

1 BEFORE THE BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS
STATE OF OREGON

2

3 In The Matter of the License of)
4 JANICE L. HINDMAN, LPC,) FINAL ORDER
Licensee.) IMPOSING
5 _____) DISCIPLINE
6)

6 PROCEDURAL BACKGROUND

7 On November 25, 1996, the Oregon Board of Licensed
8 Professional Counselors and Therapists (Board) served a Notice of
9 Proposed Revocation (Notice) on Janice Hindman, a licensee of the
10 Board. The Notice was based on three anonymous complaints from
11 former employees alleging professional misconduct. The Board
12 reviewed the allegations in the complaints and initiated an
13 investigation. After its investigation, the Board determined to
14 pursue revocation of Ms. Hindman's license and issued the Notice.

15 The Notice alleged that Ms. Hindman had practiced
16 professional counseling while her objectivity and effectiveness
17 were impaired, had engaged in dual relationships, had breached
18 the trust and dependency of a supervisee, and had been grossly
19 negligent while practicing as a professional counselor.

20 On December 23, 1996, counsel for licensee filed an Answer
21 to the Notice and a Request for Hearing. The Answer generally
22 denied wrongdoing on licensee's part. On February 27, 1997,
23 licensee filed a petition for deposition without specifying whom
24 she desired to depose. On August 11, 1997, licensee amended her
25 petition for an order to depose a specific list of persons.

26 On July 7, 1997, counsel for licensee filed a series of

1 motions to dismiss and motions concerning Patient A, an
2 unidentified patient of Ms. Hindman who was the subject of
3 several allegations in the Notice. Counsel for the Board filed a
4 Response to Licensee's Motions. On August 14, 1997, licensee
5 filed a Reply Brief in Support of Licensee's Motions to Dismiss.

6 Licensee's motions dealt with five topics:

- 7 1) A motion to dismiss for failure to permit discovery;
- 8 2) A motion to dismiss for failure to state a claim of
9 gross negligence;
- 10 3) A motion to dismiss for failure to state a claim of
11 breach of the duty of confidentiality to a supervisee;
- 12 4) Motions regarding allegations concerning Patient A; and
- 13 5) Motions to dismiss allegations concerning alcohol use.

14 The motions concerning denial of discovery asserted that the
15 actions are dismissed. The Board did not delegate its authority
16 to determine what discovery is appropriate in this case, and at
17 its August 22, 1997, meeting, decided to deny licensee
18 depositions of witnesses as part of discovery. The Board issued
19 its decision in the form of an interim order on August 25, 1997.
20 That order is incorporated into this proposed order by reference.

21 On September 3, 1997, the parties argued their positions on
22 the remaining motions by telephone. By ruling dated September
23 18, 1997, the Administrative Law Judge (ALJ) granted the motion
24 to make more definite and certain; denied the motion to dismiss
25 on condition that the Board establish at hearing a clear standard
26 for what constitutes "exploitation of trust"; maintained Patient

1 A's privilege of confidentiality and denied the motion to dismiss
2 the allegations concerning that patient; and denied the motions
3 to dismiss the allegations regarding alcohol abuse. With respect
4 to licensee's motion to dismiss the allegations regarding alcohol
5 abuse for failure to satisfy ORS 675.785(15), the ALJ noted that
6 the impaired professional program described in that subsection
7 may come into play if the Board concludes that licensee is an
8 impaired professional.

9 A hearing was held in this matter on October 6 and 7, 1997,
10 in Salem, Oregon, before ALJ Ruth Crowley. J. Kevin Shuba,
11 Assistant Attorney General, appeared for the Board. Thomas
12 Tongue, attorney at law, appeared for the licensee. The Board
13 submitted a post-hearing brief on October 20, 1997, and licensee
14 submitted a post-hearing brief on November 6, 1997. The ALJ
15 issued her Proposed Order on November 25, 1997.

16 The Board reviewed the November 25, 1997 Proposed Order and
17 Janice Hindman's exceptions, filed on December 5, 1997, at its
18 meeting on December 12, 1997. The Board met again to deliberate
19 on this matter on January 8, 1998 and adopted this final order.
20 Admissibility of Exhibit 1: The ALJ admitted portions of the
21 report created for the Board by Janet Helzer, professional
22 investigator, who was assigned by the board to investigator these
23 matters. We conclude that the materials created by Ms. Helzer
24 are of the type of information that a reasonable prudent person
25 would rely upon in the conduct of their serious affairs and the
26 Board's Exhibit 1 should be fully admitted into the record to be

1 considered with the documentary and testimonial evidence. Many
2 of the witnesses interviewed by Ms. Helzer but did not testify
3 were not available because they moved out of the state.
4 Moreover, the information provided by Dr. Lee Parsons, one of Ms.
5 Hindman's personal physicians and the Springbrook staff was
6 permitted under a limited release from Ms. Hindman. (Exhibit 1,
7 pages 47 and 48.) For all of these reasons, Exhibit 1 should be
8 admitted.

9 Based on the evidence in the record, the Board makes the
10 following:

11 **FINDINGS OF FACT**

12 Licensee, Janice Hindman, holds a bachelor's degree in
13 social science and a master's degree in special education, both
14 from Portland State University. She is also a professional
15 counselor licensed by the State of Oregon (license #C0718). Her
16 areas of therapeutic expertise are direct therapy and assessment
17 of patients, group and family treatment, sexual victim trauma
18 assessments, and adult and juvenile sex offender evaluations.
19 Ms. Hindman has authored or co-authored a number of books and
20 articles and has lectured all over the country.

21 Ms. Hindman began her professional career as a teacher and
22 counselor with the David Douglas School District in Portland
23 (1973-1978). She then became a school psychologist specializing
24 in child development in Malheur County (1978-1980). She became
25 director of the incest treatment program at the Malheur County
26 Mental Health and Counseling Center in 1980. In 1984 she founded

1 AlexAndria Associates, Ontario, Oregon. From 1984 to the present
2 she has functioned as AlexAndria Associates' clinical director.
3 That organization is a sole proprietorship that holds copyright
4 to Ms. Hindman's books and under which she does some of her
5 lecturing. In 1994 Ms. Hindman co-founded the Hindman
6 Foundation, also called "It's About Childhood" (the Foundation).
7 The Foundation is a nonprofit organization that treats sexual
8 abuse victims and sex offenders on an outpatient and
9 institutional basis. In 1994 and 1995, when the events in the
10 Notice occurred, the Foundation had three directors: Ms. Hindman,
11 her husband, Mac Hindman, and Amber Ingram Campbell, an employee
12 of AlexAndria Associates and then of the Foundation from March
13 1991 to November 1995. During the events in question, Amber
14 Ingram was unmarried and will be referred to here as "Ms.
15 Ingram." Ms. Ingram began as conference coordinator for Ms.
16 Hindman and ended as office manager for the Foundation.

