

IN THE MATTER OF _____ * BEFORE THE MARYLAND STATE
KELRIC GOODMAN, LCPC * **BOARD OF PROFESSIONAL**
Respondent * **COUNSELORS AND THERAPISTS**
License Number: LC1976 * **Case Number: 2018-095**

* * * * *

CONSENT ORDER

On or about May 21, 2021, the Maryland State Board of Professional Counselors and Therapists (the “Board”) notified **KELRIC GOODMAN, LCPC** (the “Respondent”), of the Board’s intent to revoke his license to practice as a Licensed Clinical Professional Counselor (“LCPC”) in the State of Maryland, under the Maryland State Board of Professional Counselors and Therapists Act (the “Act”), codified at Md. Code Ann., Health Occ. §§ 17-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.).

Specifically, the Board charged the case based on the following provisions:

§ 17-509. Denial, probation, suspension or revocation of trainee status, license, or certificate.

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 trainee status, a license, or a certificate to any applicant, place any trainee, licensee, or certificate holder on probation, reprimand any trainee, licensee, or certificate holder, or suspend, rescind, or revoke the status of any trainee, a license of any licensee, or a certificate of any certificate holder if the applicant, trainee, licensee, or certificate holder:

- (4) Aids or abets an unauthorized individual in practicing clinical or nonclinical counseling or therapy or representing to be an alcohol and drug counselor, marriage and family therapist, professional counselor, or professional art therapist;

- (6) Willfully makes or files a false report or record in the practice of counseling or therapy;
- (7) Makes a willful misrepresentation while counseling or providing therapy;
- (8) Violates the code of ethics adopted by the Board;
- (9) Knowingly violates any provision of this title;
- (12) Submits a false statement to collect a fee;
- (13) Violates any rule or regulation adopted by the Board;
- (16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy[.]

Pursuant to Health Occ. § 17-509(8) and (13), shown above, the Board also based its action on the following provisions of Md. Code Regs. (“COMAR”):

COMAR 10.58.03.03

A. A counselor shall:

- (1) Practice only within the boundaries of a counselor's competence, based on education, training, supervised experience, and professional credentials[.]

COMAR 10.58.03.04

A. A counselor shall:

.....

- (2) Take credit only for professional work actually performed;

.....

- (7) Maintain accurate records;

.....

- (11) Be familiar with and adhere to this chapter;

....
B. A counselor may not:

-
(2) Participate in dishonest, fraudulent, or deceitful activity in the capacity of a counselor[.]

COMAR 10.58.03.08

A. A counselor shall:

-
(4) Dispose of records in accordance with Health-General Article, Title 4, Annotated Code of Maryland[.]

COMAR 10.58.14.06

....
B. Pre-Supervision Responsibilities of a Supervisor. In addition to meeting the requirements under §A of this regulation, before beginning supervision, the supervisor shall:

- (1) File with the Board the approved alcohol and drug supervisor form, to be provided by the Board;

....
[and]

- (4) Be approved as a supervisor by the Board.

Pursuant to COMAR 10.58.03.08(A)(4), shown above, the Board also based its action on the following provision of Health-General Article, Title 4, Annotated Code of Maryland:

Md. Code Ann., Health-Gen. § 4-403

....

- (b) Except for a minor patient, unless a patient is notified, a health care provider may not destroy a medical record or laboratory or X-ray report about a patient for 5 years after the record or report is made.

FINDINGS OF FACT

The Board makes the following Findings of Fact:

I. BACKGROUND

1. At all times relevant, the Respondent was authorized to practice clinical professional counseling in the State of Maryland. The Respondent was originally certified to practice as an LCPC in the State of Maryland on March 18, 2005, under License Number LC1976. The Respondent's license is scheduled to expire on January 31, 2021.¹

2. A review of the Board's records reveal that the Respondent is not a Board-approved supervisor.

II. COMPLAINT

3. On or about June 19, 2018, the Board received a complaint filed by one of the Respondent's clients (the "Client") alleging the Respondent recommended that the Client take his son (the "Client's Son") to see an unlicensed provider (the "Unlicensed Provider") and then billed the Client's insurance for services the Client's Son received from the Unlicensed Provider.

