Christian Health Group, Inc.
Hope. Healing. Change.

Chris Chandler, MA, LPCC, LMHC, CSAT, AF-EMDR
5405 Morehouse Dr, Ste 120 | San Diego, CA 92121
Tel: 619-930-9495 | Fax: 619-790-7393

To New Patients:
In accordance with state law, this document ensures that patients have the necessary information to make an informed decision, understand their rights and responsibilities, and agree to the service they will receive, and do so of their own volition.

An electronic version of this document will be shared with you via the patient portal. You will be asked to sign the electronic version before the initial meeting, so that we can spend our time together focused on the session rather than completing paperwork. By signing, you acknowledge receiving and reading a copy of this document and confirm you understand and agree to the information provided herein.

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Chris Chandler, MA, LPCC, LMHC, CSAT, AF-EMDR
5405 Morehouse Dr, Ste 120 | San Diego, CA 92121
Tel: 619-930-9495 | Fax: 619-790-7393

Counselor Education, Training and Counseling Orientation

Formal Education and Training: I received my Bachelor of Arts degree in Psychology from Western Oregon University and my Master of Arts degree in Counseling Psychology from Mars Hill Graduate School (now Seattle School of Theology and Psychology). I have completed extensive continuing education on the topics of cognitive behavioral therapy, dialectical behavior therapy, crisis and trauma counseling, human sexuality, law and professional ethics.

I am a Certified Sexual Addiction Therapist trained by Dr. Patrick Carnes, the pioneer in the field of sex addiction. I have extensive experience working with individuals struggling with all forms of addictions and compulsive behaviors including sex, pornography, drugs, alcohol, food, work, spending, codependent relationships, etc.

State Licensure: I am credentialed and licensed to practice in the following states:

California –Licensed Professional Clinical Counselor, License number: LPCC6281

Florida – Registered as a Telehealth Provider Mental Counselor, Registration number: TPMC1834

Idaho – Registered Telehealth Provider, Registration number: MBTCOU - 9758

Iowa – Licensed Mental Health Counselor, License number: 118399

Kansas – Licensed Clinical Professional Counselor, License number: LCPC03400

Michigan – Licensed Professional Counselor, License number: 6401223743

Oregon – Licensed Professional Counselor, License number: C7546

South Carolina – Licensed Professional Counselor, License number: 9017

Texas – Licensed Professional Counselor, License number: 92787

Washington – Licensed Mental Health Counselor, License number: LH00011043

Counseling Orientation: I approach counseling from a client-centered and strength-based perspective. This means that I tailor my methods to the strengths and needs of each of my clients. In my first few sessions with a client, I work to create a therapeutic relationship in which the client feels safe to process his or her concerns openly, without fear of judgment; this way, we can determine together what the best approach will be for his or her treatment. In counseling, I think of myself as a personal trainer: I provide tools and resources that my clients can use to empower themselves as they go into the world to seek health and freedom. As a Christian counselor, I use the principles of the Bible and Christian doctrine where appropriate. Very often, I will work with clients on goal setting and assign homework to allow them to hone the skills learned in therapy. Working with children and adolescents, I emphasize family involvement and building positive relationships. My methods are informed by a variety of clinical theories including Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Motivational Interviewing, Existential, Psychodynamic, Object Relations, Gestalt Therapy, and Brief Solution Focused Therapy.

Since 2012, I have partnered with over 40 Certified Sex Addiction Therapists (CSAT's) and a network of churches to build a community of recovery in Seattle, WA and San Diego, CA.

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Continuing Education (CE)
As a Licensed Professional Counselor, I am required to participate in continuing education to ensure I stay abreast of the latest developments, skills, and new technologies as well as important legal, statutory, or regulatory topics in order to maintain, develop and increase competencies for effective treatment.

Fees – All my fees are listed in the Fee Schedule, attached.
Appointments are 53 – 60 minutes in length. During a given year, fees will not increase more than 10% per year. If you are in therapy with me at that time, I will provide you with thirty days' advance notice of such an increase. Patients will be charged in quarter-hour increments for telephone calls to discuss issues or concerns between sessions. Patients are not liable for any fees or charges for services rendered prior to receipt of the disclosure statement.

