

# Informed Consent for Psychotherapy

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**Holly Sherrer Counseling LLC**  
525 Hercules Drive, Suite 1A, Colchester, VT 05446  
802-488-5057

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### Professional Disclosure

The State of Vermont requires Clinical Mental Health Counselors to share certain professional information about themselves to their clients and to provide information regarding disputes and complaints. This document includes my professional disclosure. This document also clarifies important information about your treatment and record retention, representing an agreement between us. Your signature at the end of this document indicates that you agree with and will abide by these policies.

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### Qualifications and Experience: Holly Sherrer, M.A., Rostered

**Credentials:** M.A. in Clinical Mental Health Counseling from Antioch University (2025). B.A. in Drama from Bennington College (2020). Rostered with the State of Vermont as a pre-licensed clinician (#097.0136228, Roster of Non-Licensed, Non-Certified Psychotherapists) practicing under the supervision of Leora Black, Ph.D., LCMHC (#068-0000067), LMFT (#100-0000014).

**Relevant Training, Continuing Education, and Experience:** Trauma Counseling Certificate from Antioch University (2024). Additional training in obsessive-compulsive disorder (OCD) and exposure and response prevention (ERP) from NOCD Academy and Stress & Anxiety Services. Training in neurodiversity from PESI. Experience working with adults with physical and neurocognitive disabilities in a recreation therapy capacity (2020-2021).

**Professional Affiliations:** American Counseling Association & the ACA SAIGE (Society for Sexual, Affectional, Intersex, and Gender Expansive Identities) division.

**Scope of Practice:** I am committed to counseling that embraces diversity, highlights clients' strengths, and recognizes the value of accommodating different needs so services are accessible and empowering for all. I hope to help clients nurture the elements of their lives that promote resiliency and joy. I also aim to assist clients in utilizing advocacy and coping strategies to navigate societal and systemic challenges. My theoretical approach is neurodiversity-affirming, trauma-informed, and person-centered. Clinical interests include developmental and cognitive differences, chronic illness and disability, trauma, anxiety, depression, OCD, and LGBTQ+ care.

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**After-Hours Availability:** If you need to contact me between sessions for non-urgent matters, please leave a message on my voicemail at (802) 488-5057 or send a message through the SimplePractice secure messaging system. I check my voicemail and SimplePractice messages at least twice a day from 9:00 am to 5:00 pm, Monday through Friday (unless I am out of the office due to planned or unplanned absence), and I will do my best to respond to you as soon as possible. If you do not hear from me in two business days, please try reaching out again, as technical problems may have prevented your message from reaching me.

I am unable to respond to urgent or crisis situations in the short timeframe required by such matters. In case of emergency (including but not limited to severe behavioral concerns or risk of harm to self or others), please call 911, the National Suicide & Crisis Lifeline at 988, or go to the nearest emergency room. If the matter is not immediately life-threatening, you may also choose to text the Vermont Suicide Prevention Center at 741741 or to call your local mental health emergency services. It is your responsibility to find and save the number for local mental health emergency services in your area. The numbers for Chittenden, Franklin, and Addison counties are listed below. If you live outside of these counties, you should consult your local listings for the mental health emergency services number.

*First Call of Chittenden County: 802-488-7777*

*Franklin County Crisis: 802-524-6554*

*Addison County Crisis: 802-388-7641*

Other relevant emergency numbers may include:

*Dept. of Children and Families: 802-863-7370*

*Domestic Abuse Hotline: 802-658-1996*

*Alcohol Crisis Team: 802-388-7641*

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### **Disputes or Complaints**

If you have any concerns related to your counseling services, please discuss them with me or my supervisor (Leora Black, Ph.D., LCMHC, LMFT: 802-264-5333 ext. 101). We will make every reasonable effort to resolve disputes or conflicts in a satisfactory manner. It is particularly helpful if you bring any concerns to my attention as soon as possible, so I can work to resolve them and avoid continuing the problem. You may discuss concerns with me in session or by calling to set up a telephone meeting (802-488-5057).

