

**David Fisher, Graduate Clinical Mental Health Intern
Under the supervision of Leora E. Black, PhD., LCMHC, LMFT**

*Counseling Connection, PLC and Counseling Connection Training Institute, PLC
525 Hercules Drive, Suite 1A
Colchester, Vermont 05446
Tele. 802-264-5333, Fax 802-264-5338*

This document is for clients being treated by:
David Fisher, Rostered, Non-Licensed, Non-Certified Psychotherapist # 097.0134472
Graduate Intern under the supervision of Leora E. Black, Ph.D., LCMHC, LMFT

Professional Disclosure

This document is to help clarify important aspects of your treatment and to represent an agreement between us. Your signature at the end of this document indicates your agreement with these policies.

Qualifications and Experience

I hold a bachelor's degree in social science education from Plymouth State College, Plymouth New Hampshire, and a Master of Arts Education from Goddard College, Plainfield, Vermont. I am currently a student at The University of the Cumberland, enrolled in their master's degree program in Clinical Mental Health Counseling, with an expected graduation date of May 2020. I have a wide range of education and mental health experiences. I have guided students and clients of all ages in public, private, and alternative school settings with roles ranging from Counseling Teacher to Program Director.

After Hours Availability

Please direct all non-emergency calls to my office voice mail 802-264-5333 ext 105 during the week and after hours and leave a message about cancellations, requests for services, etc.

**Chittenden County: First Call for Adults, Children and Families...802) 488-7777
Alcohol Crisis Team.....(802) 488-6425
Domestic Abuse Hotline.....(802) 658-1996
Dept. of 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. When appropriate, please inform the person you speak with that you are receiving counseling from me and provide my contact information, with a signed authorization to release information.**

Office of Professional Regulation

The Office of Professional Regulation provides Vermont licensees, certifications, and registrations for over 56,000 practitioners and businesses. Forty-five professions and occupations are supported and managed by this office. A list of professions regulated is found below.

Each profession or occupation is governed by laws defining professional conduct. Consumers who have inquiries or wish to obtain a form to register a complaint may do so by calling (802) 828-1505, or by writing to the Director of the Office, Secretary of State's Office, 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402.

Upon receipt of a complaint, an administrative review determines if the issues raised are covered by the applicable professional conduct statute. If so, a committee is assigned to investigate, collect information, and recommend action or closure to the appropriate governing body.

All complaint investigations are confidential. Should the investigation conclude with a decision for disciplinary action against a professional's license and ability to practice, the name of the license holder will then be made public.

Complaint investigations focus on licensure and fitness of the licensee to practice. Disciplinary action, when warranted, ranges from warning to revocation of license, based on the circumstances. You should not expect a return of fees paid or additional unpaid services as part of the results of this process. If you seek restitution of this nature, consider consulting with the Consumer Protection Division of the Office of the Attorney General, retaining an attorney, or filing a case in Small Claims Court.

Accountancy	Naturopaths
Acupuncture	Nursing
Architects	Nursing Home Administration
Athletic Trainers	Occupational Therapists
Auctioneers	Opticians
Audiologists	Optometry
Barbers & Cosmetologists	Osteopathic Physicians and Surgeons
Boxing	Pharmacy
Control	Physical Therapists
Chiropractic	Private Investigative & Security Services
Dental Examiners	Psychoanalyst
Dietitians	Psychology
Drug and Alcohol Counselor	Psychotherapist, Non-licensed
Electrolysis	Radiologic Technology
Professional Engineering	Real Estate Appraisers
Funeral Service	Real Estate
Hearing Aid Dispensers	Respiratory Care
Land Surveyors	Social Workers, Clinical
Landscape Architects	Tattooists
Marriage & Family Therapists	Veterinary
Clinical Mental Health Counselors	
Midwives, Licensed	

Chapter 78: Roster of Psychotherapists Who Are Nonlicensed §§ 4090. Disclosure of Information

The board shall adopt rules requiring persons entered on the roster to disclose to each client the psychotherapist's professional qualifications and experience, those actions that constitute unprofessional conduct, and the method for filing a complaint or making a consumer inquiry, and provisions relating to the manner in which the information shall be displayed and signed by both the Rostered psychotherapist and the client. The rules may include provisions for applying or modifying these requirements in cases involving institutionalized clients, minors and adults under the supervision of a guardian. (Added 1993, No. 222 (Adj. Sess), §§ 17; amended 1997, No. 40, §§ 69.)

