*The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.

United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
	)	
Filing Date: February 6, 2024	)	Case No.: PSH-24-0061
	)	
	)	

Issued: June 13, 2024

Administrative Judge Decision

Katie Quintana, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXX (hereinafter referred to as "the Individual") to hold an access authorization under the United States Department of Energy's (DOE) regulations, as set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should be granted.

I. Background

The Individual is employed by a DOE contractor in a position that requires him to hold a security clearance. The Individual signed and submitted a Questionnaire for National Security Positions (QNSP) seeking access authorization in relation to his employment. Exhibit (Ex.) 7.[2] In the QNSP, the Individual disclosed that he voluntarily sought counseling or treatment resulting from his alcohol use in August 2019 and had been actively receiving counseling and treatment since November 2020. *Id*. at 110–11.

The Individual subsequently underwent a psychiatric evaluation with a DOE consultant psychiatrist (DOE Psychiatrist) in October 2023. Ex. 5. Following the evaluation, the DOE

[1] The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

[2] The exhibits submitted by DOE were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by DOE.

Psychiatrist issued a report (Report) in which he opined that the Individual met sufficient criteria for a diagnosis of Alcohol Use Disorder, Severe, in early remission, less than 12 months, under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (*DSM-5-TR*). *Id*. at 30. He also concluded that there was inadequate evidence of rehabilitation and reformation. *Id.* at 32.

The Local Security Office (LSO) informed the Individual in a Notification Letter that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 7–8. In the Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1.

Upon receipt of the Notification Letter, the Individual exercised his right under the Part 710 regulations to request an administrative review hearing. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me the Administrative Judge in the case, and I subsequently conducted an administrative hearing in the matter. At the hearing, the DOE Counsel submitted seven numbered exhibits (Ex. 1–7) into the record and presented the testimony of the DOE Psychiatrist. The Individual submitted four exhibits (Ex. A–D)[3] into the record, and he presented his own testimony as well as that of his spouse (Individual's Spouse). The hearing transcript in the case will be cited as "Tr." followed by the relevant page number.

II. Regulatory Standard

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

[3] The Individual submitted his exhibits as an exhibit notebook containing each of his exhibits. This Decision will refer to the pages in the order in which they appear in the exhibit notebook, as if the exhibit notebook were one sequentially numbered document, regardless of their internal pagination.

III. Notification Letter and Associated Security Concerns

As previously mentioned, the Notification Letter included the SSC, which sets forth the derogatory information that raised concerns about the Individual's eligibility for access authorization. The SSC specifically cites Guideline G. Ex. 1. Guideline G relates to security risks arising from excessive alcohol consumption. "Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21.

In citing Guideline G, the LSO relied upon the DOE Psychiatrist's October 2023 determination that the Individual met the *DSM-5-TR* criteria for Alcohol Use Disorder, Severe, and that there was inadequate evidence of rehabilitation or reformation. Ex. 1 at 5.

IV. Findings of Fact

According to the Report, the Individual first "sought help for worsening alcohol difficulties in 2014" following a tour of military combat. Ex. 5 at 24. In 2018, the Individual suffered the traumatic loss of a loved one and used alcohol to cope with deployment related post-traumatic stress disorder (PTSD) and the loss of his loved one. *Id*. at 20. In the fall of 2019, the Individual voluntarily completed a five-day, inpatient alcohol detoxification treatment at a hospital. *Id.* at 20, 29. At the hospital, he was diagnosed with Alcohol Use Disorder, Severe. *Id*. at 29.

Starting in late 2020, the Individual continued treatment at a Veterans Affairs (VA) clinic. *Id*. at 20. At that clinic, he began meeting with a clinical pharmacist (Clinical Pharmacist) for treatment of the Alcohol Use Disorder and PTSD. *Id*. at 20, 29. They met on a monthly basis for 30-to-60-minute appointments. *Id*. at 23. The Individual also met with a social worker (Social Worker) whose treatment focus "was generally on preventing alcohol relapse."[4] *Id*. The DOE Psychiatrist noted that the Individual had formed a "strong therapeutic alliance" with both the Social Worker and the Clinical Pharmacist. *Id*. at 23, 29.

At the time of the evaluation with the DOE Psychiatrist, the Individual stated that he had been abstinent from alcohol for nine months.[5] *Id*. at 22. As part of the evaluation, the Individual underwent a Phosphatidylethanol (PEth) test[6] for alcohol consumption that was negative, thereby supporting the Individual's claims of abstinence. *Id*. at 22, 25.

