

**INFORMED CONSENT FOR TREATMENT
& HIPAA GUIDELINES**

CONFIDENTIALITY

All sessions are completely confidential in accordance with law and recognized professional standards. If your therapist needs to communicate with another about your case, you must give written permission to do so. The only exception to this is, if in accordance with law such communication appears needed to protect you or others from harm or in response to legal process, or in other proper circumstances, the privileged nature of your communication ceases.

Possible exceptions include, but are not limited to, the following situations: child abuse, abuse of the elderly or disabled, threats of suicide or homicide.

The “Health Insurance Portability and Accountability Act (HIPAA)” provide safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. ****Please read full HIPAA guidelines located under forms on the website prior to your first session. ****

GRIEVANCES

If you feel your privacy rights have been violated in any manner, please communicate this to your therapist to resolve any issues. If the matter is unresolved and you wish to file a complaint please contact the Arizona Department of Health Services at: 1740 West Adams-Room 101, Phoenix, AZ 85007.

INFORMED CONSENT

Christian Counseling Services is a biblically based practice integrating Christian principles with sound psychological techniques. Therapy is an interactive process between client and therapist, and the results of therapy depend heavily on your cooperation. It is meant to promote change and understanding. Sometimes this process can be emotionally painful, and at other times, very fulfilling. You will be expected to contribute to all decisions regarding therapeutic intervention devised for you, including out of session assignments. You have the right to refuse or alter any service and intervention. While we will use our best efforts to assist you, the nature of psychological services is that there can be no assurances of results, and no promises can be made regarding the outcome of any services provides. You should question the rationale of any services, intervention, and discussion if these seem unclear to you. In the case that your therapist is unavailable, or an emergency please call EMPACT at (480) 784 – 1500.

FEES/PAYMENT

Our fees are based on 50-minute sessions. Longer or shorter sessions are prorated accordingly. We are an out of network provider. Payment is due at the time of service. FEE: \$ _____ per 50-minute session. * Emergency sessions outside of therapist’s standard business hours or workdays, may incur an additional charge of \$ _____ at therapist discretion. *****

****If you are unable to keep an appointment, please notify the office immediately. If an appointment is cancelled or missed WITHOUT 24 hours prior notice, you WILL be charged for the missed session. We require a credit card on file for all clients. By signing you authorize use of this credit card for missed sessions and/or unpaid balances on your account.**

*** CLIENT INITIALS _____ ***

CREDIT CARD# _____ - _____ - _____ - _____ EXP _____ CVV# _____

Zip Code _____ Email address for receipt _____

RESPONSIBILITY

I voluntarily agree to receive mental health assessment, care, treatment or services and authorize my therapist to provide such. I understand and agree that I will participate in the planning of these services and that I may stop such care at any time. I acknowledge that I have read and understand my HIPPA rights and consent for treatment.

Client OR Parent/Guardian Signature _____
Date

After-hours and Emergency Phone Numbers

Maricopa 24-hour Crisis Line (602) 222-9444

EMPACT 24-hour Crisis Line (480) 784-1500

Maricopa Peer Support Line (602) 347-1100

Arizona Department of Health
Division of Behavioral Health Services
150 N. 18th Ave 2nd Floor
Phoenix, AZ 85007
(602) 364 – 4558

Arizona Department of Economic Security
Office of Child Protective Services
Po Box 44240
Phoenix, AZ 85064
(888) 767 – 2445

Regional Behavioral Health Authority
Magellan of Arizona
4129 E. Van Buren St, Suite 250
Phoenix, AZ 85008
(800) 564 – 5465

Office of Human Rights
Division of Behavioral Health Services
150 N. 18th Ave, Suite 200
Phoenix AZ 85007
(800) 867 – 5808