



Coastal Samaritan Counseling Center

Instilling hope and healing

901 N. Kings Hwy., Myrtle Beach, SC 29577
Telephone (843) 448-4820 / Fax: (843) 448-9875

Client Intake Signature Form

Your signature indicates that you have read, understood and agreed to the terms in each document listed below. Your signature indicates that you have received a copy of the listed documents.

✓ **Therapy Information and Disclosure Form**

I have seen, read and received a copy of the Therapy Information and Disclosure Form. I consent to treatment as described in the Therapy Information and Disclosure Form. I, also, understand the limits of confidentiality.

✓ **Notice of Privacy Practices**

I have seen, read and received a copy of the Coastal Samaritan Counseling Center's Notice of Privacy Practices.

✓ **Professional Disclosure Statement for Counselor**

I have seen, read and received a copy of my counselor's Professional Disclosure Statement.

✓ **Authorization for Credit Card Charges**

I have seen, read and received a copy of the Authorization for Credit Charges Form.

✓ **Financial Policy and Fee Agreement**

Failure to give a reasonable twenty-four (24) hour notification for cancellations to the Center will result in a minimum charge of thirty-five dollars (\$35.00). I understand that a thirty-five dollar (\$35.00) fee will be charged for no- shows and it must be paid prior to scheduling the next appointment.

Contracted Fee \$ _____

I have read, understood, and received a copy of the CSCC Financial Policy and Fee Agreement. I agree to pay the contracted fee at the time of service of each session. I understand that any subsidies received for my fees are contingent on contribution. If these contributions are not forthcoming, the center cannot provide the subsidy. I have read, understood and agreed with the conditions upon which my fee has been determined. I also understand that if and when my financial condition changes, either positively or negatively, I can renegotiate the adjusted fee by talking with my counselor.

Date: _____

Name (Please Print): _____

Signature: _____

Witness: _____