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Lisa Cozier
119 West Main Street
Westminster, Maryland

May 28th, 2014

Carol A. Deel, LCPC, LCMFT, Chair
Maryland State Board of Professional Counselors & Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215

RE: Surrender of License to Practice Clinical Professional Counseling
License Number: LC1776
Case Number: 2014-04

Dear Ms. Deel and Members of the Board:

I have decided to **PERMANENTLY SURRENDER** my license to practice Clinical Professional Counseling in the State of Maryland, License Number LC1776, effective immediately. I understand that upon the Board's acceptance of this permanent letter of surrender of my license, I may not represent myself to the public by title, by description of services, methods or procedures, or otherwise that I am a professional counselor. Moreover, I may not engage in the practice of Clinical Professional Counseling in the State of Maryland, with or without supervision and/or compensation, as it is defined in the Maryland Professional Counselors and Therapists Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ."), §§ 17-101 *et seq.*, (2009 Repl. Vol. & 2013 Supp.) and other applicable laws.¹ 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 in the State of Maryland.

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

My decision to surrender my license to practice as a Clinical Professional Counselor in the State of Maryland has been prompted by an investigation of my license by the Maryland State Board of Professional Counselors and Therapists (the "Board") and the Maryland Office of the Attorney General based on evidence supporting that I engaged in sexual misconduct with a client ("Client A"). The investigation resulted in the

¹ I have not been able to practice clinical professional counseling since March 18, 2014, when the Board summarily suspended my license to practice professional counseling.

Board's issuance of a March 18, 2014 Order of Summary Suspension of my license, and subsequently I was charged under the Act.² Specifically, the Board made investigative findings in the Order of Summary Suspension that I had engaged in sexual misconduct with Client A. On May 1, 2014, the Board charged me on the same basis, under Health Occ. § 17-509 of the Act, specifically for: 1) violating the code of ethics adopted by the Board in violation of Health Occ. § 17-509(8); 2) knowingly violating any provision of Title 17 of the Health Occupations Article in violation of Health Occ. § 17-509(9); 3) violating rules and regulations of the Board in violation of Health Occ. § 17-509(13)(specifically 10.58.03.04A(14), 10.58.03.04B(3), 10.58.03.05A(2)(a), 10.58.03.05B(1)(a), 10.58.03.09, 10.58.03.09B(1) and 10.58.03.09C; and 4) committing an act of immoral or unprofessional conduct in the practice of licensed professional counseling in violation of Health Occ. § 17-509(16). Client A's diagnoses included bipolar disorder and post-traumatic stress disorder. I treated her from approximately April 2013 through September 3, 2013. The sexual relationship began sometime in September 2013 and continued through December 2013.³

I have decided to permanently surrender my license to practice as a clinical professional counselor in the State of Maryland as I wish to avoid further investigation and prosecution for violating the Act. I acknowledge that if the case were to proceed to an evidentiary hearing, the Board would submit evidence to support the charges that I engaged in sexual misconduct with a client. I acknowledge that for all purposes relevant to medical licensure, those charges will be treated as if proven and constitute findings that I violated § 17-509(8), (9), (13) and (16).

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

I affirm that I am not currently practicing as a clinical professional counselor in any capacity or location in the State of Maryland. I have notified all of my active patients that I am no longer practicing clinical professional counseling in Maryland and made efforts to refer them to another clinical professional counselor for therapy.

I affirm that on or before the Board's acceptance of this Letter of Surrender, I shall present to the Board my original license, number LC1776, any renewal certificates and my most recent wallet-sized renewal card. I understand that the Board will advise the Federation of State Counseling Boards and the National Practitioners Data Bank of

² This Letter of Surrender supersedes the Board's March 18, 2014 Order of Summary Suspension.

