

Sound Foundations
Professional Counseling

*Where the building blocks
 Of future successes are laid*

Jason Soto MA, MFT

Individual, Couples & Family Therapist



Notice of Privacy Practices/Disclosure Statement (Effective 10/31/13)

Sound Foundations Professional Counseling
 104 W. Main STE 207
 Puyallup, WA 98371
 (253) 304-4522

SoundFoundationsCounseling.com

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.

Welcome I would like to take this moment to let you know about the privacy of your health information. This Notice describes how psychological and medical information you share may be used/disclosed, and how you get access to your therapy/health information. Therefore, I request that you read the following information, ask any questions you may have, and then **sign the Personal Information form**. Your signature acknowledges that you have reviewed and understand the information provided in this disclosure statement/notice of privacy practices that is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), effective April 14, 2003.

It is important that we take steps to protect the privacy of your “protected health information” (PHI). PHI refers to information in your health record that could identify you such as your name, social security number, address, phone number, and health care information. Besides PHI, other important terms and definitions are:

- Treatment and Health Care Operations:
- Treatment is when a Therapist provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when a Therapist consults with another health care provider, such as your family physician, school personnel, or other social service providers.
- Health Care Operations are activities that relate to the performance and operation of Services. Examples of health care operation are quality assessment and improvement activities, administrative services, and care coordination.
- “Use” applies only to activities within Sound Foundations such as sharing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of Sound Foundations therapy such as releasing, transferring, or providing access to information about you to other qualified parties, at your request when appropriate.
- “Therapist” applies to your counselor.

CLIENT RIGHTS & RESPONSIBILITIES

Sound Foundations is required by both federal and state law, with certain exceptions, to maintain the confidentiality of the information you share with any of our staff and to abide by the terms of the NPP currently in effect, to provide notice to clients of its legal duties and privacy practices with respect to PHI, and to notify affected clients following a breach of any unsecured PHI. Hence, we adhere to standards that have been developed in order to maintain the privacy of your therapy/health information (PHI), and seek to guarantee the following rights of all recipients of the services of our clinical staff:

CLIENT RIGHTS:

1. **Right to appropriate care.** You have the right to be treated with dignity and respect, the right to receive care that is non-discriminatory, and the right to receive care from qualified professionals.
2. **Right to referral.** Should you want to receive therapy services from a place other than the Sound Foundations, you have the right to request a referral. In this case you will be provided with at least two other places.
3. **Right to terminate counseling.** You have the right to terminate counseling at any time.
4. **Right to request restrictions.** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, your therapist is not required to agree to a restriction request if Washington State or Federal laws apply.
5. **Right to release.** You have the right to consent to/authorize the release of confidential information about you. Our office will obtain your written authorization for uses and disclosures that are not identified by this notice/disclosure or required by applicable law.
6. **Right to rescind.** You may, in writing, withdraw your consent to release confidential information at any time. However, if disclosures have already been made based on your earlier consent, these disclosures cannot be recovered or undone.
7. **Right to receive confidential communication of PHI by alternative means and at alternative locations.** For instance, you may ask that we contact you at your campus/home address/phone, rather than work. We will accommodate reasonable request. **(NOTE: Email and Text are NOT a confidential means of communication, and thus this type of communication is requested to be restricted to scheduling, appointment information, and other non-identifiable simple exchanges only. Further your therapist will not communicate via or respond to or engage in any and all social media).**
8. **Right to inspect and obtain a copy.** You must submit your request in writing, on the appropriate form(s) obtainable from your therapist. This, however, does not include information gathered in anticipation of, or for use, in a civil/criminal, or administrative action; information that we cannot legally disclose to you; or information that we determine should not be disclosed to you because it might hurt you or someone else.
9. **Right to request an amendment of the PHI.** You may request an amendment be made to the PHI maintained as part of you PHI. The therapist is not required to amend the PHI, however you may write a statement of disagreement in the case the request to amend has been denied.
10. **Right to receive a prescribed accounting of certain disclosures of PHI.**
11. **Right to a copy of this notice.** Copies of this Notice of Disclosure/Privacy Practices, are easily attained via website (SoundFoundationsCounseling.com) or via request.

CLIENT RESPONSIBILITIES

1. **Responsible to** provide Sound Foundations complete and accurate health history.
2. **Responsible to** participate in your care by asking questions and expressing concerns.
3. **Responsible to** treat Sound Foundations personnel, with respect and consideration.
4. **Responsible to** notify Sound Foundations of appointment cancellations at least 24 hours in advance and be on time for appointments (cancellations within 24 hours are subject to full session fee).
5. **Responsible to** pay agreed upon fee prior to the beginning of each session.

CONFIDENTIALITY/PRIVACY

We may use or disclose PHI or other confidential information without your consent or authorization in the following circumstances:

1. **Consultation with Other Professionals:** Your Therapist can and may consult with other health care professionals regarding your status during a staff case conference or in clinical supervision.
2. **Serious Threat to Health or Safety:** Your Therapist may disclose your confidential mental health information to any threatened person or authorized authorities without consent/authorization if your Therapist reasonably believes that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.
3. **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, your Therapist must make available, at any stage of the proceedings, all mental health information in his/her possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.
4. **Child Abuse:** If your Therapist has reasonable cause to believe that a child has suffered abuse or neglect, he/she is required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
5. **Adult and Domestic Abuse:** If your Therapist has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, he/she must immediately report the abuse to the Washington Department of Social and Health Services. If your Therapist has reason to suspect that sexual or physical assault of a vulnerable has occurred, he/she must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
6. **Health Oversight:** If the Washington State Department of health subpoenas your Therapist as part of its investigations, hearing, or proceedings relation to discipline, issuance or registration of our Therapists, Sound Foundations must comply with its orders. This could include disclosing your mental health information.
7. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that your Therapist has provided to you and the records thereof, such information is privileged under state law and he/she will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform your therapist that you are opposing the subpoena, or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
8. In addition, the following circumstances may require Sound Foundations to use or disclose your counseling/health information without your written permission:
 - A. To federal officials for intelligence and national security authorities authorized by law.
 - B. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
 - C. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

