



Coastal Samaritan Counseling Center

Instilling hope and healing

901 N. Kings Hwy., Myrtle Beach, S.C. 29577

Telephone: (843) 448-4820 / Fax: (843) 448-9875

E-mail: cscinfo@coastalsamaritan.org

Website: www.coastalsamaritan.org

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. You will be asked to sign the Client Intake Signature Form, signifying 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 Samaritan Institute. [A statement of Professional and Clinical Standards is available on request.] 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.

THERAPY PROCESS:

Therapy begins with an *intake process* designed to evaluate your needs and difficulties and to help you and the therapist make a decision 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.

FEES AND PAYMENT: The Therapy Fee Agreement that you will complete in the intake interview will state your fee and payment requirements. We request payment at the time of your therapy appointment. You may pay by cash, check, or credit card. Each check returned because of insufficient funds will result in a charge to you of thirty dollars (\$30.00) plus any bank charges. If your account is more than sixty (60) days overdue, we reserve the right to turn your account over to a collection agency. You specifically waive any right to confidentiality regarding financial information given by the Samaritan Center to a collection agency.

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.

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. *Your credit card/debit card on file will be charged for the no-show/late cancellation fee.* For your convenience, the Center maintains a voice mail system that records messages 24 hour per day.

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. You are responsible for the account balance and for deductibles and co-payments required by the insurance or third-party company.

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. 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.