

FOR OFFICE USE ONLY \$____Deductible \$____ Co-pay ____sessions per calendar year
Preauthorization required ____Yes ____ No EAP ____Yes ____ No Family ____ Group ____
Insurance contact person and date: _____ Authorization # _____



Counseling and Human Resources Consulting, PC

MICHAEL H. BROWN, ED.S.
LICENSED PROFESSIONAL COUNSELOR
LICENSED MARRIAGE AND FAMILY THERAPIST
DIPLOMATE IN CLINICAL HYPNOTHERAPY
E-Mail: Internet: MBROWNLPC@aol.com
Website: HTTP://www.MichaelBrown.org

4889 A FINLAY STREET
RICHMOND, VA 23231
(804) 222-0483
FAX: (804) 222-8823

INDIVIDUAL CLIENT INTAKE AND INFORMATION QUESTIONNAIRE

Please fill out all sections

Your cooperation in completing this questionnaire will be helpful in planning your services. Please answer each item carefully or ask me for help if you do not understand an item. Thank you.

Full name: _____ Today's date: _____
Address: _____ Social Security #: _____ - _____ - _____
City, State, zip: _____
Phone: H) _____ W) (or parent's) _____ Pager) _____ Cell) _____
Email _____
Age: _____ Date of birth: _____ Marital status: _____
Occupation: _____ Employer: _____
Work hours: _____
Employer's address: _____
Health insurance: ____yes ____no In the name of: ____spouse ____self ____parent
Insurance company: _____ Phone for mental health: _____
Policy number: _____ Group number: _____
Address: _____
Name of policy holder: _____ Is this EAP? ____ YES ____ NO
Another policy? ____yes ____no In the name of: ____spouse ____self ____parent
Name of policy holder: _____
Policy number: _____ Group number: _____
Briefly describe your reason(s) for seeking counseling:

Where or from whom did you find out about me: _____

Have you ever received counseling, psychiatric or psychological help before? ____yes ____no
If yes, please state when, where, with whom, and for how many sessions or for how long:

Who is your primary care physician? _____

Address: _____

Phone: _____

I agree to allow Michael Brown to communicate with my primary care physician:

Signature

When and where were you last examined by a physician: _____

For what purpose: _____

Current medications, dosage and when prescribed: _____

List any major health problems for which you currently receive treatment:

Has any family member or relative received treatment for, or been diagnosed as having, a mental disease or disorder, or an alcohol or drug problem? If so, give details.

Note major illnesses, hospitalizations, surgeries and injuries: _____

Note significant problems/issues in educational history. Give dates of graduation from High School or college and degrees conferred: _____

Are you a member of a church? If so, what church? _____

Are you an active member? _____

What function does this affiliation serve for you if you are an active member? _____

List two family members in case of emergency: **Please print:** Name _____

Relationship _____ Phone () _____ Name _____

Relationship _____ Phone () _____

List everyone living in your home, even if they are not members of your family:

Name Age/birth date relationship occupation

SYMPTOMS Please circle any of the following problems which pertain to you:

- | | | |
|-------------------|-----------------|----------------------|
| nervousness | self-control | concentration |
| sexual problems | work | temper |
| finances | legal matters | being a parent |
| anger | energy | appetite |
| stress | health problems | shyness |
| tiredness | education | divorce |
| procrastination | children | friends |
| loneliness | bowel trouble | sleep |
| career choices | fears | headaches |
| marriage | separation | ambition |
| stomach trouble | alcohol use | making decisions |
| depression | unhappiness | inferiority feelings |
| suicidal thoughts | relaxation | nightmares |
| drug use | memory | other relations |
| anxiety | insomnia | my thoughts |

Other symptoms not listed here and any further information which you feel may be useful to us.

FINANCIAL AGREEMENT

I understand that I am ultimately responsible for all charges for services rendered. (Please check one)

____I will pay the full amount due each session and file my own insurance claim for reimbursement.

____I will authorize my insurance company to make reimbursement payments directly to you and will pay the full amount of deductibles and co-payments that are due at each session unless satisfactory alternative arrangements have been agreed upon. I hereby authorize Counseling and Human Resources Consulting, P.C., (C&HRC) to release any necessary information requested by my insurance carrier with respect to services rendered, claims or bills.

