

COUNTRY CROSSROADS COUNSELING, LLC.

2019-2020 POLICIES AND PROCEDURES

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COUNTRY CROSSROADS COUNSELING NON DISCRIMINATION STATEMENT

Country Crossroads Counseling, LLC does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

Country Crossroads Counseling, LLC is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

COUNTRY CROSSROADS COUNSELING OFFICE HOURS

General office hours are Monday to Friday 9:30 to 5:30.

Usually we are able to see patients within 7 to 10 working days of calling to schedule during normal daytime office hours.

Each counselor is responsible for setting their own schedule and do accommodate a substantial amount of evening and Saturday appointments. These appointments do fill quickly and might not be readily available.

Please let us know if there are special circumstances around your appointment, such as an emergency care visit or urgent care visit as we try to get those scheduled as quickly as possible. Most emergent care visits can be scheduled within 6 hours and urgent care are scheduled within 48 hours. These are often daytime appointment and some availability is due to cancellations so short notice may be given. However, due to the severity of the visit, Country Crossroads Counseling makes every effort to see that these clients are seen as quickly as our schedule allows.

Country Crossroads Counseling does have a cancellation waiting list. Clients will be put on the list and appointments will be scheduled as patient need and availability allow.

COUNTRY CROSSROADS COUNSELING SERVICES AND GOALS OF CARE

Individual Counseling

Individual counseling is a process in which the client and the therapist meet to explore areas of emotional and social difficulties, which are affecting the client. These concerns may occur in school or in work performance, in relationships, or in everyday living. People seek out individual counseling to examine various aspects of their lives and the difficulties they may be having in solving some of their problems. The client and therapist collaborate to identify and work towards mutually agreed upon therapy goals.

Individual therapy goals vary and may include reducing depression or anxiety, improving self-esteem, enhancing relationship skills, and helping you manage and cope with emotions. Individual counseling can also help you to feel better and function at your best. It can help in achieving a greater understanding and perspective on life experiences (family upbringing, school peer experiences, relationship break-up, academic issues, death, separation, loss, and adjustment to life changes).

Individual counseling provides a safe environment for you to share your deepest thoughts and feelings without judgment. Individual counseling sessions typically last 50 minutes and meet weekly at a regularly scheduled time. Many people are able to communicate and work through emotions and experiences that might be difficult to discuss in other settings. As the relationship between the client and therapist develops, therapy provides a framework for an individual to achieve one's goals and experience the life the client desires.

In general, the goal of therapy is to talk through mental health concerns and help clients heal, grow, and move toward more productive, psychologically healthy lives. Good therapy is client-driven, and specific goals for therapy will be determined by you and your therapist.

Couples and Marriage Counseling

Relationships are the most important aspect of our lives; how we live, love, and communicate with one another. Over the past 50 years, Modern Psychoanalysis has devised new techniques and strategies to deal with even the most troublesome aspects of romantic relationships, and explore new approaches to emotional communication and personal growth. My practice helps couples figure out all of these complex issues, and I have nearly a decade's clinical experience with a wide range of problems. Country Crossroads Counseling, LLC, addresses the needs of couples, both traditional and non-traditional. Serving all areas of conflict and symptom formation including: relationship issues, depression, anxiety, divorce, substance abuse, couples counseling, family counseling, group psychotherapy, and corporate consultation.

Common goals for couples counseling are:

- Improving communication skills
- Building empathy and respect
- Learning effective problem-solving and conflict resolution skills
- Strengthening connections, including intimacy
- Minimizing ineffective, threatening, unproductive communication patterns
- Reducing power struggles
- Renewing commitment to the relationship
- Making decisions about separation and divorce

Family Counseling

Family counseling is a special form of psychotherapy that focuses on changes within a family system, and understands that family relationships have an impact on the feelings, behaviors and psychological adjustment of every family member. Because family therapists view the family as a system of interacting members, problems that arise in the family are attributed to the system rather than any one family member. Ideally, all or most family members are involved in the therapy process and attend therapy sessions. Family relationships are examined as the source for treating mal-adjustment in one or more of the family members.

When children or adolescents are identified as having psychological problems, family counseling is frequently the preferred treatment option. However, family counseling is also used when adult family members have psychological problems, which significantly affect other family members. In such cases, it is not uncommon for adult family members to seek additional individual therapy.

With younger children, therapists may recommend combining individual, parent, and family therapy sessions. The parent sessions may focus on behavior control, discipline procedures and managing specific behavioral problems. The child's session may focus on self-regulation, improving self-esteem, learning social skills and developing coping skills. The family counseling sessions can then focus on all family members contributing to the identification and resolution of family problems.

The goal of family therapy is to help family members improve communication, solve family problems, understand and handle special family situations (for example, death, serious physical or mental illness, or child and adolescent issues), and create a better functioning home environment.

COUNTRY CROSSROADS COUNSELING ANIMAL ASSISTED THERAPY INFORMATION

Country Crossroads Counseling is one of only a few places in the Kansas City, MO, area that offers animal assisted therapy with both dogs and horses.

Animal assisted therapy is a special form of therapy that can be used in conjunction with another form of counseling such as individual or family. This is a process in which the client and therapist incorporate animals into the psychotherapy process. The incorporation of animals in the therapy session can range from; grooming a horse, playing fetch with a dog, or simply having the dog in the room to pet during the therapy session.