17 Other employees of AlexAndria Associates and the Foundation
18 who figure in this matter are Sandi Abegg, Bill Walsh, Kristen
19 Munson, Monty Moore, LPC, Debora Jordan, Sandra Shelton, LPC,
20 Tiffany Cannon, and Judi Howard, LCSW, all therapists, and Jo
21 Frederick, LCSW, who was in charge of obtaining grants for the
22 Foundation.

23 The Foundation obtained contracts with the State of Oregon
24 to perform evaluations and offer a day-treatment program for the
25 Snake River Correctional Institution (Snake River). The
26 Foundation still holds the evaluation contract, but the

1 Legislature did not fund the day treatment program for the 1997-
2 99 biennium.

3 For the most part, the Notice focuses on events that took
4 place in 1995. Ms. Hindman was under a great deal of stress,
5 emotional and physical, that year. She was a defendant in a
6 lawsuit filed by the Restitution Treatment and Training Program
7 (RTAT). Starting in June of 1986, Ms. Hindman worked with the
8 RTAT group to help them deliver services for which they had
9 contracted with the Malheur County court system. Ms. Hindman
10 terminated her involvement with RTAT in October of 1992. RTAT at
11 that time had obtained a contract at Snake River to do
12 evaluations. In October of 1993, Snake River submitted a request
13 for proposal to conduct the day treatment program. The
14 Foundation received that contract. In 1994, RTAT's contract for
15 evaluations came up for renewal. The Hindman Foundation applied
16 for and received that contract.

17 RTAT filed suit against the District Attorney and certain
18 agency heads in early 1994, before the evaluation contract was
19 re-awarded. After the Foundation received the contract, RTAT
20 also sued Ms. Hindman. The grounds for the suit were conspiracy
21 and antitrust. The defendants in the case, who included the
22 director of the Children's Services Division, a member of the
23 juvenile department, the Ontario Chief of Police, and Pat
24 Sullivan, the District Attorney. On advice of counsel, the
25 defendants were not to speak to each other privately. This
26 instruction made it difficult to process cases, since many of

1 these people worked together to investigate and treat child
2 abuse. During 1995, the lawsuit was pending. It was ultimately
3 dismissed in 1996. The lawsuit was a professional and financial
4 source of stress for Ms. Hindman.

5 Ms. Hindman's health was poor in 1995 as well. She was
6 working very hard at the Foundation, and her workload was
7 increasing. She was taking depo-provera for gynecological
8 problems. Depression is a side effect of depo-provera. She was
9 also taking compazine to address nausea. The source of her
10 nausea is not related to her gynecological problems. (See
11 Exhibit 1.) She vomited frequently, had poor color, and lost a
12 good deal of weight. She was seriously depressed and, as 1995
13 wore on, became acutely depressed.

14 Alcohol Related Issues: Alcoholism is a medical illness.
15 It has a bio-psychosocial makeup with a strong genetic component.
16 At least 50 percent of alcoholics have a family history of
17 alcoholism. With an alcoholic mother, over 60 percent of
18 daughters who drink develop alcoholism. Alcoholism is more
19 likely to develop in a social environment in which people drink.

20 Alcoholism is progressive and incurable. Alcoholism
21 develops in stages. Alcoholic professionals who bring alcohol
22 into the workplace are generally in an advanced stage of
23 alcoholism. Depression in women alcoholics is usually related to
24 alcohol abuse. Shakiness in the morning, smelling of alcohol in
25 the morning, nausea, vomiting, and gastrointestinal problems are
26 consistent with alcoholism.

1 Abstinence from alcoholism puts the disease into remission.
2 There is a serious risk of relapse in alcoholism, however. There
3 are no statistics on people who stop drinking outside the
4 treatment context. Of physicians who have been treated only on
5 an outpatient basis, nearly a hundred percent relapse over a
6 period of five to ten years. With a 30-day inpatient program,
7 about 50 percent relapse, and if the in-patient program is
8 coupled with one to three months of halfway house treatment
9 followed by two years of weekly groups and random urinalyses, the
10 success rate is nearly 95 percent. Professionals in an advanced
11 stage of alcoholism generally require more intensive treatment
12 for their disease than that afforded through the DUII diversion
13 program. Conclusive diagnosis of alcoholism requires
14 comprehensive evaluation.

15 Ms. Hindman's mother was an alcoholic. Ms. Hindman drank
16 alcohol as part of her social life. She drank with her husband
17 and with professional associates on Friday afternoons at the
18 AlexAndria Associates house. She did, at times, keep alcohol at
19 the Foundation offices. She drank wine at dinner and drank at
20 social events in the Ontario community. She drank alcohol when
21 she traveled on business. Amber Ingram smelled alcohol on Ms.
22 Hindman's person at work. Ms. Hindman's suicide attempt,
23 discussed below, involved consumption of a large amount of
24 alcohol and indicates a high tolerance of alcohol.

25 On August 24, 1995, Ms. Hindman attended a retreat with
26 officials from Snake River, held at the Howard Johnson Hotel in

1 Ontario. Because one of the Foundation's employees, Monty Moore,
2 also wanted to attend the retreat, Ms. Hindman arranged to take a
3 session at the Snake River facility for Ms. Moore on Thursday
4 night to allow Ms. Moore to attend the retreat. Ms. Moore and
5 Sandy Shelton, another therapist from the Foundation, normally
6 conducted a group session with the inmates on Thursday nights.

7 No alcohol was served at the retreat. Ms. Hindman visited
8 her lawyer at the noon hour and he saw no indication that she had
9 been drinking. Ms. Hindman left the retreat in the late
10 afternoon, before the dinner hour, and arrived at Snake River
11 around 6:00 p.m., where Ms. Shelton smelled alcohol on her. Ms.
12 Shelton also observed that Ms. Hindman was confused and
13 lethargic. Ms. Shelton is a drug and alcohol counselor trained
14 to recognize alcohol impairment. She later relayed her
15 observations to Monty Moore. Ms. Shelton did not ask Ms. Hindman
16 if she had been drinking.

