

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. \_\_\_\_\_

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES  
BUREAU OF HEALTH SYSTEM REGULATION  
DIVISION OF MEDICAL QUALITY ASSURANCE

*Rec'd*  
*11-1-94*  
*[Signature]*

In re: Celia P. Reinhart, C.I.S.W.

Petition No. 920130-58-001

CONSENT ORDER

WHEREAS, Celia P. Reinhart, C.I.S.W., of Waterford, Connecticut (hereinafter "respondent") has been issued certificate number 002165, to practice social work by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 383b of the Connecticut General Statutes, as amended; and,

*QA*  
*11-3-94*

WHEREAS, respondent hereby admits and acknowledges that:

1. On or about March 13, 1991, she first saw Ms. R. as a client in psychotherapy while respondent was employed as a social worker by Care, Inc., New London, Connecticut.
2. Respondent left the employment of Care, Inc. on August 9, 1991, after which respondent continued to see Ms. R, but there were no formally scheduled therapy sessions.
3. While acting as Ms. R.'s therapist, respondent breached the boundaries of the therapist-client relationship in that she:
  - a. gave her presents;
  - b. wrote her personal notes;
  - c. went to Ms. R.'s apartment to get personal items for her while Ms. R. was a psychiatric inpatient at Lawrence & Memorial Hospital;
  - d. visited Ms. R. no less than once a day while Ms. R. was a psychiatric inpatient; and,

4. Engaged in a sexual relationship with Ms. R.
5. By her actions set forth above, respondent has violated the provisions of Connecticut General Statutes §20-195p by failing to conform to the accepted standards of the profession of social work.

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

1. That she waives her right to a hearing on the merits of this matter;
2. That she shall be assessed a civil penalty of five hundred (\$500.00) dollars in the form of a certified check made payable to "Treasurer, State of Connecticut" which check she shall submit with this executed Consent Order.
3. That within the first year of this Consent Order respondent shall enroll in and successfully complete an ethics course provided by an accredited graduate program in social work which she shall complete with a passing grade. Successful completion shall mean a grade of "C" or better. She shall cause to be provided to the Department a certified copy from such program verifying the satisfactory completion of such course.
4. That her social work certificate #002165 is hereby suspended for a period of four (4) years with said suspension stayed after the first year; concurrently, her social work certificate shall be placed on probation for four (4) years.
5. That during her one (1) year period of actual suspension and the first year of her probation, her license shall be subject to the following terms and conditions:

- (a) She shall participate in regularly scheduled therapy with a licensed therapist, certified marital and family therapist, or certified social worker (hereinafter "therapist") approved by the Department. If her therapist determines that therapy is no longer necessary or should be reduced in frequency, or that respondent should be transferred to another therapist, the therapist shall immediately notify the Department of the therapist's intention to terminate or transfer respondent's therapy or reduce its frequency; and, the Department shall pre-approve the termination, reduction in frequency or transfer.
- (b) Respondent's therapist shall submit monthly reports which shall address, but not necessarily be limited to, dates of treatment and an evaluation of respondent's progress in therapy. Said reports shall continue so long as respondent is in therapy;
- (c) The therapist for the above described therapy shall be:

Irving H. Frank, Ph.D.  
674 Prospect Avenue  
Hartford, Connecticut

- 6. During the remaining three (3) year period of probation following the one (1) year of actual suspension of respondent's certificate, respondent's practice of social work shall be subject to the following terms and conditions:
  - (a) She shall provide all present and future employers with a copy of this Consent Order.

- (b) She shall continue in regularly scheduled therapy with a licensed therapist, certified marital and family therapist, or certified social worker (hereinafter "therapist") approved by the Department. If her therapist determines that therapy is no longer necessary or should be reduced in frequency before respondent's probation has expired, or if her therapist determines that respondent should be transferred to another therapist, her therapist shall notify the Department of the therapist's intention to terminate or transfer respondent's therapy or reduce its frequency; and, the Department shall pre-approve the termination, reduction in frequency or transfer of therapy.
- (c) The therapist shall submit monthly reports for the period of respondent's probation which shall address, but not necessarily be limited to, respondent's ability to practice social work within the accepted standards of care for social workers. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of respondent's probation has expired.
- (d) The therapist for the above described therapy shall be:
- Irving H. Frank, Ph.D.  
674 Prospect Avenue  
Hartford, Connecticut
- (e) If respondent commences employment at any time after her one year period of actual suspension and prior to the expiration of the probationary term, she shall be supervised at all times by either David Duffy Chambers, C.I.S.W. certificate number 000451, or another certified social worker, or licensed psychologist or psychiatrist, with such supervisor to be pre-approved by the Department. During the first year of such supervision, the supervisor shall meet with

respondent on a weekly basis. Thereafter until the conclusion of the probationary period, the supervisor shall meet with respondent at least once each month, or more frequently at the discretion of the supervisor. Prior approval of a supervisor is a prerequisite to respondent's commencement of practice after the one year period of actual suspension.

