

Silverstream UNLIMITED, PLLC
1013 140th St Ct NW, Gig Harbor WA 98332
253-853-7049 or 206-660-9840 (cell)

Ann Silvers, M.A., LMHC
Licensed Mental Health Counselor, State of Washington #LH60133260

Welcome. Please fill out this form so I can better assist you.

Today's Date _____ Would you like an invoice for insurance reimbursement? _____

May invoices be emailed to you? _____

May invoices be handed to you in-person? _____

Name: _____ I prefer to be called _____

Birth date: ____/____/____ Age: _____

Home Address: _____

_____ Email _____

Phone: Home _____ Work/Cell _____

Occupation: _____ How long? _____

Gender/Gender Identity: _____ Sexual Orientation _____

Relationship Status: () Single () Partnered () Married () Separated () Divorced () Widowed

How long?: _____

Spouse/Partner:

Name: _____ Phone #'s: _____

Address _____

Birth date: _____ Age: _____

Previous Marriages/Partners: _____

Children:

Name _____ Age: _____ Gender/Gender Identity _____

Name _____ Age: _____ Gender/Gender Identity _____

Name _____ Age: _____ Gender/Gender Identity _____

Name _____ Age: _____ Gender/Gender Identity _____

Continued

Do you smoke? _____

Do you drink alcohol? _____ What kind/ How much/ How often?

Do you use drugs? _____ What kind/ How much/ How often?

Describe your caffeine intake (sources, when, how much):

Are you taking any medication or supplements? _____ Describe:

Do you have trouble sleeping? _____ Describe:

Have you recently gained _____ or lost _____ weight? How much/over how long?

Are you currently being treated for any physical or psychological condition? _____ Describe:

Do you have chronic pain? _____ If yes: Where? How long?

Please describe any health problems/concerns:

Please describe any prior counseling/coaching you have received including approximate dates, name of provider, and nature of the work you did together:

What are your counseling goals?

HIPAA 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.

Counselors have always managed records with great concern for privacy and confidentiality. Silverstream Unlimited, PLLC only releases information in accordance with state and federal laws and the ethics of the counseling profession. The following information details the provisions of the Health Insurance Portability and Accountability Act (HIPAA) regarding the use and disclosure of your “individually identifiable”¹ health information. **Like other health professionals, we are mandated by HIPAA to give you this notice as a separate document and ask that you acknowledge receipt of the notice in writing.**

Use and disclosure of protected health information for the purposes of providing services.

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws and HIPAA allow us to use and disclose your health information for these purposes:

1. **Treatment:** Information about you can be used to assist in your care. (Protected information is not shared with outside health care professionals unless you request it in writing.)
2. **Payment:** If you request medical insurance involvement, health information can be used and disclosed in the billing process. If you use credit cards to pay for services, your bill will show “Silverstream Unlimited, PLLC” as the source of the charge.
3. **Healthcare Operations:** Use and disclosure of health information is permitted, and sometimes necessitated, by business activities (such as office or contracted personnel), review of treatment procedures, and/or compliance with licensing.
4. **As required by law:** Confidentiality of health records is broken when mandated by law, for example: the reasonable belief that there is danger to yourself or others; or a court order.

Client Rights

You have the following rights regarding your medical information:

1. **The right to request how we communicate with you.** You have the right to request that your counselor communicate with you in a certain way or at a certain location. For example, you may prefer to be contacted at work instead of at home to schedule or cancel an appointment, or you may wish to receive billing statements in person rather than by email. Please notify Ann Silvers in writing of any restrictions you wish to place on methods of communication.
2. **The right to release your medical records.** You have the right to request that your clinical record be released to others (ie another counselor or guardian ad litem). Any such request must be made in writing on the appropriate form. You have the right to revoke any such release. Any revocation of release must be made in writing and is not valid to the extent that actions were taken already in compliance with the release. *There will be a materials and time charge for copying and mailing requested records.*

¹ There are no restrictions on the use or disclosure of de-identifiable health information (names and information that might identify the person having been removed or left out).

