New Client Intake Packet

Welcome

I look forward to meeting you and getting to know you. Before we meet, it will be helpful for you to complete this paperwork in advance and bring it with you to our first session.

I'll be upfront: it's a fair amount of paperwork. Please read through all of it — you'll learn more about me, how I approach this work, and other information relevant to our time together. As you read, jot down any questions you have; we'll have time to talk through them when we meet.

The informational sections (the Counseling Agreement and Policies, Vermont Disclosure Statement, and Notice of Privacy Practices) take most people about 15–20 minutes to read. The Adult Intake Questionnaire itself may take another 30–45 minutes, depending on how much detail you'd like to provide — there's no need to rush through the reflective questions.

If you're not able to print this in advance, it will be available at the office — feel free to come a bit early and complete it in the waiting room.

This packet contains:

- Counseling Agreement and Policies — the professional working agreement between us, including fees, confidentiality, and related policies.
- Adult Intake Questionnaire — your contact information, history, and other information that helps guide our work together.
- Acknowledgement Form — confirms you've received this information.
- Vermont Disclosure Statement — my professional qualifications and how to make a consumer inquiry or complaint with the Vermont Office of Professional Regulation.
- Notice of Privacy Practices — how your health information may be used and disclosed, and your rights regarding it.
- Telehealth: Session Preparation & Technology — what to expect if we ever meet by video.

Please complete this paperwork prior to our first meeting, so we can spend most of our time together focused on what brought you here. I look forward to working with you.

Phil Prothero, MAC, MDiv, LCMHC, CSAT

Counseling Agreement and Policies

This document describes policies and practices that govern the professional working relationship between client and counselor.

Counseling Philosophy

I believe we are all meant to live thriving lives, including relationships that offer love, joy, and intimacy — and that trauma, abuse, neglect, and loss can create obstacles to this, often leading to coping strategies that distract from deeper unresolved wounds rather than healing them.

In our work together, I draw on experiential, psychodynamic, Rogerian, and cognitive-behavioral approaches to explore how your formative experiences have shaped your present symptoms and relational patterns. As a Certified Sex Addiction Therapist (CSAT), I specialize in sexual addiction and compulsive behaviors using Dr. Patrick Carnes' system of addiction framework; I'm also trained in EMDR, Brainspotting, psychodrama, and other experiential modalities, and will discuss these with you if they're relevant to your treatment.

We'll identify treatment goals early on and revisit them as we go. I may suggest creative modalities (writing, art) or medical consultation where appropriate. I welcome clients of all backgrounds, faiths, and orientations, and approach spiritual matters by meeting you within your own framework.

Risks and Benefits of Therapy

Counseling can be genuinely helpful, but no outcome can be guaranteed. The process can be disruptive — you may feel worse before feeling better, and it's common to experience sadness, anger, or anxiety along the way. Therapeutic work can also affect your relationships with others, sometimes strengthening them and occasionally leading to their ending. Please raise any questions or concerns about this process as they come up.

Fees

Counseling fees are as follows:

Initial intake session (60-min)	**$275**
Individual counseling (60-min)	**$250**
Individual counseling (90-min)	**$350**
Couples/family counseling (60-min)	**$300**
Couples/family counseling (90-min)	**$425**
Group therapy (90-min)	**$75**
Half-day intensive (4-hr)	**$1,000**
Full-day intensive (7-hr)	**$2,000**

Payment is due at the start of each session in the form of cash, check, debit/credit card, HSA cards, or CareCredit. Please write checks payable to Redeeming Stories. I do not carry balances for clients; therapy may terminate if two or more sessions go unpaid.

Extended telephone or email consultations (over 5 minutes) and emergency counsel are billed at the standard hourly session rate. Additional professional services are billed as follows, prorated at fifteen-minute intervals:

Letters and documents (prep over 15 min)	**$250/hour**
Court appearances	**$400/hour**
Travel time (legal proceedings)	**$150/hour**
Photocopies of records	**$0.25/page**
Returned checks	**$45/instance**

I review my fees annually and may adjust them; if this occurs during your course of treatment, you'll receive 30 days' notice before the increase takes effect.

