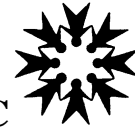




INTERFACE-SAMARITAN COUNSELING CENTERS – ISCC



4803 SAN FELIPE HOUSTON, TX 77056 (713) 626-7990, FAX (713) 627-7715
6823 CYPRESSWOOD DRIVE, SPRING, TX 77379, (281) 376-8006, FAX (281) 376-8008

Consent for Services

Client Name: _____ Parent/Guardian Name: _____

IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign at the end stating you have fully read and understand the information below.

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.

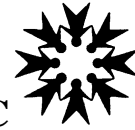
RISKS AND BENEFITS: Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling 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 for counseling and/or psychotherapy.

COUNSELING: Your first visit(s) will be a detailed assessment in which you and your therapist will determine your concerns, and if you both agree that the therapist can meet your therapeutic needs, develop a plan of treatment. If the decision is made that other services would be more appropriate, your therapist will provide you with referrals that may better fit your needs.

APPOINTMENTS: Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. More frequent sessions are available if determined appropriate. **If you must cancel or reschedule your appointment, call the office at least 24 hours in advance, whenever possible. You will be charged for cancellations with less than 24 hours advance notice. Should we need to charge you for a missed appointment and you are using insurance benefits, you will be responsible for the full contracted fee, not just your copay.**

PAYMENT/INSURANCE FILING: Payment of fees, including any required co-pays, is expected at the time of each appointment. We request that payment be made before your session begins. ISCC accepts Cash or Check only at this time. 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. 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.

EMERGENCIES: You may encounter a personal emergency which will require prompt attention. In this event, 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 can also contact the front desk. It may not always be possible for your therapist to return a call immediately. However, we will make every effort to respond to your emergency in a timely manner. If your emergency arises after hours or on a weekend, call the main number and follow the directions to leave a message for the on-call therapist. Please utilize the regular office number/on-call therapist in the event of a serious crisis, and we will call you back as soon as possible. If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help.



INTERFACE-SAMARITAN COUNSELING CENTERS – ISCC

4803 SAN FELIPE HOUSTON, TX 77056 (713) 626-7990, FAX (713) 627-7715
6823 CYPRESSWOOD DRIVE, SPRING, TX 77379, (281) 376-8006, FAX (281) 376-8008

CONFIDENTIALITY: 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. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you. **Discussions between a therapist and a client are confidential. No information will be released without the client’s written consent unless mandated by law.**

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization:

**Abuse and Neglect
Emergencies
National Security**

**Judicial and Administrative Proceedings
Law Enforcement
Public Safety (Duty to Warn)**

Without Authorization. Applicable law and ethical standards permit ISCC to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- **Required by law**, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department)
- **Required by Court Order**
- **Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.** If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. ISCC may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

CONSENT TO TREATMENT: By signing this Consent for Services Form 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 form. 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 – Client/Parent/Guardian

Date

Signature – Spouse/Partner/Parent/Guardian

Date

Therapist

Date