



## ***Welcome to Sunstone Counseling!***

*Please complete the following forms. Families and couples need to complete separate forms for each individual person. All forms and information provided will be kept confidential.*

### **New Client Forms**

**Informed Consent/ Services Agreement Form**

*Please read this form carefully. It details the policies of Sunstone Counseling, including confidentiality, cancellations, fees and payments. Your signature on this form certifies that you agree to receive services and to comply with policies and procedures.*

**Client Information Form**

*This form collects contact and demographic information as well as general medical and mental health information. If there are any questions regarding medical or mental health information that you do not feel comfortable addressing in detail on this form, please leave it blank and discuss it with your counselor. If you are filling out this form for a minor, please use their information with the exception of contact and other information that is more applicable for their Parent/Guardian.*

**Confidential Communications Consent Form**

*Request how you would like Sunstone Counseling to communicate Protected Health Information with you. Also, in efforts to protect your privacy and safety, we ask that you indicate any communication restrictions on this form.*

**Notice of Privacy Practices**

*Please read this packet carefully, as it contains policies, procedures, and standards about the privacy and confidentiality of your Protected Health Information. Also, please make sure that you sign the form to acknowledge that you read and understood the document.*

### **Additional Forms:**

**Consent for Release of Information Form**

*Only complete this form if you would like your Counselor to discuss information about you with another person –For example, Physician, Psychiatrist, Teacher, School Counselor, Relative, or previous Counselor. Find on our website under additional forms.*

**Minor Consent Form**

*Complete for minor clients only (under 18 years old). Find on our website under additional forms.*



## **INFORMED CONSENT/ AGREEMENT TO RECEIVE SERVICES**

Welcome! Sunstone Counseling is committed to providing the best personal counseling services to our clients. We work to create a welcoming, safe, and confidential space to explore problems and open up new possibilities for growth and change. We honor the unique needs and experiences of each individual, couple, and family.

### **Confidentiality**

Sunstone Counselors adhere to all ethical and legal standards/principles of their profession. Counseling services as well as the storage and disposal of Protected Health Information (PHI) will be kept confidential within these ethical and legal limitations. You will be informed when information regarding you is released. In general, information will only be released with your written consent. Giving consent grants your counselor permission to discuss your treatment with another person (doctor, relative, teacher, psychiatrist, etc.).

We are legally obligated to release information about your treatment without your consent in the following circumstances:

- You pose harm/threat to yourself or others.
- You reveal that a child or an elderly person is being abused.
- You are under the age of 17 and have been sexually or physically abused, raped or the victim of another crime.
- When the information is court ordered by a subpoena or a parole officer.
- You require hospitalization.

Our counselors may occasionally consult with other mental health professionals about a case. Every effort is made to avoid revealing the identity of our clients during consultations. The other professionals are legally bound to keep all information discussed in consultation confidential. If you have any questions or concerns about consultations, please discuss them openly with your counselor.

For further details regarding confidentiality policies/procedures, please see the Notice of Privacy Practices.

### **Fees**

Rates at Sunstone Counseling range from \$40 (for intern counselors) to \$150 (for licensed counselors) per 50-minute session. Please check with your counselor to find out his/her fees. 90-minute sessions, group and seminar/workshop rates vary in price. Information about costs will be provided on our website.

Method of payment will be discussed with your counselor when you schedule your appointment or during your first session. Sunstone Counseling accepts cash, credit card, and check. Payment is collected by your counselor at each session. If you wish to pay using a credit card, check or flex/health spending account we require that you complete a Credit Card/Electronic Check Processing Form. Please note that clients are expected to pay the full fee at each session.

## **Insurance**

Sunstone Counselors do not work directly with insurance companies. Payment is due at time of service.

Licensed clinicians at Sunstone Counseling qualify for reimbursement as an "out-of-network" provider under most insurance plans. We encourage you to ask your insurance carrier the following questions to clarify your coverage for out-of-network providers.

- Do I have mental health benefits?
- What is my deductible and has it been met?
- How much does my plan reimburse me if I see an out-of-network provider?
- How many sessions per calendar year does my plan cover?
- Is precertification required?

Once you receive this information, we are happy to discuss any further questions.