¹ The Respondent's license was scheduled to expire on January 31, 2021. Effective March 12, 2020, the Governor of the State of Maryland issued an Executive Order declaring a state of emergency and modifying the 30 day grace period for license renewals. On March 9, 2021, the Governor issued another Executive Order modifying the grace period and ordering that any license that would have been renewed by June 30, 2021 under normal circumstances but has not, will expire on that date and will not be active on July 1, 2021.

4. After receiving the complaint, the Board initiated an investigation of the Respondent under Case Number 2018-095.

III. BOARD INVESTIGATION

5. As part of its investigation, the Board obtained Health Insurance Claim Forms and Explanation of Benefits from the Client's insurance provider, written correspondence from the Respondent, and treatment session notes authored by the Unlicensed Provider. The Board also interviewed the Respondent.

6. At all times relevant, the Respondent owned and operated his own practice in Baltimore County, Maryland (the "Practice").

7. A review of the Board's records revealed that the Unlicensed Provider is not a certified associate counselor – alcohol and drug in Maryland.

8. A review of emails sent from the Respondent to the Client and the Client's wife (the "Client's Wife") revealed the Respondent sent an email to the Client and the Client's Wife on June 13, 2018 at 4:36 p.m. stating:

Owner and Clinical Supervisor:
Kelric Goodman, LCPC, MA, BA

Skill-Builder and therapist:
[the Unlicensed Provider], BA, CAC, EAP, MA

Clients are seen at my . . . Office and at [a Non-Profit located
at a Church]

9. In response to the Respondent's email, the Client sent the Respondent an email on June 14, 2018 at 8:52 a.m. stating, in part:

Do any of these designations (BA, CAC, EAP, MA) imply
responsibility to an oversight authority for standards of

conduct? Specifically, is the CAC currently valid for the state of Maryland and are there any requirements for maintaining that certification (HIPAA for instance)?

Please send my wife and me an itemized bill of all charges to me or my insurance up to and including 10 June 2018.

10. In response to the Client's email, the Respondent sent the Client an email on June 14, 2018 at 10:07 a.m. stating:

BA = Bachelor of Arts
CAC = Certified Addictions Counselor
EAP = Employee Assistance Professional
MA = Master of Arts
All valid in MD

I will get you list of date codes and services provided before 6/1st tomorrow Friday.

By the rules of the Maryland Department of Health and Human Services I am licensed professional counselor who is allowed to employ master level counselors I supervise to provide therapy services. I have been doing this for many years.

Insurance Claim Number XXXXXXXXX6136

11. On or about June 29, 2018, the Respondent signed a Health Insurance Claim Form and submitted it to the Client's insurance for payment. A review of the Health Insurance Claim Form revealed the following:

- a. The claim number was XXXXXXXXX6136.
- b. The patient's name was listed as the Client.
- c. The patient's date of birth was listed as the Client's date of birth.
- d. Line 6 for "patient's relationship to insured" has the box for "self" checked.

- e. The “diagnosis or nature of illness or injury” section lists F33.1, F41.1, and F43.12.²
- f. The dates of service are listed as June 4, 2018 and June 11, 2018.
- g. The CPT/HCPCS code for each date of service is listed as 90834.³
- h. The amount charged for each date of service is \$120.00 for a total of \$240.00.
- i. The billing provider is listed as Kelric Goodman.

12. The insurance company’s Explanation of Benefits for claim number XXXXXXXXX6136 reveals the insurance company paid the Respondent \$100.00 for the services the Respondent billed.

Insurance Claim Number XXXXXXXX5715

13. On or about June 29, 2018, the Respondent signed a Health Insurance Claim Form and submitted it to the Client’s insurance for payment. A review of the Health Insurance Claim Form revealed the following:

- a. The claim number was XXXXXXXX5715.
- b. The patient’s name was listed as the Client’s Son.