17 Ms. Moore, who supervised Ms. Shelton, consulted with a
18 prison employee and was advised to report the incident. She
19 reported it to Kent Ward, the liaison between the Foundation and
20 the correctional treatment program. Mr. Ward reported the
21 incident to Dan Johnson, superintendent of Snake River. Ms.
22 Hindman's access privileges to the facility were suspended
23 pending an investigation. Ms. Hindman was on a lecture tour at
24 the time of the report. Mr. Chandler, assistant director of the
25 Department of Corrections Division, investigated the incident.
26 He reinstated Ms. Hindman's privileges on November 13, after the

1 intervention and after Ms. Hindman had been cleared by Dr. Oyler,
2 her treating psychologist, to return to work (letter of September
3 27, 1995).

4 Ms. Moore, Debora Jordan, and Paul Smith saw Ms. Hindman at
5 the prison on Monday morning, August 28, 1995, where Ms. Hindman
6 was to give a presentation to the inmates. Ms. Hindman seemed
7 disoriented and unable to focus on the prison's requirement to
8 keep her key card secure and her body alarm on her person. She
9 looked ill and had vomited in her car. She told her audience
10 that she was feeling unwell and might have to leave the room, but
11 she was able to finish her presentation.

12 Monty Moore, Amber Ingram, Dan Johnson of Snake River, Pat
13 Sullivan, the Malheur County District Attorney, Tiffany Cannon,
14 Judi Howard, Debora Jordan, and Mac Hindman planned an
15 intervention to confront Ms. Hindman about her behavior and
16 persuade her to enter treatment. They worked with Frank Picard,
17 a professional in intervention work from the Portland area. On
18 September 9, 1995, the intervention was attempted. Present at
19 the intervention were Mr. Picard, Ms. Sullivan, Mr. Johnson, Ms.
20 Ingram, and Mac Hindman. Ms. Hindman came into the room very
21 angry, because Mac Hindman had told her about the intervention on
22 the way in. She expressed the intention of killing herself. The
23 intervention failed, and Ms. Sullivan took charge of Ms. Hindman.

24 Ms. Sullivan, a professional associate of Ms. Hindman,
25 participated in the intervention because she was concerned about
26 Ms. Hindman's depression, ill health, and possible suicidal

1 tendencies. She had no personal knowledge of an alcohol abuse
2 problem but had personal knowledge from Ms. Hindman of ill health
3 and suicidal intentions. She had heard from Amber Ingram that
4 Ms. Hindman had an alcohol abuse problem. Ms. Sullivan's
5 motivation in participating in the intervention was to obtain
6 treatment for Ms. Hindman's depression. When the intervention
7 failed, Ms. Sullivan initiated the process to have Ms. Hindman
8 held in secure custody for evaluation and treatment. Ms.
9 Sullivan feared that Ms. Hindman would harm herself unless she
10 received help.

11 Ms. Hindman was evaluated at Holy Rosary Medical Center in
12 Ontario, but that center did not have a holding facility, so she
13 was transported to the state hospital in Pendleton for
14 evaluation. The contents of that evaluation were not available
15 to the Board. On Monday she was released to her husband and Bill
16 Walsh, who transported her to Springbrook, a private facility in
17 Portland, on a voluntary basis. The Springbrook program treats
18 drug and alcohol addiction or abuse in professionals. Ms.
19 Hindman went to Springbrook to determine if there was a need for
20 alcohol abuse treatment.

21 The results of the Springbrook stay were inconclusive as to
22 alcohol abuse. The Springbrook staff diagnosed possible alcohol
23 dependency but did not have access to collateral sources of
24 information to shore up the diagnosis because Ms. Hindman did not
25 sign releases for those collateral sources. The Springbrook
26 staff did identify depression and suicidal ideation. After eight

1 days, Ms. Hindman was released to Northview Psychiatric Hospital
2 in Boise for treatment of her depression and suicidal thoughts.
3 Her treating physician at Northview referred Ms. Hindman to Dr.
4 James Oyler, a psychologist, whom she has seen 40 times since
5 then. Dr. Oyler worked with her to combat her depression and
6 stress. He cleared her return to work, on a gradually increasing
7 basis, on September 27, 1995.

8 On October 2, 1995, Hindman Foundation therapists Monty
9 Moore, Judi Howard, Tiffany Cannon, and Debora Jordan, along with
10 office manager Amber Ingram, tendered to Mac Hindman a letter of
11 resignation effective immediately followed with a "transition
12 plan". After the intervention, Amber Ingram and some of the
13 Foundation therapists sent a letter to more than a dozen people
14 in the community, whom they thought were Foundation board-
15 members, detailing the intervention and Ms. Hindman's
16 hospitalization among other things.

17 In November 1995, the Board received three anonymous
18 complaints against Ms. Hindman from former employees, the trigger
19 for the current case. Complaints were also filed against the
20 licenses of Paul Smith and Sandy Shelton, therapists who remained
21 with the Foundation. Those complaints were investigated and
22 dismissed by the Board. The Smith and Shelton complaints alleged
23 ethical violations on the part of the therapists who had not
24 terminated their connection with an unethical practitioner.

25 By letter dated December 20, 1995, the Board informed Ms.
26 Hindman that it had received three anonymous complaints against

1 her. On December 31, 1995, Ms. Hindman, severely depressed,
2 began drinking in the morning. At some point during the day, she
3 drove her car off an embankment and toward the Snake River.
4 Police were notified of the accident shortly after 1 p.m. Ms.
5 Hindman did not remember when she had crashed the car or how long
6 she had waited for police to discover her. Ms. Hindman was taken
7 to a hospital, where her leg injuries were treated. Blood for a
8 blood alcohol test, with her consent, was drawn at 3:30 pm. The
9 blood alcohol count was 0.269 grams per 100 ccs of blood. The
10 legal limit for driving in Oregon is .08 grams.

11 Given her weight and the amount of time that elapsed between
12 the accident and the blood test, it is reasonable to assume that
13 Ms. Hindman's blood alcohol count was around .3 at the time the
14 police were called. If she crashed a long time before she was
15 found, it would have been even higher at the time of the crash.
16 At that level, death from alcohol toxicity sometimes occurs.
17 Most people who lack a tolerance to alcohol fall asleep or pass
18 out at a blood alcohol level of .2. The fact that Ms. Hindman
19 functioned well enough to drive indicates a tolerance to alcohol
20 consumption, which in turn indicates a drinking problem.

