

IN THE MATTER OF * BEFORE THE STATE
KRISTA B. EISENTROUT, LCPC * BOARD OF PROFESSIONAL
Respondent * COUNSELORS AND THERAPISTS
License Number: LC3229 * Case Number: 2013-08 & 2013-23

* * * * *

FINAL ORDER

On September 18, 2015, the Maryland State Board of Professional Counselors and Therapists (the "Board") hereby notifies Krista B. Eisentrout, LCPC (the "Respondent"), of its intent to revoke her license to practice as a Licensed Clinical Professional Counselor (LCPC) in the State of Maryland pursuant to the Professional Counselors and Therapists Act (the "Act"), for violations of the Act, codified at Md. Code Ann., Health Occ. ("H.O.") § 17-101 *et seq.* (2009 Repl. Vol., 2013 Supp.)

Specifically, the Board charged the Respondent with violating the following provisions of the Act:

H.O § 17-509. Denial, probation, suspension or revocation of certificate applicant or holder

Subject to the hearing provisions of § 17-511 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license or certificate to any applicant, place any licensee or certificate holder on probation, reprimand any licensee or certificate holder, or suspend or revoke a license of any licensee or a certificate of any certificate holder if the applicant, licensee, or certificate holder:

(6) willfully makes or files a false report or record in the practice of counseling or therapy;

(8) violates the code of ethics adopted by the Board;

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

Further the Respondent is charged with violating the Board's corresponding regulations under Code of Md. Regs. ("COMAR") tit. 10 § 58.03.:

.04 Ethical Responsibility.

A. A counselor shall:

- (11) Be familiar with and adhere to this chapter;
- (14) Take reasonable precautions to protect clients from physical or psychological trauma.

B. A counselor may not:

- (3) Enter into relationships that could compromise a counselor's objectivity or create a conflict of interest.

.05 The Counseling Relationship.

A. Client Welfare and Rights.

- (2) A counselor may not:
 - (a) Place or participate in placing clients in positions that may result in damaging the interests and the welfare of clients, employees, employers, or the public;
 - (d) Foster dependent counseling relationships.

B. Dual Relationships.

- (1) A counselor shall:

- (a) Avoid dual relationships with clients; and
- (b) A counselor shall take appropriate measures, including but not limited to, informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs if a dual relationship cannot be avoided.

(2) A counselor may not:

- (a) Exploit trust and dependency in relationships with supervisees, employees, research participants, students, or volunteers.

D. Termination and Referral

(1) Termination may occur:

- (c) if a counselor is unable to competently and ethically perform duties.

.09 Sexual Misconduct.

A. A counselor may not engage in sexual misconduct with a client or supervisee. Sexual misconduct includes but is not limited to:

- (1) Inappropriate sexual language;
- (2) Sexual exploitation;
- (3) Sexual harassment;
- (4) Sexual behavior; and
- (5) Therapeutic deception.

B. Concurrent Sexual Relationships. A counselor may not engage in either consensual or forced sexual behavior with:

- (1) A client;
- (3) An individual with whom the client has a close personal relationship, including but not limited to a relative or significant individual in the client's life, if there is a risk of exploitation or potential harm to the client.

C. Relationship with Former Clients.

- (1) Except as set forth in §C(3) of this regulation, a counselor may not engage in sexual behavior with a former client; and**
- (2) A counselor may not terminate professional services or a professional relationship with a client in order to enter into a nonprofessional, social, or sexual relationship with a client or an individual with whom a client has a close personal relationship.**

D. Prior Sexual Relationships. A counselor may not provide professional services to an individual with whom a counselor has previously engaged in sexual behavior.

F. Therapeutic Deception. A counselor may not:

- (1) Engage in sexual activity with a client or an individual in a close personal relationship with a client, on the pretense of therapeutic intent or benefit;**
- (2) Represent to a client or individual in close personal contact with a client that sexual contact or activity by or with a counselor is consistent with or part of a client's therapy; or**
- (3) Suggest, recommend, or encourage a client to engage in a sexually provocative act, including but not limited to:
 - (a) Sexual contact with a counselor;**
 - (b) Genital stimulation by or of a client or counselor; and**
 - (c) Undressing, by or of a counselor in the presence of a client, or of a client in the presence of a counselor.****

.10 Physical Contact

B. A counselor may not engage in a treatment modality involving physical contact if the risk of psychological harm to a client, as a result of the physical contact, has been assessed by a counselor to outweigh the possible benefits of the treatment, independent of a client's wishes.

