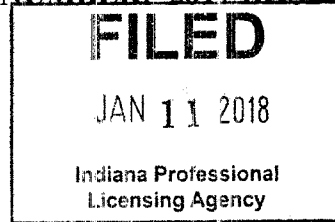


**BEFORE THE  
BEHAVIORAL HEALTH AND HUMAN  
SERVICES LICENSING BOARD  
CAUSE NUMBER: 2017 BHSB 0016**

**IN THE MATTER OF THE LICENSE OF )  
 )  
STUART D. HALL, L.M.H.C )  
 )  
LICENSE NO.: 39002206A (ACTIVE) )**



**ORDER ACCEPTING PROPOSED SETTLEMENT AGREEMENT**

The Office of the Attorney General, by Amanda R. Elizondo, Deputy Attorney General and Stuart D. Hall, L.M.H.C. (“Respondent”), by Counsel, Thomas A. Hardin, signed and filed before the Board a proposed Settlement Agreement (“Agreement”) which Agreement has been submitted to the Board for approval.

The Behavioral Health and Human Services Licensing Board (“Board”), after reviewing the Agreement at the November 27, 2017 meeting held in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204, now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement, which is attached hereto and incorporated herein as Exhibit A, and approves and adopts in full the Agreement as a final resolution of this matter. The Board approved this Agreement by a vote of 7 to 1 to 0.

**WHEREFORE**, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties incorporated herein, and Respondent is hereby **ORDERED** to abide by all the terms of the Agreement.

ALL OF WHICH IS SO ORDERED, this 11<sup>th</sup> day of January, 2018.

BEHAVIORAL HEALTH AND HUMAN SERVICES  
LICENSING BOARD

By: Maureen Bennett  
for Don Osborn, Ph.D.  
LCAC, LMFT, LCSW, LMHC  
Board Chair  
Behavioral Health and Human Services Licensing  
Board

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**CERTIFICATE OF SERVICE**

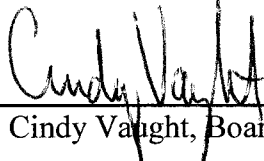
I certify that a copy of the "Order Accepting Proposed Settlement Agreement" has been duly served upon:

Stuart D. Hall, L.M.H.C.  
6217 Constitution Drive  
Fort Wayne, Indiana 46804  
**Service by U.S. Mail**

Thomas A. Hardin, Counsel for Respondent  
Shine & Hardin, LLP  
2810 Beaver Ave., First Floor  
Fort Wayne, Indiana 46807  
**Service by U.S. Mail**

Deputy Attorney General Amanda R. Elizondo  
Office of the Indiana Attorney General  
Indiana Government Center South  
302 West Washington Street, Fifth Floor  
Indianapolis, Indiana, 46204  
**Email:** [Amanda.Elizondo@atg.in.gov](mailto:Amanda.Elizondo@atg.in.gov)  
**Service by E-mail**

11/13/2018  
Date

  
Cindy Vaught, Board Director

Behavioral Health and Human Services Licensing Board  
Indiana Professional Licensing Agency  
Indiana Government Center South  
402 West Washington St., Room W072  
Indianapolis, Indiana 46204  
Phone: (317) 234-2003  
Fax: (317) 233-4236  
Email: [cvaught@pla.in.gov](mailto:cvaught@pla.in.gov)

**Explanation of Service Methods**

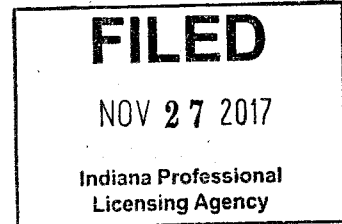
Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

BEFORE THE INDIANA  
BEHAVIORAL HEALTH AND HUMAN  
SERVICES BOARD  
CAUSE NUMBER 2017 BHSB 0016

IN THE MATTER OF THE LICENSE OF )  
STUART D. HALL, L.M.H.C. )  
LICENSE NO.: 39002206A (ACTIVE) )



**PROPOSED SETTLEMENT AGREEMENT**

The State of Indiana ("Petitioner"), by Amanda R. Elizondo, Deputy Attorney General, and Stuart D. Hall, L.M.H.C. ("Respondent"), by counsel Thomas A. Hardin, hereby execute this Agreement to a disposition of the Administrative Complaint filed in this cause. This Agreement is subject to the review and approval of the Indiana State Behavioral Health and Human Services Board (Board) pursuant to Ind. Code ch. 25-1-9 and the Administrative Orders and Procedures Act, Ind. Code ch. 4-21.5-3.

**STIPULATED FACTS**

The parties stipulate:

1. Respondent is a licensed mental health counselor ("L.M.H.C.") in the State of Indiana, having been granted L.M.H.C. License Number 39002206A on November 8, 2010, by the Indiana Behavioral Health and Human Services Licensing Board ("Board").
2. Respondent's address on file with the Board is Contact Counseling and Training, LLC, located at 6217 Constitution Drive, Fort Wayne, Indiana 46804.

