

# Comprehensive Counseling Connections, PLLC Intake Forms an Informed Consent

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## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Consent to leave voice messages?

Yes  No

Work Phone: \_\_\_\_\_

Consent to leave voice messages?

Yes  No

Cell Phone: \_\_\_\_\_

Consent to leave voice messages?

Yes  No

Consent to text appointment reminders

Yes  No

Email: \_\_\_\_\_

How did you hear about us, or by whom were you referred?  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## INSURANCE INFORMATION

\*Name of Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Insurance Company: \_\_\_\_\_

\* ID #: \_\_\_\_\_

\*Do you have a deductible?  Yes  No \*If Yes, has your deductible been met?  Yes  No

\*Subscriber's Name: \_\_\_\_\_

\*DOB: \_\_\_\_\_

\*Relation to Subscriber: \_\_\_\_\_

\*Please indicate if you have obtained mental health services outside of Comprehensive Counseling Connections under the health insurance plan you will be using today.  Yes  No If yes, please indicate the number of visits since January 1<sup>st</sup> of this year. \_\_\_\_\_

\*Do you have a secondary insurance?  Yes  No \* If Yes, please fill out section below

\*Insurance Company: \_\_\_\_\_

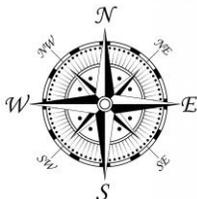
\* ID #: \_\_\_\_\_

\*Subscriber's Name: \_\_\_\_\_

\*DOB: \_\_\_\_\_

- A. *I give my consent for Comprehensive Counseling Connections and its professional staff to deliver psychological services to me, or my children.*
- B. *I authorize Comprehensive Counseling Connections to release information to my insurance company, as necessary, to obtain reimbursement for psychological services rendered.*
- C. *I understand that I have been given an opportunity to read the Patient Bill of Rights, which is hanging on the waiting room wall, in accordance with New Hampshire state statute.*

Optional: I authorize \_\_\_\_\_ to schedule or reschedule appointments and/or address billing questions on my behalf. CCC may release information to the identified individual, as minimally necessary for the tasks noted above. This release will be in effect unless otherwise cancelled in writing.



# Comprehensive Counseling Connections, PLLC

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## TELEHEALTH INFORMATION AND INFORMED CONSENT

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The “Informed Consent for Telehealth” contains important information related to accessing services remotely via telecommunications. Your signature represents an agreement between you and Comprehensive Counseling Connections (CCC) regarding such services. Your signature also represents your recognition and acknowledgement that, independent of the protections in place, there are still risks when accessing therapeutic services remotely. Please read this document carefully, and let us know if you have any questions prior to signing.

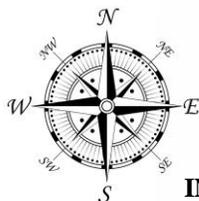
Consistent with the Federal Health Portability and Accountability Act (HIPAA), our business processes and procedures specific to our telehealth services align with federal and state legislative guidelines, state licensing board requirements, and insurance billing regulations. CCC’s telehealth practice and procedures, along with the products we use for telehealth are allowed and acknowledged by the governing agencies that oversee the protection of private health information (PHI). Our staff will provide you with instructions regarding these allowed platforms and will share with you updated information regarding telehealth and industry standards.

In accordance with current telehealth and telecommunication requirements, CCC utilizes HIPAA compliant technology for out-of-session “remote” electronic communications that require sending and receiving personal health information (PHI). Any information that you would like to send electronically may be sent to our office manager via our encrypted email: [admin@ccc-nh.com](mailto:admin@ccc-nh.com). We are committed to protecting our patients privacy and remaining in compliance with the regulations and laws governing our practice and the field.

CCC adheres to telehealth requirements as established by NH Board of Psychology, NH Board of Mental Health, and Insurance rules and regulations.