3. **The right to inspect and obtain a copy of your medical record.** Viewing the record is best done during a professional consultation in order to clarify any questions that you might have. *You will be charged a time and materials fee for copying and mailing the record.*
4. **The right to request a correction or add an addendum to your record.** If you believe that there is an inaccuracy in your clinical record you may request a correction or amendment. Any requests for changes should be made in writing. It may take up to 30 days to process requests for changes and the request may be denied. If the request is denied, you will receive an explanation in writing with a full description of the rationale. You have the right to file a disagreement statement if your request is denied.
5. **The right to an accounting of disclosures of your information to third parties.** For a period of 6 years backdated from the date of any such request, you have the right to request of list of who and when your information has been disclosed. The following disclosures are exempt from such a request: (a) for treatment, payment or healthcare operations, (b) pursuant to a release signed by you, (c) made to you, and (d) for national security or law enforcement.
6. **The right to request restrictions on how your information is used.** You have the right to request restrictions on certain uses or disclosures of your information. These requests must be in writing. These requests will most likely be honored, although in some cases they may be denied. This office does not use or release your protected health information for marketing purposes, or as part of a sale of information, or any other purpose aside from treatment, payment, healthcare operations, and other exceptions required by law.
7. **The right to file a complaint.** If you have a problem with the handling of your health record, please notify Ann Silvers of your concerns. If you are not satisfied, you have the right to file a written complaint addressed directly to the Secretary of the Department of Health and Human Services.
8. **The right to receive changes in policy.** You may make a written request to receive any future changes in this policy. Send such requests to Ann Silvers (contact information below).
9. **The right to restrict disclosure with health plan.** You have the right to restrict disclosure of your private health information with a health plan when you pay out of pocket for the health service and do NOT wish reimbursement from the health plan.
10. **The right to notification of breach.** You have the right to be notified if there is a breach of your protected health information.

This notice goes into effect February 2022 . Silverstream Unlimited, PLLC reserves the right to change the terms of this notice and make the new notice provisions effective for all the records maintained. We will make a good faith effort to provide you with a revised statement in a timely manner.

If you have any questions or concerns about this notice or this health information privacy policy, please ask Ann Silvers in person or contact her at: 206-660-9840 or 253-853-7049, ann@annsilvers.com, or 1013 140th St Ct NW, Gig Harbor WA 98332.

Client Agreement

My Training and Approach to Counseling & Coaching

I am a Licensed Mental Health Counselor with a B.Sc. in Psychology from the University of Washington; M.A. in Psychology, Mental Health Counseling from Antioch University, Seattle; and training in communication, divorce coaching, neuroscience, hypnotherapy, and nutritional & integrative medicine for mental health.

My practice involves working with individuals, couples, families, and groups. My approach to counseling and coaching combines many therapeutic philosophies and methods including those that: consider the connection between mind and body, build skills, delve into personal history, focus on current behavior, and draw attention to the importance of social systems and the impact they have on lives and personalities. Which skills are used at any given time is determined by client needs.

My goal is to help people develop healthy relationships with themselves and others. I support and trust that the keys to change lie within you, the client. My job is to challenge, coach, support, and guide you to discover those keys and unlock your potential. In supporting your perception of reality, present and past, I will not attempt to determine in a legal sense whether the events you describe happened exactly as you remember them.

You are responsible to set goals, communicate your experience and goals, follow through with homework to the extent you desire, and change whatever you are ready to change. I see you as the one who sets the course for your own life and as the one responsible for the decisions and life changes you make. While I may make suggestions, give opinions, and offer advice, you are in charge of what choices you make and how you implement them. I encourage you to consult with your medical team if considering any nutritional suggestions I offer. I cannot guarantee that specific changes will occur as a result of our sessions.