I offer a limited number of rate-adjusted counseling hours for those who qualify — see the rate adjustment policy for details.

If you become involved in legal proceedings requiring my mandated participation, you are responsible for all associated professional time, including preparation and travel, even if I'm called to testify by another party. I generally do not write legal letters or court reports, and reserve the right to decline (outside of court mandate) if doing so isn't in your best interest or would compromise our therapeutic relationship. If you're involved in litigation, I encourage you to discuss with your attorney whether entering your mental health records into the proceeding serves your interests.

Insurance and Managed Care

I'm currently only in-network with Medicare — I recommend verifying your coverage directly with them. If you have Medicare, I will bill them directly on your behalf. For all other insurance, I am out-of-network: I do not bill your insurance directly, but can provide a receipt (superbill) you may submit for possible reimbursement. Seeking and receiving any insurance reimbursement is solely your responsibility, not mine. Submitting a claim requires disclosing your diagnosis to your insurer, which can affect your future insurability and potentially adversely impact your ability to obtain a security clearance; insurance does not cover sessions over an hour, and reimbursement is never guaranteed. For more on why I've chosen this model, see redeemingstories.com/why-im-not-contracted-with-insurance.

Contacting Me

I hold office hours Monday through Friday. If you need to reach me between sessions, you may leave a confidential message at (802) 356-1731 and I will return your call as I'm able. Please limit phone contact to scheduling, billing questions, and emergencies. I generally limit email to scheduling purposes; if you're trying to reach me the same day as your session, please call rather than email. I make every effort to return calls and emails within 24 hours during office hours; messages received on weekends and holidays will be returned the next business day.

Please be aware that email and text messaging are not secure forms of communication. I take reasonable steps to maintain security on my end, but transmission and storage on networks outside those owned by Redeeming Stories Inc. carries confidentiality risks beyond my control. I recommend not sending sensitive or detailed information via email or text; please limit texts to brief scheduling matters.

Scheduling and Cancellations

Standard therapy sessions are typically 60 minutes and begin and end on time; late arrival will not extend the session. Longer sessions and intensives are available by request, subject to availability. Appointments are generally scheduled

weekly and are not automatically held open week to week — it's your responsibility to reschedule at the end of each session.

Regular individual, couples, and family sessions: cancellations require at least 24 hours' advance notice, or you will be billed the full session fee. Exceptions may be made for dangerous weather or extreme medical illness. This policy applies to both client and clinician. Insurance does not reimburse for missed sessions, meaning you may be responsible for paying for sessions that would have been billed to insurance if you cancel with less than 24 hours' notice given.

Emergencies

If you are experiencing a life-threatening emergency, call 911 or go to your nearest hospital emergency room. For 24-hour crisis support, call or text 988 (Suicide & Crisis Lifeline); veterans and service members can reach the Veterans Crisis Line the same way — dial 988, then press 1. Full details are also available at redeemingstories.com/fees-and-details.

Telehealth Services

Telehealth counseling involves receiving mental health services through interactive videoconferencing rather than in person. It may be used for a full course of treatment, or on an as-needed basis — for example, if weather, illness, or travel requires shifting a scheduled in-person session to a virtual one. The policies below apply any time we meet via telehealth.

The confidentiality protections and exceptions described in this Counseling Agreement apply equally to telehealth sessions. There are also risks specific to this format: despite the use of secure technology, transmission of protected health information could be disrupted, distorted, or intercepted by technical failure or unauthorized access. If I believe you would be better served by in-person or other services, I will discuss this with you and, if needed, provide a referral.

