



## stone cottage counseling

621 North Avenue NE | Building E | Atlanta, GA 30308  
404.490.1865 | [dana@stonecottagecounseling.com](mailto:dana@stonecottagecounseling.com)

### **Information, Authorization, & Consent to Treatment**

I am very pleased that you have selected me to be your child's therapist, and I am looking forward to working with your family. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your our time together. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your child's therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

### **Background Information**

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I hold a bachelor's degree from Wesleyan University in Connecticut as well as a master's degree from Georgia State University. I began my training as a psychotherapist in 2009, and have been working as a therapist with kids, teens, families, and adults since then. My experience and training includes adult psychotherapy, family counseling, therapy for adolescents, play therapy for children and parent coaching to help families navigate kid and teen behavioral and emotional issues. My experience spans mental health issues involving depression, anxiety, stress management, social skills, divorce, fertility, grief and loss, drugs/substance abuse/addiction, trauma, self-esteem and self-harm/cutting. I am now a Licensed Professional Counselor and Nationally Certified Counselor and continue to grow through continuing education and consultation with other psychotherapists.

### **Theoretical Views & Client Participation**

My experience has shown me that healing, growth, and wellness happen when we acknowledge our experiences (both pleasant and unpleasant), cultivate healthy relationships with those around us (as well as with our thoughts, emotions and physical selves), and are able to discern and make healthy choices for our lives. My focus is on helping your child meet their and your goals in a way that will offer long-term, significant positive change, long after we've discontinued counseling.

Through mindfulness-informed counseling, I aim to help clients decrease stress, unhelpful self-criticism, reactivity and negativity while increasing clarity of thought, responsiveness and compassion toward themselves and to others. For many clients, communication skills and strategies are also important.

My work is an individualized collaboration with each client so they can have a clearer, more peaceful inner experience and a more satisfying and fulfilling life. Of course, therapy looks different for kids and teens than for adults. But with all clients, I work to understand clients' realities, motivations, desires, community, and inner and outer resources.

Getting unstuck and resolving longstanding life difficulties aren't things that typically happen overnight. So while some clients need only a few sessions to achieve their goals, others may require months or even years of therapy. As your child's parent, you are in complete control, and you may end or pause your relationship with me at any point.

The more active role you and your child take in our time together, the more benefit you will likely get out of therapy. The more you can take the risk to be honest, the more we can focus in on what you need to meet your and your child's goals. At various points, I may offer ideas for things to practice during and between sessions. It is always your choice whether to do those things or not.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower your family in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit.

### **Confidentiality & Records**

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

As a licensed professional counselor, I am completely able to practice independently and am not required to be under supervision; however, to follow best practices and to ensure that my clients are receiving the best care possible, I may sometimes consult with other professionals about your treatment. No identifying information is provided in these cases and those professionals will also be required by professional ethics and the law to keep your information confidential. Likewise, when I am out of town or unavailable, I may ask another therapist to be available to help you. I may give that professional some information about my clients if needed.

### **Structure and Cost of Sessions**

I agree to provide psychotherapy for the fee of \$140 per 50-minute session, unless otherwise negotiated. You are fully responsible for seeing that my services are paid in full. Sessions lasting other lengths of time are prorated. Telephone calls that exceed 15 minutes in duration will be billed at \$2 per minute. The fee for each session will be due at the conclusion of the session. Cash, personal checks, Visa, MasterCard, Discover, or American Express are acceptable for payment, and I will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$37 fee for any returned checks. It is my policy to keep a credit card on file to be used for payment, late cancellations, or other types of professional services rendered.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

### **Cancellation Policy**

Clients are always welcome to reschedule or cancel appointments for no charge when providing me with more than 24 hours notice. If such advance notice is not received, you will be financially responsible for the entire cost of the session you missed. Please note that insurance companies do not reimburse for missed sessions.

