Brittany Floyd

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Date: 1 4 2017

Denise Capaci, LCSW-C, Chair Maryland Board of Social Work Examiners 4201 Patterson Avenue Baltimore, Maryland 21215

Re: Surrender of License to Practice Social Work

License Number: 17302 Case Number: 2015-2039

Dear Ms. Capaci and Members of the Board:

Piease be advised that I have decided to **SURRENDER** my license to practice social work in the State of Maryland, License Number 17302.

I understand that I may not give social work advice or treatment to any individual, with or without supervision and/or compensation, cannot counsel, diagnose or provide therapy to people or otherwise engage in the practice of clinical social work, as it is defined in the Social Work Practice Act (the "Act"), Md. Code Ann., Health Occ. II ("H.O.") § 19-101 et seq. (2014 Repl. Vol.).

In addition, I will refrain from identifying myself as a practitioner of social work; I will remove all signs or similar advertisements that indicate authority to practice social work; and I will not use letterhead or business cards indicating authority to practice social work.

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 on the Board's acceptance becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice social work in the State of Maryland has been prompted by an investigation of my licensure by the Maryland State Board of Social Work Examiners (the "Board"). The Board's investigation was based upon a complaint from my former employer stating that I failed to document clinical services for a period of 15 months, resulting in my termination and my former employer reimbursing \$79,350.79 to Medicaid. As a result of the Board's investigation, the Board has enough evidence to charge me under the following provisions of the Act, H.O. § 19-311:

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- (4) Commits any act of gross negligence, incompetence or misconduct in the practice of social work;
- (5) Engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of social work;
- (6) Violates any provision of this title or regulations governing the practice of social work adopted and published by the Board; [and]
- (20) Fails to maintain adequate patient records[.]

The pertinent COMAR provisions are:

### COMAR 10.42.03.03 Responsibilities to Clients.

#### A. The licensee shall:

(5) Maintain documentation in the client's record which:

. . .

- (b) Accurately reflects the services provided, including treatment plans, treatment goals, and contact notes;
- (c) Indicates the time and date the services were provided; [and]

. . .

(e) Is sufficient and timely to facilitate the delivery and continuity of services to be delivered in the future;

#### COMAR 10.32.03.06. Standards of Practice.

- A. Professional Competence. The licensee shall:
  - (7) Document and maintain appropriate records of professional service, supervision, and research work[.]

I have decided to surrender my license to practice social work in the State of Maryland to resolve this matter and to avoid prosecution of the charges against me by the Board. Furthermore, I no longer wish to practice social work and am currently employed in another field. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender.

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acknowledge that the Board has sufficient evidence to charge me as detailed above.

I understand that by executing this Letter of Surrender I am waiving any right to contest any charges that would issue from the Board's investigative findings and its vote to issue 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 acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland social work license, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the Association of State Boards of Social Work, the National Practitioner's Data Bank, and the Health Care Integrity Data Bank, and any other required entities of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my license in lieu of disciplinary action under the Act as a resolution of the matters pending against me. I also understand that, in the event that I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender, 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. State Gov't Code Ann. § 10-611 et seq. (2014 Repl. Vol.). Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board.

I further recognize and agree that by submitting this Letter of Surrender my license will remain surrendered for a minimum of three (3) years. I understand that if, after three (3) years, I apply for reinstatement or a new Maryland license, I bear the burden of demonstrating to the Board that I meet the requirements to practice social work under the Act and that I possess good moral character, as required under H.O. § 19-302(a)(3). I understand that when applying for reinstatement or new licensure, I approach the Board in the same posture as one whose license has been revoked based on the investigative findings contained herein and that my application may be accepted or denied by the Board in its sole discretion.

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 chosen not to consult with an attorney 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

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and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,

Brittany & Wayd

## **NOTARY SEAL**

STATE OF MARYLAND CITY/COUNTY:

HEREBY CERTIFY that on this \_\_\_\_ day of \_\_\_\_\_\_, 2016, before me, a Notary Public of the State and City/County aforesaid personally appeared Brittany Floyd and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.

Notary Public

My commission expires: (Lugust 22, 2022)

(Resp. Ce. 8

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# **ACCEPTANCE**

On behalf of the Maryland Board of Social Work Examiners, on this 13<sup>th</sup> day of January, 2017 I accept Brittany Floyd's **PUBLIC**SURRENDER of her license to practice social work in the State of Maryland.

Denise Capaci, LC\$W-C, Chair

Maryland Board of Šocial Work Examiners