Participation in telehealth is voluntary and you may return to in-person sessions at any time. Recording of telehealth sessions is prohibited for both counselor and client. Sessions require privacy on both ends — please ensure you are in a location where others cannot overhear, and be aware I may decline to hold a session if I have concerns about privacy on your end.

The same fees, cancellation policy, and record-keeping practices described elsewhere in this agreement apply to telehealth sessions. Incomplete or interrupted sessions due to issues on your end (device failure, connectivity, inadequate planning) are billed for the full scheduled time; interruptions due to failures of the telehealth platform itself are not.

Length of Treatment

Therapy is a process unique to each client and the specific challenges you're experiencing. Some challenges may resolve in a shorter period (10–20 sessions), while more complex challenges may take longer. It can be difficult to predict exactly how long therapy will last; our mutually agreed-upon treatment goals will guide estimates of duration. Addressing relational and emotional symptoms usually takes less time than resolving the underlying core challenges creating them. Please discuss any questions about length of treatment with me at any point.

Termination of Therapy

You have the right to choose a counselor who best suits your needs, and to refuse or end therapy at any time, and to ask questions about any procedures used in your care. I have the right to terminate therapy under the following conditions:

a) When I believe therapy is no longer beneficial to you.

b) When I believe another professional will better serve your needs.

c) If you have not paid for the last two sessions.

d) If you have failed to show up for your last two sessions without 24-hour notice.

e) If I determine during the first three sessions that I cannot help you, I will assist you in finding qualified help, and with your written consent, share relevant information with that professional.

f) If you fail to cooperate with proposed treatment recommendations.

g) If I feel it may be physically or emotionally unsafe for me to continue working with you.

When our work concludes, I may ask that we schedule at least one final session to review progress and discuss further recommendations. This final session is always optional — it's entirely up to you whether you'd like to meet. Clients occasionally return to therapy to process new challenges; I welcome this, though it depends on clinical discretion and schedule availability. If I'm unable to see you immediately, I may add you to a waiting list or provide referrals.

Inactive Client Status

If we have not met for three months, you will be considered an inactive client. This means I am no longer your therapist of record, and I may open your session time to other clients. Your last session date also marks the beginning of the seven-year period for which your clinical record is retained, as described under Confidentiality below. If you'd like to resume our work together after becoming inactive, please contact me — I will do my best to accommodate you, though you may need to join the waiting list if one exists at that time.

Therapeutic Relationship

Establishing a healthy therapeutic relationship is essential to effective therapy, and dual relationships are discouraged under the ACA Code of Ethics (A.5.c). I maintain professional boundaries with current and former clients at all times: I don't accept social or professional networking connections from clients, and if we cross paths outside the office, I'll follow your lead on whether to acknowledge it, while always protecting your confidentiality.

Confidentiality

Trust is essential to effective therapy, and confidentiality helps build that trust. I hold myself to the strictest ethical standards of confidentiality; where possible, we'll discuss any exceptions as they arise. The following situations may require or allow me to share information with others:

a) You provide written authorization to share information with a specific person, or in case of death or disability, a personal representative. You may revoke this authorization in writing at any time.

b) When there is reasonable suspicion of abuse or neglect of a child (33 V.S.A. § 4912).

c) When there is reasonable suspicion of abuse or neglect of a vulnerable adult (33 V.S.A. § 6902).

d) Where there is a clear threat of serious bodily harm to yourself or others (this may include knowledge that a client is HIV-positive and unwilling to inform partners).

e) In response to a subpoena issued by the Secretary of State associated with a regulatory complaint.

f) If you are involved in legal action and a court order requires me to provide evidence relating to our sessions — I would prefer to work with you to prevent or limit this.

g) If you bring charges against me.

Payment by check may allow bank employees to see your name associated with our practice, and my name may appear on caller ID.

As part of my ongoing clinical development, I occasionally consult with other counseling professionals; these consultations maintain confidentiality and never include identifying details.

