

ANGELA HALL
1770 West Regents Park Road
Crofton, Maryland 21114

Date January 26, 2020

Risa L. Ganel, LCMFT, Chair
State Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215

**Re: Surrender of License to Practice as a Professional
Counselor
License No. LC2268
Case No. 17-12**

Dear Ms. Ganel and Members of the Board,

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") § 17-508 (c) (2014 Repl. Vol. & 2018 Supp.), I hereby voluntarily **SURRENDER** my license to practice professional counseling, License Number LC2268, effective immediately. I understand that upon surrender of my license, I may not provide therapy or counseling or any kind, with or without compensation, and cannot otherwise engage in the practice of clinical counseling in Maryland as it is defined in the Maryland Professional Counselors and Therapists Act (the "Act"), Health Occ. §§ 17-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed and non-certified individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and upon the acceptance by the State Board of Professional Counselors and Therapists (the "Board"), becomes a **FINAL ORDER** of the Board.

I acknowledge that the Board initiated an investigation into my practice, and, on June 21, 2019, the Board issued Charges Under the Maryland Professional Counselors and Therapists Act (the "Statement of Charges") against me. The Board's statement of charges alleged that I was in violation of the following pertinent provisions of the Md. Code Ann., Health Occupations Article, Health General Article ("Health-Gen'l.") and the Code of Maryland Regulations ("COMAR"). Specifically, the Board alleged that I engaged in a prohibited personal and dual relationship with a former client and failed to keep patient treatment records as required by law. A copy of the Statement of Charges is attached to this Letter of Surrender as Attachment 1. The Board could show by a preponderance of

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this Letter of Surrender as Attachment 1. The Board could show by a preponderance of the evidence that by engaging in a sexual relationship with a patient and failing to maintain patient records, I was in violation of the following:

Health Occ. §§17-509

- (8) (Violates the code of ethics adopted by the Board);
- (11) (Is professionally...incompetent);
- (13) (Violates any rule or regulation adopted by the Board);
- (16) (Commits an act of...unprofessional conduct in the practice of clinical or nonclinical counseling or therapy[;];

COMAR 10.58.03.

.03 Professional Competence.

B. An impaired counselor shall:

- (1) Suspend, terminate, or limit professional activities if the counselor determines that he or she is unable to continue professional activities; or (2) Seek competent professional assistance to determine whether to suspend, terminate, or limit the scope of professional or scientific activities if a counselor becomes or is made aware that personal problems interfere with providing or conducting counseling or therapy services; and

10.58.03.04 Ethical Responsibility.

A. A counselor shall:

- (1) Consult with other counselors or other relevant professionals regarding questions related to ethical obligations or professional practice;

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(14) Take reasonable precautions to protect clients from physical or psychological trauma.

B. A counselor may not: (3) Enter into relationships that could compromise a counselor's objectivity or create a conflict of interest.

.05 The Counseling Relationship.

A. Client Welfare and Rights.

(2) A counselor may not:

(a) Place or participate in placing clients in positions that may result in damaging the interests and the welfare of clients, employees, employers, or the public;

(d) Foster dependent counseling relationships.

B. Dual Relationships

(1) A counselor shall:

(a) Avoid dual relationships with clients;

D. Termination and Referral.

(1) Termination may occur if:

(b) Counseling no longer serves a client's needs or interests;

(c) A counselor is unable to competently and ethically perform duties;

.09 Sexual Misconduct.

A. A counselor may not engage in sexual misconduct with a client or supervisee. Sexual misconduct includes but is not limited to:

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- (1) Inappropriate sexual language;
 - (2) Sexual exploitation;
 - (3) Sexual harassment; (4) Sexual behavior; and (5) Therapeutic deception.
- B. Concurrent Sexual Relationships. A counselor may not engage in either consensual or forced sexual behavior with: A client;
- C. Relationship with Former Clients. (1) Except as set forth in §C (3) of this regulation, a counselor may not engage in sexual behavior with a former client.