I. FINDINGS OF FACT

The Board makes the following findings of fact:

1. At all times relevant hereto, the Respondent was licensed to practice professional counseling in the State of Maryland. The Respondent was initially licensed to practice professional counseling in Maryland on July 30, 2009, under License Number LC3229. The Respondent's license expired effective January 31, 2013.¹

2. The Board initiated an investigation of the Respondent after receiving two complaints from health care facilities ("Facility A" and "Facility B")² that provide behavioral health and professional counseling services to patients in Maryland. The facilities, which formerly employed the Respondent, reported that she entered into professionally inappropriate relationships with two clients that she was assigned to provide professional counseling services for.

3. On or about August 16, 2013, the Board issued an Order for Summary Suspension pursuant to Md. State Gov't Code Ann. § 10-226(c) (2), based on its finding that the Respondent's actions constituted a substantial likelihood of risk of serious harm to the public health, safety and welfare, which imperatively requires the immediate suspension of her license to practice professional counseling.

4. A Show Cause hearing was scheduled on September 20, 2013, to give the Respondent an opportunity to address the Board on the issue of Summary Suspension. The Respondent failed to appear at the Show Cause hearing, and the Order of Summary Suspension was continued.

¹ Pursuant to Md. Code Ann., Health Occ. § 17-508(b) and (c), a licensee may not allow his/her license to lapse by operation of law while under investigation or while charges are pending against him/her.

² Facility A and B are not identified in this document in order to protect the privacy of the facility.

5. By correspondence dated November 13, 2013, the Respondent was advised that the Order Of Summary Suspension was continued.

Patient A

6. On or about January 21, 2013, the Board received a complaint regarding the Respondent from Facility A, which provides mental health counseling and behavioral health care services to patients in Maryland.

7. Facility A initially employed the Respondent as a relief counselor from June 6, 2012, until December 9, 2012, during which time she was also reportedly employed as a professional counselor by Facility B, which provides private professional counseling services. Facility A hired the Respondent full time as a crisis counselor on December 9, 2012.

8. Facility A reported that in January 2013, an adult male patient ("Patient A")³ alleged that the Respondent, who had provided professional counseling services to him, entered into a social and sexual relationship with him, during which time she provided controlled dangerous substances to him.

9. Patient A stated that he initially met the Respondent in July 2012 at Facility B, which had assigned her to provide counseling services to him. Patient A reported that shortly after he began seeing the Respondent at Facility B, his relationship with her evolved into a social relationship outside of Facility B, which in turn led to the development of a sexual relationship.

10. Patient A alleged several social encounters with the Respondent, including at the house of one of his close family members and at various community

³ The identity of Patients A and B, and other witnesses is not included in this document in order to protect the privacy of these individuals. This information will be provided to the Respondent upon request.

settings and a motel. Patient A reported that the Respondent drove him to various places in her personal automobile. The Respondent also bailed Patient A out of jail after an arrest and was seeking to make him pay the money back. Patient A reported that the Respondent had multiple sexual encounters with him, the most recent being on January 10, 2013, at a motel.

11. Patient A also reported that he was taking several different prescription medications, which on different occasions had been lost or stolen. Patient A stated that when this occurred, he contacted the Respondent, who replaced them from an outside source. These medications included: Suboxone, a narcotic drug used for the treatment of opioid dependency; and two benzodiazepines, Klonopin and Xanax.

12. Patient A also alleged that the Respondent inappropriately accessed his hospital medical records during a hospitalization in January 2013. Facility A confirmed that the Respondent inappropriately accessed Patient A's medical records on January 5, 6, and 7, 2013.

13. On or about April 25, 2013, Board staff interviewed the Respondent regarding the allegations in the complaint. The Respondent admitted to having a social relationship with Patient A, which included telephone calls; providing transportation for Patient A and family members; doing personal favors for Patient A; and meeting with Patient A at her home; the home of a close relative of Patient A; and various other locations.

14. The Respondent admitted that she provided Patient A with bail money so that he could be released from jail after an arrest. The Respondent, however, alleges that Patient A and a female acquaintance threatened to report the Respondent to her

supervisor for unethical behavior if she did not provide them with money, and that she gave Patient A money because she was afraid of losing her job.

15. During her interview with Board staff the Respondent denied providing Patient A with prescription medication. She alleged, however, that while she was working at Facilities A and B that she noticed that prescription medication prescribed for her personal use was missing from her purse. She claims that she did not report this to either facility, because she did not know when the medication went missing from her purse.