The practice of Clinical Mental Health Counseling is governed by the rules of the Board of Allied Mental Health Practitioners. Violating these rules constitutes unprofessional conduct. You can obtain a copy of the rules from the Board or online at <http://vtprofessionals.org/>. You have the right to lodge a formal complaint with the Board of Allied Mental Health Practitioners by calling 802-828-1505 and/or by writing to: Vermont Secretary of State, Office of Professional Regulation, Board of Allied Mental Health Practitioners, 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402.

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### **Office of Professional Regulation**

The Office of Professional Regulation requires the following information to be included in this Informed Consent document. This includes information about the Office of Professional Regulation, regulated professions, and relevant laws about unprofessional conduct.

*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. Allied Mental Health (including the Roster of Non-Licensed, Non-Certified Psychotherapists) is a regulated profession. A full list of regulated professions can be found at [sos.vermont.gov/opr/professions](http://sos.vermont.gov/opr/professions).*

*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.*

*Chapter 78: Roster of Psychotherapists Who Are Non-licensed. §§ 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 judgment.*
- (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.
- (25)(a) 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.)

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#### Relationship with Counseling Connection Training Institute, PLC

I (Holly Sherrer) am rostered by the State of Vermont and am practicing under the supervision of Leora Black, Ph.D., LCMHC, LMFT (who is doing business as Counseling Connection, PLC). I practice as a supervisee of the Counseling Connection Training Institute, PLC, located at 525 Hercules Drive, Suite 1A, Colchester, VT 05446. While independent clinicians and the Counseling Connection Training Institute, PLC may share office space, certain expenses, and administrative functions, I am the clinician providing you (my client) with clinical services. My professional records are maintained separately, and no member of the group other than my supervisor (Leora Black, Ph.D.) can have access to them without your specific and written permission, unless I am incapacitated or have died. 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.

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#### Record Retention and Unexpected Therapist Absence

**Record Retention:** In conjunction with state laws and insurance requirements, I will retain your clinical record (documentation of your work with me) for 7 years from the date of our last session, at which point I will destroy the file. For clients who are minors at the time of service, the 7 year period starts when the client turns 18. If you require information from your record, please notify me within the 7-year period.

**Unexpected Therapist Absence:** If I have an unplanned absence from practice (due to injury, illness, death, or any other unexpected major reason), I maintain a Professional Will with instructions for an Executor or Secondary Executor to inform you of my status and, if you choose, help you transition to another therapist, including forwarding records to the selected therapist or releasing the records to you. By signing this form, you authorize the Executor to access your treatment and financial records, only in accordance with the terms of my Professional Will and only if I experience such an event. If the Executor requires assistance to complete these tasks, they may obtain assistance from others, in a professional manner, as they deem necessary. Upon request, I can provide you with the name of my Executor and Secondary Executor. By signing this form, you are authorizing my executors to conduct this business without obtaining a new consent from you.

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### **Agreement of Client Financial Responsibility**

You are responsible for contacting your insurance carrier to review available coverage. Please check with your insurance company prior to our first session to ensure that psychotherapy sessions are covered and that you understand the expectation of any co-pays or deductibles. You are fully responsible for all charges that are not covered by your insurance. Such charges may include deductibles and co-pays, as well as fees for telephone consultation, report preparation, school meetings/consultations, court preparation and appearances, late cancellations or missed sessions, and counseling sessions beyond those certified by your insurance company. Insurance does not cover missed appointments. Your insurance company or managed care company may require a review of your clinical information or other information to verify benefits and cover services. Please inform me as soon as possible if your insurance carrier or insurance benefits have changed. If you have an outstanding balance and have refused to make payment upon request (or have not responded to payment requests within 30 days), your clinician may invoke the right to take you to small claims court.

Please review the *Practice Policies* document for specific information about fees.

