

## Counseling Agreement 輔導協議

### Referral Policy/Disclaimer 轉介規則/免責聲明

Clients will be referred outside of HCS when treatment required is beyond the scope of care available at HCS. Though HCS strives to be responsible and professional in the referral procedure, it is your full right and responsibility to select the professional of your choice. Furthermore, HCS is not liable for any services provided or not provided by the referred professional.

當「角聲輔導中心」（以下簡稱為本中心）不能給予所需的服務時，本中心將會盡所能循著專業的程序轉介當事人去中心以外的輔導。這是當事人自己的決定和責任去選擇，本中心將不承擔本中心所轉介的輔導所給予的任何服務。

### Counseling Fees 輔導費用

The standard fee for the initial 75-minute session is \$55. For sessions thereafter, the fee for each 50-minute session is \$50.00. However, a sliding fee structure is available for those with a qualifying income level. A standard fee of \$80+ will be charged for clients with household income levels at \$100,000/year or above. Use of the sliding scale must be accompanied with verification of income, such as the most recent tax return. HCS do not accept third party payment from major insurance companies and EAP benefit. Payment is due at the time of service. Cash or checks are accepted forms of payment. Please make checks payable to CCHC Houston.

首次七十五分鐘的輔導費用是五十五元。以後每五十分鐘輔導的費用是五十元。然而，滑動費用的方式可用於那些收入符合資格者。如家庭收入每年在十萬元以上者，費用是八十元以上。本中心不接受其他由保險公司和員工福利的付款。可付現金或支票。支票抬頭請寫給 CCHC Houston。

未經你同意而披露你個人資料將會違反普遍接受的諮商倫理的守則。然而，在某些情況下，在未經你的同意下，我們仍必須依法披露你的個人資料。詳情請參閱「保護健康資料隱私條例公告」。本中心所有輔導人員都有參加定期的臨床監督和個案諮詢。這種監督和顧問的目的，保證了本中心所給予的服務素質。

### Rights as a Client 客戶的權利

1. You are entitled to information about any procedures, methods of counseling, techniques, and possible duration of therapy.

您有權獲知任何有關輔導的程序，方法，技術，和治療的過程。

2. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued.

你有權在任何時候結束治療而不必對任何道德，法律或其他費用負責，但是必須繳付已接受的療程費用。

3. You have the right to expect confidentiality within the limits described in the Notice of Policies and Practices to Protect the Privacy of Your Health Information.

你有權期望我們在「保護健康資料隱私條例公告」所述的範圍內為你保密

4. You have the right to request in writing the release of your records to any person or agency.

你有權書面要求把你的記錄給予任何人或機構。



5. You have the right to authorize your counselor in writing to consult with another professional about your therapy.  
你有權書面授權你的輔導員與其他專業的輔導員商討有關你的治療。
6. You have the right to file a grievance in writing with the Director of HCS if you have concerns that your rights as a client have been violated.  
你有權提交一份書面申訴給「角聲輔導中心」的負責人，如果你認為你的客戶權利已經受到侵犯。

### Mediation and Arbitration 調解和仲裁

All disputes arising out of or in relation to this agreement to provide services shall first be referred to mediation, before, and as a precondition or, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the therapist and client. The cost of such mediation, if any, shall be split equally.

所有與本協議所提供的服務而引起的爭議，在仲裁之前，必須先試圖以調解處理。該調解員應當是治療師和客戶所同意的第三方中立者。這種調解如果需要費用，將由雙方平分負責。

### Cancellation Policy 取消預約的規則

Herald Counseling Services requests that you notify your counselor at least 24 hours before your scheduled appointment time if you need to cancel a session. Failure to do so will result in a charge for the full amount of the missed appointment. Exceptions are for sudden illnesses and emergencies only.

「角聲輔導中心」的請求，如果你需要取消你的預約，你必須在 24 小時前通知你的輔導員。否則，你將要繳付全額。除非是突發疾病和緊急情況，可為例外。

### Contacting Your Counselor 聯絡你的輔導員

For scheduling and canceling your appointments, you must contact your counselor directly or call 713-270-8660. Please leave a message if calling after regular office hours of 9:00 a.m. – 5:00 p.m. For general information, please call during regular office hours of 9:00 a.m. – 5:00 p.m. For emergencies after-hours, please contact 911 or your local emergency room. If these guidelines are acceptable to you, please print your name and sign below:

凡預約或取消預約，你必須直接與你的輔導員聯絡，或致電 713-270-8660 到辦公室。辦公時間為早上九時至下午五時。在辦公時間以外，請留言。其他有關問題查詢，請於辦公時間內來電。在辦公時間後如有緊急，請打電話 911 或急診室。如果你接受並同意這些指導原則，請在下面填寫你的姓名和簽署你的名字：

Printed Client Name: \_\_\_\_\_  
用正楷寫上你姓名

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
簽署您名字 日期

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
家長/監護人簽署 日期