21 Ms. Hindman has successfully completed a DUII diversion
22 program. Ms. Hindman testified that she has not consumed any
23 alcoholic beverages since January 1, 1996. Her health has
24 improved and her depression has receded through 1996 and 1997.

25 Patient A: Ms. Hindman began treating the woman referred to
26 as Patient A in July 1990, and treated her until September 1995.

1 Patient A is not a complainant in this matter and has not waived
2 the privilege of confidentiality with respect to her therapeutic
3 records. The Board has no information as to the identity or
4 location of Patient A. Other therapists with the Foundation also
5 treated Patient A. Patient A suffered from multiple personality
6 disorder and was also the victim of sexual abuse by a parent and
7 by another therapist. Patient A was chemically dependent and
8 engaged in self-mutilation. In September 1995, after Ms. Hindman
9 was hospitalized following the intervention, Patient A was
10 referred to another therapist.

11 During the 1993 and 1994 Christmas season, AlexAndria
12 Associates and/or the Foundation held gatherings at Patient A's
13 home. At the holiday season the therapy group chose a recipient
14 in the community for humanitarian aid. These two years, they
15 chose Patient A. The gatherings were discussed in advance by the
16 Foundation staff. Participation was voluntary.

17 Ms. Hindman and her staff agreed that the gatherings had
18 therapeutic potential for Patient A. The staff cleaned Patient
19 A's home before the gatherings. The Foundation purchased gifts
20 for Patient A. Each staff member chose a personality among
21 Patient A's multiple personalities to receive a gift. Patient A
22 offered alcoholic beverages to the persons attending the
23 gatherings. Hindman admitted that alcohol was served at these
24 gatherings.¹

25 Patient A was also a student and had her own business,

26

¹ Ms. Hindman admitted that alcohol was served in her Answer to the Board's Notice, Paragraph 3.

1 complete with letterhead stationery and business cards. She was
2 engaged in extensive research on child abuse. Patient A was
3 frustrated that Ms. Hindman would not work with her in her
4 business. On an unidentified date, Ms. Hindman gave a
5 presentation at an Ontario Chamber of Commerce meeting and
6 invited Patient A to attend. At the meeting, Ms. Hindman
7 introduced Patient A as a researcher or research assistant and
8 the author of a handout that was incorporated in Ms. Hindman's
9 presentation. Patient A produced the handout in the course of
10 her own business. Ms. Hindman did not introduce her as a
11 patient.

12 The Debora Jordan Disclosure: Debora Jordan worked for the
13 Hindman Foundation as a therapist from July 1993 until October 2,
14 1995. When Ms. Hindman hired her, Ms. Jordan disclosed that she
15 had been the victim of sexual abuse as a child. Ms. Hindman was
16 Ms. Jordan's clinical supervisor, and Ms. Jordan believed the
17 information was relevant to the kind of counseling she would be
18 comfortable doing. In September of 1993, Ms. Hindman disclosed
19 to Jo Frederick, then a new employee, that Ms. Jordan had been
20 sexually abused as a child. Ms. Frederick had no clinical reason
21 to have the information about Ms. Jordan.

22 In May 1994, Ms. Frederick told Ms. Jordan about the
23 disclosure in the presence of several others. Ms. Jordan was
24 upset at Ms. Hindman's behavior and in October of 1995 filed a
25 workers' compensation claim for the distress that disclosure
26 caused her.

1 Ms. Jordan spoke about her childhood sexual abuse to her
2 colleagues at the Foundation. Ms. Jordan told Tiffany Cannon and
3 Judi Howard, personal friends of hers, outside the work context.
4 She also told Kristen Munson (who worked for AlexAndria and the
5 Foundation from May 1991 until February 1994), Bill Walsh, and
6 Lark Mackenzie, who worked as a contract employee, about the
7 abuse. Ms. Hindman asked Bill Walsh to speak to Debora Jordan
8 about toning down her personal revelations when Ms. Jordan was a
9 new employee. Prior to Ms. Hindman's disclosure, Ms. Jordan had
10 not discussed her childhood abuse with Jo Frederick.

11 OPINION AND CONCLUSIONS OF LAW

12 The Notice, as amended, contains three issues. First, the
13 Notice alleges violations of ORS 675.045(1)(b) and OAR 833-060-
14 0001(1)(d) with respect to the alcohol-related issues. Second,
15 the Notice alleges gross negligence, violation of professional
16 boundaries with clients, and use of the counseling relationship
17 to further personal interests with respect to Ms. Hindman's
18 treatment of Patient A. Finally, the Notice asserts a breach of
19 the duty of trust and dependency of a supervisee in violation of
20 OAR 833-060-0001(2)(a) in respect to Ms. Hindman's disclosure of
21 information about Debora Jordan's childhood sexual abuse.

22 The Alcohol-Related Allegations:

23 The Board alleged violations of ORS 675.745(1)(b) and OAR
24 833-060-0001(1)(d). The statute provides:

25 (1) The Oregon Board of Licensed Professional Counselors
26 and Therapists may deny, suspend, revoke or refuse to issue
or to renew any license issued under ORS 675.715 to 675.835
upon proof that the applicant for licensure or the licensee:

1 * * * *

2 (b) Is unable to perform the practice of professional
3 counseling or marriage and family therapy by reason of
4 mental illness, physical illness, drug addition or alcohol
5 abuse;

6 The rule provides:

7 A licensee must not practice under the influence of alcohol
8 or any controlled substance not prescribed by a physician.

9 The statutory provision addresses an ongoing condition of
10 impairment, which impinges on professional functioning. The rule
11 addresses individual instances of practicing under the influence
12 of alcohol. Addressing the impairment of licensees is an
13 extremely important function of the Board. Licensees treat a
14 vulnerable population and have a tremendous amount of influence
15 on that population.

16 ORS 675.745(1)(b): In preliminary motions, the parties
17 argued over the meaning of this statute. Licensee argued that
18 the claim should be dismissed, because the Notice alleges past
19 impairment. According to the licensee, the Board must prove
20 present impairment. The language of the statute is in the
21 present tense ("upon proof that the . . . licensee is unable to
22 perform"). However, present impairment can be proved only by
23 reference to past events, unless Hindman was intoxicated at the
24 hearing. The ALJ ruled that the claim should not be dismissed,
25 but that evidence of past impairment would be given little weight
26 if it was too remote to prove present impairment.