[4] Based on the Report, the frequency of the appointments with the Social Worker was unclear; however, it was noted that the Individual last met with the Social Worker in May of 2023 and felt that he could reach out to her in a crisis. Ex. 5 at 29.

[5] The Report did not discuss the Individual's return to alcohol use following the inpatient alcohol detoxification treatment.

[6] A PEth test "reflects the average use of alcohol over the previous 28-30 days." Ex. 5 at 25.

Starting in October 2022, the Individual, through his Clinical Pharmacist, participated in an outpatient substance abuse treatment program. Ex. B at 4. In May 2023, the outpatient program discharged him after he met his therapeutic goals. *Id.* While in the outpatient program, the Individual began his current period of sobriety on January 10, 2023. Ex. B at 4.

The DOE Psychiatrist ultimately determined that the Individual met the criteria for "severe Alcohol Use Disorder" that he concluded was "in partial remission due to his vigilant sustained effort, informal counselling surrounding him, and close attention to needed medications." *Id*. at 32. The DOE Psychiatrist further opined that in order to show adequate evidence of rehabilitation or reformation, the Individual should: (1) demonstrate continued abstinence from alcohol for a period of twelve months, (2) participate in a "documented [Alcoholics Anonymous (AA)]-style relapse prevention treatment" three times per week for twelve months, (3) become involved with his employer's employee assistance program (EAP), which might provide services including random Breath Alcohol Concentration tests, (4) obtain four PEth tests over the twelve months of abstinence, (5) complete an intensive outpatient substance abuse program if he were to have a significant alcohol relapse, and (6) find a psychiatrist or psychologist to reestablish medical care to support relapse prevention. *Id.* at 32–33.

By way of letter, the Individual's Clinical Pharmacist reported that, as of January 16, 2024,[7] the Individual continued to be under her care and confirmed that the Individual "had been abstinent for one year as of January 10, 2024." Ex. B at 4. She noted that the Individual "has been able to acknowledge triggers for . . . alcohol cravings and has sought appropriate care/resources when triggered." *Id.* The Clinical Pharmacist also wrote that she did "not agree with the [DOE Psychiatrist's] recommendation that [the Individual] should engage in AA as it's not recommended in guidelines, nor is it clinically indicated for [the Individual]," nor did she agree with the recommendation that he engage with a psychiatrist as he was receiving treatment from her. *Id*. The Individual submitted to a PEth test on March 22, 2024, the result of which was negative. Ex. A at 1. The Individual also provided a February 13, 2024, letter from a coworker of eight years and a February 28, 2024, letter from his step-father—both attesting to his good character. Ex. C–D.

V. Hearing Testimony

At the hearing, the Individual's Spouse testified to having known the Individual for five years and cohabitating with him for four-and-a-half years. Tr. at 14. She testified that, prior to his current sobriety, the Individual would drink three to four beers on Sundays throughout the day and "a couple of beverages during the workweek, after work." *Id.* at 19. She acknowledged having some concerns surrounding the Individual's health with this prior alcohol use. *Id.* at 15. According to the Individual's Spouse, the Individual approached her about seeking treatment for his alcohol use. *Id*. at 17. She recounted that a family friend had been suffering the long-term effects of alcoholism in 2023 and passed away in 2024. *Id.* at 17, 27. At around the same time, a family member was diagnosed with liver cancer attributable to effects of alcoholism. *Id.* at 17. The Individual's Spouse explained that his experience in observing these adverse consequences to alcohol use have motivated him to remain abstinence from alcohol. *Id.*

[7] The Clinical Pharmacist's letter is dated January 2023; however, the letter was signed in January 2024. Ex. B at 4. Given the information in the letter and the date it was signed, I find that the 2023 date is a typographical error.

She testified that the Individual sought counseling and treatment through the VA, began his current period of sobriety in January 2023, and sporadically attended AA meetings. *Id.* at 15–16, 24. While he does not regularly attend AA meetings, she indicated that the Individual knows how to look up meetings online to attend as needed. *Id.* at 24. By way of example, the Individual's Spouse recalled that while the two were on vacation in Boston, the Individual felt triggered, and the two of them attended two AA meetings together during their vacation. *Id.* at 25–26, 31.