Counseling takes place at \$90.00 for a 50 minute hour. I acknowledge that, except in emergencies, **I will be charged the full fee for any appointments which are canceled or broken without at least 24 hours' advance notice.** I understand that missed appointments are not covered under insurance and that the full fee will be my sole responsibility. Phone consultations are possible and I can call whenever necessary. I will pay for the time I spend with Michael on the phone, for his consultations with others and/or with health care providers, and for extra report writing as a percent of the \$90.00 per hour fee.

I acknowledge responsibility for this account and guarantee payment of all charges to the account. Payment is expected at the time of service, either payment in full, if I am paying out-of-pocket, or my co-payment if I have chosen to use health insurance to pay for some portion of my counseling cost. C&HRC will charge 1.5% interest per month on any unpaid balance that is older than 30 days, whether that be my co-payment or the insurance payment. If any portion of the account balance becomes more than 60 days old, my account may be considered in default unless alternative payment arrangements have been made and agreed upon in writing. In the event of default, I agree to be responsible for an additional 33% of the outstanding account to cover the costs associated with collection along with all court costs to the extent permitted by law.

Signature of responsible party

date

Signature of witness

date



Counseling and Human Resources Consulting, PC

MICHAEL H. BROWN, ED. S.
LICENSED PROFESSIONAL COUNSELOR
LICENSED MARRIAGE AND FAMILY THERAPIST
DIPLOMATE IN CLINICAL HYPNOTHERAPY
E-Mail: Internet: MBROWNLPC@aol.com
Website: HTTP://www.MichaelBrown.org

4889 A FINLAY STREET
RICHMOND, VA 23231
(804) 222-0483
FAX: (804) 222-8823

COUNSELING INFORMATION, CONTRACT AND INFORMED CONSENT AGREEMENT

Thank you for choosing to work with me in counseling. I have asked you to read this letter for three reasons. One, so you will understand my background and approach to counseling. Two, to describe some of the "Techniques for Better Living" I will teach you how to use in our work together. Three, to clarify the financial and professional nature of our relationship. Both law and ethics require me to inform you of the information in this informed consent agreement.

TRAINING AND BACKGROUND

I hold a B.A. in Psychology from the University of Maryland (1973); an M.A. in Psychology from Sonoma State College in California (1978); and an Ed.S. degree in Professional Counseling from the College of William and Mary in Virginia (1990). In addition, I have more than 3000 hours of professional training and supervision in a variety of disciplines and innovative approaches to counseling and consulting with specialties in Transpersonal Psychology and Psychosynthesis. I was licensed in Virginia as a Professional Counselor in 1992, as a Marriage and Family Therapist in 1998, and as a Diplomate in Clinical Hypnotherapy in 2000.

FACILITATING THE DEVELOPMENTAL PROCESS

A distinctive feature of the services I offer is my understanding and facilitation of the developmental process. Change is a necessary and inevitable part of the human experience, for only through change can we grow. We all pass through a series of developmental stages and life crises in time and change, growth and development are often

frightening, disorienting and painful. In my counseling practice, I help individuals, couples, families and organizations face these realities in positive, creative and productive ways. I teach people how to develop the human resources necessary to continue growing personally, professionally, and spiritually throughout life. And I facilitate the developmental process in careful and appropriate ways, adapted to fit the unique needs of the clients with whom I work.

I help people understand and work through three distinct phases of the developmental process: resolving issues, conflicts, and pain from the past; developing new talents, potentials and resources to live more powerfully in the present; and envisioning a more meaningful future toward which to grow.

My logo encapsulates this philosophy and commitment in a symbolic way. It depicts the human spirit as an eagle, rising up from the earth below--free from the bonds of the past; with outstretched wings--strong and powerful in the present; heading toward the heights--the full realization of our personal and collective potential.

