1	BEFORE THE ARIZONA STATE BOARD	OF BEHAVIORAL HEALTH EXAMINERS	
2	In the Matter of:		
3	L. Magali Hoy-Nielsen, LCSW-16582, Licensed Clinical Social Worker,	CASE NO. 2021-0139	
4	In the State of Arizona.	RELEASE FROM CONSENT AGREEMENT AND ORDER	
5	RESPONDENT	CONSENT AGREEMENT AND ORDER	
6			
7	The Board received a request from Re	espondent to release them from the terms and	
8	conditions of the Consent Agreement and Order	r dated February 25 th , 2022. After consideration,	
9	the Board voted to release Respondent from	m the terms and conditions of the Consent	
10	Agreement and Order dated February 25 th , 2022	<u>></u>	
11	ORI	DER	
12	GOOD CAUSE APPEARING, IT IS THEREFORE ORDERED THAT:		
13	Respondent is hereby released from all terms and conditions of the Consent Agreement		
14	and Order dated February 25 th , 2022.		
15	By: Mili Zansla	Nov 13, 2023	
16	TOBI ZAVALA, Executive Director Arizona Board of Behavioral Health Exar	Date	
17			
18	ORIGINAL of the foregoing filed Nov 13, 202 with:	3	
19	Arizona Board of Behavioral Health Examiners		
20	1740 West Adams Street, Suite 3600 Phoenix, AZ 85007		
21	EXECUTED COPY of the foregoing sent electro	nically <u>Nov 13, 2023</u>	
22	to:		
23	L. Magali Hoy-Nielsen Address of Record		
24	Respondent		
25			
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1	BEFORE THE A	RIZONA BOARD
2	OF BEHAVIORAL H	EALTH EXAMINERS
3	In the Matter of:	
4	L. Magali Hoy-Nielsen, LCSW-16582,	CASE NO. 2021-0139
5	Licensed Clinical Social Worker, In the State of Arizona.	CONSENT AGREEMENT
6	RESPONDENT	
7		

In the interest of a prompt and speedy settlement of the above captioned matter, consistent with the public interest, statutory requirements and responsibilities of the Arizona State Board of Behavioral Health Examiners ("Board"), and pursuant to A.R.S. §§ 32-3281(F) and 41-1092.07(F)(5), L. Magali Hoy-Nielsen ("Respondent") and the Board enter into this Consent Agreement, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

Respondent understands and agrees that:

1. Any record prepared in this matter, all investigative materials prepared or received by the Board concerning the allegations, and all related materials and exhibits may be retained in the Board's file pertaining to this matter.

Respondent has the right to a formal administrative hearing at which Respondent
 can present evidence and cross examine the State's witnesses. Respondent hereby irrevocably
 waives their right to such formal hearing concerning these allegations and irrevocably waives
 their right to any rehearing or judicial review relating to the allegations contained in this Consent
 Agreement.

Respondent has the right to consult with an attorney prior to entering into this
 Consent Agreement.

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1 4. Respondent acknowledges and agrees that upon signing this Consent Agreement and returning it to the Board's Executive Director, Respondent may not revoke their 2 3 acceptance of this Consent Agreement or make any modifications to it. Any modification of this original document is ineffective and void unless mutually approved by the parties in writing. 4

5 5. The findings contained in the Findings of Fact portion of this Consent Agreement are conclusive evidence of the facts stated herein between only Respondent and the Board for the final disposition of this matter and may be used for purposes of determining sanctions in any future disciplinary matter.

9 6. This Consent Agreement is subject to the Board's approval, and will be effective 10 only when the Board accepts it. In the event the Board in its discretion does not approve this Consent Agreement, this Consent Agreement is withdrawn and shall be of no evidentiary value, 11 nor shall it be relied upon or introduced in any disciplinary action by any party hereto, except 12 that Respondent agrees that should the Board reject this Consent Agreement and this case 13 proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its 14 15 review and discussion of this document or of any records relating thereto.

7. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or

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otherwise, about the views or intended actions of any other state agency or officer or political
 subdivision of the state relating to this matter or other matters concerning Respondent.