Affiliations: Christian Health Group, Inc. and Chris Chandler, MA, LPCC, LMHC, CSAT, AF-EMDR are affiliated with Seattle Christian Counseling PLLC ("SCC"), Christian Management Services, LLC ("CMS") and Keystone Admin Services, LLC ("Keystone"), practice management companies that provide office space, administrative support, and billing services. As required by HIPAA, I have a formal business associate agreement with these entities, in which the individual managing your account and billing agrees to maintain the confidentiality of information as specifically allowed and required by law.

Informed Consent for Treatment

The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Our relationship as counselor and patient is a collaborative one. So, please feel free to ask any question regarding this document or proposed treatment plan.

Risks and Benefits of Counseling
Counseling, when engaged in as a process, is beneficial. However, as with any treatment, there are inherent risks. During counseling, you will discuss personal issues, which may bring up emotions such as anxiety, anger, guilt, and sadness. This can be uncomfortable. In addition, you will be asked to do work outside of your comfort zone. That said, the benefits of counseling can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and gaining specific problem-solving skills. There are no guarantees, of course, but my goal is to create a safe environment where together we develop a treatment plan, and work to achieve your goals. Some patients need only a few sessions to achieve their goals, while others may benefit from longer-term counseling.

Your Rights as a Patient
Choosing a counselor is an important decision. You have the right to choose a counselor who best suits your needs and objectives. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

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Confidentiality
The information shared and discussed in session will remain confidential except when I am required by law to disclose suspected abuse of a child, a developmentally disabled person, or a vulnerable adult; Other exceptions include:

- Reporting imminent harm to patient or others, including risk of physical harm.
- Reporting information required in court proceedings or by a patient's insurance company, or other relevant agencies.
- Defending myself against claims; and
- Consultations with other professionals regarding patients with whom I am working. This allows me to gain other perspectives and ideas about how to better help you reach your goals. These consultations are conducted in such a way that confidentiality is maintained.

Disclosures may also be made if you sign a written authorization for me to release information to another person or agency, such as your physician or family.

In addition to this document, you will be provided with a separate document entitled Notice of Privacy Practices, which describes in more detail your rights regarding how medical information about you may be used and disclosed.

Appointments and Billing Policies

You may schedule appointments via the patient portal, by calling our office at 619-930-9495, or by email: manager.chg@cachristiancounseling.com

Appointment Reminders
We customarily provide an appointment reminder prior to your appointment; however, this reminder is a courtesy, and it is still the patient's responsibility to remember and keep track of scheduled appointments.

Credit Card on File
Our practice requires that a valid credit card be kept on file for payment of professional service charges such as services rendered and/or products received, as well as late cancellations and/or missed appointments.

Cancellation Policy
I have a 72-hour cancellation policy and would appreciate as much advance notice as possible if there is a change in your schedule. Cancellations received with less than 72 hours' notice are subject to the full session fee. I understand unforeseen scheduling conflicts may occur, if you must cancel an appointment at short notice, please contact my office, as we may be able to reschedule the session for another time that is mutually convenient. This fee may be waived if we can reschedule your appointment for the same week, based on my availability.

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Missed Appointments
In the event that you are unable to keep an appointment, please notify me via phone a minimum of 72 hours in advance. If you miss your appointment for whatever reason and fail to give me adequate notice (72 hours), you will be responsible for the full session fee of $200.00.

If you are late, I will still stop at the schedule end time to keep my schedule, and you will still be required to pay for the entire session.

In the event of a late cancellation or missed appointment, the bill will reflect a missed appointment instead of a clinical session. Most insurance companies will not reimburse for missed appointments.

Insurance
I am not contracted with any insurance. If your plan covers out-of-network benefits, I will accept payment for the session and provide you with a record of your sessions showing receipt of your payments via a Superbill on the 15th of each month. You may submit the Superbill to your insurance company for reimbursement. I recommend checking with your insurance company to see what the reimbursement rate is so that there are no surprises.