*In order to utilize telehealth, you agree and acknowledge the following:*

- 1 You agree to contact your insurance company to verify coverage for your plan regarding telehealth appointments and coverages for services (i.e., your out-of-pocket expense).*
- 2 You agree to inform your practitioner if you are anywhere other than your home state of residence.*
- 3 You acknowledge that you are responsible for the costs associated with the technology (e.g., computer, phone, internet) needed to use the video and texting software that assures your privacy. The software we use for telehealth sessions, email, and text are free and HIPAA compliant. You will need to purchase and install security software to protect against malware and viruses (e.g., Webroot, Norton)*
- 4 You acknowledge that you will plan sessions so that your privacy is secure (e.g., no one else in the room etc.) You agree to communicate with your practitioner if privacy cannot be assured, so that the session can be rescheduled if necessary.*
- 5 You acknowledge and agree to choose an emergency contact person, who is local to where you live (e.g., lives with you or can quickly get to you in the case of an emergency).*
- 6 You agree that if you are in crises, you will come into the office for a session or seek local emergency services. Telehealth is not appropriate for patients in crises (i.e., safety concerns).*



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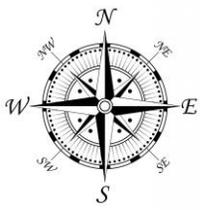
## INFORMATION AND ACKNOWLEDGEMENT: THE BENEFITS AND RISKS OF TELEHEALTH

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Telehealth refers to providing HIPAA compliant services using telecommunication technologies. The primary benefit of telehealth is that the patient can access services remotely. The rules regarding providing services across state lines is an issue of licensure. Some of CCC's practitioners hold multiple state licenses or are members of PSYPACT, which allows for multistate cooperative licensing agreements. Please discuss with your practitioner to understand if you would be allowed to continue to see your practitioner, should you move or travel to another state.

Telehealth offers many benefits and is a delivery modality that all of our practitioners use and incorporate into practice; nevertheless, we would like to acknowledge several considerations and potential risks when choosing to engage our services remotely:

- *Risks to confidentiality:* because telehealth sessions take place outside of the practitioner's private office, you will need to take steps to assure your sessions are private. Please take precautions to protect your confidentiality (e.g., using applications that are HIPAA compliant, eliminating interruptions, using a secure internet connection, taking steps to talk in a space that cannot be overheard by others, etc.). Again, CCC is committed to you, and we believe confidentiality to be one of the many benefits to seeking psychological services.
- *Issues related to technology:* there are many ways that technology issues might impact telehealth. As with any technology, there may be hardware or software glitches, or problems with an internet connection. Also, information breach is always a risk when using a technological platform to exchange information. Nonetheless, CCC is committed to reducing such risks; we use HIPAA compliant software, and we practice in accordance with the guidelines set forth by state licensing boards and by state and federal legislative rulings. We have also consulted with information management specialists to assure our internet security.
- *Crisis management and intervention:* usually, we will not take on new patients whose acuity or mental health needs require close supervision and in-person meetings. Patient safety is our priority. When an existing patient experiences a crisis, in-session, we will follow our crisis management protocol, which is described in the Emergency Protocol and Telehealth section of this document. Please note that depending on the circumstance, we may require a higher-level of care or require in-person meetings. We will discuss options if telehealth is no longer a safe modality.
- *Efficacy:* most research shows that telehealth is a comparable effective modality as in-person psychotherapy. However, some practitioners in the field believe that something is lost by not being in the same room. For example, there is some debate about a practitioner's ability to fully understand non-verbal information when working remotely. Despite potential drawbacks, we believe that telehealth offers access to therapeutic services when access might otherwise be impossible.



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## Electronic Communications

The field is constantly shifting, and more than one platform may be available for telehealth; as such, you and your practitioner will determine the platform that is most appropriate for you. The technology chosen must comply with HIPAA rules. We use a video conferencing software that you may download, which is free, but you may need to upgrade or obtain devices (e.g., a phone or computer) with system requirements necessary for use. You acknowledge that you are solely responsible for the cost associated with acquiring or upgrading your technology (e.g., devices, internet services, security software) to access telehealth services in a way that protects your privacy and maintains the integrity of the sessions.

