

**STATE OF CONNECTICUT**

DEPARTMENT OF PUBLIC HEALTH

March 15, 2007

Andrea Simandy Chiappa, P.C.
158 Union Street
Deep River, CT 06417

Re: Reinstatement Consent Order
Petition No. 2005-0830-046-003
License No. 001132

Dear Ms. Chiappa:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective March 10, 2007.

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

Respectfully,

A handwritten signature in black ink, appearing to read "Olive Tronchin".

Olive Tronchin, HPA
Practitioner Licensing and Investigations Section

✓cc: Jennifer Filippone



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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**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In re: Andrea S. Chiappa, P.C.

Petition No. 2005-0830-046-003

REINSTATEMENT CONSENT ORDER

WHEREAS, Andrea S. Chiappa of Deep River, Connecticut (hereinafter "respondent") has been issued license number 001132 to practice as a professional counselor by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383c of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on December 31, 2003, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. Respondent's license expired on December 31, 2003. Subsequent to the expiration of respondent's license, respondent provided supervisory counseling services to Southern Christian University in Montgomery, Alabama, identifying herself as a licensed professional counselor and indicating she was still in practice as a professional counselor.
2. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-195ee of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent's license to practice as a professional counselor shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. Respondent's license to practice as a professional counselor in the State of Connecticut shall, immediately upon issuance, be reprimanded.
4. Respondent shall pay a civil penalty of three-hundred dollars (\$300.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable within the first three (3) months after respondent's license is reinstated. If respondent fails to timely submit said civil penalty within the first three months of the reinstatement of respondent's license, said failure shall be constitute grounds for the Department to seek rescission of respondent's license.
5. Immediately upon issuance, respondent's license shall be placed on probation for one (1) year under the following terms and conditions:
 - a. Respondent shall not provide any supervisory professional counseling services to any individual for the duration of the probationary period.
 - b. Respondent shall attend and successfully complete a course in ethics, pre-approved by the Department. Within fourteen (14) days of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course.

6. 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

7. All reports required by the terms of this Reinstatement Consent Order shall be due according to a schedule to be established by the Department of Public Health.
8. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
9. Respondent shall pay all costs necessary to comply with this Reinstatement Consent Order.
10. 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.
11. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
12. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
13. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department, in its discretion, to immediately deem respondent's professional counselor license rescinded. Any extension of time or grace period granted by the Department shall not be deemed a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescission of the license shall be sent

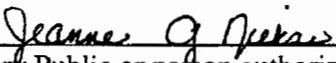
by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

14. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department of Public Health in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-195ee of the General Statutes of Connecticut, as amended, is at issue.
15. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
16. This Reinstatement 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.
17. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
18. Respondent understands she has the right to consult with an attorney prior to signing this document.
19. Respondent understands this Prelicensure Consent Order is a matter of public record.
20. 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.

I, Andrea S. Chiappa, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.


Andrea S. Chiappa

Subscribed and sworn to before me this 1 day of March 2006.


Notary Public or person authorized
by law to administer oaths or
affirmation **JEANNE G. NICKSE**
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2008

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 9th day of March 2006, it hereby ordered and accepted.


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