

Samaritan Counseling Center of Southeast Texas

Expressing the Healing Love of God



For Your Information

Who We Are You have come to the Center with concerns that may be upsetting to you and/or your family. You will be seeing a highly skilled therapist who works as part of a clinical team. Our staff is supported by a variety of disciplines including: pastoral counseling, family medicine and psychiatry. Your therapist will consult regularly with other team members whenever needed in order to insure the best possible response to your concerns.

Getting Started Your concerns may cause different feelings and reactions within you. Many of these feelings may be uncomfortable. Your therapist's goal is to discover, in the early sessions, how you may benefit best from your counseling. In the beginning the focus will be on understanding your concerns and to gather information about you and your personal history. In this way, specific goals may be established and a clear knowledge of needed change can be acquired. It is not unusual for important issues or sources of problems to be hidden from your awareness. Thus, obvious problems may have unknown aspects. A part of your therapy may be to help you understand these unknown elements and how they affect your situation.

Responding To The Whole Person Personal problems cause excessive stress in daily living. Since the relationship between the mind and body is close, your concerns may lead to physical distress as well. These could include: excessive muscular tension, insomnia, headaches, gastrointestinal distress, relaxation difficulties and more. A basic part of your therapy will be to identify such stress factors and learn healthier methods of self-care. Such assistance may include medical consultation, psychiatric evaluation and education concerning stress management, nutrition and relaxation training.

Appointments Therapy sessions are generally scheduled for 45 minutes. It is hoped that you can arrive within minutes of your scheduled appointment. Therapist can only allow up to fifteen minutes after your scheduled time to begin a session. If you are more than fifteen minutes late to an appointment, it will be treated as a no show, or late-cancellation.

Emergencies The Samaritan Counseling Center of Southeast Texas is not an emergency crisis center. If you are unable to contact your therapist in an emergency, it is suggested that you call 911, your pastor, or the crisis hotline at Spindletop MHMR (1-800-937-8097).

Cancellations And No Shows If you need to cancel an appointment, or have decided not to attend, it is necessary that a 24-hour notice be given. The Center has voicemail with a time-date stamp, so you may leave notice at any time. A \$30.00 fee will be charged when less than 24-hour notice is given. Naturally, unforeseen emergency situations will be taken into account. A continuation of missed appointments may result in a requirement for you to pay a \$30.00 deposit to schedule a future appointment. You will be refunded for the deposit only when you keep the appointment.

Fees And Payments The Center charges a standard fee for everyone. When the family's income is limited, a partial subsidy of that fee may be provided using funds from charitable sources. The size of the subsidy is set using the household income and total number of members in the household. If this is a concern for you, mention it to your therapist. Payment is to be made at the time of each appointment. A receipt will be issued. No further appointments may be scheduled when payment is not received, unless special arrangements are made. This policy is maintained so that we may remain fiscally sound, and therefore able to provide consistent quality service. Your therapist and the Executive Director must approve any exceptions.

Administrative Office:

7980 Anchor Drive, Bldg.500,Port Arthur, Texas 77642

409-727-6400 or 877-385-3347

www.sccset.org



A proud agency

Statement of Agreement Between Counselor and Client

1. It is agreed that the Samaritan Counseling Center of Southeast Texas will provide counseling dealing with individual, relational, and family problems, including matters of religious concerns. I recognize that an intellectual, emotional, and behavioral investment on my part is essential to reaching my personal goals through therapy.
2. It is agreed that the counselor, in collaboration with me, will mobilize the assistance of other professional resource persons as indicated for my welfare.
3. I understand that in order to provide quality professional counseling, the Samaritan Counseling Center of Southeast Texas must charge a fee for services. I also understand that the standard fee for each session is \$125.00. Samaritan Counseling Center of Southeast Texas offers a sliding fee scale, which is determined by the client's household's income, and number of people in that household. The Center is able to offer this subsidy due to gifts from individuals in the community and foundations that grant funds to the Center. I understand that I am responsible for payment at the time of each session.
4. It is agreed that appointments may be changed or cancelled without charge, provided a 24-hour advance notice is given. If a 24-hour advance notice is not given, I will be charged for the session. As a courtesy, I may receive a reminder phone call of upcoming appointments. I agree to allow Samaritan staff to leave a message concerning the time of my appointment at this number. _____ client or client's guardian initial _____
5. The Samaritan Counseling Center of Southeast Texas is not an emergency crisis center. If I am unable to contact my therapist in an emergency, it is suggested that I call 911, my pastor, or the crises hotline at Spindletop MHMR (1-800-937-8097) or Rape & Suicide Crisis (1-800-793-2273)
6. It is agreed that my relationship to my therapist and the Center is confidential. The only exceptions to my right to confidentiality are those situations that are life threatening. That involves child abuse or neglect, the abuse of a vulnerable adult or by court order. In such cases, counselors are required by law to report to the appropriate agencies.
7. I agree that I will not cause harm to myself or anyone else in any way, accidentally or on purpose, no matter what I am feeling or thinking at the time.
8. It is agreed that the Samaritan Counseling Center of Southeast Texas and my therapist will maintain record of these counseling sessions on file as necessary and that the staff of Samaritan Counseling Center of Southeast Texas will use all information about the counseling relationship responsibly
9. It is agreed that as a courtesy to the referring person, an acknowledgement will be made. Unless noted below, some consultation may occur between the therapist and this referring professional.
10. In the case of 3rd-party payment, I authorize the Samaritan Counseling Center of Southeast Texas to disclose necessary information to the disclosed entity.
11. Samaritan Counseling Center solicits donated funds for various expenses. I am aware that my client status is confidential and any fund solicitations I may receive are completely coincidental. Donations are never **expected** from current clients of the center.

