



Sandcastle Kids Counseling

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DR. CRYSTAL CROSBY

EDUCATION

Dr. Crosby received a Bachelor's of Science in Psychology at Liberty University in 2005 with a specialization in child development. She then completed a Master of Arts at Richmond Graduate University in Chattanooga, Tennessee in Professional Counseling in 2010. She received specializations in child and adolescent therapy as well as trauma therapy and currently holds a PhD in International Psychology with The Chicago School of Professional Psychology. Dr. Crosby continues to seek continuing education in play therapy as well as art techniques to use with children.

EXPERIENCE

Dr. Crosby began her counseling internship at a community mental health facility in Chattanooga Tennessee, where she counseled as an outpatient therapist for three years with children and adolescents. She then moved to Virginia, serving on year as an intensive in-home therapist with children; this led to counseling in private practice with children, adolescents and adults. Dr. Crosby's theoretical orientation is eclectic, drawing from several diverse counseling theories to meet the needs of each individual client. The basis of this theoretical orientation is Cognitive Behavior Therapy combining art and play in therapy to teach everyday coping skills and improve emotional awareness. Person-Centered theory is also incorporated in order to build rapport and trust with each client. Some techniques used in her practice are identifying, challenging and changing distorted cognitions, evaluating self-talk, identifying cause and effect through problem-solving, setting goals, reframing, improving communication skills and many others. She believes that through understanding how our thoughts, feelings and behaviors affect our lives and ways, we can control these as essential to overcoming daily challenges.

CREDENTIALS

Dr. Crosby has been a Licensed Professional Counselor in the Commonwealth of Virginia since 2013 and was Licensed in the State of Tennessee in 2012. She has been a National Certified Counselor as well as a Certified Clinical Mental Health Clinician with the National Board for Certified Counselors since 2012. She completed specialized training in becoming a Certified Trauma Focused Cognitive Behavior Therapist in 2013. She also completed training and supervision acquiring a certification as a Family Systems Trauma Consultant in 2020.

MAURIE BURTON, RIC

EDUCATION

Maurie received a Bachelor of Arts in Psychology from Christopher Newport University in 2017. She then went on to earn her Masters of Arts in Clinical Mental Health Counseling from Regent University in 2020.

EXPERIENCE

Maurie began counseling at a small private practice in Norfolk, Virginia for her internship. She then finished her counseling internship at the Regent University Counseling Center where she counseled college students for three semesters. Her theoretical orientation is eclectic, meaning that she's draw important concepts from several counseling theories so as to best meet the needs of each individual client. The majority of her theoretical orientation is Cognitive Behavioral Therapy which she combines with aspects from Psychodynamic Therapy while using creative expression methods such as art and play. She also incorporates concepts from Person-Centered Therapy to build rapport and trust with clients. Some

techniques she uses in sessions are identifying, challenging and changing distorted cognitions, evaluating self-talk, identifying cause and effect through problem-solving, setting goals, reframing, improving communication skills and many others. She believes that through understanding how our thoughts, feelings and behaviors affect our lives and ways we can control these as essential to overcoming daily challenges.

CREDENTIALS

Maurie has a temporary license as a Licensed Resident in Counseling from the Commonwealth of Virginia which she received in June of 2021.

THERAPY

RISKS/BENEFITS OF THERAPY

You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been revealed by scientists in hundreds of well-designed research studies. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships.

THERAPY SESSIONS

We usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office. During our initial session we will gather historical information, family history, medical background and an evaluation of the problematic symptoms. By the end of our first or second session, we will tell you how we see your case at this point and how we think we should proceed. We view therapy as a partnership between the client and therapist. You define the problem areas to be worked on; we use some special knowledge to help you make the changes you want to make.

Our expectation is to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and other details. We expect both client and therapist to agree on a plan that we will both strive to follow. From time to time, we will look together at our progress and goals. If we see the need to, we can then change our treatment plan, its goals, and/or its methods. If you have any questions about our procedures, we should discuss them whenever questions arise.

Most of our clients see us once a week for 3 to 4 months. After that, we may meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called "termination," can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in the best interest of the client. If you wish to stop therapy at any time, we ask that you agree to meet for at least one more session to review our work together. As a client, you may end our counseling relationship at any time.

THERAPEUTIC RELATIONSHIP

(NOTE: singular pronouns may refer to each therapist)

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, (APA). In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these standards. An explanation of these limitations follows; they are not personal responses to you.