You will be provided, upon request, with statements of service that may be submitted to your insurance company for reimbursement.

## **Cancellations**

We have a 48-hour cancellation policy. If you need to cancel or reschedule your appointment, we will not charge a cancellation fee if you notify your counselor 48-hours in advance. Without such a notice, the full appointment fee will be charged. Cancelled sessions may not be submitted to insurance companies for out-of-network reimbursement. Please note that continuity is crucial to the effectiveness of therapy.

## **Emergencies**

Our counselors check their voicemail daily and will respond to all messages within 2 business days. If you are experiencing a mental health emergency and cannot safely await your counselors return call, please call 911 or go to your local emergency room.

## **Contacting your Counselor**

Please call Sunstone Counseling, 703-534-5100, and when prompted enter the extension of your counselor to access their voicemail. Counselors check their voicemail daily and will return your call as soon as possible. Some counselors may make other arrangements for contacting them that will be discussed in your session. In order to maintain your privacy in communication outside of session, we ask that you complete the Communication Consent Form. This form provides details about confidentiality and communication for your protection.

## **Discontinuing Services**

You or Sunstone Counseling can initiate termination of services at anytime. Please discuss any plans or desire to terminate therapy with your counselor, as ending is an important part of the therapeutic process.

## **Clinical Supervision**

Non-licensed counselors work under the supervision of licensed counselors. Supervision is similar to consultations discussed under the "confidentiality" section, in that your counselor will discuss information about your therapy with their supervisor. Supervisors are required to keep all information confidential. If your counselor is non-licensed, contact information for their supervisor will be provided below.

**Counselor Information**

Please check next to your counselor:

**Licensed:**

- ( ) George Coyne, LCSW ext. 202
- ( ) Amy Stephens, LPC ext. 203
- ( ) Katie Clark, LPC ext. 251
- ( ) Cindy Walls , LPC ext. 256
- ( ) Aneliz Sipe, LPC ext. 254
- ( ) Jordi Izzard, LPC ext. 253
- ( ) Charlie Clark, LPC ext. 257
- ( ) Anna Bailey, LPC ext. 250

**Non-Licensed Resident in Counseling:**

- ( ) Mel Brezovsky, MA ext. 259 Supervised by: Amy Stephens, LPC
- ( ) Kristin Milotte, MA ext. 260 Supervised by: Amy Stephens, LPC
- ( ) Lauren Zapf, MA ext. 262 Supervised by: Amy Stephens, LPC
- ( ) Leslie Coates Burpee, MA ext. 258 Supervised by: Amy Stephens, LPC
- ( ) Heidi Ficken, MA ext. 255 Supervised by: Amy Stephens, LPC
- ( ) Jennifer Gallagher, MA ext. 204 Supervised by: Katie Clark, LPC

**Intern:**

- ( ) Charlotte Zwick ext. 252 Supervised by: Katie Clark, LPC
- ( ) Tara Edwards ext. 261 Supervised by: Cindy Walls, LPC

**Client Agreement**

I, \_\_\_\_\_ agree to the policies, procedures, fees, and payment arrangements as described above, and I consent to receiving services at a fee of \$ \_\_\_\_\_ per session.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



S·U·N·S·T·O·N·E  
COUNSELING

**CLIENT INFORMATION**

- New client
- Returning client

Please mark one: \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Dr.

**Name:** \_\_\_\_\_

\_\_\_\_\_ *Last*

\_\_\_\_\_ *First*

\_\_\_\_\_ *M.I.*

Name you would like to be addressed by: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Address (Residence):**

\_\_\_\_\_ Street \_\_\_\_\_ Apt/Unit

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Is it ok to send mail to this address? \_\_\_\_\_yes \_\_\_\_\_no

If you marked no, please provide an alternative address that we may use for billing purposes, if necessary:

\_\_\_\_\_ Street \_\_\_\_\_ Apt/Unit

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**Phone Contact:**

\_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

**E-mail(s):** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

Are you a US Citizen?: \_\_\_\_\_Yes \_\_\_\_\_No If no, how long have you lived in the US? \_\_\_\_\_

**Current Living Situation:**

Marital Status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_  
Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other \_\_\_\_\_

Composition of Present Household (check all that apply):