Health Gen'l, § 4-403(a) (1), which states, a "health care provider" means: (xvii) A professional counselor; (b) Except for a minor patient, unless a patient is notified, a health care provider may not destroy a medical record or laboratory or X-ray report about a patient for 5 years after the record or report is made; and §4-307 (k) (1) A health care provider shall disclose a medical record without the authorization of a person in interest: (v) In accordance with a subpoena for medical records on specific recipients: 1.To health professional licensing and disciplinary boards for the sole purpose of an investigation regarding licensure, certification, or discipline of a health professional or the improper practice of a health profession[;].

I do not agree with the Findings of Fact in its entirety, as stated in the Statement of Charges. I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid any further prosecution of the allegations set forth in the statement of charges.

I agree that if the Board were to proceed with an evidentiary hearing in this matter, the State would be able to prove the foregoing violations of the Act by a preponderance of the evidence. I acknowledge that for all purposes related to my license, the charges will be treated as if proven.

I understand that by executing this Letter of Surrender I am waiving my right to a hearing to contest the disciplinary charges. In waiving my right to contest the charges, I am also waiving the right to be represented by counsel at the hearing, to confront witnesses,

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to give testimony, to call witnesses on my own behalf, and all other substantive and procedural protections provided by law, including the right to appeal to circuit court.

I understand that the Board will release this Letter of Surrender to any appropriate database regulating professional counselors. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction, this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 et seq. (2014 and 2018 Supp.), and that this Letter of Surrender constitutes a disciplinary action by the Board.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered for a minimum of five (5) years and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland license, I understand that the Board has sole discretion to grant or deny my request. Any petition for reinstatement of my license to practice clinical counseling submitted to the Board on my behalf will include proof that I have completed a Board approved ethics course which shall not count toward any continuing education credits (CEUs) needed for renewing of my license; evidence that I have maintained the necessary CEUs for licensure; and any other requirements for licensure.

If the Board grants my petition for reinstatement, it may impose any terms and conditions it considers appropriate for public safety and the protection of the integrity and reputation of the profession. Should the Board grant my petition for reinstatement, I will agree to submit to an evaluation by a Board-approved therapist, at the Board's expense. I will authorize any and all of my personal therapist(s) that I have seen for therapy from 2011 to the time I submit my petition for reinstatement, including the time period that I was not practicing counseling, to disclose my mental health records to the Board's evaluator. The Board's evaluator will make recommendations to the Board concerning my understanding of the ethical and boundary issues which led to my voluntary license surrender and shall assess my mental capacity and competence for practicing clinical professional counseling. Depending on whether the Evaluator determines that I may return to practice, I agree to be placed on probation for five (5) years under terms and conditions that will be set by the Board at a Case Resolution Conference prior to my return to practice.

I hereby affirm that I have terminated any employment as a professional counselor in the State of Maryland as of January 31, 2020.

Risa L. Ganel, LCMFT, Chair, and
Members of the State Board of
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I agree that on or before the effective date of this Letter of Surrender, I shall present to the Board my original Maryland license (License No. LC2268), including any wall licenses, renewal licenses, and/or any wallet-sized renewal cards.


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 been advised of my right to be represented by an attorney of my choice throughout proceedings before the Board, including the right to consult with an attorney prior to 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,



Angela Hall

Read and Approved



Timothy Talbot, Esquire
Attorney for the Respondent

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NOTARY

STATE OF Maryland

CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 26th day of January 2020, before
me, Timothy F. Talbot, a Notary Public of the foregoing State and City/
(Print Name)

County aforesaid, personally appeared Angela Hall, LCPC, License No. LC2268, and
declared and affirmed under the penalties of perjury that the signing of this Letter of
Surrender was her voluntary act and deed.

AS WITNESS my hand and Notarial seal.



Notary Public

My Commission Expires: 9-22-2021



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ACCEPTANCE

ON BEHALF OF THE STATE BOARD OF PROFESSIONAL

COUNSELORS AND THERAPISTS, on this 28th day of January,

2020, I accept Angela Hall's public Letter of Surrender of her license to practice clinical counseling in the State of Maryland.