- First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.
- Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in certain limited situations. (This is explained in the "Confidentiality" brochure.) Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.
- Third, in your best interest, and following the APA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

If you are involved in domestic litigation or become a party to a divorce or custody action, you agree that you will not ask me to testify or provide evaluations in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

Courts appoint professionals who have had no prior contact with a family to conduct custody evaluations and to make recommendations to the Court. As a clinician, it is my role to provide treatment, and not to make recommendations to courts in domestic matters. It is my policy not to testify in such cases, because experience has shown that the professional relationship is often harmed when counselors testify in divorce and custody cases. By signing this form, consenting to treatment, you agree not to call me as a witness in domestic litigation.

Even though you might invite me, I will not attend your family gatherings, such as parties or weddings. I will not respond to any messages through social media.

As your therapist, I will not celebrate holidays or give you gifts; I may not notice or recall your birthday; and I may not receive any of your gifts eagerly.

CONTACTING US

When you need to contact your counselor for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (757) 810-7555. You may leave messages on the voicemail, which is confidential.
- By secure text message through the Signal App.
- By secure email: crystal@sandcastlekidscounseling.com or maurie@sandcastlekidscounseling.com
- By the secure contact page on the website: <https://www.sandcastlekidscounseling.com/contact-us>
- If you wish to communicate with me by normal email or normal text message, you are required to sign a waiver.

If you need to send a file such as a PDF or other digital document, please send through fax (757) 634-3926 or in a secure email.

Please refrain from making contact with us using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security, and we are not prepared to watch them closely for important messages from clients.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with us about any concerns you have regarding our preferred communication methods.

RESPONSE TIME

We may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 48 hours. On weekends you will not receive a response until our next office hours. We may occasionally reply more quickly than that on weekends, but please be aware that this will not always be possible.

Be aware that there may be times when we are unable to receive or respond to messages, such as when we are out of cellular range or out of town.

EMERGENCY CONTACT

If you are ever experiencing an emergency, including a mental health crisis, please call the following for assistance:

Mental Health Emergency Services

- Norfolk: 757-664-7690
- Virginia Beach: 757-385-0888
- Chesapeake: 757-547-9334
- Hampton/NN: 757-380-9021
- Portsmouth: 757-393-8991
- Western Tidewater: 757-942-1069

Local Acute Treatment Centers

- Virginia Beach Psychiatric (Assessment Referral Center): 757-496-3500
- The Kempsville Center (*Children & Adolescents Only*): 757-461-4565
- Maryview Behavioral Medicine Center: 757-398-2367
- Riverside Behavioral Health Center: 757-827-3119

If you are having thoughts of hurting yourself or others please contact one of the agencies or call 911 for further assistance. Please go to your nearest hospital to be assessed.

If you need to contact us about an emergency, the best method is by phone 757-810-7555. If you cannot reach me by phone, please leave a voicemail and then follow up with a secure text message through the Signal application.

- Dr. Crosby (757) 409-7613

Please note that SMS (normal phone text messages) or messaging on signal are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. So, please refrain from using SMS as your sole method of communicating with us in emergencies.

DISCLOSURE REGARDING THIRD-PARTY ACCESS TO COMMUNICATIONS

Please know that if we use electronic communications methods, such as email, texting, online video, or any others, there are various technicians and administrators who maintain these services, they may have access to the content of those communications. For some communication methods, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations with which you are affiliated. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.

CONSULTATIONS

We may seek consultation about you with other professionals in order to offer you the most complete and quality care. By signing this consent form, you agree to this. Steps will be taken to conceal your identity and your confidentiality will be protected.

If you could benefit from a treatment we cannot provide, we will help you get it. You have a right to ask us about other treatments, their risks, and their benefits. Based on what we learn about your problems, we

may recommend a medical exam or use of medication. If we do this, we will fully discuss my reasons with you so that you can decide what is best. If you are treated by that professional, we will coordinate our services with that profession and with your own medical doctor.

If for some reason treatment is not going well, we might suggest you see another therapist or another professional for an evaluation. As responsible and ethical therapists; we cannot continue to treat you if our treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, we will help you find a qualified person and will provide him or her with the information needed.

CONFIDENTIALITY

Information shared with mental health professionals is private, and in most circumstances, cannot be released to anyone without the client's knowledge and consent (or guardian if the client is a minor). However, confidential information may be released for these exceptions:

- **Duty to Warn and Protect:** When the client has plans or intent to harm self or others. Intervention by the therapist may include contacting the party being threatened, the client's family, emergency contact, or legal authorities.
- **Abuse of Children and Vulnerable Adults:** If the therapist is made aware of past or present abuse (physical or sexual) or neglect, to a current child or vulnerable adult, the therapist is required to report this information to the appropriate social service and/or legal authority.
- **Prenatal Exposure to Controlled Substances:** Therapists are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
- **Minors/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records (see Records section for further details).
- **Insurance Providers (when applicable):** Insurance companies and other third-party payers are given information that they request regarding services to clients in order to authorize benefits. If you do not want us to discuss this information with insurances, we can discuss the option of private pay without insurance.
- **Legal Issues:** In certain legal proceedings, and especially when a judge releases a court order, the therapist may be obligated to give out specified client information.
- **Terrorism:** Under the Patriot Act, if any terrorist activity is suspected.