Silverstream Unlimited, PLLC ascribes and adheres to the Code of Ethics of the American Counseling Association and the International Association of Coaches; and must also answer to the ethical and professional standards of the Washington State Omnibus Credentialing Act of Counselors and the Uniform Disciplinary Act for the Regulation of Health Professions.

Confidentiality

You have privileged confidential communication with me with the exception of the situations listed below. I will always act to maximize your privacy even when you waive your right to confidentiality. The following situations are exceptions to your right of confidentiality:

1. If I believe that you are likely to do harm to yourself or another person.
2. If you reveal that you have committed or are contemplating committing a crime.
3. If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the unreported abuse or neglect of a child or vulnerable adult.
4. If you are currently in litigation, or become involved in litigation.
5. If you are seeing me in couples or family counseling/coaching, and you, your partner, or another family member sees me in a related individual session, information shared with me in that meeting may be shared by me in joint sessions.

Parts of your story may be shared with other clients to inspire and educate, or with other professionals to garner advice. In such instances, identifying names and information will remain confidential and undisclosed.

Electronic Communications: If you wish to communicate with me via e-mail, text, or cell phone, please be aware that these can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them.

Additionally, my e-mails are not encrypted. As part of this contract, if you choose to communicate with me through text, e-mail or cell phone, you are agreeing not to hold me responsible for any breach of confidentiality that may occur by someone else accessing the information sent to or from me. Please do not use email for emergencies.

For more on confidentiality see the Silverstream Unlimited, PLLC HIPAA Notice of Privacy Practices.

Appointments and Fees

Appointments are held by phone, video-chat, or in person. My fee is \$200 per hour (60 minutes). Partial hours are charged in 5-minute increments. Payment is due at the end of each appointment. I accept cash, checks, and credit cards. A \$45 processing fee is charged for returned checks.

All work performed as part of your counseling/coaching, including reading & responding to emails, requested research & copying, travel time, and between-appointment phone check-ins, are charged in 5-minute increments.

Published materials used during appointments will be offered for purchase.

The scheduled time for your appointment is set aside for you. **If you miss an appointment without canceling, or if you cancel with less than 24-hours notice, you are responsible for paying the full payment of the missed appointment.** If you are late for an appointment, you will receive the remainder of your scheduled time and charged for the full appointment. If I am late, you will receive your full appointment.

Quality of Service

If you feel I have behaved in an unprofessional or unethical manner, please advise me so that we can talk about it and clarify or resolve the situation. If you see that this does not resolve the issue, you may contact the Washington State Department of Health, Health Professions Quality Assurance, 310 Israel Rd, P.O. Box 47860, Tumwater WA 98501-7860; Email: hpga.csc@doh.wa.gov; Phone: (360) 236 – 4700.

Termination of Service

It is every client's right to choose a practitioner and methods which best suits their needs. You are free to terminate counseling/coaching at any time, however, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled appointment.

Client Consent to Counseling/Coaching & Financial Agreement

I have read, and have had satisfactorily explained to me:

- this Silverstream Unlimited, PLLC *Client Agreement*, and
- the Silverstream Unlimited, PLLC *HIPAA Notice of Privacy Practices*

I have asked any questions that I had about the contents of both and about payment policies. I understand and agree to the description of confidentiality and its exceptions as stated in both. I consent to counseling/coaching under the terms described in this agreement and the *HIPAA Notice of Privacy Practices*.

Client Signature

For Office Use

Ann Silvers, MA Signature

Ann Silvers: Licensed Mental Health Counselor, State of Washington #LH60133260
Counselors must be licensed with the Department of Health. This requirement and description of client rights and counselor responsibilities are described in chapter 18.19 of the RCW (see <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.19.010>).
Licensing with the Department does not include recognition of any practice standards, nor imply the effectiveness of any treatment.
I encourage you to read more online or in the related brochure prepared by the Department of Health.