

**MARIANNE RILEY, LCPC  
10 N. JEFFERSON STREET, SUITE 203  
FREDERICK, MARYLAND 21701**

Jeff Galecki, MS, LCPC, LCADC  
Board Chair  
Maryland State Board of Social Work Examiners  
4201 Patterson Avenue  
Baltimore, Maryland 21215

RE: Surrender of License to Practice as a  
Licensed Clinical Professional Counselor  
License Number: LC8206  
Case Number: 2019-096 & 2020-016

Dear Mr. Galecki and Members of the Board:

Please be advised that pursuant to Md. Code Ann., Health Occ. § 17-508 (2014 Repl. Vol. & 2018 Supp.) as a regulated counselor or therapist, I have decided to **SURRENDER** my license to practice clinical professional counseling and therapy or otherwise, in the State of Maryland, License Number LC8206, effective upon the acceptance of this letter by the Board Chair. I understand that upon the Maryland State Board of Professional Counselors and Therapists (the "Board's") acceptance of this letter of surrender, I may not represent to the public by title, description of services, methods, procedures, or otherwise that I am a licensed clinical professional counselor. Moreover, I understand that I may not practice counseling, therapy, clinical or non-clinical, as defined in the Maryland Professional Counseling and Therapists Act (the "Act"), Md. Code Ann., Health Occ. §§ 17-101 *et seq.* I also understand that the surrender of my license means that I am in the same position as an unlicensed individual.

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

I acknowledge that the Board initiated an investigation of my counseling and therapy practice and voted to accept a surrender of my Maryland counseling and therapy license. The Board's investigation found that I engaged in unprofessional conduct which consisted of improper discharge, improper boundaries and improper communication within the counseling relationship. Specifically, I improperly discharged a client experiencing a mental health crisis, billed for cancelled counseling sessions, provided counseling services while I was in active addiction, smoked marijuana in between counseling sessions and texted explicit photos of myself to clients.

I have decided to surrender my license to avoid prosecution as well as any disciplinary actions that the Board might pursue against me. I acknowledge that if the Board were to proceed with an evidentiary hearing in this matter, the State would be able to prove by a preponderance

of the evidence that I violated certain provisions of the Act, including Health Occ. § 17-509 (3)(ii) Provides professional services while using any narcotic or controlled dangerous substance, as defined in Section 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication; (8) Violates the code of ethics adopted by the Board; (9) Knowingly violates of this Title; and (13) Violates a rule or regulation adopted by this Board; (16) Commits an act of immoral or unprofessional conduct in the practice or clinical or nonclinical counseling or therapy, with underlying violations of the Code of Maryland Regulations Title 10.58.03 Section .04 A. [failure to] (9) (Make arrangements for another appropriate professional to act in the event of an absence of the counselor; (14) Take reasonable precautions to protect clients from physical or psychological trauma; and Section .05A. (1) (e) make appropriate referrals; (2) (a) place or participate in placing clients in positions that may result in damaging the interests and welfare of clients, employees, employers, or the public; and (c) abandon or neglect clients in counseling. I acknowledge for all purposes relevant to my licensure, that the investigative findings as set forth above will be treated as proven.

I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender. I understand that, by the execution of this Letter of Surrender, I am waiving the right to contest the Board's investigative findings in a formal evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.

I acknowledge that upon the execution of this Letter of Surrender, I shall surrender to the Board my Maryland counseling and therapy license, License Number LC8206, including any wall certificate, renewal certificates, and wallet-sized renewal cards in my possession. I understand that the Board will advise the National Practitioner Data Bank of this Letter of Surrender, and in any response to 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 would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender, and all underlying 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., General Prov. §§ 4-101 *et seq.* (2014).

I hereby affirm that I have terminated any counseling and therapy practice I had in Maryland.

I recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement of my license. I understand that if I apply for reinstatement of my Maryland license, the Board or its successor has absolute discretion in granting or denying my application for reinstatement without a hearing and with no right on my part for a judicial review of the Board's decision. I further understand that if I file a petition for reinstatement, I will approach the Board or its successor in the same position as an

individual who has previously surrendered or lost his or her property rights in his or her counseling and therapy license.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I have been advised of my right to be represented by an attorney of my choice throughout proceedings before the Board, including the right to consult with an attorney prior to 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.

Sincerely,

5/1/21  
Date

  
Marianne Riley

NOTARY PUBLIC

STATE/DISTRICT OF Maryland  
CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 1<sup>st</sup> day of MAY, 2021, before me, a Notary Public of the State/District and City/County aforesaid, personally appeared **Marianne Riley**, and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

  
Notary Public

My Commission expires: 9.30.2024



**ACCEPTANCE**

On this 21st day of May, 2021, I, Jeff Galecki, MS, LCPC, LCADC, on behalf of the Maryland State Board of Professional Counselors and Therapists, hereby accept Marianne Riley's **PUBLIC SURRENDER** of her license to practice counseling and therapy in the State of Maryland pursuant to Md. Code Ann., Health Occ. § 17-508 (2014 Repl. Vol. & 2018 Supp.).



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Jeff Galecki, MS, LCPC, LCADC  
Board Chair  
Maryland State Board of Professional  
Counselors and Therapists