CCC will not send personal health information using unencrypted email. However, should you and your practitioner decide to use CCC's HIPAA compliant email and/or video conference web portal, we will send a link to your personal email in order for you to sign up for the service.

## Texting

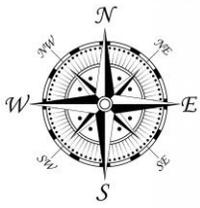
Appointment reminders are sent via text message specifying only your appointment date and time, along with the name of the practitioner with whom you will be meeting. We suggest that you avoid texting any sensitive insurance or personal information using non-HIPAA compliant technology/software.

For communication between sessions, we request that you use the HIPAA compliant email and texting software (recommended by our practice); otherwise, the information you send may not be secure, and your confidentiality cannot be guaranteed. Our office manager will be happy to help you access and set up the secure texting application and video conferencing software, if you have difficulty.

Our practitioners are not always available to respond to emails or text messages (e.g., off-site, out of cell and internet service, in-session with other patients etc.). We want to stress that if ever you feel unsafe and/or need immediate support; please seek help; **DO NOT** wait for a call-back from your practitioner or from the office; instead, call 911, contact the local emergency services (e.g., for those who live in Concord, you would call Riverbend's emergency line), or proceed directly to the nearest emergency room (e.g., Concord Hospital). As with our in-person protocol, if your practitioner is on vacation or away from the office, he/she will arrange for temporary coverage, if needed, with either Dr. Pamela Gallant, the Director of CCC or Dr. Heidi Dunham, the Assistant Director.

## Confidentiality

All practitioners and employees at CCC have a legal and ethical responsibility to follow procedures and adhere to protocols set forth by governing agencies to protect PHI (e.g., use of updated encryption methods, firewalls, and back-up systems); nevertheless, as with all electronic communications, patients must understand and acknowledge there is still a risk, however small, that their PHI may be compromised by external sources (e.g., hackers, viruses), independent of our efforts to guard against security breaches. Please, for example, use only secure networks when accessing telehealth sessions, protect your passwords, and change them monthly. Exit all software and all applications after session (e.g., log out of HIPAA compliant texting applications).



# Comprehensive Counseling Connections, PLLC

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The extent of confidentiality and the exceptions to confidentiality outlined in CCC's General Informed Consent document apply to all telehealth session work. We ask that you let your practitioner know if you have questions about exceptions to confidentiality.

## Appropriateness of Telehealth

From time to time, practitioners may want to schedule in-person sessions to check-in. Also, your practitioner will discuss with you the need for in-person meetings if telehealth is no longer an appropriate form of treatment (e.g., acuity/safety concerns). Practitioners will discuss options for engaging in in-person therapy or may discuss referral options if your acuity and/or clinical presentation warrants a higher level care that a small private practice, like CCC, cannot offer (e.g., DBT programs, on-site medication management, intensive outpatient therapy).

## Emergency Protocol and Telehealth

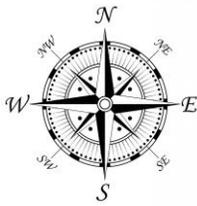
Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than when seeing patients in-person. To address some of these difficulties, we will create an emergency plan before engaging in telehealth services. As with all our patients, independent of the therapeutic modality (i.e., in-person or telehealth), we will ask you to identify an emergency contact person, but, if opting for telehealth, we ask that the emergency contact person lives with you or near to you so that they are able to help you should an emergency arise while in a telehealth session. This form is your authorization for such contact, should your practitioner deem the support necessary.

If the session is interrupted for any reason and you are in crisis or there is an emergency, please do not call your practitioner back; instead, call 911; call your local emergency services line (e.g., for those who live in Concord, you would call Riverbend's 24-hour emergency line), or go to your nearest emergency room. Call your practitioner back only after you have obtained emergency services. When a call drops while you or your child is in crisis, your practitioner will attempt to reconnect and/or will reach out to your emergency contact or call emergency services.

If the session is interrupted and you are not experiencing an emergency, disconnect from the session and logoff. Attempt to reconnect; if you are not successful in reconnecting, your practitioner will call you at the phone number you have provided. You may also try to contact your practitioner directly, if you are not successful in reconnecting.

