CarePoint
Christian Counseling

12166 Old Big Bend Road, Suite 204
Kirkwood, MO 63122
Office: 314-822-8888
Fax: 888-909-9204
www.CarePointCounseling.com

Thank you for your interest in seeing a therapist at CarePoint! **This paperwork is for potential clients who have spoken with our office.** If you have not yet spoken with our office, please do so prior to sending us this completed packet. Our mailing address is:

CarePoint Christian Counseling
12166 Old Big Bend Road
Suite 204
Kirkwood, MO 63122

Please note a couple of items regarding the paperwork:

- We do not need the "Policies and Informed Consent" returned to us. This is your copy.
- CarePoint uses a secure, online credit card service that encrypts your credit card number. Once entered, we'll shred the "Credit/Debit Card Information" section.

Please feel free to call us if you have any questions. We look forward to working with you soon!

The CarePoint Team

CarePoint Christian Counseling

12166 Old Big Bend Road, Suite 204
Kirkwood, MO 63122
Office: 314-822-8888
Fax: 888-909-9204
www.CarePointCounseling.com

Please read this information carefully. If you have any questions or concerns, please discuss them with your therapist. You may also request a copy of these policies for your personal record.

Policies and Informed Consent

General Information The following is important information about treatment, confidentiality, and office policy. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). Please read it carefully and if you have questions, your therapist will discuss them with you. HIPAA is a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. A copy of our Notice of Privacy Practices can be found in our waiting room, on our website (www.CarePointCounseling.com), or by inquiring with your therapist. The law requires that we obtain your signature acknowledging that we have provided you with this information. You and your therapist can discuss any questions you have about these procedures in your first session. When you sign this document, it will represent an agreement between you, your therapist, and CarePoint Christian Counseling, LLC (hereafter, "CarePoint"). You may revoke this Agreement in writing at any time. That revocation will be binding on us unless: we have taken action in reliance on it; there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or you have not satisfied any financial obligations you have to us.

CONFIDENTIALITY AND EXCEPTIONS TO CONFIDENTIALITY Federal and Missouri laws require that concerns discussed with a therapist be confidential. The information you reveal will not be discussed by the therapist with anyone, other than the exceptions listed below, without a signed authorization from you.

Supervision If your therapist is under formal supervision, your therapist and his/her supervisor(s) will meet regularly for consultation and direction, and therefore, the supervisor(s) will be familiar with you, your concerns and the content of sessions. You can request a meeting with this supervisor at any time or for any reason, including discussing treatment or diagnosis issues.

☐ Your therapist does not require supervision.
☒ Your therapist is supervised by: Tyler Sparks, LPC; MO License #2008033776

Legal Requirements The release of confidential materials may be legally required of your therapist in the following situations: 1) If your therapist believes you present a clear and substantial risk of imminent serious harm to yourself or others; 2) Suspected abuse or neglect of a child, elder, or adult with disability; 3) Instances where the court subpoenas records; and 4) If you file a complaint or lawsuit against your therapist or CarePoint.

Staff Your therapist practices with other mental health professionals and administrative staff. Protected information may be shared with these individuals for both administrative and clinical purposes, such as scheduling, billing, and case consultation. The same laws of confidentiality bind other mental health professionals and administrative staff that may come into contact with your protected information.

Third Parties If you learn at any time during your therapy that information may be requested from your therapist by a third party, e.g., parents, attorneys, schools, or other mental health professionals, you need to inform your therapist as soon as possible. In such cases, you can waive your privilege of confidentiality by signing a release of information. If at any point your therapist believes it would be useful to confer with other professionals, you will be asked to grant permission and to sign a release of information. Consultations with a Guardian ad Litem will likewise require a signed release of information, and will follow the fee schedule (see "FEES") as for other consultations.

Technology and Confidentiality CarePoint utilizes a cloud-based practice management software ("TherapyAppointment") to electronically create and store your PHI, as well as to manage scheduling, process credit/debit card transactions, and deliver appointment reminders. As with any technological system, intrusion by unwanted individuals is possible. In order to guard against this, CarePoint employs the following security protocols: multi-layer passwords, restrictions on personal use of agency computers, restrictions on unauthorized devices on the agency network, and passwords preventing unauthorized access to the internet. TherapyAppointment utilizes bank-grade SSL encryption to ensure the security of your PHI and conforms to standards set forth by HIPAA and HITECH. Further, TherapyAppointment is structured such that only individuals with a "need to know" are able to access your PHI (e.g. CarePoint's administrative staff and TherapyAppointment's employees are blinded to your clinical notes). CarePoint also maintains 128-bit encryption for any information entered into the client portal via our website.
TherapyAppointment maintains PCI-compliance for credit/debit card transactions. Once entered, your card number is encrypted on the system of the credit card processor ("Cayan") and CarePoint's paper copy is destroyed. CarePoint may also utilize secure websites of various insurance companies in order to check eligibility, benefits, and claim status.

