



CHRISTIAN COUNSELING CONNECTION

1000 Edgewater Point Drive, Suite 401, Lake Saint Louis, MO 63367, 636-442-2612

NEW CLIENT INFORMATION & CONSENTS DOCUMENT

Intake paperwork is now electronic and must be completed 48 business hours prior to first appointment by clicking the counselor's [NEW CLIENT REGISTRATION](#) button under their picture on the [ChristianCounselingConnection.com](#) webpage.

This copy is for the client's information and should be read thoroughly.

Thank you for choosing a counselor at Christian Counseling Connection LLC, a practice management service for select Christian counselors in private practice.

Please make sure that you fully review each section in this New Client Information & Consents Document to ensure that you understand all of the information and policies for complete informed consent.

If you have not already done so, please complete the following 48 hours prior to your first appointment:

- Please send a digital image of your Drivers License or Photo ID
 - by text to Christian Counseling Connection at 636-442-2612
 - or email to Admin@ChristianCounselingConnection.com,
 - or mail to Christian Counseling Connection, 1000 Edgewater Point Drive, Suite 401, Lake Saint Louis, MO 63367. (If mailing, please allow extra time so that image is received 48 hours prior to first appointment.)
- If insurance will be used, please send a digital image of your Insurance Card (front & back)
 - by text to Christian Counseling Connection at 636-442-2612
 - or email to Admin@ChristianCounselingConnection.com
 - or mail to Christian Counseling Connection, 1000 Edgewater Point Drive, Suite 401, Lake Saint Louis, MO 63367. (If mailing, please allow extra time so that image is received 48 hours prior to first appointment.)
- If you plan to use insurance, please contact your insurance company to verify your benefits, including your copay and deductible amounts and telehealth benefits.
Please Note: Fees not covered by insurance remain the responsibility of the client, including no show and late cancellation fees.
- Complete the biographical information form in the client portal.
- Schedule your appointment.

You are encouraged to continue to access your counselor's secure online client portal to schedule and change appointments up to 24 hours before the appointment time.

Record your Client Portal Login and Password and Save for Your Convenience:

Login: _____ Password: _____

Account Login Information for Clients:

- To log into your account, go to your counselor's [CLIENT PORTAL](#) at: [ChristianCounselingConnection.com](#).
- Click on "Counselors" on the blue bar.
- Then click on "Client Portal" under your counselor's picture to access the login screen. (Note: Please DO NOT register as a "New Client" if you already have an existing account.)
- Log in to access your account using the login & password you have already established.
- View your counselor's calendar to schedule or change appointments up to 24 hours in advance of appointment time.

Questions? Please call or text the Christian Counseling Connection Admin Office at 636-442-2612 or email Admin@ChristianCounselingConnection.com.

In case of emergency, please call 911, go to the nearest emergency room, or call Behavioral Health Response (BHR) at 314-469-6644, or 1-800-811-4760.

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INFORMED CONSENT / POLICIES & PROCEDURES/ PAYMENT AGREEMENT / APPOINTMENT REMINDERS/ SCHEDULING / HIPAA

Note: Christian Counseling Connection, LLC, provides practice management support services for independent counselors in private practice and is not liable for services rendered by individual counselors.

Please carefully read the following information, and complete the New Client Form (either digitally by clicking [NEW CLIENT REGISTRATION](#) under the counselor's photo on the webpage or manually at the end of this document) to indicate reading and agreeing to each section, in order to consent to counseling services. Please feel free to ask questions as needed. Completion of the New Client Form with signature to consent is required before counseling sessions may begin, as required by HIPAA regulations.

INFORMED CONSENT TO TREATMENT:

Counseling is most effective when clients are active participants in their treatment and diligently work toward their therapeutic goals. In some cases, the counseling process may result in discomfort as difficult issues are addressed. While the counseling process is generally considered therapeutic and many clients report satisfaction with the results of their investment in counseling, there is no guarantee of positive outcomes. Clients are free to discontinue counseling sessions, but will be required to pay for services received.

POLICIES & PROCEDURES & PAYMENT AGREEMENT:

Self pay is used when a client does not have insurance, prefers not to use insurance, or services are not covered by insurance, including when a counselor is not credentialed in-network with the client's insurance. Self pay sessions already completed will not be sent to insurance for payment if client has opted out of using insurance but later decides to use insurance.

Insurance: Clients using insurance agree to allow necessary information to be released as required by insurance companies for payment. Claims will not be filed for clients who decide to opt out of using their insurance benefits. Client is responsible for any fees not covered by insurance such as unmet deductible, co-insurance, services not covered or unauthorized, late cancel and no show fees, etc.

EAP: Pre-authorization is required to use an Employee Assistance Program for counseling services and must be obtained by the client prior to scheduling. Please consult with your EAP representative to receive authorization to use your EAP benefits.

