



**Cord of Three Counseling Services  
Information and Office Policy Statement  
Informed Consent**

## **I. Welcome!**

Cord of Three Counseling Services is a Biblically rooted, professional mental health, Christian Counseling service offered to families of Southeast Georgia. We are a non-profit agency. The information below is to help you understand the nature of counseling with our agency and to understand the necessary procedures that are required by law to provide for your safety and confidentiality as well as the agency's.

## **II. Aims and Goals:**

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through Christian clinical counseling.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. There may also be negative consequences if you do not follow through with recommended treatment(s). You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

## **III. Appointments:**

Appointments are usually scheduled for 50 minutes. Sessions are by appointments only. Patients are generally seen weekly or more/less frequently as acuity dictates and you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. Cord of Three is not an emergency facility, therefore, in the event of an emergency; please call 911, your primary care physician or the Crisis Line: 800.715.4225

## **IV. Confidentiality:**

- I agree to conduct myself in an appropriate manner. Small children must be attended at all times.
- **Confidentiality:** I understand that no information about me or my issues will be disclosed to anyone outside of the Counseling Center. However, for the purposes of supervision, billing, and training, some information may be shared with other staff within Cord of Three.
- I will maintain the confidentiality of anyone I see in the counseling office or in my group setting.
- **Limits of Confidentiality:** I understand that physical abuse, sexual abuse, neglect, of children (under 18 years of age) or endangerment through the witnessing of domestic violence must be reported by law. I understand that physical abuse, sexual abuse, or neglect of the elderly (65 years of age or older) or disabled must be reported by law. I understand that intent to do harm to another person will be reported to that person and to the police. Cord of Three does not guarantee that other counseling clients or family members will maintain confidentiality. I also understand that if there is danger of harming yourself (active suicidal ideation) that there are limits to confidentiality as the therapist assesses necessary help for you (i.e. possible hospitalization).

## **V. Record Keeping:**

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. Medical records are kept under the care of your therapist and will not be released. If you request your records, the therapists will provide you with a Summary of Counseling which will outline all that you need. The only instance where your clinical file is released is in the event that the records are subpoenaed by a court of law.



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## **VI. General Financial Policies for all Clients:**

- Payments are due at the time of service. Please pay the receptionist or service provider before your counseling session/meeting. We accept payment by cash, check, debit, Visa, Discover, MasterCard and American Express. We will keep a credit card on file and will run your card at time of service unless you provide an alternative payment source.
- Fees for the initial counseling session are \$120 and each 45-60 minute session thereafter is \$95. Other fees may apply when assessment instruments are used.
- **A \$35 fee is charged for any checks returned from the bank for any reason and is due in cash at your next session.**
- If you are using an insurance company that we accept, we will bill your insurance company for you. Clients are responsible for all payments, including co pays, at the front desk, before seeing your counselor. In order to maintain standing appointments, your account must remain current.
- All checks should be made payable to: Cord of Three Counseling Services
- Sessions are 45 – 60 minutes long. A session lasting 1 ½ hours long is considered 2 sessions and you will be billed for both sessions (Insurance will not cover two sessions in one day).
- Phone conversations that exceed 20 minutes in length may be charged a one-session fee and will not be covered by insurance.
- We do not keep cash in the office and we are not able to make change. Any over-payment will be applied to your next appointment.
- If you come to the appointment without payment, please be prepared to reschedule your appointment. We will also charge the session as a missed appointment. You will be expected to pay \$65 missed appointment fee. You will be expected to pay this before your next appointment.

## **VII. Missed or Canceled Appointments**

- Please help us better serve you by keeping scheduled appointments. If you are not going to keep your appointment, please allow time for the therapist to offer the appointment to someone else.
- **You will be billed for missed appointments and appointments that are not canceled 48 hours in advance. Insurance companies will not reimburse for missed appointments. You will be expected to pay a \$65 missed appointment fee.**
- Failure to pay may impact your credit and you may be required to keep a credit card on file to bill for copayments and missed appointments.
- Exceptions will be made in the event of an accident or an emergency (i.e. breaking down, sudden illness, or sudden illness of a minor child, etc... Please note that “having to work” is not considered an emergency).
- If you or a family member pays for a session in advance that you subsequently do not use, you will not receive a refund. However, you may apply it to future sessions.

## **VII. Late Arrivals of clients and or therapist running late:**

- We understand that sometimes things happen and you may arrive late for your appointment. We will do our best to give you your full 45-60 minute counseling session as long as it doesn't run into the next client's time. Please understand that we try to stay on schedule as much as possible. By the same token, we are counselors dealing with people and their feelings and occasionally we have urgent situations. Therefore, sometimes we may run late. It is the counselors prerogative to reschedule you or to continue to run behind by taking some of the next scheduled session to give you your 45-60 minutes.

## **V. Minors Receiving Treatment:**

- The parent/guardian(s) is responsible for payment at the time of service. We will not bill parents or others for a minor's session.



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- No minor can be treated without signed consent of a parent/guardian. If custody is of question, we will not provide services until court orders have been provided by the custodial parent and consent has been signed by the custodial parent.
- Unaccompanied minors will be denied services (except in the case of an emergency). Parent/guardian must be in the office while minor is being treated. Children 16 to 17 may be an exception with notice to the counselor in advance.
- Parents are expected to be involved with treatment of a minor. If a parent or guardian is unwilling or unable to participate, the parent must consult with the therapist before minor begins treatment. (Note: Additional fees may apply).

