

(717) 560-9969
Fax (717) 560-9553



1803 Oregon Pike
Lancaster, PA 17601
www.scclanc.org

Consent for Services

Children Ages 3-10

Client Name: _____ Date of Birth: _____ Today's Date: _____

Parent(s) Name(s): _____

This form is called a Consent for Services (the "Consent"). Your child's health professional ("therapist") at Samaritan Counseling Center ("SCC" or the "Center") has asked you to read and sign this Consent before your child starts therapy. Please review the information. If you have any questions, please contact us at 717-560-9969.

Prior to beginning treatment, it is important for you to understand the Samaritan Counseling Center's approach to child therapy, especially when parents/guardians are involved in custody disputes. These situations often present risks to your child's confidentiality and progress during the course of his/her treatment.

One risk of child therapy involves disagreement among parents/guardians and/or disagreement between parents/guardians and therapist regarding the best interests of your child. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, you will decide whether therapy will continue. If either of you decides that therapy should end, I will honor that decision, however I ask that you allow me the option of having a few closing sessions to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the therapist and the patient. Privacy is especially important in securing and maintaining that trust. It is the policy of the Samaritan Counseling Center to provide you with general information about treatment status. I will not share with you what your child has disclosed to me without your child's consent, with the exceptions of there being any danger to your child or another person.

BY SIGNING THIS CONSENT YOU AGREE that no party will ask me to release records to any party, nor to testify in court, whether in person, or by affidavit. I will also not share information based on any attempts by any party to gain advantage in any legal proceeding. In particular, you agree that in any such proceedings, no party will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I am ethically bound not to give my opinion about either parent/guardian's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$150 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

THE THERAPY PROCESS: Therapy is a collaborative process where your child and his/her therapist will work together to achieve defined goals. This means that your child will follow a defined process supported by scientific evidence, where your child and your therapist have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their therapist. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit. Therapy begins with the intake process. First, you will review Samaritan Counseling Center's policies

and procedures, talk about fees, and identify emergency contacts. Second, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. If your therapist is practicing under the supervision of another professional at SCC, your therapist will tell you about their supervision and the name of the supervising professional. Third, you will form a treatment plan, including the type of therapy, how often your child will attend therapy, short- and long-term goals, and the steps your child will take to achieve them. Over time, your child and his/her therapist may edit the treatment plan to be sure it describes goals and steps needed to be taken. After intake, your child will attend regular therapy sessions at the therapist's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time.

It is our belief that we can best assist your child if your treatment is coordinated with other health care professionals who are treating your child. In order to accomplish this, with your permission, we will initiate contact with your child's 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.

CONFIDENTIALITY: Samaritan Counseling Center will not disclose your personal information without your permission unless required by law. If your therapist must disclose your personal information without your permission, your therapist will only disclose the minimum necessary to satisfy the obligation.

There are a few times that your therapist may not keep your personal information confidential.

- If your therapist believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your therapist can explain more if you have questions.
- If your therapist has reason to believe a minor is a victim of abuse or neglect (including the viewing of child pornography), they are required by law to contact the appropriate authorities.
- If your therapist believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your therapist will work with you to discuss other options to keep you safe.

There may be times where a family member participates in therapy to assist in your child's 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 child's chart without your written consent.

Please remember that in order to bill your insurance company for 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).

FEES AND PAYMENT FOR SERVICES: All fees for services received at the Samaritan Counseling Center are your responsibility. Since insurance coverage is variable, SCC cannot guarantee what services will be covered by any insurance plan. SCC requests that you contact your insurance company for benefit information related to outpatient mental health.

If SCC is a contracted provider with your insurance company, a co-pay and/or co-insurance and/or deductible amount will be expected at the time of each session. Co-pays/co-insurance/deductibles are determined by your insurance company and your plan. If your payment is determined to be incorrect upon receipt of the Explanation of Benefits from the insurance company, you are responsible for any underpayment; SCC will refund any overpayments. Clients are responsible for any annual deductible. Please obtain co-pay, co-insurance, deductible and mental health benefits information from your insurance company prior to the first appointment.

