

PROF. CODE- CITATION NO.

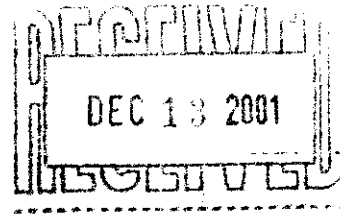
5203 - 2001-08752

DATE OF COMPLAINT

07-10-01

CASE NUMBER

2001-08752



AGENCY FOR HEALTH CARE ADMINISTRATION

**BOARD OF Clinical Social Work,
Marriage/Family Therapy &
Mental Health Counseling**

UNIFORM DISCIPLINARY CITATION

ISSUED TO: Philip Sageser, LMHC
3600 S.W. First Avenue
Miami, FL 33145

LICENSE NUMBER(S): MH 3291

FILED

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK *Vicki R. Kenon*

DATE 1/9/02

Pursuant to Section 456.077, Florida Statutes, formerly Section 455.617 (1997), the undersigned hereby certifies that he/she has probable cause to believe that on the 10th day of July, the person(s) whose name(s) appear above did violate the following provisions of law: 491.009(2)(a)(h)(q) f.s., By committing the following act(s): Failure to comply with continuing education audit.

Pursuant to Rule 64B4- 5.007(3)(b) Florida Administrative Code, the Board/Agency has set the following penalty for violation of the aforesaid provision: \$500.00, plus \$99.00 in administrative costs. Total amount due = \$599.00

ISSUED this 25th day of September, 2001. RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

By *Kimberly Moore* ID No. HA 11
Kimberly Moore, Investigative Specialist I.

IF YOU DO NOT DISPUTE THE CITATION WITHIN THIRTY (30) DAYS OF SERVICE, THE CITATION AUTOMATICALLY BECOMES A FINAL ORDER OF THE BOARD. IN ORDER TO DISPUTE THIS CITATION, YOU MUST DO SO IN WRITING TO THE AGENCY FOR HEALTH CARE ADMINISTRATION, Investigative and Consumer Services Unit, Post Office Box 14000, Tallahassee, FL 32317-1400, BY CERTIFIED MAIL, ENCLOSING A COPY OF THE CITATION.

NOTICE: YOU MAY ELECT TO HAVE THESE CHARGES PROSECUTED AS A DISCIPLINARY ACTION ACCORDING TO SEC. 456.073, FLORIDA STATUTES, FORMERLY 455.621 (1997) RATHER THAN ACCEPT THIS CITATION.

In the event that you elect to have these charges prosecuted pursuant to s.456.073, Florida Statutes, formerly 455.621 (1997) the case will be presented to the appropriate probable cause panel or the agency for review. This will result in a finding of probable cause or no probable cause.

CHECK (1) I CHOOSE TO PAY THE PENALTIES ON THE CITATION.
ONE (2) I CHOOSE NOT TO PAY THE CITATION, AND WISH TO HAVE THIS CASE PROSECUTED UNDER s. 456.073, FLORIDA STATUTES, FORMERLY 455.621 (1997).

Signed : _____ Date _____

PLEASE READ REVERSE SIDE OF THIS FORM

NOTICE

YOU HAVE A TOTAL OF SIXTY (60) DAYS FROM THE DATE THIS CITATION WAS SERVED UPON YOU TO PAY THE FINE AND COSTS SPECIFIED. THIS CITATION AUTOMATICALLY BECOMES A FINAL ORDER OF THE BOARD IF YOU DO NOT DISPUTE THE CITATION WITHIN THIRTY (30) DAYS OF THE DATE THIS CITATION WAS SERVED UPON YOU. AS A FINAL ORDER, THE FINE AND COSTS SHALL BE DUE TO THE BOARD WITHIN THIRTY (30) DAYS OF THE DATE OF THE FINAL ORDER. AFTER THIS CITATION HAS BECOME A FINAL ORDER, FAILURE TO PAY THE FINE AND COSTS SPECIFIED CONSTITUTES A VIOLATION OF A FINAL ORDER OF THE BOARD, AND MAY SUBJECT YOU TO FURTHER DISCIPLINARY ACTION. PAYMENT SHALL BE MADE TO THE DEPARTMENT OF HEALTH, HMQAMS/ CLIENT SERVICES UNIT P.O. BOX 6320 TALLAHASSEE, FL 32314-6320. PLEASE ATTACH A COPY OF THIS CITATION WITH YOUR PAYMENT.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon:

At: Philip Seeger

1548 San Rafael Ave
Coral Gables, FL 33134-6242

By Personal Service/U.S. Certified Mail, Restricted Delivery, this 9 day of November, 2001.

Signature

A.H.C.A. REPRESENTATIVE

NOTICE OF APPELLATE RIGHTS

This citation becomes a Final Order of the Board if you have not contested it within thirty (30) days of the date upon which the Citation was served upon you. If this Citation becomes a Final Order of the Board, you have the right to appeal to the District Court of Appeal in your area or to the First District Court of Appeal.

YOU ARE HEREBY NOTIFIED, pursuant to Section 120.59, Florida Statutes, and 120.68, Florida Statutes, that you may appeal the Final Order by filing one copy of a Notice of Appeal with the Clerk of the Department of Health, Central Records Unit, 4052 Bald Cypress Way, Bin #C01, Tallahassee, FL 32399-3251, and by filing one copy of the Notice of Appeal and the filing fee (\$ 250.00, pursuant to Sec. 35.22(3), Florida Statutes) with the District Court of Appeal within thirty (30) days of the effective date of the Final Order.