Since this a form of therapy that involves dogs or horses, each session is likely to have different activities depending on the needs of the individual and animals. Country Crossroad Counseling, LLC can incorporate the use of dogs or horses depending on the client's preference.

Animal assisted therapy can provide numerous benefits such as; decreased stress levels, reduced anger and aggression, improved social interactions, and self-empowerment.

Animal assisted therapy has been proven to benefit not only the human individuals involved, but also the animals. According to studies between horses and humans and then dogs and humans, both beings experience positive results from the attention received from the other.

Please note that if you do not wish to have animals in the office or participate in animal therapy, it certainly is not a requirement at Country Crossroads Counseling. Many of our clients have regular (no animal) sessions and we wish to provide our clients with the experience and process they prefer. We can discuss your preferences or your first visit or you can let us know by phone or email before you come.

COUNTRY CROSSROADS COUNSELING COST OF CARE

Rates are as follows:

Rates for Susie Derouchey:

Billable Insurance Rate, Intake Session	\$190.00
Billable Insurance Rate, Regular Session	\$125.00
Self Paid discounted rate, Regular 52 minute session	\$100 (Reg price \$125)
Self Paid 26 minute session	\$50.00 (Reg price \$62.50)
Anger Management Assessment, Self Paid Rate (May be referred to individual anger management sessions)	\$200 per evaluation
Staff Training / Business Seminar	Varies per Training Avg \$500 -\$1500
Depends on speaking time, preparation, and travel, but I can offer several options to work with many budgets.	
Motivational Speaking Engagement	Varies per Engagement Avg \$500 -\$1500
Depends on speaking time, preparation, and travel, but I can offer several options to work with many budgets.	

Rates for Suzie Seitz:

Billable Insurance Rate, Intake Session	\$190.00
Billable Insurance Rate, Regular Session	\$125.00
Self Paid discounted rate, Regular 52 minute session Counseling Sessions	\$75.00 (Reg price \$100)
Self Paid 26 minute session Counseling Sessions	\$37.50 (Reg price \$50)

Rates for Katie Parris and Mandy Greene:

Billable Insurance Rate, Intake Session	\$190.00
Billable Insurance Rate, Regular Session	\$125.00
Self Paid discounted rate, Regular 52 minute session Counseling Sessions	\$60.00 (Reg price \$85.00)
Self Paid 26 minute session Counseling Sessions	\$30.00 (Reg price \$42.50)

COUNTRY CROSSROADS COUNSELING CANCELLATION POLICY

A cancelled appointment hurts three people: you, your therapist, and another client who could have potentially used your time slot. Therapy sessions are scheduled in advance and are a time reserved exclusively for our clients. When a session is cancelled without adequate notice, we are unable to fill this time slot by offering it to another current client, a client on the wait list, or a client with a clinical emergency. In addition, we are unable to bill your insurance company for sessions that are not kept.

Country Crossroads Counseling, LLC charges a \$20.00 cancellation fee if appointments are cancelled less than 24 hours in advance. Cancellation fee must be paid before appointment can be rescheduled. If you miss two scheduled appointments within a 90 day time period without 24 hours advance notice, the therapeutic relationship will be terminated.

COUNTRY CROSSROADS COUNSELING NONCOMPLIANCE WITH TREATMENT

Noncompliance (non-adherence) to medical recommendations can have a significant impact on a patient's overall health quality, resulting in decreased opportunities for prevention, delayed diagnosis, and incomplete or ineffective treatment.

Reasons for noncompliance may include the patient misunderstanding instructions, forgetting, or simply ignoring recommendations. Other patients may actually make an informed decision to decline certain treatments.

Common manifestations of patient noncompliance include:

Failure to keep follow-up appointments

Failure to complete recommended diagnostic testing or laboratory studies

Failure to comply with consultation recommendations

Failure to follow medication instructions and monitoring regimens

Failure to make behavioral and lifestyle changes (diet, weight loss, exercise, smoking, alcohol)

There may be many potential causes which contribute to a patient's noncompliance. The importance of recognizing the issue and addressing this with the patient and family may have a significant impact on the clinical outcome and response to any recommended treatment.

COUNTRY CROSSROADS COUNSELING INSURANCE QUESTIONS, EXPLANATION AND POLICIES

Insurance

Most insurance plans will cover mental health and substance abuse treatment. The quote of coverage and benefits we get from your insurance company is not a guarantee of coverage. It is still in your best interest to contact your insurance company prior to your first session to verify that you have coverage.

Here are some helpful questions to ask your insurance company:

Does my plan cover either “Mental Health Benefits” or “Behavioral Health Benefits”?

Is my provider in or out of network?

Is there a limit on the number of outpatient therapy visits covered? If so, how many?

Am I responsible for a co-pay or a certain share of the cost per session?

How much of my deductible have I met thus far?

Does my plan require me to use a preferred provider or can I choose whomever I want and use out-of-network benefits if necessary?

Does my plan limit the time allowed in each appointment?

Brief Insurance Explanation

A deductible is the amount you pay for health care services before your health insurance begins to pay. Let's say your plan's deductible is \$1,500. That means for most services, you'll pay 100 percent of your medical and pharmacy bills until the amount you pay reaches \$1,500. After that, you share the cost with your plan by paying coinsurance and copays.