Regarding his triggers and cravings, the Individual's Spouse indicated that at the beginning of his sobriety, the Individual experienced some alcohol cravings when around others who were drinking alcohol. *Id.* at 22–23. Accordingly, the two adjusted their social settings until the Individual felt comfortable enough to attend events with alcohol present. *Id.* She recounted another example from around March 2023 when she and the Individual discussed going on a date. *Id.* at 30. She suggested that they "go get drinks[,]" meaning Starbucks drinks. *Id.* Initially unaware that this was a trigger for the Individual, she indicated that the Individual informed her of his trigger and asked her to not use that phrase, a request to which she obliged. *Id.* The Individual's Spouse stated that she feels confident that the Individual would come to her if he were triggered. *Id.* at 33. If he were triggered, she said that they would sit down and talk through the reasons that they remained sober, which includes their children. *Id.*

The Individual's Spouse believed that her own abstinence from alcohol assisted the Individual in remaining abstinent as the two would try new foods and order non-alcoholic beverages together for dinner or spend time together with their children. *Id.* at 32. Furthermore, they do not keep alcohol at their home. *Id.* at 22. The Individual's Spouse testified that they have "a very big support system" as they have many other friends and family members who are abstinent from alcohol. *Id.* Additionally, according to the Individual's Spouse, he rides in a motorcycle group for veterans, which also includes individuals who are abstinent from alcohol. *Id.* at 19–20, 22.

Regarding his future intention to consume alcohol, the Individual's Spouse testified that the Individual "has given up drinking altogether." *Id.* at 20. She also testified that, after four years of marriage, she would recognize if the Individual were intoxicated and confirmed that, in the last year, she had not seen him intoxicated. *Id.* at 21.

The Individual also testified during the hearing. The Individual recounted that he abstained from alcohol for three months in 2020 while using Antabuse, a medication that made him ill if he consumed alcohol. *Id.* at 65. However, when his pharmacy stopped carrying Antabuse, he mistakenly believed he could engage in controlled drinking and relapsed. *Id.* at 50–51, 65–66. The Individual noted that, when he resumed drinking, he lacked mental health and substance abuse therapy, and at the time, he "did not want to believe that [he] was an alcoholic." *Id.* at 51. Upon resuming drinking, the Individual realized he could not drink "like a normal person[.]" *Id.* at 65–66.

Thereafter, he sought VA assistance for his alcohol use and mental health in 2020 after returning from deployment. *Id.* at 38–39, 66. With help from his clinicians, the Individual first reduced his alcohol intake while learning skills that would help him to eventually "quit drinking." *Id.* at 39.

After working through trauma, stabilizing his medication,[8] finding a support network, and learning about the resources available to him, the Individual decided to begin his abstinence in January 2023. *Id.* He indicated that "getting mentally stable enough" allowed him to "set [himself] up for success" so that he did not risk undergoing cycles of relapse. *Id.* at 39–40.

The Individual testified that he continues to receive monthly treatment through the Clinical Pharmacist. *Id.* at 40–41. He stated that the Clinical Pharmacist is a member of the addiction clinic and primarily treats his addiction and mental health with medication. *Id.* at 42–43. The Individual indicated that the Clinical Pharmacist "fill[s] a psychologist role for [him]." *Id.* at 55. During their meetings, which might last from thirty minutes to an hour, they discuss his life, recovery, triggers, treatment, and medication. *Id.* at 41, 55, 67. The Individual indicated that outside his monthly meetings, he has contacted the Clinical Pharmacist to discuss his symptoms, medications, and any side effects of the medications. *Id.* at 55–56, 67.

He indicated he previously received individualized counseling from the Social Worker in a substance treatment outpatient program from October 2022 to May 2023. *Id.* at 58. He met weekly with her for one-hour sessions, and they would discuss his treatment goals, alcohol use avoidance, triggers, and managing triggers. *Id.* at 58. Because he had "finished [his] therapy" with the Social Worker, the Individual no longer attended sessions. *Id.* at 53. However, she was available to him "as needed." *Id.*

Regarding the Report's recommendation that he attend AA or a similar group meeting three times per week and that he obtain a sponsor, the Individual acknowledged that he did not attend AA meetings at the frequency recommended by the DOE Psychiatrist nor had he obtained a sponsor. *Id.* at 45–46. The Individual testified to attending AA or AA-like meetings about weekly, selecting AA meetings online based on convenience. *Id.* at 40, 43–44. He noted that, oftentimes, agnostic AA meetings, which he prefers over religious AA meetings, are incompatible with either his work schedule or parental responsibilities. *Id.* at 40–41. Accordingly, he picks "whatever is available" as needed, such as when he is "not feeling great that week" and "needs to talk." *Id.* at 43. The Individual reported that because he does not attend a regularly scheduled session, it has been difficult to find a sponsor. *Id.* at 46.