Social Media, Email, & Text Because of the public nature of social media, **CarePoint staff does not engage with clients in these forums**. In order to maintain the highest level of confidentiality and privacy for you, CarePoint utilizes a secure messaging feature within the client portal that enables you to send a private message directly to your therapist. You may elect to sign an Electronic Communication Waiver to enable communication between you and your therapist via email or text. However, these forms of communication are not necessarily confidential and increase the potential for unwanted individuals to intercept your PHI. If you sign this waiver, you assume all risk associated with communication using these methods.

INTERACTIONS WITH LEGAL PROFESSIONALS Due to the nature of the therapeutic relationship and the purpose of therapy, CarePoint therapists and staff do not participate in legal proceedings, except in cases of court order. This ensures that the sanctity and privacy of therapy is not sacrificed, and that participants in therapy feel comfortable sharing sensitive and vulnerable aspects of their lives. Further, when working with couples, we view the relationship as the client. It would therefore be unethical and inappropriate for your therapist to participate in a court case pertaining to divorce, separation, or custody of minors.

APPOINTMENTS Sessions are typically scheduled weekly or bi-weekly. Because ongoing therapy is a negotiated process, both you and your therapist need to periodically evaluate the progress of your therapy to determine the need for further appointments. It is your right to discontinue treatment any time you feel it is in your best interest to do so. It is the therapist's ethical responsibility to end therapy when it is reasonably clear that you are not benefiting from treatment.

CANCELLATIONS If you find it necessary to cancel a scheduled appointment, 24 hours notice is required. When less than 24 hours notice is given, you will be responsible for a missed appointment fee. Missed appointment fees are not covered under any insurance or third party payers. In the case of a serious emergency, if you notify us as soon as possible, we will reschedule your appointment without additional charge.

EMERGENCIES & AFTER HOURS CARE Our general philosophy regarding emergencies is that clients are assumed to be self-responsible (i.e. autonomous, functioning, not in need of day to day supervision). In addition, as private practice clinicians we cannot assume responsibility for our client's day to day functioning (as in a more intensive program), nor can we be available for 24-hour per day crisis care.

If emergency treatment is necessitated, you must agree to develop and follow a written step-by-step crisis plan or accept referral to a higher level of emergency care. You should also be aware that you will be charged for after-hours care, whether on the phone or in person (see "FEES").
If the need for crisis care arises unexpectedly, you may call and leave your therapist a voicemail message. Therapists will access their voicemail on a daily basis. If your crisis needs immediate attention, please proceed to the nearest hospital emergency room or call:

- **Behavioral Health Response at 314-469-6644**

- or -

- **Life Crisis Hotline at 314-647-4357**

PROTECTED HEALTH INFORMATION You should be aware that, pursuant to HIPAA, your therapist will keep PHI about you in two sets of professional records. One set constitutes your Medical Record; the other is the therapist's Psychotherapy Notes.
Your Medical Record includes information about your reasons for seeking therapy, a description of the ways in which your concerns impact your life, your diagnosis, the goals that are set for treatment, your progress towards those goals, your medical and social history, any mental health assessments, your treatment history, any past treatment records that are received from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself or others, you may examine and/or receive a copy of your Medical Record if you request it in writing and the request is signed and dated by you. If we refuse your request for access to your Medical Record, you have a right of appeal with another CarePoint representative. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in the presence of your therapist, or have them forwarded to another mental health professional so you can discuss the contents. You will be assessed a copying fee of $1 per page for the first 10 pages, $.50 per page for pages 11-50, and $.20 per page for pages in excess of 50 pages, as well as a records search fee of $15 plus postage.

Your Therapist's Psychotherapy Notes Psychotherapy notes are for your therapist's own use and are designed to assist him/her in providing you with quality treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of conversations, analysis of those conversations, and their impact on your therapy. They also contain particularly sensitive information that you may reveal that is not required to be included in your Medical Record. These Psychotherapy Notes are kept separate from your Medical Record. While insurance companies can request and receive a copy of your Medical Record, they cannot receive a copy of your therapist's Psychotherapy Notes nor require your authorization to release them as a condition of coverage. Additionally, Psychotherapy Notes cannot be subpoenaed in court proceedings.

