

S. Martin Keithline, CSC-AD
1269 Laval Drive
Davidsonville, MD 21035
June 7, 2013

Carol A. Deel, LCPC, LCMFT, Chair
Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of Certificate
Certification Number: SC0351
Case Number: 2011-35

Dear Ms. Deel, Members of the Board:

Please be advised that I have decided to surrender my certificate to practice as a certified supervised counselor – alcohol and drug in the State of Maryland, Certificate Number SC0351, (D.O.B. 05/22/50). I understand that I may not assist an individual, family, or group through the client-counselor relationship, with or without supervision and/or compensation, or otherwise engage in the practice of alcohol and drug counseling, as it is defined in the Maryland Professional Counselors and Therapists Act (the "Act"), Md. Health Occ. Code Ann. §17-101, *et seq.* In other words, as of the date of acceptance of this Letter of Surrender, I understand that the surrender of my certificate means that I am in the same position as an uncertified individual.

I understand that this Letter of Surrender is a **PUBLIC** document.

My decision to surrender my certification to practice alcohol and drug counseling in Maryland has been prompted by an investigation of my certification by the Maryland Board of Professional Counselors and Therapists (the "Board").

The Board's investigation resulted in charges under the Act. Specifically, on March 19, 2013, the Board charged me with the commission of prohibited acts under Md. Health Occ. Code Ann., § 17-509.

The pertinent provisions of the Act provide as follows:

Health Occ. § 17-509. Denial, probation, suspension or revocation of certificate applicant or holder.

Subject to the hearing provisions of §17-511 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license or certificate to any applicant, place any licensee or certificate holder on probation, reprimand any licensee or certificate holder, or suspend or revoke

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a license of a licensee or a certificate holder if the applicant, licensee or certificate holder:

- (7) Violates the code of ethics adopted by the Board;
- (8) Knowingly violates any provision of this title;
- (16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy[.]

I affirm that I was served with a copy of the charging document and have otherwise been advised of the Board's actions through communications with representatives of the Office of the Attorney General and my legal counsel. A copy of the charges is attached as "Attachment A."

I have decided to surrender my certificate to practice alcohol and drug counseling in Maryland to avoid further prosecution of the aforementioned charges. The basis for the charges against me include the allegations as described in the attached charges, and by virtue of this Letter of Surrender, I waive any right to contest those charges and allegations. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. **I understand that by executing this Letter of Surrender, I am waiving any right to contest these allegations in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.**

I hereby affirm that I have permanently terminated any employment as an alcohol and drug counselor or practice that I had in Maryland.

I acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland certificate, number SC1280, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the National Practitioners Data Bank and the Healthcare Integrity and Protection Data Bank of this Letter of Surrender, and in any response to any inquiry, that I have surrendered my certification in lieu of disciplinary action under the Act as resolution of the matters pending against me. I also understand that in the event I would apply for licensure or certification in any form in any other state or jurisdiction, that this Letter of Surrender, and all attachments, may be released or published by the Board to the same extent as a final order that would result from

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disciplinary action pursuant to Md. State Govt Code Ann. § 10-611, *et seq.*


I further recognize and agree that by submitting to this Letter of Surrender my certificate will remain surrendered until such time as I apply for reinstatement and comply with the terms and conditions set forth in this Letter and those determined by the case resolution conference and/or the Board subsequent to my application for reinstatement. In the event that I apply for reinstatement of my Maryland certificate or for the issuance of a new Maryland certificate, I understand that the Board may set terms and conditions that shall apply to my receiving a reinstated certificate or a new Maryland certificate. I also understand that if I apply for reinstatement or for a new Maryland certificate that I bear the burden of demonstrating to the Board that I am competent to practice alcohol and drug counseling and possess good moral character, as specified in Md. Health Occ. Code Ann. § 17-302. I understand that if I would like once again to practice alcohol and drug counseling in Maryland, I will approach the Board in the same posture as one whose certification has been revoked on the above charges.