Coinsurance is your share of the costs of a health care service. It's usually figured as a percentage of the amount they allow to be charged for services. You start paying coinsurance after you've paid your plan's deductible. Here's how it works. Lisa has allergies, so she sees a doctor regularly. She just paid her \$1,500 deductible. Now her plan will cover 70 percent of the cost of her allergy shots. Lisa pays the other 30 percent; that's her coinsurance. If her treatment costs \$150, her plan will pay \$105 and she'll pay \$45.

A copay is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You may also have a copay when you get a prescription filled.

For example, a doctor's office visit might have a copay of \$30. The copay for an emergency room visit will usually cost more, such as \$250. For some services, you may have both a copay and coinsurance.

It is possible your insurance doesn't have a copay or a deductible. If you have any questions about your specific plan, Country Crossroads Counseling can assist you in to find out more information on your policy.

Secondary Insurance

While some people may have secondary insurance, Country Crossroads Counseling will not submit to any secondary insurance companies. Clients will be required to pay any amount that their primary insurance does not pay. Country Crossroads Counseling will be happy to provide clients receipts for amounts they have paid so they can submit them to their secondary insurance themselves.

COUNTRY CROSSROADS COUNSELING PATIENT/MEMBER RIGHTS

Members may:

- Request information on advance directives.
- Give and be treated with respect, dignity and privacy.
- Receive courtesy and prompt treatment.
- Receive cultural assistance, including having an interpreter during appointments and procedures.
- Receive information about us, rights and responsibilities, their benefit plan and which services are not covered.
- Know the qualifications of their health care provider.
- Give their consent for treatment unless unable to do so because life or health is in immediate danger.
- Discuss any and all treatment options with you.
- Refuse treatment directly or through an advance directive.
- Be free from any restraint used as discipline, retaliation, convenience or force them to do something they do not want to do.
- Receive medically necessary services covered by their benefit plan.
- Receive information about in-network care providers and practitioners, and choose a care provider from our network.
- Change care providers at any time for any reason.
- Tell us if they are not satisfied with their treatment or with us; they can expect a prompt response.
- Tell us their opinions and concerns about services and care received.
- Register grievances or complaints concerning the health plan or the care provided.
- Appeal any payment or benefit decision we make.
- Review the medical records you keep and request changes and/or additions to any area they feel is needed.
- Receive information about their condition, understand treatment options, regardless of cost or whether such services are covered, and talk with you when making decisions about their care.
- Get a second opinion with an in-network care provider.
- Expect health care professionals are not kept from advising them about health status, medical care or treatment, regardless of benefit coverage.
- Make suggestions about our member rights and responsibilities policies.
- Get more information upon request, such as on how our health plan works and a care provider's incentive plan, if they apply.

COUNTRY CROSSROADS COUNSELING PATIENT/MEMBER RESPONSIBILITIES

Members should:

- Understand their benefits so they can get the most value from them.
- Show you their Medicaid/Insurance member ID card.
- Prevent others from using their ID card.
- Understand their health problems and give you true and complete information.
- Ask questions about treatment.
- Work with you to set treatment goals.
- Follow the agreed-upon treatment plan.
- Get to know you before they are sick.
- Keep appointments or tell you when they cannot keep them.
- Treat your staff and our staff with respect and courtesy.
- Get any approvals needed before receiving treatment.
- Use the emergency room only during a serious threat to life or health.
- Notify us of any change in address or family status.
- Make sure you are in-network.
- Follow your advice and understand what may happen if they do not follow it.
- Give you and us information that could help improve their health.

Our member rights and responsibilities help uphold the quality of care and services they receive from you. The three primary member responsibilities as required by the National Committee of Quality Assurance (NCQA) are to:

- Supply information (to the extent possible) to UnitedHealthcare Community Plan and to you that is needed for you to provide care.
- Follow care to which they have agreed.
- Understand their condition and take part in developing mutually agreed-upon treatment goals, to the degree possible.

COUNTRY CROSSROADS COUNSELING, LLC

URGENT AND EMERGENT ISSUES POLICY

1. Emergent vs. Urgent Issues: Over the course of educational and social interactions, students, faculty, or staff members may become aware of acute psychological needs of our patients. Country Crossroads Counseling is available to support the community with these issues. It is important to distinguish true emergencies from urgent issues, to provide the appropriate level of care.

2. **Emergency Definition:** A psychological emergency is defined as a situation in which a person demonstrates or reports imminent risk of behaving in a way that could result in serious harm or death to self or others. Examples of such situations include (but are not limited to) risk or threat of suicide, statements of intent to harm others, behaviors that indicate potential violence toward another person, a situation in which a vulnerable person such as a child or disabled adult is at risk of being victimized, or an individual's judgment is impaired by mental illness or substance use such that he or she is unable to prevent harm to self or others.

Emergencies require immediate assistance by 911 emergency responders, security, and other supports. (Physical address is 441 NW HWY W, Kingsville, MO 64061.) Confidentiality regarding health information and educational privacy rules can be broken in order to protect the safety of people involved.

3. Urgent Issues Definition: In contrast to an emergency, an urgent issue involves acute psychological distress or concerning behaviors that do not rise to the level of an emergency. Urgent issues may include thoughts of suicide without plan or intent, intense anger towards others without the risk of harm, substance abuse or dependence, intense anxiety, panic symptoms, depression, illogical and impulsive behavior, deterioration in hygiene, and bizarre thinking or psychosis without emergency risk factors present.