Patient B

16. In or about March 2013, the Board received a complaint from a Board approved licensed, supervisor ("Witness A"), who reported that the Respondent admitted that she had engaged in an inappropriate relationship with Patient A and Patient B, a client that she provided counseling services for at Facility B.

17. According to the complaint, Witness A stated that on or about February 27, 2013, the Respondent informed her via a text message that Patient B was wanted on an outstanding criminal warrant, and that the police had been to her house to arrest him, and that the police believed that she was aiding and abetting Patient B by hiding him in her house. The Respondent also reported that she and Patient B were both suicidal. Witness A contacted the appropriate police authority for assistance, and arrangements were made to take Patient B into custody.

18. According to the complaint, Patient B was later arrested at the Respondent's home and taken to an emergency facility for a mental health evaluation. The Respondent met with Witness A, who determined that the Respondent was not

suicidal. Witness A counseled the Respondent on the inappropriateness of her relationship with Patient B and the professional and legal risks of being involved in a relationship with a client.

19. The Board's staff reviewed the transcript of telephone calls received by the Respondent from the county jail facility where Patient B was detained, and determined that the Respondent accepted telephone calls from Patient B while he was incarcerated in jail.

20. According to the transcript of telephone calls, the Respondent and Patient B discussed various personal matters, including their plans to meet after his release from jail. The Respondent also discussed with Patient B her efforts to assist Patient B's family members with locating a surety company to underwrite bail and securing the funds to bail Patient B out of jail.

21. On or about April 25, 2013, Board staff interviewed the Respondent, who admitted to having a social relationship with Patient B, which included providing him with her personal phone number; exchanging personal phone calls; meeting him at her home; the homes of Patient B's relatives; a motel; and other locations. The Respondent also admitted that she socialized with Patient B and his relatives; ran errands and provided transportation for Patient B and various family members; and assisted Patient B with obtaining the funds to make bail in order to be released from jail.

22. The Respondent stated that she obtained a seven thousand, five hundred dollar (\$7,500.00) property bond on her residence in order to bail Patient B out of jail, and that she revoked the property bond after Patient B was arrested again.

23. During the Board interview the Respondent admitted that Patient B was arrested on outstanding charges at the Respondent's residence, after police discovered him hiding in her basement in order to avoid arrest. The Respondent claimed that when Patient B was arrested at her home he admitted to her that he was using illegal narcotics.

24. During the interview with Board staff the Respondent claimed that she continued her inappropriate involvement with Patient B and his family, because she was afraid that if she refused to provide Patient B with transportation, money, and other personal favors he was going to commit suicide.

25. During the interview the Respondent claimed that she was experiencing personal problems and having great difficulty with maintaining appropriate boundaries with clients. The Respondent also stated that she went to Witness A for supervision, because she needed help in order to extricate herself from her relationship with Patient B.

26. The Respondent's behavior as described herein violated: H.O. §§ 17-509 (6), (8), (9), (11), (13), and (16); COMAR tit.10 § 58.03.04A (11), (14); tit. 10 § 58.03.04B (3); tit.10 § 58.03.05A (2), (a), (d); tit. 10 § 58.03.05B (1), (a), (b), and 2 (a); tit. 10 § 58.03.05D (1) (c); tit. 10 § 58.03.09A (1), (2), (3); (4), (5); tit. 10 § 58.03.09B (1), (3); tit. 10 § 58.03.09C (1) and (2); tit.10 § 58.03.09D; tit.10 § 58.03.09F (1), (2), (3),(a), (b), and (c); and tit. 10 § 58.03.10B.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's conduct violated the following statutory and regulatory

provisions: H.O. §§ 17-509 (6), (8), (9), (11), (13), and (16); COMAR tit.10 § 58.03.04A (11), (14); tit. 10 § 58.03.04B (3); tit.10 § 58.03.05A (2), (a), (d); tit. 10 § 58.03.05B (1), (a), (b), and 2 (a); tit. 10 § 58.03.05D (1) (c); tit. 10 § 58.03.09A (1), (2), (3); (4), (5); tit. 10 § 58.03.09B (1), (3); tit. 10 § 58.03.09C (1) and (2); tit.10 § 58.03.09D; tit.10 § 58.03.09F (1), (2), (3),(a), (b), and (c); and tit. 10 § 58.03.10B.