I understand that if I petition the Board for reinstatement of my certificate, the Board will review my case and determine my fitness to have my certificate reinstated. I understand that the Board can deny such application based solely on the allegations contained in the Charges of March 19, 2013. I understand that the Board will only consider my petition for reinstatement if I have first met the following conditions:

1. Satisfactorily completed all continuing education credits that are required for reinstatement; and
2. Have a written contract for supervision with a Board-approved supervisor who has agreed to submit quarterly written reports of supervision to the Board.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have consulted with an attorney before signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,

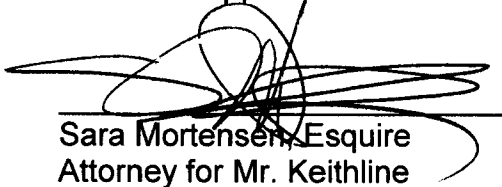


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Read and approved:



Sara Mortensen, Esquire
Attorney for Mr. Keithline

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Howard

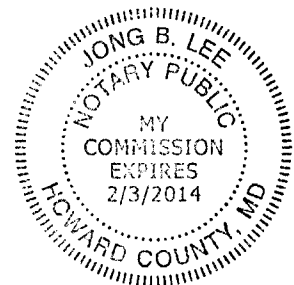
I HEREBY CERTIFY that on this 12 day of June, 2013,
before me, a Notary Public of the City/Country aforesaid personally appeared S. Martin
Keithline, and declared and affirmed under the penalties of perjury that signing the
foregoing letter of surrender was his voluntary act and deed.

AS WITNESS my hand and notarial seal.



Notary Public

My Commission expires: Feb. 03, 2014

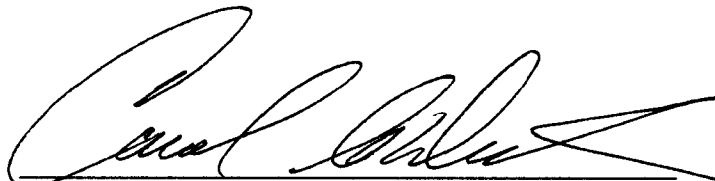


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ACCEPTANCE

On behalf of the Maryland Board of Professional Counselors and Therapists, on this 28th day of June, 2013, I accept S. Martin Keithline's public letter of surrender of his certification to practice alcohol and drug counseling in the State of Maryland.



Carol A. Deel, LCPC, LCMFT, Chair
Board of Professional Counselors and Therapists

cc: Janet Klein Brown, Assistant Attorney General
Sara Mortensen, Esquire

BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS
IN THE MATTER OF
S. MARTIN KEITHLINE, CSC-AD
RESPONDENT
CERTIFICATE NO. SC1280

BEFORE THE
STATE BOARD OF PROFESSIONAL
COUNSELORS AND THERAPISTS
CASE NUMBER: 2011-35

* * * * *

NOTICE OF CHARGES UNDER THE MARYLAND PROFESSIONAL COUNSELORS AND THERAPISTS ACT

The State Board of Professional Counselors and Therapists (the "Board") hereby charges S. Martin Keithline (the "Respondent"), D.O.B. 05/22/1950, license number SC1280 with violating the Maryland Professional Counselors and Therapists Act (the "Act"), Md. Health Occ. Code Ann. ("Health Occ.") §§ 17-101 *et seq.* (2009 Repl. Vol. and 2012 Supp.).

The pertinent provisions of the Act under which the Board voted charges are:

Health Occ. § 17-509. Denial, probation, suspension or revocation of certificate applicant or holder.

Subject to the hearing provisions of §17-511 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license or certificate to any applicant, place any licensee or certificate holder on probation, reprimand any licensee or certificate holder, or suspend or revoke a license of an licensee or a certificate holder if the applicant, licensee or certificate holder:

- (7) Violates the code of ethics adopted by the Board;
- (8) Knowingly violates any provision of this title;
- (16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy[.]

The provision of the Act under which the Board voted charges is:

Health Occ. § 17-404. Requirements for certified supervised counselor – Alcohol and drug.

- (a) To qualify as a certified supervised counselor-alcohol and drug, an applicant shall:

...

- (4) Practice alcohol and drug counseling under the supervision of a certified professional counselor- alcohol and drug or another healthcare provider approved by the Board

The specific regulatory provisions under which the Board voted charges are:

Code Md. Regs tit.10, § 58.07.08

.08 Responsibilities of a Supervisee.

A. A supervisee shall:

- (1) Verify that the supervisee's supervisor has been approved by the Board;
- (2) Establish a written contract for supervision before beginning supervision;
- (3) Attend and participate in supervision as agreed in the written contract for supervision;
- (4) Prepare for supervision using case materials related to the supervisee's clinical counseling practice; and
- (5) Maintain documentation of supervisory session for at least 7 years, including dates, duration, and focus of the supervisions, to be available for verification to the Board, on request by the Board or its authorized agent.

