



NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices of the Samaritan Counseling Services of the Gulf Cost, Inc.

Print Name	Signature	Date
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INFORMED CONSENT ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the Informed Consent Statement of the Samaritan Counseling Services of the Gulf Coast, Inc.

Print Name	Signature	Date
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NO-SHOW POLICY AND RETURNED CHECK POLICY

There will be a NO-SHOW charge of \$75.00 or _____ for missed appointments without a 24 hour advance notice. There is a bank service fee charged to Samaritan for every deposited check that is not paid by the bank. We will pass that fee along to you should we receive a check returned from the bank.

Print Name	Signature	Date
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