Alone \_\_\_\_\_ With Parent(s)/Guardian(s) \_\_\_\_\_ With Spouse \_\_\_\_\_  
With Partner \_\_\_\_\_ With In-Laws \_\_\_\_\_ Group House \_\_\_\_\_  
With Roomate(s) \_\_\_\_\_ Other (describe): \_\_\_\_\_

Number of Children: \_\_\_\_\_ Age(s): \_\_\_\_\_

Number of Children in Household: \_\_\_\_\_

Number of Children Living: \_\_\_\_\_ Deceased: \_\_\_\_\_  
Are you or your significant other currently pregnant? \_\_\_\_\_ yes \_\_\_\_\_ no  
Are you or your significant other trying to get pregnant? \_\_\_\_\_ yes \_\_\_\_\_ no  
Any issues relating to infertility? \_\_\_\_\_ yes \_\_\_\_\_ no

**Family:**

Is your Mother living?: \_\_\_\_\_ yes \_\_\_\_\_ no If yes, Mother's Age: \_\_\_\_\_  
If no, your age at Mother's death?: \_\_\_\_\_ Your mother's age at death: \_\_\_\_\_  
Is your father living?: \_\_\_\_\_ yes \_\_\_\_\_ no If yes, Father's Age: \_\_\_\_\_  
If no, your age at Father's death?: \_\_\_\_\_ Your Father's age at death: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_  
Are all of your siblings living? \_\_\_\_\_ yes \_\_\_\_\_ no  
If no, your age at sibling's death (s): \_\_\_\_\_

Your Position in the Family:

Eldest \_\_\_\_\_ Middle \_\_\_\_\_ Youngest \_\_\_\_\_  
Twin \_\_\_\_\_ Only Child \_\_\_\_\_

Were you adopted? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, at what age? \_\_\_\_\_

**Education:**

Your highest education level attained (please check one):

Elementary School \_\_\_\_\_ College Graduate \_\_\_\_\_  
Middle School \_\_\_\_\_ Trade School \_\_\_\_\_  
High School \_\_\_\_\_ Master's Degree \_\_\_\_\_  
Some College \_\_\_\_\_ Doctorate, J.D. or M.D. \_\_\_\_\_

Are you currently in school? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, what grade/level? \_\_\_\_\_

**Employment:**

Occupation: \_\_\_\_\_

Full Time \_\_\_\_\_ Self Employed \_\_\_\_\_  
Part Time \_\_\_\_\_ Unemployed \_\_\_\_\_  
Student \_\_\_\_\_ Homemaker \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ yes \_\_\_\_\_ no  
Are you currently serving in the military? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, which branch? \_\_\_\_\_

Average number of hours worked per week? \_\_\_\_\_

**Financial:**

Current Income: \_\_\_\_\_

Are financial issues causing you problems? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

**Medical:**

Personal Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*If you would like your counselor to collaborate with your physician, please complete a Consent for Release of Information Form.

Date of Last Physical: \_\_\_\_\_

Medical Conditions (past or present): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ yes \_\_\_\_\_ no  
If so, please list the type and dosage: \_\_\_\_\_  
\_\_\_\_\_

**Health/Wellness:**

Please rate your overall physical health: \_\_\_\_\_ Optimal \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Please indicate if you have concerns in any of the following areas related to your health/wellness:

Sleeping \_\_\_\_\_ yes \_\_\_\_\_ no If yes, \_\_\_\_\_  
Average number of hours you sleep per night: \_\_\_\_\_  
Eating (Appetite) \_\_\_\_\_ yes \_\_\_\_\_ no If yes, \_\_\_\_\_  
Weight (Gain or Loss) \_\_\_\_\_ yes \_\_\_\_\_ no If yes, \_\_\_\_\_  
Exercise/Physical Activity \_\_\_\_\_ yes \_\_\_\_\_ no How often? \_\_\_\_\_

If you consume/use any of the following, please indicate how often/much in a day/week:

Caffeine \_\_\_\_\_ Alcohol \_\_\_\_\_  
Tobacco \_\_\_\_\_ Marijuana \_\_\_\_\_  
Other \_\_\_\_\_