When Using Insurance Benefits

Information provided to the client regarding eligibility and benefits is information which has been provided to Samaritan Counseling Center of Southeast Texas (SCCSET) by the client's insurance carrier. Since the insurance carrier does not guarantee payment until all Health Insurance Claim Forms are received by them, SCCSET cannot guaranty the payment for services rendered to be supplied by the insurance carrier. After review of the client's health information, it may be determined that the client's financial responsibility differs from the original quote.

The amount determined by the insurance company as the client's responsibility, will be billed to the client. Any amounts the client has overpaid on co-payments or deductibles will be reimbursed to the client upon notification from the insurance carrier.

Eligibility and benefit quotes are based upon the health information provided. The information given regarding eligibility, benefits, and/or co-payments/deductibles is not a guarantee of benefits.

Payments of benefits are subject to the following:

- Review of health information or records
- The client's eligibility on the date service is rendered
- Other contractual provisions of the plan

Preauthorization is not a guarantee of payment. It means only that treatment is medically necessary. A company determines if the claim is payable after receiving all the necessary documents and reviewing the claim against the client's benefit plan.

Client or Responsible Party Initial _____ I have read and accept the terms and conditions of the Statement of Agreement Between Counselor and Client.

Client or Responsible Party Initial _____ I understand the terms when using insurance and will be financially responsible for amounts not covered by my insurance carrier.

Client or Responsible Party Initial _____ I have received a copy of the Samaritan Counseling Center of Southeast Texas Notice of Privacy Practices.

Signature of Client _____ **Date** _____

In the case of a minor child, I (custodial parent or guardian) give my permission for therapy.

Signature of Client's Legal Guardian _____ **Date** _____

Signature of Counselor _____ **Date** _____

NOTICE OF PRIVACY PRACTICES

- This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others, and how you can get access to the same information.

- Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a **legal responsibility** under the laws of the United States and the state of Texas to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices, and to follow the practices in this notice.

- This notice takes effect on April 14, 2003 and will be in effect until we replace it.

- We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

- Any changes in our privacy practices will effect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at Samaritan Counseling Center of Southeast Texas. These changes could also effect how we protect the privacy of any of your health information we had before the changes.

- When we make any of these changes, we will also change this notice and give you a copy of the new notice.

- When you are finished reading this notice, you may request a copy of it now, or in the future at no charge to you.

- If you have any questions or concerns about the material in this document, please ask for assistance which we will provide at no charge to you.

PRIVACY PRACTICES

EXAMPLES OF USE AND NON-USE OF INFORMATION

A. We may use or disclose your health information...

1. To your physician or other healthcare provider who is also treating you.

2. To anyone on our staff involved in your treatment program.

3. To any person required by federal, state, or local laws to have lawful access to your treatment program.

4. To receive payment from a third party payer for services we provide for you.

5. To our own staff in connection with our Center's operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.

6. To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. If you revoke an authorization it will only effect your health information from that point on.

7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects your health information that are necessary to respond to the emergency.

8. If we believe that a child, dependent, or elder has been or will be abused or neglected we will notify the proper authorities.

9. 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. This usually means telling others about the threat. I cannot promise never to tell others about the threats that you make.

10. If you were sent by a court for evaluation or treatment the court expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court to know. You have a right to tell me only what you are comfortable with telling.

11. If you are sued or charged with a crime and you tell the court that you are seeing me, I may then be ordered to show the court my records.

B. We will not use your health information in any of our Center's marketing, development, public relations, or related activities without your written authorization.

C. We can't use or disclose your health information in ways other than described in this notice unless you give written permission.

D. Your rights as a client of the Samaritan Counseling Center of Southeast Texas.

1. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.

2. You can ask us for photocopies of the information in part "A" above.

3. Samaritan complies with DSHS when charging clients for copies.

4. You have a right to a copy of this notice at no charge.

5. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken at this Center, and we are treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.

6. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.

7. You can make a written request that we amend the information in part "A" above.

8. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing.

9. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.

10. You may make a written request for a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or our Center's operations. This can go back as far as six years, but not before April 14, 2003.

11. If you request the accounting in "J" above more than once in a 12 month period we may charge you a fee based on our actual costs of tabulating these disclosures.

12. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice you may complain to the following person:

13. You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon written request.

Compliance Officer: Tracy Williams, MA, LPC

Telephone: 409 727-6400

Address: 7980 Anchor Dr., Bldg 500, Port Arthur, TX 77642