Risa Ganel, LCMFT, Chair
Board of Professional Counselors and
Therapists

cc: Nicholas Johansson, Principal Counsel
Roberta Gill, AAG, Administrative Prosecutor
Kimberly Link, Esquire, Executive Director
Rhonda Edwards, AAG, Board Counsel
Timothy Talbot, Esquire, Attorney for Respondent
Shelly Ann Barnes, Investigator
Gloria Toney Brown, Administrative Officer
Rosalind Spellman, Administrative Officer

IN THE MATTER OF
ANGELA HALL, LCPC

License No. LC2268

Respondent

* BEFORE THE STATE BOARD
* OF
* PROFESSIONAL COUNSELORS
* AND THERAPISTS
* Case No. 2017-12

* * * * *
**CHARGES UNDER THE MARYLAND
PROFESSIONAL COUNSELORS AND THERAPISTS ACT**

The State Board of Professional Counselors and Therapists (the "Board") hereby charges ANGELA HALL, LCPC, (the "Respondent"), with violation of certain provisions of Md. Code Ann., Health Occupations ("Health Occ."). § 17-101, *et seq.*, (2014 Repl. Vol. and 2018 Supp.).

Specifically, the Board charges the Respondent with violation of the following provisions of §17-509:

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

- (8) Violates the code of ethics adopted by the Board;
- (11) Is professionally...incompetent;

- (13) Violates any rule or regulation adopted by the Board;
- (16) Commits an act of...unprofessional conduct in the practice of clinical or nonclinical counseling or therapy [;].

The Board also charges that the Respondent violated the following provisions of the Board's Code of Ethics, COMAR 10.58.03;

.03 Professional Competence.

B. An impaired counselor shall:

- (1) Suspend, terminate, or limit professional activities if the counselor determines that he or she is unable to continue professional activities; or
- (2) Seek competent professional assistance to determine whether to sup end, terminate, or limit the scope of professional or scientific activities if a counselor becomes or is made aware that personal problems interfere with providing or conducting counseling or therapy services.

.04 Ethical Responsibility.

A. A counselor shall:

- (1) Consult with other counselors or other relevant professionals regarding questions related to ethical obligations or professional practice;
- (14) Take reasonable precautions to protect clients from physical or psychological trauma.

B. A counselor may not:

- (3) Enter into relationships that could compromise a

counselor's objectivity or create a conflict of interest.

.05 The Counseling Relationship.

A. Client Welfare and Rights.

(2) A counselor may not:

- (a) Place or participate in placing clients in positions that may result in damaging the interests and the welfare of clients, employees, employers, or the public;
- (d) Foster dependent counseling relationships.

B. Dual Relationships.

(1) A counselor shall:

- (a) Avoid dual relationships with clients;

D. Termination and Referral.

(1) Termination may occur if:

- (b) Counseling no longer serves a client's needs or interests;
- (c) A counselor is unable to competently and ethically perform duties;

.09 Sexual Misconduct.

A. A counselor may not engage in sexual misconduct with a client or supervisee. Sexual misconduct includes but is not limited to:

- (1) Inappropriate sexual language;
- (2) Sexual exploitation;
- (3) Sexual harassment;
- (4) Sexual behavior; and

- (5) Therapeutic deception.
- B. Concurrent Sexual Relationships. A counselor may not engage in either consensual or forced sexual behavior with:
 - (1) A client;
- C. Relationship with Former Clients.
 - (1) Except as set forth in §C (3) of this regulation, a counselor may not engage in sexual behavior with a former client.

The Respondent is also charged with violating Md. Code. Ann., Health General, § 4-403.

(a)(1) In this section, a "health care provider" means:

- (xvii) A professional counselor;
- (b) Except for a minor patient, unless a patient is notified, a health care provider may not destroy a medical record or laboratory or X-ray report about a patient for 5 years after the record or report is made.

§4-307.

(k)(1) A health care provider shall disclose a medical record without the authorization of a person in interest:

- (v) In accordance with a subpoena for medical records on specific recipients:
 - 1. To health professional licensing and disciplinary boards for the sole purpose of an investigation regarding licensure, certification, or discipline of a health professional or the improper practice of a health profession [;].