² The Centers for Disease Control has adopted an International Classification of Diseases that health care professionals are required to utilize when recording a diagnostic code on health insurance claims. The ICD code F33.1 corresponds to a diagnosis of major depressive disorder, recurrent, moderate. The ICD code F41.1 corresponds to a diagnosis of generalized anxiety disorder. The ICD code F43.12 corresponds to a diagnosis of post-traumatic stress disorder, chronic.

³ The Current Procedural Terminology (“CPT”) code offers health care professionals a uniform language for coding medical services and procedures. All CPT codes are five-digits and can be either numeric or alphanumeric, depending on the category. The CPT code 90834 refers to psychotherapy, 45 minutes with patient.

- c. The patient's date of birth was listed as the Client's Son's date of birth.
- d. Line 6 for "patient's relationship to insured" has the box for "child" checked.
- e. The "diagnosis or nature of illness or injury" section lists F33.1 and F41.1.
- f. The dates of service are listed as June 1, 2018; June 5, 2018; June 6, 2018; June 7, 2018; and June 11, 2018.
- g. The CPT/HCPCS code for each date of service is listed as 90847.⁴
- h. The amount charged for each date of service is \$120.00 for a total of \$600.00.
- i. The billing provider is listed as Kelric Goodman.

14. The insurance company's Explanation of Benefits for claim number XXXXXXXXX5715 reveals the insurance company paid the Respondent \$286.45 for the services the Respondent billed.

15. The Respondent provided the Board with a copy of a check dated October 1, 2018, for two hundred and eighty-six dollars and forty-five cents (\$286.45). The payee listed on the check is the Client's insurance company. At the top of the check there is a handwritten note that says "claim #[XXXXXXXXXX]5715." The Respondent's name appears on the signature line and the payor is listed as the Respondent's business.

⁴ The CPT code 90847 refers to family psychotherapy with patient present.

Insurance Claim Number XXXXXXXXX4502

16. On or about September 21, 2018, the Respondent signed a Health Insurance Claim Form and submitted it to the Client's insurance for payment. A review of the Health Insurance Claim Form revealed the following:

- a. The claim number was XXXXXXXXX4502.
- b. The patient's name was listed as the Client's Son.
- c. The patient's date of birth was listed as the Client's date of birth.
- d. Line 6 for "patient's relationship to insured" has the box for "child" checked.
- e. The "diagnosis or nature of illness or injury" section lists F33.1 and F41.1.
- f. The dates of service are listed as June 1, 2018; June 5, 2018; June 6, 2018; June 7, 2018; and June 11, 2018.
- g. The CPT/HCPCS code for each date of service is listed as 90847.
- h. The amount charged for each date of service is \$120.00 for a total of \$600.00.
- i. The billing provider is listed as Kelric Goodman.

17. The insurance company's Explanation of Benefits for the claim number XXXXXXXXX4502 reveals the insurance company paid the Respondent \$301.45 for the services the Respondent billed.

Maintenance of treatment and billing records

18. On September 4, 2018, the Board issued a *subpoena duces tecum* to the Respondent for copies of the records of treatment for the Client's Son, including but not limited to: treatment notes, claims for insurance benefits, records of payment, billing and/or insurance records.

19. By letter dated January 24, 2019, the Respondent reported that "I did not keep records for the 5 mentoring sessions conducted by [the Unlicensed Provider]."

20. Subsequently, the Respondent provided the Board with only a copy of the reimbursement check⁵ and the progress notes for five treatment dates: June 1, 2018; June 5, 2018; June 6, 2018; June 7, 2018; and June 11, 2018. All five treatment notes are handwritten on lined paper and document that the Client's Son was present for each session.⁶ Each treatment note is signed by "[Unlicensed Provider] mentor, skill builder + job coach."

⁵ See *supra* ¶ 15.

⁶ The treatment note for June 1, 2018, documents that the Client and the Client's Wife were also present. Additionally, the treatment note documents "session began with Kelric Goodman LCPC introducing me and explaining my role as mentor, job coach, possible academic advice [*sic*] and discussing general life issues. Mr. Goodman then left room."

