

PROFESSIONAL SERVICES AGREEMENT

We are pleased that you have chosen Houston Center for Christian Counseling (HCCC). This form gives you some information about our professional relationship. You are encouraged to ask the therapist you selected and booked an appointment with any questions regarding their background, credentials, professional experience or philosophy.

Confidentiality Information

It is the goal of HCCC to provide an environment in which our clients may place their trust and confidence. Confidentiality means communication with your therapist and any records pertaining to your identity, evaluation, or treatment will be held in confidence. As a group practice of independent therapists, your medical record is the responsibility and property of your individual therapist. HCCC will maintain confidentiality to the fullest extent personally and professionally. If you believe the Confidentiality Policy and Privacy Practices document does not answer all your questions regarding confidentiality, talk with your therapist about any concerns you may still have. Your signature at the end of this document serves as your consent to use your personal health information for routine practices according to the law for treatment, payments, and health care operations.

Rights and Responsibilities

Rights

You have a right to be provided with professional and respectful care. You have a right to know your therapist's assessment of the problem, the recommendation of treatment, and the resources available to help deal with your situation. You also have the right to refuse any suggestion.

Responsibilities

1. To be honest, open and willing to share your concerns.
2. To ask questions when you don't understand or need clarification.
3. To discuss any reservations you have about your treatment plan.
4. To follow the agreed upon treatment plan.
5. To report changes or unexpected events related to your problem.
6. To keep appointments whenever possible. When necessary to cancel or reschedule, to provide a minimum of 24 hours notice to avoid being charged the full session fee.

Payment Information

Rates: 55-minute therapy session (Self-Pay) is \$185.00 (Includes a \$25.00 discount). 55 minute session with Associate is \$160.00 (Includes a \$50.00 discount). 55 minute session is \$210.00. Payment is due at the time of service.

As a courtesy, HCCC will file your insurance claims with your signed consent. HCCC charges full fee for missed appointments and appointments that are cancelled without 24 hour notification. Each of these payment requirements are discussed below.

Insurance

1. If you have managed care or employee assistance through your employer or a private policy, HCCC will file your insurance with your consent as a courtesy. Fill out the insurance information form in its entirety and sign if you wish us to file as a courtesy.
2. Co-payments must be made at the time of service. Deductible amounts are due at time of service where applicable.
3. If you are seeing a provider that is in your managed care network (In Network), your fee will be the negotiated rate as stated in the contract between the network and your therapist.
4. If you are seeing a provider that is not in your managed care network (Out of Network), you are responsible for amounts your insurance does not pay up to \$210.00 for each 55-minute therapy session.
5. Your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered by your claim and ensure your carrier remits payment. If a problem occurs with your claim, you will be required to make payment or establish a written financial payment plan with our office until your insurance problem is resolved.

Payment Agreement

1. As a courtesy to our clients, HCCC submits charges to contracted insurance plans. We are obligated to collect client responsibility amounts such as co-payment, co-insurance, deductible, and any non-covered services at the time of service. Sometimes, exact coverage cannot be determined until the insurance company receives the claim. Any overpayment will be applied as a credit to my account. If you prefer a refund, please contact the billing department for that request and to confirm mailing address to issue the refund.
2. HCCC maintains credit or debit cards securely on file for late cancellations without 24 hour notice, for no show appointments, and for insurance claims unpaid after 60 days. If services provided are determined by your health insurance plan to be fully or partially non-covered for any reason, you agree to be responsible for the charge. If for any reason your health insurance company does not pay our office within 60 days, we will submit the outstanding charges to the credit card on file.
3. There is a \$35.00 service charge for returned insufficient fund checks and ACH. After the second insufficient deposit we will only accept cash for payments for services until the insufficient check and service charges are paid in full.
4. All sessions will incur a \$3.00 administrative fee. As a courtesy, clients paying by ACH (Electronic Draft) will receive a \$3.00 discount. To pay by ACH (Electronic Draft), please provide us with a voided check and fill out the ACH form available at the front desk.