Other payment sources: Clients whose sessions are sponsored by a church, employer, or another funding source agree to allow necessary information to be released as required by the funding source for payment. Authorization for funding is required in writing.

Payment Agreement: Payment is due at start of session. Fees are based on rates contracted by insurance or sliding fee scale based on clients' financial information and counselor rate requirements, and will be discussed with clients before sessions begin. Clients agree to be responsible for payment of fees not covered by insurance, as well as any extra fees that may result from declined debit or credit cards, returned checks, or collection agencies. Sessions will be discontinued in the case of unresolved past-due balances on clients' accounts.

24-hour notice is required to cancel or reschedule an appointment. Late cancellations (less than 24 hours) and no shows may be charged a fee, as determined by the individual counselor. Clients may self-schedule appointment reminders in the client portal.

Session length may be dictated by insurance requirements, but is generally 45-50 minutes.

Minor children must not be left unattended in the waiting room.

To protect the privacy of clients, **requests for involvement in legal disputes will be denied**, and the release of records will be discouraged. If participation is compelled by the legal system, a payment rate of \$200 per hour will be required of the client, with a minimum of ten (10) hours (\$2000) paid in advance of compelled services.

Recording of sessions is prohibited.

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ELECTRONIC PAYMENT AUTHORIZATION AGREEMENT:

Clients agree to allow valid **credit or debit card** information to be kept on file which may be used for session fees, appointments missed or cancelled with less than 24-hour notice, unpaid fees, or a past due amount. The debit or credit card may be updated upon request at any time. Clients agree to be responsible for fees from declined debit or credit cards, returned checks, or collection agencies. Sessions will be discontinued in the case of unresolved past-due balances on clients' accounts. Please note: Electronic Payment Authorization is required, and a debit or credit card must be kept in the secure client portal, even if other forms of payment will also be used, such as insurance.

APPOINTMENT REMINDERS & SCHEDULING:

Clients have the option to authorize the convenience of appointment reminders that can be received by email, text, or phone voice message, 48-hours before a scheduled appointment, with the understanding that this communication is not considered secure or HIPAA compliant for maintaining the confidentiality of personal health information. Fees for late cancellations and missed appointments may still apply if a reminder is not received. This form of communication may be discontinued at any time for any reason by either client or counselor.

For client convenience, appointments may be scheduled and rescheduled online through the counselor's [CLIENT PORTAL](#) at ChristianCounselingConnection.com in addition to in-person and phone scheduling.

HIPAA NOTICE OF PRIVACY PRACTICES:

This notice describes how medical/mental health information may be used and disclosed and how to gain access to this information. Please review carefully.

A full Release of Information Form can be requested through the Secure Client Portal.

Note: For court-ordered or court-suggested counseling, information regarding the appointment schedule may be released to all involved parties.

Note: If another party is paying for sessions, client agrees to release information necessary for payment to this party.

To protect clients' privacy, information is only released in accordance with state and federal laws and the ethics of the counseling profession. State and federal laws allow the use and disclosure of health information for the purposes of **providing treatment services** (including management and coordination of care, consultation, and referral sources), **collecting payment** (including verifying insurance and coverage, and processing claims and collecting fees), and **conducting healthcare operations necessary for quality care** (including review of treatment procedures, review of business activities, certification, staff training, compliance, and licensing activities).

In addition, **disclosures may be made without explicit consent in the case of the following: mandated reporting (child, elder, or dependent person abuse or neglect), emergencies (threat of harm to self or others), criminal damage, appointment scheduling, treatment alternatives, and as required by law (court order).**

Client Rights under state and federal laws include the following: where clients wish to be contacted, release of medical records, including the right to revoke release in writing, right to inspect and copy medical billing records (charges may apply), right to request in writing addition to information or amendment to medical records (may be denied), right to file disagreement statement to be included in record if addition or amendment denied, right to accounting of disclosures with the following exceptions: disclosure for treatment, payment or healthcare operations, disclosures pursuant to a signed release, disclosure made to client, disclosures for national security or law enforcement. Right to request restrictions on uses and disclosures of healthcare information: must be in writing, no obligation to agree, right to complain, after first contacting provider, to the U.S. Dept. of Health and Human Services, with no retaliation, the right to receive changes in policy, may request any future changes, and right to request privacy officer.

CLIENT AGREEMENT:

I have read and agree to the information contained in this form, consent to counseling services, and acknowledge receipt of HIPAA Notice of Privacy Practices.



Informed Consent for Telehealth Services

Definition of telehealth: Telehealth involves the use of electronic live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

Recommendations for telehealth counseling sessions: Plan ahead to have a private area available for the session with reliable technology prepared in advance, with the understanding that technology glitches or failures may occur. Your counselor will inform you how to plan for a potential technology disruption. Please inform your counselor of your location at the start of the session.