Your clinical record is kept for seven years following your last visit, then destroyed in a manner that maintains confidentiality. In the unlikely event of my death or incapacitation, Aubrey Welch, LCMHC, will serve as custodian of my clinical records; she can be reached at (802) 449-7168.

Confidentiality for Couples and Family Therapy

I hold a “no-secrets policy” for couples or family therapy: confidentiality does not apply within the couple or family unit. An individual session may occasionally be scheduled to support the overall process, but only if mutually agreed upon. Information shared in an individual session (or through any other means) will not be held in confidence in subsequent joint sessions — I will encourage the person holding the information to share it, and reserve the right to disclose it myself if clinically appropriate. When records involve couples or family therapy, all participating parties must authorize any release of those records — one member's signature on a release of information is not sufficient to release the couple's or family's shared records.

It can be helpful, during individual therapy, to occasionally bring in a spouse or family member for a session. In such a "conjoint" session, the therapeutic alliance remains between me and my individual client, not the couple — which is different from a couples session, where the alliance is with the couple itself. A release of information is required before a conjoint session can occur.

Safety Policy

It's important that the counseling office remain a safe environment. As deeply held emotions surface during therapy, all concealed or unconcealed weapons (firearms, knives, etc.) are prohibited in the waiting room or office, and audio/video recording of sessions is prohibited without prior written consent from all parties.

For therapy to be safe and effective, please do not attend sessions under the influence of alcohol, marijuana, or other mind-altering substances. If I suspect you are intoxicated, I will end the session and help arrange a safe ride home; this will be billed as a missed session at full fee. If arranging a safe ride home incurs a fee, you will be responsible for paying this fee.

Adult Intake Questionnaire

Please complete this questionnaire in as much detail as possible — it helps me understand you and guide our work together.

Contact Information

Name: _____ Today's date: _____

Date of birth _____

Home address _____

City / State / Zip _____

Mobile phone _____

Home phone _____

Email address _____

Gender identity (optional) _____

Pronouns (optional) _____

Sexual orientation (optional) _____

May I contact you via mail? ☐ Yes ☐ No May I contact you via phone? ☐ Yes ☐ No

May I leave you a voicemail? ☐ Yes ☐ No May I email you? ☐ Yes ☐ No

Referral Source

How did you hear about my practice?

Purpose for Seeking Services

What brings you to counseling at this time?

Prior Attempts to Address These Problems

What have you already tried (therapy, self-help, medication, etc.), and how did it go?

Office Cat Preference

My office cat, Lucy, is often present during sessions. Are you comfortable with her joining us?

☐ Yes, I'd like her there ☐ No preference ☐ No, please keep her out of the room

Emergency Contact Information

Contact name _____

Relationship to you _____

Phone number _____

Medical History

List any current medications, medical conditions, or relevant health history.

Accessibility & Accommodations

Do you have any mobility needs I should know about in advance (e.g., difficulty with stairs)? ☐ Yes ☐ No

If yes, please describe:

Note: my office has a lift available for those unable to use stairs; if you'll need it, please let me know in advance so I can arrange access.

Current Stresses

What are the significant stressors in your life right now?

Current Relationships

Family structure — list who lives in your household and your relationship to each person.

Current intimate relationship — describe your relationship status and, if applicable, your satisfaction with it.

Past intimate relationships — describe any prior significant relationships relevant to your work here.

Pets — describe your relationships with any pets.

Spirituality — is spirituality important to you? Please describe your spiritual beliefs.

Interpersonal Relationships

Describe how you generally relate to other people in your life.

