



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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Counselor Education, Training and Counseling Orientation

Training and Degrees: I received my Master of Arts in Counseling Psychology from Mars Hill Graduate School (now Seattle School of Theology and Psychology) in December 2005. This program is fully accredited by TRACS, a national accrediting agency that is recognized by the Council for Higher Education Accreditation. I received my Bachelor of Arts degree in Psychology from Western Oregon University. I began my clinical experience in 2004 working with adolescents and adults in a variety of contexts including inpatient and outpatient hospital settings.

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

Kansas – Licensed Clinical Professional Counselor, License number: LCPC03400

Washington – Licensed Mental Health Counselor, License number: LH00011043

Counseling Orientation: I approach counseling from a patient-centered and strength-based perspective. This means that I tailor my methods to the strengths and needs of each of my patients. In my first few sessions with a patient, I work to create a therapeutic relationship in which the patient 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 patients 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 patients 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.

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.



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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.

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.



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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

To schedule or reschedule an appointment, you may contact my office via the patient portal, by phone at 619-930-9495 or by email at 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

Although I accept payment via cash, check (made payable to Christian Management Services) or credit card, patients are required to keep an active credit card on file. By completing the credit card authorization form, the patient (or legal representative) authorizes my office to charge the card on file for payment of services rendered and/or products received, including late cancellations, and missed appointments.

Unless otherwise agreed, we will process the credit card on file on a weekly basis. If the credit card we have on file for you changes, you agree to contact our office immediately to update the payment method on file.

This policy is necessary to keep the practice focused on your care and treatment versus collection efforts. In conjunction with HIPAA regulations and our office policy, all credit card information is maintained confidentially within your medical chart. Only authorized personnel will be able to access this information.

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.



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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 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.

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 of these tests unless the tests and your account are paid in full and in no case will I release the test results without a counseling session to discuss the results. Patients will be responsible for full payment of the assessment, if it is started, even if it is not completed, since we’re unable to cancel an assessment after it has started. In no event will the testing fees be refunded.

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.

Missed Appointments

If 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. If you are late, I will still stop at the scheduled 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.

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.



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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.

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

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



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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.

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.

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 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:



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General Emergencies: 911

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

By signing below, I acknowledge I have received a copy of the attached Disclosure Statement, read the information contained herein and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I have had an opportunity to ask questions and 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.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of 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



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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>



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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



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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.

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



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