ORDER

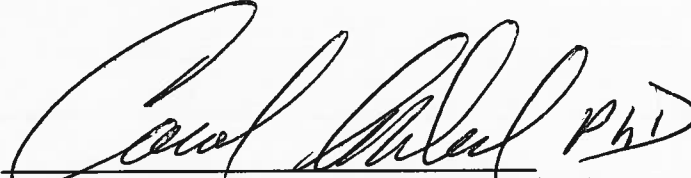
Based on the foregoing Findings of Fact and Conclusions of Law, it is this 18th day of September, 2015, by the affirmative vote of a majority of the Board considering this case:

ORDERED that the Respondent's license to practice clinical professional counseling in the State of Maryland, under License Number LC3229, be and hereby is **REVOKED**; and it is further

ORDERED that the Respondent is prohibited from practicing clinical professional counseling in the State of Maryland; and it is further

ORDERED that this document constitutes a formal action of the Maryland State Board of Professional Counselors and Therapists and is therefore a public document for purposes of public disclosure, pursuant to the Public Information Act, State Gov't. § 10-611 *et seq.* (2009 Repl. Vol.) and COMAR 10.34.00 *et seq.*

9/18/2015
Date


Carol A. Deel, Ph. D., LCMFT, LCPC, Chair
State Board of Professional Counselors
and Therapists

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KRISTA B. EISENTROUT, LCPC * BOARD OF PROFESSIONAL
Respondent * COUNSELORS AND THERAPISTS
License Number: LC3229 * Case Number: 2013-08 & 2013-23

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Specifically, the Board charged the Respondent with violating the following provisions of the Act:

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(6) willfully makes or files a false report or record in the practice of counseling or therapy;

(8) violates the code of ethics adopted by the Board;

- (9) knowingly violates any provision of this title;
- (11) is professionally, physically, or mentally incompetent;
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- (11) Be familiar with and adhere to this chapter;
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- (3) Enter into relationships that could compromise a counselor's objectivity or create a conflict of interest.

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- A. A counselor may not engage in sexual misconduct with a client or supervisee. Sexual misconduct includes but is not limited to:
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- B. Concurrent Sexual Relationships. A counselor may not engage in either consensual or forced sexual behavior with:
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C. Relationship with Former Clients.

- (1) Except as set forth in §C(3) of this regulation, a counselor may not engage in sexual behavior with a former client; and**
- (2) A counselor may not terminate professional services or a professional relationship with a client in order to enter into a nonprofessional, social, or sexual relationship with a client or an individual with whom a client has a close personal relationship.**

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F. Therapeutic Deception. A counselor may not:

- (1) Engage in sexual activity with a client or an individual in a close personal relationship with a client, on the pretense of therapeutic intent or benefit;**
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.10 Physical Contact

B. A counselor may not engage in a treatment modality involving physical contact if the risk of psychological harm to a client, as a result of the physical contact, has been assessed by a counselor to outweigh the possible benefits of the treatment, independent of a client's wishes.

I. FINDINGS OF FACT

The Board makes the following findings of fact:

1. At all times relevant hereto, the Respondent was licensed to practice professional counseling in the State of Maryland. The Respondent was initially licensed to practice professional counseling in Maryland on July 30, 2009, under License Number LC3229. The Respondent's license expired effective January 31, 2013.¹

2. The Board initiated an investigation of the Respondent after receiving two complaints from health care facilities ("Facility A" and "Facility B")² that provide behavioral health and professional counseling services to patients in Maryland. The facilities, which formerly employed the Respondent, reported that she entered into professionally inappropriate relationships with two clients that she was assigned to provide professional counseling services for.

3. On or about August 16, 2013, the Board issued an Order for Summary Suspension pursuant to Md. State Gov't Code Ann. § 10-226(c) (2), based on its finding that the Respondent's actions constituted a substantial likelihood of risk of serious harm to the public health, safety and welfare, which imperatively requires the immediate suspension of her license to practice professional counseling.

4. A Show Cause hearing was scheduled on September 20, 2013, to give the Respondent an opportunity to address the Board on the issue of Summary Suspension. The Respondent failed to appear at the Show Cause hearing, and the Order of Summary Suspension was continued.

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² Facility A and B are not identified in this document in order to protect the privacy of the facility.

5. By correspondence dated November 13, 2013, the Respondent was advised that the Order Of Summary Suspension was continued.

Patient A

6. On or about January 21, 2013, the Board received a complaint regarding the Respondent from Facility A, which provides mental health counseling and behavioral health care services to patients in Maryland.

7. Facility A initially employed the Respondent as a relief counselor from June 6, 2012, until December 9, 2012, during which time she was also reportedly employed as a professional counselor by Facility B, which provides private professional counseling services. Facility A hired the Respondent full time as a crisis counselor on December 9, 2012.

