



THE Samaritan Pastoral Counseling Center

Dear Client,

Thank you for choosing the Samaritan Pastoral Counseling Center. Attached you will find some forms for you to complete or in some cases only read. Doing so will enable us to prepare you more quickly for your visit with your counselor.

The forms and their respective instructions are as follows:

After Hours Policy form(s) – Please read and sign both forms. *One is for you and one is for your therapist.*

The Personal Information form(s) – Please complete both sides of the form. *One is to be completed for each person receiving counseling.*

The Fee Agreement – Please read the top half of the front side. Please do not sign the form until you have met with your counselor. If you do NOT have insurance, please complete the front side of the form. If you do have insurance, please complete the backside of the form. *If you plan to use insurance, please give your insurance coverage card to the receptionist.*

The Counseling Contract – Please read thoroughly and note any questions you have. Please sign and date that you have read this contract.

The Privacy Practices – Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. Please sign and date that you have read this notice. This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others, and how you can get access to the same information.

Thank you for your cooperation with these forms. We look forward to serving you.

The Samaritan Pastoral Counseling Center Staff

SAMARITAN PASTORAL COUNSELING CENTER OF AMARILLO, INC.

This information is used only by your counselor. It will not be released to anyone else without your written consent. Please complete the entire form.

PERSONAL INFORMATION

Date: _____

(Name) (Address)

(City) (State) (Zip) (Age) (Birthdate)

() _____ () _____
(Home Phone) (Work or Cell Phone) (Social Security #)

Male Female Single Married Divorced Widowed Other _____

Student Unemployed Employed Employer: _____

Person to contact in case of an emergency _____
(Name) (Phone) (Relationship)

Do you have insurance? Yes No **(If yes, please complete the backside of the fee agreement)**

Last grade attended/degree completed _____ Annual Gross Family Income _____

Church/Temple you attend _____ Pastor, Priest, Rabbi _____

Attend: Weekly Occasionally Pray: Yes No Read Bible: Yes No

Height: _____ Weight: _____ (Recently) Lost Gained How Much: _____

Physical Health: Excellent Good Average Fair Poor

Drink cups a day: _____ Type/Quantity a week: _____
(Coffee) (Tea) (Cola) (Alcohol)

Describe use of non-prescription drugs (including aspirin): _____

_____ List type and reason for use if currently taking
prescription drugs: _____

Family Physician: _____ Type of Regular Exercise: _____

Describe any severe emotional upset: _____

Describe any medication or hospitalization required from upset: _____

(Please complete other side of this form)

Fee Agreement
Samaritan Pastoral Counseling Center
112 W. 8th, Suite 800
Amarillo, Texas 79101

(Please fill out the other side of this form if you wish for Samaritan to file your insurance.)

I/We agree to pay the Samaritan Pastoral Counseling Center \$ _____ per 45 minute session for therapy services received at the Samaritan Pastoral Counseling Center. We understand that we are responsible to pay this fee PRIOR to the scheduled appointment unless we have made other arrangements. We understand that this agreement can be renegotiated if there is a substantial change in our income during the time we receive counseling from Samaritan Pastoral Counseling Center.

_____ I/We do not plan to use insurance to help cover the cost of services provided by the Samaritan Pastoral Counseling Center. *(Please fill out the other side of this form if you wish for Samaritan to file your insurance.)*

_____ I/We understand that it is our responsibility to pay for services.

_____ I/We understand that we can be billed for missed appointments that are not cancelled with sufficient notice.

Signature of Client: _____ Date: _____

Signature of Counselor: _____ Date: _____

If requesting a sliding scale fee, please complete the Income Verification Section below:

Please indicate GROSS monthly income source: _____

Number of persons living in home: _____

Employment (list both incomes if a two-income household.) \$ _____

Unemployment/Workmen's Compensation \$ _____

Child Support \$ _____

Social Security/SSI/Disability \$ _____

TANF \$ _____

HUD \$ _____

Veteran's Benefits \$ _____

Alimony/Spousal Support \$ _____

Other \$ _____

TOTAL MONTHLY INCOME \$ _____

Special circumstances requiring reduced fee: _____

Insurance Billing Agreement

As a courtesy, Samaritan Pastoral Counseling Center will file your insurance upon receipt of COMPLETE information. Please let us photocopy your insurance card for our records. Pre-authorization by your insurance company does not guarantee payment by them. Subsequently, responsibility for payment of your account is yours. Changes in your insurance coverage should be reported to us immediately.

I authorize Samaritan Pastoral Counseling Center to release any medical or other information necessary to process insurance claims to my insurance company.

I request payment or government benefits to Samaritan Pastoral Counseling Center for counseling services billed.

I authorize payment of medical benefits to Samaritan Pastoral Counseling Center for counseling services rendered.

Client's signature: _____ Date: _____

Client's Name: (Please Print) _____

Please complete the following if we do not have photocopies of your insurance cards.

Primary Insurance:

Insured's Name: _____ SS# _____

Relationship to Client: Self Spouse Child Other (explain) _____

Insured's Birth Date: _____

Insurance Company Name & Address: _____

Insurance Phone Number: _____

Insurance Policy #: _____ Group #: _____

Secondary Insurance:

Insured's Name: _____ SS# _____

Insured's Birth Date: _____

Insurance Company Name & Address: _____

Insurance Phone Number: _____

Insurance Policy #: _____ Group #: _____

Samaritan Pastoral Counseling Center After Hours Policy

If you are in crisis and feel it is necessary to speak to one of our therapists after hours, weekends, or holidays you have the opportunity to speak with the designated therapist on-call. To reach the on-call therapist, call (806) 676-9055. Please leave your name, phone number and your therapist's name. Your call will be returned as soon as the on-call therapist becomes available. (Please be aware that you are leaving a message on a cellular telephone, and information given through the use of wireless technology can sometimes be intercepted.)

Please note that the therapist on-call service is not a replacement for emergency medical care. If you are in crisis and feel you need emergency medical care, please go the Emergency Room at Northwest Texas Hospital, dial 9-1-1, or call the Suicide Crisis line at (806) 359-6699. If you have further questions, please discuss them with your therapist.

I have received notification and understand the after hours service policy at Samaritan Pastoral Counseling Center.

Name	Date
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Name	Date
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Name	Date
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Name	Date
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Therapist	Date
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