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**United States Department of Energy  
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing	)	
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Filing Date: January 28, 2025	)	Case No.: PSH-25-0073
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Issued: August 1, 2025

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**Administrative Judge Decision**

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Phillip Harmonick, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."<sup>1</sup> 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 restored.

**I. BACKGROUND**

The Individual was granted access authorization in 2017. Hearing Transcript, OHA Case No. PSH-25-0073 (Tr.) at 16. On May 29, 2024, the Individual was hospitalized for mental health reasons as a result of a manic episode. Exhibit (Ex.) 8 at 61, 63.<sup>2</sup> The Individual was diagnosed with Bipolar Disorder, unspecified, and was discharged on June 10, 2024. *Id.* at 62, 65. The LSO learned of the Individual's manic episode, but not his hospitalization, as a result of an information report from the DOE contractor that employs the Individual. *See* Ex. 4 (summarizing the adjudication of the Individual's eligibility for access authorization in a case evaluation sheet).

At the request of the LSO, the Individual met with a DOE-contracted psychologist (DOE Psychologist) for a psychological assessment on August 22, 2024. Ex. 6 at 29. During the

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<sup>1</sup> 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.

<sup>2</sup> DOE exhibits 1–9 were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to DOE exhibits 1–9. DOE exhibit 10, notes prepared by the Individual and which he referenced during his hearing testimony, was submitted as a separate exhibit and is cited based on its internal pagination.

assessment, the Individual told the DOE Psychologist that he had been hospitalized for mental health reasons in May 2024. *Id.* at 31. On August 31, 2024, the DOE Psychologist issued a report of the psychological assessment (Report) in which she opined that the Individual was “in a period of differential diagnosis” with a primary diagnosis of “Major Depressive Disorder [(MDD)], Bipolar I Disorder, or Unspecified Bipolar Disorder.” *Id.* at 35–36. The DOE Psychologist opined that, regardless of which diagnosis was best applicable to the Individual, the Individual’s manic episode impaired his judgment, stability, and reliability, and that he was at high risk of another manic episode. *Id.* at 35.

The LSO issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 1 at 6–8. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guidelines E and I of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The LSO submitted ten exhibits (Ex. 1–10). The Individual submitted fifteen exhibits (Ex. A–O).<sup>3</sup> The Individual testified on his own behalf. Tr. at 3, 11. The LSO offered the testimony of the DOE Psychologist. *Id.* at 3, 75.

## II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline E (Personal Conduct) of the Adjudicative Guidelines as one basis for its substantial doubt regarding the Individual’s eligibility for access authorization. Ex. 1 at 4.

Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual’s reliability, trustworthiness, and ability to protect classified or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes.

Adjudicative Guidelines at ¶ 15. The SSC alleged that the Individual failed to self-report his May 2024 hospitalization for mental health reasons within three working days as required. Ex. 1 at 5. The LSO’s allegation that the Individual failed to report his hospitalization for mental health reasons as required justifies its invocation of Guideline E. Adjudicative Guidelines at ¶ 16(b).

The LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the other basis for its substantial doubt regarding the Individual’s eligibility for access authorization. Ex. 1 at 5. “Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. The SSC cited the Individual’s May 2024 manic episode, the DOE Psychologist’s opinion that manic episodes have a high rate of recurrence, and the DOE Psychologist’s opinion that manic episodes like the one that the Individual experienced

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<sup>3</sup> The exhibits submitted by the Individual were Bates numbered at the bottom of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by the Individual.

in May 2024 could impair his judgement, stability, reliability, or trustworthiness. Ex. 1 at 5. The Individual's manic episode, in which he demonstrated irresponsible and bizarre behavior, and the opinion of the DOE Psychologist that the Individual has a "condition that may impair [his] judgment, stability, reliability, or trustworthiness" justify the LSO's invocation of Guideline I. Adjudicative Guidelines at ¶ 28(a)–(b).<sup>4</sup>

### III. REGULATORY STANDARDS

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 of 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 Dep't 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).

An 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). An individual is afforded a full opportunity to present evidence supporting his or her eligibility for an access authorization. The Part 710 regulations are drafted so as 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.

