

Samaritan Center, Inc.
Confidentiality and Grievances Agreement

Confidentiality

Because of the personal nature of your treatment, all issues will be treated with confidentiality by staff who participate in ongoing case consultations. However, harm to self or others will supersede confidentiality. State law mandates reporting child and elder abuse. Your file or a summary of your treatment will not be released without your written permission with the exception of mandatory release required by the state. Your provider may request your permission to record some of the sessions for ongoing supervision and training.

Duty to Warn

I understand that my provider may have a duty to warn if I am a danger to myself or others.
Below is a list of people that can be contacted in an attempt to prevent harm to myself or others:

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Communication Authorization and Release of Information to Family Members

Does Samaritan Center, Inc., have permission to:

- Contact you regarding appointment changes, etc.
at work? Y N
by email? Y N
by cell phone? Y N
by text? Y N
- Leave you a message on your home answering machine regarding an appointment? Y N
- Discuss your appointment times with your spouse / parent / partner / person living in your home? Y N

Grievances:

I also acknowledge that I may submit a grievance to the Center at any time, to register a complaint about any aspect of my care. If I am not satisfied with the response I receive, I may submit the Grievance to the address below:

To report a rules violation by this licensee, contact:

Texas State Board of Examiners of Licensed Professional Counselors 1100 W. 49 th Street Austin, Texas 78756-3183 (512) 834-6658	Texas Board of Nursing, Enforcement 333 Guadalupe St Suite 3-460 Austin, Texas 78701 (512)305-6870
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If you would like to share your comments regarding your experience with the Center and the staff, you may submit them in writing to the Executive Director. You may also contact your provider's licensing board(s). Information is posted in the lobby. You will be asked to evaluate your experience with our Center upon termination of treatment.

_____ I have received the "Notice of Samaritan Center, Inc. Privacy Policies."

Initial

Client or Parent/Guardian Signature

Date

Staff Signature

Date