What activities, if any, do you engage in for relaxation/leisure: \_\_\_\_\_

Please rate your support system: \_\_\_\_\_ Optimal \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Please explain your support system (What do you find supportive? Are you lacking support?): \_\_\_\_\_  
\_\_\_\_\_

List the relationships that support your well-being: \_\_\_\_\_  
\_\_\_\_\_

**Spirituality/Religion:**

Are you affiliated with any Religion or Spirituality? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, \_\_\_\_\_  
How important are religious/spiritual matters to you? \_\_\_\_\_ Not Important \_\_\_\_\_ Little  
\_\_\_\_\_ Moderate \_\_\_\_\_ Very

Were you raised within a Religious/Spiritual Group? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, \_\_\_\_\_

Mother's Religion (if applicable): \_\_\_\_\_

Father's Religion (if applicable): \_\_\_\_\_

Partner's Religion (if applicable): \_\_\_\_\_

**Mental Health:**

Previous mental health or emotional issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been to therapy in the past? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, when? \_\_\_\_\_

What issue(s) did you address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been diagnosed with a mental health disorder (past/current)?  yes  no  
If yes, please specify: \_\_\_\_\_

Have any family members been diagnosed or suspected to have depression, anxiety or other mental health issues?  
 yes  no If yes, please explain: \_\_\_\_\_

Any special, unusual, or traumatic circumstances that affected your development?  yes  no  
If yes, please explain: \_\_\_\_\_

Have you ever been the victim of emotional, verbal, physical, or sexual abuse/assault?  yes  no  
If yes, please explain: \_\_\_\_\_

When did the abuse occur? \_\_\_\_\_

What is your sexual orientation?  Heterosexual  Gay  Lesbian  
 Bisexual  Transgender  Transsexual  
 Questioning  Other: \_\_\_\_\_

Do you have any concerns with your sexuality?  yes  no

Have you attempted suicide in the past?  yes  no

Have you recently considered committing suicide?  yes  no

Are you currently considering committing suicide?  yes  no

Has a family member ever committed suicide?  yes  no

Have you engaged in self-injurious behavior?  yes  no

Have you ever been admitted to the hospital for psychiatric care?  yes  no

If yes, please explain: \_\_\_\_\_

Have you ever been in an inpatient treatment program?  yes  no

Have you ever been charged with a felony offense or a crime of a sexual or violent nature?  yes  no

Have you ever been diagnosed with and/or been in treatment for a substance abuse disorder?  yes  no

If yes, please explain: \_\_\_\_\_

Have you ever been diagnosed with and/or been in treatment for an eating disorder?  yes  no

Are you concerned with your current eating habits?  yes  no

If yes, please explain: \_\_\_\_\_

Are you currently seeing a psychiatrist?  yes  no

If yes, please provide:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*It is common for your counselor and psychiatrist to collaborate/coordinate care. If you consent to this collaboration, please complete a Consent for Release of Information form.



**Reason(s) for seeking therapy at this time:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outcome(s) you would like to see as a result of therapy:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Referral:**

How did you hear about us?: \_\_\_\_\_

Referral Name: \_\_\_\_\_

Did you come here voluntarily? \_\_\_\_\_yes \_\_\_\_\_no

*I certify that all information provided by me is true, accurate, and complete to the best of my knowledge and belief.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (minor): \_\_\_\_\_ Date: \_\_\_\_\_



## CONFIDENTIAL COMMUNICATIONS CONSENT FORM

Sunstone Counseling is dedicated to protecting your healthcare information. Please read the following information concerning written, verbal, and electronic forms of communication. Indicate that you have read and understand the information and which forms of communication you authorize by initialing next to the statements below. We will not communicate any Protected Health Information (PHI) verbally, electronically, or written unless authorized. For a list of designated PHI, see page 1 of Notice of Privacy Practices.

**Please initial next to the statements below to authorize Sunstone Counseling to communicate PHI.**

\_\_\_\_\_ I authorize Sunstone Counseling to send mail containing PHI to my residence address.

\_\_\_\_\_ I authorize Sunstone Counseling to send newsletters, information about workshops or groups to my residence address.

