



# Coastal Samaritan Counseling Center

*Instilling hope and healing*

## Therapy Information and Disclosure Form

### **WELCOME:**

The Coastal Samaritan Counseling Center (CSCC) welcomes you as a potential client. We believe it is important for you to be informed about the nature of counseling or psychotherapy, the policies and procedures governing the help you will receive here, the fees charged for our services, and your rights as a client. Signing this form signifies your general consent to therapy.

### **COUNSELING AND PSYCHOTHERAPY IN THIS CENTER:**

The words counseling and psychotherapy (referred to below as “therapy”) are often used interchangeably to indicate forms of psychological help that address various kinds of personal and family distress such as depression, anxiety, adjustment difficulties at work and with other people, and marital and family conflicts. The goals of therapy range from the relief of symptoms to significant life change based on acquiring a better understanding of one’s personal, interpersonal, and social circumstances.

CSCC’s methods of treatment are based on standard practices common to the training and experience of psychotherapists, marriage and family therapists, psychologists, social workers, and pastoral counselors. Practitioners in this Center work within the standards and ethical guidelines of state licensing laws, of professional associations, and of the Solihnten Institute. [A statement of Professional and Clinical Standards is available on request.] CSCC therapist also function in a training capacity for student interns. From time to time interns may sit in on your sessions to observe the therapist. Interns are held to the same ethical and confidential standards as therapist. CSCC therapists also respond to the spiritual and theological needs of clients who recognize that values, beliefs, and religious affiliations make a difference in the process of changing and growing, and who want these factors to be considered in their therapy.

### **VIDEO THERAPY SERVICES:**

CSCC offers Video Therapy Services (VTS) to delivery health care services using electronic communications to connect with individuals using interactive video and audio communications. The laws that protect confidentiality of your personal information also apply to Video Therapy Services. Please be aware that there are risk in using VTS, including, but limited to the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of personal information could be disrupted or distorted by technical failure, the transmission of personal information could be interrupted by unauthorized persons. We take privacy and security very seriously. As a result, the VTS platform used by CSCC complies with HIPAA requirements. CSCC utilizes secure, encrypted audio/video transmission platforms to deliver VTS. Please see “Confidentiality” below for more information. Informed consent to Video Therapy Services must be giving before engaging in VTS. Please ask for more information.

### **THERAPY PROCESS:**

Therapy begins with an *intake process* designed to evaluate your needs and difficulties and to help you and the therapist decide about engaging in therapy. This may take one interview or a series of interviews. If becoming a client here does not seem feasible, you will be helped to select a more appropriate place for the help you need. The *therapy process* itself may take many forms, depending on the issues that need to be addressed and how far you wish to go in dealing with them. Treatment is guided by a *treatment plan* that you and your therapist both agree to pursue. Therapy ends when the work is done, or at the point you decide to end it. Clients are entitled to receive information from therapists about the credentials, education, methods of therapy, the possible duration of therapy, and fees. Your therapist will disclose these facts and opinions in the initial interviews.

### **THERAPY POLICIES AND PROCEDURES:**

**YOUR RIGHTS AS A CLIENT:** You have all the rights established by the state of South Carolina governing clinical practices. These include the rights of consent to treatment, of seeking disclosure from your therapist about

his or her qualifications, or requesting a different therapist, or ending treatment at any time, or accessing the client grievance procedures, and of having the records of your treatment kept in confidence (see confidentiality statement below).

**CONFIDENTIALITY:** What you tell your therapist will be kept strictly confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, as a part of the professional practice of this Center. By law, there are circumstances when the therapist must report information to the appropriate persons or agencies, for example: a) if you threaten grave bodily harm or death to yourself or someone else; b) if you reveal information about child, elder or other vulnerable adult abuse; and c) if ordered by a court of law. If your therapy is court ordered, the results of treatment or test must be revealed to the court. Also, in keeping with standard profession practice, your case records may be viewed by Samaritan Center staff, consultants, and accreditation reviewers for purposes of diagnosis, treatment, and quality control. In all other instances, your written permission is required before your therapist or the Center can reveal information about your treatment.

**RELEASE OF CONFIDENTIAL RECORDS POLICY**

In compliance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996, CSCC has developed policies and procedures to ensure that your confidential records are handled in a manner meeting necessary guidelines. Records will be release directly to third party entities (e.g. Lawyers, Doctors, etc.) only upon written request from the patient. Confidential records may take up to 10 days to be completed once all forms are received by CSCC. CSCC will only release records that were created and maintained by our counselors and center. We will not release records received from other clinics or providers. Except for authorizations to provide information to third-party payers, authorizations are valid for 1 year. Revocation must be in writing. Also, in keeping with standard profession practices, both parties must provide written permission to release records for marital counseling.

**APPOINTMENTS AND CANCELLATIONS:** All appointments are made with your counselor unless the counselor specifically asks the office to make the appointment. In the event that you need to miss a scheduled appointment, please extend the professional courtesy of cancelling as early as possible, so that the hour reserved for you may be offered to someone else needing profession counseling services. The counselor reserves the right to terminate clients after two (2) no-shows or late cancelations.

**INSURANCE AND OTHER THIRD-PARTY PAYMENTS:** If you have insurance or some other third-party coverage (e.g., a managed care organization or employee assistance program) that pays for therapy, you are responsible for giving the Center this information on the Insurance Information Form. The Center will file your claims if the information you give us is accurate and complete. The Center does not guarantee that your insurance or other coverage will pay your claim.

**ENDING THERAPY:** Although you may end therapy at any time, it is preferred that you have a least one face-to-face concluding appointment with your therapist rather than terminating by telephone, mail, or by not showing up. In general, your file will be closed after three (3) months of no appointments, unless other arrangements have been made with your counselor or office administration. At the time of discharge, clients may be given or sent a Client Satisfaction Form that is used to elicit feedback on the therapy process. This is a valuable tool to increase the Centers' awareness of the strengths and weaknesses of our services.

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Client Signature

\_\_\_\_\_  
Date