B. A supervisee may not engage in the practice of clinical professional counseling independent of supervision.

C. A supervisee shall provide the client with a copy of a professional disclosure statement as described in Health Occupations Article, § 17-507, Annotated Code of Maryland[.]

...

D. A supervisee shall obtain a signed release of information and informed consent for treatment form from the client ...

Code Md. Regs tit.10, § 58.07.09

.09 Continuing Practice Requirements for CAC-AD and CSC-AD.

...

B. The certified supervised counselor- alcohol and drug (CSC-AD) shall provide alcohol and drug counseling only:

(1) While under the supervision of a certified professional counselor- alcohol and drug (CPC-AD),or other health care provider approved by the Board; and

(2) As an employee of an agency or facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations or that is certified under Health-General Article, title 8, Subtitle 4, Annotated code of Maryland.

The specific regulatory provisions pertaining to violation of the code of ethics under which the Board voted charges are:

Code Md. Regs tit.10, § 58.03.03

.03 Professional Competence.

A. A counselor shall:

(1) Practice only within the boundaries of a counselor's competence, based on education, training, supervised experience, and professional credentials;

Code Md. Regs. tit.10, § 58.03.04

.04 Ethical Responsibility.

B. A counselor may not:

(1) Knowingly associate with, or permit the use of the professional counselor's name or firm name in a business venture by any person or firm which the professional counselor knows, or has reason to believe, is engaging in business or professional practices of a fraudulent or dishonest nature[.]

Code Md. Regs. tit.10, § 58.03.05

.05 The Counseling Relationship

B. Dual Relationships.

(1) A counselor shall:

(a) Avoid dual relationships with clients[.]

ALLEGATIONS OF FACT¹

The Board bases its charges on the following facts that the Board has cause to believe are true:

I. Background

1. The Respondent was initially certified in Maryland by the Board as a Certified Supervised Counselor- Alcohol and Drug ("CSC-AD")² on July 24, 2001. The Respondent last renewed his CSC-AD license in or about January 28, 2011, which expired on January 31, 2013.

2. In or about early 1991, the Respondent established a non-profit corporation to assist homeless drug and alcohol abusers with housing, transportation, networking, and employment (the "Corporation"³). The Corporation maintains or maintained facilities, in Annapolis, Maryland for housing drug and alcohol abusers.

3. The Respondent is, or was, an employee of the Corporation.

4. In or about 2002, the Corporation contracted with a physician, Physician

¹ The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the charges. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in this matter in an evidentiary hearing.

² CSC-ADs may only practice under the supervision of a Board-approved Alcohol and Drug supervisor and with a program that has Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") or Alcohol and Drug Abuse Administration ("ADAA") certification. Respondent's employer/supervisor was not Board-approved and his place of employment did not have JCAHO or ADAA certification.

³ In order to maintain confidentiality, neither patient names nor facility names are used in the charging document, but will be provided to the Respondent upon request of the administrative prosecutor.

A, for the Respondent's services as an addictions counselor at Physician A's addiction treatment center ("the Treatment Center") in Annapolis, Maryland. The Respondent was paid by the Corporation.

5. At all times relevant to these charges, Physician A was engaged in the practice of general and addictions medicine in Annapolis, Maryland.

6. At all times relevant to these charges, Physician A had a Drug Enforcement Administration ("DEA") waiver which permitted Physician A to practice medication-assisted opioid addiction therapy with Schedule III, IV, and V narcotic medications. Physician A provided detoxification and maintenance of patients with addictions to controlled substances using Subutex and Suboxone.⁴

7. At all times relevant to these charges, Physician A also owned a drug and alcohol testing corporation.

8. The Respondent, through the Corporation, worked at the Treatment Center, owned and operated by Physician A.

9. The Treatment Center is not accredited by the Joint Commission on Accreditation of Healthcare Organizations nor is it certified under Health-General Article, title 8, Subtitle 4, Annotated Code of Maryland.

10. On October 31, 2012, the Maryland State Board of Physicians summarily suspended Physician A's license to practice medicine.

