



**Secretary of State
Office of Professional Regulation
Board of Allied Mental Health Practitioners**

Disclosure Document for Clinical Mental Health Counselors

First Name Nerissa	Middle Initial	Last Name Russo
		License # 068.0127631
Previous Name(s) (Maiden)		Rau


Formal Education	Name of Institution:	Antioch University New England	
	Dates Attended:	01 / / 2012 - 05 / / 2014	
	Degree(s) awarded, if any:	MA Clinical mental health counseling	
Formal Education	Name of Institution:	Allegheny College	
	Dates Attended:	08 / / 2006 - 12 / / 2010	
	Degree(s) awarded, if any:	BS in Psychology	
Experience	Description of Practice:	Brattleboro Retreat	
	Location: City/State/Zip	Brattleboro, VT	
	Duration:	02 / / 2017 - / / Present	
	Status:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
	Receive supervision or peer consultation?	<input checked="" type="radio"/> YES <input type="radio"/> NO	
	How often?	at min 1x weekly	
Experience	Description of Practice:		
	Location: City/State/Zip		
	Duration:	____ / ____ / ____ - ____ / ____ / ____	
	Status:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	
	Receive supervision or peer consultation?	<input type="radio"/> YES <input type="radio"/> NO	
	How often?		
Experience	Description of Practice:		
	Location: City/State/Zip		
	Duration:	____ / ____ / ____ - ____ / ____ / ____	
	Status:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time	
	Receive supervision or peer consultation?	<input type="radio"/> YES <input type="radio"/> NO	
	How often?		

Scope of Practice	Therapeutic Orientation:	person-centered
	Area of Specialization:	Addiction
	Treatment Methods:	
	Special Qualifications:	

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.

Client's Disclosure Confirmation

My signature acknowledges that I have been given the professional qualifications and experience of (Name, Name), a listing of actions that constitute unprofessional conduct according to Vermont statutes, and the method for making a consumer inquiry or filing a complaint with the Office of Professional Regulation. This information was given to me no later than my third office visit.

Client's Signature or Parent/Guardian	Date
	12/18/25
Practitioner's Signature	Date