### **Interactions with the Legal System**

By signing this consent, you agreeing not involve or engage your child's therapist in any legal issues or litigation either during counseling or after counseling terminates. This would include any interaction with the court system, attorneys, Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that you wish to have a copy of your file, and you execute a proper release, I will provide you with a copy of your record. If you believe it necessary to subpoena Dana Goldman, you would be responsible for her expert witness fees in the amount of \$1,500.00 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Any additional time Dana Goldman spends over one-half (1/2) day would be billed at the rate of \$375.00 per hour including travel time. If you subpoena Dana, she may elect not to speak with my attorney, and a subpoena may result in her withdrawing as your child's counselor.

### **Divorce Situations**

When working with a child whose parents are divorced or divorcing I require both parents' signatures on all consent forms, regardless of which parent holds the legal right to make medical decisions for the child. Both parents will be kept informed about the child's counseling and Dana Goldman will not keep secrets from either parent. By signing this form, you agree not to involve Dana Goldman and Stone Cottage Counseling in any legal or custody matters. If Dana Goldman is subpoenaed against her will, counseling will terminate and parents will be charged for time handling these legal requests.

### **In Case of an Emergency**

My practice is an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours during the workweek. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call Behavioral Health Link: 1-800-715-4225
- Call 911
- Go to your nearest emergency room.

### **Professional Relationship**

Psychotherapy is a professional service I will provide to you. Because of the very personal nature of therapy, your relationship with me is different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. Our relationship will be limited to the therapeutic environment. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way; they are strictly for your long-term protection.

### **Statement Regarding Ethics, Client Welfare & Safety**

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association and legal standards overseen by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.

If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may or may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

### **Technology Statement**

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. I am required to keep copies of your emails and text messages. In addition, my own work phone does automatically transcribe voicemail messages. With all technology, it is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

**Cell phones:** It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

**Text Messaging and Email:** Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. However, please know that it is my policy to utilize these means of communication strictly for brief topics such as appointment

confirmations. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.

Google, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. **If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages, will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters.** Please feel free to ask questions, and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

### **Frequency of Sessions/Ending Our Therapeutic Relationship**

Some clients see me for longer periods of time, such as 1-2 years, but most of my clients see me once a week for 3 to 6 months. After that time, we may choose to meet less often for several more months. Counseling then usually comes to an end. The process of ending therapy, called "termination," can be a very valuable part of our work. It is often important and useful to have one or more termination or wrap-up sessions in order to achieve some closure when your child is ready to complete counseling.

If you wish to stop therapy at any time, I ask that you and/or your child agree now to meet then for at least one additional session to review our work together. At that time, we will review our goals, the work we have done, any future work that needs to be done. If you feel that a change in therapists is appropriate, I will be happy to provide you with the names of other clinicians that may be able to assist your child. Or, if you would like to take a "time out" from counseling, we should discuss this. By doing so we can often increase the benefits of your "time out."

Should you fail to schedule an appointment for more than eight consecutive weeks, I will reach out to you to check in. If your family is experiencing financial barriers or other barriers to counseling, I will be glad to help you connect to supportive resources and may make other recommendations. If you do not respond, I will respect your autonomy and will close your child's chart. At that point, for legal and ethical reasons, the counseling relationship will be considered to be terminated. However, as long as I still have space in my schedule, reopening your child's chart and resuming treatment is always an option.

# Health Insurance Portability and Accountability Act (HIPAA)

## NOTICE OF PRIVACY PRACTICES

Effective 01/01/2015

**I. COMMITMENT TO YOUR PRIVACY:** Dana Goldman/Stone Cottage Counseling is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services either in paper or electronic format. This Notice of Privacy Practices (“Notice”) is required by law to provide you with the legal duties and the privacy practices that Dana Goldman maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with your therapist.

**II. LEGAL DUTY TO SAFEGUARD YOUR PHI:** By federal and state law, Dana Goldman is required to ensure that your PHI is kept private. This Notice explains when, why, and how Dana Goldman would use and/or disclose your PHI. Use of PHI means when Dana Goldman shares, applies, utilizes, examines, or analyzes information within its practice; PHI is disclosed when Dana Goldman releases, transfers, gives, or otherwise reveals it to a third party. With some exceptions, Dana Goldman may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Dana Goldman is always legally required to follow the privacy practices described in this Notice.