⁴ Subutex and Suboxone, Schedule III controlled dangerous substances (CDS) are medications approved for the treatment of opiate dependence. Both medicines contain the active ingredient, buprenorphine hydrochloride, which works to reduce the symptoms of opiate dependence. Subutex contains only buprenorphine hydrochloride. Suboxone contains an additional ingredient called naloxone to guard against misuse. Subutex is given during the first few days of treatment, while Suboxone is used during the maintenance phase of treatment. Suboxone and Subutex are available in 2mg and 8 mg tablets. Subutex and Suboxone are the first narcotic drugs available under the Drug Abuse Treatment Act (DATA) of 2000 for the treatment of opiate dependence that can be prescribed in a doctor's office.

II. Complaints

11. On or about May 31, 2011, the Board received a written complaint from an individual who stated, in pertinent part, that in May 2011, the Respondent had a patient of his residing at his residence and the parents of the patient were paying the Respondent for housing the patient. The complainant asked not to be identified.

12. On or about September 6, 2011, the Board received an electronic mail ("email") from an individual, Patient 1, who stated that since January 2011, she had been receiving group drug and alcohol counseling as well, as getting Suboxone prescriptions from a medical doctor in Annapolis, Maryland. Patient 1 reported concern about some of the statements that the drug and alcohol counselor had made in the group meetings. Patient 1 did not identify the providers and asked not to be identified.

13. On October 9, 2011, Patient 1, in an "email," informed the Board investigator of the name of the drug and alcohol counselor, identified as the Respondent, and the name of the physician, identified as Physician A.

14. On October 17, 2011, the Board investigator notified the Maryland State Board of Physicians ("Board of Physicians"), that during the investigation of the Respondent, the investigator learned that Physician A's license to practice medicine had expired on September 30, 2011.⁵

15. On or about December 16, 2011, the Board opened the case for investigation.

16. On or about January 10, 2012, the Board received a telephone complaint from an individual who was a patient of Physician A and the Respondent, Patient 2.

⁵ Physician A subsequently renewed the license; however, the Board of Physicians opened an investigation of Physician A.

Patient 2, who asked not to be identified, expressed concern about the Respondent's writing prescriptions and questioned some of the practices of Physician A and Physician A's staff.

III. Investigation

17. On January 31, 2012, the Board investigator sent correspondence to the Respondent informing him that the Board had received a complaint and requested that the Respondent contact the Board investigator.

18. In or about February 2102, the Respondent contacted the Board investigator and agreed to be interviewed.

19. In an interview on February 14, 2012, by the Board Investigator, the Respondent testified to the following:

- a. The Respondent was then employed by the Treatment Center as an alcohol and drug counselor for approximately ten years and was then supervised⁶ by Physician A;
- b. Physician A was then at the Treatment Center three days a week, the Respondent was then at the Treatment Center five days a week;
- c. The Respondent provided clinical counseling and "12-Step" counseling to patients of Physician A who Physician A treated with "detox, stabilization and maintenance for most drugs of abuse;"
- d. The Respondent has "handed" benzodiazepines and Suboxone to patients who require daily dosing, under the "authorization" of Physician A as documented in the patients' charts;
- e. Benzodiazepines and Suboxone were kept in a locked box in the office of the CMA (certified medication assistant)⁷ at the Treatment Center;

⁶ Physician A is not approved by the Board as a supervisor.

⁷ This individual is certified by the Board of Nursing as a medication technician.

- f. The Respondent at times has moved the locked box with benzodiazepines and Suboxone to his desk;
- g. When Physician A telephoned the Respondent with an order for a medication for a patient, the Respondent wrote the prescription and used a rubber stamp with Physician A's signature;
- h. On occasion, the Respondent has "called in" a prescription for Xanax⁸ after Physician A changed the dosage at an appointment, as written in the chart, but forgot to give the patient a new prescription;
- i. The Respondent has called in prescription refills when Physician A has documented in the patient's chart certain conditions such as, "patient attending three meetings a week, doing 12 Step, urines are clean, refills are authorized until the next appointment;"
- j. From about April 2011 through about July 2011, the Respondent permitted a patient from the Treatment Center, "Patient 3," to reside in a "wing of his residence" that has "a bedroom, a private entrance and a bathroom." After Patient 3's third relapse, the Respondent terminated Patient 3 from his residence;
- k. As of February 2012, the Respondent had another patient from the Treatment Center residing in his residence;

20. On February 27, 2012, Patient 1 submitted by facsimile a written complaint to the Board regarding the Respondent. Patient 1 stated, in pertinent part, that the Respondent is not following "12-step" model, not following the concept of addiction as a disease, allowed a young female patient to live with the Respondent for two or three months, admits to drinking occasionally, and does not agree with "AA." Patient A signed a form authorizing the release of her medical and certified or licensed professional counselors records from Physician A and the Respondent.

