



Integrity House

GENERAL COUNSELING INFORMATION

Welcome to our ministry! We look forward to working together with you as you grow and heal. Please take a few moments to review the following policies and procedures as they will be helpful to you during this process.

Appointments:

Appointments can be made by calling the Integrity House @ 895-0200 and speaking with our assistant. As your privacy is important to us, do not feel obligated to give your personal information to anyone else. We will schedule up to 2 sessions at a time, and be assured that we will do all that we are able to see you as quickly as possible. **There will be a \$25.00 service fee for appointments canceled with less than 24 hrs. notice.** The service fee is to be paid at your next scheduled appointment, **before** the counseling session begins.

Appointment Times:

Therapy sessions are one hour. Fifty minutes of that time will be face-to-face with your counselor with 10 minutes available for administrative purposes. We will always do our best to see you directly at your appointment time; however, on occasion other sessions may go over as need dictates.

Telephone Calls:

Between sessions please feel free to call us if needed, M-Thurs. 8-4:30pm. If you call after 4:30 pm on Thurs., please note that your message will not be retrieved until Monday morning.

Emergencies:

We do not offer 24 hour emergency for our clients. If you have an after-hours emergency please contact the crisis line at **(615) 244-7444** or visit your nearest local emergency room.

Fees:

It is the desire of our church to provide the best possible services to you and your family. That is the goal of our counseling ministries as well. A fee schedule will be provided to you. Fees are expected to be paid at the time of service

Integrity House

GENERAL COUNSELING INFORMATION – PAGE 2

We have supplied this information as well as the notice to privacy information to inform you of the parameters of care we can give you. It is our desire as we join you in this process to work toward seeing your desired goals achieved. However, therapeutic care offers no absolute guarantee of success and there are limitations to any form of care offered a client. If you have any questions or concerns please feel free to share them with your counselor.

I have read the Integrity House's General **Counseling Information** and **Notice of Privacy Practices**. I agree to the policies set forth in these documents and understand what they entail. *Your signature acknowledges your informed consent to care.*

Signature

Date

Witness

Date

Integrity House

NOTICE OF PRIVACY PRACTICES

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time provided such changes are permitted by applicable law. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of this notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us at any time.

Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPPA (The Health Insurance Portability and Accountability Act) very clearly defines what kind of information is to be included in your “designated medical record,” as well as some material known as “psychotherapy notes” which is not available to outside sources and in some cases, not to the client.

HIPPA provides privacy protections about your personal health information, called “protected health information” which could personally identify you. PHI consists of three components: treatment, payment, and health care operations.

Treatment refers to activities provided by a counselor to coordinate your health care.

Health care operations refer to activities that relate to the operation of the counseling ministries at the Integrity House.

The use of your protected health information refers to activities Integrity House conducts for scheduling appointments, keeping records, and other tasks within Integrity House related to your care. Disclosures refer to activities you authorize which occur outside the Integrity House such as sending your protected health information to other parties (i.e., your primary care physician).

Tennessee requires authorization and consent for treatment, payment, and health care operations. HIPPA does nothing to change this requirement by law in Tennessee. With your consent NVBC may disclose personal health information for the purposes of treatment and health care operations. You have signed this general consent to care and authorization to conduct services associated with this care.

Additionally, if you ever want Integrity House to send any of your protected health information to anyone outside of the Integrity House, you will always sign a specific authorization to release information to an outside party. A copy of this authorization form is available upon request. The requirement of your signing an additional authorization form is an added protection to help insure that your protected health information is kept strictly confidential.

There is a third special authorization provision potentially relevant to the privacy of your records: psychotherapy notes. In recognition of the importance of the confidentiality of conversations between the counselor and the client in treatment settings, HIPPA permits keeping psychotherapy notes separate from the overall designated medical record. Psychotherapy notes are not the same as your progress notes which provide general information about your care and progress each time you have an appointment at Integrity House. Any time that psychotherapy notes are requested this will require an additional authorization for their release. When psychological testing is completed please be aware that actual test questions or raw data of psychological tests is protected by copyright laws and is not part of your designated mental health record.

You may revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already done.

HIPPA requires that Integrity House train and monitor the conduct of those performing ancillary administrative services. These business associates would include receptionists, personal assistants and maintenance staff. Receptionists and personal assistants only have access to information that pertains to financial agreements and information related to establishing and maintaining contact with the client. The counselor is the only person who has access to the protected health information. In compliance with HIPPA, associated staff have signed confidentiality agreements that stipulate that protecting your mental health information is an absolute condition of employment. Integrity House trains personnel in privacy practices, monitors their compliance, and corrects any errors if they should occur.

By law, protected health information may be released without your consent for the following reasons:

- Child abuse
- Suspected sexual abuse of a child
- Adult or domestic abuse
- Court order
- Serious threat to health or safety
- Workers compensation claims

Initial Here _____ Date _____

RIGHTS AND DUTIES

You have a right to the following:

The right to request restrictions on certain uses and disclosures of your protected health information which your counselor may or may not agree to but if the counselor does, such restrictions shall apply unless our agreement is changed in writing;

The right to receive confidential communication by alternative means and at alternative locations;

The right to inspect or copy your protected health information in the designated medical record set for as long as protected health information is maintained in the record;

The right to amend materials in your protected health information, although the counselor may deny an improper request and/or respond to any amendments you make to your record of care;

The right to an accounting or non-authorized disclosures of your protected health information;

The right to a paper copy of notices/information from your counselor, even if you have previously requested electronic transmission of notices/information;

The right to revoke your authorization of your protected health information, except to the extent that action has already been taken.