**III. CHANGES TO THIS NOTICE:** The terms of this notice apply to all records containing your PHI that are created or retained by Dana Goldman. Please note that Dana Goldman reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that Dana Goldman has created or maintained in the past and for any of your records that Dana Goldman may create or maintain in the future. Dana Goldman will have a copy of the current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time. The date of the latest revision will always be listed at the end of Dana Goldman’s Notice of Privacy Practices.

**IV. HOW DANA GOLDMAN MAY USE AND DISCLOSE YOUR PHI:** Dana Goldman will not use or disclose your PHI without your written authorization, except as described in this Notice or as described in the “Information, Authorization and Consent to Treatment” document. Below you will find the different categories of possible uses and disclosures with some examples.

**1. For Treatment:** Dana Goldman may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are; otherwise involved in your care. Example: If you are also seeing a psychiatrist for medication management, Dana Goldman may disclose your PHI to her/him in order to coordinate your care. Except for in an emergency, Dana Goldman will always ask for your authorization in writing prior to any such consultation.

**2. For Health Care Operations:** Dana Goldman may disclose your PHI to facilitate the efficient and correct operation of her practice, improve your care, and contact you when necessary.

**3. To Obtain Payment for Treatment:** Dana Goldman may use and disclose your PHI to bill and collect payment for the treatment and services that she provided to you.

**4. Employees and Business Associates:** There may be instances where services are provided to Dana Goldman by an employee or through contracts with third-party “business associates.” Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, Dana Goldman will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy.

**Note:** This state and Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how Dana Goldman may disclose information about you to others.

**V. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES – DANA GOLDMAN may use and/or disclose your PHI without your consent or authorization for the following reasons:**

1. **Law Enforcement:** Subject to certain conditions, Dana Goldman may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: Dana Goldman may make a disclosure to the appropriate officials when a law requires her to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
2. **Lawsuits and Disputes:** Dana Goldman may disclose information about you to respond to a court or administrative order or a search warrant. Dana Goldman may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. Dana Goldman will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
3. **Public Health Risks:** Dana Goldman may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.
4. **Food and Drug Administration (FDA):** Dana Goldman may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
5. **Serious Threat to Health or Safety:** Dana Goldman may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if she determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, Dana Goldman may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.
6. **Minors:** If you are a minor (under 18 years of age), Dana Goldman may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.
7. **Abuse and Neglect:** Dana Goldman may disclose PHI if mandated by Georgia child, elder, or dependent adult abuse and neglect reporting laws. Example: If Dana Goldman has a reasonable suspicion of child abuse or neglect, she will report this to the Georgia Division of Family and Children Services.
8. **Coroners, Medical Examiners, and Funeral Directors:** Dana Goldman may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. Dana Goldman may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.
9. **Communications with Family, Friends, or Others:** Dana Goldman may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, Dana Goldman may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.
10. **For Workers' Compensation Purposes:**

Dana Goldman may provide PHI in order to comply with Workers' Compensation or similar programs established by law.

**11. Appointment Reminders:** Dana Goldman is permitted to contact you by email or text, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.

**12. Health Oversight Activities:** Dana Goldman may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess Dana Goldman's compliance with HIPAA regulations.

**13. If Disclosure is Otherwise Specifically Required by Law.**

**VI. Other Uses and Disclosures Require Your Prior Written Authorization:** In any other situation not covered by this notice, Dana Goldman will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying Dana Goldman in writing of your decision. You understand that Dana Goldman is unable to take back any disclosures she has already made with your permission, she will continue to comply with laws that require certain disclosures, and is required to retain records of the care that she has provided to you.

