

# Statement of Counseling Services

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification, the singular is used, even when the plural may apply.

Client Signature  For the purpose of phone	counseling, this document has been rea	Date ad to the client by a certified couns	selor and the client agrees.
Client Signature	_	Counselor	
	nseling services does not automatically subligated to receive any other services o		-
may contact me to reque be disclosed.	re, my information may be used in the a est an evaluation of the agency's service	es. HUD is a participating agency	where required information will
assist with particular	ne other services of the organization or a problems that have been identified.		
appropriate assistand	swer questions about bankruptcy, but no ce. While an attorney can make a recon aces. I will inform the agency of the deci	nmendation to file bankruptcy, it is	
obligations. The mor (GA resident); \$10 per present, or future cre negatively. In the ev	agement Plan, the agency serves as a r nthly fee for the Debt Management Plan er creditor, not to exceed \$50 a month ( edit rating I receive; in certain circumstar ent that the counselor suggests a Debt rements, and responsibilities.	is 7.5% of total monthly disburse SC resident). The agency has no nces, a Debt Management Plan m	ment, not to exceed \$40 a montl responsibility for any past, ay affect my credit rating
	oll in the agency's Debt Management Place creditors to receive the money owed to		
	ncial concerns on my own.		
I will be given a written a	assessment outlining a suggested client	action plan, which will be based of	on the following options:
Management Plan (DMF fund our agency. These make through your DMP	of the agency's funding comes from volu P). Since creditors have a financial inter e contributions are usually calculated by P. However, your accounts with your creating ugh us and we will work with all your creating	est in getting paid, most are willin each creditor as a percentage of editors will always be credited with	g to make a contribution to help the payment (up to 15%) you one hundred percent (100%) of
	one-time fee of \$50 per individual/\$75 pe seling. In certain circumstances, you ma to pay.		
or any other person resu	nployees, agents and volunteers harmle ulting from advice or counseling. Nothin uptcy Code, 11 U.S.C. Sec. 101 et seq.	g herein shall apply to actions or	
	been provided with the Client Bill of Rig and that in the event I am dissatisfied, I		
	fied consumer credit counselor or qualif a certified consumer credit counselor wi		
I understand the agency	will provide a confidential comprehensi	ve personal money management	interview.

## Statement of Counseling Services, Side two

## **Client Bill of Rights**

We pledge that our clients have the right,

- To prompt counseling services for managing money based on their financial situation;
- To receive dignity and respect;
- To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time;
- To ask questions and to have concerns addressed.

#### **Complaint Resolution Process**

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- Step One: Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- Step Two: If Step One is not possible or the issue is not resolved to your satisfaction, write or call the staff member's departmental supervisor at (912) 691-2227.
- Step Three: Agency may request a meeting with you (phone or face-to-face) or seek more information from a staff person. The agency will respond within 15 days.
- Step Four: If your issue is still unresolved, you may appeal in writing directly to the <u>President of CCCS of the Savannah Area, Inc., 7505 Waters Ave., Suite C-11, Savannah GA 31406.</u> After additional fact finding, this individual will provide a concluding decision to you within 15 days.

Consumers may contact the South Carolina Department of Community Affairs at (803) 734-4200 or toll free at 1-800-922-1594 if the consumer has complaints about the credit counseling services received.

### **Non-Discrimination Policy**

Our Agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to age, race, religion, color, gender, sexual preference, national origin, or handicap.



## **Privacy Policy**

Our agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "personal financial information", such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, and possibly others, with your specific authorization.

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies ONLY UPON YOUR WRITTEN REQUEST, OR when our staff has been served by a valid subpoena.

The following PRIVACY PRACTICES detail circumstances under which we will release your information to a third party:

- 1. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.
- 2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
- 3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
- 4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a Debt Management Plan (DMP).
- 5. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
- 6. We collect nonpublic personal information about you from the following sources:
  - Information we received from you on our applications or other forms you provide:
  - Information about your transactions with us, your creditors, or others; and
  - Information we receive from a credit reporting agency.
- 7. We may disclose the following kinds of nonpublic personal information about you:
  - Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income;
  - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
  - Information we receive from a credit reporting agency, such as your credit history.

<u>RELEASE</u>: I hereby authorize this Credit Counseling Agency to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session. I further <u>RELEASE</u> and authorize all of my creditors to provide non-public information about me to this Credit Counseling Agency.

Client Signature	Date	
Client Signature	Date	
☐ This document has been read to the client by a certified co	unselor for purpose of a phone counseling session and client agrees	