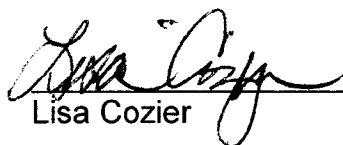
³ There is some dispute in fact regarding the dates of the sexual relationship, but agreement within the confines of these dates.

this Letter of Surrender and in any response to an inquiry, that I have surrendered my license in lieu of disciplinary action under the Act as resolution of the matters pending against me. I also understand that in the event I apply for a license in any form in any other state or jurisdiction, this Letter of Surrender and the underlying investigative documents may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., State Gov't., §§ 10-611 *et seq.* (2009 Repl. Vol. & 2013 Supp.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I further recognize and agree that by tendering this Letter of Surrender my license will remain permanently surrendered. In other words, I agree that I have no right to reapply for a license to practice clinical professional counseling in the State of Maryland. I further agree that the Board is not obligated to consider any application for licensure that I might file at a future date and that I waive any hearing rights that I might possess regarding any such application.

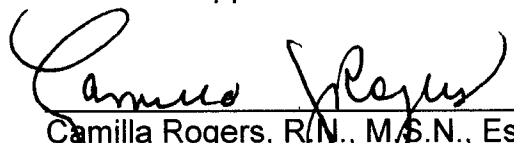
I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have consulted with counsel before signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily and without any duress.

Sincerely,



Lisa Cozier

Read and Approved:



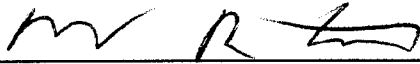
Camilla Rogers, R.N., M.S.N., Esquire
Attorney for Lisa Cozier

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 22 day of May, 2014, before me, a Notary Public of the State and City/County aforesaid, personally appeared Lisa Cozier, and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.

AS WITNESS my hand and Notarial seal.



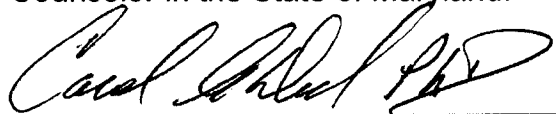
Notary Public

My Commission expires: February 19, 2015



ACCEPTANCE

On this 30th day of June, 2014, I, Carol A. Deel, LCPC, LCMFT, on behalf of the Board, accept Lisa Cozier's **PUBLIC SURRENDER** of her license to practice as a Clinical Professional Counselor in the State of Maryland.



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

**IN THE MATTER OF
LISA COZIER, LCPC**

Respondent

**License Number:
LC1776**

*** BEFORE THE
* STATE BOARD OF
* PROFESSIONAL COUNSELORS
* AND THERAPISTS
*
* Case Number: 2014-04**

*** * * * ***

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

The Maryland State Board of Professional Counselors and Therapists (the "Board"), hereby **SUMMARILY SUSPENDS** the license of Lisa Cozier, LCPC (the Respondent") License Number LC1776, to practice clinical professional counseling in the State of Maryland. The Board takes such action pursuant to its authority under Md. Code Ann., State Gov't § 10-226(c)(2)(i) (2009 Repl. Vol. & 2013 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE 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 and the Office of the Attorney General, including the instances described below, the Board has reason to believe that the following facts are true:¹

1. At all times relevant hereto, the Respondent was and is licensed to practice licensed professional counseling in the State of Maryland. The Respondent was

¹ The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the 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 this matter.

originally licensed to practice licensed professional counseling in Maryland on September 17, 2004. Presently, her license is scheduled to expire on January 31, 2016.

2. At the time of the incidents described herein, the Respondent practiced licensed professional counseling in a private practice in Westminster, Maryland.
3. The Respondent saw Client A² for therapy, from approximately April 2013 through September 3, 2013, weekly or more frequently.
4. On or about January 6, 2014, the Board received a complaint from Client A's mother (the "complainant") alleging that the Respondent had engaged in a sexual relationship with her daughter (Client A) for several months during and after the time she saw her professionally as a counselor.³
5. Shortly thereafter, the Board opened an investigation, which is set forth in pertinent part below.
6. On March 6, 2014, the Board's staff conducted an interview of the Respondent. During the interview the Respondent acknowledged that she had engaged in a sexual relationship with Client A commencing on or about September 4 or 5, 2013 and continuing through a date in January 2014. The Respondent stated that she had documented an "intent to discharge" Client A from her practice on September 3, 2013.
7. The Board's regulations pursuant to Code Regs. Md. 10.58.03.09 *et seq.* prohibit licensees from engaging in sexual misconduct with a client or a former

² In order to maintain confidentiality, neither patient nor facility names will be used in this document.