21. On March 6, 2012, the Board investigator sent correspondence to the Respondent requesting all counseling, treatment, medication and billing records of

⁸ Xanax, a Schedule IV CDS, is a short-acting anxiolytic benzodiazepine used to treat anxiety and panic disorder.

Patient 1 and included the form from Patient 1, which authorized the release.

22. On or about June 28, 2012, the Board issued a subpoena to Physician A for the Respondent's personnel records.

23. On June 29, 2012, the Board investigator participated in an unannounced site visit at the Treatment Center with investigative staff of the Board of Physicians, Drug Enforcement Administration ("DEA") and the Division of Drug Control ("DDC") personnel. At the time of the site visit, the Respondent was conducting a counseling session. The Board investigator hand-delivered to Physician A the subpoena for the Respondent's personnel records.

24. On August 6, 2012, the Board received the Respondent's employment file from the investigator for the Board of Physicians. Previously, on June 29, 2012, during the site visit, Physician A hand-delivered the Respondent's employment file to the investigator for the Board of Physicians. The Respondent's employment file revealed the following:

- a. On or about April 2002, Physician A hired the Respondent to work for Physician A's addictions practice;
- b. The Respondent had been a patient of Physician A since at least 1985, and Physician A continued to treat the Respondent through at least April 2011;
- c. Over the years, the Respondent worked in a variety of capacities for Physician A's practice including "Director-Addictions Therapy" and administrator;
- d. Physician A documented several notations in the Respondent's employment file regarding the Respondent's conduct:
 - i. On September 21, 2005, "Reprimanded re: giving take home meds to [Treatment Center] patients – must be done by RN;"

- ii. August 12, 2006, "Spoke w/ [the Respondent] ref: upcoming move-Aware that on my authority only, he is to call-in Suboxone [illegible] to last pt until visit with me;"
- iii. On December 2007, "Had prolonged discussion: ref calling in meds. To do so only with [Physician A's] prior authorization...;"
- iv. On August 6, 2010, "[the Respondent] again overstepping call in med authority- must contact me first;"
- v. April 11, 2011, "CAC, CMA only to call in refills to last pt until MD visit only – Every pt must be seen [Physician A] Q month⁹;" and
- vi. On March 3, 2012¹⁰, "[the Respondent] advised me for 1st time that I have to apply to be a supervisor. Gave me forms – never advised me before."

25. On August 6, 2012, the Board received the medical and counseling records of Patient 1 from the investigator for the Board of Physicians. The Board of Physicians obtained the records pursuant to its subpoena to Physician A. Patient 1's medical and counseling records revealed, in part, the following:

- a. On January 11, 2011, Patient 1 initially presented to Physician A with the complaint of "Percocet addiction." Patient 1 was evaluated by Physician A and scheduled to begin detoxification the next day;
- b. On January 17, 2011, Physician A documented Patient 1's history of treatment for alcohol and drugs;
- c. In January 2011, the Respondent documented, "Pt has attended 3 groups since intake. Pt. participates well (and) knows benefit of 12 step. Needs to get reconnected. Must have (Physician A) appt."
- d. On January 21, 2011, the Respondent documented Patient 1's substance abuse history. Patient 1 was also seen by Physician A, who recommended that Patient 1 take Suboxone 8 mg., 2 times a day, and ½ tablet before sleep, and undergo weekly urine screening;

⁹ "Q month" means every month.

¹⁰ In February 2012, the Respondent was interviewed by the investigator for the Board who advised the Respondent that as a CSC-AD, he must have a Board-approved supervisor.

- e. In April and in June, 2011, the Respondent documented Patient 1's relapse with the use of alcohol;
- f. There are no progress notes after June 2011, by the Respondent or any other staff;
- g. The records do not contain a medication log; and
- h. On December 4, 2011, Patient 1 submitted correspondence to the Treatment Center, addressed "to whom it may concern," terminating her relationship with the Treatment Center due to her complaint about the Respondent.