8. Facility A reported that in January 2013, an adult male patient ("Patient A")³ alleged that the Respondent, who had provided professional counseling services to him, entered into a social and sexual relationship with him, during which time she provided controlled dangerous substances to him.

9. Patient A stated that he initially met the Respondent in July 2012 at Facility B, which had assigned her to provide counseling services to him. Patient A reported that shortly after he began seeing the Respondent at Facility B, his relationship with her evolved into a social relationship outside of Facility B, which in turn led to the development of a sexual relationship.

10. Patient A alleged several social encounters with the Respondent, including at the house of one of his close family members and at various community

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settings and a motel. Patient A reported that the Respondent drove him to various places in her personal automobile. The Respondent also bailed Patient A out of jail after an arrest and was seeking to make him pay the money back. Patient A reported that the Respondent had multiple sexual encounters with him, the most recent being on January 10, 2013, at a motel.

11. Patient A also reported that he was taking several different prescription medications, which on different occasions had been lost or stolen. Patient A stated that when this occurred, he contacted the Respondent, who replaced them from an outside source. These medications included: Suboxone, a narcotic drug used for the treatment of opioid dependency; and two benzodiazepines, Klonopin and Xanax.

12. Patient A also alleged that the Respondent inappropriately accessed his hospital medical records during a hospitalization in January 2013. Facility A confirmed that the Respondent inappropriately accessed Patient A's medical records on January 5, 6, and 7, 2013.

13. On or about April 25, 2013, Board staff interviewed the Respondent regarding the allegations in the complaint. The Respondent admitted to having a social relationship with Patient A, which included telephone calls; providing transportation for Patient A and family members; doing personal favors for Patient A; and meeting with Patient A at her home; the home of a close relative of Patient A; and various other locations.

14. The Respondent admitted that she provided Patient A with bail money so that he could be released from jail after an arrest. The Respondent, however, alleges that Patient A and a female acquaintance threatened to report the Respondent to her

supervisor for unethical behavior if she did not provide them with money, and that she gave Patient A money because she was afraid of losing her job.

15. During her interview with Board staff the Respondent denied providing Patient A with prescription medication. She alleged, however, that while she was working at Facilities A and B that she noticed that prescription medication prescribed for her personal use was missing from her purse. She claims that she did not report this to either facility, because she did not know when the medication went missing from her purse.

Patient B

16. In or about March 2013, the Board received a complaint from a Board approved licensed, supervisor ("Witness A"), who reported that the Respondent admitted that she had engaged in an inappropriate relationship with Patient A and Patient B, a client that she provided counseling services for at Facility B.

17. According to the complaint, Witness A stated that on or about February 27, 2013, the Respondent informed her via a text message that Patient B was wanted on an outstanding criminal warrant, and that the police had been to her house to arrest him, and that the police believed that she was aiding and abetting Patient B by hiding him in her house. The Respondent also reported that she and Patient B were both suicidal. Witness A contacted the appropriate police authority for assistance, and arrangements were made to take Patient B into custody.

18. According to the complaint, Patient B was later arrested at the Respondent's home and taken to an emergency facility for a mental health evaluation. The Respondent met with Witness A, who determined that the Respondent was not

suicidal. Witness A counseled the Respondent on the inappropriateness of her relationship with Patient B and the professional and legal risks of being involved in a relationship with a client.

19. The Board's staff reviewed the transcript of telephone calls received by the Respondent from the county jail facility where Patient B was detained, and determined that the Respondent accepted telephone calls from Patient B while he was incarcerated in jail.

20. According to the transcript of telephone calls, the Respondent and Patient B discussed various personal matters, including their plans to meet after his release from jail. The Respondent also discussed with Patient B her efforts to assist Patient B's family members with locating a surety company to underwrite bail and securing the funds to bail Patient B out of jail.

21. On or about April 25, 2013, Board staff interviewed the Respondent, who admitted to having a social relationship with Patient B, which included providing him with her personal phone number; exchanging personal phone calls; meeting him at her home; the homes of Patient B's relatives; a motel; and other locations. The Respondent also admitted that she socialized with Patient B and his relatives; ran errands and provided transportation for Patient B and various family members; and assisted Patient B with obtaining the funds to make bail in order to be released from jail.

22. The Respondent stated that she obtained a seven thousand, five hundred dollar (\$7,500.00) property bond on her residence in order to bail Patient B out of jail, and that she revoked the property bond after Patient B was arrested again.