³ Prior to this date, on December 20, 2013, the complainant's therapist sent the Board's staff an electronic mail communication stating that the complainant had reported the sexual relationship between Client A and the Respondent.

client. Sexual misconduct pursuant to Code Regs. Md. 10.58.03.09A includes but is not limited to:

(1) Inappropriate sexual language;

(2) Sexual exploitation;

...

(4) Sexual behavior [.]

8. As a result of the Board's investigation relating to the Respondent's actions as set forth in pertinent part below, the Board voted to summarily suspend her license to practice licensed professional counseling pursuant to Md. Code Ann., State Gov't § 10-226(c)(2)(i) (2009 Repl. Vol. & 2013 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS RELATING TO CLIENT A

Documentation by Respondent

9. On or about April 15, 2013, Client A began seeing the Respondent for psychotherapy. Client A had a long history of mental illness including multiple hospitalizations. Her diagnoses included bipolar disorder and post-traumatic stress disorder ("PTSD"). She was on several medications including Ambien,⁴ Seroquel,⁵ Klonopin⁶ and Tegretol.⁷
10. On April 15, 2013, the Respondent documented that Client A had been experiencing anxiety, feelings of "disconnectedness," a labile mood, frequent nightmares, anger and had a history of self-harm.

⁴ Schedule IV sedative.

⁵ Used in the treatment of bipolar disorder.

⁶ Schedule IV benzodiazepine.

⁷ Mood stabilizing medication used in the treatment of bipolar disorder.

11. The Respondent listed the following as goals for Client A's treatment:
 - 1) Process break up of romantic relationship;
 - 2) Develop insight as to how/why all of her relationships become unstable;
 - 3) Anger management skills;
 - 4) Develop improved coping skills for ongoing symptoms of her illness.
12. Client A subsequently saw the Respondent for documented therapy visits on the following dates in 2013: April 22, May 13, June 3, June 10, June 17, June 24, July 1, July 8, July 26, August 1, August 2, August 9, August 13, August 16, August 20, August 23, August 26, August 30, September 2 and September 3.
13. During the July 8, 2013 visit, the Respondent documented that Patient A's perception was "delusional", her thought processes were "disorganized" and her insight/judgment was "poor."
14. On July 26, 2013, the Respondent noted that Client A had visited the Emergency Room the day before as she had no medications. The Respondent documented that Patient A had problems finding a psychiatrist.
15. On August 1 and 9, 2013, the Respondent documented that Client A's insight/judgment was "limited."
16. On August 13, 2013, the Respondent documented that Client A's insight/judgment was "limited/poor" and her perception was "limited." She further documented that she suggested Client A work with a psychiatrist to adjust her medications to treat her increased symptoms.
17. On August 16, 2013, the Respondent received a telephone call from Client A asking her to contact Facility A (a psychiatric hospital) to inquire if Facility A would admit her into their trauma unit. The Respondent contacted Facility A and documented she was told that Client A had previously been an in-patient and

could not be readmitted as she had been “violent” towards Facility A’s staff during a prior admission.

18. On August 26, 2013, the Respondent documented that she continued to work to address “trauma [history]” and to get Client A to “accept transfer of services to complex therapist (declining).”
19. On September 2, 2013, the Respondent documented that her treatment plan was to refer Client A to the appropriate level of care.
20. On September 3, 2013, the Respondent documented that Client A had contacted her for an “emergency session” for “numbness and anxiety” and she intended to “move to terminate services due to need for higher level of care.” The Respondent documented that she provided Client A with names and phone numbers of trauma providers.
21. By letter dated September 11, 2013, the Respondent documented that she had “officially terminated” Client A from therapy services. She provided Client A with a list of three providers who provided specialized treatment in PTSD and trauma.