26. On August 6, 2012, the Board received from the investigator for the Board of Physicians an application from Physician A to be the supervisor of the Respondent as an alcohol and drug trainee.¹¹ The Respondent mailed this application to the investigator for the Board of Physicians.¹²

27. On August 6, 2012, the Board received a copy of a transcription of an interview of the Respondent which had been conducted by investigative staff of the Board of Physicians, dated July 17, 2012. In the interview, the Respondent testified to the following:

- a. In or about 2002, the Respondent, then a patient of Physician A's, began working at the Treatment Center "running groups" for Physician A's patients;
- b. When he began working at the Treatment Center, the Respondent was doing "psycho-social counseling," wherein he obtained and utilized the patients' psycho-social histories in his counseling;
- c. Since approximately 2007, the Respondent shifted to "life coaching" using a "didactic" approach whereby he was focused on getting patients interested in Twelve Step programs such as Narcotics Anonymous

¹¹ The Respondent submitted the incorrect application.

¹² To date, the Board has not notified Physician A of its action on the application.

("NA"), Alcoholics Anonymous ("AA"), and Chemically Dependent Anonymous ("CDA"), or taking other concrete actions, such as learning to balance a check book and obtaining a credit card;

- d. Physician A maintained in the Treatment Center a supply of controlled substances. A "medical assistant"¹³ maintained the inventory;**
- e. In or about 2009, Physician A encountered financial difficulties and was unable to purchase an inventory of buprenorphine (Subutex/Suboxone) for Physician A's office. Physician A "called in" prescriptions for buprenorphine in the Respondent's name, the name of the Respondent's partner, and in the name of an employee of the Corporation who resided with the Respondent; Physician A would then give the Subutex/Suboxone to new patients who were "detoxing;"**
- f. Physician A maintained the bottle(s) of Suboxone which Physician A ordered in a box in a locked file cabinet;**
- g. If Physician A "forgot" to write a note in the chart that she had given medication to a patient, the Respondent documented the note;**
- h. The Respondent, "on occasion," at the telephonic direction of Physician A, was responsible for "handling" or "counting out" and giving controlled substances to patients at the Treatment Center;**
- i. The Respondent documented the medication he gave in the patient's medical chart;**
- j. The Respondent met with Physician A's treatment patients at the Treatment Center on those occasions when Physician A would "call out" sick;**
- k. Some of the patients in the Respondent's counseling groups were on Suboxone as maintenance therapy. Since 2009, Physician A had instructed the Respondent that if the patient had been attending group, and if they had "clean" urines, Respondent should "call-in" to a pharmacy a prescription for Suboxone until the patient's next appointment;**
- l. The Respondent had access to Physician A's prescription pads and her signature stamps;**

¹³ This individual is certified by the Board of Nursing as a medication technician.

- m. In 2011, until early 2012, the Respondent began performing duties for Physician A as a business administrator. The Respondent continued to conduct Twelve Step meetings at the Treatment Center;
- n. In February 2012, the Respondent informed Physician A that he would cease all activities for her, including "dispensing" or giving out medications, except doing accounts receivable and accounts payable;¹⁴
- o. In May 2012, the Respondent further limited his activities for Physician A to only leading the Twelve Step meetings at the Treatment Center; and
- p. In or about May 2012, the Respondent ceased "covering" Physician A's practice.

28. As of June 29, 2012, the Respondent was conducting group counseling meetings at the Treatment Center.

29. On October 31, 2012, the Board summarily suspended Physician A's license to practice medicine.

IV. Allegations of Violation of any Provision of the Act, Unprofessional Conduct, and Practicing without Supervision.

30. Since shortly after receiving his certification in 2001 until approximately October 2012, the Respondent has been supervised by Physician A. Physician A is not a certified professional counselor ("CPC-AD") or approved by the Board as a clinical supervisor.

31. The Respondent's performing alcohol and drug counseling without supervision by a CPC-AD or a Board-approved supervisor is evidence of violation of "knowingly violates any provision of the Act," in violation of Health Occ. § 17-509(8), specifically Health Occ. § 17-404(a), which requires an individual to be under the supervision of a certified professional counselor-alcohol and drug or another healthcare

¹⁴ In February 2012, the Respondent was interviewed by the investigator for the Board who advised the Respondent that as a CSC-AD, he is not permitted to dispense medications.

provider approved by the Board in order to qualify as a certified supervised counselor – alcohol and drug.

32. The Respondent has never:

- a. Verified that his "supervisor" has been approved by the Board;**
- b. Established a written contract for supervision;**
- c. Attended and participated in supervision as agreed in the written contract;**
- d. Prepared for supervision using case materials related to his clinical counseling practice; and/or**
- e. Maintained documentation of supervisory session for at least 7 years, including dates, duration, and focus of the supervisions, to be available for verification to the Board, on request by the Board or its authorized agent.**

33. The Respondent's failure to engage in the activities described in paragraph 32 above is evidence that the Respondent has failed to meet the "Responsibilities of a Supervisee" as required under Code Md. Regs. tit.10, § 58.07.08.