Please note, health insurance companies will not pay for telephone calls, reports, letters, or interactions with attorney and others, as such, you are solely responsible for payment for these services.

Past Due Accounts: All balances billed are due and payable within 30 days. Unpaid balances greater than 30 days may be charged a monthly fee of 1% (annual rate of 12%). If your account becomes delinquent and all efforts have been made to collect your balance, your account may be referred to an outside collection agency. If your account becomes delinquent, you agree to pay any additional charges to collect your unpaid bills, including but not limited to reasonable attorney fees, court costs and collection agency fees.

I reserve the right to postpone scheduling, or terminate treatment with you, if you have an on-going unpaid balance on your account. If I take this action, I will not provide any reports, treatment records, respond to requests for release of information, or similar until the unpaid balance has been paid in full.

Returned or Nonsufficient Payments: There is a charge for payments returned for nonpayment, including insufficient funds, closed account, non-transaction account or invalid account or routing number. You will be notified if a payment made to your account does not go through once, we are notified by the bank of the rejected payment. Payment of the outstanding balance and associated fees are due immediately. We may require future payments to be made by cash, credit/debit card or money order.

Case Management
Services provided outside your session, such as telephone interactions with attorneys, physicians, and others on your behalf, writing letters, coordinating adjunct services, and completing forms or

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reports at your request are not considered standard therapy and are not covered by insurance, as such, you are solely responsible for payment for these services.

Court Preparation and/or Testimony (Legal Proceedings): I can only testify to the facts of the case and to my professional opinion. If I am to receive a subpoena, the attorney or office staff should call my office and set up a time for the subpoena to be served during office hours. I request a minimum of 72 hours' notice of any court appearance so that schedule changes for my patients can be made within a reasonable time frame. An additional "RUSH" fee will be charged if a subpoena is received without a minimum of 72-hour notice. A retainer fee will be required in advance for court and legal proceedings, of which a portion is non-refundable. Please note, I am not a certified child custody evaluator and will be unable to testify in child custody cases.

Practice Policies

Patient Intake and Disclosure Forms

The patient intake and disclosure forms provide essential background information to help me assist and support you in achieving your therapy goals. Please complete the forms via the patient portal prior to the first session. If you see me as a couple, I ask that both individuals complete the forms.

Assessments

If we agree that your treatment plan includes evaluating issues such as trauma, dissociation, addiction, and or financial issues. I may recommend that you take an assessment test. These tests are typically completed online. The tests assess signs and symptoms; they are not necessarily diagnostic. This means that you may not receive an "official" diagnosis that has an "official" diagnosis code. As a result, none of the assessment tests I offer are billed to, nor reimbursed by insurance.

I will not release the results unless the assessment(s) and your account are paid in full. Patients will be responsible for full payment of the assessment, even if it is not completed, since we're unable to cancel an assessment after it has started. In no event will the assessment fee(s) be refunded once paid, even if the assessment is not completed.

Assessment Results

These are specialized assessment tools and require specifically trained professionals to interpret the results. Due to the highly sensitive nature of the content as well as the potential for being misinterpreted by others, I will not release the results of the assessment without a counseling session to discuss the results. Copies of the assessment(s) may be released via the patient portal or password protected PDF, solely based on my clinical judgement.

If you are under the care of a new counselor and we haven't discussed the results of the assessment(s), I will only release the results to your counselor. You must complete and submit a release of information form authorizing me to disclose the information.

Termination of Treatment

If you wish to terminate treatment, please give me a minimum of one week's notice. You may terminate treatment at any time without moral, legal, or financial obligation beyond payment of services already rendered. It is expected that we will discuss the prospect of termination so that both

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parties will be clear about any details that need attention as part of the termination process. If you fail to schedule a future appointment, cancel a scheduled appointment, or fail to keep a scheduled appointment and do not contact me within 30 days of the date of the last recorded contact, it will be understood that you have terminated treatment. I shall have no further obligation to you once treatment has been terminated.

