Resource Center

17892 North Hwy 59
New Caney, TX 77357

1915 N. Frazier Suite #102
Conroe, TX 77301

(936) 494-4357
(936) 494-4359 Fax

CLIENT INFORMATION

Client Name:		Cause #:	
Referral Name:			
Referral Fax:		Referral Phone:	
Attorney Information: *required for Occupational License clients			
Type of Service:			
Day/Evening & Time:		Location:	
Client Signature:			
Intake Date:		Witness Signature:	
Amt of Pmt Received at Intake:		Receipt #:	

CLIENT INFORMATION:

Name: _____ Date of Birth: _____

Social Security # _____

Address: _____

Phone(s): _____

Email: _____

INSURANCE INFORMATION (IF APPLICABLE):

Company Name: _____

Company Address: _____

Company Phone #: _____ Group # _____

EMERGENCY CONTACT INFORMATION: ALSO: CHECK IF WE MAY LEAVE A MESSAGE OR CONTACT FOR CLASS TIMES AND ARRANGEMENTS ☐

Name: _____ Relationship: _____

Address: _____

Phone: _____

I agree to the release of any medical information necessary to process an insurance claim. I authorize the medical benefits to the provider of services. I agree to be responsible financially for all charges on appointments not cancelled within 24 hours of scheduled appointment. There is a $25.00 charge for all returned checks. I understand I will be charged for all collection charges or interest charges assessed.

_____ _____

Signature of client or responsible party Date

Mental Health Resource Center

CLIENT POLICIES

Please *read each statement* and *initial in the corresponding space*. By initialing you are stating that you understand, agree and will comply with our office policies.

	Initial below
1. You must check-in at the front desk with the secretary when you arrive for group. You must also sign and complete the in-class sheet and give it to the educator or counselor in order to receive credit. Failure to do **BOTH** results in you not receiving credit for the class.	
2. Please conduct yourself in a manner that is appropriate to the therapeutic community. This includes but is not limited to loud talking, cursing, name-calling or cigarette smoking inside the building.	
3. Please dispose of trash and cigarettes in the appropriate receptacles and be respectful of our neighbor businesses and this facility. Any disruptive or damage to this facility or neighboring facilities will be reported to your referral source and you may be financially charged for the damages.	
4. No firearms, knives or weapons are allowed in the building. As a rule: if it is not allowed in the Courthouse, it is not allowed in our facility.	
5. All clients will complete their intake and registration which includes <u>all</u> forms being properly dated, signed and completed before being allowed into any group session. No client information will be released to anyone, including family, with out prior written consent from you.	
6. Group dates and times are assigned at your intake session and a copy will be given to you for your records. While attending groups **<u>you must attend sessions on your assigned date</u>**. This process enables MHRC to properly report your attendance to your referral source.	
7. A random drug test may be conducted at this facility at any time. For safety reasons, if at anytime the staff of MHRC has suspicions that a client may be intoxicated or under the influence of illegal substances they may contact local law enforcement.	
8. Appropriate clothing is required and will be strictly enforced by the MHRC staff. Please do not wear any clothing that endorses alcohol or drugs. Casual and comfortable clothing is suggested.	
9. Snacks and drinks are allowed in groups as long as it does not interfere with the session.	
10. All groups at MHRC are Cognitive Behavioral in design. If you desire or require an alternative to this form of treatment please speak with the MHRC staff.	
11. MHRC accepts credit cards, debit cards, cash, money orders and cashier's checks only. **NO REFUNDS WILL BE MADE FOR ANY REASON**. You may purchase workbooks, or attend other programming.	
12. No family members or friends are allowed in the building or group sessions at any time. If they want to attend programming, they can register as a client and will be required to pay the regular fee. MHRC reserves the right to discontinue or refuse service to anyone. No Children are allowed in the building unless the child is the client.	
13. No cell phones are allowed in group sessions. You may be asked to leave group if this becomes a problem. Phones may be taken up and you may pick them up from your referral source.	
14. Tardiness will not be tolerated. <u>Late arrivals will not be allowed in groups – NO EXCEPTIONS</u>.	
15. A client leaving group will not be allowed to re-enter and will not receive credit for that session.	
16. Payment is required at the time of service (group/session). <u>If payment is not received in full, services will not be provided</u>.	

17. **A 24-Hour Cancellation Notice** is required for all cancellations or rescheduled sessions. If MHRC does not receive a 24-hour notice a "no-show" fee will be added to your scheduled fees. The "no-show" fee is the cost of the group missed and is non-negotiable and non-refundable.

18. No MHRC staff or contractor is allowed to have any relationship outside the agency with any client. No names, phone numbers, emails, addresses may be exchanged. No gifts are to be accepted from any client who is referred by the legal system.

19. Binders, workbooks and paperwork are given to the client at the time of intake. If these are lost or forgotten a substitute may be purchased at the front desk ***BEFORE*** class begins.

20. All fee structures are discussed and agreed on in writing before a client is offered services. A copy of the fees will be given to you at intake.

IOP/SOP Clients ONLY

MHRC will contact your referral source within 24 hours if you do not attend or do not have the fees for your services. You are in a treatment program, consistency is imperative. Your compliance is measured for the courts in your attendance, participation and payment. more than 2 absences in a week will result in you restarting that week.

