional conduct but complainant has withdrawn the complaint

**C. OTHER, EXPLAIN (Legal Review, Return to Investigation, etc.):**

<sup>1</sup> Program may request a specific staff attorney who has prior experience with the file or the Respondent.

- Respondent Notification Letter
- NHA Notification Letter
- Malpractice Settlement Letter
- Special Letter (see comments below)
- Compliance (Docket Number)

- Complainant Notification Letter
- Whistleblower
- Criminal History Letter
- WHPS Letter
- Follow Up

Date received: 08-14-08

Date assigned: \_\_\_\_\_

Comments: \_\_\_\_\_

**RECEIVED-KENT**

SEP 17 2008

Department of Health  
Investigation Service Unit

Investigator: Glasco

Priority:

A B (C) D E

**Assessment Worksheet**

**DOUGLAS BARTHOLOMEW**

**Case Number: 8-128802 MHC**

Date: 8-14-08

Board/Commission/Profession:  
**MENTAL HEALTH COUNSELOR**

Section: 7

Presented by: Joleen Karl

Panel members:

Staff present: SEE ILRS

- Conference Call
- Board/Commission meeting

**A. FILE CLOSED:**

<input type="checkbox"/> <b>CNA1</b> – No Jurisdiction	<input type="checkbox"/> <b>CNA2-1</b> – No violation at the time the event occurred	<input type="checkbox"/> <b>CNA2-2</b> – Advertising that is a technical violation	<input type="checkbox"/> <b>CNA2-3</b> –Communication and personality issues
<input type="checkbox"/> <b>CNA2-4</b> – Aged or outdated complaints	<input type="checkbox"/> <b>CNA2-5</b> – Risk minimal, not likely to reoccur	<input type="checkbox"/> <b>CNA2-6</b> – Lack of complaint credibility	<input type="checkbox"/> <b>CNA2-7</b> Complainant withdrew
<input type="checkbox"/> <b>CNA2-8</b> - No complainant's or client/patient's name and no allegations of significant harm or potential harm	<input type="checkbox"/> <b>CNA2-9</b> – Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> <b>CNA2-10</b> – Practice on an expired credential for a period of time accepted by the disciplining authority	
<input type="checkbox"/> <b>CNA2-11</b> – Profession-specific threshold. Explain: _____ _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur	<input type="checkbox"/> <b>CNA2-12</b> – Issues which have been otherwise resolved. Explain resolution: _____ _____ _____ _____ _____ (detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> <b>CNA3</b> – If allegations are true, no violation of law occurred	<input type="checkbox"/> <b>CNA4</b> – Insufficient information

Further explanation (if any): \_\_\_\_\_

**B. INVESTIGATION AUTHORIZED:**

- Recommended priority:
- A (risk of immediate danger See HPQA Procedure 212)**
  - B (serious risk)**
  - C (moderate risk)**
  - D (minor risk)**
  - E (technical violations)**

**Notes:**

**Initiate investigation and obtain records, including patient records.**

Authorized by Panel Chair: \_\_\_\_\_  
 Print Name of Panel Chair: \_\_\_\_\_  
 per Program Staff (initials) \_\_\_\_\_ Reviewing Commission Member \_\_\_\_\_  
 (if applicable) (if applicable)

Date investigation authorized: \_\_\_\_\_

**CUSTOMER SERVICE COMPLAINT INTAKE  
SUMMARY WORKSHEET**

**RESPONDENT INFORMATION**

<b>RESPONDENT NAME &amp; ADDRESS</b>	DOUGLAS J W BARTHOLOMEW				<b>CASE #</b>	2008-128802		
					<b>ALLEGATION</b>	Malpractice		
					<b>LICENSE #</b>	MHC.LH.0003582		
					<b>ISSUED</b>	01/23/2008		
					<b>EXPIRES</b>	01/13/2009		
<b>PHONE #</b>	(425) 635-0188				<b>STATUS</b>	Active		
<b>Legal Action:</b>	<b>YES</b>	<b>NO</b>	<b>Compliance</b>	<b>YES</b>	<b>NO</b>	<b>Cases</b>	<b>Open:</b>	<b>Closed:</b>