Contacting Me

I can be reached via the patient portal, phone or email as follows:

1. Patient Portal is the most secure method of contact.
2. Confidential voice mail at 619-930-9495. I check my messages periodically and will typically return your call within 24 hours.
3. Email at email at chris@cachristiancounseling.com. Email is not a secure form of communication. I cannot guarantee the security of information given to me via email. For this reason, I ask that patients communicate with me in session or via the patient portal.

In Case of Emergency

If you are in an emergency situation and cannot reach me, please call one of the following numbers for help:

General Emergencies: 911
Crisis Clinic: (800) 244-5767 or (206) 461-3222

By signing below, I acknowledge I have received a copy of the Disclosure Statement and have read or had read to me the information contained herein and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I give my informed consent for myself and/or a minor child or legal dependent to begin treatment. I understand that either my counselor or I may terminate therapy at any time.

_____	_____	_____
Patient Name	Patient Signature *(or legal guardian)*	Date

If applicable, Legal Representative complete the information below:

By signing this form, I represent that I am the legal representative of the patient identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the patient's behalf.

_____	_____
Legal Representative Name	Date

Legal Representative Signature _____

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California State Disclosures

State Registration: Therapists practicing psychotherapy for a fee must be licensed or registered for the protection of public health and safety. Registration of an individual with a respective board does not include recognition of any practice standards, nor does it necessarily imply the effectiveness of any treatment. The purpose of the California Business and Professions Code – BPC Division 2 – Chapter 13 of the California Business and Professions Code titled "Licensed Marriage and Family Therapists" (CA Bus & Prof Code § 4980 – 4989), California Licensed Professional Clinical Counselor Act (CA Bus & Prof Code § 4999.10 – 4999.129), and the California Psychology Licensing Act is (a) to provide protection for public health and safety and (b) to empower the citizens of the State of California by providing a complaint process against those counselors who commit acts of unprofessional conduct.

State Mandated Disclosure
I have broad discretion to release any information that I deem relevant in situations where I believe my patient or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect.

Notice to Clients
The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Unprofessional Conduct: The brochure titled "Counseling or Hypnotherapy Patients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Consumer Affairs at the following address and phone number:

Department of Consumer Affairs
Consumer Information Center
1625 North Market Blvd., Suite N 112
Sacramento, CA 95834
(800) 952-5210

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment. I understand that either my counselor or I may terminate therapy at any time.

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Florida State Disclosures

Florida State requires out-of-state telehealth providers to register with the Florida Department of Health to perform telehealth services for patients in Florida. Health care practitioners with an out-of-state license or certification that falls under section 456.47(1)(b), F.S, qualify for an out-of-state telehealth provider registration number when they meet specific requirements.

You may contact the Florida Department of Health as follows:

Department of Health
4052 Bald Cypress Way, Bin C75
Tallahassee, FL 32399-3260
Email: MQA.ConsumerServices@flhealth.gov
Fax: 850-488-0796

As an Out-of-State Telehealth Provider, I am required to designate a duly appointed registered agent for service of process in Florida.

Registered Agent
Keystone Admin Services, LLC
8702 State Road
Hudson, FL 34667
Tel: 727-605-2925

For more information of Florida Telehealth: https://flhealthsource.gov/telehealth/

Complaints:
The Department of Health investigates complaints and reports involving health care practitioners regulated by the department and enforces appropriate Florida Statutes. Action which may be taken against health care practitioners is administrative in nature (e.g., reprimand, fine, restriction of practice, remedial education, administrative cost, probation, license suspension or license revocation).

To file a complaint, visit the Florida Health Care Complaint Portal at:
https://mqacomplaintportal.azurewebsites.net/home

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment. I understand that either my counselor or I may terminate therapy at any time.

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Idaho State Disclosures

Confidentiality
Idaho law requires that most issues discussed during the course of therapy are confidential. However, the release of confidential material is required in situations of suspected child abuse, of potential harm to self or others, and in instances where the court may subpoena records.

Complaints
Counseling services will be rendered in a professional manner consistent with the accepted ethical standards of the American Counseling Association. If at any time you have questions or concerns, please let me know.