Please specify if there are any restrictions for content of mail (Unless otherwise specified, the Sunstone Counseling logo may be visibly displayed on mail sent to you.): \_\_\_\_\_

\_\_\_\_\_ I understand that cell phones are not a secure form of communication.

\_\_\_\_\_ I authorize Sunstone Counseling to call:

\_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

\_\_\_\_\_ I authorize Sunstone Counseling to call me to discuss PHI using their cell phone.

\_\_\_\_\_ I authorize Sunstone Counseling to leave a voice message containing PHI at:

\_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

Please specify if there are any restrictions for content of messages: \_\_\_\_\_

If you choose, your counselor will send/receive text messages and emails about appointment times, rescheduling, cancellations, and/or other practical matters such as directions, forms, invoices, etc. They will not discuss clinical issues through text message or through email. Should you choose to disclose confidential clinical information to your counselor in text message or email, please be aware that their response in these forms will be limited and is not recommended.

\_\_\_\_\_ I authorize Sunstone Counseling to send text messages containing PHI to my cell phone.

\_\_\_\_\_ I authorize Sunstone Counseling to text message me PHI using their cell phone.

\_\_\_\_\_ I understand that email is not a secure form of communication.

\_\_\_\_\_ I authorize Sunstone Counseling to send PHI to me in email.

Our current appointment scheduling and payment system is hosted by Mindbody.

\_\_\_\_\_ I authorize Sunstone Counseling to use this system for scheduling my appointments and sending me email reminders.

\_\_\_\_\_ I authorize Sunstone Counseling to collect payment for services throughout Mindbody.



## **Notice of HIPAA Policy and Practices**

### **Protected Health Information (PHI)**

Sunstone Counseling must maintain patient confidentiality as required by applicable federal, state and local laws. Sunstone Counseling is also required to establish a consistent process when there is a request for patient information from law enforcement authorities. When using, disclosing or requesting protected health information (PHI), every reasonable effort shall be utilized to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. Sunstone Counseling is committed to ensuring the privacy and security of PHI. Sunstone Counseling will take steps to ensure that the appropriate actions are taken to properly identify and secure all individuals' PHI.

The following individually identifiable health information will be designated as PHI within Sunstone Counseling to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996:

- A. Information that relates to the past, present, or future physical or mental health conditions of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; specifically including such information in verbal, written, or electronic form.
- B. Names.
- C. Address information.
- D. Telephone numbers.
- E. Fax numbers.
- F. Social Security numbers.
- G. Medical record numbers.
- H. Health plan beneficiary numbers.
- I. Full face photographic images and any comparable images.
- J. Any other identifying number, characteristic, or code used to identify an individual.

When you visit a healthcare provider, you give information about your physical and mental health. The law identifies this information as PHI. This information goes into your medical or health care record or file. With your written consent, the healthcare provider can use your PHI to provide treatment, process for payment, and administer healthcare operations (TPO). Primary uses and disclosures of PHI include:

- A. *Treatment:* Once you give consent and your treatment begins, the information you give about yourself may be used by Sunstone Counseling staff members or disclosed to other health care professionals. Example: contact with past counselors, current or past physicians, or other treatment facilities, with written consent from the client.

- B. *Payment:* The information you give Sunstone Counseling about yourself may be used to seek payment from your health plan or from other sources of coverage. Example: your health insurance company may request and receive information on dates of service, the services provided, and the diagnosis and symptoms of the mental health condition being treated.

### **OTHER DISCLOSURES**

The following are descriptions of some other possible ways in which Sunstone Counseling may be required or permitted by law to use or disclose your PHI. Law enforcement authorities are not covered entities for the purposes of HIPAA compliance. Therefore, Sunstone Counseling shall abide by use and disclosure restrictions as provided by law and regulation.

#### **Mandatory Disclosure Laws**

- A. Sunstone Counseling shall disclose PHI to law enforcement personnel and designated protected service personnel pursuant to the mandatory disclosure laws of the Commonwealth of Virginia related to victims of child or adult abuse, neglect, or domestic violence.
- B. Sunstone Counseling is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
- C. Sunstone Counseling shall disclose PHI to law enforcement personnel or medical, hospital, or psychiatric hospitalization services in the event of a current or recent (recent defined as within 2 weeks) suicide attempt.