CLIENT RIGHTS HIPAA provides you with several new or expanded rights with regard to your Medical Record and disclosures of PHI. These rights include requesting that we amend your record; requesting restrictions on what information from your Medical Record is disclosed to others; requesting an accounting of disclosures of PHI; determining the location to which protected information disclosures are sent; having any complaints you make about policies and procedures recorded in your records; and the right to a paper copy of this Agreement and our privacy policies and procedures. Your therapist will be happy to discuss any of these rights with you.

FEES The standard fee for individual, marital or family therapy is $150 for a 45 to 50-minute session (i.e. clinical hour), but may be adjusted due to contracted rates with insurance companies or utilization of the sliding fee scale. Double sessions (90 minutes) and half sessions (25 minutes) may also be available. Please check with your therapist. Group therapy sessions typically last 90 minutes and have varying fees. Additional charges may apply for certain specialized treatment approaches. You will also be responsible for any costs incurred through the use of mental health assessments utilized during your therapy.
The following professional activities are billed at $150 per hour and prorated to 15 minutes increments: 1) unscheduled phone consultations (excluding scheduling concerns); 2) report preparation (e.g., letters on your behalf, completing disability papers); 3) consultation with non-legal third parties (i.e. school guidance counselors, psychiatrists, medical doctors); 4) work outside the office (such as on-site school visits) is charged from door to door—that is from the time we left our office until we return; 5) significant reading, listening, or viewing of materials submitted by you or third parties regarding your care. The

following professional activities are billed at $225 per hour and prorated to 15 minutes increments: 1) consultation with legal parties (i.e. guardians ad litem, attorneys); 2) work outside the office (such as attending a deposition) is charged from door to door—that is from the time we left our office until we return; and 3) appearances in court.

PAYMENTS Payment is expected at time of service. Your health insurance may pay a portion of fees submitted. Until we have written documentation from your insurance company that your insurance deductible is met, we ask that you pay the full fee, based on personal insurance mandates, at each visit. After your deductible has been met, we ask that you pay the amount not covered (i.e. applicable co-pays and/or co-insurance) by your insurance at the time of each session. Please note that you are responsible for charges that your insurance company denies for any reason. If necessary, special payment arrangements can be made with your therapist. You will also be responsible for any insufficient funds charge incurred as a result of a returned check.

Payment for Minors In cases of divorced and blended families, we look only to the parent or guardian initiating therapy for full payment of sessions regardless of any court-ordered arrangements regarding financial responsibility of therapy services. However, if it is helpful, we will send duplicate statements to a spouse or parent with your signed consent. As a policy, we will not become involved between divorced parties regarding payments.

Billing The billing cycle ends with the last day of each month. Statements with balances due are mailed for your payment near the first of each month. Any payments made after the 28th of each month may not appear until the following month's statement. You are responsible for paying the amount due upon receipt unless you have made payment arrangements with your therapist or the Business Manager.
If an account remains unpaid and reasonable efforts to collect from you have been made, we reserve the right to turn your account over to a collection agency. This is a measure of last resort on our part and is made only when we think a client has not made a good faith effort to pay on his/her account.

PRIVATE PAY It may be to your benefit to not use any insurance benefits, due to the following reasons: 1) Privacy: Many insurance companies ask for your complete medical record and this is kept in their computer database. We have no control over how this information is used or who has access to it. Therefore, we cannot guarantee confidentiality on any information released to your insurance company. 2) You have complete control (*except the standard confidentiality exceptions)* over all information about you, who has it and what is done with that information. 3) You receive no clinical diagnosis that anyone else is aware of (when you use insurance, a diagnosis has to be submitted to the insurance company). 4) You have control over the frequency of your sessions and how long you feel you need to come.

INSURANCE If you have health insurance, part of your therapy expenses may be covered. ***It is your responsibility to provide us with your insurance information at the start of therapy, and update us with any changes or discontinuity in your insurance coverage***.