The language of the statute requires proof of present
impairment. The only reasonable way to prove present impairment

1 is to extrapolate from past events. In this case, however, the
2 events that are advanced to indicate alcohol-related impairment
3 occurred in 1995. The most recent of them, the suicide attempt,
4 happened nearly two years ago. The evidence that Ms. Hindman has
5 not consumed alcohol since January 1, 1996, was uncontested.

6 There is evidence that Ms. Hindman is an alcoholic. She has
7 an alcoholic mother, has suffered from depression and physical
8 effects that could be the result of alcohol abuse, lives in an
9 environment in which drinking is normal, occasionally smelled of
10 alcohol at work, exhibited behavior at the prison that was
11 identified as alcohol related by someone trained in substance
12 abuse, and showed a tolerance for alcohol consumption in her
13 suicide attempt. Assuming, without finding, that Ms. Hindman is
14 alcoholic does not mean that she is currently impaired. If she
15 remains abstinent, the disease remains in remission and her
16 therapeutic expertise remains available to her clients.

17 OAR 833-060-0001(1)(d): The licensee challenged the Board's
18 claim under this rule on the ground that the rule exceeds the
19 statutory authority granted by ORS 675.745(1)(b). The ALJ ruled
20 that the enabling statute was ORS 675.785. The licensee responds
21 that the Board's ethical rule imposes sanctions beyond those in
22 the statutes governing the Board. Licensee argues that ORS
23 675.785(11) enables the Board to create an ethical code. ORS
24 675.785(15) mandates that the Board establish a program for
25 impaired professionals to assist licensed professional counselors
26 to retain their licenses and impose participation in the program

1 as a condition of retaining the license. To the extent that OAR
2 833-060-0001(1)(d) fails to incorporate the treatment program
3 option, licensee argues that it exceeds the Board's authority.

4 OAR 833-060-0001 reads, in relevant part:

5 Individuals licensed by the Board of Licensed Professional
6 Counselors and Therapists shall abide by the following code
7 of ethics. Violation of the provisions of this code of
8 ethics shall be considered unprofessional or unethical
conduct and is sufficient reason for disciplinary action,
including but not limited to denial of licensure.

9 We disagree with licensee's interpretation of the rule. The
10 language of the rule does not preclude recourse to the treatment
11 program mentioned in ORS 675.785(15). However, the Board is not
12 required to offer a treatment program before taking disciplinary
13 action, particularly as here, where some allegations do not
14 involve alcohol impairment.

15 Licensee also argues that the rule only governs conduct that
16 occurs during the licensee's practice. We agree. Amber Ingram
17 testified to smelling alcohol on Ms. Hindman at work, but that
18 observation was attached to no specifically identified event or
19 placed in the context of Ms. Hindman's practice. On two
20 occasions Ms. Hindman was observed at the prison allegedly under
21 the influence of alcohol: on August 24, 1995, when she was
22 observed by Sandy Shelton, and on August 28, 1995, when she was
23 observed by Paul Smith, Debora Jordan, and Monty Moore. On the
24 latter occasion Ms. Hindman was seen to be disoriented and had
25 trouble keeping track of her keys and body alarm although the
26 prison's rules apparently required her to do so. Paul Smith

1 noticed no evidence of alcohol consumption, and the other
2 observers mentioned only the disorientation. This evidence is
3 not specific enough to convince us that Hindman was under the
4 influence of alcohol while practicing therapy on this occasion.

5 However, Ms. Shelton's observation is another matter. As an
6 alcohol and drug treatment provider, Ms. Shelton is trained to
7 recognize alcohol impairment. Ms. Shelton seemed to have no
8 vested interest in the outcome of the Board's action against Ms.
9 Hindman, which increases the credibility of her testimony. She
10 stayed with the Hindman Foundation after the intervention and was
11 the subject of a complaint against her license because of it.
12 She still testified at the hearing that Ms. Hindman was impaired
13 by alcohol at the prison that evening. Ms. Shelton based her
14 judgment on the smell of alcohol and on Ms. Hindman's confusion
15 and lethargy.

16 In her defense, Ms. Hindman has laid out a map of her day:
17 attendance at a retreat where no alcohol was served; attendance
18 at her lawyer's office at noon, where he noticed no evidence of
19 alcohol consumption. However, not every moment of Ms. Hindman's
20 late afternoon and evening is accounted for. We conclude by the
21 preponderance of the evidence that Janice Hindman did practice
22 under the influence of alcohol at the Snake River facility on
23 August 24, 1995.

24 Based on Dr. Jacobson's testimony, we take the use of
25 alcohol in the workplace (here, before a therapy session at the
26 Snake River facility) to be a sign of advanced alcoholism in a

1 professional. The incident in question lies over two years in
2 the past, but Dr. Jacobson testified about the high risk of
3 relapse among those professionals whose license was at stake and
4 who had a higher-level treatment program than the DUII diversion
5 that Ms. Hindman has gone through. These considerations lead us
6 to the conclusion that we must address Ms. Hindman's relationship
7 to alcohol, even though the instance of alcohol use is in the
8 past.

9 The intent of the Legislature in ORS 675.785(15) is clear.
10 The Board is to develop and implement a program whereby impaired
11 licensees may regain or retain their licenses and the Board may
12 impose the requirement of participation as a condition of
13 continued licensure. The Board does not have rules implementing
14 such a program in place, but it has arranged to evaluate
15 applications by impaired professionals on a case-by-case basis to
16 allow a program to be tailored to the individual licensee.
17 Hindman never approached the Board to request to be treated as an
18 impaired professional, but rather has argued that ORS 675.785(15)
19 prohibits the Board from disciplining her for alcohol related
20 misconduct. We disagree.

21 We find that Hindman practiced at least on August 24, 1995
22 under the influence of alcohol in violation of OAR 833-060-
23 0001(1)(d) while providing services to multiple patients. This
24 is grossly negligent in the practice of counseling.

25 The Patient "A" Allegations: Patient A did not waive her
26 privilege of patient confidentiality, and the Board is bound by

1 law to respect that privilege. ORS 183.450(1); 675.765.

2 Therefore, when the Board alleges professional misconduct by Ms.
3 Hindman in her therapeutic treatment of Patient A, the record is
4 restricted to what third parties observed. Without the
5 underlying treatment records or the testimony of Patient A, a
6 treatment plan that may be merely unconventional could appear
7 worse than questionable. In this case, the treatment records are
8 not necessary given the magnitude of Ms. Hindman's deviations
9 from standard practice.

