

# Heart Change Ministry, LP

Welcome to **Heart Change Ministry, LP!** My desire and prayer is that your life will be forever changed by your experience here as God's Holy Spirit works through you and me and changes hearts through the truth and power of His Word.

As you begin your counseling experience here at **Heart Change Ministry, LP**, I want to make you aware of some things that are essential if your counseling experience is to be effective. They are as follows:

- The counseling you will receive here is drawn from God's Word.
- Biblical counseling is always "heart focused". I will explain this further as we go along. But the truth is that unless a person's heart changes, there can never be permanent change or healing in your life.
- Heart change is not just about gaining head knowledge, but also includes accurately applying God's Word to one's life (Matthew 7).

In truth and love, I, as your counselor will endeavor to help you choose to change your heart so that you may find healing and to possess the abundant life that Christ came to give you (John 10:10). If you are ready to examine your own heart and allow the Lord to convict you through His Word and the counseling process, then you can experience healing and enjoy the Fruit of the Spirit (Gal. 5:22).

I am excited to be with you on this journey, and I pray that your heart is ready for God's healing touch on your life, your marriage and your family!

**Dwayne Collins, MA, LPC**  
**Heart Change Ministry, LP**  
[www.hcmin.com](http://www.hcmin.com)

## Fee Schedule

Perhaps the very first question most people ask is "What will counseling sessions cost me?" This is a legitimate question. Any organization, whether profit or non-profit, has expenses. When God called us to counseling, He called us to a ministry. And, although the number one concern is the ministry, we still have expenses. We are not supported by any non-profit organizations, groups, or churches and therefore must charge a fee.

The normal fee for each session is \$100. We are able to provide a limited number of discounted fees on an as needed basis. This discounted fee will range from \$75-\$95. If the normal fee of \$100 will create a hardship, **it is the responsibility of the client to ask for the discounted fee.**

Heart Change Ministry, LP does not accept insurance. However, if your insurance coverage has provision for "Out-of-Network" benefits, we will provide a receipt that is acceptable to your insurance provider if you wish to file a claim. It is the responsibility of the client to know what their insurance benefits are and to file their claims.

- **Payments are due at time of service.**
- **Acceptable forms of payment:**
  - **Cash**
  - **Check**
  - **Master Card**
  - **Visa**
  - **Discover**

# Heart Change Ministry, LP

Dwayne Collins, MA, LPC

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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.**

### MY LEGAL DUTY

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, my legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect November 1, 2006, and will remain in effect until I replace it.

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

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

1. I 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 I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or other practitioner.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I 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 my 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 the counseling practice of Heart Change Ministry, LP and Dwayne Collins, MA, LPC, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *"Disclosure"* applies to activities outside of the counseling practice of Heart Change Ministry, LP and Dwayne Collins, MA, LPC, such as releasing, transferring, or providing access to information about you to other parties.

2. I 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

I 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your counseling notes. *"Counseling notes"* are notes I have made about our conversation during a private, group, joint, or family counseling session, which I 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) I 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.