**COMPLAINANT INFORMATION**

<b>Name &amp; Address</b>	Peter Connick, <i>Attly</i> 80 Yesler Way Ste 320 <i>for</i> Seattle, WA 98104-3493						
<b>PHONE #</b>				<b>EMAIL</b>			

**SUMMARY OF COMPLAINT**

Complainant is filing in defense of his client. Complainant alleges Respondent falsely treated client and interfered with his representation of client due to Respondent's evaluation based on personal bias. Complainant also alleges unprofessional conduct of Respondent based on actions and unethical behavior by attempting to provide therapy beyond the scope of what was warranted.

**Case View Screen**

Case Status	2008-128802 (PUBLIC) Assessment	Date Created Date Received How Received	08/12/2008 08/07/2008 Mail	Audit Entry Items Notes Master Cases <b>Participants</b> Add Master Case Timeline History
Respondent ID Respondent Credential	632109 DOUGLAS J W BARTHOLOMEW MHC.LH.00003582	Receiving Board Receiving Profession Receiving Department	SECRETARY Mental Health Counselor License Case Intake	
Complainant ID Complainant	874156 Peter Connick	Received By Incident Date	Amanda Whipple 08/05/2008	
		<b>Alleged Issues</b> Improper or Inadequate Supervision or Delegation Malpractice <b>Case Nature</b> Misrepresentation Standard of Care/Services		

**Comments:**

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

**Priority History**

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
------	----------	-----------------	----------------	---------------	---------	-----	------

**Other Participants**

No additional participants found

**Resolution**

Department: Case Management  
Worker: Tammy Kelley  
Date Closed:

**Found Issues**  
none  
**Resolution**  
none

**Resolution Notes:**

**Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case ID
No HIPDB Reports found for this credential.				

**Action Items [add] [add group]**

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼	User
Forward for Assessment	Case Management, Kelley, Tammy			08/12/2008			08/12/2008	Whipple, Amanda
Target: DOUGLAS J W BARTHOLOMEW, MHC.LH.00003582								
Case Status: Status Changed To: Assessment								
<b>Comments:</b>								

Complainant is filing in defense of his client. Complainant alleges Respondent falsely treated client and interfered with his representation of client due to Respondent's evaluation based on personal bias. Complainant also alleges unprofessional conduct of Respondent based on actions and unethical behavior by attempting to provide therapy beyond the scope of what was warranted.

	Intake Case Intake, Whipple, Amanda			08/12/2008	08/12/2008		08/12/2008	Whipple, Amanda
Target: DOUGLAS J W BARTHOLOMEW								
<b>Warning:</b> Warning Type: CASE PENDING								
Warning Effective Date: 08/12/2008								
Suppress License Print: NO								
<b>Case Status:</b> Status Changed To: Intake								
<b>Action Info:</b> Complaint Source: Attorney								
Possible Imminent Danger? No								
Single Complaint Process Coordination Needed? No								

**Credential View Screen** [update]



**DOUGLAS J W BARTHOLOMEW**

Address:

Public  Mail  Renewal Mail

[change public address]  
DOUGLAS J W BARTHOLOMEW

ID 632109  
Warnings  
SSN/FEIN  
Contact Standing Living  
Contact Type INDIVIDUAL  
Birth Date 01/13/1950  
Public File YES  
Mailing List  
Legacy Licensure Name BARTHOLOMEW,  
DOUGLAS J W

Contact  
Audit  
Public Cases  
Cont. Edu  
Documents  
Owned By/Key Mgmt  
Exams  
Experience  
Notes  
Schools  
Supervises  
SupervisedBy  
Legacy  
Librarian  
Application  
Other State License