### IV. FINDINGS OF FACT

#### A. Individual's 2024 Mental Health Deterioration and Subsequent Treatment

Prior to 2024, the Individual had no history of manic episodes or other significant mental health problems. *See* Ex. 6 at 34 (reflecting information provided by the Individual to the DOE Psychologist). In approximately April 2024, the Individual began experiencing feelings of anxiety and episodes of crying which he attributed to stress from work and projects he was undertaking at home. *Id.* at 30; *see also* Tr. at 17 (testifying at the hearing as to his belief that he was suffering a panic attack brought on by work-related stress). On April 28, 2024, the Individual began experiencing suicidal ideations. Ex. 6 at 30; *but see* Tr. at 61–62, 72 (testimony of the Individual at the hearing that he feared for his safety due to his deteriorating mental health but was not actively experiencing suicidal ideation at that time); Tr. at 79–80 (DOE Psychologist surmising that the Individual experienced passive, rather than active, suicidal ideation). The Individual's wife took

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<sup>4</sup> The Individual's hospitalization for mental health reasons could have presented a security concern in and of itself. Adjudicative Guidelines at ¶ 28(c). However, the LSO did not cite this fact as a security concern under Guideline I. Ex. 1 at 5.

him to a hospital (First Hospital) where he was admitted and provided with inpatient mental health treatment until his discharge on May 4, 2024. Ex. 6 at 30.

During his initial hospitalization for mental health reasons, the Individual was diagnosed with “MDD, single episode, moderate,” “Anxiety Disorder, Unspecified,” and “Insomnia Due to Other Mental Disorder” under the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)*. *Id.* Clinicians at the First Hospital prescribed the Individual medication, including an antidepressant, and observed that the Individual “responded well” to the medications. *Id.*

Following the Individual’s initial hospitalization, the DOE contractor that employs the Individual required him to meet with a case manager (Case Manager) beginning on May 8, 2024. Ex. 6 at 33. In their initial meetings, the Case Manager perceived the Individual as “calm” and “mild-mannered.” *Id.* The Individual also sought independent mental health services and, on May 11, 2024, the Individual began meeting with a licensed clinical social worker (LCSW) for weekly psychotherapy. Ex. E at 28 (letter from LCSW describing her treatment of the Individual). During her first session with the Individual, the LCSW observed that he “was animated, had pressured speech, and jumped from subject to subject.” *Id.* The LCSW diagnosed the Individual with Unspecified Bipolar Disorder under the *DSM-5*. *Id.*; Ex. 6 at 32.

On the morning of May 28, 2024, the Individual had an appointment with his primary care physician (PCP) who directed him to stop taking the antidepressant prescribed to him during his first hospitalization because it could “trigger a manic episode” and the PCP believed that the Individual was demonstrating symptoms of mania or hypomania. Ex. 6 at 31; Tr. at 21, 24. Later that day, during a meeting with the Case Manager, the Individual displayed behaviors that the Case Manager perceived as evidence of a manic episode, such as telling her that he could “teach [her] about the universe.” Ex. 6 at 33. After meeting with the Case Manager, the Individual was observed behaving strangely at a gym at the DOE site at which he worked. *Id.*; *see also* Ex. 8 at 63 (reflecting the Individual’s statement to clinicians during his second hospitalization that he was “doing some crazy stuff [in the gym] and may have scared people”).

At some point on May 28, 2024, the Individual’s badge access was suspended at the DOE site due to his unusual behavior. Tr. at 26. When the Individual left the DOE site for the day, he drove at an inappropriately high speed and did not wear his prescription eyeglasses because he believed, incorrectly, that his vehicle could “drive itself.” Ex. 6 at 31; Ex. 8 at 63. Due to his careless driving, the Individual was in a single-vehicle accident and was issued a traffic citation. Ex. 8 at 63; Ex. F at 30. The law enforcement officers who responded to the scene of the accident perceived that the Individual was “suffering from a mental episode” and handcuffed the Individual to transport him to a hospital (Second Hospital) after he behaved “aggressive[ly] . . . as if he was going to fight.” Ex. G at 37. The Individual continued to behave unusually at the Second Hospital, alternating between “screaming,” “laugh[ing],” and “stating [that] he was fine.” *Id.* at 38. The Individual was ultimately placed in restraints on a bed due to his “aggressive behavior.” *Id.*; Ex. 8 at 63.

