

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Erin Smith, LMFT

Petition No. 2009-0317-027-001

CONSENT ORDER

WHEREAS, Erin Smith of Manchester (hereinafter "respondent") has been issued license number 001205 to practice as a licensed 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 that:

Between approximately September 2008 and February 2009, while providing therapy to A.T., a minor, respondent failed to maintain professional boundaries when she:

- a. conducted therapy in a public place without first obtaining written informed consent;
- b. addressed A.T. as "honey"; and/or
- c. failed to avoid multiple relationships with A.T. when respondent took A.T. shopping.

Between approximately September 2008 and February 2009, while providing therapy to A.T., a minor, respondent failed to maintain client confidentiality in her treatment of A.T. when she:

- a. conducted therapy in a public place without first obtaining written informed consent; and/or
- b. communicated with A.T. via text messaging without first obtaining written informed consent.

Between approximately September 2008 and February 2009, while providing therapy to A.T., a minor, respondent failed to provide the parents of A.T. with a treatment plan.

- 4. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-195d including, but not limited to §20-195d(2).

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WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Department, 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, and;

WHEREAS, respondent has completed coursework in ethics and has received ongoing clinical supervision from a licensed marital and family therapist since March 2010; and

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 her right to a hearing on the merits of this matter.
2. Respondent's license number 001205 to practice as a licensed marital and family therapist in the State of Connecticut is hereby reprimanded.
3. Respondent's license shall be placed on probation under the following terms and conditions:
 - a. Within six months from the effective date of this Consent Order, respondent shall attend and successfully complete coursework in boundary issues, pre-approved by the Department. Respondent shall provide proof of her successful completion of such coursework to the Department's satisfaction, and at such time, the probationary period shall be deemed terminated.

- 4. All correspondence and reports are to be addressed to.

Bonnie Pinkerton, Nurse Consultant
 Department of Public Health
 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 her 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 7.a. above to demonstrate to the satisfaction of the Department that she has complied with the terms of this Consent Order or, in the alternative, that she has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the

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fifteen (15) days specified in the notification of violation to the satisfaction of the Department, she 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 is not employed as a licensed marital and family therapist for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice of licensed marital and family therapy, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of licensed marital and family therapy without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent understands that any return to the practice of licensed marital and family therapy without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.
10. If, during the period of probation, respondent practices licensed marital and family therapy outside Connecticut, she shall provide written notice to the Department concerning such employment. During such time period, respondent shall not be responsible for complying

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with the terms of probation of this Consent Order, and such time period shall not be counted

in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of licensed marital and family therapy in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 3. above.

11. 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 her license before the Department.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch 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 agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Department in which her compliance with this Consent Order or with §20-195d of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank.
15. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a licensed marital and family therapist, upon request by the Department, with notice to the Department, for a period not to exceed 45

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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 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 be considered by the Department and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Department has complete and final discretion as to whether a summary suspension is ordered.

16. 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.
17. 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. Respondent understands that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. 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 she may have under the laws of the State of Connecticut or of

the United States.

- 18. 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.
- 19. Respondent permits a representative of the Legal Office of the Healthcare Systems Branch 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.
- 20. Respondent understands and agrees that she is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which she is away from her residence.
- 21. Respondent has the right to consult with an attorney prior to signing this document.
- 22. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
- 23. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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I, Erin Smith, 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.

Erin Smith
Erin Smith, LMFT

Subscribed and sworn to before me this 14th day of December 2011.

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

Delinda B. Correia
DELINDA B. CORREIA
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 30, 2015

The above Consent Order having been presented to the duly appointed agent of the

Commissioner of the Department of Public Health on the 9th day of

February 2012 it is hereby accepted.

Jennifer Filippone
Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

The above Consent Order having been presented to the designee of the Commissioner of the Department of Public Health on the 14th day of February 2012, it is hereby ordered and accepted.

Stacy M. Schulman
Stacy M. Schulman, Hearing Officer
Commissioner's Designee

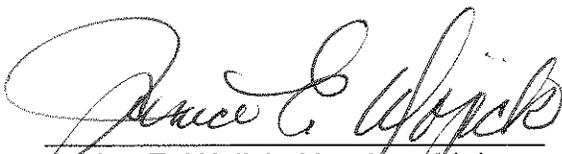
CERTIFICATION

I hereby certify that, pursuant to Connecticut General Statutes Section 4-180(c), a copy of the foregoing Consent Order was sent this 15th day of February, 2012, by certified mail, return receipt requested to:

David G. Hill, Esq.
Hill, Andriola & Associates, LLC
628-2 Hebron Avenue, Suite 100
Glastonbury CT 06033

and by E-Mail to:

Matthew Antonetti, Principal Attorney
Legal Office - MS#12LEG
Department of Public Health
410 Capitol Avenue
P. O. Box 340308
Hartford CT 06134-0308


Janice E. Wojick, Hearings Liaison
Public Health Hearing Section



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 22, 2012

Erin Smith Doolittle, LMFT
1739 Ellington Road
South Windsor, CT 06074

Re: Consent Order
Petition No. 2009-0317-027-001
License No. 001205

Dear Ms. Smith Doolittle:

Please accept this letter as notice that you have satisfied the terms of your license probation effective March 22, 2012.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

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.

Best of luck in the future,


Olive Tronchin, HPA
Practitioner Licensure and Investigations Section

c: J: Fillippone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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