

**Barbara Kleinman MSW LICSW**  
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802.264.5333 x 114 Fax. 802.264.5338

**Professional Disclosure**

The state of Vermont requires Licensed Clinical Social Workers to disclose information about themselves, and ways to deal with disputes and disagreements to their clients. This document also represents an agreement between us. Your signature at the end of this document indicates your agreement with these policies.

**Qualifications and Experience**

I am licensed by the state of Vermont:

License #: 0089-0000957 Licensed Independent Clinical Social Worker

My graduate education was conducted at the University of Vermont, Department of Social Work:

MSW (1998) Social Work with Children and Families

My areas of clinical concentration include family therapy, parenting issues, trauma, divorce, grief and loss, depression, anxiety, PTSD, life changes, chronic illness. I work with adults, families, couples, groups and primary care physicians. I am also trained as an EMDR (Eye movement Desensitization and Reprocessing) therapist.

**After Hours Availability**

Please direct all non-emergency calls to my office voice mail at 802.264.5333 x 114 during the week and after hours. Leave messages about cancellations, requests for services, etc. If you have a life-threatening emergency, call **911**.

If you have a clinical emergency, (i.e. extreme emotional/behavioral situations, risk of suicide or bodily harm to yourself or another person) call 802.264.5333 x 114. I will return your call as soon as possible. If I am not immediately available to respond to an emergency, call the community services in your area.

Chittenden County: First Call for Children and Families.....802-488-7777  
Adult Crisis.....802-488-6400  
Alcohol Crisis Team.....802-488-6425  
Domestic Abuse Hotline.....802-659-1996  
Department for Children and Families..802-863-7370  
Franklin County Crisis.....802-524-6554  
Addison County Crisis.....1-800-489-7273 or  
802-388-7641

People living outside Chittenden, Franklin and Addison counties should consult their local listings for emergency service numbers.

### **Disputes or Complaints**

Please discuss any concerns you might have regarding your counseling or related issues directly with me at any time. I will make every reasonable effort to resolve disputes or conflicts in a satisfactory manner.

The practice of Clinical Social Work is governed by state law. You have the right to lodge a complaint with the Board of Allied Mental Health Practitioners in the following manner:

by calling 802-828-2367 and/or

by writing to the Vermont Secretary of State, Office of Professional Regulation, Board of Allied Mental Health Practitioners, Redstone Building, 26 Terrace Street, Drawer 09, Montpelier, Vermont 05609-1106.

### **Unprofessional Conduct**

The Vermont State Statute §3210 Regarding Unprofessional Conduct states: (a) The following conduct and the conduct set forth in section 129a of Title 3 by a licensed social worker constitutes unprofessional conduct. When that conduct is by an applicant or a person who later becomes an applicant, it may constitute grounds for a denial of a license:

*failing to use a correct title in a professional activity;*

*Conduct which evidences unfitness to practice clinical social work;*

*Engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the licensee has had a professional relationship within the previous two years;*

*Harassing, intimidating, or abusing a client or patient;*

*Practicing outside or beyond a clinical social worker's area of training, experience, or competence without appropriate supervision;*

*Engaging in conflicts of interest that interfere with the exercise of the clinical social worker's professional discretion and impartial judgment;*

*Failing to inform a client when a real or potential conflict of interest arises and to take reasonable steps to resolve the issue in a manner that makes the client's interest primary and protects the client's interest to the greatest extent possible;*

*Taking unfair advantage of any professional relationship or exploiting others to further the clinical social worker's personal, religious, political, or business interests;*

*Engaging in dual or multiple relationships with a client or former client in which there is a risk of exploitation or potential harm to the client;*

*Failing to take steps to protect a client and to set clear, appropriate and culturally sensitive boundaries in instances where dual or multiple relationships are unavoidable;*

*Failing to clarify with all parties which individuals will be considered clients and the nature of the clinical social worker's professional obligations to the various individuals who are receiving services, when a clinical social worker provides services to two or more people who have a spousal, familial or other relationship with each other;*

*Failing to clarify the clinical social worker's role with the parties involved and to take appropriate action to minimize and conflicts of interest, when the clinical social worker anticipates a conflict of interest among the individuals receiving services or anticipates having to perform in conflicting roles such as testifying in a child custody dispute or divorce proceedings involving clients.*

(b)After hearing, and upon a finding of unprofessional conduct, an administrative hearing officer may take disciplinary action against a licensed clinical social worker of applicant.

### **My Relationship with Counseling Connection, PLC**

I work with a group of independent mental health professionals, under the name of Counseling Connection, PLC. The group is an association of independently practicing professionals. My professional records are kept separately and no member of the group can have access to them without your specific permission. **Your signature at the end of this document indicates that you have read this information and agree to abide by its terms during our professional relationship.**

### **Agreements of Financial Responsibility for Clients**

I, client/guardian, agree to contact my insurance carrier to review available coverage and to be fully responsible for all charges that are not covered by my insurance. I understand that such charges include deductibles, co-payments, as well as fees for telephone consultation, report preparation, school meetings/consultations, late cancellations or missed sessions, and/or sessions contracted for beyond those certified by my managed care system. I understand that my managed care company or insurance company may require a review of clinical information, or other information, to verify benefits and assist in claims in order to pay for services, and I give permission to Barbara Kleinman, MSW and/or the clinician's billing agent to provide such information.

I hereby authorize my insurance benefits to be paid directly to Barbara Kleinman and acknowledge that I am financially responsible for any unpaid balance. **I understand that a full 24 hours notice is required for cancellation of appointments. I understand that a fee of \$50.00 will be charged directly to me for missed appointments for which I have not given a full 24-hour notification. I understand that this fee must be paid by me and that my insurance will not cover it.** Clients with primary or secondary Medicaid insurance cannot be charged this fee. If you are ill, there is a natural disaster, or weather would not permit safe transportation to the appointment, this fee will be waived.

### **Informed Consent**

#### **Confidentiality**

Your psychotherapy services and records are confidential, however, limits to this confidentiality do exist and include: minors or other persons with a legal guardian, imminent danger to self (e.g suicide risk), danger to others, suspicion of abuse or

neglect to a child or vulnerable adult, or/and under court order. If you have signed a release with an insurer, the insurer may request such information diagnosis, treatment plan, and general course of treatment. However, it is important to note that some insurers may request release of more detailed or sensitive information. Please discuss with me any concerns you may have about such disclosure.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of a client. The consultant is also legally bound to keep the information confidential.

**Treatment**

I understand that my participation in therapy is completely voluntary, and that I may terminate treatment at any time. The goals of my treatment have been agreed upon with my provider. I understand that I may negotiate changes in these goals at any time.

**Client Disclosure and Consent Confirmation**

My signature acknowledges that I have been given a copy of the professional qualifications and experience of Barbara Kleinman, MSW, LICSW, a statement of hours of availability, the clinicians relationship with Counseling Connection, PLC, as well as a listing of actions that constitute unprofessional conduct according to Vermont Statutes. I have also been informed of the method for making a consumer inquiry for filing a complaint with the Office of Professional Regulation. In addition I have reviewed copies of an informed consent statement, and HIPPA privacy practices.

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Client \_\_\_\_\_ Date \_\_\_\_\_

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Clinician signature \_\_\_\_\_ Date \_\_\_\_\_