Urgent issues require psychological attention, but do not require 911 emergency responders, security, or other emergency care. Urgent issues can be addressed through regular outpatient services at the Country Crossroads Counseling.

When in doubt, Country Crossroads Counseling staff, patients and other persons are encouraged to contact 911 emergency responders first, and then seek consultation from the Country Crossroads Counseling.

4. Responding to an Emergency: Patients experiencing an emergency should NOT be seen at Country Crossroads Counseling. Instead, any student, faculty, or staff member may contact 911 emergency responders to manage imminent risk.

Examples of situations in which 911 emergency responders should be called include:

- a. Person demonstrates or reports imminent risk of harm to self. You are worried that the person might harm himself/herself that day, or before you see the person again.
- b. Person demonstrates or reports imminent risk of harm towards another. This can include statements, behaviors, planning/musing about how the person might harm someone else, or intent to obtain the means to harm someone
- c. Person's judgment is impaired by a substance, anger, or other psychological state and you don't think he or she can keep from harming self or others.
- d. Person demonstrates bizarre behavior, does not respond to normal cause-and-effect, seems indifferent to consequences, and demonstrates risk of harm to self or others

If any patient, staff, or other persons observes these types of emergency risk factors, the following steps should be taken:

- a. Call 911 and describe the situation. (From a cell phone, call 911. Physical address is 441 NW HWY W, Kingsville, MO 64061)
 - i. The dispatcher can help determine if police, emergency medical personnel, or both are required
 - ii. If the dispatcher determined that no emergency response is required, continue to call campus security
- b. Call Country Crossroads Counseling at 816-308-0246.
 - i. Describe the situation
 - ii. Inform us that you have called 911, and share any other information the dispatcher gave you
 - iii. Follow instructions from Country Crossroads Counseling
- c. If Country Crossroads Counseling says that it is safe to do so, stay with the person experiencing a psychological emergency until help arrives.

Always seek out professional emergency responders to protect the safety of all persons involved.

5. Responding to an Urgent Issue: If patients have an urgent need to be seen, they can always stop by the counseling center to see if a counselor is available for a same day appointment*.

An urgent need is something that is considered not life threatening, but is distressing enough that it requires urgent attention. Some examples include:

- a. A person is experiencing intense distress, upsetting feelings, panic symptoms, a traumatic reaction, or intense anger without emergency risk factors
- b. A person expresses thoughts of harm to self but has clearly stated he or she is not at immediate risk
- c. A person demonstrates or reports a significant decline in functioning, such as not sleeping, not needing to sleep, poor hygiene, missing classes or work, withdrawing from others, or noticeable change in attitude
- d. A person demonstrates inappropriate emotional reactions, such as discussing quitting school or work without seeming to care about the consequences of this decision, or laughing during serious conversations.
- e. A person demonstrates or reports substance abuse or dependence
- f. A person has experienced a traumatic event

If no counselors are available, please call or email the counseling center as soon as possible to request an urgent appointment, which will be scheduled within 1 business day. Please keep in mind that Country Crossroads Counseling has limited hours on the weekends. We encourage patients in need during these times to reach out to one of the various resources provided below.

Prior to meeting with a counselor, new patients will be asked to complete documents which provides voluntary consent to receive services.

Please Note: For patients experiencing a life-threatening situation, we advise them to please go to the nearest emergency room or dial 911.

Below is also a list of crisis hotlines and nearby hospitals. To locate the closest emergency room, students can visit: <http://www.ushospitalfinder.com>.

National Suicide Prevention Lifeline

1.800.273.TALK (8255)

The Trevor Project (LGBTQ Suicide Prevention Hotline)

1.866.488.7386

National Domestic Violence Hotline

1.800.799.SAFE (7233)

National Sexual Assault Hotline

1.800.656.HOPE (4673)

The Missouri Children's Division Child Abuse and Neglect Hotline

1-800-392-3738

Reseach Medical Center

(816) 276-4000

COUNTRY CROSSROADS COUNSELING CONFIDENTIALITY

In order for therapy to be successful, it is often necessary to safely reveal private, sensitive information about yourself in the course of treatment. Ethically and legally, all of us here are bound to keep all of this information strictly confidential. The law protects the privacy of all communications between a patient and a clinical provider. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

You should be aware that I practice with other mental health professionals and that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a clinical provider.

Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are certain conditions under which confidentiality may be breached:

If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

If you disclose that a child or an elderly person is being sexually or physically abused, it must be reported to the proper authorities.

If you are a danger to yourself or someone else, I must do whatever is necessary to protect you and/or the other person. The other person would have to be warned and the police notified.

In legal proceedings, the courts usually respect your rights to confidentiality in the therapeutic relationship, and I am ethically bound to protect that right when testifying in legal or administrative proceedings. However, a judge could court order me to testify in certain situations, such as a contested custody proceeding in a divorce and, under these circumstances, we must do so.

If a government agency is requesting the information for health oversight activities, I may be required to provide it.

If a patient files a lawsuit against me, I may disclose relevant information regarding the patient in order to defend myself.

It is our practice, whenever possible, to discuss any imminent breaches of confidentiality with you before taking any action and I will limit my disclosure to the minimum necessary.

It is our practice to consult with colleagues within the practice regarding clinical matters and on-call coverage. Full confidentiality, therefore, cannot be maintained within our group of clinicians, although the information shared is only the minimum necessary for the consultation or to insure effective clinical intervention. If you know someone within the practice in a nonprofessional capacity, please inform me right away. Your treatment will not be discussed with, or in the presence of, that person.