23. During the Board interview the Respondent admitted that Patient B was arrested on outstanding charges at the Respondent's residence, after police discovered him hiding in her basement in order to avoid arrest. The Respondent claimed that when Patient B was arrested at her home he admitted to her that he was using illegal narcotics.

24. During the interview with Board staff the Respondent claimed that she continued her inappropriate involvement with Patient B and his family, because she was afraid that if she refused to provide Patient B with transportation, money, and other personal favors he was going to commit suicide.

25. During the interview the Respondent claimed that she was experiencing personal problems and having great difficulty with maintaining appropriate boundaries with clients. The Respondent also stated that she went to Witness A for supervision, because she needed help in order to extricate herself from her relationship with Patient B.

26. The Respondent's behavior as described herein violated: H.O. §§ 17-509 (6), (8), (9), (11), (13), and (16); COMAR tit.10 § 58.03.04A (11), (14); tit. 10 § 58.03.04B (3); tit.10 § 58.03.05A (2), (a), (d); tit. 10 § 58.03.05B (1), (a), (b), and 2 (a); tit. 10 § 58.03.05D (1) (c); tit. 10 § 58.03.09A (1), (2), (3); (4), (5); tit. 10 § 58.03.09B (1), (3); tit. 10 § 58.03.09C (1) and (2); tit.10 § 58.03.09D; tit.10 § 58.03.09F (1), (2), (3),(a), (b), and (c); and tit. 10 § 58.03.10B.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's conduct violated the following statutory and regulatory

provisions: H.O. §§ 17-509 (6), (8), (9), (11), (13), and (16); COMAR tit.10 § 58.03.04A (11), (14); tit. 10 § 58.03.04B (3); tit.10 § 58.03.05A (2), (a), (d); tit. 10 § 58.03.05B (1), (a), (b), and 2 (a); tit. 10 § 58.03.05D (1) (c); tit. 10 § 58.03.09A (1), (2), (3); (4), (5); tit. 10 § 58.03.09B (1), (3); tit. 10 § 58.03.09C (1) and (2); tit.10 § 58.03.09D; tit.10 § 58.03.09F (1), (2), (3),(a), (b), and (c); and tit. 10 § 58.03.10B.

ORDER


Based on the foregoing Findings of Fact and Conclusions of Law, it is this 18th day of September, 2015, by the affirmative vote of a majority of the Board considering this case:

ORDERED that the Respondent's license to practice clinical professional counseling in the State of Maryland, under License Number LC3229, be and hereby is **REVOKED**; and it is further

ORDERED that the Respondent is prohibited from practicing clinical professional counseling in the State of Maryland; and it is further

ORDERED that this document constitutes a formal action of the Maryland State Board of Professional Counselors and Therapists and is therefore a public document for purposes of public disclosure, pursuant to the Public Information Act, State Gov't. § 10-611 *et seq.* (2009 Repl. Vol.) and COMAR 10.34.00 *et seq.*

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Carol A. Deel, Ph. D., LCMFT, LCPC, Chair
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Respondent	*	COUNSELORS AND THERAPISTS
License Number: LC3229	*	Case Number: 2013-08 & 2013-23

* * * * *

**ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE
PROFESSIONAL COUNSELING**

The Maryland State Board of Professional Counselors and Therapists (the "Board") hereby **SUMMARILY SUSPENDS** the license of **KRISTA B. EISENTROUT, LCPC** (the "Respondent") (D.O.B. 05/09/1970), License Number LC3229, to practice professional counseling in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Gov't Code Ann. § 10-226(c)(2009 Repl. Vol. and 2012 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

I. BACKGROUND FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe that the following facts are true:¹

¹ The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the summary suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

1. At all times relevant hereto, the Respondent was licensed to practice professional counseling in the State of Maryland. The Respondent was initially licensed to practice professional counseling in Maryland on July 30, 2009, under License Number LC3229. The Respondent's license expired effective January 31, 2013.²

2. The Board initiated an investigation of the Respondent after receiving two complaints from health care facilities ("Facility A" and "Facility B")³ that provide behavioral health and professional counseling services to patients in Maryland. The facilities, which formerly employed the Respondent, reported that she entered into professionally inappropriate relationships with two clients that she was assigned to provide professional counseling services for.

3. After reviewing these investigative findings, the Board issues this Order for Summary Suspension pursuant to Md. State Gov't Code Ann. § 10-226(c)(2). The Board concludes that the Respondent's actions constitute a substantial likelihood of risk of serious harm to the public health, safety and welfare, which imperatively requires the immediate suspension of her license to practice professional counseling.