Sexual misconduct and boundary issues

22. Client A told the complainant that the Respondent had given her gifts including a Christmas tree. The complainant provided the Board’s staff with a photograph of the Christmas tree allegedly given to Client A by the Respondent.
23. On March 10, 2014, Client A sent the Board’s staff a message by electronic mail stating that the Respondent had given her \$400 in cash in an envelope “toward my current security deposit.”⁸

⁸ Client A did not specify the date that she received the money from the Respondent.

24. Between September 2013 and February 2014, the Respondent and Client A exchanged several messages by electronic mail, as well as photographs and at least one cartoon of a sexual nature.
25. On November 13, 2013, Client A sent the Respondent a message by electronic mail that stated, "I miss having a therapist and a support network. I am experiencing one of the worst times of my entire life and I can say that with complete honesty."
26. On January 21, 2014, the Respondent sent Client A information through electronic mail on "dissociation and intrusive thoughts."
27. On February 14, 2014, the Respondent sent Client A a message by electronic mail stating in part:
- I miss you and really really needed to see you today. I am not able to talk tonight because she is here. When I get to work tomorrow I will write more to explain about her schedule and why it will effect what and when I can write. It is hard being hot and aroused and not being able to be with you...
28. On February 27, 2014, the Respondent sent Client A a message by electronic mail stating in part:
- [Client A], do you believe I can be therapeutic to you? I will always be here/there for you and will certainly meet if you need/want to. Friday at 5 is still your time slot.
- However, having said that, if you want to seek therapy services somewhere else, I will understand and assist you in any way to help locate another therapist. This is certainly not a situation where I don't want to be your therapist...I will support you in any way I can...
29. The Respondent and Client A also communicated by text message, and Client A provided the Board with multiple undated text messages of a personal nature.

30. Client A sent the Respondent a text message stating, "Thanks for dumping me. Could you refer me to a clinic who will take care of this wound?"⁹

31. In additional undated text messages, the Respondent stated to Client A:

Not dissing your mom...she is right.

...had problems with living with my conscience...
My heart and head are f****d up right now. If I
am messed up then I bring that to you.

31. Client A sent the Respondent a text message stating:

I don't want a relationship with you. I don't want you in my life.
Do not text me, call me or e-mail me.
From me, [Client A], to [the Respondent].

CONCLUSION OF LAW

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov't § 10-226 (c) (2) (i) (2009 Repl. vol. & 2013 Supp.).

ORDER

Based on the foregoing, it is this 6th day of March, 2014, by a majority of the Board considering this case:

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

ORDERED that the Respondent has the opportunity to appear before the Board for a post-deprivation show cause hearing. A request for a post-deprivation show cause

⁹ Client A provided the Board with several undated text communications between the Respondent and her.

hearing must be in writing and be made WITHIN THIRTY (30) DAYS of service of this Order. The written request should be made to:

Tracey DeShields, Executive Director
Maryland State Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215

Please copy:

Dawn L. Rubin, Assistant Attorney General, Administrative Prosecutor
Health Occupations Prosecution & Litigation Division
Office of the Attorney General
300 West Preston Street, Suite 201
Baltimore, Maryland 21201

and

Ari Elbaum, Assistant Attorney General, Board Counsel
Office of the Attorney General
300 West Preston Street, Suite 302
Baltimore, Maryland 21201; and it is further

ORDERED that if the Respondent fails to request a post-deprivation show cause hearing in writing, or if the Respondent requests a post-deprivation show cause hearing but fails to appear when scheduled, the Respondent's license will remain **SUSPENDED**; and it is further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board her original clinical professional counselor's license **LC1776**, wallet card and wall certificate; and it is further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., State Gov't § 10-611 *et seq.* (2009 Repl. Vol. & 2013 Supp.).

3/18/2014

Date

Carol A. Deel, LCPC, LCMFT

Carol A. Deel, LCPC, LCMFT

Board Chair

Maryland State Board of Professional
Counselors and Therapists