



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

October 22, 2008

John Gagnon, Ph.D., Marital and Family Therapist  
233 Oaklawn Avenue  
Stamford, CT 06905

Re: Consent Order  
Petition No. 2004-0506-027-001  
License No. 000012

Dear Dr. Gagnon:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective October 22, 2008.

Pursuant to paragraph 2 of the Consent Order, you are permanently forbidden to make any representation by any means whatsoever to any client or patient or prospective client or patient that you possess any license, credential, certificate, privilege, appointment, affiliation or membership with any profession, entity or institution that you do not possess.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process, and good luck to you in the future.

Respectfully,

A handwritten signature in black ink, appearing to read "Olive Tronchin", written over a horizontal line.

Olive Tronchin, HPA  
Practitioner Licensing and Investigations Section

c: Jennifer Filippone



Phone: (860) 509-7400  
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P.O. Box 340308 Hartford, CT 06134  
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**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTHCARE SYSTEMS**

In re: John Gagnon, Ph.D., Marital and Family Therapist  
Petition No. 2004-0506-027-001

**CONSENT ORDER**

WHEREAS, John Gagnon of Stamford, Connecticut (hereinafter "respondent") has been issued license number 000012 to practice as a marital and family therapist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383a of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges and respondent admits that:

1. On or about April 2, 2004, respondent presented himself during an initial marital and family therapy session with new clients as a brigadier general of the United States Army.  
Respondent is not a brigadier general in the United States Army and has never held any rank in the United States Army. During that same visit, respondent made other false representations about his military service and other false representations about his personal and professional credentials. Respondent has also made numerous false representations about his personal and professional credentials on one or more websites he has maintained.
2. Respondent has been diagnosed with bipolar disorder and is undergoing treatment for said condition. Said condition does and/or may impair him from practicing safely and effectively without proper treatment.

3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-195d, including, but not limited to:
  - a. §20-195d(2);
  - b. §20-195d(3); and/or
  - c. §20-195d(5).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Department of Public Health, this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14, and 20-195d of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17, and 20-195d of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent is permanently forbidden to make any representation by any means whatsoever to any client or patient or prospective client or patient that he possesses any license, credential, certificate, privilege, appointment, affiliation, or membership with any profession, entity, or institution that he does not possess. Respondent agrees that violation of this provision shall be sufficient ground for revocation of his license.
3. Respondent's license shall be placed on probation for a period of three years under the following terms and conditions:
  - a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed psychiatrist or psychologist pre-approved by the Department (hereinafter "therapist"), at a frequency to be determined by the therapist but not to be less than once per month.
    - (1) Respondent shall provide a copy of this Consent Order to his therapist.

- (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
  - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
  - (4) The therapist shall submit reports every quarter for the entire period of probation which shall state that respondent suffers no mental health condition that impairs his ability to practice as a marital and family therapist safely and competently.
  - (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.
- b. During the entire period of probation, respondent shall also have a medication review by a licensed psychiatrist, who shall be pre-approved by the department and who may be his therapist. Said psychiatrist shall conduct the review not less than once every three months and shall report to the Department every three months stating his diagnosis and medication, and that he suffers no mental health condition that impairs his ability to practice as a marital and family therapist safely and competently if he complies with his prescriptions. Said psychiatrist shall report to

the Department immediately if he believes respondent's continued practice poses a danger to the public.

- c. At his own expense, respondent shall obtain the services of a marital and family therapist, pre-approved by the Department (hereinafter "supervisor") to conduct a random review of ten of respondent's patient/client therapy sessions. In the event respondent has fewer than ten sessions in any review period, the supervisor shall review all of respondent's patient/client therapy sessions. Each such review shall include but not be limited to a discussion with the respondent of his assessment of the patient(s)/client(s) and his provision of therapy for them.

(1) Respondent's supervisor shall conduct such review and meet with him not less than once every month for the first year and not less than once every three months for the remainder of probation. The supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.

(2) Respondent shall be responsible for providing written supervisor reports directly to the Department quarterly for the entire period of probation. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the records reviewed and the discussion of therapy, additional monitoring techniques utilized, and a statement that respondent is practicing with reasonable skill and safety. The supervisor shall report immediately to the Department if he finds that respondent is not able to practice as a marital and family therapist safely and effectively.

- d. Within the first six months of probation, respondent shall complete twenty-four hours of courses, pre-approved by the Department, in professional ethics and boundary violations.
  - e. Not more than six months nor less than three months before the end of the period of probation, respondent shall submit to an independent psychiatric and/or psychological evaluation by a psychiatrist and/or psychologist to be pre-approved by the Department. The evaluator shall submit a report of the evaluation to the Department and shall specifically state within the report whether respondent has any condition which does and/or may impair his ability to practice safely and effectively, or requires further monitoring. Respondent shall be responsible for prompt submission of a report of said evaluation(s) to the Department. This consent order may be extended and/or modified in accordance with the findings and recommendations in said report.
4. All correspondence and reports are to be addressed to:
- Bonnie Pinkerton, Nurse Consultant  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308
5. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
  6. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
  7. Respondent shall pay all costs necessary to comply with this Consent Order.
  8. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:

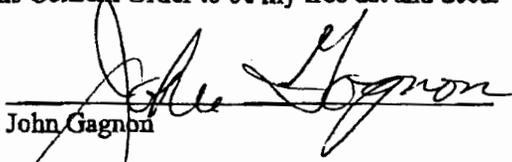
- a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
  - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
  - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 8.a. above to demonstrate to the satisfaction of the Department that he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.
  - d. If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Department which shall make a final determination of the disciplinary action to be taken.
  - e. Evidence presented to the Department by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
9. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a marital and family therapist, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric and/or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds

for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall constitute an admission that his conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).

10. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Department.
11. In the event respondent is not employed as a marital and family therapist for periods of thirty (30) consecutive days or longer, or is employed as a marital and family therapist less than twenty (20) hours per week, or is employed outside of the State of Connecticut, respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Consent Order.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
13. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Department.
14. Respondent understands this Consent Order is a public document and is evidence of the above admitted violations in any proceeding before the Department in which his compliance with this Consent Order or with §20-195a, et seq. of the General Statutes of Connecticut, as amended, is at issue.
15. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.

16. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.
17. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
18. Respondent permits a representative of the Legal Office of the Bureau of Healthcare Systems to present this Consent Order and the factual basis for this Consent Order to the Department. Respondent understands that the Department has complete and final discretion as to whether this executed Consent Order is approved or accepted.
19. Respondent understands and agrees that he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.
20. Respondent has the right to consult with an attorney prior to signing this document.

I, John Gagnon, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
John Gagnon

Subscribed and sworn to before me this 17<sup>th</sup> day of August, 2005.

  
Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 17<sup>th</sup> day of August, 2005, it is hereby accepted.

  
Jennifer Filippone  
Section Chief  
Practitioner Licensing and Investigations

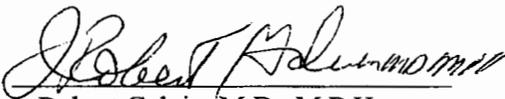
dml/gagnon  
consent

ORDER

The above Consent Order having been presented to the duly appointed agent of the Commissioner on the 23<sup>rd</sup> day of August, 2005, it is hereby ordered and accepted.

  
Alfreda Gaither, Hearing Officer

The above Consent Order having been presented to the Commissioner of the Department of Public Health on the 26<sup>th</sup> day of August, 2005, it is hereby ordered and accepted.

  
J. Robert Galvin, M.D., M.P.H.,  
Commissioner