Comments: 1/11/08 RECD \$35 REFUND 6 OVRPYMT JM

**Mental Health Counselor License** [update] [form letter]

Credential # MHC.LH.00003582  
Legacy License # LH00003582  
Application Date  
Effective Date 01/23/2008  
Expiration Date 01/13/2009  
First Issuance Date 07/22/2001  
Last Date Of Contact  
CE Due Date 01/13/2009

Credential Status ACTIVE (01/23/2008)  
Status Reason ACTIVE  
Amount Due \$0.00  
Date Last Activity  
Last Updated by  
Certificate Sent Date  
Work Queue LEGACYDATA, DOH

Audit  
Documents  
Workflow  
Key Mgmt  
Fees  
Notes  
Print Docs  
Comp. Audit  
Renewal  
Legacy

Comments: 1/11/08 RECD \$35 REFUND 6 OVRPYMT JM

Supervises User Defined License Data Legacy HIPDB

[update]

**Background Check Processed**

**AUG 14 2008**

**NPDB/HIPDB**  
Department of Health  
Investigation Service Unit



**Public Cases for BARTHOLOMEW, DOUGLAS J W**

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**Public Case(s)**

---

<b>Case</b>	<b>Board</b>	<b>Current Owner</b>
2000-76239	SECRETARY	ZLegacy
2000-114509	LEGACY	ZLegacy
2004-101385	SECRETARY	ZLegacy
2007-107507	SECRETARY	ZLegacy
2008-128802	SECRETARY	Case Management

**Public Master Case(s)**

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<b>Master Case</b>	<b>Board</b>	<b>Current Owner</b>
No Public master case(s) associated with this contact.		

**Public Examinations(s)**

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<b>Examinations</b>	<b>Board</b>	<b>Current Owner</b>
No Public examinations(s) associated with this contact.		



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

October 17, 2008

Peter Connick  
80 Yesler Way Suite 320  
Seattle, WA 98104-3493

RE: Case No: 2008-128802MHC

Dear Mr. Connick:

The Licensed Mental Health Counselor Program investigated your complaint against Douglas J Bartholomew.

Chapter 18.130.160 RCW, Regulation of Health Professions - Uniform Disciplinary Act, explains the complaint and disciplinary process and defines conduct, acts and conditions that constitute unprofessional conduct. The Program can take disciplinary action against the individual for unprofessional conduct. The Program does not have the authority under the statute (jurisdiction) to resolve issues outside the listed violations.

In order to take action against a practitioner's credential, the investigation must show by clear and convincing evidence (more probable than not), that there is a violation of the Uniform Disciplinary Act.

After careful consideration of the records and information obtained during its investigation, the Program determined to close this case with no cause for disciplinary action because you withdrew the complaint. This case may be reconsidered only if additional relevant information is received.

If you would like a copy of the case, please submit a written request to the Public Disclosure Office, Post Office Box 47865, Olympia, WA 98504-7865 or fax your request to (360) 586-2171. Be sure to include the respondent name and case number as listed above in your request.

Should you have questions concerning the Program's determination, I can be reached in writing at the Department of Health, Complaint Intake Unit, Post Office Box 47857, Olympia, WA 98504-7857 or by telephone at (360) 236-4949.

Sincerely,

Jenny Yeam  
Customer Service Center  
Complaint Intake Unit



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

October 17, 2008

Douglas J Bartholomew

RE: Case No: 2008-128802MHC

Dear Mr. Bartholomew:

The Licensed Mental Health Counselor Program investigated a complaint of alleged unprofessional conduct.

After careful consideration of the records and information obtained during its investigation, the Program determined there was no cause for disciplinary action. The case is being closed because the complainant withdrew the complaint.

The Program may reconsider a complaint that has been closed only if additional relevant information is received.

Under the provision of RCW 18.130.095, we are required to notify you that you may submit a written statement about the report for the file. Your statements, along with other information in the file, are subject to public disclosure. The record will be released only upon a written public disclosure request. Under the provision of RCW 43.70.075, the state whistleblower law, we are unable to release the name of the person who filed the report or provide any information that could specifically identify the individual.