If SCC is not a contracted provider with your insurance company, payment in full will be expected at the time of each session. An itemized receipt will be given to you at each session for submission to your insurance company. Please refer to the fee schedule:

SERVICE	FEE
Adult Initial Evaluation	\$160.00
Child or Family Initial Evaluation	\$170.00
Adult Ongoing Session (38-52 minutes)	\$110.00
Child or Family Ongoing Session (38-52 minutes)	\$120.00
Abbreviated session (greater than 16 minutes)	\$80.00
Extended session (greater than 53 minutes)	\$140.00
Ancillary Services: \$100 per hour. Not billable to insurance (see above).	

Vouchers from Partner Churches are worth one session – session can be one initial evaluation or one ongoing session – or have a service value of \$100. No refunds are made for unused portions of vouchers.

We accept Mastercard/Visa/Discover/AmericanExpress, check made payable to Samaritan Counseling Center or cash. A \$15 service charge will be levied on all checks returned by a bank for insufficient funds.

Samaritan Counseling Center requests that you keep a valid credit or debit card on file through this patient portal (see the Payment Authorization Form). This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

NO-SHOW AND LATE CANCELLATION FEES: If you are unable to attend therapy, you must contact Samaritan Counseling Center or your therapist at least 24 hours before your session. This can be accommodated by speaking with someone or leaving a voice mail. Otherwise, you may be subject to fees. 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. Insurance does not cover these fees. Unforeseen emergency situations will be taken into account.

BALANCE ACCRUAL: Full payment is due at the time of your child's session. If you are unable to pay at that session, discuss this with your therapist. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.

FEE SUBSIDIES: Thanks to Samaritan Counseling Center's generous donors, in the case of special financial need, a subsidized fee may be arranged with the therapist as funds are available. Payment of the client's portion of the fee is to be made at each session.

ADMINISTRATIVE FEES: Your child's therapist may charge administrative fees for requested services beyond the typical standard of care such as (but not limited to) records review from another provider or school, writing a letter or report at your request; or consulting with another healthcare provider or other professional outside of normal case management practices. These services are billed directly to you at \$100 per hour and are not reimbursable by your insurance company. Payment is due in advance.

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 (717-394-2631) or your local emergency room are available for emergencies.

TERMINATION: If a client makes the decision to terminate counseling, Samaritan Counseling Center requests that a termination session be scheduled with your 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.

RECORD KEEPING: Samaritan Counseling Center is required to keep records about your child's treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services your child receives meet the appropriate standards of care. Your child's records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect personal information, including advanced encryption techniques to make personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

IN-PERSON VISITS & SARS-CoV-2 ("COVID-19"): When guidance from public health authorities allows and your therapist offers, the session can be in-person. If you attend therapy in-person, you understand and agree:

- You can only attend if you are symptom-free (For symptoms, see: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
- To move your appointment to a virtual appointment if you have traveled to a country or to a state identified for quarantine within the last 14 days.
- If you are experiencing symptoms, you will switch to a virtual appointment or cancel. If you need to cancel, you will not be charged a late cancellation fee.
- You will wash or sanitize your hands upon entering the building.
- During times of medium to high risk of contagious disease you will adhere to appropriate social distancing measures at all times.
- During times of medium to high risk of contagious disease you will wear a mask in all general areas of the office, including the waiting room and hallways. If you are requested to wear a mask, you agree to do so.
- Per CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>), if you have been exposed to someone who tests positive for COVID-19:
 - you will inform your therapist and switch your appointment to virtual if you have not received your vaccinations and booster. If you do not become symptomatic, you may begin in person sessions after 5 days.
 - you may attend sessions in person if you have received your vaccinations and booster.

SCC may change the above guidelines if additional local, state or federal orders or guidelines are published. If that happens, your therapist will discuss any necessary changes.

SCC has taken steps to reduce the risk of spreading the virus within the office. Please let us know if you have questions about these efforts.