## Audio recording

The telehealth sessions shall not be recorded in any way, unless agreed to in writing by mutual consent and only when recording is clinically indicated.



# Comprehensive Counseling Connections, PLLC

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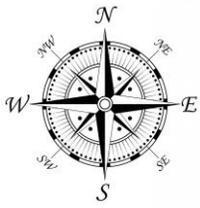
## KNOW YOUR BENEFITS (Client Copy)

As a part of the informed consent, and as a courtesy to our patients, CCC's billing company contacts your insurance carrier to obtain your benefit information (e.g., deductible, copay, coinsurance, and services that require a preauthorization or preapproval before your appointment). You will receive an 'Explanation of Benefits' (EOB) from your insurance carrier, after your first appointment. Your EOB will provide you with a breakdown of the application of your insurance coverage to the services that CCC has rendered.

I understand that CCC will bill my insurance as a courtesy, but out-of-pocket expenses (e.g., deductible, copay, coinsurance, unpaid claims, etc.) will be my responsibility. CCC strongly recommends that you contact your insurance company to verify that Comprehensive Counseling Connections, PLLC is in network and that the information your insurance company provided to our billing company is, indeed, accurate.

### Insurance Benefits Verification Table:

Date of contact:	
Reference number for call:	
Name of contact representative:	
Session limitations:	
Yearly family deductible:	Yearly deductible satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No
Yearly individual deductible:	Yearly deductible satisfied: <input type="checkbox"/> Yes <input type="checkbox"/> No
Copay amount: \$_____	Subject to deductible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Coinsurance: % _____	Subject to deductible: <input type="checkbox"/> Yes <input type="checkbox"/> No



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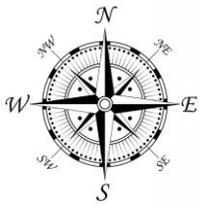
## SERVICES “NOT COVERED” BY INSURANCE (Client Copy)

### Typical Services Not Covered:

1. Consultation/Collaboration (e.g., calling treatment facilities or schools to obtain information or arrange referral, contacts with social service agencies (DCYF), requested telephone contact in lieu of face-to-face meeting, etc.)
2. Court ordered evaluations, addressing subpoenas, preparation for court testimony, time allocated for court testimony, letters to lawyers, judges, probation officers, etc.
3. School consultation and team conferences (e.g., school IEP meetings, etc.)
4. HIPAA compliant email correspondence
5. Writing letters at patient request to various persons or agencies (e.g., social security administration for disability application, etc.)
6. Photocopying and releasing medical records for any purpose other than medically necessary treatment for other medical or mental health practitioners is 15 cents per page

### Our Policy:

Please contact your practitioner to discuss the services that you are seeking. Your practitioner will generate an invoice describing the work that will be completed, the time allocated to the work, and the total out-of-pocket expense. Prior to rendering services, your practitioner will discuss the payment arrangements. Our policy requires payment in advance of service delivery.

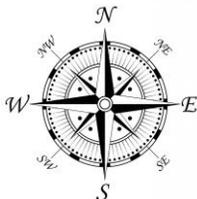


# Comprehensive Counseling Connections, PLLC

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## CANCELLATION AND RESCHEDULING POLICY (Client Copy)

Our office hours range from 8:00am-8:00pm, Monday-Friday. Should you need to cancel or change future appointments, a **24-hour** notice is **required**, except for **Monday appointments, which require cancellation on the Friday before** the appointment. Although we require only a 24-hour cancellation window, **we prefer a 48-hour notice**. You may call the office and leave a voicemail, at any time, to cancel your appointment; our phone system time stamps your call. Because your appointment time is reserved only for you and cannot be filled without sufficient notice, missed appointments or those cancelled less than **24-hours** in advance of your scheduled appointment, will be charged at the rate of **\$75.00**. If you have a credit card on file, we will charge the fee on the next day; otherwise, we will collect payment from you at your next appointment. Please note, your insurance does not cover any portion of the \$75.00 fee for missed appointments or those cancelled without sufficient notice. CCC may make exceptions on a case-by-case basis.