8. Respondent understands that once the Board approves and signs this Consent
Agreement, it is a public record that may be publicly disseminated as a formal action of the
Board, and that it shall be reported as required by law to the National Practitioner Data Bank.

9. Respondent further understands that any violation of this Consent Agreement
constitutes unprofessional conduct pursuant to A.R.S. § 32-3251(16)(n) and may result in
disciplinary action pursuant to A.R.S. § 32-3281.

9 10. The Board therefore retains jurisdiction over Respondent and may initiate
10 disciplinary action against Respondent if it determines that they have failed to comply with the
11 terms of this Consent Agreement or of the practice act.

The Board issues the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Respondent is the holder of License No. LCSW-16582 for the practice of social work in the State of Arizona.

16 2. From 04/19 – 12/20, and adult client ("Client") received behavioral health
17 services from Respondent.

3. Upon initiating services, Client told Respondent that she had been diagnosed with DID and PTSD.

4. Respondent represented the following regarding her decision to provide services
to Client:

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 Respondent let Client know she had not worked with other clients that were diagnosed with DID.

 Respondent never presumed expertise on the diagnosis of DID, but chose to treat Client with due caution.

1		c. Respondent's intention was to help Client to the best of Respondent's ability.
2	d. Respondent should not have provided services to Client.	
3	e. Although Respondent felt her treatment of Client's PTSD was within her	
4		scope, Respondent felt Client's DID issues were out of her scope.
5		f. Respondent did not consider that working outside of her scope may be a
6		violation of A.R.S. § 32-3251, but now she better understands.
7		g. In the future, Respondent will carefully screen a client to ensure
8		Respondent's clinical skills match their needs.
9	5.	In addition to providing services outside of her scope, Respondent
10	communicated with terms and symbols that were not appropriate for the tone and nature of the	
11	professional relationship:	
12		a. "Loves and hugs [Licensee][praying hands emoji][heart emoji]."
13		b. "Thank you my dear! Sending all my love. [heart emoji][praying hands
14		emoji][smiley face emoji]."
15		c. "Love you my sweet Silly. Bless you. [heart emoji][praying hands emoji]."
16	6.	Respondent represented the following:
17		a. Client initiated the use of emojis and Respondent used them to represent
18		care, compassion, and to meet Client where she was.
19		b. Respondent recognizes the use of emojis was not an appropriate approach.
20	7.	Respondent had physical, non-sexual contact with Client.
21	8.	Respondent represented the following:
22		a. During a time of Client being in distress, Respondent allowed Client to rest
23		her head on a pillow situated between the outside of Respondent's lap and
24		Client's head.
25		b. Respondent patted Client's hair as a comfort response.

1		c. Respondent recognizes there is a boundary, and regrets her decision.	
2	9. Furthermore, Respondent represented the following regarding harm to Client:		
3		a. It was difficult to answer whether Respondent believed the treatment she	
4		provided Client caused harm.	
5		b. Respondent could have done more to consider Client's DID in her treatment.	
6	10.	10. On 05/31/19, Client was in crisis and contacted Respondent reporting that she	
7	felt alone and suicidal.		
8	11. Respondent drove to Client's residence and contacted the crisis mobile team to		
9	assess Client's safety and to ensure a friend would also come to the residence.		
10	12.	Respondent left prior to the arrival of the crisis response team or Client's friend.	
11	13.	Respondent represented the following:	
12		a. Respondent went to Client's home because she did not seem well, she	
13		seemed suicidal, and it did not appear she could reach out for help on her	
14		own.	
15		b. Respondent went to the home rather than calling crisis because she wanted	
16		Client to have someone there immediately or in the meantime.	
17		c. Respondent stayed with Client for two hours until she was stabilized without	
18		suicidal thoughts.	
19		d. Respondent determined Client was stabilized enough to be left alone	
20		because she was on the phone with her friend who was instrumental in	
21		assisting to stabilize her.	
22		e. Client's friend remained on the phone, and once the crisis team was within	
23		minutes of arrival, Respondent left.	
24		f. Respondent regrets the minutes of time between her departure and Client's	
25		friend's arrival.	