***It is very important that you understand that the total bill is your responsibility*. We will help pursue billing discrepancies with your insurance company for a period of 60 days. Any issues lasting beyond 60 days will be your responsibility to resolve with the insurance company. At the 60-day mark, any outstanding amounts will need to be paid by you. If the insurance problem is resolved later and a payment is sent to us, we will reimburse you.** You should also be aware that your contract with your health insurance company requires that we provide them with information relevant to the service provided to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional information such as treatment plans or summaries, or copies of your entire medical record**.** This information will become part of the insurance company files and may be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it.

SESSION ETIQUETTE We make our best efforts to begin and end each session on time. When you arrive, it is not necessary to sign in. Please have a seat in the waiting area and your therapist will come out to meet you. We ask that you not bring additional children to the office without consulting with your therapist.

12166 Old Big Bend Road, Suite 204
Kirkwood, MO 63122

CarePoint
Christian Counseling

Office: 314-822-8888
Fax: 888-909-9204
www.CarePointCounseling.com

Today's Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ ☐ Home ☐ Cell ☐ Work May we leave a message? ☐ Yes ☐ No

Other Phone: _____ ☐ Home ☐ Cell ☐ Work May we leave a message? ☐ Yes ☐ No

Email Address (For appointment reminders):_____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____ ☐ Home ☐ Cell ☐ Work

How did you hear about CarePoint, or from whom were you referred? _____

☐ **Insurance**

(Please provide a copy of your current insurance card.)

Estimated Fee per Session (co-pay/coinsurance):

$_____
(Paid by client/guardian)

Payment Method ☐Cash☐Check☐Credit Card

Fee per Missed Session / Late Cancel:
$65.00
(Paid by client/guardian)

Please check if you have ☐HSA☐HRA☐Flex Spending

☐ **Private Pay**

Annual household income: _____

People living in my household: _____

Fee per Session:

$_____
(Paid by client/guardian)

Fee per Missed Session / Late Cancel:
$65
(Paid by client/guardian)

PAYMENT AGREEMENT

I, the undersigned, agree to the terms of payment established in this form. In addition, I understand that I am solely responsible for all financial charges regardless of potential reimbursement by an insurance company or any other third party, as well as any charges incurred by missed appointments or late cancellations. I authorize CarePoint Christian Counseling, LLC to submit claims to my insurance company for sessions attended. Payment is expected at the time of service. Therapy sessions may be suspended at the sole judgment of CarePoint if an outstanding balance goes unpaid for two consecutive weeks.

INFORMED CONSENT ACKNOWLEDGMENT

I hereby acknowledge that I was offered and/or received a copy of CarePoint's Policies and Informed Consent, and agree to be treated at CarePoint Christian Counseling, LLC under the terms of the Policies and Informed Consent, as well as the Health Insurance Portability and Accountability Act (HIPAA). I further understand that the practice will offer me updates to this form should it be amended, modified, or changed in any way. If the identified client is a minor, I agree that I am the legal parent/guardian and agree that my child can be treated at CarePoint Christian Counseling, LLC under the same terms and conditions listed above.

_____ _____ _____

Signature Printed Name Date

CarePoint Christian Counseling

12166 Old Big Bend Road, Suite 204
Kirkwood, MO 63122
Office: 314-822-8888
Fax: 888-909-9204
www.CarePointCounseling.com

CarePoint Credit/Debit Card Authorization Form

CarePoint Christian Counseling uses a secure, encrypted website to process credit/debit card transactions. All measures have been taken to ensure HIPAA compliance and security of your financial information. Please note your credit card statement will show CarePoint as the merchant billing your card. Please direct any questions or concerns you may have to your therapist.

We accept Visa, MasterCard and Discover
Please print clearly and review information for accuracy

Today's Date: _____

Cardholder Information

Client Name: _____

Cardholder Name: _____

Cardholder Date of Birth: _____

Billing Address associated with card: _____

Email Address (optional): _____

I authorize CarePoint Christian Counseling to charge my credit/debit card for any services rendered to me. Additionally, I understand that I am responsible for payment of the agreed upon amount for missed appointments or late cancellations and authorize the use of my credit/debit card for such charges. The credit/debit card to be charged ends in_____ (provide the last four digits of the card).

_____ _____
Cardholder Signature Date

_____
Cardholder Printed Name

Credit/Debit card Information

Please provide your payment information below. The credit/debit card information you provide on this form will be destroyed once your first payment has been made.

Card Type: ☐Visa ☐MasterCard ☐Discover

Credit/Debit Card Number: _____ (Provide all digits on card)

Security Code (three digit pin on back of card):_____

Expiration Date: _____