10 Ms. Hindman renews her argument that she has been denied due
11 process because the confidentiality laws prevent disclosure of
12 Patient A's records to use in Ms. Hindman's defense. The
13 licensee contends that the Board could have contacted Patient A
14 and obtained her release so that the relevant treatment
15 information could become part of the case. However, the Board
16 had no knowledge of Patient A's identity or her whereabouts.
17 Although, Hindman had access to this information, it is unclear
18 whether she ever approached Patient A to obtain a release to
19 disclose additional facts in her defense.

20 The ALJ declined to dismiss these allegations on the
21 constitutional issue (due process) when this argument was
22 presented in the licensee's motions to dismiss. The ALJ decided
23 that only objectively observed events would be considered in
24 evaluating these claims. The ALJ opined that given the due
25 process concerns raised by Ms. Hindman, therefore, there must be
26 a clear showing of precisely what behavior violates the statutes,

1 rules, or professional standards it alleges Ms. Hindman violated,
2 and how the behavior articulates with the violated law or
3 standard.

4 We feel that the real issue presented in these circumstances
5 is the issue of scope of the confidentiality. The
6 confidentiality provisions only protect communication by the
7 client to the licensee to enable licensee to provide therapeutic
8 services. ORS 675.765. At hearing, the evidence was limited to
9 information not covered by ORS 675.765 confidentiality. We do
10 not believe that Ms. Hindman was impaired in her defense.
11 Specific evidence of Patient A's condition, vis-a-vis her
12 fragility or special needs, actually exacerbates rather than
13 mitigates Ms. Hindman's actions as a licensed counselor. There
14 is no requirement of enhanced explicitness or a higher standard
15 of proof than what is normally required in an administrative
16 proceeding. Here, as elsewhere in administrative proceedings,
17 the standard of proof is a preponderance of the evidence.

18 There are three specific factual allegations with respect to
19 Patient A.

20 Holiday parties: The Board asserted that Ms. Hindman
21 sponsored holiday parties at Patient A's house, at which alcohol
22 was served. The licensee has admitted that alcohol was served at
23 the parties, offered by Patient A. The record is silent on
24 whether Patient A consumed alcohol or whether alcohol was offered
25 with the consent of the Foundation. That it was offered with Ms.
26 Hindman's knowledge is admitted.

1 The stricture against dual relationships between a therapist
2 and a client is found in OAR 833-060-0001(2)(a):

3 (a) A licensee must recognize the potentially influential
4 position the licensee may have with respect to students,
5 employees, supervisees, and clients and must avoid
6 exploiting the trust and dependency of these persons. A
7 licensee must make every effort to avoid dual relationships.
8 Examples of such dual relationships include, but are not
9 limited to, provisions of counseling or therapy to
10 relatives, students, employees, or supervisees, and business
11 or close personal relationships with students, employees,
12 supervisees, or clients.

13 (A) A licensee shall not enter in a relationship with a
14 client that conflicts with the ability of the client to
15 benefit from the professional relationship or that may
16 impair the professional judgment of the licensee or increase
17 the risk of exploitation of the client.

18 The Board's expert witness, Ms. Kim Shay, testified that it
19 was always unethical for a therapist to socialize with clients at
20 a party sponsored by the therapist. The expert witness for Ms.
21 Hindman, Dr. William Zevrink, M.D., stated that the holiday
22 parties were not a misuse or a special or overly intimate
23 relationship, given the circumstances.

24 Normally, it is difficult to second guess the reasonableness
25 of a course of therapy where the underlying treatment documents
26 are not part of the record. However, without a doubt, these
gatherings were improper. Most relationships are established
through actions. Business transactions with a patient create a
business relationship between the therapist and the client.
Socializing with a client creates a social relationship with the
client. Hindman had an established therapeutic relationship with
Patient A. Despite this fact, she authorized her Foundation, as

1 its clinical director, to socialize with Patient A at Patient A's
2 home in the form of two Christmas parties that Hindman herself
3 attended. Hindman's approval of these gatherings at Patient A's
4 house is exacerbated by the presence of alcohol at the
5 gatherings. These actions were of a personal nature, (e.g.
6 cleaning and cooking at Patient A's home) and are tantamount to a
7 personal, social (dual) relationship which blur the boundaries
8 between therapists and their clients. That blurring of the
9 professional boundaries may impair professional judgment and
10 confuse the client. We find that the risk of confusing the
11 client here is high due to Patient A's multiple personality
12 disorder. Confusion of boundaries increases the risk of
13 exploitation of the client. Hindman entered into a dual
14 relationship with Patient A when she authorized these Christmas
15 parties. Hindman should have known this.

16 As to presence of alcohol at the gatherings, we conclude
17 that Hindman's explicit or tacit approval of the presence of
18 alcohol at the parties compounds the boundary violation and
19 exacerbates the dual relationship. It is clear that it is
20 commonly known that abstinence is the most effective form of
21 treatment for habitual alcohol and substance abuse. Hindman knew
22 that Patient A had suffered from alcohol and substance abuse.
23 It was potentially damaging for Patient A's fragile condition to
24 expose her to alcohol in her home, illustrating the damage dual
25 relationships can produce.

26 Chamber of Commerce Presentation: The Board alleges that

1 the Ontario Chamber of Commerce meeting to which Ms. Hindman
2 invited Patient A and at which she introduced Patient A as a
3 researcher or research assistant is evidence of a dual
4 relationship and/or of gross negligence. The Notice, Paragraph
5 4, alleges two kinds of misconduct with respect to this event:

6 Licensee introduced patient to the attendees as a "research
7 assistant." In doing so, Licensee exploited Patient A's
8 trust and dependency by lying about her status as a patient
9 to the meeting. Licensee also entered into a dual
relationship with patient A by allowing her to attend the
meeting and to serve as a research assistant.

10 The facts do not bear out the allegation that Ms. Hindman
11 lied about Patient A's status as a patient. Ms. Hindman did not
12 disclose that Patient A was a patient. Introducing her as a
13 researcher or research assistant does not constitute lying about
14 her status as a patient. Patient A was apparently conducting
15 research on child abuse, the topic of Ms. Hindman's presentation.
16 Patient A's status as a student and as the owner of a business
17 are both independent of her status as a patient. Ms. Hindman did
18 not lie in introducing her to the Ontario Chamber of Commerce as
19 a research assistant or researcher. However, it implied that
20 Patient A was an employee or suggested that the Foundation or Ms.
21 Hindman personally employed Patient A.

