

**Donnamarie (Dani) Carey, MS, LADC, LCMHC**  
*Licensed Clinical Mental Health Counselor*  
*Licensed Alcohol and Drug Counselor*

**Contact Information**

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Website: [www.careycounseling.com](http://www.careycounseling.com)

**Address**

250 Main Street  
Suite 305  
Montpelier, VT 05602

**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**

My name is Donnamarie Carey, but most people know me as Dani. I am a licensed clinical mental health counselor, Vermont license #068-0068222, and a licensed alcohol and drug counselor, Vermont license #000601. I graduated from Johnson State College in May 2007 with a BA in Psychology, and from Southern New Hampshire University in May 2010 with a MS in Community Mental Health Counseling and a specialization in Substance Abuse Counseling. I received pre-degree training in family counseling through Counseling Connection and Training Institute, PLC under the supervision of Leora Black, PhD. I received pre-degree training in substance abuse counseling through Central Vermont Substance Abuse Services, Inc. under the supervision of James Huitt, PhD and Evelyn Zoecklin, MA, LCMHC, LADC. I have worked in the helping professions since 2002, offering both pre- and post-degree/licensure services in a variety of settings (school, office, community, and home-based) to individuals; children and adults, and groups for a broad range of mental health issues.

**After Hours Availability**

Please direct all **non-emergency calls** to my office voice mail at **(802) 431-0084**. Leave messages about cancellations, requests for services, etc, and your call will be returned at the first opportunity or the next business day. Calls made on a Friday may be returned the following Monday. For a **mental health emergency (i.e. extreme behavioral situations, risk of suicide or bodily harm to you or another person)**, call the Washington County Mental Health Emergency Services 24 Hour Crisis Line/Suicide Emergency at **(802) 229-0591**. Always call **911** for immediate life-threatening emergencies.

**Important Community Phone Numbers**

WCMHS 24 Hour Crisis Line/Suicide Emergency 1-802-229-0591  
VA Emergency/Suicide Hotline 1-877-485-8874  
Parent's Stress Line 1-800-CHILDREN (1-800-244-5373)  
Vermont 2-1-1: Dial 2-1-1 for information on community agencies  
Domestic Violence Hotline 1-800-228-7395  
Sexual Violence Hotline/Sexual Assault Program 1-800-489-7273  
Reporting Child Abuse/Neglect 1-800-649-5285  
Human Trafficking 1-888-98-HUMAN (1-888-984-8626)  
Reporting Abuse/Neglect of a Vulnerable Adult 1-800-564-1612

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

I, Donnamarie Carey, am contracted by most major insurance companies, and for those with whom I am contracted, I agree to accept the reimbursement rate for covered and authorized (if applicable) services. Please be aware that most insurance providers reimburse a rate that is substantially lower than the standard rate billed. If you do not have, or elect not to use insurance, and paying my standard rate out-of-pocket would be a barrier to receiving services, please discuss this with me at your first appointment.

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 Donnamarie Carey and/or her clinician's billing agent to provide such information. I hereby authorize my insurance benefits to be paid directly to Donnamarie Carey and/or her billing agent on her behalf 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. If you are ill, there is a natural disaster, or weather would not permit safe transportation to the appointment, this fee will be waived. If less than 24-hour notification is made, but I am able to fill your appointment, then this fee will be waived. Clients with primary or secondary Medicaid insurance cannot be charged this fee.

## **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), my reasonable belief that there exists a risk for imminent danger/risk of harm to self (e.g. suicide risk), risk of harm to another person or property, suspicion of abuse or neglect toward a child or vulnerable adult, or/and court order. Additionally, the authorized 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.

## **Treatment**

I, client/guardian, 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 yielding a relationship break-up. Therapy may occur in an outdoor or other non-office-based setting as appropriate. In the unlikely event that damage or personal harm occurs in this setting, such as a dog bite in a local park, etc., your clinician will not be held liable.

## **Office of Professional Regulation**

The Office of Professional Regulation provides Vermont licensees, certifications, and registrations for over 37,000 practitioners and businesses. Thirty-nine professions and occupations are supported and managed by this office. Licensed Clinical Mental Health Counselor (LCMHC), Licensed Psychologist, Licensed Marriage and Family Counselor (LMFT), and Licensed Social Worker (LICSW) are regulated professions.

### **Consumer Inquiry, Complaints, or Disputes**

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. Each profession or occupation is governed by laws defining professional conduct. My practice 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/>. You have the right to register a formal complaint with the Board of Allied Mental Health Practitioners by calling (802) 828-1505 or/and by writing: Vermont Secretary of State, Office of Professional Regulation, Board of Allied Mental Health Practitioners, National Life Building, North, FL2, 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.

### **Vermont Statute: Title 3, Chapter 5: 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.
- (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, 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.

(9) 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.

(10) In the course of practice, gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent professional engaged in similar practice under the same or similar conditions, whether or not actual injury to a client, patient or customer has occurred.

(11) 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.

(b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct. 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 from the imposition of an administrative penalty imposed under this section shall be deposited in the general fund.

(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.)

Last Amended: 2002 Legislative Session - Effective July 1, 2002 (H.761)

## **Vermont Statute: Title 26, Chapter 65: 26 V.S.A. § 3271. Unprofessional conduct**

### **§ 3271. Unprofessional conduct**

(a) Unprofessional conduct means the following conduct and conduct set forth in 3 V.S.A. § 129a.

(1) using dishonest or misleading advertising;

(2) misusing a title in professional activity;

(3) conduct which evidences unfitness to practice clinical mental health counseling;

(4) 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 five years;

(5) harassing, intimidating, or abusing a client;

(6) entering into an additional relationship with a client, supervisee, research participant, or student that might impair the licensed clinical mental health counselor's objectivity or otherwise interfere with the clinical mental health counselor's professional obligations;

(7) independently practicing outside or beyond a clinical mental health counselor'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 licensed clinical mental health counselor or applicant. (Added 1987, No. 245 (Adj. Sess.), § 1; amended 1993, No. 98, § 17; 1993, No. 222 (Adj. Sess.), § 10; 1997, No. 40, § 57; 1997, No. 145 (Adj. Sess.), § 53; 2007, No. 29, § 45.

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Montpelier, VT 05602

**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 operation 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/harm 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 notify you by posting the revised documents in my office. I will also provide a copy of the revised documents upon request.

**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 at (802) 224-6322, or in writing to: Donnamarie Carey, POB 391, Montpelier, VT 05601.

If you believe that your privacy rights have been violated and wish to file a complaint with me (Donnamarie Carey), you may send your written complaint to Donnamarie Carey, POB 391, Montpelier, VT 05601.

You may also send a written complaint to the Vermont Secretary of State, Office of Professional Regulation, National Life Building, North, FL2, Montpelier, VT 05620-3402. You may also 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 July 1, 2013.

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 in my office. I will also provide a copy of the revised notice upon request.