Clinicians at the Second Hospital diagnosed the Individual with Bipolar Disorder, Unspecified. Ex. 8 at 65. The Second Hospital clinicians determined that the Individual’s behavior beginning on May 28, 2024, was “indicative of a manic episode” and opined that “[t]he recent discontinuation of [his antidepressant], as advised by his [PCP], likely exacerbated his manic symptoms.” *Id.* at

77. The Individual was prescribed two medications to treat Bipolar Disorder, which were titrated up during his hospitalization until clinicians observed improvements to the Individual's "hyper planning, pressured speech, lack of focus[,] and poor concentration." *Id.* at 66, 68. The Individual was discharged from the Second Hospital on June 10, 2024. *Id.* at 62.

Following the Individual's discharge from the Second Hospital, he continued to meet with the LCSW. Ex. E at 28. As of the date of the hearing, the Individual continued to attend weekly therapy with the LCSW. Tr. at 35. By letter dated June 24, 2025, the LCSW indicated that she had not observed any indications of mood or cognitive issues in the Individual over the prior year and believed that the Individual was "fully stable." Ex. E at 28.

In June 2024, following his discharge from the Second Hospital, the Individual began meeting with a psychiatrist (Individual's Psychiatrist). Ex. D at 25. The Individual's Psychiatrist formed the opinion that the Individual's May 28, 2024, manic episode was "induced from his trial of [the antidepressant]" because this event was the Individual's first "manic episode or significant mood struggle[]." *Id.* According to the Individual's Psychiatrist, it "would be extremely rare for bipolar disorder to emerge in a [person of the Individual's age]." *Id.* Accordingly, the Individual's Psychiatrist began to wean the Individual off of the medications prescribed to him to treat bipolar disorder. *Id.*

From June 2024 to the hearing date, the Individual met with Individual's Psychiatrist approximately every four to six weeks. Ex. O at 61. During these meetings, the Individual's Psychiatrist monitored the Individual's mental state, managed the Individual's discontinuation of the medication prescribed to him by the Second Hospital, and recommended nutritional supplements to support the Individual's mental health. Tr. at 30–35; Ex. D at 25. By letters dated April 9, 2025, and July 16, 2025, the Individual's Psychiatrist indicated that the Individual had "been compliant with all interventions and recommendations," was "emotionally stable," and had "little to no risk" of future manic episodes so long as he avoided using antidepressants. Ex. D at 25–26. The Individual testified at the hearing that he would take antipsychotic medication prescribed to him by the Individual's Psychiatrist for use on an "as needed" basis and immediately contact the Individual's Psychiatrist if he experienced symptoms of mania or hypomania in the future. Tr. at 41, 58; *see also id.* at 59 (testifying that he had not had any occasion on which he felt a need to use the antipsychotic medication).

## **B. DOE Psychologist's Report and Updated Opinion**

On August 31, 2024, the DOE Psychologist issued the Report in which she concluded that the Individual's manic episode constituted an emotional, mental, or personality condition that could impair his judgment, stability, and reliability. Ex. 6 at 35–36. The DOE Psychologist indicated that she "concurred" with the Individual's Psychiatrist's working diagnosis at that time of Unspecified Bipolar Disorder under the *DSM-5* because a diagnosis of Bipolar I Disorder requires that a person experience a manic episode which is not due to the effects of a medication. *Id.* at 35–36; *see also id.* at 32, 35 (indicating that the DOE Psychologist obtained medical records from the Individual's Psychiatrist stating that his working diagnosis for the Individual was "Bipolar Disorder, unspecified" as of July 2024). However, the DOE Psychologist opined that "[w]hether [the Individual's] ultimate primary diagnosis is [MDD], Bipolar I Disorder, or Unspecified Bipolar