22 Ms. Hindman's behavior was an exploitation of Patient A's
23 trust and dependency. The record indicates that Ms. Hindman did
24 draw boundaries around the relationship, to Patient A's
25 frustration. Patient A wanted to be more involved in research
26 with Ms. Hindman than Ms. Hindman would permit. Nevertheless,

1 Hindman allowed her to breach those boundaries by allowing
2 Patient A to participate in Hindman's business endeavors (e.g.
3 lecturing) as a research assistant.

4 As to the dual relationship allegation, Ms. Hindman
5 cooperated with Patient A to create research that Ms. Hindman
6 used as part of her presentation. Hindman admits that materials
7 prepared by Patient A as a student and part of her business were
8 distributed at the chamber of commerce presentation. This is
9 supported the testimony of Amber Ingram. Hindman also admits
10 that she referred to Patient A as a research assistant and the
11 author of the handout at the chamber of commerce meeting. Ms.
12 Hindman cooperated with Patient A to create or use Patient A's
13 research. That Patient A served as a research assistant is
14 supported by the record.

15 Apparently, Patient A was a student and had a business, both
16 independently of her therapy. We conclude that Patient A's
17 creation of the handout that was part of Ms. Hindman's
18 presentation at the Ontario Chamber of Commerce meeting is a dual
19 relationship with Ms. Hindman. Ms. Hindman's introduction of
20 Patient A as a research assistant or researcher compounds and
21 confirms dual relationship.

22 The Board also alleged that this incident violates OAR 833-
23 060-0001(2)(e), which provides:

24 A licensee must not use the counseling relationship to
25 further personal, religious, political, sexual, or financial
interests.

26 Ms. Hindman's presentation at the Chamber of Commerce was at

1 least partially to advance the Foundations business and
2 Hindman's own professional stature. Ms. Hindman used Patient A
3 to further the goal of promoting the Hindman Foundation, which
4 Ms. Hindman owned and controlled. Ms. Hindman's use of Patient
5 A's research in her presentation advanced her business interests
6 in the Foundation. Although the handout authored by Patient A
7 was part of a larger presentation, the use of the handout in Ms.
8 Hindman's presentations violates the rule above.

9 The Board's expert, Ms. Shay, testified that if Ms. Hindman
10 had identified Patient A as a research assistant, that would have
11 constituted an ethical violation. She reasoned that to employ a
12 client or make it sound as if a client were employed fosters
13 dependency and exploits the trust of a client. The record
14 supports Ms. Shay's testimony.

15 Dr. Zevrink, testified that the fact that Ms. Hindman
16 invited Patient A to the presentation and included research done
17 by Patient A in her own presentation violated no ethical rule.
18 In fact, Dr. Zevrink, believed that Ms. Hindman was attempting to
19 provide an opportunity for Patient A to improve her own
20 circumstances. We believe that Dr. Zevrink allows Ms. Hindman's
21 good intentions to create an exception to the Board's rules
22 regarding dual relationships and underestimates the potential
23 damage to this fragile client created by Hindman's use of Patient
24 A in this situation.

25 On the basis of the record, we conclude that Ms. Hindman's
26 behavior in the Chamber of Commerce incident constitutes an

1 ethical violation because of a dual relationship with a client in
2 violation of OAR 833-060-0001(2) (e).

3 Gift-giving to Patient A's Personalities: The Board's
4 Notice, Paragraph 5, asserts that Ms. Hindman violated OAR 833-
5 060-0001(2) (a) by allowing gifts to be purchased by the
6 Foundation for each of Patient A's personalities.

7 In an interview with the Board's investigator, Ms. Hindman
8 explained that the Christmas parties are humanitarian aid, not
9 therapy for Patient A. (Exhibit 1) Later, Hindman explained the
10 gift giving as therapeutic. The Foundation had a program in
11 place for humanitarian aid to the community during the Christmas
12 season, and chose Patient A as recipient during two holiday
13 seasons. Although, there is no inherent conflict between
14 humanitarian aid and therapeutic purpose, it was possible for
15 Hindman and her Foundation to provide humanitarian aid in the
16 spirit of the Christmas season without entering into dual
17 relationships by simply choosing a recipient for that aid who was
18 not a client.

19 The experts are again divided in their assessment of the
20 situation. Dr. Elaine Davidson, a medical practitioner who
21 treated Patient A, testified that Patient A was very dependant on
22 Jan Hindman and that dependency shifted to Davidson when Hindman
23 was unavailable during her involuntary commitment. Dr. Davidson
24 also testified that she was not a therapist and therefore was
25 ill-equipped to cope with Patient A's psychological needs. Dr.
26 Davidson conceded on cross-examination that perhaps that within

1 reason, gift-giving could be appropriate as part of Patient A's
2 therapy. However, Dr. Davidson testified that she returned gifts
3 given by Patient A to Patient A because they made her
4 uncomfortable. Ms. Shay, the Board's expert, testified that
5 gift-giving between therapist and client is always unacceptable.
6 She also testified that she did not believe that gift-giving
7 under these circumstances could be therapeutic or beneficial to
8 Patient A. Dr. Zevrink, M.D., the licensee's expert, did not
9 find an ethical violation in the giving of gifts to Patient A.

10 We agree with Ms. Shay and find that Dr. Davidson's
11 instincts are correct: it is a boundary violation and
12 establishes a dual relationship to give gifts to a patient. The
13 evidence here indicates that the therapists attending the holiday
14 parties may have intended the gifts to have a therapeutic
15 purpose. We conclude that giving gifts to Patient A was not
16 therapeutic because a dual relationship developed by these
17 actions eclipses any therapeutic value of the actions. The
18 giving of gifts to Patient A at the holiday parties at her home
19 constitutes an ethical violation and gross negligence on Ms.
20 Hindman's part.

21 We conclude that the facts as developed in the evidentiary
22 record do support the charges of ethical violations and gross
23 negligence with respect to Patient A.

24 The Debora Jordan Allegations: The Notice, Paragraph 10,
25 asserts a breach of the duty of trust and dependency of a
26 supervisee in violation of OAR 833-060-0001(2)(a) in respect to

1 Ms. Hindman's disclosure of information about Debora Jordan's
2 childhood sexual abuse. Ms. Hindman argues that this claim
3 should be dismissed because the allegation deals with the
4 employer/employee relationship and as such does not give rise to
5 an ethical violation. We disagree. The administrative rule
6 specifically addresses the relationship between licensees and
7 their supervisees, and exhorts against exploiting the trust and
8 dependency of a supervisee. That is the situation alleged here.