Family History

Describe your childhood family experience by checking the boxes that apply:

- ☐ Outstanding home environment
- ☐ Normal home environment
- ☐ Chaotic home environment
- ☐ Witnessed physical, verbal, and/or sexual abuse toward others
- ☐ Experienced physical, verbal, and/or sexual abuse from others
- ☐ Other: _____

Ability to Function

On a scale of 1 (everything is bad) to 10 (everything is great!), please rate the following:

Overall mood _____

Ability to manage daily responsibilities (work, home, self-care) _____

Quality of relationships _____

Overall sense of hope for the future _____

Have you ever attempted suicide? _____

Have you ever had thoughts of suicide? _____

Have you had thoughts of harming or killing yourself in the past month? _____

If you answered yes to any of the above and would like to say more, feel free to do so here (optional):

Substance & Behavior Frequency

For each of the following, please check the box that best describes how often you use the substance or participate in the behavior:

Behavior	Never	Monthly	Weekly	Daily	Hourly
Alcohol (beer, liquor, wine, etc.)	☐	☐	☐	☐	
Cannabis (weed, edibles, gummies, vapes, etc.)	☐	☐	☐	☐	
Opioids (oxycodone, fentanyl, codeine, heroin, etc.)	☐	☐	☐	☐	
Hallucinogens (LSD, mushrooms, PCP, ketamine, etc.)	☐	☐	☐	☐	
Stimulants (cocaine, meth, MDMA, amphetamine, synthetics, etc.)	☐	☐	☐	☐	
Nicotine (cigarettes, vaping, chew, dip, cigars, etc.)	☐	☐	☐	☐	
Caffeine / energy drinks	☐	☐	☐	☐	
Pornography use	☐	☐	☐	☐	
View other sexually explicit media (movies, stories, chat, etc.)	☐	☐	☐	☐	
Sexual behaviors (escorts, prostitutes, sexual massage, hookup apps, etc.)	☐	☐	☐	☐	
Gambling (casinos, online gambling, sports betting, etc.)	☐	☐	☐	☐	
Online shopping / impulse spending	☐	☐	☐	☐	
Problematic eating behaviors (binge, purge, anorexia, etc.)	☐	☐	☐	☐	
Video game use (gaming console, smartphone, computer, etc.)	☐	☐	☐	☐	
AI chatbot / companion app use	☐	☐	☐	☐	
Social media use — consuming (Instagram, TikTok, YouTube, Snapchat, etc.)	☐	☐	☐	☐	☐
Social media use — creating/posting (TikTok, Instagram, YouTube, etc.)	☐	☐	☐	☐	☐

Symptom Checklist

Check the box for the symptoms you are experiencing (check all that apply):

- ☐ Depressed mood
- ☐ Cry easily
- ☐ Feeling hopeless
- ☐ Feel worthless
- ☐ Low self-esteem
- ☐ Anxious
- ☐ Irritable/angry
- ☐ Tired
- ☐ Fearful/scared
- ☐ Worrying
- ☐ Racing thoughts
- ☐ Ruminating thoughts
- ☐ Unwanted thoughts
- ☐ Tight, tense muscles
- ☐ Stressed
- ☐ Emotionally overwhelmed
- ☐ Bad dreams/nightmares
- ☐ Suicidal thoughts
- ☐ Changes in appetite
- ☐ Sleep too much/too little
- ☐ Difficulty relaxing
- ☐ Difficulty feeling emotions
- ☐ Difficulty expressing emotion
- ☐ Feel bad after sexual behavior
- ☐ Sexually anorexic (no libido)
- ☐ Desire for perfection
- ☐ Difficulty concentrating
- ☐ Unexplained health problems
- ☐ Headaches/migraines
- ☐ Memory problems
- ☐ Caretaking others, neglecting self
- ☐ People pleasing
- ☐ Inability to stop certain behaviors
- ☐ Concern about my alcohol use
- ☐ Concern about my drug use
- ☐ Concern about my sex behaviors
- ☐ Concern about other behaviors
- ☐ Other: _____

How You View Yourself

Check the box of descriptors that describe how you view yourself (check all that apply):