Disorder, his condition ha[d] not been stable for a sufficient period” to conclude that he was not at risk for recurrence of a manic episode. *Id.* at 35. The DOE Psychologist opined that the Individual’s prognosis would be good if he complied with the “medication management” of the Individual’s Psychiatrist, continued attending weekly therapy with the LCSW, and did not “experience another manic episode in the coming months. . . .” *Id.*

At the hearing, the DOE Psychologist testified that her opinion was that the Individual experienced a major depressive episode of moderate severity with acute anxiety prior to his first hospitalization. Tr. at 79, 83. She opined that the condition was in remission and that, considering the Individual’s “diligence in treatment,” it was “unlikely that he would have another depressive episode.” *Id.* at 81, 88–89. She further opined that the Individual’s manic episode was attributable to “medication-induced bipolar and related disorder with onset after medication use.” *Id.* at 80. She testified that the Individual had complied with her treatment recommendations, his prognosis was good, and she no longer believed that he had a condition that impaired his judgment and reliability. *Id.* at 82, 87–88.

### **C. Consultant Psychologist’s Opinion**

The Individual met with a psychologist (Consultant Psychologist) on May 14, 2025, for a psychological evaluation in connection with this proceeding. Ex. A at 3. The Consultant Psychologist issued a report of the evaluation (Consultant Report) on May 18, 2025. *Id.* The Individual endorsed “mild symptoms of anxiety” during the psychological evaluation with the Consultant Psychologist but denied having experienced “elevated or expansive mood or increased energy or goal-directed behavior” during the prior eleven months. *Id.* at 5. The Individual also denied “perceptual disturbances,” “problems with thought processes,” “obsessive thoughts,” “compulsive behaviors,” “difficulty with focus and attention,” or problems related to short-term memory. *Id.* The Consultant Psychologist administered two psychological tests to the Individual – the Personality Assessment Inventory (PAI) and the SPECTRA Indices of Psychopathology (SPECTRA) – both of which were within normal limits and provided no indication of “significant psychopathology.” *Id.* at 5–6.

Based on her understanding of the Individual’s “behavioral health history,” as well as the results of the PAI and SPECTRA tests, the Consultant Psychologist opined in the Consultant Report that the Individual did not have “any psychological condition . . . that could impair his judgment and ability to safeguard sensitive information.” *Id.* at 6–7. She further opined that the episode that precipitated the Individual’s first hospitalization was likely a panic attack brought on by the Individual’s work-related stress rather than a depressive episode. *Id.* at 7; *but see* Tr. at 77 (DOE Psychologist testifying that a panic attack is a specifier of another condition and not an independent condition). The Consultant Psychologist concurred with the opinion of the Individual’s Psychiatrist that “a bonafide bipolar disorder” was unlikely to develop at the Individual’s age and expressed the opinion that “a manic episode [likely] would have re-emerged while tapering off the medications he was given in the [Second Hospital].” Ex. A at 7; *see also* Tr. at 85 (DOE Psychologist endorsing the conclusion that emergence of bipolar disorder at the Individual’s age would be rare).

### **D. Individual’s Efforts to Report His Hospitalizations**

The Individual was required to disclose his hospitalizations for mental health reasons to the LSO within three working days of the event. DOE Order 472.2A at ¶ 4(w)(5), Att. 5 (Jun. 10, 2022). The LSO learned of the Individual's first hospitalization through an information report submitted by the DOE contractor during the Individual's stay at the First Hospital. *See* Ex. 5 at 22. The LSO did not learn of the Individual's second hospitalization before the Individual told the DOE Psychologist about the hospitalization during the psychological assessment. *See* Ex. 3 at 18. According to the Individual, he believed that the DOE contractor had reported the second hospitalization to the LSO. Tr. at 36–37.

In late October 2024, as part of updating the DOE contractor on the status of the traffic offense for which he was cited on May 28, 2024, the Individual inquired of the DOE contractor personnel whether he “need[ed] to report [his second hospitalization] to DOE . . .” Ex. C at 21–22. On October 30, 2024, the DOE contractor personnel confirmed that the Individual's second hospitalization had not been reported and advised the Individual that he needed to submit a report. *Id.* at 18. Later that day, the Individual submitted a Personnel Security Information Report (PSIR) to the LSO in which he disclosed his May 28, 2024, hospitalization and provided details concerning his diagnosis and subsequent treatment. Ex. M at 55–56; *see also* Tr. at 47 (testifying at the hearing that he was reviewing OHA cases on the DOE website and realized that it would be in his “self-interest to be 100 percent sure that . . . the hospitalization had been reported correctly”).

