



## Consumer Credit Counseling Service

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Working with our Communities since 1974

### AUTHORIZATION TO COUNSEL

I/We hereby authorize Consumer Credit Counseling Service (CCCS), a non-profit agency, its employees, agents and volunteers to counsel and advise us on money management and budgeting pertaining to our financial situation. I/We acknowledge that my/our participation in the counseling session is not only encouraged, but also vital in the development of any action to be taken regarding my/our current financial situation.

I/We hereby hold CCCS, its employees, agents and volunteers harmless from any claim, suit, action or demand of our creditors, ourselves or any other person arising out of or connected with said advice or counseling.

I/We understand any information disclosed and discussed is of a confidential nature and that CCCS shall not release or discuss any information with unauthorized parties. Further, I/We hereby authorize CCCS to discuss and release any information relevant to my/our financial affairs, which shall aid in the solution of my/our financial difficulties.

Furthermore, I/We understand that bankruptcy is a legal matter and that CCCS does not give legal advice. If we are referred to an attorney by CCCS, we understand that this is only to obtain legal advice and not a recommendation to file bankruptcy. If I/We are referred to an attorney, I/We will contact CCCS and inform CCCS of the outcome of the advice given.

In the event I/We have an FHA (HUD) mortgage, I/We hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers to contact my/our mortgage company for the purpose of requesting our FHA case number.

In the event that I/We enter into a Debt Management Program, I/We have been made aware of the fee structure and understand that I/We will not be denied services if I/We cannot pay these fees.

I/We understand that in the event I/We am/are dissatisfied, I/We may contact the counselor's superior.

I/We will be given a written assessment outlining the suggested action plan.

At some time in the future, a neutral, third party may contact me/us to request an evaluation of the agency's services.

Initial(s) \_\_\_\_\_

## CONFLICT OF INTEREST DISCLOSURE

Consumer Credit Counseling Service of the Mid-Ohio Valley (CCCS), its employees, agents, directors, board members and volunteers promise to carry out their responsibilities as professionals, exercise sensitive professional and moral judgments in all their activities and avoid any actions that put personal interests ahead of their client's benefit.

CCCS will serve their client's interest, honor their client's trust and demonstrate commitment to professionalism in all areas of counseling that they provide. These services include: Credit Bureau Counseling where a tri-merge credit report is pulled and reviewed with the client; Credit Counseling where a certified credit counselor reviews a client's credit history and offers specific advice on improving their credit rating; Debt Management Programs where a monthly budget is reviewed and debts are entered into a systematic payment plan negotiated by CCCS to lower minimum payments and interest charges; Financial Counseling where a monthly budget is reviewed and advice is offered through every aspect of the client's financial situation; Housing Counseling which includes First Time Homebuyer Counseling, OHFA Homebuyer Counseling, Habitat for Humanity Homebuyer Counseling, Delinquent Mortgage and Rental Counseling, Homelessness Counseling, and HECM (Reverse Mortgage) Counseling; Bankruptcy Counseling and Education for the purpose of looking at other alternatives and options before a client files for Bankruptcy protection; Representative Payee and VA Payee where those that receive Social Security and/or VA Benefits are assisted in handling their everyday financial affairs.

CCCS will accept the obligation to know and obey the laws that govern the tax-exempt status as a non-profit organization. CCCS will accept and represent the charitable status that requires openness, diversity, tolerance, fairness and honesty.

CCCS will ensure client confidence by performing all professional responsibilities with a high degree of integrity. CCCS will maintain objectivity and refrain from any perceived conflict of interest during all client consultations.

CCCS will observe the profession's technical and ethical standards and strive continually to improve the quality of services.

Initial(s) \_\_\_\_\_

## PRIVACY NOTICE

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

RELEASE: 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 RELEASE and authorize all of my creditors to provide non-public information about me to this Credit Counseling Agency.

Initial(s) \_\_\_\_\_

## POLICY ON CLIENT RIGHTS

As a client of CCCS, you have the following rights:

To be treated with dignity and respect; to be actively involved in any plan which may be developed for you; to withdraw from the Debt Management Program after written notification to the agency; to have complaints addressed in a timely manner; to speak freely in an appropriate manner and to have concerns addressed; to ask questions and be informed of your rights as client of CCCS.

## POLICY ON CLIENT GRIEVANCE

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

1. Try to resolve the issue with the staff member involved, giving them specific information about your complaint.
2. If this is not possible or if the issue is not resolved to your satisfaction, please write or call the Executive Director of CCCS at our main office, 304-485-3141. We may request a meeting with you or seek more information from a staff person. We will respond within 15 days.
3. If your issue is still unresolved, you may appeal directly by mail to the President of the Board of Directors. After additional fact finding, the President will provide a concluding decision to you within 15 days.

## POLICY ON NON-DISCRIMINATION

CCCS shall not discriminate in the selection and participation of clients in its programs with respect to race, religion, color, gender, age, national origin, or handicap. No criteria other than those required by funding sources or by federal or state law(s) shall be used to determine client eligibility.

Clients who feel that they have been discriminated against in the provision of services by CCCS on the grounds of race, religion, color, sex, age, national origin, or handicap have the right to appeal to the Executive Director. The office of the Executive Director will accept your written complaint and make an appointment with the Executive Director for you.

If you feel your civil rights have been violated, you may appeal to the Attorney General, State Capital, Charleston, WV 25305-0220. The phone number is 304-558-2021

Initial(s) \_\_\_\_\_



# Consumer Credit Counseling Service

Working with our Communities since 1974

Client #: \_\_\_\_\_

## CONSUMER CREDIT COUNSELING SERVICE OF THE MID-OHIO VALLEY

I/We \_\_\_\_\_ have read and received the following documents:

Please print full name(s)

AUTHORIZATION TO COUNSEL

CONFLICT OF INTEREST

PRIVACY NOTICE

POLICY ON CLIENT RIGHTS

POLICY ON CLIENT GRIEVANCE

POLICY ON NON-DISCRIMINATION

I/We have been made of aware of CCCS' policies and procedures that abide by the Code of Ethics standards instituted by the National Foundation for Credit Counseling (NFCC). I /We, furthermore, understand that I/we are under no obligation to purchase any products or services from CCCS or their exclusive partners as a condition of receiving the above mentioned counseling services.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_