☐ Intelligent	☐ Ambitious	☐ Trustworthy	☐ Conflicted	☐ Creative
☐ Lovable	☐ Hard working	☐ Confident	☐ Numb	☐ Lost
☐ Sensitive	☐ Compassionate	☐ Honest	☐ Naïve	☐ Liar
☐ Worthwhile	☐ Strong	☐ Courageous	☐ Confused	☐ Dumb
☐ Playful	☐ Adventurous	☐ Curious	☐ Beautiful	☐ Other: _____

Life Events

Check the box of the life events you have experienced (check all that apply):

☐ Parents divorced	☐ Spiritual abuse	☐ Death of a family member	☐ Death of spouse/partner
☐ Poverty	☐ Emotional neglect	☐ Death of beloved pet	☐ Death of a friend
☐ Bullying	☐ School/academic problems	☐ Recent job loss	☐ Suicide of friend/family
☐ Physical abuse	☐ Legal problems	☐ Change in financial status	☐ Military combat
☐ Sexual abuse	☐ Incarceration (jail/prison)	☐ Unwanted pregnancy	☐ Other: _____
☐ Emotional/verbal abuse			

Is there anything else that would be helpful for me to know about you?

Acknowledgement of Receipt of Disclosure Information

This packet contains the following documents, each of which includes its own signature where required by law:

- Counseling Agreement and Policies — describes the policies and practices governing the therapeutic working relationship, including fees, confidentiality, and limits of confidentiality.
- Vermont Disclosure Statement — details my professional qualifications, actions that constitute unprofessional conduct under Vermont statute, and how to make a consumer inquiry or file a complaint with the Vermont Office of Professional Regulation. Vermont law requires your signature on this document specifically.
- Notice of Privacy Practices — describes how your medical information may be used and disclosed, and how you can access it. Federal law requires your signature on this document specifically.

By signing below, I acknowledge that I have received this packet in its entirety and had the opportunity to ask questions about any of its contents before beginning services.

Client signature

Date

Client printed name

Vermont Disclosure Statement

The State of Vermont requires that counselors provide their new clients with the following information by the third session. Please feel free to ask me any questions you may have about this information.

My Background

Education

- MA in Counseling, Mars Hill Graduate School (The Seattle School of Theology and Psychology), 2004
- Master of Divinity, Mars Hill Graduate School (The Seattle School of Theology and Psychology), 2004

Licensure

- Licensed Mental Health Counselor (LMHC), Washington, 2007
- Licensed Clinical Mental Health Counselor (LCMHC), Vermont, 2014 (License #068.0076445)

Special Qualifications

- Certified Sex Addiction Therapist, IITAP, 2005
- EMDR Training, EMDRIA, 2012
- Experiential Training Institute, Trauma Stage Process, and Psychodrama Institute, Onsite, 2015–2016
- Equine Assisted Mental Health Practitioner Certificate, University of Denver, 2021
- Problematic Gambling Certificate, The Massachusetts Council on Gaming and Health/VT Dept of Health, 2026
- Pet Loss Support Group Specialist, University of Vermont, 2026

Clinical Areas of Practice

- Process addictions (sex, love, pornography, etc.)
- Codependency
- Depression
- Anxiety
- Trauma
- Couples therapy
- Pet loss
- Spiritual matters
- Grieving and loss
- Life transitions

Therapeutic Orientation

Eclectic orientation, influenced by psychodynamic, humanistic, existential, and cognitive-behavioral approaches.

Treatment Methods

Experiential, action-oriented approaches (psychodrama, sociometry, animal-assisted, EMDR).