COUNTRY CROSSROADS COUNSELING MEDICAL RECORDS AND PATIENT RIGHTS

Country Crossroads Counseling, LLC utilizes TherapyNotes which is an independent, HIPAA compliant, third party, to record, store and maintain client records and files.

From time to time, clients may need a copy of their medical records. Medical records must be requested by the individual client or have a signed release for the party requesting the records. Because of the time it takes the counselor to compile and transmit the records, a fee of \$35 must be paid for the records will be sent via a secured fax line or available for client to pick up at the office.

Minors

In cases of therapy with minors, parents or legal guardians have rights to information regarding treatment. However, in order for therapy to be effective, the child must have an assurance of confidentiality. Because of this, it is our policy to ask parents to agree that information will be shared only with the child's permission, except in situations where the child's safety is acutely at stake. Parents are encouraged to ask me about the therapy and together your child and I will talk with you about your concerns and will share information that is clinically optimal for the child to share as determined by the child and me. Consent for treatment from both parents is required in order for treatment to occur. When a child turns 18, the control of his/her treatment and his/her treatment record reverts to the child. If this is a concern, please discuss it with me before starting treatment.

Couples and Families

When there is more than one person involved in treatment, such as in couples and family therapy, confidentiality is more complicated. In these cases, the unit is defined as the couple, or the family. Usually, and unless otherwise specified, information that is shared by a member of the unit within the context of that therapy cannot be considered confidential from the other parties involved in the therapy. To ask me to keep secrets from other members of the therapy can disrupt the trust necessary for an effective treatment. Also, to release information to third parties under such circumstances, all persons age 18 and over involved in treatment must consent in writing to that release.

Office Policies

All administrative and office staff are bound to confidentiality and cannot disclose any information. This becomes especially sensitive when relatives call the office requesting even simple information, such as an appointment time for their spouse. Even under these simplest of situations, the office personnel cannot acknowledge that they even know the person, nor can they disclose any information. If ongoing contact is to occur with a relative, regarding billing for example, then a release of information form can be signed, specifying the information that is permitted to be exchanged. All requests for records must be accompanied by a signed release of information.

Transportation of Medical Records

At this time, Country Crossroads Counseling only has one location and there is no need to transport medical records to another location. If a request is made for medical records, they can be sent via a secured fax line or picked up in person.

COUNTRY CROSSROADS COUNSELING COMPLAINT POLICY AND PROCEDURE

For Country Crossroads Counseling clients, we have established the following policy. Clients are encouraged to voice comments and concerns to our staff. However, we realize that there are times when a formal process is required to promote proper resolution of the questions or concerns that a client may have. Therefore, Country Crossroads Counseling has provided a complaint procedure.

Country Crossroads Counseling prohibits any form of retaliation or intimidation against employees or clients who report good-faith concerns of discriminatory, harassing or unethical conduct, or who participate in investigations of such conduct.

Procedure:

Step 1 – The client should speak with a staff member regarding their complaint. If a client or parent of a client addresses a concern or complaint to staff member, the staff member should take the necessary steps to correct the issue. The Country Crossroads Counseling staff member shall contact the Owner/Director to inform him/her of the complaint.

Step 2 – If the client feels that Step 1 did not resolve his/her complaint, then the client should put the complaint in writing and send to countrycrossroadscounseling@gmail.com.

Step 3 – The Owner/Director will call the client within 24 to 48 hours to discuss the complaint. The Owner/Director will respond to the complaint accordingly. A plan to solve the issue will be in place as soon as time permits.

COUNTRY CROSSROADS COUNSELING HANDICAP ACCESS

Country Crossroads Counseling has offices that are unique to its rural counseling approach atmosphere, but the offices are located on a horse ranch in a barn. We offer a downstairs waiting room, office and restroom in addition to the two offices upstairs. There is a slight lip into the office part of the barn and want our clients to be aware of that.

If you have any access concerns, please let us know before your first visit so we can accommodate you or help you find another facility to meet your needs.

COUNTRY CROSSROADS COUNSELING SENTINEL EVENTS PROTOCOL

I. Purpose: To identify a sentinel event, understand the cause, and take necessary action to reduce the probability of a future reoccurrence.

II. Procedures:

A. Initial actions to be taken when there is suspicion of a sentinel event:

1. Any provider/contract provider will notify their direct supervisor immediately upon suspicion of a Sentinel Event. An Incident Statement will be completed and/or a Complaint, as needed.

2. All persons involved in the event will complete a first person account of the event as soon as possible after of the event.

a. The goal of a first person account is to provide details about the event in a clear, concise manner, giving as many details as you recall as accurately as possible. Describe only what you actually witnessed.

b. Send the account directly to the Owner/Director through email or interoffice mail.

c. The first person account will be used by the Owner/Director or Compliance Officer to complete a timeline of events to better inform those conducting a root cause analysis of the event.

d. All first person accounts will be reviewed and protected.

e. Only the Owner/Director or Compliance Officer will review the first person accounts.

f. All first person accounts will be kept confidential.

3. Peer review protected first person statements will be sent directly to the Owner/Director as soon as possible and usually within 72 hours of the event.

4. The Owner/Director will determine if the event qualifies as a sentinel event. The Owner/Director may involve others in this decision process.