Respondent's Explanations

21. By letter dated September 12, 2018, the Respondent provided the Board with a written response regarding the complaint. As part of the written response the Respondent reported the following, in part:

Background. I was the primary lead therapist overseeing family therapy which included the children, and [the Client and the Client's Wife]. . . .

Who is [the Unlicensed Provider]? During therapy sessions with [the Client], in April and May of this year, he expressed deep concern about his relationship with his 18 year old son. Over the course of these many conversations, I suggested that his son needs emotional support and would benefit from speaking to someone. I asked him if he knew of anyone with whom his son could speak. He replied, "No," and asked if I had any recommendations. I explained that I had a colleague who is older who does skill-building and mentoring with young adults. I informed him that his name was [Unlicensed Provider]. I provided the client with [the Unlicensed Provider's] phone number

Clarification of [the Unlicensed Provider] working under my supervision. . . .

. . . We had an initial family meeting on 5/17/2018 where [the Unlicensed Provider] and I explained our roles in working with the family. I left the session after introductions and allowed [the Unlicensed Provider] to proceed to use his skill building and mentoring with the family. During the next few weeks after that session, I explained to the client over multiple conversations in person, over the telephone, via email and text that [the Unlicensed Provider] would work with his son as a skill builder/mentor while I continued to work with the client as a therapist. My client reported liking [the Unlicensed Provider] but was fixated on his credentials. The client was unable to understand the difference between a therapist and skill builder or mentor. . . .

. . . .

Meeting with [the Client] on 6/19/2018. [The Unlicensed Provider] and I had scheduled a meeting at my office with [the Client] to clarify the misunderstanding concerning [the Unlicensed Provider's] role. Prior to the scheduled time, I received a text from [the Client] ending our therapeutic relationship immediately, and his feeling that I misled him on the services I was providing, and that he was reporting me to the Board of Professional Counselors and Therapists. I responded that I respected his decision and would end our therapeutic relationship and not reach out to either of his sons. . . . Next, I informed [the Client's Wife] that our therapeutic relationship was changing and I would no longer be overseeing [the Unlicensed Provider]. . . .

Supervision Rules of Department of Health. Upon further research, I have discovered that oversight caused me to realize that I could not supervise [the Unlicensed Provider] This is why [the Unlicensed Provider] and I ended our supervision relationship on 6/19/2018. . . .

. . . . Additionally, I have reimbursed [the Client's insurance company] for these five sessions knowing now that [the Unlicensed Provider] was acting as a mentor and not doing therapy under my supervision.^[7]

22. By email dated April 14, 2021, the Respondent reported that the "final two sessions" he had with the Client were on June 4, 2018 and June 18, 2018.⁸ The Respondent

⁷ Notably, the Respondent did not actually reimburse the Client's insurance company until over two weeks *after* the Respondent wrote this written letter of explanation. *See supra* ¶ 15. And even then, the Respondent only reimbursed the Client's insurance company for one claim he submitted for services provided by the Unlicensed Provider. The Respondent never provided proof that he reimbursed the Client's insurance company for the second claim that he submitted to the Client's insurance company over a week *after* he wrote this letter of explanation, which was also for payment for services provided by the Unlicensed Provider. *See generally supra* ¶ 16.

⁸ The records subpoenaed from the Client's insurance company did not include a Health Insurance Claim Form or an Explanation of Benefits for a service date of June 18, 2018.

further reported that “[t]here was no formal closure, as he stopped contacting me” after June 18, 2018.

23. On March 29, 2021, the Board’s investigator interviewed the Respondent under oath, at which time, the Respondent stated the following:

- a. He has not filled out the paperwork to be a clinical supervisor in Maryland but he has completed the training.
- b. He recommended the Unlicensed Provider to the Client. The Client “asked if I could put it under his insurance. I didn’t fully think that out and I did that. And I was wrong in doing that and that’s why I submitted, I returned the money to the insurance company and changed that.”
- c. “[T]here were five sessions that I erroneously billed for.”

