Pamela Barnes MA, LCMHC, PLC

Billing Information

Client's Last Name: _____ First Name: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home #: _____Work #: _____ Date of Birth: _____

Emergency Contact and Telephone Number: _____

Gender: M F Marital Status: _____ Referred by: _____

Email address: _____

Social Security #: _____

Billing Information

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

Address: _____ City: _____ Zip: _____

Phone: _____ Relationship: _____DOB___

Insurance Information

Insurance I: _____ Co-pay Amount: _____

Insurance Mailing Address: _____

Subscriber Name: _____Relationship: _____

Certificate/ID#: _____ Group#: _____

Pre-Authorization #: _____ Date Auth starts/ends: _____ / _____

***copy of your insurance card front and back; call and get authorization from your insurance company

Secondary Insurance

Insurance II: _____ Co-pay Amount: _____

Insurance Mailing Address: _____

Subscriber Name: _____Relationship: _____

Certificate/ID#: _____ Group#: _____

Pre-Authorization #: _____ Date Auth starts/ends: _____/_____

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.

Signature: _____ Date: _____

PAMELA BARNES, MA, LCMHC, PLC
Pambarnes.counseling@gmail.com

525 Hercules Drive, Suite 1A
Colchester, Vermont 05446
Tel. 802-264-5333 ext.107
Fax 802-264-5338

This document is for clients being treated by Pamela Barnes, MA, and License Mental Health Counselor

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

Licensed by the state of Vermont: #068.0079917

Formal Education:

University of Vermont, BA in Education (1985-1989)
Johnson State College, M.A. in Clinical Mental Health Counseling (2007-2010)

Experience in the practice of Psychotherapy:

I spent my practicum in the fall of 2008 under the daily supervision of Louise Rosales, APN-BC Psychiatry or Amy Lang, LSW at Otter Creek Associates, a private practice for psychotherapy and psychiatry.

Masters and post masters internship (2009-2014) I was practicing at Counseling Connection Training Institute, PLC, a private practice for psychotherapy and was under the supervision of Dr. Leora Black every other week.

In 2014 I started my own private practice in psychotherapy and see clients in an office and school settings.

Scope of Practice including:

My therapeutic orientation is Existential Therapy. Existential Therapy is the belief that people have choices and need to have a meaning to life. I also utilize Cognitive Behavioral Therapy that focuses on cognitions (thoughts) and behaviours that can hinder or heighten emotional connection allowing to define concrete goals and uses active techniques to reach them; Solution Focused Therapy that moves client focus *off* of what's wrong and *onto* what's right, stressing the resources and skills clients have, and take responsibility for setting their own goals and reaching them; and Play in therapy which is based upon the fact that play is the child's natural medium of self-expression and allowing the child to 'play out' his feelings and problems. Tools that may be used are toys, arts and crafts, dramatic play, and music. Out of office activities may be assigned to enhance the therapeutic process. My areas of clinical concentration include: family and individual therapy, parenting issues, trauma, depression, anxiety, grief, anger and behavior problems in teens and young children. I work with adults, children, families and school systems.

After Hours Availability

Please direct all non-emergency calls to my office voice mail at **(802) 264-5333 ext. 107** during the week and after hours. Leave messages about cancellations, requests for services, etc.

During work or after hours, if you have a **clinical emergency (i.e., extreme behavioral situations, risk of suicide or bodily harm to you or another person)** and 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) 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

Text VT to 741741 a free 24/7 crisis text line
People living outside Chittenden, Franklin, and Addison counties should consult their local listings for emergency service numbers. If you have a life-threatening situation, call **911.**

Disputes or Complaints

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/ 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. You have the right to lodge a formal complaint with the Board of Allied Mental Health Practitioners in the following manner: by calling (802) 828-1505 or/and by writing: Vermont Secretary of State, Office of Professional Regulation, Board of Allied Mental Health Practitioners, 89 Main St., 3rd Floor Montpelier, VT 05620-3402.

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 Pamela Barnes, MA, LCMHC. and/or the clinician's billing agent to provide such information. I hereby authorize my insurance benefits to be paid directly to Pamela Barnes, MA, LCMHC and acknowledge that I am financially responsible for any unpaid balance. I understand that a full 24 hour 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 _____(client initial). 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. After 3 missed sessions I will only be able to schedule 24 hours in advance _____

(client initials) based on availability. A 10% interest rate maybe charged 60 days after original billing date for bills not paid. After 12 months of a bill not being paid that bill may be transferred to a collection agency. _____ (client initials) A $200 per hour fee will be assessed for any legal proceedings including preparation and attending court hearings. _____ (client initials)

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 reviews all of my notes and clinical practice.

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.

Therapy may occur in an outdoor setting as appropriate. A dog may be on the premises. In the unlikely event that the animal may cause damage or personal harm, your clinician and Counseling Connection, PLC will not be held liable.

Client Disclosure and Consent Confirmation

My signature acknowledges that I have been given a copy of the Professional Qualifications and Experience of Pamela Barnes, M.A., LCMHC, a statement of afterhour's 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. This information was given to me no later than my third office visit.

I hereby give permission for **Pam Barnes** to treat _____ (minor).

_____ _____

(Client or Parent/Guardian Signature) (Date)

Office of Professional Regulation Notice

The Office of Professional Regulation provides Vermont licenses, certifications, and registrations for over 56,000 practitioners and businesses. Forty-six 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 Administrators
Athletic Trainers
Occupational Therapists
Auctioneers
Opticians
Audiologists
Optometry
Barbers & Cosmetologists
Osteopathic Physicians and Surgeons
Boxing Control
Pharmacy
Chiropractic
Physical Therapists
Dental Examiners
Private Investigative & Security Services
Dietitians
Property Inspectors
Drug and Alcohol Counselor
Psychoanalyst
Electrolysis
Psychology
Professional Engineering
Psychotherapist, Non-licensed
Funeral Service
Radiologic Technology
Hearing Aid Dispensers
Real Estate Appraisers
Land Surveyors
Real Estate
Landscape Architects
Respiratory Care
Marriage & Family Therapists
Social Workers, Clinical
Clinical Mental Health Counselors
Tattooists
Midwives, Licensed
Veterinary
Motor Vehicle Racing

Title 3: Executive

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

(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 onflicts 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.)

□

§ 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.)

Mental Health Report to Referring Physician

Pamela Barnes MA, LCMHC, PLC

525 Hercules Drive, Suite 1A
Colchester, Vermont 05446
(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 at (802)-264-5333 ext.107.

You may also send a written complaint to the Vermont Secretary of State, Office of Professional Regulation, 89 Main St., Montpelier, VT 05620-3402 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 08/02/2014

Pamela Barnes,MA,LCMHC,PLC

525 Hercules Drive, Suite 1A
Colchester, VT 05446
(802) 264-5333

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)

_____
_____
_____