Probation Clients ONLY

MCDCSC allows *one (1) missed session in a six (6) week period* and *two (2) missed sessions in a 12 week period.* In order to receive credit for missed session that group must be made-up by the Saturday immediately following the missed session. If you attend Saturday classes, you must attend a comparable group on that same Saturday to receive credit for the session. **You DO NOT have a week to make-up the group**. More than 2 absences in a six week period will result in you restarting the class.

Judge Laird, CCL#2 Occupational License Clients ONLY

Per Judge Laird, you are not allowed to miss any classes while attending your court-ordered requirements. You must attend a minimum of one group per week or as specified by your court-order. If you miss a group, that information will be reported to the court and your occupational license may be revoked. If your case is closed for non-attendance and your license is revoked, you may return as a client but will be required to pay the full cost for your classes ($10/session) and a $25.00 reinstatement fee.

Drug or DWI Court – your class times have been assigned please attend your scheduled day for your phase groups and individual sessions – call 936-494-4357 if you have a conflict otherwise we expect you to attend your assigned time and day. If you are in jail you must come in the day you are released to plan programming – Do Not miss outpatient groups when released from the jail.

Mental Health Resource Center

AGENCY POLICIES

Counseling Environment

We welcome you to the Mental Health Resource Center (MHRC). It is our desire and purpose to provide you with a safe, professional environment to deal with personal and relational problems. We also strive to offer you the opportunity to enhance your emotional and spiritual growth. Counseling sessions are scheduled for 50 minute intervals to give a convenient structure to this environment.

Confidentiality

The information you share with your counselor will be kept in the strictest confidence except as follows:

1. MHRC will inform the proper authorities and an appropriate member of your family should we, in our best judgment, believe you are in immediate danger of inflicting harm upon yourself in anyway, including committing suicide
2. MHRC will inform the proper authorities and the person at risk should you threaten bodily harm upon anyone.
3. MHRC will report any instance of child or elder abuse/neglect to the proper authorities.
4. If you are involved in litigation and inform court personnel or an attorney of services you have received from this facility you may be waiving your rights to confidential records with MHRC. You may want to consult an attorney prior to disclosing this information.
5. A report or evaluation will be provided to any court referring you to MHRC.
6. Written consent for your counselor will be required any time your records must be shared with another counselor or agency. A specific form will be provided to you should the need arise.
7. If you disclose that a person of your acquaintance, including yourself, is HIV positive and is participating in unsafe, unprotected sex, MHRC is required to notify the local Public Health Department.
8. MHRC is required to notify the proper authorities and/or licensing board if you inform a staff member that you have been a victim of sexual abuse of therapeutic deception by any licensed counselor or mental health professional.
9. It may be required that you approve in writing for your counseling records to be shared with an insurance company.

Fee Structure

MHRC charges a contract fee per session; that fee is discussed at registration and is payable at the time service is rendered. We offer a "sliding-scale" system based on your family's annual income, if necessary. Fees using the sliding-scale will be discussed with you by the MHRC staff.

Insurance Coverage and Fee Payments

The client is required to file the insurance claim and pay the regular session fee to MHRC at the time services are rendered. If MHRC files an insurance claim the client remains responsible for payment at the time of services rendered, and for any portion of the fee not covered by the insurance company, including a deductible a co-insurance payment. We do not waive deductibles or co-insurance.

Appointment Cancellations

Your appointment date and time is set specifically for you. If you are unable to attend your scheduled appointment, it is required that you notify MHRC of this cancellation **24 hours in advance**. Failure to give a 24-hour cancellation notice will result in you being billed for the missed session. Emergency situations will be considered.

Risks

Due to the progress in therapy a client may experience side effects such as uncomfortable feelings and changes in relationships and family roles.

Emergency Situations

If you have an emergency or crisis that arises when your counselor cannot be reached by telephone, you and/or your family members are instructed to contact **Cypress Creek Hospital; (281) 586-7600.**

Affirmations

It is understood that the Mental Health Resource Center (MHRC) does not issue any guarantee of specific care, number of sessions necessary or total costs of services.

I (we) affirm that I (we) have been given the opportunity to ask questions regarding office policies, fees, limits of confidentiality, therapy procedures, and counselor qualifications.

Client Signature **Witness**

Date

Mental Health Resource Center

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ , authorize _____
to disclose to _____ the following information:

____ History and Physical Exam	___x___ Laboratory Reports	___x___ Consultation
___x___ Discharge Summary	____ Doctor's Reports	___x___ Progress Notes
____ Psychological Reports	____ Other: _____	

for the purpose of Legal issues I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent shall expire sixty (60) days after the date of patient discharge unless another date is specified.

Specifications of the date, even or condition upon which this event expires: 60 days after completion of treatment

To the party receiving this information:

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 CFR Part 2) prohibits you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general for the release of medical or other information is not sufficient for this purpose, for patient records applicable under Federal Law 42 CFR Part 2.

Date: _____ Signature of Client: _____

Witness: _____ Signature of Parent/Guardian: _____