- (f) At the same frequency with which the supervisor meets with respondent, the supervisor shall conduct a random review of thirty (30%) percent or no less than fifteen (15) of respondent's patients' records, whichever number is greater. If respondent has fifteen or fewer patients, the supervisor shall review all of respondent's patient records. Respondent shall provide to the supervisor all logs, appointment books, session and personal notes, and any other documents as requested by such supervisor.
- (g) Respondent shall ensure that her patients execute releases to allow the supervisor to review her patient records.
- (h) During the first year of supervision, the supervisor shall submit to the Department monthly reports. During the remainder of respondent's probation, the supervisor shall submit reports on a quarterly basis. Said reports shall address, but not necessarily be limited to, respondent's ability to practice social work within the accepted standard of care for social workers.

- (i) Respondent shall not engage in the solo practice of social work or in any private practice of counselling or therapy.
  - (j) Respondent shall practice only in an institutional setting such as a hospital or clinic. Respondent shall schedule all meetings with clients and former clients at her place of business. In no event and under no circumstances shall respondent schedule any meeting of any sort with clients or former clients outside of her office setting.
  - (k) Until such time as the therapist referenced in paragraphs 6(b) and (d) above determines otherwise, respondent shall not provide treatment to any patient who has a multiple personality or borderline personality disorder; and, respondent shall not treat any female patient who has a sexual identity disorder. Her supervisor shall notify the Department which shall have the right to pre-approve the lifting of the restrictions.
7. All monthly reports required by the terms of this Consent Order are due on the tenth day of each month; all quarterly reports are due the tenth day of every third month thereafter. The first monthly report required during the period of suspension is due on the tenth day of the second full month after the effective date of this Order.
8. All correspondence, checks, and/or reports required under the terms of this Consent Order shall be sent to:

Lynne A. Hurley, Investigator  
Division of Medical Quality Assurance  
Public Health Hearing Office  
150 Washington Street  
Hartford, Connecticut

9. In the event that respondent should leave Connecticut during the period covered by this Consent Order to reside or practice social work outside of this state for periods longer than thirty (30) consecutive days, respondent shall notify the Department in writing of the anticipated dates of departure and return. Periods of residency and/or practice outside of Connecticut shall not be counted in reducing the period covered by this Consent Order.
10. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
11. Respondent assumes full responsibility for the timely filing of all reports required by this Consent Order.
12. Respondent shall notify the Department of changes in her employment and/or address with fifteen (15) days of any such change.
13. Any violation of the terms of respondent's probation or of this Consent Order constitutes grounds for the Department to seek summary suspension of respondent's certificate. Respondent specifically waives the provisions of Connecticut General Statutes §§4-182(c) and 19a-17(c) which require a finding of an emergency and a clear and immediate danger to the public health and safety, respectively.
14. Legal notice shall be sufficient if sent to the respondent's last known address of record reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department.
15. Respondent understands this Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Commissioner (1) in which her compliance with this same Consent Order is at issue, or (2) in which her compliance with §20-195p of the Connecticut General Statutes, as amended, is at issue.

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, that said 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 Consent Order 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.
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. This Consent Order is effective the first day of the next month after which the seal of the last signatory is affixed to this document.
19. This Consent Order shall end upon the successful completion of the terms contained herein.
20. Any change in the terms of this Consent Order shall require prior written approval of the Department.
21. The Department shall send a copy of this Consent Order to the National Association of Social Workers, Connecticut Chapter.
22. Respondent assumes full responsibility for all costs associated with her compliance with the terms of this Consent Order.
23. She permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance of the Department to present this Consent Order and the factual basis for said Consent Order to the Commission or her agent. She understands that said agent has complete and final discretion as to whether or not an executed Consent Order is approved or granted.
24. She has consulted with an attorney prior to signing this Consent Order.
25. This Consent Order is a matter of public record.

I, Celia P. Reinhart, C.I.S.W. have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Celia Reinhart, C.I.S.W.  
Celia P. Reinhart, C.I.S.W.

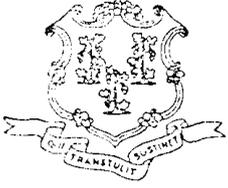
Subscribed and sworn to before me this 17<sup>th</sup> day of October 1994.

[Signature]  
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 Public Health and Addiction Services on the 20<sup>th</sup> day of October 1994, it is hereby accepted and ordered.

[Signature]  
Stanley K. Peck, Director  
Division of Medical Quality Assurance

RAS  
9401Q/39-47  
10/94



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

BUREAU OF HEALTH SYSTEM REGULATION

LICENSURE AND REGISTRATION

October 26, 1995

Celia Reinhart  
Communications Plus  
561 Colman Street  
New London CT 06320

Re: Connecticut Social Worker License # 002165

Dear Ms. Reinhart:

This office has received confirmation that the period of suspension of the above-cited license has been completed. Therefore you are eligible to renew such license.

Please complete and return the enclosed renewal application, with the requisite fee, within ten days of the date of this letter. Your license will then be valid until the last day of your next birth month.

Please do not hesitate to contact this office should you have any questions.

Sincerely,

Debra J. Tomassone, Chief  
Licensure and Registration

DJT:ccm  
1162Q



Phone: TDD: 203-566-1279  
150 Washington Street — Hartford, CT 06106  
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