State Information on Professional Conduct

My practice is governed by the Rules of the Vermont Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy may be obtained from the Board or online at www.sec.state.vt.us. Unprofessional conduct is defined by 26 V.S.A. § 3271 and 3 V.S.A. § 129a, which address matters including (but not limited to): dishonest advertising, misuse of professional title, unfitness to practice, sexual misconduct with a client, harassment or abuse of a client, impairing dual relationships, practicing outside one's competence, use of conversion

therapy on a minor, fraudulent licensure, failure to comply with governing statutes or board orders, practicing while medically or psychologically unfit, improper delegation of professional responsibilities, falsifying records, failing to provide client records upon request, failing to retain records for the required period, criminal convictions related to or independent of practice, failure to report convictions, exploiting a client for financial gain, performing services beyond one's qualifications, failure to report changes of contact information, failure to exercise independent professional judgment, impeding a licensing investigation, deceptive advertising of treatment efficacy, exploitive sale of drugs or goods to clients, misrepresentation in treatment, offering to cure by secret method, improper use of one's license by others, personal or family use of controlled substances via one's prescribing authority, improper prescription practices, and failing to have a plan for the disposition of client records in the event of incapacitation or closure of practice.

Method for Communicating with the Licensing Board

The Board of Allied Mental Health Practitioners oversees all licensed mental health providers, including Licensed Clinical Mental Health Counselors. Consumer inquiries or complaints may be addressed to:

Board of Allied Mental Health Practitioners Office of Professional Regulation, Office of the Secretary of State — State of Vermont 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402 Tel: (802) 828-1505

Upon receipt of a complaint, an administrative review determines whether the issues raised are covered by the applicable professional conduct statute. If so, a committee investigates, collects information, and recommends action or closure to the appropriate governing body. All complaint investigations are confidential; if disciplinary action results, the license holder's name becomes public. Complaint investigations focus on licensure and fitness to practice — you should not expect a return of fees paid or additional unpaid services as part of this process. If you seek restitution of that nature, consider the Consumer Protection Division of the Vermont Attorney General's Office, an attorney, or Small Claims Court.

By signing below, I acknowledge that I have received and reviewed this Vermont Disclosure Statement, describing my counselor's professional qualifications, applicable standards of professional conduct, and the method for filing a consumer inquiry or complaint.

Client signature	Date
Client printed name	
Counselor signature	Date
Counselor printed name	

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Your Rights Regarding Your Protected Health Information

You may exercise any of the rights below by submitting a written request using the applicable form to Redeeming Stories, PO Box 1132, White River Junction, VT 05001. Contact me at (802) 356-1731 to obtain a request form. I will evaluate each request and respond in writing; I may charge a reasonable fee, which I will disclose in advance so you may withdraw your request before incurring any cost.

You have the right to:

Get an electronic or paper copy of your medical record

You can ask to see or receive a copy of your medical record and other health information I maintain; access may be restricted only in limited circumstances. Electronic copies, where feasible, are provided in PDF format and not transmitted via email. I will respond within 30 business days and may charge a reasonable, cost-based fee.

Ask me to amend your medical record

You can request an amendment to information you believe is incorrect or incomplete, for as long as I maintain the record. I may deny the request and will explain my decision in writing within 14 business days; you may then submit a written statement of disagreement, which becomes part of your record.

Request confidential communication

You can ask me to contact you in a specific way or send mail to a different address. I will accommodate all reasonable requests.

Ask me to limit the information I use or share

You can ask me not to use or share certain information for treatment, payment, or operations; I am not generally required to agree. You may also ask me to limit what I share with someone involved in your care, and if you pay out-of-pocket in full, ask that I not share that information with your insurer — I will honor this unless required by law.

Get a list of those with whom I have shared information

You can request an accounting of certain disclosures, excluding those for treatment, payment, and operations. The first accounting each year is free; I may charge a reasonable fee for additional requests within 12 months.

Get a copy of this privacy notice

You can request a paper copy of this notice at any time.

Choose someone to act for you

If someone holds medical power of attorney or is your legal guardian, they may exercise your rights on your behalf, once I've verified their authority.

File a complaint if you feel your rights are violated

Contact me at (802) 356-1731, or submit a complaint in writing to Redeeming Stories, PO Box 1132, White River Junction, VT 05001. You may also file a complaint with the U.S. Department of Health and Human Services Office for

Civil Rights (200 Independence Avenue S.W., Washington, D.C. 20201; (877) 696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints). I will not retaliate against you for filing a complaint.