5. If the event is determined to not meet the definition of a sentinel event, the Complaint Report and process outlined in that procedure shall be followed. The review of protected first person statements are not included in the processes outlined in procedures.

B. Actions to be taken when it has been determined that a sentinel event occurred:

1. Within 7 business days of the sentinel event, the Owner/Director will send notification that a sentinel event has occurred.

C. Actions to be taken if there is a complaint or allegation:

1. The Complaint procedure will process allegations normally. The review of protected first person statements are not included in the process.

2. Initiating the root cause analysis (RCA) process within 7 business days of the sentinel event, consultation then occurs within the Review Group (RG) comprised of the Owner/Director, Staff members, and possibly legal consultants.

3. The office will work closely with the Owner/Director to progress the root cause analysis process as appropriate.

D. Actions to be taken when there is no complaint or allegation:

1. Initiating the process within 7 business days of the sentinel event, consultation then occurs within the Review Group (RG) comprised of the Owner/Director, Staff members, and possibly legal consultants.

2. The Review Group will identify an employee to review the event and complete additional fact finding to compose a report that includes a timeline of events and a list of those who had involvement in the event.

3. The report will be sent to the RG for review.

4. The RG will convene a meeting, with others attending as needed, to progress the process.

5. The root causes will be determined and action plans to address the root causes will be implemented.

6. The action plans are approved by the CEO.

7. Action plans are monitored with oversight from the RG.

E. Additional Sentinel event review and reporting may be required by accrediting bodies. This is outside of the scope of this procedure.

F. Country Crossroads Counseling, LLC recognizes that some critical occurrences or incidences, not meeting the definition of sentinel event, although not technically reportable to any state organization or accrediting body, warrant a root cause analysis, plan of action, monitoring, and/or evaluation to reduce the risk of its reoccurrence. The Owner/Director will determine if incidences not meeting the standard for sentinel event should have further actions.

III. Definitions:

A. Root Cause: The most basic reason for failure or inefficiency of a process.

B. Root Cause Analysis: A method of problem solving used to identify the root cause(s) of faults or inefficiencies.

C. Sentinel Event: An unexpected occurrence to a recipient of services involving death or serious physical (loss of limb or function) or psychological injury, or the risk thereof.

(Risk thereof includes any process variation that would most likely would result in a sentinel event if it reoccurred).

D. Recipient of Services:

1. A consumer is considered to an active recipient of services when any of the following occur:

a. A face-to-face intake has occurred and the individual was deemed eligible for ongoing service, or

b. Country Crossroads Counseling, LLC has authorized the individual for ongoing service, either through a face-to-face screening or a telephone screening, or

c. The individual has received a non-crisis, non-screening encounter.

2. The period during which the consumer is considered to be actively receiving services shall take place between the following begin date and end date, inclusively:

a. Begin Date: Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically,

the beginning date shall be the first start date that any of the 3 conditions referenced above occurs.

b. End Date: When the consumer is formally discharged from services or has terminated treatment on their own by not scheduling or attending appointments. The date the discharge takes effect shall be the end date. If the consumer quits scheduling or attending appointments, the end date will be the date of the last appointment. This should also be the date that is supplied to the consumer when the consumer is notified that services are terminated.

IV. Monitor and Review:

This procedure is reviewed annually by the Owner/Director. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

COUNTRY CROSSROADS COUNSELING INFORMED CONSENT

Thank you for choosing Country Crossroads Counseling, LLC. This is intended to give you information relevant to your therapy, rights, and exceptions of confidentiality, and office policies. Please read carefully through these pages and ask any questions you may have. Your signature(s) will indicate that you have read, understood, and accept these conditions.

1. **Counseling** is a collaborative process between you and a counselor to work on areas of dissatisfaction in your life and assist you with life goals. For counseling to be most effective, it is important that you take an **active role** in the process. Counseling activities are governed by the Missouri State Board of Examiners for Professional Counselors. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress. If you are not satisfied with any area of our work, please raise your concerns with me at once.
2. **Time Parameters & Frequency:** Individual appointments are generally scheduled for 53-minute sessions to allow transition between clients. For your first session, you are asked to come in early or complete paper work in the comfort of your home. *Being late for an appointment by 15 minutes or more may require that you reschedule and be charge a \$20 "no show" fee.* If there are two *No Show's* without contacting Country Crossroads Counseling, LLC will result in all scheduled appointments being cancelled. Clients are generally seen on a weekly basis, and then may transition to less frequent sessions as change and growth occur. After terminating your treatment, your file will be formally closed. You have a right to return to therapy again in the future simply by calling and requesting a new appointment. There may be a waiting period.

It is the sole responsibility of the parent/guardian/caregiver of the client who is underage or has a disability, prior and after the session. Country Crossroads Counseling, LLC is not responsible for any child or person outside of the scheduled hour.

3. **Confidentiality:** As a Licensed Professional Counselor in the State of Missouri, I am bound by the Missouri Administrative Code for health and safety. In accordance with these rules, information obtained in the counseling session or in written form will **not** be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to:

1. "Protect you or someone else from imminent harm" or is otherwise legally required and/or allowed by law (such as abuse of a child, elder, or disabled person or court order). Therefore, if you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person.
2. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk to me before you tell me anything you do not want the court or employer to know. You have a right to tell me only what you are comfortable with telling.
3. If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to other parties.
4. Furthermore, if you want your insurance to pay for all or part of your treatment, I must be able to discuss your diagnosis and treatment with their representative. Some insurance information is transmitted to billing personal by secure fax or electronic transmission.