BASIC ASSUMPTIONS

I assume you are in crisis, that is why you have come to me for counseling. I assume you have the capacity and the inner resources to face your crisis and resolve your problems but that you need help in learning how to do this. The most important first step, then, is to see and accept the situation as it is so you can move into a process to address and resolve it. Self-awareness, self-acceptance, and self-development are goals that often take a long

time to achieve. You may only need a few counseling sessions to 'get the job done', whatever it may be. Or, it may require months, even years, of counseling depending on the challenges which confront you.

As my client, you are in complete control of the frequency and duration of our work together. You may end your counseling relationship with me at any point and I will support your decision in the best way possible. I do suggest, however, that at least one full session be spent terminating our work together when that inevitably occurs. If counseling is successful, you will experience renewed energy, feel more able to face life's challenges in the future without my support or intervention, and you will be equipped with new tools to facilitate your ongoing growth and development.

TECHNIQUES FOR BETTER LIVING

I will introduce and use a variety of methods and techniques to help you achieve these goals, some of which include:

RELAXATION TRAINING: to help you learn how to release your stress and tension so that you can be more calm, centered, present and effective at home and work, and to prepare you for the task of developing new inner resources.

REFLECTIVE SKILLS: to increase your ability to focus and concentrate, set priorities, and make sound decisions. **You will need to get a journal in which to write and draw (preferably a hard back book of 11" x 14" blank pages) in which to do homework assignments and in which to document your work with me in writing.**

HYPNOSIS, VISUALIZATION AND IMAGERY TECHNIQUES: to train your imagination through the use of images, symbols and mental pictures to see your issues, goals and priorities from many creative points of view.

SYMBOLIC DRAWING AND MANDALA ART: to capture symbols, images and mental pictures on paper so they can be studied and understood; to help you remember and remain focused on the issues on which you are working; to improve your capacity for

pattern recognition, creative self-expression and interpersonal communication skills. **You will need to get a set of at least 24 colored pencils or felt tip pens and a compass or protractor with which to draw circles for mandala art.**

ROLE PLAYING, PSYCHODRAMA, AND MOVEMENT WORK: to learn how to be more spontaneous and trust yourself in action, and to be able to communicate in powerfully non-verbal ways;

ACTION PLANS AND HOMEWORK: to help you fully utilize the insights and inspiration of the counseling process in grounded and specific ways to improve your personal, professional, social and spiritual life.

SCOPE OF WORK AND PROFESSIONAL RELATIONSHIP

In my counseling practice I work with children, adolescents and adults. My work includes career counseling; personal, couples, marriage, family group counseling; specialized workshops, training programs, retreats, and intensive quests.

Although our sessions will be very intimate, it is important for you to realize that we have a professional, not personal, relationship. Both law and ethics require that our contact be limited to the paid sessions you have with me in face-to-face counseling; to training programs, workshops, retreats or therapy groups; or to phone contacts if you should ever need to speak with me outside the counseling office.

Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way outside our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that our relationship is a professional one.

It is impossible to guarantee any specific results from your counseling experience because the results of this work will be determined by a number of interlocking factors: the quality of the relationship

we can develop; the nature of your problems, issues or concerns; the goals you set and the depth of your commitment to achieve them; and your ability to ground, integrate and make use of the discoveries, energies and resources you acquire in our work together.

I assure you that my services will be rendered in a professional manner to the best of my ability and consistent with the accepted ethical standards for Professional Counselors. In the event you are dissatisfied with my services, however, for any reason, please let me know. If I am unable to resolve your concerns you can report your complaints directly to the Department of Health Professions, Board of Counseling, 6603 West Broad Street 5th Floor, in Richmond, VA 23230, at (804) 367-4610.

OPTIONS, FEES AND BILLING POLICIES

I have a very creative practice and provide many services and opportunities for how you might work with me. The standard counseling model is one fifty-minute session per week underwritten by insurance with a co-pay due from you. Some clients want to work more intensely or more quickly than this on their issues. I also offer the opportunity for more frequent or longer individual, couples, or family counseling sessions paid for out-of-pocket.

