

## INFORMED CONSENT AND COUNSELING AGREEMENT

**Services Provided:** SamaraCare provides outpatient counseling. Our counselors provide individual, couples, family and group counseling. Your initial appointments determine what treatment will best serve your needs. With your input, counselors develop a treatment plan and establish a diagnosis for your care. Your counselor can be contacted via phone and voicemail message. Emails are for scheduling only. After hours, a counselor on-call may be reached for urgent and non-emergency situations. In emergency situations, call 911 or proceed to an emergency room.

**Consent for Treatment:** I consent to participate in counseling with the counselor who signs this agreement. I need to actively participate, be honest about my feelings and actions, and may experience uncomfortable feelings. I will discuss the goals, objectives and methods of my treatment plan with my counselor and this plan may be modified over time. I may discuss the benefits, risks, alternatives, and nature of the treatment. SamaraCare offers a faith based counseling perspective and that my faith will be addressed and honored as I desire and as appropriate. I have the right to be treated with respect and dignity and will not be subjected to any verbal, physical, or emotional abuse during counseling. I must cancel appointments 24 hours in advance or I will be charged for the full session fee. I may terminate counseling at any time without consequence, but I will still be responsible for payment for the services I received.

**Confidentiality:** I acknowledge SamaraCare complies with HIPAA and Illinois State laws regarding confidentiality. I have been given the opportunity to read or receive Notice of Privacy Practices summary or full explanation of privacy policies and rights. SamaraCare policy specifies that my counselor may consult, receive supervision and or be quality reviewed to ensure that appropriate treatment is provided. Communication to outside parties will be provided through written consent and authorization. Confidentiality can be broken without consent only in emergency situations (e.g., mandated or ordered by law, psychiatric or medical emergency, concerns of safety).

**Grievances:** If I have a complaint about my service, I will discuss it with my counselor. If that does not resolve the problem, I may contact SamaraCare President to further discuss the issue.

**Fees and Payments:** I have reviewed and completed SamaraCare Financial Policy Agreement.

**I certify by my signature that I have read, addressed any questions, understand, and consent to the above.**

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Primary Client

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Date

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Client Partner or Other Participant

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Date

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Parent or Legal Guardian

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Date

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Counselor

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Date

A copy of this form is available upon request