

# **DHMH**

### Board of Professional Counselors and Therapists

# Maryland Department of Health and Mental Hygiene 4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - John M. Colmers, Secretary

May 18, 2009

Gregg E. Viola, Esq. Law Offices Eccleston & Wolff, P.C. Baltimore-Washington Law Center 7240 Parkway Drive, 4<sup>th</sup> Floor Hanover, Maryland 21076

Re: Surrender of Alcohol and Drug License

Francisco X. Cummings

License Number: LCA051

Case No. 2008-25

Dear Mr. Viola:

Enclosed please find a fully executed Final Order in the above referenced matter.

Very truly yours,

Aileen Taylor, Executive Director

Maryland Board of

Professional Counselors & Therapists

cc: Noreen Rubin, Assistant Attorney General, Counsel to the Board

#### Francisco X. Cummings, L.C.A.D.C. 1921 East Baltimore Street Baltimore, Maryland 21231

May 15, 2009

Lisa Jackson-Cherry, Ph.D., L.C.P.C., Chair Board of Professional Counselors and Therapists 4201 Patterson Avenue Baltimore, Maryland 21215

Re: Surrender of License as a

Licensed Clinical Alcohol and Drug Counselor (L.C.A.D.C.)

License Number: LCA051 Case Number: 2008-25

Dear Ms. Jackson-Cherry and Members of the Board:

Please be advised that I have decided to SURRENDER my license to practice as a licensed clinical alcohol and drug counselor in the State of Maryland, License Number LCA051. I understand that upon surrender of my license, I shall not practice licensed clinical alcohol and drug counseling, or otherwise engage in the practice of licensed clinical alcohol and drug counseling, as it is defined in the Maryland Professional Counselors and Therapists Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 17-101(1) (2005 & Supp. 2008) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that the effective date of this Letter of Surrender is the date of the Board's acceptance and that upon the Board's acceptance this Letter of Surrender becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice licensed clinical alcohol and drug counseling in Maryland has been prompted by an investigation of my license by the Board concerning allegations that I engaged in a sexual and dual relationship with a female client. The Board's investigation concluded that I engaged in an prohibited sexual and dual relationship with a female client during the course of an established client-counselor relationship, and exploited the professional relationship for my personal advantage.

I understand and admit that my conduct is in violation of the following provisions of the Act, H.O. § 17-509(8) (violates the code of ethics adopted by the Board); (9)

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(knowingly violates any provision of this title); (11) (is professionally . . . incompetent); (13) (violates any rule or regulation adopted by the Board); (16) (commits an act of unprofessional conduct in the practice of clinical or nonclinical counseling or therapy).

I further understand and admit that my conduct is in violation of the following provisions of the Board's Code of Ethics, Code Md. Regs. ("COMAR") tit. 10, § 58.03.03 (professional competence); 10.58.03.04 (ethical responsibilities); 10.58.03.05 (damaging clients' interests and welfare; fostering dependent counseling relationships; dual relationships; exploiting trust and dependency); and 10.58.03.09 (prohibiting sexual relationships, sexual behavior, sexual exploitation and therapeutic deception)

I have decided to surrender my license to practice alcohol and drug counseling in Maryland to avoid disciplinary charges and the prosecution of those charges. I acknowledge that if the Board were to proceed with charging and an evidentiary hearing in this matter, the State would be able to prove the foregoing violations of the Act by a preponderance of the evidence. I acknowledge for all purposes relevant to clinical alcohol and drug counseling, that the allegations will be treated as proven.

I wish to state clearly that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender, have co-operated with the Board in its investigation of the allegations against me, and complied with the Board's requests. I understand that, by executing this Letter of Surrender, I am waiving the right to contest the investigative findings in a formal evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.

As I have indicated to the Board, I will continue to operate Freedom Counseling and Consulting Services strictly in an administrative capacity during the surrender period. I hereby affirm, however, that I am not presently practicing counseling and that I have terminated the practice of licensed clinical alcohol and drug counseling in Maryland. Specifically, I affirm that during the period of surrender: (1) I will not practice, attempt to practice, or offer to practice clinical alcohol and drug counseling; (2) I will not otherwise engage professionally with clients by personally providing therapeutic services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions of individuals or groups; and (3) I will not provide supervision to or consult with any mental health professionals to whom I refer clients with respect to the clients' diagnoses and treatment. I acknowledge that on or before the effective date of this Letter of Surrender, if I have not already done so, I shall present to the Board my certification as a licensed clinical alcohol and drug counselor, including any renewal certificates and wallet-sized cards.

