

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.

I. I Have A Legal Duty To Safeguard Your Protected Health Information ("PHI").

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will "use" and "disclose" your PHI. "Use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice of Privacy Practices ("Notice").

However, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office or at my website (if applicable). You can also request a copy of this Notice from me, or you can view a copy of it in my office or on my website.

II. How I May Use and Disclose Your PHI.

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I can use and disclose your PHI without your consent for the following reasons:

1. For Treatment. With an active release of information in place, I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you're being treated by a psychiatrist, I can disclose your PHI to your psychiatrist in order to coordinate your care.

2. To Obtain Payment for Treatment. I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to

your insurance company or health plan to reimburse the health care services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies, and other companies who assist with payment (such as Square, Venmo, PayPal, and others).

3. For Health Care Operations. I can disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of healthcare services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to our accountants, attorneys, consultants, and others to make sure I'm complying with applicable laws.

4. Other Disclosures. I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

B. Certain uses and Disclosures Do Not Require Your Consent.

I can use and disclose your PHI without your consent or authorization for the following reasons:

1. When Disclosure is Required by the Federal, State or Local Law; Judicial or Administrative Proceedings; or, Law Enforcement. For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.

2. For Public Health Activities. For example, I may have to report information about you to the county coroner.

3. For Health Oversight Activities. For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

4. To Avoid Harm. In order to avoid a serious threat to the health or safety of a person to the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

5. For specific government functions. I may disclose PHI of military personnel and veterans in certain situations. And I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

6. For workers' compensation purposes. I may provide PHI in order to comply with workers' compensation laws.

7. Appointment Reminders. I may use PHI to provide appointment reminders.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

IV. Your Rights Regarding Your PHI

You have the following rights with respect to your PHI. To exercise any of these rights, please submit your request in writing to me, the Privacy Officer, at: Tony Parmenter, MA - SeiyuIHT@outlook.com.

A. Right of Access to Inspect and Copy.

You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

B. Right to Amend.

If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

C. Right to an Accounting of Disclosures.

You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

D. Right to Request Restrictions.

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a healthcare item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

E. Right to Request Confidential Communication.

You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.

F. Breach Notification.

If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

G. Right to a Copy of this Notice.

You have the right to a copy of this notice. If this notice was initially provided to you electronically, you have the right to obtain a paper copy and to take one home with you if you wish.

V. Complaints.

If you believe your privacy rights with respect to confidential information in your health records have been violated and you wish to file a complaint with me, you may send your written complaint to: Tony Parmenter, MA - SeiyuIHT@outlook.com

Client Information and Informed Consent for in person & Telehealth Treatment

COUNSELING and EMDR THERAPY, in person and via telehealth, are confidential processes designed to help you address your concerns, come to a greater understanding of yourself, and develop tools for working through problems. It involves a relationship between you and your therapist who has the desire and willingness to help you accomplish your individual goals. The processes involve sharing sensitive, personal, and private information that may at times be distressing.

During counseling or EMDR Therapy, there may be brief periods of confusion or increased emotional distress as we work through difficult issues. The outcome of these services is often very positive; however, the level of satisfaction for any individual is not predictable. I am available to support you throughout your process.

CONFIDENTIALITY:

Federal and State laws mandate that all interactions with this Counselor remain confidential. This includes scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your maintaining records. You may request in writing, via a Consent to Release Information, that Anthony (Tony) Parmenter, MA release specific information about your counseling to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- State laws require that all Counselors who learn of (or strongly suspect) physical or sexual abuse or neglect of any person under 18 years of age, any person with a disability, or any elderly person to report this information to the proper authorities.
- A court order, issued by a judge, may require Anthony (Tony) Parmenter as a Counselor to release information contained in records and/or require him to testify in a court hearing.

Payment transactions are expected up front and must take place no later than 24 hours prior to a session via the payment portal or other instructions available at www.seiyuinstitute.com. The

reason for this is due to having a waitlist. The reason for this is so that there is sufficient planning time for waitlisted clients who may be able to take an open appointment slot, should a scheduled person cancel or not confirm their appointment by paying in advance. Missed appointments will be charged the full fee for service rate for the time scheduled. Frequent cancelations or two missed appointments may result in termination of services, and referral to a local counseling or mental health agency with enough staff to accommodate frequent cancelations. I appreciate prompt arrival for appointments. Please notify Tony via email to SeiyuIHT@Outlook.com if you will be late or need to reschedule with at least 24-hour notice.

