



SAMARITAN COUNSELING CENTER

1803 Oregon Pike

Lancaster, PA 17601

717-560-9969

FAX 717-560-9553

COUNSELING & FEE POLICY

INITIAL SESSION EVALUATION

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. As part of the initial evaluation, your counselor may make some recommendations, which may involve fees not covered in the session fees. Please refer to the fee schedule on the reverse side.

INFORMATION FORMS

Each client is asked to complete a **Client Self-Report Form**, which provides information helpful to the therapist and basic information for administrative purposes. This form must be completed and returned to the Center at the time of the initial session evaluation. In addition, this **Counseling & Fee Policy** and **Consent for Use or Disclosure of Protected Health Information** must be signed and returned as well. The Privacy Notice is retained by the client. This information is kept strictly confidential.

Pursuant to the Federal Trade Commission's Red Flags Rule, we must request a copy of your insurance card (if applicable) and a copy of a government issued photo ID (such as your driver's license).

COUNSELING FEE AND PAYMENT FOR SERVICE

All fees for services received at the Samaritan Counseling Center (SCC) 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 will be expected at the time of each session. Co-pays/co-insurance/deductibles are determined by your insurance company and your plan. If a co-pay 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 co-pay overpayments. Clients are also 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 insurance form will be given to you at each session for submission to your insurance company. Please refer to the fee schedule on the reverse of this document.

We accept Mastercard/Visa/Discover, 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.

FEE SUBSIDIES

In the case of special financial need, a subsidized fee (based in part on total family income and size) 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.

APPOINTMENTS AND CANCELLATIONS

All appointments and cancellation of appointments are made directly with the therapist or receptionist. If one is 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 leaving a message on SCC's voice mail system. For cancellations made with less than 24 hours notice or for a missed appointment, clients will be charged one-half of the regular Samaritan Counseling Center fee for that session (refer to the fee schedule on the reverse of this document). If two appointments are missed or cancelled with less than 24 hours notice, clients will be charged full fee. Unforeseen emergency situations will be taken into account. If you have any questions, please discuss this policy with your therapist.

TERMINATION

If a client makes the decision to terminate counseling, SCC requests that a termination session be scheduled with the client's therapist (rather than termination by phone or mail). This is to allow time to finish the therapeutic process and to provide adequate aftercare.

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) is available for emergencies.

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.

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. In the event that a clear and present danger of physical harm to the client and/or others becomes apparent, however, the therapist is legally and ethically required to inform those who have a direct need to know.

NOTIFICATION OF REFERRING PERSON

If a client is referred to SCC by a professional person (physician, clergyperson, etc.), it is SCC’s policy to notify the referral source of the facts of that individual’s commencing and terminating therapy. This is a matter of professional courtesy and is important to the client’s on-going relationship with that person.

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.

CLIENT’S SIGNATURE DATE

THERAPIST’S SIGNATURE DATE

Would you like to receive SCC newsletters, fundraising information, or materials about other related programs and services that may be of interest? Yes No

In the event we must contact you by telephone to remind you of or change your appointment, may we contact you:

At home? Yes No

At work? Yes No

Other (List location and phone):

Office Use Only <input type="checkbox"/> ID Verification_____ File Copy? Yes____No____
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SERVICE	FEE	SERVICE	FEE
Adult Initial Evaluation	\$150.00	Adult 50 min session	\$105.00
Couple Initial Evaluation	\$160.00	Couple 50 min session	\$110.00
Child Initial Evaluation	\$160.00	Child 50 min session	\$110.00
Family Initial Evaluation	\$160.00	Family 50 min session	\$110.00
CHILD/ADOLESCENT SERVICES		Adult/Couple/Child/Family 25 min session	\$70.00
Agency Contact (phone)	\$55.00	TESTING SERVICES	
Records Review	\$55.00/hr	Myers-Briggs Type Indicator	\$60.00
Report of Assessment or Treatment	\$125.00/hr	Strong Interest Inventory	\$60.00
School Team Meeting	\$220.00	Psychoeducational Evaluation	\$1400.00

Please note that vouchers from Partner Churches are worth one session – session can be one initial evaluation or one 50-minute session.