Chapter 5: SECRETARY OF STATE
Sub-Chapter 3: Professional Regulation
3 V.S.A. § 129a. Unprofessional conduct
§ 129a. Unprofessional conduct

(a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any one of the following items, or any combination of items, whether or not the conduct at issue was committed within or outside the State, shall constitute unprofessional conduct:

- (1) Fraudulent or deceptive procurement or use of a license.
 - (2) Advertising that is intended or has a tendency to deceive.
 - (3) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession.
 - (4) Failing to comply with an order of the board or violating any term or condition of a license restricted by the board.
 - (5) Practicing the profession when medically or psychologically unfit to do so.
 - (6) Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education, or licensing credentials to perform them, or knowingly providing professional supervision or serving as a preceptor to a person who has not been licensed or registered as required by the laws of that person's profession.
 - (7) Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records.
 - (8) Failing to make available promptly to a person using professional health care services, that person's representative, or succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner, or failing to notify patients or clients how to obtain their records when a practice closes.
 - (9) Failing to retain client records for a period of seven years, unless laws specific to the profession allow for a shorter retention period. When other laws or agency rules require retention for a longer period of time, the longer retention period shall apply.
 - (10) Conviction of a crime related to the practice of the profession or conviction of a felony, whether or not related to the practice of the profession.
 - (11) Failing to report to the office a conviction of any felony or any offense related to the practice of the profession in a Vermont District Court, a Vermont Superior Court, a federal court, or a court outside Vermont within 30 days.
 - (12) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.
 - (13) Performing treatments or providing services which the licensee is not qualified to perform or which are beyond the scope of the licensee's education, training, capabilities, experience, or scope of practice.
 - (14) Failing to report to the office within 30 days a change of name or address.
 - (15) Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession.
 - (16)(A) Impeding an investigation under this chapter or unreasonably failing to reply, cooperate, or produce lawfully requested records in relation to such investigation. (B) The patient privilege set forth in 12 VSA 1612 shall not bar the licensee's obligations under this subdivision (16).
 - (17) Advertising, promoting, or recommending a therapy or treatment in a manner tending to deceive the public or to suggest a degree of reliability or efficacy unsupported by competent evidence and professional judgement.
 - (18) Promotion by a treatment provider of the sale of drugs, devices, appliances, or goods provided for a patient or client in such a manner as to exploit the patient or client for the financial gain of the treatment provider, or selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes.
 - (19) Willful misrepresentation in treatments or therapies.
 - (20) Offering, undertaking, or agreeing to cure or treat disease or disorder by a secret method, procedure, treatment, or medicine.
 - (21) Permitting one's name or license to be used by a person, group, or corporation when not actually in charge or responsible for the professional services provided.
 - (22) Prescribing, selling, administering, distributing, ordering, or dispensing any drug legally classified as a controlled substance for the licensee's own use or to an immediate family member as defined by rule.
 - (23) For any professional with prescribing authority, signing a blank or undated prescription form or negligently failing to secure electronic means of prescribing.
 - (24) For any mental health care provider, use of conversion therapy as defined in 18 VSA 8351 on a client younger than 18 years of age.
- Subdivision (a)(25) effective July 1, 2019.
- (25) For providers of clinical care to patients, failing to have in place a plan for responsible disposition of patient health records in the event the licensee should become incapacitated or unexpectedly discontinue practice.

