



INTERFACE-SAMARITAN COUNSELING CENTERS - ISCC

POLICIES AND INFORMED CONSENT FOR SERVICES

CLIENT NAME: _____ PARENT/GUARDIAN NAME: _____
(If client is under 18 yrs. old)

WELCOME TO INTERFACE-SAMARITAN COUNSELING CENTERS (ISCC). We recognize that your decision to seek counseling is an important investment in your life. We are privileged that you have chosen the staff at ISCC to work with you at this time. Our interdisciplinary team of professionals is committed to enhancing growth, healing, and wholeness for individuals, couples, families, and our community.

Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. Your therapist will be pleased to discuss any questions or concerns you may have. We ask that you read the following important information regarding ISCC policies. Your signature will be requested at the end of this document to give your informed consent for services.

COUNSELING: Your first visit(s) will be a detailed assessment in which you and your therapist will explore your concerns. If you both agree that the therapist can address your therapeutic needs, a plan of treatment will be developed. If a determination is made that other services or providers would be more appropriate to meet your needs, your therapist will provide you with referral information.

CONFIDENTIALITY: Discussions between a therapist and a client are confidential. Our staff therapists follow all ethical standards prescribed by state and federal law. Our therapists are required by practice guidelines and standards of care to keep records of your counseling. However, no information will be released without your written consent unless mandated by law or as otherwise stipulated in the ISCC Notice of Privacy Practices provided to you.

APPOINTMENTS: Services are provided by appointment only. Appointments are typically scheduled on a weekly basis and are 45-50 minutes in length. More frequent, or less frequent sessions may also be scheduled according to your individualized treatment plan. Please be on time or 5 minutes early for each appointment. Our therapists strive to begin and end each session on time. If you are late, you will lose valuable time from your appointment. If you must cancel or reschedule your appointment, please call the office at least 24 hours in advance so that the time set aside for your session may be utilized. There is no charge for timely cancelled appointments. However, you will be held financially responsible for the time reserved for you if you fail to cancel with less than 24 hours advance notice. **Cancellations made less than 24 hours prior to the appointment and missed appointments without notification will be billed to you at your full contracted rate.** Late cancellations and missed appointments are not covered by insurance. Should we need to charge you for a missed appointment and you are using insurance benefits, please note that you will be responsible for the full contracted fee, not just your usual copay. **Please initial your understanding of this appointment policy:**_____.

PAYMENT/INSURANCE FILING: **Payment of fees, including any required copays, is expected at the time of each appointment.** We request that payment be made before your session begins. If you are using in-network insurance benefits, ISCC will file insurance claims for you, and will honor any contractual agreements with managed health care companies that have specific reimbursement restrictions and claim requirements. Please note that you are responsible to immediately notify ISCC of any changes in your insurance plan. **If your insurance carrier fails to make payment for any reason, you will be held responsible for the full payment of fees for services rendered.** If you are not using an in-network Managed Care/PPO/HMO insurance plan and wish to file your own claim, we expect full payment at the time of service, and we will provide you with a statement for services rendered. **Please initial your understanding of this payment policy:**_____.

ASSISTANCE FUNDING: Through generous donations, ISCC can provide assistance funding to those who qualify and would otherwise not be able to utilize therapy. In the qualifying process, you will be given the fee amount that you will be responsible for paying prior to each session. The remainder of your fee will be subsidized by our assistance fund. Please note, however, that assistance funding is contingent upon donations. If donations become depleted, and further contributions are not forthcoming, ISCC will not be able to provide the subsidy. You will be notified if this occurs. **Please initial your understanding of this assistance policy:** _____.

URGENT NEEDS: You may encounter a need which requires prompt attention. If this occurs during regular business hours, please leave a message for your therapist regarding the nature and urgency of the circumstances. Your therapist will make every attempt to call back promptly, schedule you as soon as possible, or offer other options. If you would like to schedule an appointment, you may also contact the front desk. If an urgent need arises after hours or on a weekend, call the main ISCC number and follow the directions to leave a message for the on-call therapist. Your call will be returned as soon as the message is received by the on-call therapist. However, **if you are experiencing a life-threatening emergency, call 911 or go to the nearest emergency room for immediate assistance. Please initial your understanding of this emergency policy:** _____.

BENEFITS AND RISKS: Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any temporary discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. ISCC and your therapist cannot guarantee these benefits. It is our desire, however, to work with you to attain your personal goals and to meet the needs for which you have sought help.

TERMINATION/ENDING THERAPY: Therapy is concluded when the goals stipulated in your treatment plan have been met, or at any point at which you choose to terminate services. It is recommended that termination be discussed with your therapist in at least one face-to-face concluding appointment rather than by telephone, mail, or by simply failing to make a next appointment. Your therapist will discuss with you plans for your aftercare or any needed referrals that will promote your continued growth.

CONSENT TO TREATMENT: By signing this Informed Consent for Services as the Client or Guardian of said Client, **I acknowledge that I have read, understand, and agree to the terms and conditions contained in this document.** I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me.

I am voluntarily agreeing to receive mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time.

Signature of Client

Date

In consenting to services for a child under 18 years of age, I attest that I have legal responsibility and I am authorized to seek treatment for this child and that no additional person is also required to authorize treatment.

Signature of Parent, Guardian or Personal Representative*

Date

*If Personal Representative, describe authority to act for this person: _____

Therapist

Date