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1	g. Respondent left the residence because she had another appointment.	
2	h. Respondent was unable to articulate why she did not develop a crisis plan	
3	with Client after the incident, but she recognizes the importance of crisis	
4	planning.	
5	i. Respondent did not do a suicide risk assessment with Client, and was unable	
6	to articulate to the Board investigator her failure to do so.	
7	14. Additionally, Client's clinical record had the following documentation deficiencies:	
8	a. The consent for treatment was missing the majority of the required elements.	
9	b. Client's treatment plan was missing the following required elements:	
10	 The dated signature of the client. 	
11	 The date when the client's treatment plan will be reviewed. 	
12	c. Client's progress notes were missing the following required elements:	
13	 Almost all of the progress notes do not indicate whether the counseling 	
14	was individual, couples, family, or group.	
15	 One (1) progress one is missing Respondent's dated signature and the 	
16	time spent providing the behavioral health service.	
17	 Respondent neglected to prepare progress notes for two (2) sessions. 	
18	d. Client's records were missing four (4) corresponding billing records.	
19	15. After receiving the Board complaint, Respondent submitted the following	
20	templates to Board staff that appear to meet minimum requirements:	
21	a. Consent forms	
22	b. Treatment plan	
23	c. Progress notes.	
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CONCLUSIONS OF LAW

The Board has jurisdiction over Respondent pursuant to A.R.S. § 32-3251 *et seq*.
 and the rules promulgated by the Board relating to Respondent's professional practice as a
 licensed behavioral health professional.

5 2. The conduct and circumstances described in the Findings of Fact constitute a
6 violation of A.R.S. § 32-3251(16)(m), engaging or offering to engage as a licensee in activities
7 that are not congruent with the licensee's professional education, training or experience.

3. The conduct and circumstances described in the Findings of Fact constitute a
violation of A.R.S. § 32-3251(16)(k), engaging in any conduct or practice that is contrary to
recognized standards of ethics in the behavioral health profession or that constitutes a danger
to the health, welfare or safety of a client, as it relates to the NASW Code of Ethics¹:

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1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed client, and clients should be so advised.

4. The conduct and circumstances described in the Findings of Fact constitute a violation of A.R.S. § 32-3251(16)(p), failing to conform to minimum practice standards as developed by the board as it relates to:

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A.A.C. R4-6-1101, Consent for Treatment

¹ The Board did not make a finding that Respondent engaged in a practice that "constitutes a danger to
the health, welfare or safety of a client." The violation of A.R.S. §32-3251(16)(k) is based on the violation
of the NASW Code of Ethics section.

1	A.A.C. R4-6-1102, Treatment Plan	
2	A.A.C. R4-6-1103, Client Record	
3	A.A.C. R4-6-1104, Financial and Billing Records	
4	ORDER	
5	Based upon the foregoing Findings of Fact and Conclusions of Law, the parties agree to	
6	the provisions and penalties imposed as follows:	
7	1. Respondent's license, LCSW-16582, will be placed on probation for 24 months,	
8	effective from the date of entry as signed below.	
9	2. Respondent shall not practice under their license, LCSW-16582, unless they are	
10	fully compliant with all terms and conditions in this Consent Agreement. If, for any reason,	
11	Respondent is unable to comply with the terms and conditions of this Consent Agreement, they	
12	shall immediately notify the Board in writing and shall not practice under their license until they	
13	submit a written request to the Board to re-commence compliance with this Consent	
14	Agreement. All such requests shall be pre-approved by the Board Chair or designee.	
15	3. In the event that Respondent is unable to comply with the terms and conditions	
16	of this Consent Agreement, all remaining time frames shall be tolled and remain tolled until	
17	such time as they are granted approval to re-commence compliance with the Consent	
18	Agreement.	
19	Continuing Education	
20	4. In addition to the continuing education requirements of A.R.S. § 32-3273, within	
21	12 months of the effective date of this Consent Agreement, Respondent shall complete 6 clock	
22	hours of continuing education addressing crisis intervention and safety. All required continuing	
23	education shall be pre-approved by the Board Chair or designee. Upon completion, Respondent	
24	shall submit a certificate of completion of the required continuing education.	
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In addition to the continuing education requirements of A.R.S. § 32-3273, within
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Clinical Supervision