ALLEGATIONS OF FACT¹

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

1. At all times relevant to the charges herein, the Respondent was licensed to practice licensed certified professional counseling in the State of Maryland.² The Respondent was first licensed on August 31, 2006. Her license expires on January 31, 2020.

2. At all times relevant hereto, the Respondent maintained a private practice in Crofton, Anne Arundel County, Maryland.

3. On or about March 29, 2017, the Board received a complaint from one of the Respondent's former patients.³ The patient alleges that the Respondent had a sexual relationship with him while he was her client.

4. The patient stated that, beginning March 2011, he began therapy with the Respondent, paying her \$90 in cash for the first three or four sessions. The Respondent tried to bill the patient's insurance company for the sessions, but after the billing was rejected, she

¹The Statements of the Respondent's conduct with respect to the patient identified herein are intended to provide the Respondent notice of the alleged 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 connection with the patient.

² Pursuant to § 17-101 of the Act: (l) "License" means, unless the context requires otherwise, one of six types of licenses issued by the Board authorizing an individual to practice: (4) Clinical professional counseling;

(v) "Practice clinical professional counseling" means to engage professionally and for compensation in counseling and appraisal activities by providing services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions of individuals or groups."

treated him on a *pro bono* basis.

5. The patient states that, about five or six months into therapy, the Respondent and he became involved in a sexual relationship, which occurred in the Respondent's office, his apartment, her house, and at a conference center.

6. The patient stated that the Respondent also brought the patient gifts. The patient stated that he accompanied the Respondent to several of her family functions, meeting her relatives. The patient's son also went with them to some of the Respondent's family functions. The patient also stated that he remodeled the Respondent's closets and painted her whole house. According to the patient, the relationship lasted approximately three years, ending on or around New Year's, 2014.

7. The patient stated that he told the Respondent that he would kill the Respondent's husband because of the way that he treated her and, during the relationship, the Respondent's husband died, reportedly of natural causes.

8. Based upon the above information, the Board subpoenaed the patient's treatment records from the Respondent on October 18, 2017, but the Respondent failed to produce them.

9. The Board's Investigator spoke to the patient's ex-wife who informed the investigator that she had found text messages containing non-professional communications

³ Individuals/facilities are confidential but may be disclosed to the Respondent by contacting the Administrative

between the patient and the Respondent in the summer of 2011. As a result, the patient's ex-wife went to the Respondent's office and confronted her about the affair, which the Respondent admitted that she was having with the patient. Despite admitting to the affair, the Respondent stated that she wanted to continue "treating" the patient and promised to end the affair, but the affair continued for quite some time thereafter.

10. The Respondent claimed that she only provided "therapy" to the patient from March to June 2011 and that she stopped treating him then because his behavior was "threatening and inappropriate". The Respondent claimed the patient threatened her and scared her, including waving a knife at her on the first therapy visit, but she did not call the police, nor did she seek help from any of her colleagues who shared an office suite with her.

11. The Respondent admitted to having a sexual relationship with the patient, though she claimed that the relationship began in the spring 2012, after she stopped providing therapy to him and that the sex was non-consensual, because she was coerced and threatened by the patient. Despite being "coerced", the Respondent stated that she went to the patient's residence to engage in sex with the patient. The Respondent stated that she would inform the patient that she didn't want a sexual relationship with him "over a couple of years...weekly...over a hundred times." The Respondent also stated that she and the patient had sex in her own home after she and her children moved back from her mother's after her

Prosecutor,

husband died—when her children were at school. The Respondent acknowledged that she had sexual relations with the patient while she was attending a conference at a hotel.

12. The Respondent acknowledged that, sometime in either September or October 2011, she apologized to the patient's wife about having sexual relations with him. (This is despite the Respondent's prior statement that she did not begin sexual relations with the patient until after therapy ended and not until the spring of 2012.)

13. The Respondent claimed that she did not go to the police because she was afraid of the patient, but invited him to numerous family events so that the family could "check him out".

14. The Respondent stated that, although she has been in counseling with a social worker since 2004, she did not discuss with her counselor the "knife" incident until years after it allegedly occurred.