**EXHIBIT** A

3. On or about January 1, 2009, Respondent began his employment as Clinical Coordinator with Wabash Friends Counseling Center ("Wabash") located in Wabash, Indiana.
4. Respondent failed to complete written client documentation, which resulted in a financial loss to Wabash.
5. On or about January 21, 2015, during Respondent's termination meeting, the Executive Director of Wabash ("E.D.") noted that Respondent's position as clinical director was being eliminated. During the meeting, Respondent's supervisor also discussed Respondent's failure to monitor Medicaid Files and complete tasks. Respondent was given thirty (30) days to transition his clients.
6. On or about February 20, 2015, Respondent's employment with Wabash was terminated.
7. During a review of Respondent's client files, the E.D. noted that around one hundred and thirty-one (131) clients were missing written case documentation of one kind or another.
8. On or about July 2, 2015, Respondent's counsel contacted the Indiana Attorney General ("OAG") in response to a complaint received from Wabash. He stated that "[Respondent] often took notes on a hand-held recording device . . . [t]here are several matters that still need transcription and when finished he will provide the typed notes to [Wabash]."
9. On or about April 21, 2016, the E.D. for Wabash stated that she had not received any case notes that Respondent had promised to transcribe.

10. On or about November 16, 2016, Respondent's counsel informed the OAG that Respondent had provided Wabash with the written case documentation.
11. On or about April 6, 2017, Wabash's counsel informed the OAG that "[Respondent] is paying restitution to [Wabash,] which is sufficient to defray the financial costs incurred by his conduct."

#### **ULTIMATE FINDINGS OF FACT**

1. Respondent's violations are cause for disciplinary sanctions which may be imposed singularly or in combination, such as censure, letter of reprimand, probation, suspension, and permanent revocation, and the imposition of a fine in any amount up to \$1,000.00 per violation as detailed in Indiana Code 25-1-9-9.

2. Respondent's actions of not completing written client documentation constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(A).

#### **STIPULATED CONCLUSIONS OF LAW**

1. The agreement of the parties as stated above establishes a sufficient factual and legal basis for the discipline of the Respondent's mental health counseling license.

WHEREAS, this matter is set for hearing before the Board; and

WHEREAS, the Respondent and Petitioner wish to resolve this matter prior to a hearing and have reached a resolution.

IT IS NOW THEREFORE AGREED by Respondent and Petitioner as follows:

#### **AGREED DISPOSITION**

It is now therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.

2. The parties execute this Agreement voluntarily.

3. Both parties voluntarily waive their rights to a public hearing on the Complaint.

4. Petitioner agrees the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Indiana mental health counseling license.

5. Respondent's license shall be placed on **INDEFINITE PROBATION**.

6. Prior to applying to have the probationary status withdrawn, Respondent must fulfill the following **CONDITIONS**:

a. Respondent's probation shall be no less than one (1) year from the date of the Board's Final Order.

b. Respondent shall personally appear before the Board once every six (6) months to update the Board about his professional activities, unless otherwise waived by the Board.

c. Respondent shall have a practitioner licensed by the Board act as a preceptor to provide clinical supervision for Respondent. The preceptor must be approved by the Board. Respondent shall meet with his preceptor at least twice a month, and have the preceptor review documentation for two (2) to three (3) clients per meeting. The preceptor shall review Respondent's written documentation to assure that it is complete, timely, and appropriate.

- d. Respondent shall cause his preceptor to submit quarterly reports to the Board updating the Board on his professionalism, work ethic, and attitude.
- e. Respondent shall complete at least a total of twenty (20) hours of formal continuing education units on the subjects of Ethics and/or Documentation, and Respondent shall submit proof of completion of said twenty (20) hours of continuing education units to the Board. Respondent shall be given three (3) hours credit for the CEU entitled "Ethics 4D – When Insurance and State Contracts are Paying the Bill – The Ethics of Treatment Documentation and Other Ethical Dilemmas" that he completed on October 28, 2017.
- f. Respondent shall complete the Jurisprudence Exam and submit proof of completion to the Board.
- g. Respondent shall keep the Board informed of his residential address and telephone number at all times.
- h. Respondent shall not violate any statutes or rules regulating the practice of mental health counseling.
- i. Respondent shall, within ninety (90) days of the Final Order, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE of FIVE DOLLARS (\$5.00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General  
Attn: Teresa Henson  
302 West Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204

7. Upon successful completion of all above conditions, Respondent may petition the Board for withdrawal of his probation in accordance with Ind. Code §25-1-9-16(d).

8. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

9. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of mental health counseling, or any violation of this Settlement Agreement may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

10. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