6. While on probation, Respondent shall submit to clinical supervision for 24 months by a masters or higher level behavioral health professional licensed by the Arizona Board of Behavioral Health Examiners at the independent level. Within 30 days of the date of this Consent Agreement, Respondent shall submit the name of a clinical supervisor for pre-approval by the Board Chair or designee. Also within 30 days of the date of this Consent Agreement, the clinical supervisor shall submit a letter disclosing their prior relationship to Respondent. In that letter, the clinical supervisor must address why they should be approved, acknowledge that they have reviewed the Consent Agreement and include the results of an initial assessment and a supervision plan regarding the proposed supervision of Respondent. The letter from the supervisor shall be submitted to the Board.

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Focus and Frequency of Clinical Supervision

7. The focus of the supervision shall relate to boundaries, documentation, referrals, crisis intervention, Arizona statutes and rules, and behavioral health ethics. Respondent shall meet individually in person with the supervisor for a minimum of two hours monthly if working fulltime.

<u>Reports</u>

8. Once approved, the supervisor shall submit quarterly reports for review and approval by the Board Chair or designee. The quarterly reports shall include issues presented in

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this Consent Agreement that need to be reported and the supervisor shall notify the Board if
more frequent supervision is needed. Quarterly reports shall include the following:

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a. Dates of each clinical supervision session.

b. A comprehensive description of issues discussed during supervision sessions.

9. All quarterly supervision reports shall include a copy of clinical supervision
documentation maintained for that quarter. All clinical supervision documentation maintained by
the supervisor shall comply with requirements set forth in A.A.C. R4-6-212(C).

9 10. After Respondent's probationary period, the supervisor shall submit a final 10 summary report for review and approval by the Board Chair or designee. The final report shall 11 also contain a recommendation as to whether the Respondent should be released from this 12 Consent Agreement.

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Change of Clinical Supervisor During Probation

11. If, during the period of Respondent's probation, the clinical supervisor determines that they cannot continue as the clinical supervisor, they shall notify the Board within 10 days of the end of supervision and provide the Board with an interim final report. Respondent shall advise the Board Chair or designee within 30 days of cessation of clinical supervision by the approved clinical supervisor and provide the name of a new proposed clinical supervisor. The proposed clinical supervisor shall provide the same documentation to the Board as was required of the initial clinical supervisor.

<u>Audit</u>

12. While on probation, Respondent shall submit to an audit of all of their private
practice records by a pre-approved auditor. Within 30 days of this consent agreement,
Respondent shall submit the name of an auditor and a plan for conducting the audit for preapproval by the Board Chair or designee. The audit shall be completed within 60 days of the

1 effective date of this consent agreement. Also within 60 days of the effective date of this 2 consent agreement, the auditor shall provide an audit report and a proposed audit plan addressing any deficiencies found during the audit to the Board Chair or designee for review 3 and approval. 4

Practice Monitor

6 13. While on probation, Respondent shall establish and maintain a relationship with a 7 practice monitor who is a masters or higher level behavioral health professional licensed by the Arizona Board of Behavioral Health Examiners at the independent level. The practice monitor 8 9 shall provide training and assistance to Respondent regarding setting up appropriate forms and 10 formats for Respondent's clinical records, implementing current behavioral health standards of practice related to behavioral health assessment and treatment planning, providing treatment 11 consistent with the documented treatment plan, and documenting the treatment provided in 12 accordance with current behavioral health standards. Respondent and the practice monitor shall 13 review the clinical documentation produced for each and every active client Respondent sees at 14 15 least once per month. The practice monitor shall ensure that Respondent complies with the audit plan approved by the Board Chair or designee. Respondent shall meet with the practice 16 monitor a minimum of once a month. 17