To make a complaint to the Idaho Board of Professional Counselors and Marriage and Family Therapists, you may file a complaint online at https://appengine.egov.com/apps/id/dopl/occ-comp. If you have questions about the complaint process, you may contact the Idaho Division of Occupational and Professional Licenses (IDOPL) at (208) 334-3233, fax (208) 334-3945, e-mail cou@ibol.idaho.gov, or mail PO Box 83720, Boise, Idaho 83720-0063 (Physical address: 11341 W. Chinden Blvd., Bldg. #4 Boise, ID 83714). The Board's official website is http://www.dopl.idaho.gov.

Professional Relationship
IBOL Rule 525 for counselors stipulates that you be informed that the relationship between client and counselor will always be of a professional nature only and that any sexual or inappropriate behavior will not be permitted at any time. Should you feel that this rule has been violated you are encouraged to file a complaint with the licensing bureau. Mental health therapists are regulated by the Idaho Board of Occupational Licenses 700 W State St., Boise, ID 83702; 208-334-3233.

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment. I understand that either my counselor or I may terminate therapy at any time.

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Iowa State Disclosures

The Iowa Board of Behavioral Science evaluates the qualifications of applicants and grants licenses to those who qualify. The Board establishes rules and regulations to ensure the integrity and competence of licensed Mental Health Counselors and Marital and Family Therapists and investigates complaints for unprofessional conduct. The Board is the link between the consumer and the licensed Mental Health Counselor and Marital and Family Therapist and, as such, promotes the public health, welfare and safety.

You can file a complaint:

- Online at https://ibplicense.iowa.gov/, or
- Complete the Complaint Form, or
- Call the board office at 515-281-0254 during regular business hours.

How a complaint is processed

All complaints received in the office are given a case number and are treated as confidential even to the person complaining and the licensee.
A letter of receipt is mailed to the person filing the complaint.
After reviewing the investigation, the Board may decide to:

- Close the case;
- Close the case by writing a confidential letter of education to the licensee;
- Make a probable cause determination and proceed to a Statement of Charges against the licensee.

A Statement of Charges can be viewed in the Discipline and Public Actions page.

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment. I understand that either my counselor or I may terminate therapy at any time.

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Kansas State Disclosures

The Kansas Behavioral Sciences Regulatory Board licenses and regulates Licensed Psychologists (LP), Licensed Master's Level Psychologists (LMLP), Licensed Clinical Psychotherapists (LCP), Licensed Specialist Clinical Social Workers (LSCSW), Licensed Master's Level Social Workers (LMSW), Licensed Bachelor Social Workers (LBSW), Licensed Associate Social Workers (Renewals only) (LASW), Licensed Marriage and Family Therapists (LMFT),Licensed Clinical Marriage and Family Therapists (LCMFT), Licensed Professional Counselors (LPC), Licensed Clinical Professional Counselors (LCPC), Licensed Addiction Counselors (LAC), Licensed Masters Addiction Counselors (LMAC), Licensed Clinical Addiction Counselors (LCAC), Licensed Assistant Behavior Analysts (LaBA) and Licensed Behavior Analysts (LBA).

You may contact the Board as follows:

Kansas Behavioral Sciences Regulatory Board
Eisenhower State Office Building
700 S.W. Harrison St, Ste 420 | Topeka, KS 66603-3817
Phone: 785-296-3240 | Fax: 785-296-3112
Email: bsrb@ks.gov

Complaints

Anyone who believes that a licensee or applicant of the Board has or is engaging in unprofessional conduct related to his or her professional responsibilities or license, should file a complaint with the Board.

All complaints must first be submitted to the Board in writing. Therefore, the first step to filing a complaint is obtaining and completing the **Report of Alleged Violation** form. You can obtain the RAV form by contacting the Board office at (785) 296-3240, or you can download the form at: https://ksbsrb.ks.gov/docs/default-source/forms/general/rav.pdf?sfvrsn=75f88885_26

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment. I understand that either my counselor or I may terminate therapy at any time.

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Michigan State Disclosures

The Bureau of Professional Licensing (BPL), in conjunction with the Michigan Board of Counseling under the Michigan Public Health Code are responsible for the licensing and regulation of health professionals.