I put the most effort in maintaining your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

4. **Risks:** In counseling, major life decisions are sometimes made, including decisions involving separation within families, development of other types of relationships, changing employment settings and changing lifestyles. The decisions are a legitimate outcome of the counseling experience as a result of an individual's calling into question many of their beliefs and values. Furthermore, symptoms may be intensified and the emotional experience may be too intense to deal with at this time. I will be available to discuss any of your assumptions or possible negative side effects in our work together.

5. **Electronic Transmission/Texting:** I cannot ensure the confidentiality of any form of communication through electronic (e.g. email accounts, social networks, Square, etc.) or texting. You are advised that any email sent to me via a computer in a work-place environment is legally accessible by your employer, as well as Google.

6. **Records:** I am required by law to maintain records of each time we meet. These records include a brief summary of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, I must comply. I can be called to testify about the contents of the records and I must comply. Also, in order to file for insurance reimbursement, I have to assign you a diagnosis. If you have any questions about this, please let me know. I will certainly share any information with you that I provide to an insurance provider.

7. **Consultation:** Information about you may be discussed in confidence, without revealing your identity, with other counseling professionals for the purpose of consultation and providing you the best possible service.

8. **Fees:**

- Initial Evaluation session: \$190
- Family Session: \$135
- Individual (53 min): \$125

I do accept most insurance. I am able to accept some forms of Medicare.

Phone Calls: Any phone calls after the initial evaluation, relating to client, lasting longer than 10 minutes, will be billed at 15 minute increment (rounded to the nearest 15 minute mark) at \$20 per 15 minute increments. Please note that I have other obligations and I am not always available after hours.

Letters: Any written letters of verification or recommendation (e.g. compliance of treatment, Support Animal Housing, school correspondence, etc.) are a cost of \$20.

Legal Fees: As part of the therapeutic process, the therapist does not feel it is beneficial to the treatment process to participate in any legal process concerning therapy that was given through Country Crossroads Counseling, LLC. If requested, the therapist will decline. If it becomes necessary to participate (e.g. court order, subpoena), the hourly rate for this therapist's preparation and testimony in a court hearing is \$200 per hour, one hour minimum, and payment will be required in advance. The hourly rate also begins from the time leaving the office to meet the requested time to arrive at the court house until testimony is complete. ***I will not*** make any recommendations as to visitation or custody regarding my clients.

** _____ Please initial if you have read and understand all fees associated with services.

9. **Payment** will be collected at the time of service prior to the session. Please have your copayment/deductible payment ready at the beginning of the session to avoid utilizing valuable time in your session.

Client with insurance will be requested to pay for copayment at the time of the session and the therapist will then bill directly to insurance the balance of the session fee. After the insurance company has made its payment, any remaining balances (these are usually deductibles not yet met or other amounts identified by your insurance as client responsibility) will be billed to you by mail at your home address. Please review your explanation of benefits forms carefully as you receive them, because balance billing will be based on these.

All balances still outstanding after all insurance payments are received will be billed to the client at a 30 day interval. If there are no payments made within 90 days, Country Crossroads Counseling, LLC will bill 25% of your fees each month thereafter until payment is fulfilled. You will be required to leave valid credit information with this consent. Verification of credit card information is required at initial appointment.

If there are no payments after 120 days, those balances may be turned over to a collection agency, with your name and amount owed for 3rd party collections. Country Crossroads Counseling, LLC would prefer not to ever do this, please call if payments become a problem for you to discuss options.

If unusual circumstances occur and your bill has reached \$100, there will be a pause in treatment until you have reduced your owed fees. Country Crossroads Counseling, LLC feels this will only cause additional stress within your life and will not support additional financial stresses that can affect one's mental health.

By signing this form, you are agreeing to payment of all fees/copayments/deductibles that are associated with services provided that are explained above.

Disclosure of Insurance Benefits:

I certify that the financial and insurance information I have provided is true and accurate to the best of my knowledge. I authorize Country Crossroads Counseling, LLC to verify information from my clinical records to my insurance company, Medicaid, or third party sources for payment of counseling services for me or my minor children. I authorize payments directly to Country Crossroads Counseling, LLC. I agree this authorization shall be valid for one year from the date shown unless I revoke this consent in writing prior to that date.

10. Cancellation: If you find it necessary to cancel an appointment, please contact me at (816) 308-0246 or countrycrossroadscounseling@gmail.com at least 24 hours in advance; however emergencies and illness are acceptable reasons. **If you fail to inform provider, there will be a \$20 fee for not showing up for your appointment.** This will be due charged to you and not billed to your insurance. You will be required to leave credit card information with this signed consent and you will be charged the \$20 fee on that credit card provided at the time of your "no show." The signature on this document presents an understanding of this fee. If you are utilizing your EAP assistance, then you will lose one of your sessions appointed.

The provider may also terminate counseling sessions from the provider in the event the client has missed 3 appointments without calling to cancel 24 hours prior to the scheduled appointment.

The therapist reserves the right to cancel sessions in the case of personal or professional time conflicts but will always try to offer you a reasonable alternative time within a week of the cancelled appointment.

