



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 20, 2007

Cheryl Ann Ford, LCSW
104 Shoreham Village Drive
Fairfield, CT 06824

Re: Consent Order
Petition No. 2004-0414-058-002
License No. 003497

Dear Ms. Ford:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective March 1, 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 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 cursive script, 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
BUREAU OF HEALTHCARE SYSTEMS**

In re: Cheryl Ann Ford, LCSW

Petition No. 2004-0414-058-002

CONSENT ORDER

WHEREAS, Cheryl Ann Ford of Fairfield, CT (hereinafter "respondent") has been issued license number 003497 to practice as a licensed clinical social worker by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, the respondent admits that:

1. Respondent has taken Zoloft from the petitioner.
2. Respondent has, on one or more occasions, transported petitioner home from a doctor's appointment.
3. Respondent has entered petitioner's house while the petitioner was not there and removed a twin bed from a downstairs room, at the petitioner's request.
4. Respondent took a dresser, mirror, and two night tables from petitioner's house in the fall of 2000 *at petitioner's request.* Respondent returned the two tables and some dresser drawers, and also attempted to return of the dresser and mirror.
5. Respondent has attended dinners, a movie, and several Broadway shows over the course of ten years with petitioner, all of which the petitioner has paid for.
6. Respondent has borrowed money from the petitioner and has accepted gifts, (including two commemorative coins, military buttons, and a vacuum cleaner) from the petitioner.

7. Respondent failed to maintain proper treatment notes of her treatment of petitioner from 1996-2000. Although petitioner was seen and contact was maintained, respondent states she did not bill petitioner for years 2000, 2001, and first 8 months of 2002, due to her "preoccupation with intensely renovating a home." Respondent does not have treatment notes for that period of time ,
8. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-195p.

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 (hereinafter "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 20-195p of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17, and 20-195p 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 003497 to practice as a Licensed Clinical Social Worker in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of one-thousand dollars (\$1,000.00) 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, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license shall be placed on probation for a period of two years under the following terms and conditions:

- a. Respondent shall participate in regularly scheduled therapy at her own expense with a licensed or certified therapist.
- (1) Respondent shall provide a copy of this Consent Order to her 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 quarterly for the duration of probation, which shall address, but not necessarily be limited to, respondent's ability to practice as a Licensed Clinical Social Worker safely and competently. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
 - (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. Respondent shall attend and successfully complete sixteen hours of continuing education in a course regarding boundary issues, pre-approved by the Department. Upon the completion of such coursework, respondent shall provide the Department

with proof, to the Department's satisfaction, of the successful completion of such course(s).

5. 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

6. 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.
7. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. 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 8a 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 by the limited fifteen (15) day date certain contained 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.
10. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a licensed clinical social worker, 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. 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 her conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).
 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. In the event respondent is not employed as a licensed clinical social worker for periods of thirty (30) consecutive days or longer, or is employed as a licensed clinical social worker 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.

13. 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.
14. 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.
15. Respondent understands this Consent Order may be considered as a public document and evidence of the above admitted violations in any proceeding before the Department in which her compliance with this Consent Order or with §20-195p of the General Statutes of Connecticut, as amended, is at issue.
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. 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 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.

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.

I, Cheryl Ann Ford, 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.

Cheryl Ann Ford, LCSW
Cheryl Ann Ford, LCSW

Subscribed and sworn to before me this 3rd day of February ~~2004~~ 2005

Angelina M. Basile
Notary Public or person authorized by law to administer an oath or affirmation
ANGELINA M. BASILE
NOTARY PUBLIC
STATE OF CONNECTICUT
MY COMMISSION EXPIRES 12/31/20

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 18th day of February, ~~2004~~, it is hereby accepted.

Marianne Horn
Marianne Horn, Director
Division of Health Systems Regulation
Bureau of Healthcare Systems

~~The above Consent Order having been presented to the duly appointed agent of the _____ on the _____ day of _____ 2004, it is hereby ordered and accepted.~~

~~_____
Commissioner or his designee~~