(b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes:

- (1) performance of unsafe or unacceptable patient or client care; or
- (2) failure to conform to the essential standards of acceptable and prevailing practice.

(c) The burden of proof in a disciplinary action shall be on the State to show by a preponderance of the evidence that the person has engaged in unprofessional conduct.

(d) After hearing, and upon a finding of unprofessional conduct, a board or an administrative law officer may take disciplinary action against a licensee or applicant, including imposing an administrative penalty not to exceed \$1,000.00 for each unprofessional conduct violation. Any money received under this subsection shall be deposited in the Professional Regulatory Fee Fund established in section 124 of this title for the purpose of providing education and training for board members and advisor appointees. The Director shall detail in the annual report receipts and expenses from money received under this subsection.

(e) In the case where a standard of unprofessional conduct as set forth in this section conflicts with a standard set forth in a specific board's statute or rule, the standard that is most protective of the public shall govern. (Added 1997, No. 40, § 5; amended 2001, No. 151 (Adj. Sess.), § 2, eff. June 27, 2002; 2003, No. 60, § 2; 2005, No. 27, § 5; 2005, No. 148 (Adj. Sess.), § 4; 2009, No. 35, § 2; 2011, No. 66, § 3, eff. June 1, 2011; 2011, No. 116 (Adj. Sess.), §5.; 2017, No. 48 \$; 2017, No. 144 (Adj. Sess.), 6, eff July 1, 2019)

§ 4093. Unprofessional conduct

(a) Unprofessional conduct means the following conduct and conduct set forth in section 129a of Title 3:

- (1) Providing fraudulent or deceptive information in an application for entry on the roster.
- (2) Conviction of a crime that evinces an unfitness to practice psychotherapy.
- (3) Unauthorized use of a protected title in professional activity.
- (4) Conduct which evidences moral unfitness to practice psychotherapy.
- (5) Engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the psychotherapist has had a professional relationship within the previous two years.
- (6) Harassing, intimidating or abusing a client.
- (7) Entering into an additional relationship with a client, supervisee, research participant or student that might impair the psychotherapist's objectivity or otherwise interfere with his or her professional obligations.
- (8) Practicing outside or beyond a psychotherapist's area of training, experience or competence without appropriate supervision.

(b) After hearing, and upon a finding of unprofessional conduct, the board may take disciplinary action against a rostered psychotherapist or an applicant. (Added 1993, No. 222 (Adj. Sess.), § 17; amended 1997, No. 40, § 71; 1997, No. 145 (Adj. Sess.), § 61; 1999, No. 52, § 37.)

My practice is also governed by the Rules of the Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the Board or online at <http://vtprofessionals.org/>.” and information on the process for filing a complaint with, or making a consumer inquiry to the Board.

Scope of Practice

My areas of clinical interest include identity development, trauma, anxiety and depression, mindfulness, grief and loss, developmental and interpersonal school related challenges, masculinity, stress reduction.

Disputes or Complaints

Please discuss any concern 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. If

you would like to give my supervisor feedback, please leave a message for Leora Black, PhD. at (802) 264-5333 ext. 101. The practice of Mental Health Counseling is governed by state law. You have the right to lodge a formal complaint with the Board of Allied Mental Health Practitioners in the following manner: by calling (802) 828-2367 or/and by writing: Vermont Secretary of State, Office of Professional Regulation, Board of Allied Mental Health Practitioners, 89 Main Street, 3rd floor, Montpelier, Vermont, 05609-1106. The practice of Mental Health Counseling is governed by the rules of the Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the board or online at <http://vtprofessionals.org/>.

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 such charges would 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 David Fisher, Graduate Intern, under the supervision of Leora Black, Ph.D. and/or the clinician's billing agent to provide such information. I hereby authorize my insurance benefits to be paid directly to Counseling Connection Training Institute, 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 and 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. A collection agency will be used if outstanding balances are not paid within 30 days of being issued. 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 (information may be released to the legal guardian), imminent danger to self (e.g. suicide risk), danger to others, suspicion of abuse or neglect toward 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 as 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 my client. The consultant is also legally bound to keep the information confidential. My supervisor, Dr. Leora Black, regularly reads my treatment notes.