# Comprehensive Counseling Connections, PLLC

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## NOTICE OF PRIVACY PRACTICES

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CCC strives to protect patient confidentiality; we are required, by law to maintain the privacy of patients' Protected Health Information (PHI). Federal legislation requires that we issue this official notice of our privacy practices and abide by the terms herein. If you have any questions about this notice, please ask your practitioner directly.

### **Those Subject to this Notice:**

Any health care professional authorized to enter information into your record as well as employees, staff, and other personnel at this practice, who may need access to your information must abide by this too. All business associates, such as representatives of managed care companies coordinating services, must follow these same privacy practices. Please understand that when personal health information is shared, only the minimum necessary information needed to accomplish this task will be disclosed.

### **Uses and Disclosures of Protected Health Information Requiring Your Written Authorization:**

In most cases, CCC will not use or disclose your protected health information (e.g., name, date of birth) without your verbal or written authorization except for the reasons described below. Please note, if you provide authorization to use or disclose medical information, you may revoke that authorization, in writing, at any time. If you revoke authorization, we will, thereafter, no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we may have already made with your authorization. Furthermore, you agree and understand that we are required to document and retain a written record of the care we have provided you.

### **How We may Use and Disclose Medical Information Without Your Authorization:**

There are limited circumstances where an authorization is not needed for disclosure of personal information. Most, but not every possible use or disclosure category are listed below. This notice applies primarily to information contained in your medical and billing records. As such, these would require written authorization even for the standard disclosure exceptions listed below.

### **For Payment:**

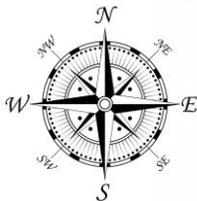
We may use and disclose medical information about you without specific authorization, so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or a third party (e.g., we may release your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment). Insurance companies may review your medical record to verify services were rendered and were medically necessary in accordance with your insurance contract.

### **For Health Care Operations:**

We may use and disclose medical information about you for health care operations, such as insurance audits of health care medical, and billing records, or clinical reviews to verify medical necessity for treatment and coverage.

### **Other Uses or Disclosures That Can be Made Without Consent or Authorization:**

- To avert serious threat to health or safety for you or others.
- To report neglect or abuse of vulnerable populations (e.g., child/elder/functionally impaired).
- To comply with court orders.



# Comprehensive Counseling Connections, PLLC

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## NOTICE OF PRIVACY PRACTICES

### **Your Rights Regarding Complaints Concerning Use or Disclosure of Your Health Information:**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services, whose address will be provided to you, at your request. All complaints must be submitted in writing.

### **Right to Request Restrictions:**

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Comprehensive Counseling Connections is not required to automatically agree to a restriction you request if the practitioner is otherwise obligated to release that information. Your request must be in writing and specifically state what information you wish to limit.

### **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:**

You have the right to request and receive confidential communications of private health information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are a patient at this practice). Upon your request, this practice will send your bills to another address or arrange to call you only at work, instead of home.

### **Right to Inspect and Copy:**

Except in the most unusual circumstances, whereby, the practitioner may make a decision to restrict access to the medical record for the purposes of protecting patient information (e.g., court ordered evaluations, child custody cases), you have the right to inspect and/or obtain a copy of your private health information in the medical record. You also have a right to request statements detailing billing for services. This information will be maintained for the required length of time, as defined by the rules that govern record maintenance. Upon your request, your practitioner will discuss with you the details of the request process. Please see fee schedule.

### **Right to Amend:**

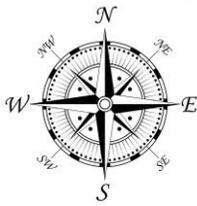
You have the right to request an amendment of private health information, as it is maintained in the record. Your practitioner may deny your request, if, in his/her opinion, the amendment would compromise the accuracy of your medical information.

### **Right to an Accounting:**

You generally have the right to receive an accounting of any disclosures of medical information. On your request, your practitioner will discuss with you the details of the account.