Complaints

To file a complaint related to a health professional, you may contact:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Investigations & Inspections Division
P.O. Box 30670 Lansing, MI 48909
(517) 241-0205

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Oregon State Disclosures

As a Licensed Professional Counselor with the Oregon Board of Licensed Professional Counselors and Therapists (Board), I abide by its Code of Ethics.

As a client of an Oregon Registered Associate, you have the following rights:

- To expect that a registered associate has met the qualifications of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm credentials of a registered associate.
- To obtain a copy of the Code of Ethics.
- To report complaints to the Board.
- To be informed of the cost of professional services before receiving the services.
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions:
    1. Reporting suspected child abuse.
    2. Reporting imminent danger to you or others.
    3. Reporting information required in court proceedings or by your insurance company, or other relevant agencies.
    4. Providing information concerning licensee case consultation or supervision; and
    5. Defending claims brought by you against me; and
- To be free from being the object of discrimination on any basis listed in the Code of Ethics while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Rd SE, #120, Salem, OR 97302-6312
Telephone: (503) 378-5499
Email: **lpct.board@mhra.oregon.gov**
Website: www.oregon.gov/OBLPCT

Additional information about this Licensed Professional Counselor is available on the Board's website: www.oregon.gov/OBLPCT.

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South Carolina State Disclosures

The Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists maintains quality counseling services in South Carolina by licensing qualified professionals. The board licenses counselors, marriage and family therapists, addiction counselors and psycho- educational specialists who have received appropriate education, experience, and supervision, and who are competent in meeting the counseling needs of the people of South Carolina.

Ethics

Chris Chandler, MA, LPCC, LMHC, CSAT, AF-EMDR, Christian Health Group, Inc., and all workforce team members follow the South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists' Code of Ethics. Any type of sexual behavior between therapist and patient is unethical. It is never appropriate and will not be condoned.

Complaints

The Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists investigates complaints and disciplines when necessary. A complaint against a licensee, or an unlicensed person practicing a profession or occupation that requires a license, may be made via the online complaint system or by calling (803) 896-4470. The complaining party is responsible for ensuring that all necessary information is included on the form.

By signing below, I acknowledge that I have read or had read to me and understand the elements of the Professional Disclosure Statement. I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Christian Health Group, Inc., Chris Chandler MA, LPCC, LMHC, CSAT, AF-EMDR.

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Texas State Disclosures

Confidentiality
Information you share with me may be entered into records in written form. Additionally, I will keep confidential the things you tell me, with the following exceptions: (a) thorough written consent you direct me to share information with someone else; (b) if you are a danger to yourself or others (TX Health and Safety Code); (c) I am ordered by a court to disclose information; (d) you disclose abuse of a child, a disabled person, or an elderly person (TX Family Code); (e) you disclose that a previous therapist sexually exploited you (LPC, LMFT Rules); or, (f) other reasons as specified in laws of this state. Confidentiality also does not extend to criminal proceedings or to legitimate subpoenas in a civil proceeding. My responsibility to you is to maintain all identifiable information about you in confidence and to not release it to any person or facility without your written permission except in the instances noted above.

Complaints
The Texas Behavioral Health Executive Council oversees the Texas State Board of Examiners of Professional Counselors. Complaints must be submitted to the Council on an approved complaint form, which may be downloaded from the Forms and Publications webpage: https://bhec.texas.gov/forms-and-publications/index.html. Alternatively, you may call or write and request the complaint form be mailed to you:

Texas Behavioral Health Executive Council
Attn: Enforcement Division
1801 Congress Ave., Ste. 7.300 | Austin, Texas 78701
Tel: 512-305-7700
Complaint Referral System: 1-800-821-3205 (toll-free)
Email: enforcement@bhec.texas.gov

Client Rights

- You have the right to be treated by me in a competent, ethical, and respectful manner.
- You have the right to a personal, individualized assessment of your treatment needs in which your expertise about yourself is as important as is my professional opinion about you.
- You have the right to referrals to other competent professions and services when this is indicated by your treatment needs.
- You have the right to ask questions about the approach and methods we use and to decline the use of certain therapeutic techniques.
- You have the right to confidential treatment except in the circumstances already described. This means that you determine the amount of information to be released to anyone outside this setting by signing an authorization form that is specific to each situation that determines the length of time in which the information may be released, and that may be canceled by you at any time.
- You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are a danger to yourself or to someone else.
- You have the right to resume service following termination with my expressed agreement.
- You have the right to discuss your treatment, concerns, questions, complaints, or any other matter with me.