MINORS

While privacy in therapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment, and this may require that some private information be shared with parents. For children under 18, we share general information with parents about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of our concerns. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

RECORDS

We keep and store records for each client in a record-keeping system produced and maintained by TherapyNotes. This system is "cloud-based," meaning the records are stored on servers which are connected to the Internet. Here are the ways in which the security of these records is maintained:

- We have entered into a HIPAA Business Associate Agreement with TherapyNotes. Because of this agreement, TherapyNotes is obligated by federal law to protect these records from unauthorized use or disclosure.
- The computers on which these records are stored are kept in secure data centers, where various physical security measures are used to maintain the protection of the computers from physical access by unauthorized persons.
- TherapyNotes employs various technical security measures to maintain the protection of these records from unauthorized use or disclosure.
- TherapyNotes uses data encryption and powerful firewalls to protect data.

We have our own security measures for protecting the devices that we use to access these records:

- On computers, we employ firewalls, antivirus software, passwords, and disk encryption to protect the computer from unauthorized access and thus to protect the records from unauthorized access.
- With mobile devices, we use passwords, remote tracking, and remote wipe and two factor authentications to maintain the security of the device in order to prevent unauthorized persons from using them to access our records.

Whereas we and our record-keeping company both use security measures to protect these records, their security cannot be guaranteed.

Some workforce members at Sandcastle Kids Counseling, such as administrators, may have the ability to access these records for the purpose of maintaining the system itself. As a HIPAA Business Associate, Sandcastle Kids Counseling is obligated by law to train their staff on the proper maintenance of confidential records and to prevent misuse or unauthorized disclosure of these records. This protection, however cannot be guaranteed.

Our record-keeping company keeps a log of our transactions with the system for various purposes, including maintaining the integrity of the records and allowing for security audits. These transactions are kept for at least five years. We will not voluntarily participate in any litigation or custody dispute in which a client and another individual, or entity, are parties. The practice has a policy of not communicating with the client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter unless agreed upon at beginning of the therapeutic relationship.

All client records are stored solely in electronic form on a secure HIPAA compliant off-site server. Please advise the therapist if you would like your records sent to your primary care physician.

It may be beneficial for us to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, Medicare requires that we notify your physician by telephone or in writing, concerning services that are being provided by us unless you request that notification not be made.

In any such case where records are requested, we will provide documents within 10 business days from the time of request. When a client requests access to his/her records, we will provide consultation for interpreting the counseling records. We reserve the right to withhold records if there is a threat to the client by releasing the records. If this decision is made you may discuss it with me and we will review the records with you at a scheduled appointment. The fee for these records is \$10.00. Please allow 5-7 business days for any letters or forms to be completed, longer if legal advice is needed.

NON-RECORDING AGREEMENT

Successful therapy depends on building a relationship of trust, good faith, and openness between client(s) and therapist(s). Often, audio or video recordings can inhibit candor and introspection in therapy. Covert recording is a direct violation of trust and good faith to all the other persons in the room.

In addition, recordings made and taken home by clients sometimes fall into unintended hands through loss, random or targeted theft, or action by police and court or governmental agencies. Such loss could compromise or nullify your legal expectation of confidentiality in the extremely sensitive personal or interpersonal matters that may have been discussed. Courts may not give your own recordings all the legal confidentiality they give to a therapist's office notes and may find them self-serving. Client recordings can more easily end up becoming an issue in conflicts such as divorce, child custody, or other legal cases and can be used by agencies of government. A client who makes a recording solely for personal use or to use against a partner may later be surprised to find the recording being used against him/her instead. Once an unfavorable recording exists, its deletion can become legally punishable if a subpoena is issued for it. Additionally, most users of recording technology lack the technological tools and knowledge required to delete a recording in a way that makes it unrecoverable and unhackable.

Factors like these undermine the therapeutic process and the building or rebuilding of trust that takes place between partners in session and between the client(s) and therapist(s).

Therefore, the client signing below agrees that:

1. Recording may only take place with the knowledge and explicit consent of ALL (not just one) clients, therapists, and other persons present during a session or other interaction, whether face-to-face or taking place by live textual, audio, or video link.
2. Consent for each recording must take the form of dated written signatures from all persons on a paper form available for that purpose, with a copy given to each person recorded. Additionally, the recording itself must include the live consent of all persons present, with such consent stated at the start of the recording or when they join a session or interaction already in progress.