### **Changes to this Notice:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future.



# Comprehensive Counseling Connections, PLLC

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## CONFIDENTIALITY STATEMENT

### Confidentiality Statement:

Comprehensive Counseling Connections will not release any information regarding your history or treatment without expressed permission from you or your guardian/parent. We will have you sign a release of information for our files. We are obligated to, and will, take every reasonable step, to protect your privacy as a standard of ethical and professional practice.

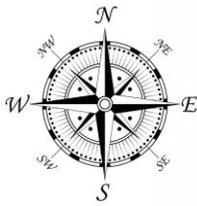
### Exceptions:

There are several exceptions to this general policy; whereby, the state laws require that we break confidentiality. While the list below covers the major areas in which this can occur, the list does not cover every instance. By signing this form, you acknowledge the following:

- |   |
|---|
| A. Your receipt and understanding of these limitations, and   |
| B. Your understanding of the right to ask your practitioner about the limits of confidentiality at any point during your treatment. |

- 1) The law requires that practitioners report any suspicion of child abuse and/or neglect to the New Hampshire Division of Children, Youth, and Families (DCYF). Practitioners are also required to report suspicion of abuse or neglect of senior adults or vulnerable adults to the Bureau of Elderly and Adult Services (BEAS). We are mandated reporters. When we have a reasonable basis to suspect abuse or neglect of the populations mentioned above, we are required to report that information to the appropriate agency.
- 2) If anyone in this agency or your practitioner observes or comes to know of a serious threat or risk of danger to you or others, we may be required to act to protect you or them, thus, creating the possibility for disclosure of otherwise confidential information, to meet our legal duty.
- 3) If you authorize CCC to provide you with services, your insurance company has the right to obtain certain clinical information to process claims and determine medical necessity.
- 4) In rare instances, a court order may mandate the release of your medical record. CCC must comply with the court order.

If you have signed CCC releases to provide information to others, you may cancel these releases at any time; however, any information released prior to your withdrawal of permissions cannot be recovered.



# Comprehensive Counseling Connections, PLLC

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## POLICY INFORMATION STATEMENT

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The Board of Psychology and the Board of Mental Health Practice Regulations, including the Mental Health Bill of Rights, requires all licensed mental health professionals to provide patients certain basic information. Also, to avoid confusion or misunderstandings, we are providing important information your review and agreement. Please read it carefully and discuss any questions you have before signing below.

### **Cancellation/Rescheduling Policy:**

Our office hours range from 8:00am-8:00pm Monday-Friday. Should you need to cancel or change future appointments, a **24-hour** notice is **required**, except for **Monday appointments, which require cancellation on the Friday before** the appointment. Although we require only a 24-hour cancellation window, **we prefer a 48-hour notice**. You may call the office and leave a voicemail, at any time, to cancel your appointment; our phone system time stamps your call. Because your appointment time is reserved only for you and cannot be filled without sufficient notice, missed appointments or those cancelled less than **24-hours** in advance of your scheduled appointment, will be charged at the rate of **\$75.00**. If you have a credit card on file, we will charge the fee on the same day; otherwise, we will collect payment from you at your next appointment. Please note, your insurance does not cover any portion of the \$75.00 fee for missed appointments or those cancelled without sufficient notice. CCC may make exceptions on a case-by-case basis.

### **Billing Policies and Procedures:**

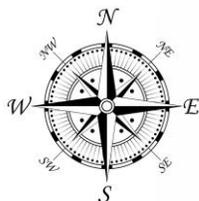
Payment is due at the time services are rendered, or as soon as we receive an Explanation of Benefits from your insurance company. Bank fees charged for returned checks will be added to patient account balance. The following fees are for services that your practitioner or CCC may render, which are out-of-pocket expenses to you and/or claims that the insurance company denies.