#### **VII. RIGHTS YOU HAVE REGARDING YOUR PHI:**

**1. The Right to See and Get Copies of Your PHI either in paper or electronic format:** In general, you have the right to see your PHI that is in Dana Goldman's possession, or to get copies of it; however, you must request it in writing. If Dana Goldman does not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response from Dana Goldman within 30 days of receiving your written request. Under certain circumstances, Dana Goldman may feel she must deny your request, but if she does, Dana Goldman will give you, in writing, the reasons for the denial. Dana Goldman will also explain your right to have her denial reviewed. If you ask for copies of your PHI, you will be charged a reasonable fee per page and the fees associated with supplies and postage. Dana Goldman may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

**2. The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask that Dana Goldman limit how she uses and discloses your PHI. While Dana Goldman will consider your request, she is not legally bound to agree. If she does agree to your request, she will put those limits in writing and abide by them except in emergency situations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. You do not have the right to limit the uses and disclosures that Dana Goldman is legally required or permitted to make. **3. The Right to Choose How Dana Goldman Sends Your PHI to You:** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). Dana Goldman is obliged to agree to your request providing that she can give you the PHI, in the format you requested, without undue inconvenience.

**4. The Right to Get a List of the Disclosures.** You are entitled to a list of disclosures of your PHI that Dana Goldman has made. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. Dana Goldman will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. Dana Goldman will provide the list to you at no cost, unless you make more than one request in the



same year, in which case she will charge you a reasonable sum based on a set fee for each additional request.

**5. The Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**6. The Right to Amend Your PHI:** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request Dana Goldman correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of Dana Goldman's receipt of your request. Dana Goldman may deny your request, in writing, if she finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of her records, or (d) written by someone other than Dana Goldman. Denial must be in writing and must state the reasons for the denial. She must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and Dana Goldman's denial will be attached to any future disclosures of your PHI. If Dana Goldman approves your request, she will make the change(s) to your PHI. Additionally, Dana Goldman will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI. **6. The Right to Get This Notice by Email:** You have the right to get this notice by email. You have the right to request a paper copy of it as well.

**7. Submit all Written Requests:** Submit to Dana Goldman at the address listed on top of page one of this document.

**VIII. COMPLAINTS:** If you are concerned your privacy rights may have been violated, or if you object to a decision Dana Goldman made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. Dana Goldman will provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

**Please discuss any questions or concerns with your therapist.** Your signature on the "Information, Authorization, and Consent to Treatment" (provided to you separately) indicates that you have read and understood this document.

**IX. Dana Goldman's Responsibilities:** We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.



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### CLIENT INFORMATION FORM

*\*This Form is Confidential\**

Today's date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

#### Parents/guardians:

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Child's primary address(es):

\_\_\_\_\_

Custody situation:

\_\_\_\_\_

Person(s) to notify in case of any emergency:

\_\_\_\_\_

name

number

How did you find me?

- \_\_\_\_\_ gave me your name.
- Internet in general
- Other \_\_\_\_\_.

If you got my name from a human, may I have your permission to thank them for connecting us?

- Yes
- No

**Our Agreement to Enter into a Therapeutic Relationship**

I am looking forward to facilitating your child on your journey toward healing and growth. If you have any questions about any part of these forms, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices**” provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you.

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**Client Name (Please Print)**

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**Date**

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**Client Signature**

**If Applicable:**

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**Parent’s or Legal Guardian’s Name (Please Print)**

---

**Date**

---

**Parent’s or Legal Guardian’s Signature**

---

**Parent’s or Legal Guardian’s Name (Please Print)**

---

**Date**

---

**Parent’s or Legal Guardian’s Signature**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

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**Therapist’s Signature**

---

**Date**



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### **Consent to Audio Record Sessions**

At times, Dana Goldman finds it useful to record audio of sessions in order to review later – usually alone, but occasionally with a colleague who has a particular area of expertise (eating disorders, trauma, etc.). The goal is always improving and enhancing client care.

Identifying information is never included with or on these recordings and the recordings are destroyed immediately after review. These recordings are considered confidential health information covered under the rules and regulations of the Health Insurance Portability and Accountability Act and are treated as such.