#### **Court Orders and Warrants**

Sunstone Counseling may disclose PHI to law enforcement in compliance with and limited by relevant requirements (the information sought is relevant and material to a legitimate law enforcement inquiry, and the request is specific and limited in scope to the extent reasonably practicable in the light of the purpose for which the information is sought and de-identified PHI information could not be reasonably used) of a:

1. Signed Court Order
2. Signed Court-Ordered Warrant
3. Signed Subpoena
4. Summons issued by Judicial Officer
5. Crime occurs on the premises
6. Threat to health and safety: Sunstone Counseling may disclose PHI in conformance with ethical standards, in good faith, and in compliance with applicable law, to avert serious threat to health and safety of the person, counselor, teacher, family member, or to the public, as is necessary for law enforcement authority to identify or apprehend an individual:

- 1) Because of a statement of admission of violent crime that may have caused serious physical harm to a victim.
- 2) Because the individual appears to be an escapee from a correctional institution or lawful custody.

- 3) For purposes of national security and lawful intelligence of the National Security Act.
- 4) As required by protective services for the President and others under Secret Service Protection.

**Designated Authority:**

In the event of a concern over improper disclosure, please contact one of the following staff members at Sunstone Counseling (703-534-5100):

Amy Stephens, LPC  
George Coyne, LCSW

**Court Appearance and Out of Office Consultations:**

Sunstone Counselors do not provide court/custody evaluations and will not appear in court to testify in divorce/legal/custody cases, unless subpoenaed. If your counselor is required to appear in court on your behalf, you are responsible to pay them an hourly rate of \$250 and are also responsible for paying for any of court/legal fees they accrue during this process.

At your request, your counselor can attend consultations outside of therapy, such as, teacher/school meetings, doctor meetings etc. Please know, that you will be charged your counselor's hourly rate including travel time.

**Duties of Sunstone Counseling:**

Sunstone Counseling is required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. We are required to abide by the privacy policies and practices that are outlined in this notice. All members of our staff are under contract to respect your confidentiality and privacy as outlined in this notice. Similarly, any of our business associates who have contact with your PHI (such as a third party billing company) are obligated to respect your confidentiality and privacy in accordance with this notice. For security, your files are maintained and protected in a locked cabinet when not in use. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations.

**Your Rights:**

You have certain rights under the federal privacy standards. These include:

**Right to Request a Restriction:** You have a right to request a restriction on the PHI we use or disclose about you for payment or healthcare operations. We will comply with the restriction unless the information is needed to provide emergency treatment to you and as long as it allows us to comply with the law. You may request a restriction by writing, or completing our form for the purpose. In your request tell us: 1) the information you want to limit and 2) how you want to limit our use and /or disclosure of the information.

**Right to Request Confidential Communications by Alternative Means:** If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or an alternative location. For example, you can request that we only contact you at work.

**Right to Inspect and Copy:** As permitted by federal regulation, we require that requests to inspect, copy, or release PHI be submitted in writing. You may obtain a form to request access to your records by contacting your therapist at 703-534-5100. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other costs associated with your request. Please note that the law does not guarantee you the right of access to, or possession of a mental health therapist's personal or psychotherapy notes. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

**Right to Amend:** If you believe that your PHI is incorrect or incomplete, you may request in writing that we amend your information. Your written request should include the reason the amendment is necessary. In certain cases, we may deny your request for the amendment. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

**Right of an Accounting:** You have the right to receive an accounting of most disclosures of your PHI for reasons other than payment, treatment, or healthcare operations. This accounting will not include disclosures for which you provided an authorization. An accounting will include the date(s) of the disclosure. We are permitted to charge you for the cost of producing the list.

**Rights for Confidentiality in Substance Abuse Treatment:** You may have additional rights of confidentiality under 42 CFR Part 2. Ask for a special authorization form, if you wish.

**Right to Receive a Printed Copy of the Notice:** You have a right to receive a printed copy of this notice.

I have read and understand Sunstone Counseling Notice of Practice and Statement of Policies, as well as the Notice of HIPAA Policy and Practices. Please sign below and return this form to your counselor.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of parent/guardian if client is a minor)

\_\_\_\_\_  
Date

*Revised 8/10/2014*