To gain the most from your counseling experience, I suggest you attend the periodic seminars I conduct. Through these programs I explain the counseling process in great detail and can help you strengthen your understanding of and commitment to the use of the techniques I employ. Occasionally I conduct day-long or weekend retreats you may wish to attend which can help you deepen your self-awareness and develop even further your personal, professional or spiritual resources.

The fee for counseling is \$90.00 per fifty-minute session. If a session needs to go longer, you will be billed for the additional time out-of-pocket. In emergencies, phone contact is possible but if the conversation lasts longer than 10 minutes, the charge for the time must also be paid by you, out-of-pocket. Other charges include time I need to spend in other matters for you: consultation with other health care

providers, to write special reports, to request further sessions, for disability documentation or court matters, the cost to reproduce and send clinical notes, etc. These must be paid out-of-pocket since insurance companies only reimburse for direct clinical contact with me in my office.

Unless otherwise directed, you will pay a co-pay and we will bill your insurance company for the remainder. The fee for each service is ultimately your responsibility. Cash, personal check, or credit card are acceptable forms of payment. If you request, I will provide you with a monthly account of fees paid. Except in case of emergency, in the event you cannot keep an appointment, you must notify me 24 hours in advance. If you do not cancel in advance you will be charged \$90.00 out-of-pocket for the missed appointment. Your insurance company will not pay for missed appointments.

I am on most but not all insurance provider panels. You should contact your company and determine whether they will reimburse you for outpatient mental health counseling with a Licensed Professional Counselor and/or a Licensed Marriage and Family Therapist in Virginia. Find out, as well, what your co-pay is and how many visits you can have each year.

Insurance companies require that I diagnose my clients' mental condition because reimbursement is provided on the basis of "medical necessity." I will determine the diagnosis with your collaboration before I submit it to the insurance company. Any diagnosis made will become part of your permanent insurance record.

The co-pay is expected at the time of the counseling session. 1.5% interest per month will be charged on any unpaid balance older than 30 days. If you have an outstanding account and fail to pay toward its reduction, 60 days after your last payment your account will be considered in default and will be turned over to collection. In the event of default, you will be responsible for an additional 33% of your outstanding account to cover the costs associated with collection as permitted by law.

EMERGENCIES

If you need to contact me after hours, call my office, leave a message, and I will call you back. I am on a 24-hour-a-day pager system. Unless it is an emergency, do not leave a message for me after 10:00 p.m. If I am out of town when you call, press "0" after my voice mail message and speak to an operator. She will refer you to a colleague of mine who serves as my back-up. If he is not available, call the appropriate local crisis intervention number. This service is available 24 hours a day. The numbers are for the City of Richmond, 646-7212 #4; Chesterfield County, 748-6356; Hanover County, 752-4222; Henrico County, Charles City or New Kent, 727-8515

If you have any questions about any part of this counseling information and contract agreement, feel free to ask them at any time. I will give you two copies of this document. Please sign and date both copies. You will keep one for your own records and I keep one in your file.

Again, thank you for choosing me as your Counselor. I look forward to getting to know and work with you.

Michael H. Brown, Ed. S.

Date

Client

Date

Client or Guardian

Date

DIRECTIONS

My office is two miles from the Richmond International Airport. From Interstate 64, take exit 195, Laburnum Avenue south toward Varina. Go one mile. Pass the Wyndham Hotel on your right. Take a right at the next light onto Finlay Street. Take the second left into a parking lot at 4889 Finlay Street–Laburnum Square Office Park. My office is in the A building.



Counseling and Human Resources Consulting, PC

MICHAEL H. BROWN, ED. S.
LICENSED PROFESSIONAL COUNSELOR
LICENSED MARRIAGE AND FAMILY THERAPIST
DIPLOMATE IN CLINICAL HYPNOTHERAPY
E-Mail: Internet: MBROWNLPC@aol.com
Website: HTTP://www.MichaelBrown.org

4889 A FINLAY STREET
RICHMOND, VA 23231
(804) 222-0483
FAX: (804) 222-8823

Notice of Privacy Practices

This notice describes how counseling information about you may be used and disclosed and how you can get access to this information

PLEASE REVIEW THIS CAREFULLY

If you have any questions about this Notice, please contact Michael Brown, the Privacy Officer.