By signing at the end of this document, you acknowledge that we have discussed payment and agree to pay the US Dollar amount of \$200 per 53-minute session by private pay unless another agreement is decided. Any extended counseling or psychotherapy sessions, or work done on your behalf, will be pro-rated as appropriate.

Telehealth services involve the use of electronic communications to enable clinicians to provide services to individuals who are located at a different site than the provider and may otherwise not have adequate access to care. Anthony (Tony) Parmenter uses videoconferencing telehealth for individual appointments unless a different plan is decided in advance.

Points for client understanding:

- I understand that I should be located in a private place during my session and that my technology should be as up-to-date as possible.
- I understand that telehealth services are completely voluntary and that I can choose not to participate or not to answer questions at any time.
- I understand that none of the telehealth session will be recorded or photographed without my written permission.
- I understand that the state and federal laws that protect privacy and the confidentiality of client information also apply to telehealth, as do the limitations to that confidentiality. I also understand that no information obtained in the use of telehealth that identifies me will be disclosed to other entities without my consent.
- I understand that telehealth is performed over a secure communication system that is almost impossible for anyone else to access, but because there is still a possibility of a breach, I accept the very rare risk that this could affect confidentiality.
- I understand that there is a risk that transmitted information may be lost due to technical failures.

- Anthony (Tony) Parmenter has explained to me how video conferencing technology will be used. I understand that any telehealth sessions will not be exactly the same as an in-person session due to the fact that I will not be in the same room as my clinician

- I understand there are potential risks to this technology to include interruptions, unauthorized access, and technical difficulties. I understand that I or my clinician may discontinue the telehealth sessions at any time if it is felt that the videoconferencing connections are not adequate for the situation.

- I understand that if there is an emergency during a telehealth session, my clinician will call emergency services and/or my emergency contact(s). He will not be able to attend to any crises in person.

- I understand that if the video conferencing connection drops while I am in a session, I will have an additional phone line available to contact my clinician, or I will make additional plans with my clinician ahead of time for re-contact

- I understand that I am required to provide a safety plan to my clinician in case of an emergency.

- I understand that telehealth-based services may not be appropriate for everyone seeking services. I also understand that I or my clinician may determine that telehealth is not an appropriate intervention at any time, and if appropriate or possible, I will be referred to a practitioner who can provide necessary services in my area.

I have read and discussed the above information with Anthony (Tony) Parmenter, MA. I understand the risks and benefits of Counseling and EMDR therapy, in person and online, the nature and limits of confidentiality, and what is expected of me as a client.

LIABILITY WAIVER AND AGREEMENT

I understand that the counseling, therapy, telehealth, online counseling, and other activities ("Activities") offered by Anthony (Tony) Parmenter are designed to assist me in improving my mental health and creating positive emotional and psychological traits.

As is the case with any counseling or therapy activities, such as EMDR, there may be a risk of emotional, psychological, and potentially physical harm that could come from the counseling and therapy process. I acknowledge these risks. I acknowledge that I am participating in these Activities at my own risk.

I understand that the Activities may occur online via the internet, and that I may attend sessions with Tony Parmenter from my home, work, public space, or even outdoors. I hereby represent that at all times I will obey any local rules or ordinances when attending these sessions.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft or actions of any kind, Anthony (Tony) Parmenter, who is hosting the Activities, and each of its directors, officers, employees, volunteers, representatives, and agents ("Released Parties") even in the case of carelessness, negligence, or gross negligence; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the Released Parties as to any and all claims, demands, legal actions, disputes, or rights of action in law or in equity ("Claims").

I am aware and acknowledge there is no obligation for the Released Parties to provide medical care or treatment. I hereby represent that I will notify Anthony (Tony) Parmenter's representatives of any physical pain or major discomfort felt during the Activities. If medical care or treatment is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care or treatment is administered.

The Anthony (Tony) Parmenter Liability Waiver and Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. If any provision of this document shall be deemed unlawful, void, or unenforceable, then the provision shall be severable from the remaining provisions, which will be accorded their full weight and enforceability.

I further understand that if any product or item is rented to me as part of the participation in the Activities, I will return the same in good working order. All payments are non-refundable or transferable for any reason, including, but not limited to vacation, illness, injury, or weather. The scheduling and content of the Activities may be cancelled or changed by Tony Parmenter without prior notice. I am responsible for possessing the proper technological and communication equipment to conduct the Activities (where applicable).

I hereby certify that I have read this document; and I understand its content.