*Sound Foundations Professional counseling reserves the right to revise the terms of its notice and to make the new notice provisions effective for all PHI that it maintains until the next revision. In the case of any revisions you will be notified and provided a copy of the new notice during your next session.

-The Acting Security Official is Jason Soto MA LMFT and may be contacted via phone at **253-304-4522**. Confidential voice messages may be left at this number as well.

IN CASE OF EMERGENCY

In case of Psychological Emergency during regular working hours contact Sound Foundations at (253) 304-4522. Please leave a message if your therapist is unavailable and they will make contact as soon as possible.

In case of Psychological Emergency at any time including evenings or weekends, or in the event that you are unable to make contact with your therapist, contact one of the following:

- **SUICIDE PREVENTION LIFE LINE**
• (800)-273-8255 (TTY Users) (800) 749-4TTY (4889)
- **PIERCE COUNTY**
• Pierce County Crisis line (800) 576-7764
- **KING COUNTY**
• King County Crisis Line (866) 427-4747
- **THURSTON COUNTY**
• Crisis Line (800) 270-0041 or (360)754-1338

OR go to the nearest hospital emergency room, such as:

Good Samaritan Hospital
407 14th Ave. SE
Puyallup
Phone: **(253) 697-4000**

St. Joseph Hospital
1718 South I
Tacoma
Phone: **(253) 426-4101**

Harrison Hospital
2520 Cherry Ave
Bremerton
Phone: **(360) 377-3911**

St. Peter Hospital
413 North Lilly Road
Olympia
Phone: **(360) 493-9480**

St. Clare Hospital
11315 Bridgeport Way SW
Tacoma
Phone: **(253) 588-1711**

Tacoma General Hospital
315 South Martin Luther King, Jr. Way
Tacoma
Phone: **(253) 403-1000**

St. Francis Hospital
34515 9th Avenue S.
Federal Way
Phone: **(253) 835-8100 (King County)**
(253) 944-8100 (Pierce County)

NOTICE OF PRIVACY PRACTICE/DISCLOSURE STATEMENT

OUR SERVICES

Your Therapist has a Bachelor's of Science Degree in Psychology as well as a Master's of Arts Degree in Marriage & Family Therapy. Your Therapist will provide you with additional background information about relevant experiences. Be sure to ask your Therapist about himself/herself.

Your Therapist believes that problems can best be resolved by considering your experiences, family and other significant relationships, and others involved with your situation such as school personnel, social service professionals, and so on. As a result, your Therapist may ask others to be involved in therapy to reach your goals. In most cases, your Therapist will help you focus on how you can change your current situation so that you will no longer need counseling.

Treatment begins with your goals, followed by development of a treatment plan specific to your needs. Progress in treatment is reviewed with you periodically and goals revised as necessary.

Our therapists are bound by the ethical code of the American Association of Marriage and Family Therapy, federal and Washington State Laws. *Therapists practicing counseling for a fee must be licensed with the Department of Licensing for the protection of the public health and safety.*

SAFETY

For the safety of clients and Therapists **WEAPONS ARE NOT PERMITTED** during therapy sessions. If you have a weapon with you at the time of your therapy appointment, the therapy session will be terminated. Similarly, we cannot see clients under the influence of **DRUGS AND/OR ALCOHOL**. Sessions will be canceled immediately.

CONSENT TO RECEIVE SERVICES: Sound Foundations provides services to individuals, couples and families who are experiencing, relational, and parenting difficulties as well as emotional, behavioral, and psychological problems. These services include but are not limited to assessment of needs, and individual/family/group therapy. My signature below indicates my consent for treatment as offered by Sound Foundations.

CLIENT RIGHTS AND RESPONSIBILITIES: I have read the client rights handout and the relevant handouts outlining my rights and responsibilities as a client of the Sound Foundations. I understand that it is my right to ask questions if I need clarification or have concerns.

NOTICE OF INFORMATION PRACTICES AND RELEASE OF INFORMATION: We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at your request.

CONFIDENTIALITY: In accordance with State and Federal laws, information about a client at this agency will be protected from unauthorized disclosure. Sound Foundations will disclose health care information about a client without the client's authorization if the disclosure is:

- (a) To federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health;
- (b) To federal, state or local law enforcement authorities to the extent required by law.

Client Signature (Required age 13 and older):	
Responsible Party Parent/Legal Guardian Signature:	
Clinician Signature:	

NAME: Jason Soto, M.A.

TITLE: Licensed Marriage & Family Therapist

WASHINGTON STATE CERTIFICATION NUMBERS: LF 60232789

EDUCATION/TRAINING/EXPERIENCE:

Bachelor of Science Degree in Psychology (Dean's list) from Pacific Lutheran University

Master of Art's Degree in Marriage and Family Therapy from Pacific Lutheran University.

Experience and training in child, adolescent, marital and family treatment.

Client Name:	First	MI	Last	Client ID #:	Date:	
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