This packet includes an informed consent, our notice of privacy practices and an outline of your rights and responsibilities. We ask that you sign an acknowledgment that you have received and reviewed this packet prior to the start of treatment.

**Informed Consent**

Victory Christian Counseling is dedicated to providing effective professional treatment to individuals, couples and families struggling with a variety of issues.

Victory has a mission of helping individuals move into a place of healing, hope and growth through Christian-centered counseling. The goal of our counseling is to bring about renewal and to enhance the quality of life by attending to the whole person: spirit, mind and body. Very often, our most important work is to help our clients understand more fully what they are experiencing.

The counseling sessions may last from a few weeks to several months. During the course of counseling, depending on the nature of your difficulty, you might also experience uncomfortable emotions such as anger, fear and frustration. While your therapist cannot remove these feelings from you, he/she will help you work through them. You are free to discontinue counseling at any time. Most people remain in counseling until they believe they’ve learned better methods of thinking, feeling and/or acting regarding their difficulties. Occasionally, therapists elect to discontinue counseling when they feel that no substantial progress is being made or other factors are interfering with their ability to help you. If counseling ends prematurely, Victory will help you find qualified help elsewhere.

**Everything discussed in your session will be held in strict confidence.**

*However*, there are situations in which your therapist may be required by law to report information to the proper authorities. These situations include: threats or indications of bodily harm to others, involvement in a felony, threats or danger to self-harm (suicide), and for suspected child or elder abuse/neglect. Your therapist may also be required to disclose information in response to a subpoena issued by a court of law. In keeping with generally accepted standards of practice, our therapist may consult with other professionals regarding the management of your case in order to provide quality of care.

**Rights & Responsibilities**
Our partnership with you includes important rights and responsibilities.

We recognize you have the following rights:

• Be treated with dignity and respect.
• Participate in and assist in the development of your treatment plan.
• Have your services explained, including expected outcomes and possible risks.
• Services provided in the least restrictive environment
• Confidentiality and the right to consent to disclosure except in situations required by law.
• Be informed of the policies and procedures, service agreements and fees applicable to the services.
• Have family involvement in service planning and delivery.

**Your responsibilities**

It is important for you to understand the following policies and procedures.

**Payment for Services**
Payments and/or co-pays are expected at the time of your session. When two sessions have been held without client payment, future sessions will not be scheduled until payment is made (unless prior arrangements have been made with a staff member). For your convenience, we accept cash, checks, Mastercard and Visa. Fees are $125 for the initial visit and $110 for subsequent visits.

**Insurance Coverage**
Victory will bill insurance companies directly for all clients who have eligible insurance. If a patient has insurance in which GCC is not a provider, payment arrangements can be made. Some insurance companies will reimburse patients directly for out-of-network counseling fees. If you have questions about benefits or mental health coverage, please call your insurance company. Insurance payments are not guaranteed until payments are received. Patients are responsible for any outstanding balances on their account.

It is your responsibility to understand your coverage, including co-pays, co-insurance and deductibles. Please do this before attending your first session. You must also inform us immediately if you have any change in your coverage. If your insurance determines that your session is not covered, then you will be responsible for the full amount. Some insurances also require pre-authorization or referrals - those need to be taken care of before your appointment takes place.

The person who signs the Acknowledgment page is agreeing to be the financial Guaranteer, which means you will pay any of the fees associated with your account. If we determine there is a balance on your account, we ask that you complete payment within 30 days. If the account is not paid, we will send your account to a collection agency and you will be responsible for the additional fees levied by the collection agency.

Victory Christian Counseling * 1406 Princess Anne St. * Fredericksburg, VA 22401
Missed Appointments/Cancellations

Your 50-55 minute session has been reserved exclusively for you, and as such, if you miss your appointment or do not cancel within 24 hours of your scheduled appointment, a $55 charge will be applied to your account for the first missed session, and up to $110 for future missed appointments. This charge cannot be billed to any insurance - they will not pay missed appointment fees. More than two missed and/or cancelled appointments may result in denial of further services.

Victory can provide a text and/or e-mail reminder service as a courtesy only. You are responsible to remember and attend your scheduled appointments.

Emergencies

Victory does not have emergency services capabilities. in a life-threatening situation (including overdoses, drug reaction or suicidal thoughts) dial 911 for emergency assistance. A confidential 24-hour crisis intervention hotline is available in the Fredericksburg area at 540-371-7532 or Snowden at Fredericksburg Psychiatric Hospital at 540-741-3900

Court Appearances

Court appearances will be billed at $250 per hour with a four-hour minimum charge of $1000. Any additional time beyond the four hours will be billed at $250 per hour. A non-refundable deposit of $500 must be made in advance of the court date for any of these services. Insurance does not cover court-related expenses.

Inclement Weather

During inclement weather, it may be possible to schedule sessions via Skype, Face Time or over the phone.
HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record
You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee of $35.

Ask us to correct your medical record
You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share
You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information
You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee ($35) if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
You can complain if you feel we have violated your rights by contacting us using the information on page one. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.
Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
• Share information with your family, close friends, or others involved in your care
• Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We never market or sell your personal information.

In the case of fundraising:
We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures
How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you
We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition. You may restrict this or elect to not have your information shared.

Run our organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: "http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html".

Help with public health and safety issues
We can share health information about you for certain situations such as:
• Preventing disease
• Helping with product recalls
• Reporting adverse reactions to medications
• Reporting suspected abuse, neglect, or domestic violence
• Preventing or reducing a serious threat to anyone’s health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
We can use or share health information about you:
• For workers’ compensation claims
• For law enforcement purposes or with a law enforcement official
• With health oversight agencies for activities authorized by law
• For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.


Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: January 1, 2015