### **Fees:**

- Clinical Intake: \$170.00 per hour
- Therapy Session: \$160.00 per hour
- Clinical Emergencies: \$160.00 per hour
- Other Clinical Services: \$160.00 per hour

*Other Clinical Services:* This is a category of services that insurance companies will not reimburse. These services will be billed directly to the patient as an out-of-pocket expense. When a patient requests such services, their practitioner will discuss the associated cost and make payment arrangements before initiating any work. The following list is not exhaustive but covers a majority of CCC's nonbillable service requests: written documentation (e.g., court ordered reports, disability application reports, letters to providers, letters to schools); off-site meetings (e.g., court-ordered testimony; response to subpoena, IEP/504 meetings).

CCC practitioners, who work with children and families, welcome and encourage parents to schedule a separate session to discuss treatment goals, interventions, progress, etc. Parent meetings are billable to insurance. In contrast, when parents prefer to discuss their child's therapy over the telephone, the time spent on the phone is an out-of-pocket service. Your practitioner will explain the out-of-pocket expense and will make payment arrangements with the parent requesting the telephone contact, prior to scheduling the service.



# Comprehensive Counseling Connections, PLLC

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## POLICY INFORMATION STATEMENT

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### **Regarding Your Insurance Policy:**

Most managed care companies limit the number of sessions covered per year, which will be fully or partially reimbursed. Patients are encouraged to communicate directly with their managed care company about such limitations before starting treatment, as well as any concerns about the confidentiality of managed care records. Please be aware that we must release your diagnosis to your insurance company for reimbursement; if you do not want this information shared with your insurance company, we can discuss self-pay, which means that you agree that, at no time in the present or the future, will you seek reimbursement from your insurance company for sessions that you had while under said self-pay agreement.

Insurance companies provide coverage for services when they deem such services “medically necessary.” Although this term varies by insurance company, “medically necessary” generally means that your condition interferes with your ability to satisfactorily perform important daily tasks, functions, or responsibilities. As your situation/condition improves, your practitioner will discuss with you when continued services may no longer meet your insurance company’s definition of “medically necessary,” which then means your insurance company will no longer reimburse for services.

### **Release of Information to Insurance Companies or Managed Care Organizations:**

If you are billing health insurance or workman’s compensation for your services at CCC, limited information must be released to your carrier and their managed care company (if applicable). In most cases, this involves a diagnosis and a verbal or written plan for your care. Many insurance policies authorize the insurance company to obtain or review copies of your medical record, and these may be disclosed without specific written consent by you.

### **Insurance Carrier Changes:**

It is your responsibility to inform CCC of changes to your insurance carrier or to your insurance coverage.

### **Payment in Full or Applicable Deductibles and Copayments are Required at the Time of Service:**

Unless other arrangements are made, your practitioner will collect your payment at each session. We send statements out on a monthly. After 30 days, you will receive a letter alerting you if you have a balance due. A second letter will be sent at the 60-day mark, and finally, we will send you a final statement, if your balance is 90 days in arrears. From that point, you will have two weeks to settle your account; otherwise, we will forward a statement of your account balance to our professional collection company.

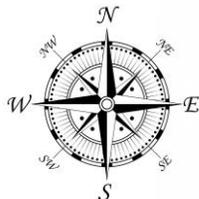
### **Group Therapy:**

Unlike individual treatment, confidentiality of group therapy is not privileged, and therefore is not protected by law. Group members must sign and abide by a written confidentiality agreement in order to participate in the group.

### **Emergency Coverage:**

If you experience a psychiatric emergency after hours, please contact your practitioner directly. Each practitioner has a direct number to their office phone. If you cannot wait for your practitioner to call you back, you should call **Riverbend Community Mental Health, Incorporated, and Emergency Services @ 603.226.0817**; visit your local area hospital emergency room, or dial **911**, or contact Riverbend Community Mental Health, INC. on their 24-hour emergency services line at **1-844-7-HELP4U (1-844-743-5748)**.

If you are experiencing a psychiatric emergency and you **live outside of Merrimack County**, please contact your local community mental health center, your local hospital emergency room, or dial **911**.