Regarding his motorcycle group, the Individual explained that the group helps him with both his PTSD and his abstinence from alcohol. *Id.* at 54, 63. He testified that the group meets every week for dinners and monthly to discuss group business. *Id.* at 48. The Individual testified that he looks up to the motorcycle group's commander who acts as a surrogate sponsor for the Individual and with whom the Individual can discuss any issues. *Id.* at 48–49. He also shared that there are veterans in the motorcycle group with whom the Individual connects as they similarly have PTSD, consumed alcohol as a result of the PTSD, and are now abstinent. *Id.* at 63.

The Individual indicated that he attempted to follow the DOE Psychiatrist's recommendation to connect with his employer's EAP. *Id.* at 49. However, after contacting both his supervisor and

[8] According to the Report, the Individual had been prescribed Topiramate, to decrease alcohol cravings, and Buproprion, for anxiety. Ex. 5 at 5. The Clinical Pharmacist did not provide a list of his medications in her letter but noted that the Individual was prescribed Buproprion in April 2023 "due to side effects from another medication." Ex. B.

human resources, he was informed that he could not be provided with any services, including alcohol testing. *Id*. Regarding the DOE Psychiatrist's recommendation that the Individual see a VA psychiatrist, the Individual indicated that he had not seen one, as he is only given the services that the VA provides to him and has no choice in the matter. *Id.* at 50.

The Individual testified that he intends to remain abstinent from alcohol indefinitely, and he noted that he has not relapsed since becoming sober in January 2023. *Id.* at 50–51.

After hearing the testimony of the Individual and the Individual's Spouse, the DOE Psychiatrist testified. The DOE Psychiatrist confirmed that, after review of his personnel security file and from his in-person evaluation, he diagnosed the Individual with severe Alcohol Use Disorder. *Id.* at 71–72. While he commended the Individual's treatment with the Clinical Pharmacist and his involvement with his motorcycle group, the DOE Psychiatrist reiterated that these were not replacements for formal counseling, for AA, or for a formal sponsor as forms of relapse prevention. *Id.* at 73–77. When pressed on why the Clinical Pharmacist was not a sufficient provider, despite the DOE Psychiatrist recognizing the "strong therapeutic alliance" the Individual had with her, the DOE Psychiatrist stated that although "she may very well fulfill . . . most of that role as a psychiatrist or a psychiatric or psychological support[,] . . . that is, however, not her primary role." *Id*. at 85–86. Ultimately, the DOE Psychiatrist did "not disagree" that although the Clinical Pharmacist is not a therapist or psychologist "on paper," she served a larger role in the Individual's recovery than someone who solely provides medications. *Id*. at 87–88.

He also reiterated his recommendation that the Individual obtain four additional PEth tests to serve as controls to his sobriety. *Id.* at 75. However, he also noted that he did not feel that the PEth tests "offer much value given . . . the number of times that he meets with [the Clinical Pharmacist] monthly, and that he hasn't shown any evidence of using since January 10, 2023." *Id.* at 92. The DOE Psychiatrist acknowledged that the Individual had been abstinent for over a year, indicated that there was no reason to believe that he had relapsed, and that the risk of relapse for a person with severe Alcohol Use Disorder after a year of sobriety is about 20 to 33 percent. *Id.* at 84–85. The DOE Psychiatrist concluded that the Individual made progress but had not satisfied his recommendations to demonstrate rehabilitation. *Id.* at 78. He also opined that the Individual's prognosis was good. *Id.* at 92.

The DOE Psychiatrist noted that "the reluctance that [the Individual] has to engaging in AA . . . makes [him] feel that a piece is still missing." *Id*. at 86. However, he further acknowledged that the Clinical Pharmacist recommended against the Individual attending AA. *Id.* at 81–82. When asked why the treating clinician might make this recommendation, the DOE Psychiatrist opined that "she probably doesn't want to jeopardize the progress he's made." *Id.* at 81–82. He further noted that as a clinician, "it's wise not to" ask your "patient to engage in something you think is going to impede their progress[.]" *Id*. at 84.