*I (the client or legal guardian) have read and understand the above information, agree to abide by these statements/policies, and agree to be fully responsible for all charges not covered by insurance. I give permission to Leora Black, Ph.D., Holly Sherrer, and/or my clinician's billing agent (Mary Myers of Elite Billing) to provide any requested information to my insurance company. I authorize my insurance benefits to be paid directly to Counseling Connection Training Institute and/or Holly Sherrer Counseling LLC and acknowledge that I am financially responsible for any unpaid balance.*

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### **Informed Consent: Confidentiality**

(see also: *Notice of Privacy Practices*)

All client information is to be treated as confidential, to include the fact that the client is receiving services with this clinician and supervisor. The privacy and confidentiality of our clients are protected under the Ethics Codes for mental health professionals, state laws and regulations, and federal HIPAA Regulations. No client information may be disclosed without the explicit informed consent of the client and authorization of their counselor.

All interactions which take place in the setting of therapy are considered confidential. This includes requests by telephone, all interactions with this counselor, any scheduling or appointment notes, all session content records, and any progress notes that I take during your sessions.

Information within individual sessions may be shared only with my supervisor, Leora E. Black, Ph.D., LCMHC, LMFT to support the educational experience and to assure you are receiving appropriate clinical care.

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.

Limits to this agreement include:

- In some legal proceedings a judge may issue a court order. This would require this counselor to testify in court.
- If I learn of or believe that there is physical abuse, sexual abuse or neglect of any person under the age of 18 years of age, I must report this information to Department for Children and Families.

- If I learn of or believe that an elderly person or disabled person is being abused or neglected, I must file a report with the appropriate state agency.
- If I learn of or believe that you are threatening serious harm to another person, I am obligated to report this. This may include notifying local police, local crisis team, or the person to whom you have threatened serious harm.
- If there is evidence that you are a danger to yourself, and I believe that you are likely to significantly harm yourself unless protective measures are taken, I may be obligated to contact local crisis screeners to determine if hospitalization is required.

*By signing this agreement, I (the client or legal guardian) acknowledge that I have read and understand the above information. I understand the nature and limits of confidentiality.*

**Electronic Communication and Social Media:** Email, texting, and related technologies pose inevitable risks to confidentiality. They are subject to "hacking" and data stealing. If you provide me with your email address and cell phone number, you are agreeing to assume those risks. Please use text only for administrative issues to protect your privacy as much as possible. Social media networks such as Facebook, LinkedIn, etc., are an even greater risk to your confidentiality, and I do not connect with clients in any way on social media. I may send appointment reminders via email, text message, or automated voicemail. If you do not wish to receive these reminders (in a specific format or at all), please let me know.

**Public Encounters:** To protect your privacy, I do not initiate contact with clients in public places. Should we encounter each other outside of the office, I will not openly greet you first, unless we have made a prior agreement. I will respond should you greet me first and take your lead on how introductions will be made if there is a need for that.

**Treatment:** Your participation in therapy is completely voluntary, and you may terminate treatment at any time. Treatment goals will be agreed upon by client and clinician; you may negotiate changes in these goals at any time. There are possible advantages and disadvantages to participating in psychotherapy, and a positive outcome is not guaranteed. During the therapy process, you may face and work through difficult emotions, fears, and/or experiences. These may cause distress. You always have the option to end or pause any conversation topics, interventions, or individual sessions (as well as the option to terminate treatment entirely). Therapy may also have unanticipated consequences in your life and relationships—for example, some people undergoing individual therapy may find that their growth through the therapeutic process leads to a relationship break-up. By participating in counseling, you agree to assume these risks.

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#### **Client Disclosure and Consent Confirmation**

*My signature acknowledges that I (the client or legal guardian) have been given a copy of the Professional Qualifications and Experience of my clinician (Holly Sherrer), a statement of after-hours availability, and a list of actions that constitute unprofessional conduct according to Vermont statutes. I have been informed of how to make a consumer inquiry or file a complaint with the Office of Professional Regulation, and I have reviewed the statement of Informed Consent. I will also review the additional intake forms, including the Notice of Privacy Practice (HIPAA) and Practice Policies. This information was given to me no later than my third clinical counseling session.*