II. INVESTIGATIVE FINDINGS

Patient A

4. On or about January 21, 2013, the Board received a complaint regarding the Respondent from Facility A, which provides mental health counseling and behavioral health care services to patients in Maryland.

² Pursuant to Md. Code Ann., Health Occ. § 17-508(b) and (c), a licensee may not allow his/her license to lapse by operation of law while under investigation or while charges are pending against him/her.

³ Facility A and B are not identified in this document in order to protect the privacy of the facility.

5. Facility A initially employed the Respondent as a relief counselor from June 6, 2012, until December 9, 2012, during which time she was also reportedly employed as a professional counselor by Facility B, which provides private professional counseling services. Facility A hired the Respondent full time as a crisis counselor on December 9, 2012.

6. Facility A reported that in January 2013, an adult male patient ("Patient A")⁴ alleged that the Respondent, who had provided professional counseling services to him, entered into a social and sexual relationship with him, during which time she provided controlled dangerous substances to him.

7. Patient A stated that he initially met the Respondent in July 2012 at Facility B, which had assigned her to provide counseling services to him. Patient A reported that shortly after he began seeing the Respondent at Facility B, his relationship with her evolved into a social relationship outside of Facility B, which in turn led to the development of a sexual relationship.

8. Patient A alleged several social encounters with the Respondent, including at the house of one of his close family members and at various community settings and a motel. Patient A reported that the Respondent drove him to various places in her personal automobile. The Respondent also bailed Patient A out of jail after an arrest and was seeking to make him pay the money back. Patient A reported that the Respondent had multiple sexual encounters with him, the most recent being on January 10, 2013, at a motel.

⁴ The identity of Patients A and B, and other witnesses is not included in this document in order to protect the privacy of these individuals. This information will be provided to the Respondent upon request.

9. Patient A also reported that he was taking several different prescription medications, which on different occasions had been lost or stolen. Patient A stated that when this occurred, he contacted the Respondent, who replaced them from an outside source. These medications included: Suboxone, a narcotic drug used for the treatment of opioid dependency; and two benzodiazepines, Klonopin and Xanax.

10. Patient A also alleged that the Respondent inappropriately accessed his hospital medical records during a hospitalization in January 2013. Facility A confirmed that the Respondent inappropriately accessed Patient A's medical records on January 5, 6, and 7th.

11. On or about April 25, 2013, Board staff interviewed the Respondent regarding the allegations in the complaint. The Respondent admitted to having a social relationship with Patient A, which included telephone calls; providing transportation for Patient A and family members; doing personal favors for Patient A; and meeting with Patient A at her home; the home of a close relative of Patient A; and various other locations.

12. The Respondent admitted that she provided Patient A with bail money so that he could be released from jail after an arrest. The Respondent, however, alleges that Patient A and a female acquaintance threatened to report the Respondent to her supervisor for unethical behavior if she did not provide them with money, and that she gave Patient A money because she was afraid of losing her job.

13. During her interview with Board staff the Respondent denied providing Patient A with prescription medication. She alleged, however, that while she was working at Facilities A and B that she noticed that prescription medication prescribed for

her personal use was missing from her purse. She claims that she did not report this to either facility, because she did not know when the medication went missing from her purse.

Patient B

14. In or about March 2013, the Board received a complaint from a Board approved licensed, supervisor ("Witness A"), who reported that the Respondent admitted that she had engaged in an inappropriate relationship with Patient A and Patient B, clients that she provided counseling services for at Facility B.

15. According to the complaint, Witness A stated that on or about February 27, 2013, the Respondent informed her via a text message that Patient B was wanted on an outstanding criminal warrant, and that the police had been to her house to arrest him, and that the police believed that she was aiding and abetting Patient B by hiding him in her house. The Respondent also reported that she and Patient B were both suicidal. Witness A contacted the appropriate police authority for assistance, and arrangements were made to take Patient B into custody.

16. According to the complaint, Patient B was later arrested at the Respondent's home and taken to an emergency facility for a mental health evaluation. The Respondent met with Witness A, who determined that the Respondent was not suicidal. Witness A counseled the Respondent on the inappropriateness of her relationship with Patient B and the professional and legal risks of being involved in a relationship with a client.

17. The Board's staff reviewed the transcript of telephone calls received by the Respondent from the county jail facility where Patient B was detained, and

determined that the Respondent accepted telephone calls from Patient B while he was incarcerated in jail.