Restrictions regarding telehealth counseling sessions: Emergency and crisis situations are inappropriate for audio-/video-/computer-based psychotherapy services. Clients in crisis or in an emergency should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in the immediate area. Recording of sessions is strictly prohibited.

Client rights with respect to telehealth:

1. Secure, encrypted, HIPAA compliant audio/video transmission software is used to deliver telehealth services.
2. The laws that protect the confidentiality of client information also apply to telehealth. Copy of Informed Consent and Policies & Procedures may be provided by request
3. Clients have the right to withhold or withdraw consent to the use of telehealth at any time, without affecting the right to future care or treatment.
4. Risks and consequences from telehealth include, but are not limited to, the possibility, despite reasonable efforts on the part of the counselor, that the transmission of personal information could be disrupted or distorted by technical failures, the transmission of personal information could be interrupted by unauthorized persons, and/or the electronic storage of personal information could be unintentionally lost or accessed by unauthorized persons.
5. Counselors providing telehealth services are required to adhere to regulations and ethics codes of the State of Missouri and State Licensing Boards.

Payment for telehealth services:

Payment for telehealth services is due at the time of service. Clients using telehealth services agree that a credit card will be kept on file to be charged to cover payment for sessions. Insurance coverage for telehealth services is determined by the client's insurance plan, and verification of telehealth benefits is the responsibility of the client. Any fees not covered by insurance are the responsibility of the client, including any applicable late cancellation (less than 24-hours) or no show fees. Clients may request a statement of services to submit to the insurance company for out of network benefits.

Client consent to the use of telehealth:

I have read and understand the information provided above regarding telehealth, have discussed it with my counselor, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits, rights and restrictions related to the use of telehealth services.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. I hereby state that I have read, understood, and agree to the terms of this document.



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CHRISTIAN COUNSELING CONNECTION, LLC COVID-19 WAIVER AND RELEASE

I certify that to the best of my knowledge that I am in good physical condition and have no medical reason or impairment that might prevent me from entering the facilities of Christian Counseling Connection, LLC (“CCC”). I am aware that CCC has implemented certain guidelines and procedures in order to be in compliance with all COVID-19 protocols as recommended/required by all local, state and federal regulations including the consistent sanitization of facilities, proper social distancing requirements, square footage limitations on services, cooperation with contact tracing, and use of face masks when requested.

I am fully aware of the COVID-19 pandemic issues and risks and attest to the following:

- (a) I do not have a fever or suffer from any flu-like symptoms nor have I suffered from a fever or any such symptoms over the past 14 days.
- (b) I have not traveled out of the United States during the past 14 days or been exposed to anyone who has traveled outside of the United States during the past 14 days.
- (c) To the best of my knowledge, in the past 14 days, I have not been in contact with anyone with flu-like symptoms, fever, or who has been diagnosed with the COVID-19 virus.
- (d) I agree to follow all procedures published by CCC while in the facilities, including proper social/physical distancing, utilization of hand sanitizers and limiting any physical contact with any other person during my visit.
- (e) I understand and agree that I am not allowed to bring any guests or children who do not have counseling appointments into the CCC facilities during this restricted period.
- (f) I acknowledge that although CCC has implemented all of the policies set forth above, CCC cannot guarantee that I may not come in contact with a person who unknowingly has any virus or become infected and then entered CCC facilities.
- (g) If I begin to experience any symptoms related to the COVID-19 virus, including respiratory problems, fever, persistent cough or other symptoms associated with the virus, I will immediately notify my counselor and/or CCC of the onset of any such symptoms so that remedial measures may be taken by CCC in order to prevent the potential exposure to any other third party. Further, if I begin to experience any such symptoms, I agree not to enter the facilities of CCC until a period of at least 14 days has elapsed since the date of my latest symptoms.
- (h) I understand that I have the option to request a telehealth virtual counseling session instead of attending an in-person counseling session.

In consideration of my counselor at CCC providing in-person counseling services at my request, I waive any and all claims I may have against CCC and release CCC as related to the COVID-19 virus. I understand that Christian Counseling Connection, LLC, provides practice management support services for independent counselors in private practice and is not liable for or in control of the services rendered by any individual counselor. If I become aware of any concerns or violations by CCC in the facilities, I will immediately leave the premises and notify CCC of my concerns or identified violations. I know of no physical condition that I suffer from, including diabetes, respiratory problems, or my age category that I believe places me at greater risk for the COVID-19 virus by utilizing the CCC facilities. If I have any physical condition that puts me at greater risk, I attest that I am aware of this risk and acknowledge that I enter at my own risk. I shall hold CCC and its owners, counselors and employees harmless for any bodily injury and liability as a result of my in-person counseling sessions.