

CHRISTIAN COUNSELING CENTER, LLC
A FAITH-BASED, BIBLICAL COUNSELING CENTER

Individual, Couples, and Family – Christian Clinical Counseling

Welcome to Christian Clinical Counseling. It is our desire to serve you and to help you with whatever brings you here. Throughout this process, it will be important for us to get to know each other, for us to assess your situation, and then to decide together whether or not we are the best counselor(s) to help you. If we are not, we will be happy to help you find other resources.

For your information, our staff holds certification in one or more of the following areas: Licensed Christian Clinical Counselor (LCCC) – Licensed Pastoral Counselor (LPC) – Licensed Board Certified Counselor (LBCC) - Licensed Marriage and Family Therapist (LMFT) – Licensed Clinical Social Worker (LCSW) - and is credentialed through one or more of the following: the United Association of Christian Chaplains and Counselors International (UACCCI); the National Christian Counselors Association (NCCA); the American Association of Christian Counselors (AACC); the American Association of Pastoral Counselors (AAPC); the American Association of Marriage and Family Therapists (AAMFT) and the National Board of Certified Counselors (NBCC).

There are a few things you need to know about us and about how Christian Clinical Counseling works. As a rule, we tend to think in terms of a few weeks or months for therapy, not months and years. Our job is to help you get on a track that will lead to resolution of your immediate problem and then to get out of your way, serving as a resource. We do not look for pathology or blame. We try to help people build on their strengths and to do what works best for their unique situation. We do not consider ourselves experts on your situation; only you will know what works best for you. In all situations, we will utilize what God has given us through the ultimate Counselor, the Holy Spirit, and the Word of God, which is Truth. We will never counsel you outside of these guidelines.

Your therapy sessions are strictly confidential by law. We must have your written permission to discuss your case outside of the office. We have a few licensed colleagues with whom we may consult, on occasion, in order to get ideas about how to better serve our clients. We do not give names or identifying information in these consultations. If you would prefer that we not do this regarding your case, please let us know and we will refrain from discussing your case without your explicit permission.

As a matter of law, we are required to notify you of the exceptions to which your confidentiality may 'include' sharing your information (please read the Privacy Policy for a complete list of those exceptions). These may include, but are not limited to:

- Information required by insurance companies (we will discuss this if you wish to use your insurance);
- known or suspected abuse or neglect of a child including children who witness domestic violence;
- abuse or neglect of disabled or elderly adults;
- situations where we are concerned that you are a likely risk of grave harm to yourself or someone else; and,
 - In these cases, we may warn potential victims, notify others who can keep you safe, or arrange for your safety with authorities.
- if we are subpoenaed by a court order.
 - If we receive a subpoena from an attorney, we must respond, but we cannot reveal information without your permission or an order from the court.
 - If more than one person attends any session of therapy associated with your case, we must receive written permission from everyone in order to release information.
 - If we are subpoenaed, we will try to talk with everyone and/or their attorneys before responding to the subpoena.

We strongly believe that clients and their children's best interests require that therapy be a safe place to talk. People generally do not feel safe if they are concerned that information revealed in therapy may be used in

court. Therefore, when we receive a subpoena (in a custody dispute, for example), we believe that the person initiating the subpoena may have not been completely honest in therapy and does not have their children's best interests at heart. Therefore, any information we give the court will include our concern that the person requesting the information does not have the children's best interests in mind. Please be aware of this fact.

If we see people individually as well as in couples or families, we will keep information confidential to the exception of the above listed situations (or others that are directed by State or Federal law). However, if we believe that others deserve to have the information in order for us to continue progressing in therapy, we may encourage you to divulge the information and will work with you to do so. If you decide that you cannot share the information and we believe that it is critical to therapeutic progress, we may tell you that we cannot continue as your therapist. We cannot and will not divulge your confidential information.

Parents do not have the legal right to receive information that their children share with us in therapy. Therefore, in order for children to feel safe with us, we ask that parents not request information – either from us or the child. We may encourage children to share information and help them to do this, but will not do so on an individual basis unless we believe it is necessary to protect the life and well-being of the child.

While it would be wonderful if everyone who attends therapy reaches the goals they desire, we cannot guarantee success. If needed, we will do our best to help you or to refer you to someone who can help you. Sometimes, changes made as a result of therapy may have consequences that some people might consider bad, for example, a divorce. We will do our best to help everyone leave therapy with the best possible outcomes. If therapy does not seem to be helping, we will talk about alternatives for you.