# Comprehensive Counseling Connections, PLLC

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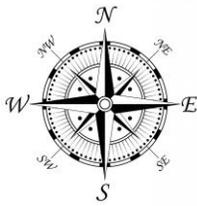
## AFTER HOURS EMERGENCY SERVICES

If you are experiencing a psychiatric emergency, and you are a resident of Merrimack County, you may call **Riverbend Community Mental Health Incorporated-Emergency Services @ 603.226.0817**; visit your local area hospital emergency room, or dial **911**, or contact Riverbend Community Health, INC. on their 24-hour emergency services line @ **1-844-7-HELP4U (1-844-743-5748)**.

If you are experiencing a psychiatric emergency and you **live outside of Merrimack County**, please contact your local community mental health center, your local hospital emergency room, or dial **911**.

### **Other Emergency Support Resources:**

- Suicide Prevention Lifeline: 1.800.273.8255 (TALK)
- Crisis Center of Central NH (formerly Rape & Domestic Violence Crisis Center): 603.225.7376
- Suicide Prevention Lifeline: 988
- Veteran's Crisis Line: 988 then press 1 or text 838255
- Crises Text Line: (24/7) 741741
- Concord Hospital: 603.225.2711
- Concord Police Dept.: 603.225.8600
- National Eating Disorders Association/ Info & Referral Helpline: 1.212.575.6200
- AA Hotline NH: 1.800.593.3330
- NA Hotline NH: 1.888.624.3578
- National Addictions Hotline: 1.406.284.7524



# Comprehensive Counseling Connections, PLLC

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## CREDIT CARD AUTHORIZATION FORM (Patient Signature Page)

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Date: \_\_\_\_\_

I \_\_\_\_\_ authorize Comprehensive Counseling Connections to charge my credit card for services rendered and out-of-pocket expenses, as indicated.

Copay \$ \_\_\_\_\_ USD

Coinsurance % \_\_\_\_\_

A coinsurance is the percentage of the billable rate that you will pay to CCC once you have satisfied your insurance deductible. Until you meet your deductible, your insurance will not pay any benefits; instead, they apply the charge toward your deductible. If you have additional questions about your insurance plan, please contact your carrier.

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Credit Card Type: \_\_\_\_ Visa \_\_\_\_ Master Card

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit Security Code (located on the back of the card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

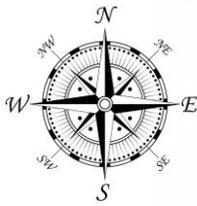
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write below, company use only.

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# Comprehensive Counseling Connections, PLLC

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## INTAKE INFORMATION AND INFORMED CONSENT SIGNATURE PAGE

**Your signature below indicates agreement with its terms and conditions for accessing therapeutic services offered by CCC's practitioners.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date

**Your signature below indicates agreement with its terms and conditions for utilizing telehealth with your CCC practitioner.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date

**I have reviewed the Know Your Benefits form with my practitioner. I acknowledge that I have received a copy of the Know Your Benefits form and affirm that I understand the terms set forth therein. Furthermore, I attest that CCC has provided, for my convenience, a table that I may use to record benefit information specific to my policy. I agree to discuss discrepancies with my practitioner and with the office manager immediately.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date

**I understand and have reviewed Services Not Covered by Insurance form. I acknowledge that I have received a copy of the form describing Services Not Covered by Insurance and affirm that I understand the terms set forth therein.**

\_\_\_\_\_  
Client

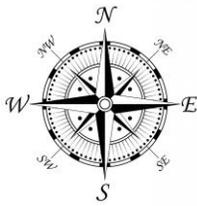
\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date



# Comprehensive Counseling Connections, PLLC

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**I understand and have reviewed the Cancellation and Rescheduling Policy. I acknowledge that I have received a copy of the Cancellation and Rescheduling Policy and affirm that I understand the terms set forth therein.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date

**I understand and have reviewed the Notice of Privacy Practices. I acknowledge that I have received a copy of the Notice of Privacy Practices and affirm that I understand the terms set forth therein.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date

**I understand and have reviewed the Confidentiality Statement. I acknowledge that I have received a copy of the Confidentiality Statement and affirm that I understand the terms set forth therein.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date

**I understand and have reviewed the Information Policy Statement. I acknowledge that I have received a copy of the Information Policy Statement and affirm that I understand the terms set forth therein.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date