

## COUNSELING AGREEMENT

Ecumenical Center for Religion and Health

Medical Center Location: 8310 Ewing Halsell Drive San Antonio, TX 78229

Downtown Location: 403 Avenue E, San Antonio, TX 78205

### **PLEASE READ AND SIGN THE FOLLOWING PRIOR TO SEEING YOUR COUNSELOR**

#### **CONFIDENTIALITY**

Confidentiality means that therapists have a responsibility to safeguard information obtained during treatment. It is important that you understand that all identifying information about your assessment and treatment is kept confidential, except as noted below. In order to protect your confidentiality, you must sign a release of information before any information about you is given outside the Ecumenical Center.

Should you elect to utilize health insurance (including any form of managed care) for services received, it is necessary for you to sign a Release of Information For Insurance Form. Often insurance and managed care companies require information regarding diagnosis, symptoms, treatment goals, and prognosis about the insured before reimbursement is considered. Such companies may also request a copy of your records.

It is important that you understand that the laws of the State of Texas allow exceptions to confidentiality. In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, in these situations the Ecumenical Center is not required to inform you of our actions. This includes the following:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor.

#### **HEALTH INFORMATION PRIVACY POLICY SUMMARY**

The following is a summary of how your protected health information is used and disclosed and how you can obtain access to this information.

##### **Uses and Disclosures of Health Information**

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each counseling room. You may request a copy of our notice at any time.

## **Your Rights as a Client of the Ecumenical Center**

Although your health record is the physical property of the Ecumenical Center for Religion and Health, the information contained in your health belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of privacy practices upon request
- inspect and obtain a copy of your health record
- amend your health record as provided by regulation
- obtain an accounting of disclosures of your health information as provided by law
- request communications of your health care information by alternative means or locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

## **Complaint Regarding the Privacy of Your Health Information**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our privacy officer. You also may send a written complaint to the U.S. Department of Health and Human Services.

## **Our Legal Duty Regarding the Privacy of Your Health Information**

We are required by law to protect the privacy of your health information, provide this notice about our privacy policy, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact Royce Calhoun, Ph.D., Privacy Officer, 8310 Ewing Halsell, San Antonio, TX 78229, phone: 210-616-0885 or e-mail [rcalhoun@ecrh.org](mailto:rcalhoun@ecrh.org).

## **THE BENEFITS OF COUNSELING**

One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with marital, family and other interpersonal relationships, and /or a greater understanding of personal goals and values.

## **THE RISKS OF COUNSELING**

To allow you to make informed decisions about your counseling, the Ecumenical Center for Religion and Health wishes to make you aware of certain risks involved in counseling. You may experience discomfort, such as anger, depression, or frustration during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. We do our best to assess progress and provide referral to other sources if that is deemed necessary and appropriate.

## **COST OF SERVICE**

The cost of service per therapy hour is \$130.00 for certified pastoral counselors, licensed professional counselors, and licensed marriage and family therapists, and \$140.00 per hour for licensed psychologists. Should you choose to use health insurance, there may be a set-up fee of \$20. Should the fee present an unusual hardship, you may speak with your counselor about this during your initial visit. No person is denied access to needed service solely on the basis of inability to pay.

## **PAYMENT OF FEES**

All fees for counseling should be paid at the time the service is rendered, and you are requested to pay your fee at the beginning of each counseling session. We accept cash, personal check, MasterCard, or Visa.

Most insurance plans have an annual deductible, which must be met prior to reimbursement. If you have such a deductible, this is your responsibility to pay. Some insurance plans require the insured to call prior to the first visit and obtain authorization for a specified number of visits; and your counselor is not allowed to call for you. If you fail to obtain this authorization prior to your initial counseling session, some insurance companies reduce or decline reimbursement. In this event, you are responsible for payment.

**INSURANCE CLAIMS**

The Ecumenical Center will be happy to assist you with insurance claims. Please remember that you are responsible of payment of all fees whether or not your health insurance provides reimbursement.

**CANCELLATIONS**

Cancellations must be made twenty-four hours in advance to avoid charge. Missed appointments will be charged the regular fee.

**NSF CHECKS AND REJECTED CREDIT CARD CHARGES**

There will be a \$25 charge for each NSF check or credit card rejection.

**WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING**

I have reviewed this Counseling Agreement, including the summary of the Ecumenical Center’s Privacy Policy. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that the organization is not required to agree to the restrictions I request.

I accept this agreement and herewith consent to counseling at the Ecumenical Center for Religion and Health.

_____	_____
Client Signature or Legal Representative	Date
_____	_____
Client Signature or Legal Representative	Date
_____	_____
Counselor Signature	Date