This decision may be reconsidered if additional information is received or at the Program's discretion if a pattern of similar complaints is identified.

If you would like a copy of the case, please submit a written request to the Public Disclosure Office, Post Office Box 47865, Olympia, WA 98504-7865 or fax your request to (360) 586-2171. Be sure to include the respondent name and case number as listed above in your request.

Should you have questions concerning the Program's determination, I can be reached in writing at the Department of Health, Complaint Intake Unit, Post Office Box 47857, Olympia, WA 98504-7857 or by telephone at (360) 236-4949.

Sincerely,

Jenny Yeam  
Customer Service Center  
Complaint Intake Unit



## Notice

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of Health about the improper quality of care by a health care provider as defined in RCW 43.72.010 shall remain confidential.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

## Notice



Washington State Department of

**Health**

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

AUG 07 2008  
Counter

RECEIVED  
AUG 07 2008  
HSQA - CSO

### Complaint Form

Today's Date: 08/06/08

#### 1. Your Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 98101

Phone: W \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

#### 2. Information about the Facility or Health Care Professional

Type of facility or profession: Verical Transportation

Name of facility or professional: Verical Transportation

Address: Same as above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 3. Resident/Guest/Patient Information

Full Name (if different than above) \_\_\_\_\_

Date of Birth (of patient, if complaint involves a patient) \_\_\_\_\_

Date of incident: \_\_\_\_\_

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov), or fax to 360.236.4818, or mail to:

Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

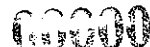


Please attach any supporting documentation and additional sheets if necessary.

See copy of attached letter from my criminal defense attorney, Peter Cornick, (dated 08/05/08). It outlines MSW Bartholomew's unprofessional and inappropriate conduct during the course of four meetings for an evaluation of my parental skills and fitness for shared custody/visitation of my four (4) children in a dissolution proceeding.

Signed 08/05/08 at Seattle, WA

For Department of Health use only			
Reviewed for multiple authority applications:	Date _____	Name _____	
Routed to: Multi-authority coordinator:	_____	_____	date _____
Office	_____	_____	date _____
Office	_____	_____	date _____
Office	_____	_____	date _____



Law Office of  
**PETER T. CONNICK**  
80 Yesler Way, Suite #320  
Seattle, WA 98104  
(206) 624-5958  
FAX (206) 343-1374

08/05/08

Facsimile: (425) 451-8184

Doug Bartholomew, MS., LMHC  
1750 112<sup>th</sup> Ave NE, Suite B218  
Bellevue, WA 98004  
(425) 635-0188

RECEIVED

AUG 07 2008

HSQA - CSO

Re: [redacted] Complaint

Dear Mr. Bartholomew

I am a criminal defense attorney defending [redacted] on an Assault 4<sup>o</sup> – DV case out of Issaquah District Court. I have been practicing law for roughly 26 years and I write to you regarding your “evaluation” of [redacted]. For reasons cited below, I am demanding that you remove yourself from [redacted] case because of biased, unprofessional conduct.

As mentioned above, I understand that you are doing and evaluation of [redacted] regarding custody/visitation of his children in a dissolution action in King County Superior Court. I also understand that you are interfering with my representation of [redacted] in Issaquah District Court by making disparaging remarks about my representation of him. I am now concerned with the character and competence of your “evaluation” process for reasons detailed below. I intend to file a complaint with the Washington State Department of Health, Health Professions Quality Assurance, P.O. Box 47865, Olympia, WA 98504-7865, regarding some of the odd practices you have employed with respect to my client.