Violation of this policy by covert recording or non-conformance with this agreement will lead to termination of therapy.

You will notice there is a camera in the waiting room. This is used in order to see who is in the waiting room and is accessible by office and clinical staff. It is not recorded or shared because your confidentiality is of the utmost importance.

FEES, PAYMENTS AND BILLING

SESSION FEES

Licensed Professional Counselors

- \$160.00 for a 60-minute session
- \$120.00 for a 45-minute session
- \$80.00 for a 30-minute session

Licensed Residents in Counseling

- \$75.00 for a 60-minute session
- \$65.00 for a 45-minute session
- \$45.00 for a 30-minute session

We reserve the right to periodically adjust this fee; you will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payers. From time-to-time, we may engage in telephone contact with clients for purposes other than scheduling sessions. The client is responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, we may engage in telephone contact with third parties at client's request and with client's advance written authorization. Clients are expected to pay for services at the time services are rendered. Cash, checks, credit cards and contracted insurance company payments are accepted.

If your account is more than 60 days overdue and payment has not been agreed upon, we have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing the proceeding will be included in the claim. In most cases, the only information which we release about a client's treatment would be the client's name, the nature of the service provided and the amount due.

ELECTRONIC PAYMENT

If you wish, you may pay fees electronically – through funds transfer or using a payment card -- using Square and Merchant Services through TherapyNotes.

Please Be Aware of the Following:

- We have a duty to uphold your confidentiality; therefore, we wish to make sure that your use of the above payment services is done as securely and privately as possible.
- After using any of the above services to pay your fees, that service may send you receipts for payment by email or text message. These receipts will include our business name and would indicate that you have paid for a therapy session.
- It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. We are unable to control this in many cases, and we may not be able to control which email address or phone number your receipt is sent to.

So before using one of the above services to pay for your session(s), please think about these questions:

- At which email address or phone numbers have I received these kinds of receipts before?
- Are any of those addresses or phone numbers provided by my employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you.
- Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger if such a person discovered them?

In addition to these possible emails or text messages, payments made by credit card will appear on your credit card statement as being made to Sandcastle Kids Counseling. Please consider who might have access to your statements before making payments by credit card.

HEALTH SAVINGS ACCOUNTS AND FLEXIBLE SPENDING ACCOUNTS

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

INSURANCE

If your health insurance will pay part of our fee, we will help you with your insurance claim forms. However, please keep two things in mind:

1. We have no role in deciding what your insurance covers. Your employer decides which, if any, services will be covered and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between Sandcastle Kids Counseling and the insurance company.
2. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. If you ask us to bill a separated spouse, a relative, or an insurance company, and we do not receive payment on time, we will then expect this payment from you.

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss. Please bring your health insurance plan's description of services to one of our early meetings, so that we can talk about it and decide how to proceed.

You should be aware that insurance agreements require you to authorize us to provide clinical diagnosis, and, in some cases a treatment plan or summary, or, in rare cases a copy, of the entire record. This will become part of the insurance company files. Insurance companies claim to keep this information confidential but we have no control over what the insurance company does with that information.

We will provide information about you to your insurance company only with your informed and written consent. We may send this information by mail or by fax. Our office will try its best to maintain the privacy of your records.

CANCELLATIONS

If you are unable to keep the designated appointment time previously scheduled, it is your responsibility to inform us **24 hours** in advance. If we are not contacted to cancel the appointment with 24 hours advanced notice, a **NO SHOW FEE of \$60.00 will be charged automatically for the missed appointment.**

PROFESSIONAL DISCLOSURE STATEMENT/ THERAPIST-CLIENT AGREEMENT

Signature Page:

I, _____, the client (or his or her parent or guardian), understand that I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this disclosure and brochures, we can discuss them, and clarify any matters. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this disclosure and brochure. I have discussed those points I do not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature below.

Signature of client (or person acting for client)

Date

Printed name of client

Relationship to client: Self Parent Guardian Other _____

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

Date

Please check only ONE of the following:

Sandcastle Kids Counseling (SKC) is authorized to contact my primary care physician to discuss the treatment that I am receiving while under your care and to obtain information concerning my medical diagnosis and treatment.

I do not authorize (SKC) to contact my primary care physician with regard to the treatment that I am receiving while under your care or to obtain information concerning my medical diagnosis and treatment.

If you wish to receive automatic appointment reminders, please choose all that apply:

SKC may send email messages to confirm my upcoming appointments to: _____ @

SKC may send text messages to confirm my upcoming appointments. Normal text messaging rates may apply. Please send reminders to: _____ .