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I acknowledge that this Letter of Surrender is a **PUBLIC DOCUMENT** and that the Board will release this Letter of Surrender to any appropriate database regulating licensed clinical alcohol and drug counselors, and in response to any inquiry, may inform that I have surrendered my license in lieu of further disciplinary action under the Act. I also understand that in the event that I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender may be released or published by the Board to the same extent as a final order pursuant to Md. State Gov't. Code Ann. §10-611 *et seq.* (2004 & 2005 Supp.), and that this Letter of Surrender may be considered to constitute a disciplinary action by the Board.

I affirm that as a condition of the Board's acceptance of this Letter of Surrender, I agree not to apply for or in any way seek reinstatement of my license for at least FIVE (5) YEARS from the date of the acceptance of this Letter of Surrender by the Board. I further understand if at a future date subsequent to the five year period aforementioned, I file a written application for reinstatement, I will approach the Board in the same position as an individual whose license has been revoked by the Board, and the Board will review my case and determine my fitness to have my license reinstated. In addition, I understand that the surrender of my license means I am not eligible to apply for licensure in any of the categories set out in the Professional Counselors and Therapists Act, or for certification as an alcohol and drug counselor. Md. Health Occ. Code Ann. §§ 17-101 et seq.

I understand that the Board can deny such application based solely on the investigative facts underlying my violations of the Act as enumerated in this Letter of Surrender. I further understand and agree that the Board has sole discretion to accept or deny my petition for reinstatement of my license, and that the Board may set forth prerequisite conditions for reinstatement. I also understand that that the Board may set probationary terms and conditions that shall apply to my receiving a reinstated license as a clinical alcohol and drug counselor. In addition, I understand that I bear the burden of demonstrating to the Board that I am competent to practice licensed clinical alcohol and drug counseling safely and possess good moral character as specified in the Act, and determined by the Board.

#### I hereby further affirm the following:

- 1. I have provided to the Board a list of these licensed mental health professionals who are available and willing to provide care to my clients during the period when my license is surrendered, their practice locations and their business telephone numbers;
- 2. I have notified all of my clients in writing of the surrender of my L.C.A.D.C. license to the Board, and of the length of my absence from the practice of licensed clinical alcohol and drug counseling as required by the FIVE (5) year period of surrender;

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- 3. I have provided the names and contact information of licensed mental health professionals to my clients for referral purposes, and my clients may select the appropriate mental health professional of their choice;
- 4. I have submitted to the Board written confirmation that this notification to my clients has occurred, as well as a copy of the letter to clients containing notification and referral information;
- 5. I have submitted to the Board the address(es) and contact number(s) of the location of my clients' alcohol and drug and mental health records, and that the maintenance and storage of these records ensure the preservation of the records' confidentiality, in accordance with Md. Health Gen. Code Ann. § 4-403 (Repl. Vol. 2005).

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Letter of Surrender fully. I acknowledge that I understand the language, meaning, terms, and effect of this Letter of Surrender. I acknowledge that I had the opportunity to consult with an attorney before signing this Letter of Surrender and I make this decision knowingly and voluntarily and without any duress.

Sincerely,

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Francisco X. Cummings, L.C.A.D.C.

Read and approved:

Gregg/E. Viola, Esquire

Attorney for Francisco X. Cummings, L.C.A.D.C.

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### **NOTARY**

| STATE OF MARIJAND CITY/COUNTY OF BALTIMORE  |
|---|
| I HEREBY CERTIFY that on this, a Notary Public of the State and City/County aforesaid, personally appeared Francisco Xiviete Printing and declared and affirmed under the penalties of perjury that signing the foregoing/Letter of Surrender was his voluntary act and deed. |
| AS WITNESS my hand and notarial seal  Notary Public  My Commission Expires:  9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9  |
| ACCEPTANCE  |
| ON BEHALF OF THE BOARD OF PROFESSIONAL COUNSELORS AND   |
| THERAPISTS, on this 15th day of May, 2009, I accept Francisco X.  |
| Cummings's public Letter of Surrender of his license to practice clinical alcohol and   |
| drug counseling in the State of Maryland.   |
| Date  Lisa R. Jackson Cherry, Ph.D., LCPC, Chair Board of Professional Counselors and Therapists  |