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. There are possible advantages and disadvantages of participating in psychotherapy and a positive outcome is not guaranteed. During the process of therapy, you could face and work through difficult emotions, fears, or experiences. Therapy might also have

unanticipated relationship consequences. For instance, some persons undergoing individual therapy may find their growth through the therapeutic process, sometimes to the point of yielding a relationship break-up.

Professional Will, Access, and Destruction of Records

As of July 1, 2019, in the event of my unexpected lack of availability, incapacitation, or death Leora Black 802-264-5333 ext 101 will be the executor of my professional will and Judd Walbridge will be the secondary executor ext 110 while I am seeing clients at Counseling Connection Training Institute. If you are requesting records, please put the request in writing. If you request copies, I may charge a fee for the cost of copying or mailing. If I do not agree to your request to review or obtain a copy, you may submit a written request for a review of that decision. Vermont has a statute for retention of records past seven years of the end of treatment for adults. If a minor when treated, records are destroyed seven years after the client turns 18.

Client Disclosure and Consent Confirmation

My signature acknowledges that I have been given a copy of the Professional Qualifications and Experience of David Fisher, Graduate Intern, under the supervision of Leora E. Black, Ph.D., LCMFT, LCMFC, a statement of afterhours availability, as well as a listing of actions that constitute unprofessional conduct according to Vermont statutes. I have also been informed of the methods 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, HIPAA, and permission to release information to the client’s primary care physician.

ALL CLIENTS OVER 18 need to sign after reading disclosure*

I hereby give permission for David Fisher, Graduate Intern, under the supervision of Leora Black, Ph.D. to treat:

Minor(s)

*(Client or Parent/Guardian Signature)

(Date)

*(Client or Parent/Guardian Signature)

(Date)

(Clinician Signature, David Fisher)

(Date)

Counseling Connection and Counseling Connection Training Institute, PLC

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(802) 264-5333 (tel) (802) 264-5338 (fax)

VERMONT HIPAA NOTICE

Notice of Mental Health Counselor's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
 - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my independent practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my independent practice such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a child has been abused or neglected, I am required by law to report such information within 24 hours to the Commissioner of Social and Rehabilitation Services or its designee.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an elderly or disabled adult has been abused, neglected, or exploited, I am required by law to report this information to the Commissioner of Aging and Disabilities.
- **Health Oversight:** If I receive a subpoena for records from the Vermont Board of Allied Mental Health Practitioners in relation to a disciplinary action, I must submit such records to the Board.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If I know that you pose a serious risk of danger to an identifiable victim, I am required by law to exercise reasonable care to protect such victim. This may include disclosing your relevant confidential information to those people necessary to address the problem. Also, I may disclose your confidential information if I judge disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person.

IV. Patient's Rights and Mental Health Counselor's Duties

Patient's Rights:

- **Right to Request Restrictions** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Mental Health Counselor's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will have a copy posted on my bulletin board in my waiting room for you to look at.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me: Virginia H. Rowland, Graduate Intern, under the supervision of Dr. Leora E. Black, Ph.D., LMFT, LCMHC at (802)-264-5333 ext. 101.

If you believe that your privacy rights have been violated and wish to file a complaint with me/my office, you may send your written complaint to Dr. Leora E. Black, Ph.D., Counseling Connection, 525 Hercules Drive, Suite 1A, Colchester, VT 05446.

You may also send a written complaint to the Vermont Secretary of State, Office of Professional Regulation, 89 Main Street, 3rd floor, Montpelier, VT 05609. And you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by posting such a notice on the bulletin board in my waiting room.

Rev 03/12/0

Counseling Connection, PLC and Counseling Connection Training Institute, PLC

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(802) 264-5333 (tel) (802) 264-5338 (fax)

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this mental health practitioner's Notice of Privacy Practices.