14. Within 30 days of the effective date of this Consent Agreement, Respondent shall submit the name of a practice monitor for pre-approval by the Board Chair or designee. Also within 30 days of the effective date of this Consent Agreement, the proposed Practice Monitor shall submit a letter disclosing their prior relationship to Respondent. In that letter, the practice monitor shall address why they should be approved, acknowledge that they have reviewed the Consent Agreement and include the results of an initial assessment and a monitoring plan regarding the proposed practice monitoring of Respondent. The letter from the proposed Practice Monitor shall be submitted to the Board. 25

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Monitoring Quarterly Reports

2 15. Once approved, the practice monitor shall submit quarterly reports for review and 3 approval by the Board Chair or designee. The quarterly reports shall include issues presented in this consent agreement that need to be reported and the practice monitor shall notify the Board 4 5 if more frequent monitoring is needed. The practice monitor shall submit a final summary report 6 for review and approval by the Board Chair or designee. The final summary report submitted by 7 the practice monitor shall address Respondent's competency to engage in independent practice in accordance with current standards of practice. 8

Change of Practice Monitor During Probation

16. If, during the period of Respondent's probation, the practice monitor determines that they cannot continue as the practice monitor, they shall notify the Board within 10 days of the end of monitoring and provide the Board with an interim final report. Respondent shall 12 advise the Board Chair or designee within 30 days of cessation of monitoring by the approved practice monitor of the name of a new proposed practice monitor. The proposed practice monitor shall provide the same documentation to the Board as was required of the initial practice monitor.

Early Release

17. After completion of the stipulations set forth in this Consent Agreement, and upon the supervisor's and practice monitor's recommendation, Respondent may request early release from the Consent Agreement after 12 months.

GENERAL PROVISIONS

Provision of Clinical Supervision

18. Respondent shall not provide clinical supervision while subject to this Consent Agreement.

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Civil Penalty

19. Subject to the provisions set forth in paragraph 20, the Board imposes a civil penalty against the Respondent in the amount of \$1,000.00.

20. Respondent's payment of the civil penalty shall be stayed so long as Respondent remains compliant with the terms of this Consent Agreement. If Board staff determines that Respondent is noncompliant with the terms of this Consent Agreement in any respect, with the exception of the tolling provision under paragraph 3, the stay of the civil penalty payment shall be automatically lifted and payment of the civil penalty shall be made by certified check or money order payable to the Board within 30 days after being notified in writing of the lifting of the stay.

21. Within 10 days of being notified of the lifting of the stay, Respondent may request that the matter be reviewed by the Board for the limited purpose of determining whether the automatic lifting of the stay was supported by clear and convincing evidence. If the Board receives the written request within 10 days or less of the next regularly scheduled Board meeting, the request will not be heard at that meeting, but will be heard at the next regularly scheduled Board meeting. The Board's decision on this matter shall not be subject to further review.

22. The Board reserves the right to take further disciplinary action against Respondent for noncompliance with this Consent Agreement after affording Respondent notice and an opportunity to be heard. If a complaint is filed against Respondent for failure to comply with this Consent Agreement, the Board shall have continuing jurisdiction until the matter is final and the period of probation shall be extended until the matter is final. 22

23. If Respondent currently sees clients in their own private practice, and obtains any 23 other type of behavioral health position, either as an employee or independent contractor, where 24 25 . . .

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they provide behavioral health services to clients of another individual or agency, they shall
comply with requirements set forth in paragraphs 24 through 26 below.

3 Within 10 days of the effective date of this Order, if Respondent is working in a 24. position where Respondent provides any type of behavioral health related services or works in a 4 5 setting where any type of behavioral health, health care, or social services are provided, 6 Respondent shall provide the Board Chair or designee with a signed statement from Respondent's employer(s) confirming Respondent provided the employer(s) with a copy of this 7 Consent Agreement. If Respondent does not provide the employer's statement to the Board 8 9 within 10 days of the effective date, the Board will provide Respondent's employer(s) with a 10 copy of the Consent Agreement.