9 When interviewing for a job with the Foundation, Ms. Jordan
10 disclosed to Hindman that she had been the victim of sexual
11 abuse. Also, Ms. Jordan, herself, shared information about her
12 past sexual abuse with some of the therapists and employees of
13 the Foundation. Bill Walsh was asked to speak to her when she
14 was a new employee about "toning down" her disclosures about her
15 past.

16 There is a distinction between these disclosures. Ms.
17 Jordan's disclosure to Ms. Hindman arose out of professional
18 necessity. Ms. Shay, testified that it is good and common
19 practice for a supervisor to inquire concerning a supervisees
20 personal issues that may affect the supervisee's ability to
21 provide therapy in a given situation. Ms. Jordan's disclosures
22 made to others in her office were not compulsory. Rather, they
23 were made at her own discretion to friends or colleagues. The
24 mere fact of these other disclosures to friends and colleagues
25 cannot be reasonably interpreted as permission for a supervisor,
26 like Ms. Hindman, to disclose these personal facts to another

1 employee who had no professional need to know them, such as Jo
2 Frederick.

3 Therefore, we conclude that Ms. Hindman's disclosure to Ms.
4 Frederick did exploit Ms. Jordan's trust and dependency as a
5 supervisee. The trust at issue in the rule is the preservation
6 of confidentiality of information that a supervisee has disclosed
7 to a supervisor. It was ill advised of Ms. Hindman to tell Ms.
8 Frederick personal information about Ms. Jordan that Ms.
9 Frederick had no professional reason to know, and under these
10 circumstances, it was an ethical violation, but not grossly
11 negligent.

12 ORDER

13 IT IS ORDERED that:

- 14 1. Janice Hindman's license is hereby **REVOKED** for
15 violation of OAR 833-060-0001(1)(d) and OAR 833-060-
16 0001(2)(a) and (e).
- 17 2. Revocation of Janice Hindman's license shall be **STAYED**
18 within 30 days of this order if she elects in writing to
19 undertake the following combination of discipline and
20 remedial assistance.
- 21 3. Hindman's license shall be suspended until she enters
22 into professional supervision, but in no event less than 30
23 days.
- 24 4. Hindman will accept two years of probation pending
25 successful completion of the plan of supervision wherein she
26 agrees that any repeat offense involving a violation of the

1 Board's Code of Ethics or failure to fulfill the terms of
2 this Order will constitute grounds for immediate revocation
3 of her license;

4 4.1 Ms. Hindman shall undergo supervision for no less than
5 24 months by a licensed professional counselor or licensed
6 marriage and family therapist, or another licensed mental
7 health professional, approved by the Board.

8 4.2. The supervisor will be chosen by the Board from a list
9 of three submitted by Ms. Hindman. The professionals
10 submitted by Ms. Hindman shall have no dual relationship
11 with Ms. Hindman, shall be provided a copy of this Order,
12 must be willing to provide supervision, and file periodic
13 reports with the Board.

14 4.3 Submission of the list, which will include background
15 information about the credentials, training, supervision
16 expertise, and supervisor's willingness to provide
17 supervision and report to the Board, shall be made within 60
18 days from entry of this order.

19 4.4 Following written Board approval of the supervisor, Ms.
20 Hindman shall enter into a written agreement with the
21 supervisor. The agreement shall include but not be limited
22 to the following provisions: (1) supervision shall
23 specifically address, but is not limited to, client-related
24 ethics issues; (2) supervision shall occur no less than two
25 hours per month during the 24 months following approval of
26 the supervisor and notification of commencement of

1 supervision; (3) the supervisor's responsibilities
2 regarding the schedule, content, and form for reporting to
3 the Board; and (4) the date of the first supervision
4 meeting.

5 4.5 Ms. Hindman shall file a photocopy of the signed
6 agreement with the Board no later than 15 days following
7 notification of Board selection and approval of the
8 supervisor.

9 4.6 Any dispute between Ms. Hindman and the Board-approved
10 supervisor will be resolved by the Board at its regularly
11 scheduled meeting in an informal binding hearing, with
12 testimony limited to the supervisor and Ms. Hindman or
13 through a delegated representative of the Board who will
14 hear from both parties. Any problems or unanticipated
15 situations that impede completion of the supervision will be
16 brought to the Board's attention through immediate written
17 communication with the Board.

18 4.7 All costs of supervision will be borne entirely by Ms.
19 Hindman.

20 4.8 The supervisor shall provide quarterly formal reports
21 to the Board at three-month intervals during the 24-month
22 period. Each report shall be in writing and detail Ms.
23 Hindman's progress, whether she has been participating in
24 good faith, and whether Ms. Hindman is aware of the ethical
25 concerns the Board has indicated. The final report shall
26 provide an objective evaluation of Ms. Hindman's ability to

1 continue practice without supervision.

2 4.9 Ms. Hindman consents to the supervisor contacting the
3 Board if the supervisor believes there is a risk to the
4 public by the continued practice of Ms. Hindman as a
5 professional counselor.

6 5. Ms. Hindman must also immediately receive a
7 comprehensive mental health evaluation, including treatment
8 recommendations, from a Board approved licensed mental
9 health provider. Ms. Hindman must execute a release to
10 allow the provider to confer with all previous therapists
11 and to obtain Hindman's medical records. A copy of the
12 evaluation shall be provided to the Board and shall be kept
13 confidential, unless used in a subsequent contested case.

14
15 IT IS SO ORDERED.

16 Dated this 8th day of January, 1998, at Salem, Oregon.

17 State of Oregon,
18 BOARD OF LICENSED PROFESSIONAL COUNSELORS AND
19 THERAPISTS

20 
21 Carol F. Fleming, Administrator

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23
24
25
26 JGG11190

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on January 8, 1998, I served the within FINAL ORDER IMPOSING DISCIPLINE, upon the party or parties hereto, a full, true and correct copy thereof, to:

Thomas H. Tongue
Attorney at Law
Suite 1500
851 SW 6th Avenue
Portland, Oregon 97204

- by regular mail, postage prepaid,
- by hand-delivery,
- by FAX # _____) & mailing,
- overnight Express Mail,
- other: Certified Mail # P035-083-584



Carol F. Fleming, Administrator
Board of Counselors and Therapists