CONCLUSIONS OF LAW

On or about June 25, 2021, the Respondent represented by counsel, the Administrative Prosecutor, and representatives of the Board attended a Case Resolution Conference (“CRC”). As a result of information presented at the CRC, the Board dismisses the charges of Health Occ. § 17-509(4) (aiding or abetting an unauthorized individual in practicing clinical or nonclinical counseling or therapy or representing to be an alcohol and drug counselor, marriage and family therapist, professional counselor, or professional art therapist) and Health Occ. § 17-509(12) (submitting a false statement to collect a fee). The parties agreed to resolve the matter by consent, consisting of Findings of Fact, Conclusions of Law, and Order.

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's conduct as described above constitutes violations of the Act.

Specifically:

§ 17-509. Denial, probation, suspension or revocation of trainee status, license, or certificate.

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 trainee status, a license, or a certificate to any applicant, place any trainee, licensee, or certificate holder on probation, reprimand any trainee, licensee, or certificate holder, or suspend, rescind, or revoke the status of any trainee, a license of any licensee, or a certificate of any certificate holder if the applicant, trainee, licensee, or certificate holder:

- (6) Willfully makes or files a false report or record in the practice of counseling or therapy;
- (7) Makes a willful misrepresentation while counseling or providing therapy;
- (8) Violates the code of ethics adopted by the Board;
- (9) Knowingly violates any provision of this title;
- (13) Violates any rule or regulation adopted by the Board;
- (16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy[.]

COMAR 10.58.03.03

A. A counselor shall:

- (1) Practice only within the boundaries of a counselor's competence, based on education, training, supervised experience, and professional credentials[.]

COMAR 10.58.03.04

A. A counselor shall:

.....
(2) Take credit only for professional work actually performed;

.....
(7) Maintain accurate records;

.....
(11) Be familiar with and adhere to this chapter;

.....
B. A counselor may not:

.....
(2) Participate in dishonest, fraudulent, or deceitful activity in the capacity of a counselor[.]

COMAR 10.58.03.08

A. A counselor shall:

.....
(4) Dispose of records in accordance with Health-General Article, Title 4, Annotated Code of Maryland[.]

COMAR 10.58.14.06

.....
B. Pre-Supervision Responsibilities of a Supervisor. In addition to meeting the requirements under §A of this regulation, before beginning supervision, the supervisor shall:

(1) File with the Board the approved alcohol and drug supervisor form, to be provided by the Board;

.....
[and]

(4) Be approved as a supervisor by the Board.

Md. Code Ann., Health-Gen. § 4-403

- ****
- (b) Except for a minor patient, unless a patient is notified, a health care provider may not destroy a medical record or laboratory or X-ray report about a patient for 5 years after the record or report is made.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 20th day of August, 2021, by a majority of the quorum of the Board considering this case hereby:

ORDERED that the Respondent is hereby **REPRIMANDED**; and it is further

ORDERED that the Respondent shall pay a **FINE** in the amount of one thousand and five hundred dollars (**\$1,500**) due **within sixty (60) days** by certified check or money order to the Maryland Board of Professional Counselors and Therapists; and it is further

ORDERED that the Respondent is placed on **PROBATION** for a minimum period of **THREE (3) YEARS**, and continuing until the Respondent has successfully completed the following probationary conditions:

1. The Respondent shall obtain a **Board approved supervisor**;
2. Prior to signing a supervision agreement with any Board-approved supervisor, the Respondent shall present a complete copy of the Consent Order to the prospective supervisor;