To begin, I am advised that you have questioned the propriety of my actions as a criminal defense attorney – i.e., obtaining a declaration from [redacted] an adult, who is the oldest son of [redacted] and [redacted] declaration raises concerns with respect to his mother (e.g., fabricating assault charges against a younger son, [redacted]). For your information, RCW 5.60.020 provides that “Every person of sound mind and discretion, except as hereinafter provided, may be a witness in any action, or proceeding.” Even if [redacted] was a child and his competence was challenged by a party or the trial court decided that an examination of the child’s competency was warranted, the court would consider the child’s (1) understanding of the obligation to speak the truth on the witness stand; (2) the mental capacity at the time of the occurrence concerning which he is to testify, to receive an accurate impression of it; (3) a memory sufficient to retain an independent recollection of the occurrence; (4) the capacity to express in words his memory of the occurrence; and (5) the capacity to understand simple questions about it. *See State v.*

occurrence; and (5) the capacity to understand simple questions about it. See State v. Allen, 70 Wn.2d 690, 692, 424 P.2d 1021 (1967). In sum, [redacted] can be called as a witness. He is an adult, certainly competent, and can appear as a criminal defense witness. Your remarks and attempts to discourage [redacted] testimony in a criminal proceeding against his father are illegal and unethical (you are not an attorney and should not pretend to act like one with that kind of advice).

Thus, describing me to [redacted] as "unethical and immoral" for including a declaration from his 19-year-old son [redacted] to fend off a baseless application for a restraining order is improper. Furthermore, it is the height of arrogance to lecture [redacted] about knowing when to listen to his attorney, and when not to. It is also unethical since you are not an attorney. You are not competent to give advice on witnesses in a criminal proceeding.

Third, you have made a number of strange and inappropriate remarks throughout your visits with [redacted]. In particular, I understand you commented to [redacted] "so what you're telling me is that your wife was nothing more than a hired uterus." [redacted] never made such a remark and your suggestion was false and extremely offensive to [redacted].

I also understand that you told [redacted] that telling his kids that their mom lied was the "worst case of child abuse he had seen in over 30 years." Despite the hyperbole, it's also nonsense and inappropriate during an evaluation. You are not [redacted] treatment provider or psychiatrist. You were retained to do an evaluation, not render judgment on anyone.

Also, I am advised that on several occasions you referenced "fucking" old girlfriends and your friends "fucking" girlfriends. How does that "technique" assist you in your evaluation? It appears you engage in some type of odd therapy in addition to conducting an evaluation. For example, at the end of your last visit with [redacted] you had a "piece of advice" for [redacted] and "recommended" that [redacted] hide his goals from other people and be more like Henry Kissinger, who was the master of hiding goals from everyone around him. What was this all about? Let it suffice to say that [redacted] was confused and disturbed by this recommendation.


Fourth, from what I understand, you have ignored any comments about [redacted] episodes of rage, uncontrollable swearing, striking [redacted] on many occasions, drinking daily and being drunk in front of the kids as recently as two weeks ago [redacted] has reportedly threatened [redacted] by withholding funding for college, which had caused [redacted] anxiety and depression. Have you read the declarations provided to the District Court in defending against a civil restraining order? Do these declarations merit consideration? Certainly, the declarations must raise concerns about [redacted] actions toward the children. To my knowledge, you have never met with [redacted] in person, or had discussions with any of the other people who had provided declarations. Your evaluation process appears deficient at best.



Finally, I understand you share nonsensical parables with \_\_\_\_\_ as part of your hybrid evaluator/therapist function. In particular, I understand you have told \_\_\_\_\_ stories of Volkswagen cars pretending to be better than they are, MG cars looking good from the outside but being fake on the inside, and Henry Kissinger who was a master of deceiving others in order to hide his true objectives recommending that \_\_\_\_\_ emulate this (referenced above). Again, you are not a therapist for \_\_\_\_\_ so your analogies are inappropriate.

In sum, you have not conducted yourself properly in this case. Any evaluation of you do is flawed in view of the above. Please withdraw.