By signing below, I acknowledge that I have read or had read to me and understand the elements of the Professional Disclosure Statement. I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Christian Health Group, Inc., Chris Chandler MA, LPCC, LMHC, CSAT, AF-EMDR.

_____	_____	_____
Patient Name	Patient Signature *(or legal guardian)*	Date

Christian Health Group, Inc.
Hope. Healing. Change.

Chris Chandler, MA, LPCC, LMHC, CSAT, AF-EMDR
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Washington State Disclosures

State Registration: Therapists practicing psychotherapy for a fee must be registered or certified with the Department of Health for the protection of public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor does it necessarily imply the effectiveness of any treatment. The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (a) to provide protection for public health and safety, and (b) to empower the citizens of the State of Washington by providing a complaint process against those counselors who commit acts of unprofessional conduct.

State Mandated Disclosure
I have broad discretion to release any information that I deem relevant in situations where I believe my patient or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect.

Minors & Parents
In the State of WA, minors have the right to confidentiality at the age of 13. This means parents do not have the right to access the minor's counseling records or conversations between therapist and child unless I have written authorization from the minor. I do not perform parenting or custody evaluations. I am not available to testify or provide forensic evidence in custody cases. I do not investigate child abuse/neglect issues, but I am legally mandated to report suspected abuse/neglect.

Marriage/Couples Counseling
If you are receiving marriage or couples counseling, anything you say to me in one-to-one conversations will not be considered confidential from your partner. If a legal case emerges, confidentiality may be jeopardized. Both parties must sign a Release of Information Authorization Form to release any records to one or both parties. I am not available to testify or provide forensic evidence on behalf of one or the other counseling participants.

Unprofessional Conduct: The brochure titled "Counseling or Hypnotherapy Patients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health, Counselor Programs
PO Box 47869
Olympia WA 98504-7869
(360) 664-9098

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment. I understand that either my counselor or I may terminate therapy at any time.

_____	_____	_____
Patient Name	Patient Signature *(or legal guardian)*	Date

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Fee Schedule

CPT Code	SERVICE DESCRIPTION	FEE
90791	Initial Diagnostic Session	$ 200.00
90832	Individual Therapy Session (16-37 minutes)	$115.00
90837	Individual Therapy Session (53-60 minutes)	$200.00
90846	Family Therapy Session without Patient (53-60 minutes)	$200.00
90847	Family Therapy Session with Patient (53-60 minutes)	$200.00
90853	Group Counseling (90 minutes) weekly for 12 weeks	$70.00

OTHER - Not Reimbursable by Insurance	FEE
Late Cancellation / Missed Appointment – Individual or Family session	$200.00
Late Cancellation / Missed Appointment – Group session	$70.00
Case Management - telephone interactions with attorneys, physicians, and others on your behalf, writing letters, coordinating adjunct services, and completing forms or reports at your request, per hour	$200.00
Case Management – "RUSH" Fee for requests before 7 business days	$10.00
Court Preparation/Testimony – Retainer Fee - required in advance, of which $350.00 is non-refundable	$500.00
Court Preparation/Testimony - including preparation, travel (to and from), and attendance (wait time and testimony/participation), per hour	$350.00
Court Preparation/Testimony – "RUSH" Fee will be charged if a subpoena is received without a minimum of 72-hour notice	$250.00
Non-Sufficient Funds (NSF) or Returned Payments	$30.00

ASSESSMENT / TESTING - Not Reimbursable by Insurance	FEE
Sexual Dependency Inventory (SDI)	$100.00
Money and Work Adaptive Styles Index (MAWASI)	$50.00
Post-Traumatic Stress Index, Revised (PTSI-R)	$50.00
Adult SASSI-4 or Adolescent SASSI-A3	$25.00
M.I.N.I Assessment	$25.00

Acknowledgment & Agreement

By signing below, I agree to the Fee Schedule provided and to pay the fee as specified in this disclosure statement. I understand I am expected to maintain a valid credit card on file, that will be automatically processed weekly for services rendered, unless I make a payment by other means (i.e., cash, check, etc.) at the time of service. I agree to contact Christian Health Group's office immediately to update the credit card on file, if it becomes inactive or invalid for any reason.