18. According to the transcript of telephone calls, the Respondent and Patient B discussed various personal matters, including their plans to meet after his release from jail. The Respondent also discussed with Patient B her efforts to assist Patient B's family members with locating a surety company to underwrite bail and securing the funds to bail Patient B out of jail.

19. On or about April 25, 2013, Board staff interviewed the Respondent, who admitted to having a social relationship with Patient B, which included providing him with her personal phone number; exchanging personal phone calls; meeting him at her home; the homes of Patient B's relatives; a motel; and other locations. The Respondent also admitted that she socialized with Patient B and his relatives; ran errands and provided transportation for Patient B and various family members; and assisted Patient B with obtaining the funds to make bail in order to be released from jail.

20. The Respondent stated that she obtained a seven thousand, five hundred dollar (\$7,500.00) property bond on her residence in order to bail Patient B out of jail, and that she revoked the property bond after Patient B was arrested again.

21. During the Board interview the Respondent admitted that Patient B was arrested on outstanding charges at The Respondent's residence, after police discovered him hiding in her basement in order to avoid arrest. The Respondent claimed that when Patient B was arrested at her home he admitted that he was using illegal narcotics.

22. During the interview with Board staff the Respondent claimed that she continued her inappropriate involvement with Patient B and his family, because she was afraid that if she refused to provide Patient B with transportation, money, and other personal favors he was going to commit suicide.

23. During the interview the Respondent claimed that she was experiencing personal problems and having great difficulty with maintaining appropriate boundaries with clients. The Respondent also stated that she went to Witness A for supervision, because she needed help in order to extricate herself from her relationship with Patient B.

III. DISCIPLINARY GROUNDS

Based on the above investigative facts, the Board has probable cause to believe that Respondent has violated H.O. §§ 17-509(5), promotes the sale of drugs, devices, appliances or goods to a patient so as to exploit the patient for financial gain; (6) willfully makes or files a false report or record in the practice of counseling or therapy; (8) violates the code of ethics adopted by the Board; (9) knowingly violates any provision of this title; (11) is professionally, physically, or mentally incompetent ; (13); violates any rule or regulation adopted by the Board; and (16) commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy.

The Board also has probable cause to believe that the Respondent has committed various regulatory and ethical violations under Code Md. Regs. (COMAR) tit. 10 § 58.03. Based on these facts, the Board concludes that the Respondent

constitutes an imminent threat to the public, which imperatively requires the suspension of her license.

CONCLUSIONS OF LAW

Based on the foregoing investigative facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. State Gov't Code Ann. § 10-226(c)(2)(2009 Repl. Vol. and 2012 Supp.).

ORDER

It is, this 16th day of August, 2013, by the affirmative vote of a majority of the quorum of the Board considering this case:

ORDERED that pursuant to the authority vested by Md. State Gov't Code Ann. §10-226(c)(2), the Respondent's license to practice professional counseling in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and it is further

ORDERED that a hearing in accordance with Md. State Gov't Code Ann. §10-226(c)(2) has been scheduled for, **Friday September 27, 2013 at 1:00 p.m., at the Maryland State Board of Professional Counselors and Therapists, 4201 Patterson Avenue, Room 108/109, Baltimore, Maryland 21215-0095**; and it is further

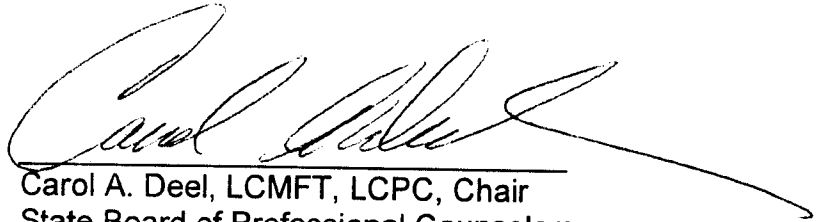
ORDERED that at the conclusion of the **SUMMARY SUSPENSION** hearing held before the Board, the Respondent, if dissatisfied with the result of the hearing, may, within ten (10) days, request an evidentiary hearing, such hearing to be held before an administrative law judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and it is further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's investigator her original Maryland License LC3229 and any renewal certificates; and it is further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.* (2009 Repl. Vol. and 2012 Supp.).

8-16-2013

Date

A handwritten signature in black ink, appearing to read 'Carol A. Deel', written over a horizontal line.

Carol A. Deel, LCMFT, LCPC, Chair
State Board of Professional Counselors
and Therapists