Sincerely,



PETE CONNICK  
Defense Lawyer

cc: Attorney Holly Newman



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

September 9, 2008

RE: Douglas J. W. Bartholomew  
Case No. 2008-128802MHC

Dear

Your recent complaint regarding Douglas J. W. Bartholomew has been referred to the Investigation and Inspection Office of the Department of Health, for investigation. The investigator that has been assigned to your complaint is:

**Michael Gleason, Health Care Investigator**  
**Investigation & Inspection Office**  
**MS: TB-33A**  
**20435 72nd Avenue South, Suite 200**  
**Kent, WA 98032**  
**Phone: (253) 395-6711 FAX: (253) 395-6365**  
**Email: Michael.Gleason@doh.wa.gov**

If you have any questions, please feel free to contact the investigator listed above. Thank you for bringing this matter to our attention.

Respectfully,

Tina Crawford  
Secretary Senior





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

September 9, 2008

Douglas J. W. Bartholomew

RE: Case # 2008-128802MHC

Dear Mr. Bartholomew:

The Counselor Programs, which is associated with the Department of Health has received a complaint alleging unprofessional conduct on your part, as defined in RCW 18.130.180. The complaint alleges incompetence, negligence, or malpractice. This notice is required by RCW 18.130.095.

The Uniform Disciplinary Act (UDA) provides that the Counselor Programs has the authority to investigate complaints against health care providers. RCW 18.130.050 The Counselor Programs has reviewed the complaint. The issues fall within its jurisdiction, and the Board/Program authorized an investigation to gather the facts in this matter.

Your case is being assigned to the following investigator:

**Michael Gleason, Health Care Investigator**  
**Investigation & Inspection Office**  
**MS: TB-33A**  
**20435 72nd Avenue South, Suite 200**  
**Kent, WA 98032**  
**Phone: (253) 395-6711 FAX: (253) 395-6365**  
**Email: Michael.Gleason@doh.wa.gov**

You may submit a written statement about the complaint at any time to the investigator listed above. However, you may choose to wait until you are contacted by the investigator and you have had the chance to discuss the complaint. As noted earlier, the investigator will contact you after a confidentiality release has been received, if one is required. You may consult with and engage an attorney, at your expense, to represent you in this matter prior to making a written statement. If you wish to have an attorney represent you, please have the attorney send us a Letter of Representation at the address below. The Letter of Representation will allow us to speak with him or her, if necessary, about the complaint against you and ensure they are copied on any correspondence to you.

Respectfully,

Tina Crawford  
Secretary Senior



nt By: [REDACTED] 08/14/08  
08:37 08/14/08

GOLDBERG AND JONES&L

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**WITHDRAWAL OF COMPLAINT**

**DATE:** August 14, 2008  
**TO:** Washington State Dept. of Health  
Health Professions Quality Assurance  
P.O. Box 47865  
Olympia, WA 98504-7865  
**FROM:** [REDACTED]  
**RE:** August 6, 2008 Complaint Against Doug Bartholomew, MSW

Dear Sirs:

Please withdraw my complaint against Doug Bartholomew, MSW. I am trying to resolve my dissolution and I would like to withdraw my complaint in order to facilitate resolution of my dissolution action.

Thank you for your time and attention to this matter.

Signed



1200 Westlake Avenue N.  
Suite 700  
Seattle, WA 98109  
Phone: 206.448.1010  
Fax: 206.448.0736

September 30, 2008

Via Fax (253-395-6365) Only

Mr. Mike Gleason  
WA State Department of Health  
Investigations & Inspections Division

LAW OFFICES  
Seattle  
Portland  
San Diego

RE: Your File - 2008-128802 MHC  
My ( [redacted] )  
Treatment Provider; Mr. Doug Bartholomew

Dear Mr. Gleason:

To follow our call of earlier today, I represent [redacted] in a pending  
dissolution action in King County Superior Court. [redacted] had previously submitted a  
complaint against Mr. Doug Bartholomew. Per [redacted] letter of 8/14/08, which you  
confirmed that you have a copy of, we wish to immediately and completely withdraw said  
complaint.

Kindly let me know if there is anything else you require of [redacted] or me in this regard.

Thank you.

Respectfully,

Robert J. Miller  
Attorney at Law

tjm

Email: rmiller@gfj.com