

Tammy MacBryde Farr. MA
Stress Less
Mental Health & Substance Abuse Counseling

REGISTRATION

Last Name: _____ First Name: _____ MI _____ Gender _____

Mailing Address: _____

Street Address (if different): _____

City: _____ State: _____ Zip Code: _____ Marital Status: _____

Mobile phone: _____ (circle one) AT&T Verizon Other: _____

Other phone: _____ (circle one) Home Work Other

Email: _____

Social Security Number: _____ Date of birth: _____

Place of employment/School _____ Occupation / Grade _____

If client is a minor:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

If Applicable:

Legal Guardian's name, and phone: _____

Address: _____

BILLING INFORMATION

Name of responsible person (if other than self): _____

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

Relationship: _____ Phone: _____

INSURANCE INFORMATION
(fill out or provide your insurance card to be copied)

Insurance 1: _____ Co-pay amount _____

Insurance mailing address: _____

Subscriber Name: _____ Relationship: _____

Certificate #: _____ Group #: _____ Authorization #: _____

Insurance 2: _____ Co-pay amount _____

Insurance mailing address: _____

Subscriber Name: _____ Relationship: _____

Certificate #: _____ Group #: _____ Authorization #: _____

I authorize the release of any medical information necessary to process this claim:

Signature: _____ **Date:** _____

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

I authorize payment of medical benefits to my physician or supplier for services provided:

Signature: _____ **Date:** _____

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AGREEMENT FOR THERAPY

I, _____, agree to meet with Tammy M. Farr, MA for counseling. I understand that most insurance companies pay for 45-minute sessions. This time includes scheduling the next appointment and paying any co-pays, deductibles, or co-insurance.

Method to Pay for Sessions (Check Applicable Option):

_____ Insurance

- With Co-Pay, Deductible, Co-Insurance, EAP (Employee Assistance Program)
(CIRCLE ABOVE IF APPLICABLE)

_____ Sliding Fee: \$50-\$100/session

If I do not come to a scheduled appointment and/or do not cancel the appointment at least one day in advance:

_____ I understand that **my insurance company will not pay for missed appointments.**
INITIAL

_____ **Medicaid/Dr. Dynosaur Insurance: If I miss two appointments, I agree that**
INITIAL **Tammy M. Farr will not schedule future appointment times for me in advance.**
Therapy may be terminated, OR I will be offered appointments from the
cancellation list (if appropriate), OR I will be referred to other providers.* **

_____ **All Other Insurances: I will be charged \$50 per missed session,** which must be
INITIAL paid prior to the next appointment. If I miss too many sessions, therapy may be
terminated, OR I will be offered appointments from the cancellation list (if
appropriate) OR I will be referred to other providers.*

*Exceptions to this policy might be granted in emergencies, and are at the discretion of the therapist.

**Medicaid regulations do not allow therapists to charge for missed appointments.

I understand that at times during the therapy process, I may actually feel worse as I am working through my problems. I will keep my therapist informed of any negative or concerning thoughts, feelings, and behaviors.

My signature below indicates I understand and agree to all the statements above.

SIGNATURE OF CLIENT

Date

SIGNATURE OF PARENT/LEGAL GUARDIAN (if applicable)

Date

Tammy MacBryde Farr, MA, LADC

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting Tammy M. Farr. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type (circle):	Mastercard Visa Discover AMEX Other _____
Cardholder Name (as shown on card) Please Print: _____	
Card Number: _____	
Expiration Date (mm/yy): _____	Validation Code _____
Cardholder ZIP Code (from credit card billing address): _____	

I, _____ authorized Tammy M. Farr, MA, LADC to charge my credit card for agreed upon psychotherapy services and or cancellations, as well as missed sessions not honoring the practice's cancellation policy. I understand that my information will be saved to file for future transactions on my account.

Client Signature

Date

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CONFIDENTIALITY POLICY

By signing this policy, you are acknowledging that you are in agreement with the limits of confidentiality as it pertains to the client/therapist relationship as outlined below. Additionally, your signature indicates that you have been offered a copy of this policy, your therapist has verbally explained this policy to you, and any questions you have regarding the policy have been discussed and clarified to your satisfaction.