- Seating throughout the building has been arranged to allow for appropriate physical distancing.
- Restroom soap dispensers are maintained and everyone is required to sanitize or wash their hands upon entry to the building.
- Hand sanitizers that contain at least 60% alcohol are available at each entrance, at the reception counter, and in every office and meeting room.
- Credit card pads, pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed.
- Common areas are thoroughly disinfected each day.

You understand that SCC is committed to keeping you, SCC staff and all of our families safe from the spread of this virus. If you show up for an appointment and your therapist or other SCC staff believe that you have a fever or other symptoms, SCC will require you to leave the office immediately. Your therapist can follow up with services by Videotherapy as appropriate.

SCC may be mandated to report to public health authorities if you have been in the office and have tested positive for infection. If so, your therapist may make the report without your permission, but will only share necessary information. Your therapist will never share details about your visit. Because the COVID-19 pandemic is ongoing, your ability to meet in person could change with minimal or no notice. By signing this Consent, you understand that you could be exposed to COVID-19 if you attend in-person sessions. If a member of the practice tests positive for COVID-19, you will be notified. If you have any questions, or if you want a copy of this policy, please ask.

TELEHEALTH SERVICES: Videotherapy services involves the delivery of health care services using electronic communications, information technology or other means between a health care provider employed by or otherwise contracted with Samaritan Counseling Center and a client who are not in the same physical location. Videotherapy may be used for diagnosis, treatment, follow-up and/or education, and may include, but is not limited to:

- Electronic transmission of clinical records, photo images, personal health information or other data between a member and a Provider;
- Interactions between a client and Provider via audio, video and/or data communications; and
- Use of output data from clinical devices, sound and video files.

The vendor of the electronic systems used in the provision of Videotherapy Services has represented that it incorporates industry standard network and software security protocols to protect the privacy and security of health information. To use telehealth, you need an internet connection and a device with a camera for video. Your child's therapist or the intake staff can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your therapist will recommend a different option. There are some risks and benefits to using telehealth:

Possible Benefits of Videotherapy

- Can be easier and more efficient for you to access clinical care and treatment from a Provider.
- You can obtain clinical care and treatment at times that are convenient for you.
- You can interact with a Provider without the necessity of an in-office appointment.

Possible Risks of Videotherapy

- Information transmitted to your child's Provider may not be sufficient to allow for appropriate clinical decision

making by the Provider.

- The inability of your child's Provider to conduct certain tests or assessments in-person may in some cases prevent the Provider from providing a diagnosis or treatment or from identifying the need for emergency clinical care or treatment for your child.
- Your child's Provider may not be able to provide clinical treatment for your particular condition via VideoTherapy and you may be required to seek alternative care.
- Delays in clinical evaluation/treatment could occur due to failures of the video technology.
- Security protocols or safeguards could fail causing a breach of privacy.
- Given regulatory requirements, your child's Provider's treatment options may be limited.

Additional Information

- You must have a webcam or a smartphone to utilize Videotherapy services.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be in a quiet, private space that is free from distractions.
- Do not use video or audio to record your session unless you ask your Provider for their permission in advance.
- It is important to be on time. If you need to cancel or change your Videotherapy session, you must notify the Provider at least 24 hours in advance. Late cancel/missed appointment charges may apply.
- In the event of technical problems, the Provider will contact you via phone number on file.
- Please provide the contact information for at least one emergency contact.

By accepting this Consent to Videotherapy Services, you acknowledge your understanding and agreement to the following:

- I understand that the delivery of health care services via Videotherapy is an evolving field and that the use of Videotherapy in my clinical care and treatment may include uses of technology not specifically described in this consent.
- I understand that while the use of Videotherapy may provide potential benefits to my child, as with any clinical care service no such benefits or specific results can be guaranteed. My child's condition may not be cured or improved, and in some cases, may get worse.
- It is my duty to inform my Provider of other in-person or electronic interactions regarding my child's care that I may have with other health care providers.
- I understand that my child's Provider may determine in his or her sole discretion that my condition is not suitable for treatment using Videotherapy, and that I may need to seek clinical care and treatment in-person or from an alternative source.
- A variety of alternative methods of medical care may be available to my child, and that I may choose one or more of these at any time. My Provider has explained the alternatives to my satisfaction.
- I understand that the same confidentiality and privacy protections that apply to my child's other health care services also apply to these Videotherapy Services.
- I agree and authorize my child's Provider and Center to share information regarding the Videotherapy session with other individuals for treatment, payment and health care operations purposes as allowed by law.
- I understand that I can withhold or withdraw my consent at any time by emailing or providing other such written notification to my Provider with such instruction, without affecting my right to future care or treatment. Otherwise, this consent will be considered renewed upon each new Videotherapy consultation with my child's Provider.