15. Regarding the Respondent's failure to provide treatment records, the Respondent claimed that she no longer possesses any records from 2011 and that they were most likely destroyed in mid-2016 or the beginning of 2017. The Respondent further stated that, although she is aware of the five-year record retention period, she discards her records twice a year:

16. As set forth above, by engaging in a sexual relationship with a patient, the Respondent violated the following provisions of the Act: §§17-509 (8) (Violates the code of

ethics adopted by the Board); and/or (11) (Is professionally...incompetent); and/or (13) (Violates any rule or regulation adopted by the Board); and/or (16) (Commits an act of...unprofessional conduct in the practice of clinical or nonclinical counseling or therapy [;].)

17. In addition, as set forth above, by engaging in a sexual relationship with her patient, the Respondent violated the following provisions of COMAR: COMAR 10.58.03: (.03 Professional Competence. B. An impaired counselor shall: (1) Suspend, terminate, or limit professional activities if the counselor determines that he or she is unable to continue professional activities; or (2) Seek competent professional assistance to determine whether to suspend, terminate, or limit the scope of professional or scientific activities if a counselor becomes or is made aware that personal problems interfere with providing or conducting counseling or therapy services; and/or .04 Ethical Responsibility. A. A counselor shall: (1) Consult with other counselors or other relevant professionals regarding questions related to ethical obligations or professional practice; (14) Take reasonable precautions to protect clients from physical or psychological trauma. B. A counselor may not: (3) Enter into relationships that could compromise a counselor's objectivity or create a conflict of interest. .05 The Counseling Relationship. A. Client Welfare and Rights. (2) A counselor may not: (a) Place or participate in placing clients in positions that may result in damaging the interests and the welfare of clients, employees, employers, or the public; (d) Foster dependent

counseling relationships. B. Dual Relationships 1) A counselor shall: (a) Avoid dual relationships with clients; D. Termination and Referral. (1) Termination may occur if: (b) Counseling no longer serves a client's needs or interests; (c) A counselor is unable to competently and ethically perform duties; .09 Sexual Misconduct. A. A counselor may not engage in sexual misconduct with a client or supervisee. Sexual misconduct includes but is not limited to: (1) Inappropriate sexual language; (2) Sexual exploitation; (3) Sexual harassment; (4) Sexual behavior; and (5) Therapeutic deception. B. Concurrent Sexual Relationships. A counselor may not engage in either consensual or forced sexual behavior with: A client; C. Relationship with Former Clients. (1) Except as set forth in §C (3) of this regulation, a counselor may not engage in sexual behavior with a former client.

18. By failing to maintain her patient records for five years, as required, the Respondent violated the following provisions of Health Gen'l, §4-403 (a) (1) In this section, a "health care provider" means: (xvii) A professional counselor; (b) Except for a minor patient, unless a patient is notified, a health care provider may not destroy a medical record or laboratory or X-ray report about a patient for 5 years after the record or report is made; and §4-307 (k) (1) A health care provider shall disclose a medical record without the authorization of a person in interest: (v) In accordance with a subpoena for medical records on specific recipients: 1. To health professional licensing and disciplinary boards for the sole purpose of an investigation regarding licensure, certification, or discipline of a health

professional or the improper practice of a health profession [;].


NOTICE OF POSSIBLE SANCTIONS

Pursuant to Md. Code Ann., Health Occ. §§17-314 and 17-315 (2014 Repl. Vol. and 2018 Supp.), and if, after a hearing, the Board finds that Respondent violated any of the above listed provisions and if the Board finds the above allegations of fact to be true, the Board may impose disciplinary sanctions against Respondent's license, including revocation, suspension, reprimand, or may place the Respondent on probation,

NOTICE OF HEARING

A Case Resolution Conference ("CRC") in this matter has been scheduled for **Friday, July 19, 2019 at 12:30 p.m.**, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of this conference are described in the attached letter to Respondent.

6/21/2019
Date



Risa Ganel, LCMFT, Chair
Maryland State Board of Professional
Counselors and Therapists