

Coastal Virginia Counseling 101 N. Lynnhaven Rd. Suite 308 Virginia Beach, VA 23452

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Acknowledgement of Policies and Procedures, Privacy Practices and Consent to Treatment

By signing below, client and/or guardian acknowledges that he/she has reviewed, fully understands and agrees to the terms and conditions contained in the Policies and Procedures of Coastal Virginia Counseling and consents to treatment(initial). Client has discussed said terms and conditions with Therapist, and has had any questions with regard to those terms and conditions answered to client's satisfaction. Client agrees to abide by the terms and conditions of the Policies and Procedures and consents to participate in counseling/therapy with Therapist. Client acknowledges specifically reading the policy and procedures related to billing and communication with insurance companies and agrees to same. Client agrees to hold Coastal Virginia Counseling free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. I understand that if a credit card is on file, such credit card will be charged for payments. Additionally the credit card on file will be charged for missed appointments if not given notice 24 hours or more in advance of the scheduled appointment time(initial).	
Printed name of Client	Signature of Client/Parent/Legal Guardian of Minor Child
Date	Signature of Witness
Communication by Phone, Email, Text Message, and Other Non-S	ecure Means
During the course of treatment, it may become useful to communic informed that these methods are not confidential methods of communications.	
CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS.	
I consent to allow Coastal Virginia Counseling, LLC to use unsecured and other treatment related information (initial). I consent to in the intake (Initial). I have been informed of the risks of unconfidentiality in treatment and unauthorized access of the data are understand that I am not required to sign this consent in order to reconsent at any time by notifying Coastal Virginia Counseling, LLC in	to allowing voice messages to be left on phone number provided insecured communications including, but not limited to a breach of and information transmitted by e-mail and/or text messaging. I eceive treatment. I also understand that I may terminate this
Printed name of Client	Signature of Client/Parent/Legal Guardian of Minor Child
Date	Signature of Witness