### **VI. Limits of the Therapy Relationship and Social media:**

Counseling is a professional service and it must be limited to the relationship of therapist and client only. If we were to interact in any other ways, we would then have a “dual relationship,” which would not be right and may not be legal. The different therapy professions have rules against such relationship to protect us both.

#### **Phone**

Phone conversations are limited to 10-15 minutes and will be primarily for scheduling changes and notifications only. We do not conduct Tele mental Health Counseling services. You can contact me by leaving a voicemail message on my confidential voicemail and I will return your call within 24 hours. We may use text messages to confirm appointment times. If you text messages any of your counseling and concerns, the counselor will not respond to your text but will discuss this with you in your next scheduled counseling session.

#### **Pimsy Electronic Portal**

Cord of Three uses an electronic health system portal. You will receive an invitation to join the portal for your paperwork, billing, etc... Communication with your counselor is not conducted through the portal. You must schedule the phone call or counseling session to communicate with your counselor. You may send confidential information, complete assessments, and receive invoices through the portal which is HIPAA compliant. Your information will be entered into the electronic record of all information stored in a HIPAA compliant fashion. Your information WILL NOT be available to anyone but your counselor and our office staff. If you are not using insurance, your information WILL NOT be available to the insurance company.

#### **Friending and Following**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends on these sites can compromise your confidentiality and our therapeutic relationship. I will not follow any client on Twitter, Instagram, blogs, or other apps/websites. If there is content you wish to share from your online life, please bring it into our sessions where we can explore it together.

#### **Crisis Needs**

**In the event that you are having urgent suicidal thoughts**, or need hospitalization, please go to the nearest emergency room or dial 911. You may also call the Georgia Crisis and Access Line, which can be reached at **800.715.4225** and 404.527.6700. For urgent needs you may contact me at the office at 912.282.0992. I will return your phone call as soon as I possibly can, but am frequently in session throughout the day. Cord of Three will provide you with another counselors name whom you may contact while your therapist is away on vacation.

### **VII. Complaints:**

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, your physician, therapist, or any office policy please inform us immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform our Board of Directors at 912.282.0992. You may also visit our website at [www.cordofthreecounseling.org](http://www.cordofthreecounseling.org) to provide your counselor with feedback anonymously. Click on the “Helping Families” link and you will find the Client Satisfaction Survey.



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**VIII. Litigation Policy and Fees for Court Related Services**

Our counselors cannot provide clients with legal advice. Because court appearances and legal testimony can severely damage the therapeutic relationship, our counselors want to avoid entering into court-room proceedings whenever possible. Testifying in court jeopardizes client confidentiality and often requires a counselor to reschedule the entire day or multiple days, putting hardship on other clients as well.

We will comply with a lawfully issued subpoena, however, we will require additional fees, time, and paperwork to complete this process. If you would like more information about this, please contact our main office.

**IX. Consent for Treatment**

By signing below, you are stating that you have read and understood this policy statement and you have had your questions answered to your satisfaction. You are also acknowledging that as a Christian counseling agency, we recognize the Holy Bible as the authority on moral/emotional/social issues and you agree to the counselor's use of the Bible as the standard for counseling services and ethical considerations. **Therefore, I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.**

Name of patient (please print): \_\_\_\_\_

Name of parent/guardian (if minor age 17 or younger): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Client or Parent/Guardian of minor)



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**HIPPA: Consent for Purposes of Treatment, Payment and Healthcare Operations  
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I hereby consent to the use or disclose of my protected health information by the practice of Cord of Three Counseling Services, hereinafter referred to as “CO3” for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare bills or to conduct health care operations. I understand that diagnosis or treatment of me by CO3 may be conditioned upon my consent as evidenced by my signature on this document. I also understand that I have the right to request restrictions as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. The practice is not required to agree to these restrictions, which I may request. However, if the practice agrees to the restrictions that I request, the restriction is binding to the practice and CO3.

I understand that I do not have to use my health insurance, but that by doing so I will be given a mental health diagnosis and this diagnosis will be revealed to the insurance company. In addition, they will have access to my complete medical record. If I chose not to use my health insurance, they will not have access to my medical record nor will they receive any information on my diagnosis for any reason.

The ONLY disclosures CO3 makes are to 1) Client; 2) Minor client’s guardian of record; 3) Insurance biller (Leslie Lanier); 4) Accountant (Brandy Ricketson); 5) Supervisor for purposes of training and supervision only; 6) Insurance company IF you are using insurance; 7) Company/Church providing scholarship for sessions IF you are using scholarship for billing purposes only; 8) To officials by law if abuse or neglect are determined or suspected; 9) to those people you request IN WRITING to have your information released to, i.e. probation officer, attorney, etc... NO OTHER disclosures are intended or planned to be made.

CO3 uses an online billing company (for insurance billing), PIMSY and CLAIMMD, for billing and for record keeping which is also HIPPA compliant and encrypted.

My “protected health information” means health information, including my demographic information, collected from me and created or receive by CO3, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information my identify me.

I understand I have a right to review the practice’s Notice of Privacy Practices, which has been provided to me by the practice, prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the practices duties with respect to my protected health information. The Notice of Privacy Practices is also provided at 419 Main Street Blackshear, Georgia 31516. As provided in our notice, the terms of our notice may change. If changes are made, I may obtain a revised Notice of Privacy Practices by calling your office and requesting a revised copy be sent in the mail or by requesting one at the time of my next appointment.

I have the right to revoke this consent, at any time, in writing, except to the extent that CO3 or the practice has taken action in reliance on this consent.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Description of Personal Representatives Authority (Parent, Guardian ..)