I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

Communication Policy

Contacting Me:

Your confidentiality is very important in the work we do, both in my office (mostly virtual office) and out of it. Many modern methods of communication have poor privacy safeguards, and I strive to balance your confidentiality with our need to contact each other as easily and comfortably as possible.

If you need to contact me for any reason, the preferred method is by email at SeiyuIHT@gmail.com. Email is not 100% secure means of contact, so do not send any personally identifying information other than your name. Regular email is neither secure nor reliably confidential, so please do not include confidential or personally identifying information in your communication to me. Due to their poor security, please refrain from making contact using social media messaging systems such as Facebook, Instagram or Twitter.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with me about any concerns you have regarding preferred communication methods.

Response Time:

While it is my intention to reply to communications from Clients immediately, due to the nature and volume of my practice, an immediate response is not always possible. For voicemails and other messages, I will get back to you within one business day (weekends are not included in this timeframe.) If I can anticipate that I will be unable to reply to your messages for an extended period, I will take reasonable steps to inform you beforehand.

Emergency Contact:

If you are ever experiencing an emergency in the united states, including a mental health crisis, please call 1-800-273-TALK, Text HOME to 741741, or visit your local emergency room. If you are in another country or territory, please view the list of international crisis lines here: https://en.wikipedia.org/wiki/List_of_suicide_crisis_lines

Disclosure Regarding Third-Party Access to Communications:

Please know that when we use electronic communications methods, such as email, texting, online video, and others, there are various technicians and administrators who maintain these services and may have certain access to the content of those communications.

Of special consideration are work and school email addresses. If you use your work or school email to communicate with me, your employer or school officials may have access our email communications. There may be similar issues involved in email accounts associated with other organizations that you are affiliated with.

Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. This includes messages sent to my secure number. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.

If you have any questions regarding these communications policies, please don't hesitate to contact me directly at SeiyuIHT@outlook.com

PROFESSIONAL DISCLOSURE

This section of the 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: LCMHC #068.0106606; LADC #151.0126350
- Licensed by the state of New York: LMHC #011191
- Licensed by the state of New Hampshire: LCMHC and MLADC (under Emergency order 15) #EL01265
- Certified by the Massachusetts Board of Substance Abuse Counselor Certification: CADC-II #1834AL
- Certified by the International Certification & Reciprocity Consortium: ICAADC Certified by EMDR International Association: EMDR Certified Therapist; EMDRIA Consultant-in-Training
- Certified by Life Coach Training Institute: Certified Life Coach
- Certified by Mental Health Integrative Medicine Institute: Certified Mental Health Integrative Medicine Provider #707761

Formal Education & Relevant Professional Training

- Professional Certificate, Certificate in Critical Incident Stress Management (CCISM), University of Maryland Baltimore County
- Master of Arts, Clinical Mental Health Counseling (CACREP-accredited) w/ concentration in Substance Abuse & Addictions Counseling, Antioch University New England
- Bachelor of Arts, Behavioral Science, Bellevue University

- Associate of Applied Science, Information Management, Community College of the Air Force
- EMDR Basic Training (EMDRIA approved), completed in full and in person by Laurel Parnell, PhD of the Parnell Institute for EMDR
- EMDR Flash Technique (EMDRIA approved CE), completed in full via Phil Manfield, PhD
- Internal Family Systems-informed-EMDR (EMDRIA-approved CE), completed in full via Bruce Hersey, LCSW
- EMDR & Ego States models (EMDRIA-approved CE), completed in full with Robin Shapiro, LICSW
- Ongoing EMDR Consultation provided by - Aaron Koba, LMFT (licensed by the US state of California) & Kit Dowling, LCPC (licensed by the state of Maine)

Experience in the practice of Psychotherapy & Coaching

- I began my counseling career as a trained Phone Counselor for Tokyo English Lifeline in Tokyo, Japan from 2008 - 2009.
- I completed a counseling practicum and internship in the fall 2010 and Spring of 2011 under the daily supervision of Penelope Simpson, LCMHC as a counselor in the Health Services office at the Putney School in Putney, VT.
- A second clinical internship was completed from the fall of 2011 until the spring of 2012 as a counselor trainee for Total Health Services at Marlboro College, Marlboro VT.
- From 2009 until 2012, I was employed as a bachelor-level Mental Health Worker at the Brattleboro Retreat serving on the Pediatric Inpatient Unit and Uniformed Services Program (PHP, IOP, semi-residential).
- From 2012 until 2013 I was employed as a Family Support Clinician by Clinical & Support Options in Massachusetts, providing in-home therapy to families and children on Medicaid.
- From 2013 until 2014 I was employed as a mental health clinician in Adult Mental Health & Addictions Services by Health Care & Rehabilitation Services in Vermont.
- From 2014 until 2016 I was employed as the only full-time mental health clinician in the Brattleboro Retreat's Uniformed Services Program.
- From 2016 until 2019 I was employed per-diem at the Brattleboro Retreat, as a Social Worker/Therapist for inpatient and outpatient hospital programs.
- From 2016 until present, I serve as an employee for the State of Vermont in their Employee Assistance Program which is referred to as "Invest EAP".
- I have been operating this current private practice as a psychotherapist and consultant since Spring 2020 on a part time basis.
- In addition to counseling, I am employed as an adjunct professor at Bellevue University in Nebraska. I have held academic roles for other universities to include within the Purdue University system, Union Institute & University, and Grand Canyon University in Arizona.