## **V. ANALYSIS**

### **A. Guideline E**

Conditions that could mitigate security concerns under Guideline E include:

- (a) the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;
- (b) the refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;
- (c) the offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;
- (d) the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur;

- (e) the individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress;
- (f) the information was unsubstantiated or from a source of questionable reliability; and
- (g) association with persons involved in criminal activities was unwitting, has ceased, or occurs under circumstances that do not cast doubt upon the individual's reliability, trustworthiness, judgment, or willingness to comply with rules and regulations.

Adjudicative Guidelines at ¶ 17.

The Individual disclosed his second hospitalization, both to the DOE Psychologist during the clinical interview and to the LSO in the PSIR, before being confronted with the facts. Normally, the period that elapsed between the Individual's second hospitalization and his disclosure of the information would be too long for me to conclude that the disclosure was "prompt." However, this case presents an unusual circumstance in that it appears that the DOE contractor disclosed the Individual's first hospitalization for mental health reasons and his manic episode to the LSO but did not disclose his second hospitalization for mental health reasons stemming from the manic episode. While the Individual should have been more proactive in ensuring that his hospitalizations were fully disclosed to the LSO, it would not have been unreasonable for him to believe that the DOE contractor had disclosed the second hospitalization. Moreover, the fact that the LSO was sufficiently aware of the Individual's manic episode to refer him to the DOE Psychologist for an evaluation is further evidence supporting that the Individual could have reasonably believed that the LSO knew of the second hospitalization. In light of these circumstances, I find that the Individual's disclosure of his second hospitalization was adequately "prompt" for the purposes of first mitigating condition. *See* 10 C.F.R. § 710.7(c) (requiring consideration of "the circumstances surrounding the conduct" in applying the Adjudicative Guidelines). Accordingly, I find the first mitigating condition applicable. Adjudicative Guidelines at ¶ 17(a).

Additionally, the Individual needing to report a second hospitalization so soon after a previous hospitalization about which the DOE contractor had already shared information with the LSO was an unusual circumstance that could have reasonably caused the Individual to believe that his second hospitalization had been disclosed to the LSO. This unique circumstance is unlikely to recur, particularly because the Individual will avoid antidepressant medication that could trigger a future manic episode and because he is now more aware of his responsibilities to fully disclose reportable information even if he believes that it has already been reported by another source. Accordingly, I find the third mitigating condition applicable as well. *Id.* at ¶ 17(c). I find these mitigating conditions sufficient to resolve the security concerns asserted by the LSO under Guideline E.

## **B. Guideline I**

Conditions that could mitigate security concerns under Guideline I include:

- (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;



- (b) The individual has voluntarily entered a counseling or treatment program for a condition that is amendable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
- (d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;
- (e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

Numerous mitigating conditions are applicable to the facts of this case. The DOE Psychologist opined at the hearing that the Individual's psychological conditions are readily controllable and that the Individual had demonstrated ongoing and consistent compliance with her recommendations. Moreover, the DOE Psychologist opined that the Individual's major depressive episode was in remission with a low probability of exacerbation. The Individual has voluntarily entered treatment with the Individual's Psychiatrist, with supporting therapy from the LCSW, and has received a favorable prognosis. Furthermore, the DOE Psychologist and the Individual's clinicians concurred that the Individual does not currently demonstrate evidence of a psychological condition that could impair his judgment, stability, reliability, or trustworthiness. For these reasons, I find the first, second, and fifth mitigating conditions applicable. *Id.* at ¶ 29(a)–(b), (e). Accordingly, I find that the Individual has resolved the security concerns asserted by the LSO under Guideline I.

## VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guidelines E and I of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has brought forth sufficient evidence to resolve the security concerns asserted by the LSO. Accordingly, I have determined that the Individual's access authorization should be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Phillip Harmonick  
Administrative Judge  
Office of Hearings and Appeals