VI. Analysis

I have thoroughly considered the record of this proceeding, including the submissions tendered in this case and the testimony of the witnesses during the hearing. In resolving the question of the Individual's eligibility for access authorization, I have been guided by the applicable factors prescribed in 10 C.F.R. § 710.7(c) and the Adjudicative Guidelines. After due deliberation, I have determined that the Individual has mitigated the security concerns cited by the LSO under Guideline G of the Adjudicative Guidelines. Therefore, I find that the Individual's access authorization should be granted. The specific findings that I make in support of this decision are discussed below.

Conditions that may mitigate a Guideline G security concern include:

a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;

b) The individual acknowledges his maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified alcohol consumption or abstinence in accordance with treatment recommendations;

c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and

d) The individual has successfully completed a treatment program along with any required aftercare[ ] and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

I will first address the DOE Psychiatrist's opinion that the Individual was not compliant with his treatment recommendations. I note at the outset that I find his recommendations for rehabilitation and reformation from the Alcohol Use Disorder to be internally contradictory and overly formulaic, and as such, I cannot afford his opinion in this regard great weight. The DOE Psychiatrist indicated that the Individual should have submitted four additional PEth tests yet noted that these test results would offer little value in this case. He also felt that the Individual should have secured the services of a psychiatrist or psychologist; however, he struggled to articulate the purpose of the recommendation given his acknowledgement that the Individual maintains a strong therapeutic alliance with the Clinical Pharmacist and that she serves a larger role in his treatment than solely prescribing medications. His sole reasoning seemed to center around his perception that therapy was not her "primary role." However, the record indicates that she has served in this capacity for the Individual for many years in her capacity at the VA. Lastly, the DOE Psychiatrist stood by the recommendation that the Individual attend AA despite acknowledging the concern of his trusted provider that the Individual not attend AA, and further, he surmised that the Clinical Pharmacist likely recommended against AA due to concerns that participation would jeopardize

the Individual's positive progress. It should be noted as well that the DOE Psychiatrist recommended that the Individual attend AA to reduce the risk of relapse, yet he opined that the Individual was at a relatively low risk of relapse and gave him a positive prognosis for the future. Furthermore, the Individual's involvement in his motorcycle group serves in this relapse-prevention role given that the group meets regularly and is comprised of veterans who can more specifically relate to the Individual's struggle with deployment-related PTSD, his prior alcohol use linked to his PTSD, and his current sobriety.

Conversely, the Clinical Pharmacist, who has worked with the Individual for over three years and who treats veterans through the VA, noted that the Individual has successfully completed alcohol treatment and has met his therapeutic goals. Furthermore, according to the testimony of the Individual, he continues to engage in monthly aftercare support from her. Through his work with his Clinical Pharmacist and Social Worker, the Individual acknowledged that he inappropriately used alcohol to cope with his PTSD and the traumatic loss of his loved one, developed the skills and resources to reduce his alcohol use and to begin his eventual sobriety, and successfully maintained abstinence from alcohol for over a year. I have no reason to doubt the Individual's testimony regarding abstinence from alcohol for over a year. The Individual was forthcoming about his prior alcohol use, his treatment history, and the triggers to his alcoholism in his QNSP, to the DOE Psychiatrist during his examination, and in his testimony during the hearing. Furthermore, the information he provided was consistent with the testimony of both the Individual's Spouse, the DOE Psychiatrist, and the letter of the Clinical Pharmacist. Lastly, the DOE Psychiatrist indicated there was also no reason to believe that the Individual had not been sober over the past year.

Ultimately, the DOE Psychiatrist gave the Individual a good prognosis despite the Individual not complying with all of the DOE Psychiatrist's treatment recommendations. Given his lengthy therapeutic relationship with the Clinical Pharmacist, I find that in completing his outpatient substance abuse therapy with the VA clinic and in continuing his progress with the Clinical Pharmacist, the Individual is appropriately complying with treatment recommendations and the aftercare of his trusted practitioner. As such, for the foregoing reasons, I find that the Individual has successfully mitigated the Guideline G security concerns pursuant to factors (a), (b), and (d).[9]

VII. Conclusion

[9] Mitigating factor (c) is not relevant as the Individual is not currently engaged in counseling or a treatment program as he has completed his treatment program and is engaging in aftercare support with the Clinical Pharmacist.

After considering all of the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all of the testimony and other evidence presented at the hearing, I have found that the Individual has brought forth sufficient evidence to resolve the security concerns associated with Guideline G. Accordingly, I have determined that the Individual's access authorization should be granted. This Decision may be appealed in accordance with the procedures set forth in 10 C.F.R. § 710.28.

Katie Quintana
Administrative Judge
Office of Hearings and Appeals