



SAMARITAN COUNSELING CENTER OF ATLANTA

1328 Peachtree Street, NE, Suite B317
Atlanta, GA 30309
404-228-7777

GENERAL INFORMATION

1. Client records and the information discussed between the client and therapist are confidential and will not be released unless we have been authorized in writing to do so. The exceptions to confidentiality are outlined in detail in the notice of Samaritan Counseling Center of Atlanta, Inc.'s privacy practices, which is available at your request. Examples are as follows: Exchange of information with another staff member involved in your treatment; a "duty to warn" on the part of the therapist if he or she feels there is a threat to self or others on the part of the client and the suspicion of child abuse or abuse of an elderly or disabled person. Under certain circumstances records may be subject to subpoena by the courts.
2. The therapist will discuss the fee with clients in the first interview.
3. All clients are requested to pay at the time of service unless other arrangements have been made. Responsibility for the payment of fees remains with the client. In the event that an insurance company requires the Center to file, it will do so. The amount received from the insurance company will be applied towards the client's bill. If the insurance company does not require the Center to file, the client will be responsible for filing his or her own insurance.
4. Should a conflict with scheduled appointments arise, clients should notify us as soon as possible. Cancellation of an appointment must be done **24 HOURS IN ADVANCE**. Otherwise, the regular interview fee will be charged to the client. This also applies to rescheduling the appointment time.
5. Many of the mental health providers at the Samaritan Counseling Center of Atlanta, Inc. are independent contractors and not employees of the Center. They determine their own treatment and/or counseling recommendations and are employed by you as their client or patient. Your bill will come through the Center as a convenience to you. Nevertheless, neither the Center nor its Director have the right to control the time, manner, method or place of rendering of such services to you as that is left solely to the professional judgment of the therapist. If you have any questions about this information, please feel free to ask your therapist or the Director.

Please provide the phone numbers at which you would like to be contacted by your SCCA mental health professional and/or office staff: Home _____ Office _____ Cell _____. May we leave a message on your voice mail? Yes _____ No _____

6. If you are unable to reach your counselor and feel you are in a crisis situation, call 911 or go to the nearest emergency room.

Please let us know if you have any questions.

I have read and understand this information and agree to its terms.

Signed

Date