Date _____

Initial Here _____

Integrity House

Client Information Form

Personal Information

Name: _____

Date ____/____/____

Address: _____

Age: _____

Gender: M or F

Date of Birth: ____/____/____

Marital Status (please check one)

Single Married Divorced Separated

Occupation: _____

Home Telephone _____

Work Telephone _____

Cell Phone _____

E-Mail _____

Please check which of these we may contact you directly.

H W C E

Family Information

Spouse's Name: _____

Age: _____

Date of Birth: ____/____/____

Years Married: _____ Spouse's Occupation: _____

Children: (please use back if more space is needed)

- Name: _____ Age: _____ Date of Birth: ____/____/____ Birth Parent? _____
- Name: _____ Age: _____ Date of Birth: ____/____/____ Birth Parent? _____
- Name: _____ Age: _____ Date of Birth: ____/____/____ Birth Parent? _____

Regarding Your Parents:

Married Separated Divorced

Mother: Living / Deceased

Father: Living / Deceased

How would you describe the quality of your relationship with them? _____

Emergency Contact Information

In the case of an emergency, whom should we contact?

Name: _____ Relation to Client: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical History Information

Primary Care Physician: _____ Phone: _____

Current Health Problems: _____

Date of Last Physical Examination: ____/____/____

Medications You Are Currently Taking:

- Name: _____ For: _____ Dose: _____ Frequency: _____
- Name: _____ For: _____ Dose: _____ Frequency: _____
- Name: _____ For: _____ Dose: _____ Frequency: _____

Previous Mental Health Treatment: ___Yes ___No

If "Yes," when was your treatment and what was its duration?

Desire for Counseling

How were you referred to us for counseling? _____

Reason you are seeking counseling?

Desired Outcome?

Religious Affiliation

Please indicate with which, if any, religious group or church denomination you are affiliated.

Name of church with which you are affiliated: _____

Are you actively involved in the life of this group? ___ Yes ___ No

Please circle all words or phrases below that describe your current religious experience:

<i>Not religious</i>	<i>Curious but skeptical</i>	<i>Curious and hopeful</i>	<i>Seeking God</i>
<i>Born again</i>	<i>Charismatic</i>	<i>Stagnant</i>	<i>Growing</i>
<i>Closed to God</i>	<i>Open to God</i>	<i>God is a friend</i>	<i>God is distant</i>
<i>God is good</i>	<i>God is punitive</i>	<i>God knows me</i>	<i>God loves me</i>

Integrity House Ministries is faith-based and Christ-centered. Therefore we approach counseling holistically: body, mind, and spirit. We welcome clients of all walks and backgrounds. If this issue is of concern, please speak to your counselor at your first session.

I certify that the information contained herein is complete and accurate, to the best of my knowledge. I voluntarily consent to the counseling that I receive at Integrity House..

Signature

____/____/____
Date

Integrity House

CLIENT NOTIFICATION OF PRIVACY RIGHTS

NEW VISION COUNSELING MINISTRIES A MINISTRY OF NEW VISION BAPTIST CHURCH MURFREESBORO, TENNESSEE

The Health Insurance Portability and Accountability Act (HIPPA) has created new client protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPPA provides client protections related to the electronic transmission of data (“the transactions rule”), the keeping and use of client records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPPA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide clients with a notification of their privacy rights as it relates to their health care records.

Please read this document as it is important that you know what client protections HIPPA affords all of us. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

By law, we are required to secure your signature indicating that you have received this Client Notification of Privacy Rights Document. Thanks you for choosing New Vision Counseling Ministries.

I, _____ (print your name), understand and have been provided a copy of the Client Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights concerning these matters. I understand that I have the right to review this document before signing this acknowledgement form.

Signed Name: _____

Date: _____

Integrity House

CONFIDENTIALITY POLICY

INTEGRITY HOUSE COUNSELING MINISTRIES A MINISTRY OF NEW VISION BAPTIST CHURCH MURFREESBORO, TENNESSEE

The counselors at Integrity House strive to provide each client with the highest quality of counseling services, including a level of confidentiality that makes the counseling experience safe and comforting to the client. Counseling session information will not be released without your prior consent or the consent of the one who has legal authority to consent on your behalf.

There are national and state laws that define necessary limits to that confidentiality. Counselors at Integrity House are committed to conforming to these laws that require a counselor to report any suspicions of abuse of a child or incapacitated adult or threats of homicide or suicide. In addition, occasionally judges will subpoena a counselor for testimony or order the release of confidential information in court proceedings. In these instances, the client is notified of the subpoena and/or court order, and every effort is made to protect confidential information.

If you understand these disclosure statements and desire to proceed with the counseling relationship, please indicate this below with your signature and today's date. If you have any questions please feel free to ask your counselor.

Printed Name: _____

Signed Name: _____

Date: _____



Counseling Fee Schedule

It is the desire at Integrity House to provide the best possible services to you and your family. That is the goal of our Counseling Ministries as well. It is our hope that you would partner with us to ensure the continued quality and excellence of all of our counseling ministries. Comparable services in our community would have a value between \$75.00 and \$125.00 per session. Below you will find the fee schedule per counseling session. Please help us to insure that we can always have the availability and resources to help those in need. ***Your fee is to be paid at the time of service.*** Cash, Checks, Credit and Debit cards are accepted. ***A \$25.00 service fee will be charged for missed appointments, without 24 hrs. notice.***

<u>Annual Salary Range</u>	<u>Amount to be Paid</u>
Unemployment Pay	\$10.00
\$10,000– 20,000	\$20.00
\$20,000 – 30,000	\$30.00
\$30,000 – 40,000	\$40.00
\$40,000 – 50,000	\$50.00
\$50,000 – 60,000	\$60.00
\$60,000 – 70,000	\$70.00
\$70,000 – 80,000	\$80.00
\$80,000 +	\$95.00

Thank you for your time and devotion to helping us in our mission to Know Christ and Make Him Known.

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