11. Emergencies: If an emergency situation for which you feel immediate attention is necessary, including suicidal or homicidal thoughts and/or actions, feel free to contact provider and if the provider does not make contact within 15 minutes, then contact **Emergency Services (911)** immediately or go to your nearest hospital emergency room. You may also text the **Crisis Text Line at 741-741 and text “START”** for assistance. *If I feel your safety is a concern, I will contact your Emergency Contact (Located on Intake Evaluation Form). By signing this form, it provides written permission to contact them in emergency situations with the discretion of the author.

12. Safety: If at any time the therapist feels threatened, she has the right to contact emergency personnel through security features.

13. Emergency Contact: By signing the Informed Consent, you are providing permission for Country Crossroads Counseling, LLC to contact your Emergency Contact Person (noted on Intake Evaluation) if there is ever safety concerns for suicidal or homicidal thoughts.

14. Social Networks: Due to confidentiality, I will not add you on any social networks.

15. Agreement for Parents:

The usefulness of therapy is extremely limited when the therapy itself becomes another matter of dispute between parents. With this in mind, and in order to best help your child, I strongly recommend that each of the child’s caregivers (e.g. parents, stepparents, guardian, etc.) mutually accept the following requisites for the child’s participation in therapy:

1. As your child’s counselor, it is my primary responsibility to respond to your child’s emotional needs. This includes, but is not limited to, contact with your child and each of his or her caregivers, and gather information relevant to understanding the best welfare of your child.
2. I ask that all caregivers remain in frequent communication regarding this child’s welfare and emotional wellbeing.
3. I ask that all parties recognize and reaffirm that to the child, that I am the child’s helper and not allied with any disputing party.
4. I strongly recommend that all caregivers involved choose to participate in psychoeducation for the best interest of the child.
5. Please be advised regarding the limits of confidentiality as it applies to counseling with a child in these circumstances:
 - a. I keep records of all contacts relevant to your child’s well-being. These records are subject to court subpoena and may, under some circumstances, be solicited by parties to your divorce, including your attorneys.
 - b. Any matter brought to my attention by either parent regarding the child may be revealed to the other parent. Matters which are brought to my attention that are irrelevant to the child’s welfare may be kept in confidence. However, these matter may best be brought to the attention of others, such as attorneys, personal counselors.
 - c. I am legally obligated to bring any concern regarding the child’s health and safety to the attention of relevant authorities. When possible, should this necessity arrive, I will advise parties regarding my concerns.
 - d. If the parties are disputing custody, I will not yield recommendations about custody. I strongly feel you should consider participation in alternative forms of negotiation and conflict resolution, including mediation and custody evaluation, rather than try to settle custody in court.

I have read and understand the “no show” policy and payment policy. I am provided this credit card information in the matter that it will be charged \$20 for any “no show.” If an EAP client, then I will lose one of my free sessions, if I do not cancel my appointment and this section does not need to be completed.

The credit card will also be charged if I have a balance that has not been paid after 90 days.

****Reminder: Your payment is due at the initial appointment and this card will not be charged unless there is no payment after 90 days or a no show. If you would like to pay with this credit card at the time of your session, please notify author. Your understanding is very much appreciated!**

Credit Card Number: _____

Exp. Date: _____/_____

CVC Code: _____

Zip Code: _____

Signature: _____

I have read, understood, agree, and consent to the above conditions of service stated. I have also been offered the notice of privacy practices HIPPA on this date and have had the opportunity to ask questions about and understand these policies.

Client Signature _____ Date _____

Emergency Contact _____ Phone Number _____

(**For Minors Only) I hereby grant permission to Susan Derouche, MS, LPC/Country Crossroads Counseling, LLC to counsel/assess my child, _____

I am the legal custodian of this child, and there are no court orders in effect that would prohibit me from consenting to the treatment of this child.

My signature below means that I understand and agree with all the points above.

Parent Signature _____ Date _____

For Minor: Please list all other parties who have legal rights to medical records.

COUNTRY CROSSROADS COUNSELING PSYCHOTHERAPY INTAKE NOTE

Clinician: Susan Derouchey, LPC

Patient: JOHN DOE

Presenting Problem

Current Mental Status

All Normal All Not Assessed

General Appearance:

Memory:

Dress:

Attention/Concentration:

Motor Activity:

Thought Content:

Insight:

Perception:

Judgment:

Flow of Thought:

Affect:

Interview Behavior:

Mood:

Speech:

Orientation:

Safety Issues

None *or* Suicidal Ideation Homicidal Ideation Other:

Background Information

Identification:

History of Present Problem:

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Past Psychiatric History:

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Trauma History:

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Family Psychiatric History:

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Medical Conditions & History:

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Current Medications:

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Substance Use:

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Family History:

A horizontal form with a left arrow, a shaded box, a right arrow, and a small control box on the right.

Social History:

A horizontal form with a left arrow, a shaded box, a right arrow, and a small control box on the right.

Developmental History:

A horizontal form with a left arrow, a shaded box, a right arrow, and a small control box on the right.

Educational / Occupational History:

A horizontal form with a left arrow, a shaded box, a right arrow, and a small control box on the right.

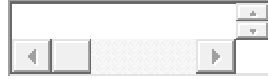
Legal History:

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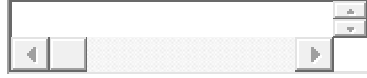
Strengths / Limitations:

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Other Information:

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Diagnosis

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Sign this Form: I, Susan Derouchev, LPC, Therapist, License #2012007309, declare this information to be accurate and complete.