3. The Respondent shall authorize the Board to provide the Supervisor with this Consent Order and all of the relevant documents in the investigative file, including the Investigative Report and its attachments;
4. The Supervisor shall submit **quarterly written reports** to the Board for the entire duration of the probation period detailing the supervision provided and evaluating the Respondent's practice;
5. The Respondent shall have sole responsibility for ensuring that the Supervisor submits the required reports to the Board in a timely manner;
6. A negative report from the Supervisor or any failure to comply with the Supervisor's recommendations shall be deemed a violation of probation or of this Consent Order;
7. In the event that the Respondent's supervisor discontinues supervising the Respondent's practice for any reason during the probationary period, the Respondent shall immediately notify the Board. The Respondent shall be solely responsible for submitting a request for a Board-approved replacement;
8. The Respondent shall, at all times, comply with the Act and all applicable laws, statutes and regulations;
9. The Respondent shall at all times cooperate with the Board, any of its agents or employees, and with the Board-assigned investigator, in the monitoring, supervision, and investigation of the Respondent's compliance with the terms and conditions of the Consent Order;

10. Prior to submitting an application for status as a Board-approved supervisor in the practice of clinical professional counseling, the Respondent shall successfully complete the terms and conditions of probation as provided in this Consent Order, submit a written petition to the Board for termination of the probation, and receive an Order from the Board terminating the probation;
11. After a minimum of three (3) years of probation, the Respondent may submit a written petition to the Board for termination of the probation. After consideration of the petition, the probation may be terminated through an order of the Board. The Board at its discretion may grant termination if the Respondent has fully and satisfactorily complied with all the terms and conditions of the Consent Order, there are no pending investigations or complaints against the Respondent, the Supervisor recommends termination of probation, and the Board deems termination of probation appropriate;
12. If the Respondent fails to make any such petition, then the probationary period status may continue indefinitely, subject to the conditions set forth in this Order;
13. If the Board determines that the terms or conditions of this Order have not been successfully completed, the Board may modify the terms and conditions of Respondent's probation, upon notice to the Respondent;
14. If the Respondent allegedly fails to comply with any term or condition of the Consent Order, the Respondent shall be given notice and an opportunity for

a hearing. If, in its sole discretion, the Board determines that there is a genuine dispute as to a material fact, the hearing shall be an evidentiary hearing before the Board. If there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board;

15. After the appropriate hearing, if the Board determines that the Respondent has failed to comply with any term or condition of the Consent Order, the Board may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice as a clinical professional counselor in Maryland. The Board may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; and it is further

ORDERED that the Respondent shall be responsible for all costs incurred under the terms and conditions of the Consent Order; and it is further

ORDERED that the effective date of this Order is the date that it is signed by the Board; and it is further

ORDERED that the Consent Order is a Final Order and as such is a **PUBLIC RECORD** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014).

August 20, 2021

Date



Jeffrey M. Galecki, MS, LCADC, LCPC
Board Chair
Maryland State Board of Professional
Counselors and Therapists

CONSENT

I, Kelric Goodman, by affixing my signature hereto, acknowledge that:

1. I am represented by counsel, Thomas J. Whiteford, Esquire, and I have consulted with counsel in this matter. I have knowingly and voluntarily agreed to enter into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.
2. I have knowingly and voluntarily agreed to enter into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.
3. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 17-511 (2014 Repl. Vol. and 2020 Supp.) and Md. Code Ann., State Gov't §§ 10-201 *et seq.* (2014 Repl. Vol. and 2020 Supp.).
4. I acknowledge the validity and enforceability of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in 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 as provided by law. I am waiving those procedural and substantive protections.

5. I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Notice of Intent to Revoke Licensure against me. I waive any right to contest the Findings of Fact and Conclusions of Law, and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this Consent Order or any adverse ruling of the Board that might have followed any such hearing.
6. I acknowledge that by failing to abide by the conditions set forth in this Consent Order, I may be subject to further disciplinary actions.
7. I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

7/23/2021
Date

Kelric Goodman
Kelric Goodman, LCPC

NOTARY

Julates

STATE OF MARYLAND

~~CITY/COUNTY OF~~ Baltimore

I HEREBY CERTIFY that on this 23rd day of July 2021

2021, before me, a Notary Public of the State and City/County aforesaid, personally appeared Kelric Goodman, LCPC, License Number LC1976, and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



Notary Public

My Commission Expires: Feb 9th 2025