

# SAMARITAN COUNSELING CENTER

1803 OREGON PIKE • LANCASTER, PA 17601 • 717-560-9969 • FAX 717-560-9553

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## *COUNSELING POLICY*

Thank you for entrusting Samaritan Counseling Center with your care. All new clients are seen initially as a consultation for the purpose of evaluating the nature of personal needs and difficulties, discovering the desirability of counseling or referral, and recommending the type(s) of counseling.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. You have the right to discontinue therapy at any time by notifying your therapist of your decision.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and therapist regarding treatment. It is our practice to strive to come to an agreement, although there may be times we may not be able to in the best interests of your child's therapeutic progress. In addition, our role as your child's therapist is limited to only providing treatment, and we are ethically bound to refrain from making recommendations concerning custody or visitation arrangements.

It is our belief that we can best assist you if your treatment is coordinated with other health care professionals who are treating you. In order to accomplish this, with your permission, we will initiate contact with your primary care provider or other pertinent providers.

Samaritan Counseling Center is a faith-aware organization and we have expertise in including client's faith/spiritual beliefs and practices as a part of the therapeutic process. It is our philosophy to work within the belief system of the client. The Center's therapists do not impose their personal beliefs upon clients and only include discussion of spirituality/religion/faith according to the expressed preference of the client.

**APPOINTMENTS AND CANCELLATIONS: If you are unable to keep a scheduled appointment, SCC must be notified at least 24 hours in advance. This can be accommodated by talking with the receptionist or your therapist or leaving a message on SCC's voice mail system. For cancellations or reschedules made with less than 24 hours notice or for a missed appointment, clients will be charged \$40.** If two or more appointments are missed, cancelled or rescheduled with less than 24 hours notice, clients will be charged \$80 for each missed or late cancelled appointment. Unforeseen emergency situations will be taken into account. If you have any questions, please discuss this policy with your therapist.

**CONFIDENTIALITY:** Legally and ethically, the relationship between therapist and client is of a confidential nature. This means that any and all information which is given to the therapist during any session cannot be divulged by the therapist without the client's written consent. However, there are several instances in which confidentiality must be breached due to legal and ethical requirements of the therapist, such as 1) a clear and imminent danger of physical harm to the client or others, 2) therapist suspicion that any child (i.e., under the age of 18) has been abused (including the viewing of child pornography), and 3) a court order issued by a judge. Please review any questions about these limits to confidentiality with your therapist.

There may be times where a spouse, family member, or friend, participates in therapy to assist in your treatment. These persons would not be considered a patient, and therefore would not need to consent to treatment, would not be given a diagnosis or treatment plan, nor would they have any right to access your chart without your written consent.

Please remember that in order to bill your insurance company for your services, information must be provided to your insurer. In most cases, this information is the diagnosis code for your treatment here but an insurer, as the payor, may request additional information, such as a treatment plan or progress notes. We release the minimum amount of information required for compliance. In situations such as worker's compensation or an auto accident claim, your record from each session must accompany each claim for each date of service. Like Samaritan Counseling Center, your insurer must comply with privacy practices as a part of the Health Insurance Portability and Accountability Act (HIPAA).

EMERGENCIES: The Center does not provide emergency services. If a client has an **urgent** concern, that client's therapist will try to schedule an appointment with the client as soon as possible. The Crisis Intervention Center (394-2631) or your local emergency room are available for emergencies.

TERMINATION: If a client makes the decision to terminate counseling, SCC requests that a termination session be scheduled with the client's therapist. This is to allow time to finish the therapeutic process and to provide adequate aftercare.

CONSULTATION, EDUCATION, AND SUPERVISION: Relevant material from the counseling sessions may be discussed with professional staff and consultants for consultation, education, or supervision purposes. All information will be handled professionally and confidentially.

CONCERNS: Client satisfaction and quality of care are of utmost importance at Samaritan Counseling Center. Clients who have a complaint or would like to express concerns are encouraged to discuss the issue directly with their therapist. Clients may also contact the Executive Director, Steven Schedler, at 717-560-9969, ext. 252, or the Chair of the Board of Directors in care of Samaritan Counseling Center, 1803 Oregon Pike, Lancaster, PA 17601 in an envelope marked "Confidential". The Executive Director or Chair of the Board of Directors will respond to your complaint, in writing, within two weeks of receiving your complaint. The SCC will not retaliate against any person for filing a complaint.

Samaritan Counseling Center locations are smoke-free and weapons-free (knives, firearms, etc.) environments.

In the event we must contact you by telephone to change your appointment or request information, may we contact you and leave a message:

By cell? Yes  No

At home? Yes  No

At work? Yes  No

Other (List location and phone): \_\_\_\_\_

Your participation here is confidential. However, in the event of an emergency, we ask that you provide us with an emergency contact. **No other information will be released other than the emergency issue and status without a signed consent. By providing us with the information below, you agree that we may contact this person in the event of an emergency.**

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| Emergency Name | Phone number(s) | Relationship |
|----------------|-----------------|--------------|
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**IN THE INTEREST OF OUR WORKING TOGETHER, I AGREE TO ABIDE BY THE POLICIES ON THIS STATEMENT AND SIGNIFY THAT I HAVE RECEIVED AND UNDERSTAND THE INFORMATION CONTAINED HEREIN.**

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| Client signature (or parent/guardian signature if client is a minor) | Date |
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| <b>*Signature of minor client, if minor is 14 years or older</b> | Date |
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|                 |      |
|-----------------|------|
| Staff signature | Date |
|-----------------|------|

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| Office Use Only<br><input type="checkbox"/> ID Verification<br>File Copy? Yes ___ No ___ |
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