COMPLAINTS: 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

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“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. If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

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

ACKNOWLEDGEMENT: My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature to acknowledge this agreement.

Signature: _____ Today's Date: _____

Printed Name: _____

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Client Contacts Form

Client Name: _____ Date of Birth: _____ Today's Date: _____

Contact Name: _____

Company Name: _____

Emergency Contact Guardian Primary Care Physician

Relationship: _____ Date of Birth (if known): _____

Contact Address Line 1: _____

Contact Address Line 2: _____

Contact City/State/Zip: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Fax: _____ Email Address: _____

Contact Name: _____

Company Name: _____

Emergency Contact Guardian Primary Care Physician

Relationship: _____ Date of Birth (if known): _____

Contact Address Line 1: _____

Contact Address Line 2: _____

Contact City/State/Zip: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Fax: _____ Email Address: _____

Samaritan Counseling Center

1803 Oregon Pike
Lancaster, PA 17601
717-560-9969

Notice of Privacy Practices

Steven Schedler, Executive Director
sschedler@scclanc.org

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a copy of this privacy notice
- Get a list of those with whom we've shared your information
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Provide mental health care
- Discuss appointments, treatment or goals with those you choose

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
 - Run our organization
 - Bill for your services
 - Help with public health and safety issues
 - Comply with the law
 - Address workers' compensation, law enforcement, and other government requests
 - Respond to lawsuits and legal action
-

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Reporting of impaired drivers

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will never share any substance abuse or HIV disclosures or treatment records without your written permission.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

SAMARITAN COUNSELING CENTER

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

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have had the opportunity to review the **Notice of Privacy Practices** of the Samaritan Counseling Center. I understand that the terms of this Notice may change from time to time, in which case I will be notified of such changes, either verbally or in writing, and, upon my request will be provided the opportunity to review the new Notice.

I understand that I have the right to request that the Samaritan Counseling Center restrict the use or disclosure of protected health information for carrying out treatment, payment and/or health care operations. I also understand that the Samaritan Counseling Center is not required to agree to any restriction; however, if the requested restrictions are agreed to by the Samaritan Counseling Center, those restrictions are binding.

In addition, I understand that the Samaritan Counseling Center may make treatment conditional on my signing this Consent.

Finally, I understand that I have the right to revoke this Consent, in writing, at any time, except to the extent that the Samaritan Counseling Center has acted in reliance hereon.

By my signature below, I give my consent to the Samaritan Counseling Center to use and disclose, for the purpose of carrying out treatment, payment, and/or health care operations, protected health information in reference to:

_____	_____	_____
Client Name	Date of Birth	Relationship of Person Completing this Form to Client Listed (Self, Parent, Guardian, etc.)

Client signature (or parent/guardian signature if client is a minor) Date

***Signature of minor client, if minor is 14 years or older** Date

Staff Signature Date
My signature above verifies that the Client received adequate explanation to make an informed decision

Restrictions: _____

Comments: _____

Client Initials

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Payment Authorization Form

Client Name: _____ Date of Birth: _____ Today's Date: _____

Payment Method Details

Payment Method: New Credit/Debit Card

Name on Card: _____

Card Number: _____

Card Expiration Date: _____ Security Code: _____

Billing Address Line 1: _____

Billing Address Line 2: _____

Billing City/State/Zip: _____

Acknowledgement

The Samaritan Counseling Center may utilize my payment method(s) on file for any balances, including late cancellation and no-show fees, without additional authorizations.

Signature: _____

Printed Name: _____