25. If Respondent is not employed as of the effective date of this Order, within 10 11 days of accepting employment in a position where Respondent provides any type of behavioral 12 health related services or in a setting where any type of behavioral health, health care, or social 13 services are provided, Respondent shall provide the Board Chair or designee with a written 14 15 statement providing the contact information of their new employer and a signed statement from Respondent's new employer confirming Respondent provided the employer with a copy of this 16 Consent Agreement. If Respondent does not provide the employer's statement to the Board 17 18 within 10 days, as required, Respondent's failure to provide the required statement to the Board shall be deemed a violation of A.R.S. § 32-3251(16)(n) and the Board will provide Respondent's 19 employer(s) with a copy of the Consent Agreement. 20

26. If, during the period of Respondent's probation, Respondent changes employment, resigns, is involuntarily terminated, resigns in lieu of termination, or goes on extended leave of absence for whatever reason that may impact their ability to timely comply with the terms of probation, Respondent shall, within 10 days of the aforementioned acts, inform the Board of their change of employment status. After the change and within 10 days of

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accepting employment in a position where Respondent provides any type of behavioral health related services or in a setting where any type of behavioral health, health care, or social services are provided, Respondent shall provide the Board Chair or designee a written statement providing the contact information of their new employer(s) and a signed statement from Respondent's new employer(s) confirming Respondent provided the employer(s) with a copy of this Consent Agreement. If Respondent does not provide the employer's statement to the Board within 10 days, as required, Respondent's failure to provide the required statement to the Board shall be deemed a violation of A.R.S. § 32-3251(16)(n) and the Board will provide Respondent's employer(s) with a copy of the Consent Agreement.

27. Respondent shall practice behavioral health using the name under which they are licensed. If Respondent changes their name, they shall advise the Board of the name change as prescribed under the Board's regulations and rules.

28. Prior to the release of Respondent from probation, Respondent must submit a written request to the Board for release from the terms of this Consent Agreement at least 30 days prior to the date they would like to have this matter appear before the Board. Respondent may appear before the Board, either in person or telephonically. Respondent must provide evidence that they have successfully satisfied all terms and conditions in this Consent Agreement. The Board has the sole discretion to determine whether all terms and conditions of this Consent Agreement have been met and whether Respondent has adequately demonstrated that they have addressed the issues contained in this Consent Agreement. In the event that the Board determines that any or all terms and conditions of this Consent Agreement have not been met, the Board may conduct such further proceedings as it determines are appropriate to address those matters.

24 29. Respondent shall bear all costs relating to probation terms required in this
 25 Consent Agreement.

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1	30. Respondent shall be responsible for	ensuring that all documentation required in
2	this Consent Agreement is provided to the Board in a timely manner.	
3	31. This Consent Agreement shall be eff	ective on the date of entry below.
4	32. This Consent Agreement is conclusi	ve evidence of the matters described herein
5	and may be considered by the Board in determ	ining appropriate sanctions in the event a
6	subsequent violation occurs.	
7		
8	PROFESSIONAL ACCEPTS, SIGNS AND	DATES THIS CONSENT AGREEMENT
9	L Magali Hoy-Nielsen L Magali Hoy-Nielsen (Feb 25, 2022 08:02 MST)	Feb 25, 2022
10	L. Magali Hoy-Nielsen	Date
11	BOARD ACCEPTS, SIGNS AND DATE	S THIS CONSENT AGREEMENT
12	By: Mili Zanda	Feb 25, 2022
13	TOBI ZAVALA, Executive Director	Date
14	Arizona Board of Behavioral Health Examine	ers
15	ORIGINAL of the foregoing filed Feb 25, 20	022
16	with:	
17	Arizona Board of Behavioral Health Examiners 1740 West Adams Street, Suite 3600 Phoenix, AZ 85007	
18		
19	EXECUTED COPY of the foregoing sent electronically Feb 25, 2022	
20	Mona Baskin	
21	Assistant Attorney General 2005 North Central Avenue	
22	Phoenix, AZ 85004	
23	L. Magali Hoy-Nielsen	
24	Address of Record Respondent	
25		
	-16-	

1	Flynn Carey
2	Mitchell Stein Carey Chapman, PC 2600 N Central Avenue, Ste. 1000
3	Phoenix, AZ 85004 Attorney for Respondent
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