Purpose

We understand that information about you and your counseling is personal and we are committed to protecting that information. We create a record of the care and services you receive at CHRC in order to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices describes how we may use and disclose counseling information about you, including demographic information, that may identify you and your related health care services to carry out your treatment, obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This notice also describes your rights to access of your counseling information.

We are required to abide by the terms of this Notice of Privacy Practices.

Written Acknowledgment

You will be asked to sign a written statement acknowledging that you have received a copy of this notice. The acknowledgment only serves to create a record that you have received a copy of the notice.

Changes to this Notice

We may change the terms of our Notice at any time. The new Notice will be effective for all counseling information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment.

How We May Use and Disclose Counseling Information about You

The following categories describe the different ways that the CHRC may use and disclose your counseling information and a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your counseling information that are not listed or described below will be made only with your

written authorization. You may revoke this authorization, at any time, in writing, but it will not apply to any actions we have already taken.

- **For your treatment:** Your counseling information may be used and disclosed by us for the purpose of providing counseling treatment to you or for another health care provider providing counseling treatment to you. For example, your counseling information may be provided to a physician to whom you have been referred or are otherwise seeing to ensure that the physician has the necessary information to diagnose or treat you.
- **To obtain payment for our services:** Your counseling information may be used and disclosed by us to obtain payment for your health care bills or to assist another health care provider in obtaining payment for their health care bills. For example, we may submit requests for payment to your health insurance company for the counseling services that you received. We may also disclose your counseling information as required by your health insurance plan before it approves or pays for the health care services we recommend for you.
- **For our health care operations:** Your counseling information may be used and disclosed by us to support our daily operations. These health care operation activities include, but are not limited to, quality assessment activities, employee review activities, training of counseling students, licensing, fund raising activities, and conducting or arranging for other business activities. For example, we may also use the counseling information we have to determine where we can make improvements in the services and care we offer.
- **For the health care operations of other health care providers:** We may also use your counseling information to assist another health care provider treating you with its quality improvement activities, evaluation of the health care professionals or for fraud and abuse detection or compliance. For example, we may disclose your counseling information to other counselors to assist in their efforts to make sure they are complying with all rules related to operating a counseling practice.
- **For appointment reminders:** We may use or disclose your counseling information to contact you to remind you of your appointment, by mail or by telephone. Our message will include the name of our practice or the name of our counselor as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled.
- **To provide you with treatment alternatives:** We may use or disclose your counseling information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **To our business associates:** We will share your counseling information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your counseling information, we will have a written agreement that contains terms that will protect the privacy of your counseling information. For example, CHRC may hire a billing company to submit claims to your health care insurer. Your counseling information will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using your counseling information in any way other than what we allow.
- **For fund raising activities:** We may use or disclose your demographic information and the dates that you received treatment from us in order to contact you for fund raising activities supported by our office. If you do not want to receive these materials, please contact the Privacy Officer and request that these fund raising

materials not be sent to you.

