



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

### **I. New Client: Welcome!**

Cord of Three Counseling Services is a private Christian Counseling Service offered to families of Southeast Georgia. Thank you for considering the use of our counseling services. 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. You may be contacted by a Cord of Three Life Coach. The role of the Life Coach is to contact you via the phone and encourage you through prayer and biblical discipleship.

### **I. 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 Focus on the Family crisis hotline: 1-800-232-6459

### **II. Confidentiality:**

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. Those situations include: 1. Suspected abuse or neglect of a person, 2. When your psychiatrist or therapist believes you are in danger of harming yourself or are unable to care for self, 3. If you report that you intend to physically harm someone the law requires the agency to inform that person and the legal authorities, 4. If your therapist is ordered by a court to release information as part of a legal involvement in company litigation, 5. When your insurance company is involved (i.e. filing of claims, etc...), 6. In natural disasters whereby protected records may become exposed, or 7. When otherwise required by law. You may be asked to sign a release of information so that your therapist may speak with other mental health professionals or to family members. If you are deemed a threat to yourself or to someone else, Cord of Three will make a referral for you to the appropriate facility.

## **Client Information and Office Policy Statement – continued**

### III. 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.

### IV. Fees:

Fee for the initial visit is \$120.00 and each 45-50 minute session thereafter is \$95.00. Other fees may apply when assessment instruments are used. Cord of Three does provide services on a Sliding Fee Schedule, if you do not have insurance and cannot afford to pay for the cost of your sessions, please indicate your needs to your therapist or contact our program office at 912-282-0992 and speak to the Administrative Assistant about your payments.

### V. Payments:

Payment is due at the time of the session unless other arrangements have been made. Your therapist will file you insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefit.

### VI. Cancellations and Missed Appointments:

You will be billed for any sessions that you cancel with less than 24 hours notice. You may leave messages 24 hours per day at 912-282-0992. You will be billed \$50 --not just a co-payment. Insurance companies generally do not reimburse for missed appointments. After two consecutive no-show's, you may not be able to schedule another appointment with Cord of Three.

### 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 accrediting agency (The Joint Commission) at [www.jointcommission.org](http://www.jointcommission.org).

### VIII. Consent for Treatment

By signing below, you are stating that you have read and understood this 2-page policy statement and you have had your questions answered to your satisfaction. You also understand that you may be contact by one of the Cord of Three Life Coaches and are giving your consent to their calls. 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 counselors use of the bible as the standard for counseling services. **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.**

*I understand that I am financially responsible for payment of services received by me or my dependent(s). I authorize the release of clinical or medical information to my insurance company, primary care physician and referral source or agency when needed for insurance coverage and/or payment. I understand that insurance claims will be electronically filed to my insurance carrier on my behalf. I am responsible for payment(s) not received from the insurance company within 90 days of treatment and will make payment to Cord of Three Counseling Services. I assign insurance benefits payable to me to Cord of Three Counseling Services Inc.*

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

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