_____ _____ _____
Patient Name Patient Signature *(or legal guardian)* Date

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NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2022

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.

NOTICE

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by submitting a written request to our Privacy Officer.

Your health record contains Protected Health Information ("PHI"). Protected health information means individually identifiable health information, including demographic information, past, present, or future physical or mental health or condition, health care services including treatment, billing and payment for these services, that is:

- Transmitted by electronic media;
- Maintained in electronic media; or
- Transmitted or maintained in any other form or medium.

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 to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct our medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- 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.

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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 per year for free but will charge a reasonable, cost-based fee 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 writing to Chris Chandler at 5405 Morehouse Dr, Ste 120, San Diego, CA 92121, calling 619-930-9495, or emailing chris@cachristiancounseling.com.
- For Washington Patients: You can file a complaint with the Washington State Department of Health at 510 4th Avenue W, Suite 404, Seattle, WA 98119.
- You can also 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

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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.

In these cases, we *never* share your information unless you give us written permission.

- Marketing purposes
- Sale of your information
- Fundraising efforts

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.

Treatment - We can use your health information and share it with other professionals who are treating you.

- Information obtained by a nurse, physician, therapist, or other member of our healthcare team will be recorded in your medical record and used to determine the best course of treatment for you.
- We may also provide information to others providing our care. This will help them stay informed about your care.

Health Care Operations - We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example,

- We may use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

Payment – We can use and share your health information to bill and get payment for your health services.

- We give information about you to your health insurance plan so it will pay for your services.
- We may provide information to a third-party payor, or, in the case of unpaid fees, submitting your contact information and amount owed to a collection agency.

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:
www.hhs.gov/privacy/hipaa/understanding/consumers/index.html.

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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

With Medical Researchers

- If the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.

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.

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.

Incidental Disclosures

- We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

Limited Data Set Disclosures

- We may use or disclose a limited data set (PHI that has certain identifying information removed) for purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

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Psychotherapy Notes

Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. An authorization to use or disclose psychotherapy notes is required except if used by the originator of the notes for treatment, to a person or persons reasonably able to prevent or lessen the threat (including the target of the threat), if the originator believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, if the notes are to be used in the course of training students, trainees or practitioners in mental health; to defend a legal action or any other legal proceeding brought forth by the patient; when used by a medical examiner or coroner; for health oversight activities of the originator; or when required by law.

Special Authorizations

Certain federal and state laws that provide special protections for certain kinds of personal health information call for specific authorizations from you to use or disclose information. When your personal health information falls under these special protections, we will contact you to secure the required authorizations to comply with federal and state laws such as:

- Uniform Health Care Information Act (RCW 70.02)
- Sexually Transmitted Diseases (RCW 70.24.105)
- Drug and Alcohol Abuse Treatment Records (RCW 70.96A.150)
- Mental Health Services for Minors (RCW 71.05.390-690)
- Communicable and Certain Other Diseases Confidentiality (WAC 246-100-016)
- Confidentiality of Alcohol and Drug Abuse Patients (42 CFR Part 2)

If we need to use or disclose your health information for any other reason that has not been described in this notice, we will ask for your written authorization before using or disclosing any identifiable health information about you. Most important, if you choose to sign an authorization to disclose information, you can revoke that authorization at a later time to stop any future use and disclosure.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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.

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For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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 website.

Effective Date of Notice: October 1, 2022

Privacy Officer

Christopher A Chandler
5405 Morehouse Dr, Ste 120
San Diego, CA 92121
Email: chris@cachristiancounseling.com
Phone: 619-930-9495