

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

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 & RESPONSABILITIES

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. Hence, we adhere to standards that have been developed in order to maintain the privacy of your therapy/health information, 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 to another place. 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 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 is NOT a confidential means of communication.)**
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 a copy of this notice.** You will be given a copy of this Notice of Disclosure/Privacy Practices.

CLIENT RESPONSABILITIES

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 adult 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:
- To federal officials for intelligence and national security authorities authorized by law.
 - To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
 - If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

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:

PIERCE COUNTY

Greater Lakes Crisis Intervention	(253) 584-8933/584-3733
Pierce County Crisis Clinic	(253) 759-6700/798-4333/798-2709

KING COUNTY

King County Crisis Clinic	(206) 296-5296 (8:30am-4:30pm)
Seattle Crisis Line	(206) 461-3222

THURSTON COUNTY

Crisis Clinic	(800) 627-2211 or (360) 589-2800
Thurston County Crisis Resolution Services	(360) 754-1338

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

Good Samaritan Hospital

407 14th Ave. SE
Puyallup
Phone: (253) 848-6661

Harrison Hospital

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

St. Clare Hospital

11315 Bridgeport Way SW
Tacoma
Phone: (253) 588-1711

St. Francis

34515 9th Avenue S.
Federal Way
Phone: (253) 838-9700

Tacoma #: (253) 927-9700

St. Joseph Hospital

1718 South I
Tacoma
Phone: (253) 591-6660

St. Peter Hospital

413 North Lilly Road
Olympia
Phone: (360) 493-7289

Tacoma General Hospital

315 South Martin Luther King, Jr. Way
Tacoma
Phone: (253) 594-1050

NOTICE OF PRIVACY PRACTICE/DISCLOSURE STATEMENT

**Sound Foundations
Professional Counseling
(253) 304-4522**

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 relationship, and others involved with your situation such as school personnel, social service professionals, and so on. As a result, your Therapist will 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 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 registered or certified 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 for adults and children. My signature below indicates my consent for treatment as offered by Sound Foundations.

CLIENT RIGHTS AND RESPONSIBILITIES: I have received 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.

CLINICIAN DISCLOSURE STATEMENT

NAME: Jason Soto, M.A.

TITLE: Child, Marriage and Family Therapist

WASHINGTON STATE CERTIFICATION NUMBERS: RC00052769

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.

DESCRIPTION OF METHODS AND TECHNIQUES USED IN COUNSELING: Philosophy of treatment consists of using a short-term, practical psychotherapeutic approach. The beginning of treatment involves an initial evaluation and assessment as well as an opportunity for Client and Therapist to become comfortable and well acquainted with one another. Modalities utilized in treatment consist of a combination of systemic family therapy approaches including Cognitive Behavioral, and Emotionally Focused theories. Theories, therapeutic experience, as well as Client expertise combine to form a collaborative approach towards change.

COURSE OF TREATMENT: Following the initial assessment and evaluation, the course of treatment will be explained to the identified individual and/or family members. After a short agreed upon duration the course and effectiveness of therapy as well as client participation will be evaluated. This is a time for open and honest discussion about the course of treatment and can greatly determine the route in which therapy continues.

"Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of the public health and safety. A registration of an individual with the department does not include a recognition of any practice standards nor necessarily implies the effectiveness of any treatment." Therapist meets on a consistent basis to discuss treatment options with a supervisor (Patricia Swanson LMFT, LMHC).

I have carefully read all of the above categories as attested to by my signature below.

I have received a copy of THE PRIVACY PRACTICE/DISCLOSURE STATEMENT; consisting of: Clients Rights and Responsibilities; Confidentiality and Privacy Statement; Fees' Contract and Descriptions; Consent for Treatment and Description of Services, Consent to audio record

Client Signature (Required age 13 and older): _____

Responsible Party Parent/Legal Guardian Signature: _____

Clinician Signature: _____

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

SoundFoundationsCounseling.com

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