You get to decide whether or not you are comfortable with the possibility of having your sessions recorded. There are no consequences for saying no. It is completely up to you. If you decide to say yes, you can revoke that permission at any time.

- No, I do not grant permission to audio record our sessions.
- Yes, I do grant permission to audio record our sessions.

---

Name

Date

---

Signature



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### **Credit Card Authorization Form**

As detailed in the informed consent paperwork, clients agree to be financially responsible for appointments missed without 24 hours notice. If that situation was to arise, Stone Cottage Counseling reserves the right to charge your credit card for the missed appointment. All information on this form will remain confidential.

Name on Card: \_\_\_\_\_

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

\_\_\_\_\_

Credit Card Type:

- Visa
- MasterCard
- Discover
- American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_  
(usually 3 digits located on the back of the credit card)

*In the case of an appointment missed with less than 24 hours notice, I authorize Dana Goldman/Stone Cottage Counseling to charge the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Questionnaire for Parents/Guardians

1. What are you looking for in therapy and in a therapist for your child?
  
2. If therapy could be helpful, what would be different about or for your child?
  
3. What do you need from us/me in order to make this happen?
  
4. Are there times or situations when the concerning issues aren't present or decrease in severity?  
If so, please describe.
  
5. Do the concerning issues disappear or decrease in intensity around any particular people?  
(certain family members, teachers, etc.) If so, please describe.
  
6. Are there any aspects of your child or family's identity that you want to make sure are known,  
seen, and respected in counseling that I may not guess or automatically know?
  
7. Is there anything you'd like me to know about your family's spiritual or religious beliefs or  
practices?
  
8. How would you describe your family's living arrangement? Who lives in the home with the  
child?
  
9. Please list your child's past or current recreational activities, hobbies, passions, talents or skills.

10. How much time does your child spend on/with screens on a daily basis? What sorts of activities does your child use screens/technology for?
  
11. If you've ever consulted a therapist about your child before, please jot down the approximate dates (start to finish) and what led you to start and end each episode of therapy.
  
12. Please list any ongoing medications and current medical issues (injuries, illnesses, surgeries, etc.) for your child as well as any significant prior medical concerns.
  
13. Please jot down any past life experiences (long ago or recent) that you think may have been shocking, traumatizing, or life-changing for your child.
  
14. Who is most important to your child? What things, activities, or values are most important to your child?
  
15. How does your family do consequences? What if any guiding principles around discipline or consequences does your family hold?
  
16. What else do I need to know about you or your child in order to help?

**Please check 'yes' 'no' or 'it's complicated' for the following questions.**

	<b>YES</b>	<b>NO</b>	<b>IT'S COMPLICATED</b>
There is a family history of mental health concerns.			
There is a family history of substance abuse (alcoholism, etc.).			
There were complications at or before my child's birth.			
As a baby and toddler, my child met or exceeded typical developmental milestones.			
My child has an ongoing health issue requiring medical care.			
My child has undergone medical procedures.			
My child has previously been separated from family members due to health, safety, or legal issues.			
My family has been involved with the legal system in a way that impacts one or all of us.			
My child makes friends easily.			
My child performs academically at or above grade level.			
My child acts out at home.			
My child acts out at school.			
My child's behavior or moods remind me of someone else in the family.			
My child has spent individual time with school counselors or the school principal.			
Others have suggested I bring my child to a counselor.			
There are currently financial, health, or relationship stressors impacting our family.			
We are mostly consistent about expectations.			
We are mostly consistent about consequences.			

**• Do you or another parent/guardian:**

- Drive without a seatbelt \_\_\_\_\_y \_\_\_\_\_n
- Drive under the influence of alcohol \_\_\_\_\_y \_\_\_\_\_n
- Own a gun/weapon \_\_\_\_\_y \_\_\_\_\_n
- Have a history of suicidal thoughts \_\_\_\_\_y \_\_\_\_\_n
- Have a history of suicide attempts \_\_\_\_\_y \_\_\_\_\_n

*Thank you so much for your time and attention with this paperwork!*