Scope of Practice

My therapeutic orientation is Humanistic Psychology. Humanistic Psychology is the belief that people have choices and need to have a meaning to life, and that all people are striving to be the best version of themselves. I use an integrative style that includes a specialized form of psychotherapy called EMDR Therapy (which stands for Eye Movement Desensitization & Reprocessing). I also have advanced training in what are called Attachment-Focused EMDR, the Flash technique for EMDR, Ego States & EMDR, and Internal Family Systems informed EMDR and receive ongoing consultation to stay current in the latest research and trends for neuroscience, the nervous system, and EMDR. EMDR is an evidence-based, compassionate, and specific practice of helping people to treat posttraumatic stress disorder in addition to addictions, phobias, problem behaviors, for smoking cessation, to enhance motivation and personal performance. Read more at EMDRIA.org.

I also use what are called Morita Therapy (MT) and Acceptance & Commitment Therapy (or Training), "ACT", as my base for creating a supportive environment for counseling, psychotherapy, and clinical supervision. MT and ACT view suffering as unnecessary engagement with natural, yet painful emotions and work toward developing balance by fostering acceptance for all internal experiences. Both MT and ACT understand the urge to control and avoid pain as the key factor in any psychopathology, or "problem". MT was developed in Japan during the 1920's and has been one of the most widely used psychotherapy models in Asia since that time. Although newer, ACT is seen around the world as an evidence-based psychotherapy. I became interested in secular Buddhism as a result of reading Herman Hesse in high school, and then while living in Japan as an early adult. In 2010, when ACT was still "young" in the world of psychology, I was trained by Kevin Polk (creator of the ACT Matrix) while working in a PTSD & addiction treatment program for military, police, fire, and other uniformed professionals. MT and ACT are mindfulness and cognitive/reality-based approaches which center largely on a person's own personal set of values to better understand what is getting their your way, find ways to change what they have the power to change, and thrive by connecting more to what energizes their sense of purpose.

After Hours Availability

Please direct all non-emergency calls to my office voice mail at (802) 490-3848 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 911 or 1-800-273-8255 or text HOME to 741741 a free 24/7 crisis text line.

Disputes or Complaints

My practice is also governed by the rules of the Department of Education in New York, the Board of Allied Mental Health Practitioners in Vermont, the Office of Professional Licensure & Certification in New Hampshire, and the Massachusetts Board of Substance Abuse Counselor Certification in Massachusetts. It is unprofessional conduct to violate those rules. Copies of the rules may be obtained from the Boards or online at

- <http://www.op.nysed.gov/prof/mhp/article163.htm>
- <http://vtprofessionals.org/>
- <https://www.oplc.nh.gov/>
- <https://www.mbsacc.com/>

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. You can contact the New Hampshire Office of Professional Licensure and Certification at 121 South Fruit Street, Concord, NH 03301 or by calling (603) 271-2152. In Massachusetts, contact MBSACC at 560 Lincoln Street, P.O. Box 7070, Worcester, MA 01605 or by calling 508.842.8707. For New York, contact NY State Education Department, Office of the Professions, State Board for Mental Health Practitioners, 89 Washington Avenue, Albany, New York 12234-1000 or call 518-474-3817, Press 1 then ext. 450.

By signing below, I acknowledge that I have read and understand the notice of privacy practices, informed consent, liability waiver, communication policy and professional disclosure, fees for service, communication policies, and all others listed on this document.

A downloadable copy of all policies is available via <https://seiyuinstitute.com/library.php>.

Physical address during telehealth: _____

Phone & email: _____

Emergency contact name & phone number: _____

Name: _____ Date of birth: _____

Signature: _____ Date signed: _____