34. The Respondent has not practiced under the supervision of a certified professional counselor- alcohol and drug, or other health care provider approved by the Board; and as an employee of an agency or facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations or that is certified under Health-General Article, title 8, Subtitle 4, Annotated code of Maryland.

35. The Respondent's failure to practice under appropriate supervision as described in paragraph 34 above, is evidence that the Respondent has failed to meet the "Continuing Practice Requirements" for a CSC-AD, Code Md. Regs tit.10, § 58.07.09B.

36. The Respondent's performing alcohol and drug counseling without supervision by a CPC-AD or a board-approved supervisor is evidence of violation of "commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy," in violation of Health Occ. § 17-509(16).

V. Violations of any Provision of the Act

37. The Respondent has failed to practice within the boundaries of his competence, based on education, training, supervised experience and professional credentials, in violation of Code Md. Regs tit.10, § 58.03.03, in that he:

- a. Engaged in drug and alcohol counseling without Board-approved supervision;
- b. Performed "psycho-social counseling," wherein he obtained and utilized the patients' psycho-social histories in his counseling of patients;
- c. Permitted patients to reside in his residence;
- d. Dispensed, counted out, or "handed" benzodiazepines and Suboxone to patients who required daily dosing;
- e. Gave "take home" medications to patients;
- f. Maintained the locked box with benzodiazepines and Suboxone in his desk;
- g. Wrote prescriptions and used a rubber stamp with Physician A's signature;
- h. "Called in" prescriptions for Xanax;
- i. "Called in" prescription refills based on his own assessment of patient compliance;
- j. "Called in" refills of Suboxone in greater quantities and in amounts greater than necessary to last the patient until next visit with Physician A; and
- k. "Called in" medications, including Suboxone, without prior authorization of Physician A;

- l. Documented the notes in patient charts regarding Physician A having prescribed certain medications; and
- m. Met with Physician A's treatment patients at the Treatment Center when Physician A "called out" sick.

38. The Respondent had personal knowledge that Physician A was "calling in" prescriptions for buprenorphine in the Respondent's name, the name of the Respondent's partner, and in the name of an employee of the Corporation who resided with the Respondent with the intention of using the medication for new patients who were "detoxing."

39. The Respondent's knowingly associating with and permitting the use of his name by Physician A which the Respondent knew, or had reason to believe was engaging in business or professional practices of a fraudulent or dishonest nature is evidence of violation of Code Md. Regs tit.10, § 58.03.04B(1).

VI. Allegations of Unprofessional Conduct

40. The Respondent conduct as described above in Section V, paragraph 37, sub-paragraphs a through o, and paragraphs 38 and 39, is further evidence of violation of "commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy," in violation of Health Occ. § 17-509(16).

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, the Board finds that there are grounds for action under Md. Health Occ. Code Ann. ("H.O.") § 17-404(a)(4) and § 17-509(8), (9) and (16) and relevant regulations as stated above, the Board may impose disciplinary sanctions against the Respondent's license, including revocation, suspension, or reprimand, or


may place the Respondent on probation, and under H.O. § 17-510 the Board may impose a monetary penalty.

**NOTICE OF CASE RESOLUTION CONFERENCE,
PREHEARING CONFERENCE AND HEARING**

A Case Resolution Conference in this matter is scheduled for Friday, May 3, 2013, at 10:00 a.m. at the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The Respondent must, however, within (10) days of receipt of the charging document, confirm in writing his intention to attend the Case Resolution Conference. The nature and purpose of the case resolution conference is described in the attached letter to the Respondent.

If the case cannot be resolved at the Case Resolution Conference, a pre-hearing conference and a hearing in this matter will be scheduled before the Board at 4201 Patterson Avenue, Baltimore, Maryland 21215. The hearing will be conducted in accordance with § 17-511 of the Act and Md. State Gov't Code Ann. § 10-201 et seq. (2009 Repl. Vol. and 2012 Supp.).

March 19, 2013
Date


Tracey DeShields, Executive Director
on behalf of Carol A. Deel, LCMFT,
LCPC, Board Chair
State Board of Professional Counselors
and Therapists