

For your convenience, a copy of the HIPAA Notice of Privacy Practices will be provided for you upon request. If you have any additional questions concerning our privacy practices, please contact our compliance officer at 256-822-2375. By law, Covenant Counseling and Consulting is required to obtain your signature indicating you have read or received the document. *Your signature on this form does not surrender any rights or confidentiality.* I acknowledge I have been notified how to receive a copy of the privacy policies of Covenant Counseling and Consulting and am aware of the contents of the HIPAA notification. I understand these disclosures. I have received or been offered a copy of this Disclosure Statement and Notice of Privacy Rights.

Print Client's Name

Date

Client's Signature

Date

Parent / Guardian Signature

Date

If signed by Responsible Party, please print name and state relationship to client:

Print Parent / Guardian's Name

Relationship

Informed Consent

Limits of Services Provided

1. Only scheduled services are provided by therapists of Covenant Counseling and Consulting (CCC).
2. Access to 24-hour care is not available. In an emergency call 911 or Crisis Services of N. Alabama: 1-800-691-8426.
3. Copays and/or fees are due at the time of service.
4. The client may ask for referrals or for information about potential providers of medical services such as: psychiatrist or educational information about the nature of prescriptions for psychotropic medications, however, such information or referrals do not constitute medical advice or the endorsement of the service provider.
5. I understand that, counseling or advice between sessions will not be given by phone or by email or in any other form. Information about counseling services or informational articles, suggested reading, etc. may be provided by phone or email.
6. Note: Most forms of email are not considered HIPAA compliant and we cannot guarantee privacy if you choose to communicate via email. Additionally, emails exchanged between the client and therapist may need to be added to the client's file and would be subject to subpoena.
7. No part of any counseling session or communication is to be transmitted by the client or counselor in any form for the benefit of any party without express written consent of the client and the counselor except for telehealth sessions. Recording of sessions in any form and at any time is prohibited. The services provided are intended for the scheduled participant only. In regard to telehealth sessions, since the client's surroundings are beyond our control, it is the client's responsibility to verify the client's surroundings are private and the client is not being overheard by others who are unseen by the clinician.
8. Further limitations of services are due to the availability of our counselors. CCC counselors are only available during regularly scheduled office hours. Office hours are Monday through Friday from 8 a.m. to 5 p.m. unless otherwise noted—such as holiday closings, closings due to inclement weather, or vacations interfere with normal operations during those hours.
9. Since CCC therapists do not provide services outside the stated business hours, in the event of an emergency due to the emotional or mental health issues of any client, mental health services should be obtained by calling 911 or going to the nearest hospital emergency room.

I understand and accept the nature and limitations of services as explained.

Client Signature:

Client's Parent / Guardian if under 18

Date:

Cancellation Policy

We are happy to reschedule appointments for your convenience and we know unforeseeable events take place. That is why every client is given grace once in the event of a missed appointment. However, after that, if you fail to cancel a scheduled appointment without 24-hour notice, or simply do not show, since we cannot use this time for another client, you will be billed for your missed appointment—unless due to a verifiable illness or an emergency. First missed appointment – No charge. Second missed appointment – 1/2 session charge. A third or more missed appointment – full session charge. Thank you for your consideration regarding this important matter.

Client Signature:

Client's Parent / Guardian if under 18

Date: