

The Center for Hope & Healing
1531 Highland Colony Pkwy
Madison, MS 39110
(601) 898-4947

Welcome to **The Center for Hope & Healing!** **CHH** is a ministry of Broadmoor Baptist Church aimed at promoting emotional, relational, and spiritual health of its members and the surrounding community. **CHH** works with individuals, couples, families, churches, and communities in creating and maintaining a healthy understanding of spirituality as it relates to overall life-satisfaction. **CHH** operates under the umbrella of Broadmoor Baptist Church, and helps to fulfill the church's vision and mission.

Vision: Passionately Pursuing God's Vision for Life

Mission: Committing Our Lives to Jesus Christ and Our Lifestyles to His Great Commandments and His Great Commission

CHH is concerned with both the prevention and intervention aspects of building stronger Christian individuals, couples, and families. We offer such ministries as pre-marital education, divorce recovery workshops, grief support groups, crisis intervention, as well as a host of other ministries aimed at strengthening people through Jesus Christ and the power of His Word.

CHH is made up of a group of committed Christian counselors and volunteers whose aim is to help you in your pursuit of a more fulfilling life in Christ. We define Christian counseling as:

a relational process in which a faithful follower of Christ utilizes his or her God-given gifts, training, knowledge, and experiences, following the direction of the Holy Spirit, in the task of walking with others, toward spiritual maturity, emotional health, cognitive truth, relational stability and behavioral accountability in a caring and supportive environment.

Our hope and prayer for you as you begin your Christian Counseling journey is that your life will be forever changed through the power of the Holy Spirit and God's Word. The Holy Spirit works through our Christian counselors through the truth and power of His Word. As you begin your counseling experience here at **CHH**, we want you to be aware of a few things that are essential if your counseling is to produce results that are lasting.

1. The Christian counseling you receive at **CHH** is drawn from God's Word – it is done in accordance with and not contrary to any teaching of God's Holy Scriptures,
2. Christian counseling, when done with authenticity, is always more concerned with heart transformation than with simply alleviating symptoms,
3. Heart change often begins with changing one's thinking. We ask that you be open to thinking in ways that you might not be accustomed,
4. Christian counseling is a process that usually requires more than one session. We ask that you be committed to the process of learning new ways of thinking and behaving in order to develop change that will last beyond the Christian counseling experience,

We hope you are ready to examine your own life and make appropriate changes through the counseling process, so that the Fruit of His Spirit (Gal. 5:22) will reign in your life. We are excited to be involved in this journey with you, and we pray that your heart is ready for the God of Healing to touch your life, your marriage and your family!

Tate Cockrell, PhD., M.A., M.A., B.S.

Director, The Center for Hope & Healing
Family Pastor, Broadmoor Baptist Church

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Welcome to ***The Center For Hope & Healing!*** It is our deepest desire to help you with whatever issue has brought you here through the truth and power of God' s Word. He is the Creator and Designer of all things, and there is no human situation for which He does not have a solution. Together we will work towards that solution based on the truth that is provided to us in Scripture.

Christian Counseling Relationship: We see Christian counseling as a dynamic process in which you and your counselor work together toward a common goal. The process is predicated upon trust in one another. Your ability to work as a team to investigate and define present problem situations, develop future goals for an improved life, and work in a methodical fashion toward realizing those goals will be essential. We have a fundamental belief in your worth and contribution to the change process. Our goal is to help you realize your own potential to discover problem areas and implement strategies of change.

Services Offered and People Served: We approach Christian counseling from a biblical perspective. Our hope and prayer for you is that your life will be forever changed through the power of the Holy Spirit and God's Word. Our primary approach to Christian counseling involves addressing, from a biblical perspective, the areas of an individual's life which need to be altered to maximize their full potential in Christ. Thought patterns and actions are explored in order to better comprehend your issues and to develop viable solutions. We have a fundamental belief in the importance of a person's spiritual life as it relates to overall health. We will often expose our own spiritual beliefs in counseling sessions, but will never under any circumstances impose our beliefs upon you, nor will we seek to proselytize any client. We work with clients in multiple formats, including individually, as couples, and as families. We see clients of all ages and backgrounds with the exception that we do not work individually with children under 6 years of age.

Emergency Situations: If an emergency situation should arise, you may seek help through hospital emergency room facilities, or for immediate attention dial 911.

Your Responsibilities: You are a full partner in the Christian counseling process and thus have a heavy responsibility upon the outcome of that process. Your honesty and effort is essential to success. Your counselor should be able to trust your actions, and motives, just as you trust his or her actions and motives. If during this process you have suggestions or concerns about the quality of your care, we anticipate that you will share those with your counselor. It is our goal to provide you with the best care possible. If at any time you feel that another Christian counselor would better serve you, we will help you with the referral process. **Neither CHH, nor Broadmoor Baptist Church, make any promises or guarantees of change or progress.**

Physical Health: Physical health can be an important factor in the emotional and spiritual well being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. As a routine part of the initial session, you will be asked the name of your physician, and to list any medications that you are now taking.

Potential Risk: The client should be aware that Christian counseling poses potential risks. In the course of working together additional problems may surface of which you were not initially aware. If this occurs, then you should feel free to share these new concerns with your counselor.

Confidentiality: Everything spoken here at **CHH** is protected by the confidentiality statutes of the State of Mississippi. That means **CHH** will in no way disclose any information without your written consent except in the following situations:

1. If you threaten grave bodily harm or death to yourself or another person, your counselor is required by ethical standards to inform the intended victim and/or appropriate law enforcement agencies;
2. If you report to your counselor your knowledge of the physical or sexual abuse of a minor child by an adult or of an elder (over 65) by an adult, your counselor is required by law to inform the appropriate child welfare agency which may then investigate the matter;
3. If your counselor is required by a court of law (court order) to turn over records to the court or is ordered to testify regarding those records;
4. If you sign a written release of confidential information allowing your counselor to disclose confidential information.

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Appointments: Counseling sessions are 40 minutes in length. For counseling to be effective several things are required:

1. Commitment to the process through faithfully attending appointments;
2. Completing "homework assignments" between sessions;
3. Establishing clearly defined goals (the counselor will help do this in the first session);
4. A willingness to accept the truth, as found in God's Word, and integrate it into your life.

******Please note that CHH requires 24 hours notice be given if canceling an appointment becomes necessary. You will be billed for the session if less than 24 hours notice is given; emergency situations may be discussed with your counselor.******

Financial Policy: CHH has a flat fee of \$30 for all members of Broadmoor Baptist Church. CHH has a sliding fee scale for all non-members of Broadmoor Baptist Church, which begins at \$50 and has a maximum of \$110. Payment is due when services are rendered, at the end of each session. CHH does not participate in managed care agreements with insurance companies, nor do we file for or accept insurance payments.

Per 40 minute Session	Gross Annual Income	Per 40 minute Session	Gross Annual Income
\$50.00	\$50,000 and Below	\$80.00	\$75,001-\$95,000
		\$95.00	\$95,001-\$110,000
\$65.00	\$50,001-\$75,000	\$110.00	\$110,001 and Above

If person is under 18, I _____ (please print), have legal custody and give my consent for counseling of the above named minor. If client is a child/children of divorce, *The Center For Hope & Healing* will need a copy of the divorce decree showing the legal custodian of the child/children.

Signature of Parent or Guardian

Signature of Parent or Guardian

All members of your family who are involved in counseling need to sign below, indicating understanding of these policies and procedures.

ACKNOWLEDGED:

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

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NOTICE OF PRIVACY PRACTICES (Client's Copy)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

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

USES & DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

1. We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*” - *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or other practitioner. *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business related matters, such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within *CHH*, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of *CHH*, such as releasing, transferring, or providing access to information about you to other parties.

2. We may disclose to a family member, other relative, a close personal friend of yours, or any other person identified by you, the health information directly relevant to such person's involvement with your care or payment related to your health care.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission that is above and beyond the general consent that permits only specific disclosures. In those instances, when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your counseling notes. “*Counseling notes*” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or counseling notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

We may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse:** If we have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must make a report of such within 48 hours to the appropriate law enforcement or regulatory agency.
- Adult and Domestic Abuse:** If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the appropriate law enforcement or regulatory agency.
- Health Oversight:** If a complaint is filed against us with the State Board of Examiners, the board has the authority to subpoena confidential mental health information from us relevant to that complaint.
- Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

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- Serious Threat to Health or Safety:** If we determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.
- Worker's Compensation:** If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

PATIENT RIGHTS

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described previously). On your request, we will discuss with you the details of the accounting process.

QUESTIONS OR COMPLAINTS

For more information about our privacy policy or have questions or concerns, please contact us. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may complain to us using the contact information listed at the end of this Notice. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will provide you with that address to file your complaint upon request.

Contact Officer: Tate Cockrell, PhD
Telephone: 601-898-4947
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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Signature: _____

Date: _____

For office use only

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Specify below)
