



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

February 8, 2010

Claire Zang, LCSW  
104 Hillcrest Park Road  
Cos Cob, CT 06807

Re: Consent Order  
Petition No. 2006-0628-058-005  
License No. 004352

Dear Ms. Zang:

Please accept this letter as notice that you have satisfied the terms of your license effective February 8, 2010.

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.

Thank you,

Olive Tronchin, HPA  
Practitioner Licensing and Investigations Section

c: J: Fillippone



Phone: (860) 509-7400  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HSR  
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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

January 1, 2007

Claire Zang, L.C.S.W.  
104 Hillcrest Park Road  
Cos Cob, CT 06807

Re: Consent Order  
Petition No. 2006-0628-058-005  
License No. 004352

Dear Ms. Zang:

Please accept this letter as notice that your license suspension has ended, effective the date of this letter. Your license probation continues December 1, 2009.

Thank you for your ongoing cooperation in this process.

Respectfully,

A handwritten signature in cursive script, appearing to read "Olive Tronchin".

Olive Tronchin, HPA  
Practitioner Licensing and Investigations Section

/s/ J. Filippone

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

In re: Claire Zang, L.C.S.W.

Petition No. 2006-0628-058-005

**CONSENT ORDER**

WHEREAS, Claire Zang of Haddam, Connecticut (hereinafter "respondent") has been issued license number 004352 to practice as a licensed clinical social worker by the Connecticut Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. In 2004, respondent engaged in an inappropriate personal relationship with a patient who had ended their therapeutic relationship with respondent approximately one month earlier.
2. The above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §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, 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 shall be suspended for a period of one month beginning on the effective date on this Consent Order.
3. Respondent's license number 004352 to practice as a licensed clinical social worker in the State of Connecticut is hereby reprimanded.
4. Concurrently, respondent's license shall be placed on probation for a period of three (3) years under the following terms and conditions:
  - a. Respondent shall participate in regularly scheduled therapy at her own expense with a licensed psychiatrist or psychologist, licensed in Connecticut and pre-approved by the Department (hereinafter "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 period of probation which shall address, but not necessarily be limited to, respondent's ability to practice as a 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. During the first six months of the probationary period, respondent shall attend and successfully complete a course, pre-approved by the Department, on boundaries between therapist and patient. Within two (2) weeks of completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of successful completion of such course.
- c. During the period of probation, respondent shall report to the Department any arrest under the provisions of Connecticut General Statutes section 14-227a. Such report shall occur within fifteen (15) days of such event.
- d. Respondent shall provide her employer with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer quarterly for the period of probation stating that respondent is practicing with reasonable skill and safety.
- e. Respondent acknowledges that she has received a copy of the National Association of Social Workers Code of Ethics (hereinafter "Code of Ethics"). Within one month of the effective date of this Consent Order, respondent shall read and study the Code of Ethics and shall submit a letter to the Department indicating that she has done so.

5. 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**

6. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department.
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 9a 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 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.
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 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 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.

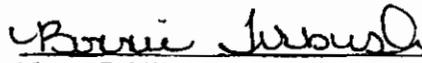
12. In the event respondent is not employed as a licensed clinical social worker for periods of sixty (60) consecutive days or longer, or is employed as a licensed clinical social worker less than twenty (20) hours per week, or is employed outside of the State of Connecticut, respondent shall notify 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 Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department. Respondent shall provide notice of her current address to the Department at the address listed in paragraph 5 above within five (5) days of the effective date of this Consent Order.
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. Further, respondent understands that all discipline imposed by this Consent Order, except for civil penalties, will be reported to the National Practitioner Data Bank and will be reported in accordance with current Department practices.
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 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 consulted with her attorney prior to signing this Consent Order.
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, Claire Zang, L.C.S.W., 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.

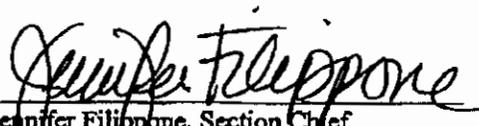
  
\_\_\_\_\_  
Claire Zang, L.C.S.W.

Subscribed and sworn to before me this 13 day of November, 2006.

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

**My Commission Expires  
Oct. 31, 2010**

The above Consent Order having been presented to an agent of the Commissioner of the Department of Public Health on the 21<sup>st</sup> day of November, 2006, it is hereby accepted.

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