- **Others involved in your health care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your counseling information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your counseling information to notify a family member or any other person that is responsible for your care of your location and general health condition. Finally, we may use or disclose your counseling information to an authorized public or private entity to assist in (1) disaster relief efforts and (2) to coordinate uses and disclosures to family or other individuals involved in your health care.
- **As required by law:** We may use or disclose your counseling information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **To your employer:** We may disclose your counseling information concerning a work related injury or illness to your employer if you are covered under your employer's policy in order to conduct an evaluation relating to counseling surveillance of the work place or to evaluate whether you have a work-related injury, in accordance with the law.
- **For abuse or neglect:** We may disclose your counseling information to a public health authority that is authorized by law to receive reports of child or adult abuse or neglect. In addition, we may disclose your counseling information if we believe that you have been a victim of abuse, neglect or domestic violence as may be required or permitted by Virginia and/or federal law.
- **For health oversight:** We may disclose your counseling information to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs (such as Medicare or Medicaid), other government regulatory programs and civil rights laws.
- **In legal proceedings:** We may disclose your counseling information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena or other lawful request.
- **For law enforcement:** We may also disclose your counseling information, so long as all legal requirements are met, for law enforcement purposes. Examples of these law enforcement purposes include (1) information requests for identification and location purposes, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the Practice, and (5) in an counseling emergency where it is likely that a crime has occurred.
- **For research:** We may disclose your counseling information to researchers when their research has been established as required by federal and state law.
- **Due to criminal activity:** Consistent with applicable federal and state laws, we may disclose your counseling information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your counseling information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **For military activity and national security:** When the appropriate conditions apply, we may use or

disclose counseling information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your counseling information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

- **For workers' compensation:** Your counseling information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Regarding inmates:** We may use or disclose your counseling information if you are an inmate of a correctional facility and your therapist created or received your counseling information in the course of providing care to you.
- **For required uses and disclosures:** Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act and its regulations.

Your Rights

Following is a statement of your rights with respect to your counseling information and a brief description of how you may exercise these rights.

You have no right to inspect and copy your counseling information. You may inspect and obtain a copy of information that pertains to billing records. However, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled related to a civil, criminal, or administrative action; and counseling information that is subject to law that prohibits access to counseling information in certain circumstances. Although our counselor often shares his clinical notes with clients, by law he can deny your request to inspect or copy them. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your counseling record.

You have the right to request a restriction of your counseling information. This means you may ask us not to use or disclose any part of your counseling information for the purposes of treatment, payment or health care operations. You may also request that any part of your counseling information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to your request. If we agree to the requested restriction, we may not use or disclose your counseling information in violation of that restriction unless it is needed to provide emergency treatment or unless we otherwise notify you that we can no longer honor your request. With this in mind, please discuss any restriction you wish to request with your physician. Please request all restrictions in writing to our Privacy Officer.

You have the right to request that we accommodate you in communicating confidential counseling information. We will accommodate reasonable requests, but we may condition this accommodation by asking you for information as to how payment will be handled or other information necessary to honor your request. Please make this request in writing to our Privacy Officer.

You may have the right to ask us to amend your counseling information. You may request an amendment of your counseling information as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a disagreement with us and

we may respond in writing to you. Please contact our Privacy Officer if you have questions about amending your counseling record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your counseling information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made pursuant to your authorization (permission), made directly to you, to family members or friends involved in your care, or for appointment notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us. If you would like a paper copy of this notice, please request one from our Privacy Officer or request one when you are in our offices.

Complaints

You may complain to us if you believe your privacy rights have been violated by us. To file a complaint, please contact our Privacy Officer who will be happy to assist you. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. If you do not wish to file a complaint with us, you may contact the Secretary of Health and Human Services or the Board of Professional Counselors in Richmond, Virginia, at (804) 662-9943.

Privacy Contact

If you have any questions about this Notice or require additional information, please contact our Privacy Officer, Michael Brown, at the number on the top of this document. Our Privacy Officer is available during normal business hours to discuss your privacy questions, concerns or complaints.

Effective Date: This notice was published and becomes effective on April 14, 2003.



Counseling and Human Resources Consulting, PC

MICHAEL H. BROWN, ED.S.
LICENSED PROFESSIONAL COUNSELOR
LICENSED MARRIAGE AND FAMILY THERAPIST
DIPLOMATE IN CLINICAL HYPNOTHERAPY
E-Mail: Internet: MBROWNLPC@aol.com
Website: HTTP//www.MichaelBrown.org

4889 A FINLAY STREET
RICHMOND, VA 23231
(804) 222-0483
FAX: (804) 222-8823

I have read and understood the Notice of Privacy Practices of Counseling and Human Resources Consulting.

Client

Date