Uses and Disclosures of Protected Health Information

I may use and share your protected health information to:

Provide professional services to you

I can use and share your information with other professionals treating you.

Operate my professional counseling practice

I can use and share your information to run my practice and improve your care, including with contracted Business Associates providing quality assurance, administrative, legal, or financial services.

Receive payment for my services

I can share information with third-party payers to determine benefit eligibility and coverage, or to submit claims, unless you've requested and I've agreed to restrict this. I can also use your information for account tracking and billing.

Tell you about appointments and treatment alternatives

I may use your information to remind you of appointments or tell you about relevant treatment options or services.

I am also allowed or required to share information in other circumstances, generally for the public good:

As required by law

Including public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners or medical examiners.

Serious threat to health and safety

To minimize or avoid imminent danger to your health or safety, or that of another person.

Health oversight

To an oversight agency for activities authorized by law, such as licensure or financial audits.

Criminal activity against counselor or on premises

To law enforcement if you've committed or threatened a crime against Redeeming Stories' premises or personnel, limited to details of the incident.

Business associates

To Business Associates performing health care operations or payment activities on my behalf, under contracts that limit their use and re-disclosure of your information.

Judicial or administrative proceedings

In response to a court order, or a subpoena where both parties have received 14 days' written notice, no protective order has been obtained, and the time to seek one has elapsed.

Special Protections for Substance Use Disorder Records

Some of your health information may be protected under a federal law known as 42 CFR Part 2, which provides additional confidentiality protections for substance use disorder (SUD) treatment records beyond what HIPAA requires. If I create, receive, or maintain any Part 2-protected records as part of your care, I will not use or disclose them for civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a

court order requires it. These records receive heightened confidentiality protection specifically because fear of legal or social consequences can discourage people from seeking treatment they need.

Medical emergencies

To emergency response personnel treating a condition that poses an immediate threat to health.

Worker's compensation

Relevant mental health information may be made available to your employer, representative, or the Department of Labor and Industries upon request, if you file a workers' compensation claim.

With your authorization

Any use not otherwise allowed by law requires your written authorization, as described under Your Choices below.

Your Choices

In the situations below, you have the right and choice to direct me to share information with family, close friends, or others involved in your care; with prior treatment providers; or in a disaster relief situation. If you're unable to state a preference (e.g., unconscious), I may share information if I believe it's in your best interest or needed to lessen a serious, imminent threat.

I never: engage in academic or commercial research using your protected health information; use it for marketing; sell it or use it for fundraising; maintain directory information for public disclosure; or receive compensation for recommending a health care product or service.

My Responsibilities: Protecting Your Privacy

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised your information.
- I must follow the duties and practices described in this notice and provide a copy at your request.
- I must ask you to sign a document confirming you've been notified of my legal duties and privacy practices, as described here.
- I will not use or share your information beyond what's described here unless you authorize it in writing; you may withdraw authorization at any time by notifying me in writing.

Changes to the Terms of this Notice

I can change the terms of this notice at any time. Any revised notice will apply to all protected health information I maintain at that time, and will be available upon request, in my office, and at www.redeemingstories.com.

The effective date of this notice is July 8, 2026.

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices, describing how my protected health information may be used and disclosed.

Client signature _____ Date _____

Client printed name _____

Telehealth: Session Preparation & Technology

For the best experience during a telehealth session:

- Choose a private, quiet location free of interruption (secure childcare in advance if needed)
- Use headphones for added privacy
- Close other applications that may trigger notifications
- Minimize background noise and backlighting
- Ensure your device is charged or plugged in, with a reliable internet connection

Technology

We use Zoom, a HIPAA-compliant videoconferencing platform. You will be emailed the Zoom link prior to our first scheduled telehealth meeting. We will use the same link for all subsequent telehealth meetings.