Therapy sessions typically last from 50 minutes to one hour. Sessions that last more than one hour will be billed accordingly. Fees are dependent upon the credentials of the counselor you see. Generally these fees are between \$85.00 - \$120.00 per hour unless negotiated otherwise. Counselors prefer to be paid at the end of each session. If insurance is used for reimbursement, you are responsible for any co-payments, deductibles, or fees for services that are not covered by your insurance company. Co-payments should be paid at the end of each session. As a rule, the insurance company will not pay for services until deductibles and co-payments have been met. Not every counselor accepts insurance.

If any counselor misses an appointment with you without attempting to contact you at least one hour prior to your scheduled session, the next session is free of charge. If you miss an appointment with any counselor without attempting to contact them within 24 hours of your scheduled session, you will still be responsible for the full 'agreed-upon' fee for that session. We cannot bill insurance for missed sessions.

We hope that you find this was a decision worth making – for your life and the lives of your friends and family members.

CONTRACTUAL AGREEMENT

Some general agreements for your Christian Clinical Counseling:

1. I agree to enter into therapy with the following counselor: _____.
2. I agree to pay \$_____ for each session.
3. I understand that the Christian Counseling Center, LLC (CCC) 'may' accept conditions of insurance reimbursement and that I will be responsible for co-payments and deductibles. Payment or co-payment is due at the end of each session and no balance will be carried into the following week unless other arrangements, specified below, have been negotiated.
 - a. State other arrangements here:
 - b. _____

4. I understand that, regardless of insurance coverage(s), I am personally responsible for all fees incurred as a result of my therapeutic relationship with CCC.
 - a. CCC has notified me that they will work with me regarding payment of services should insurance refuse to reimburse for services.
 - b. My counselor DOES _____ DOES NOT _____ (check one) accept insurance as a form of payment.
5. My signature authorizes the release of my information to my insurance carrier, if necessary, to process my insurance claims. I also authorize payment by my insurance carrier(s) to Christian Counseling Center, LLC for services rendered.
6. Effective 09/04/2007: I understand that CCC will charge a \$75 FEE for all returned checks. Any further payments for services following an NSF Check MUST be paid in CASH, without exception.
7. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligation to complete a maximum or minimum number of sessions.
8. I am contracting to pay for completed sessions, whether I believe I have received adequate and appropriate counsel or not.
9. I understand that I must notify my counselor (see above) within 24 hours of an appointment if it becomes necessary for me to cancel a session. If I neglect to do so, I am responsible for payment for that session.
10. If my assigned counselor misses a session without notifying or attempting to notify me at least one hour prior to the scheduled session, I understand that CCC will not charge for the next session.

Consent of Client(s) and legal guardians

Date

_____	_____
_____	_____
_____	_____

Consent of children 5-18

Date

_____	_____
_____	_____
_____	_____

Please note the person who referred you so that CCC may thank them.

INSURANCE BILLING AGREEMENT

I UNDERSTAND THAT Christian Counseling Center, LLC (CCC) will attempt to bill my insurance provider as an 'OUT OF NETWORK' provider.

I UNDERSTAND THAT billing to your insurance provider is done as a courtesy on my behalf and is not a requirement of the contractual agreement(s) made with my insurance provider. If CCC is unable to obtain preauthorization of coverage, CCC will provide me with a super-bill to send to my insurance provider for reimbursement.

I UNDERSTAND THAT it is not the responsibility of CCC to obtain reimbursement for services rendered. This is my responsibility.

I certify that I and/or my dependent(s) have insurance coverage with _____ and assign directly to Christian Counseling Center, LLC (CCC) all insurance benefits, if any, otherwise payable to me for services rendered.

I UNDERSTAND THAT I am financially responsible for all charges, whether paid or not by my insurance company. I agree to pay the applicable co-pay or percentage of charges, determined through eligibility by the billing office, at the time of service. Furthermore, I acknowledge that, in the event my account balance for services rendered is sent to a third-party agency for collections, any and all costs or fees pertaining to collection of the outstanding balance will be added to my account and paid by me personally.

I UNDERSTAND THAT I authorize the use of my signature on all insurance submissions.

I UNDERSTAND THAT Christian Counseling Center, LLC may use my health care information and may disclose such information to the above-named insurance company and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

I UNDERSTAND THAT this consent shall end one year from the date signed below.

Signature of Patient

Date

Signature of Parent, Guardian or Personal Representative

Date

Please Print Name of Parent, Guardian, or Personal Representative

Relationship to Patient