Please Print Name Signature Date

Please Print Name Signature Date

Please Print Name Signature Date

Please Print Name Signature Date

FOR OFFICE USE ONLY:

- I. Individual refused to sign
- II. Communication barriers prohibited obtaining the acknowledgement
- III. An emergency situation prevented us from obtaining acknowledgement
- IV. Other (Please Specify)

Counseling Connection*, PLC and Counseling Connection Training Institute, PLC

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(802) 264-5333 (tel) (802) 264-5338 (fax)

AUTHORIZATION FOR THE RELEASE OR EXCHANGE OF INFORMATION

Patient Name: _____ DOB: ____/____/____

I hereby authorize David Fisher and Leora Black to communicate with the following person(s) to:

- obtain information from
- release information to:

Name: _____

Address: _____

Telephone and Fax: _____

Specific information to be disclosed is:

- Psychiatric admission and discharge summaries including treatment plans
- Psychological evaluation records
- Psychiatric evaluation records
- Vocational/educational records
- Alcohol/drug evaluation including treatment history
- Outpatient mental health treatment summaries
- Medical history including problem list and medication list
- Crisis intervention reports
- Legal information including relevant court/agency documents
- Other: _____

For the purpose of:

- Facilitation of outpatient treatment and planning
- Coordination of treatment among outpatient treatment providers
- Other: _____

With the understanding that:

1. I may revoke this release in writing at any time, except to the extent that action has already been taken.
2. Further disclosure of information provided by this release may not be made without my written consent, or as otherwise restricted by Federal Regulations (42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol and Drug Abuse Treatment and Patient Records).
3. A photocopy of this document is as valid as the original.

Unless revoked sooner, this release expires:

- One year from this date
- One month post discharge from therapy
- Other: _____

Patient or Guardian Signature

Date

*** An affiliation of Independent Practitioners.**

Mental Health Report to Primary Care Physician

PATIENT _____ PHYSICIAN _____

DOB _____ LOCATION _____

TELEPHONE _____

Reason for referral:

Date(s) seen: _____

Assessment: _____

Plans:

I give permission to Leora Black, Ph.D and David Fisher Graduate Intern under the supervision of Leora E. Black, Ph.D., to communicate with my Primary Care Physician.

Mental Health Provider Signature: _____

_____ Date sent: _____

(*Client signature/Parent/Guardian)

I decline authorization for Virginia H. Rowland to communicate with my physician.

_____ Date: _____

(Client signature)

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Billing Information

Client's Last Name: _____ First Name: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone #:_(_____)_____ Work Phone #:_(_____)_____ Date of Birth ___/___/_____

Emergency Contact and telephone Number: _____

Gender: M F Transgender M-F F-M Alternative Gender Identity

Marital Status: _____ Referred by: _____

Billing Information

Name of Responsible Party (if other than self): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #_(_____)_____ Work #:_(_____)_____ Relationship: _____

Insurance Information

Insurance I: _____ Co-pay Amount: \$ _____

Insurance Mailing Address: _____

Subscriber Name: _____ Relationship: _____

Certificate/ID#: _____ Group #: _____

Pre-Authorization #: _____ Date Auth start/ends: ___/___/_____

****copy of your insurance card front and back; call and get authorization from your insurance company, if Medicaid make sure it is activated and current**

Clinician: David Fisher, Intern Hourly Fee: \$120.00 Initial Session / \$120.00 Return Visit

Court fee: \$250 per hour for preparation, reports, and court.

Is condition related to employment? _____ Auto Accident? _____ Other Accident? _____

Diagnosis: _____

I authorize the release of any medical/mental health information or personal information on this form to process this claim. I understand if I refuse to pay the outstanding balance that Counseling Connection Training Institute, PLC. has the right to take me to small claims court to recover the balance due.

Signature: _____ Date: _____