

Client Disclosure and Consent Confirmation

My (client/guardian) signature acknowledges that I have been given a copy of the Professional Qualifications and Experience of Donnamarie Carey, a statement of after-hours 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 or 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.

I hereby give permission for Donnamarie Carey to treat: _____
(Print full name of Client)

Signature (client/guardian)

Date

Signature (Clinician)

Date