STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

November 28, 2006

M. Annette Samulowitz, L.C.S.W.
1073 Whitney Avenue
Hamden, CT 06517

Re: Consent Order
Petition No. 2005-0202-058-002
License No. 004439

Dear Ms. Samulowitz:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective November 28, 2006.

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,

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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58-004439

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: M. Annette Samulowitz, L.C.S.W. Petition No. 2005-0202-058-002

CONSENT ORDER

WHEREAS, M. Annette Samulowitz of Hamden, Connecticut (hereinafter "respondent") has been issued license number 004439 to practice licensed clinical social work by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent has completed coursework in malpractice, client rights, law and ethics and medical ethics; and,

WHEREAS, respondent has obtained a practice supervisor; and,

WHEREAS, the Department alleges that:

1. At all relevant times respondent was working as a licensed clinical social worker in private practice.
2. From about March 2003 until about September 2004 respondent treated a female patient.
3. During the treatment period, respondent received a $1,500 cash loan from the patient.

4. Respondent went to dinner with the female patient and the female patient's husband during the treatment period.
5. Also, the female patient performed secretarial tasks in respondent's office in exchange for therapy from the respondent. As part of the female patient's secretarial duties, she typed reports regarding some of respondent's other patients.
6. 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 the above allegations of wrongdoing, but while admitting no guilt or wrongdoing agrees that for purposes of this or any future proceedings before a Hearing Officer designated by the Commissioner of the Department of Public Health (hereinafter "a Hearing Officer"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§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 shall pay a civil penalty of one thousand five-hundred dollars ($1,500.00) 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.

3. Respondent's license number 004439 shall be placed on probation for a period of one (1) year under the following terms and conditions:

   During the probationary period, respondent shall attend and successfully complete coursework in boundary issues, pre-approved by the Department. Within one (1) month of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such coursework. Respondent's period of probation will end when sufficient notice is provided to the Department of respondent's successful completion of the coursework.

4. 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

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 terms 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 omissions which violate the terms 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 a Hearing Officer who shall make a final determination of the disciplinary action to be taken.

e. Evidence presented to a Hearing Officer by either the Department or respondent in any such hearing shall be limited to the alleged violations of the terms of this Consent Order.

9. 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 violations, 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).

10. 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.

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 a Hearing Officer.

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 Practitioner Licensing and Investigations Section of the Healthcare Systems Branch 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 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 a Hearing Officer 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 unless the only discipline imposed by this Consent Order is a civil penalty, this action will be reported to the National Practitioner Data Bank.

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, M. Annette Samulowitz, 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.

M. Annette Samulowitz, L.C.S.W.

Subscribed and sworn to before me this 13th day of October 2006.

Mary Alice Moore Leonard

~~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 the Department of Public Health on the 19th day of October 2006, it is hereby accepted.

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