1. All information discussed in the counseling relationship is confidential unless:
 - a. the client is under the age of 18 years; and/or
 - b. it is determined by **your counselor** that a life-threatening situation exists; and/or
 - c. the client discloses that a minor, an elderly person, or a disabled person is being abused.

EXCEPTION: OCR HIPAA Privacy

December 3, 2002 Revised April 3, 2003

DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES

[45 CFR 164.512(b)]

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and other responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified health purposes.

How the Rule Works

1. General Public Health Activities. **The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports** for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).***
2. Permission is granted for the therapist to discuss my case (without disclosing my identity) with a consultant who is bound by the legal framework of privacy and confidentiality, should any concerns listed above arise.

Disclosure Document

Licensed Alcohol & Drug Counselor
Rostered Mental Health Counselor
Tammy MacBryde Farr

FORMAL EDUCATION

MA Degree, Johnson State College, Johnson VT 01/96-05/98
Major: Counseling
BA Degree, Johnson State College, Johnson VT 01/94-12/95
Major: Psychology Honors: Suma Cum Laude, Deans's List

EXPERIENCE

PRIVATE PRACTITIONER, St. Albans/Enosburg, VT 10/15-present

- Performed intakes, assessment and evaluation to assess client needs
- Provided individual counseling for addiction and substance abuse issues
- Coordinated care with local physicians and agencies who also provide MAT Services
- Formulated treatment plans and progress notes
- Provided Counseling services via the internet using HIPPA approved software

TREATMENT ASSOCIATES, Morrisville, VT 01/18-11/18

- Provided case management services to clients
- Provided individual counseling services
- Provided group counseling services
- Performed intakes, assessments & screenings, treatment plans and progress notes

COMMUNITY COLLEGE OF VT, St. Albans, VT, **College Level Instructor** 01/01-2003

- Developed and taught college level classes regarding addiction and treatment

FRANKLIN NORTHEAST SU, Enosburg/Richford, VT 11/07-6/17
**School Counselor, Assistant Principal,
Student Assistance Counselor**

- Counseled students individually and in small group settings
- Participated in a variety of team settings for emotional/behavioral issues of students such as EST, IEP and 504
- Consulted and coordinated with community based specialists
- Assisted children and families in locating appropriate support services
- Consulted and met regularly with local pediatrician regarding assessment of medical/behavioral needs for specific students
- Provided intervention service for those students who were identified as having substance abuse problems and adjustment issues
- Provided short term counseling for identified students
- Implemented and facilitated therapeutic/educational groups regarding addiction & treatment to students

OTHER EXPERIENCE

- Assisted in leading **ISAP** (Intensive Substance Abuse Program) to parolees
- Co-led the **Rocking Horse Program**. (Substance Abuse Prevention for young Mothers)

ACCREDITATIONS & AFFILIATIONS

- State of VT, **Licensed Alcohol & Drug Counselor**
- The Wellness Institute, **Clinical Hypnotherapist**
- Vermont State Board of Education, **School Counselor Educator's License**
- American Counseling Association (ACA)
- Vermont School Counseling Association (VTSCA)
- American School Counseling Association (ASCA)

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	

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.

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 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.)

§ 3239. Unprofessional conduct

The following conduct and the conduct set forth in 3 V.S.A. § 129a, by a person authorized to provide alcohol and drug abuse services under this chapter or an applicant for licensure or certification, constitutes unprofessional conduct:

- (1) violation of any provision of this chapter or rule adopted under this chapter;
- (2) failing to use a complete title in professional activity;
- (3) conduct which evidences moral unfitness to practice alcohol and drug abuse counseling;
- (4) negligent, incompetent, or wrongful conduct in the practice of alcohol and drug abuse counseling; or
- (5) harassing, intimidating, or abusing a client
- (6) [Repealed.] (Added 2013, No. 131 (Adj. Sess.), § 129, eff. May 20, 2014; amended 2015, No. 156 (Adj. Sess.), § 4, eff. Sept. 1, 2016.)

Client's Disclosure Confirmation

My signature acknowledges that I have been given the professional qualifications and experience of Tammy MacBryde Farr, a listing of actions that constitutes unprofessional conduct according to Vermont statues, and the method for making a consumer inquiry or filing a complaint with the Office of Professional Regulation.

Clients Signature

Date

Practitioner's Signature

Date