

Sam J. Buser, Ph.D.

Psychologist

3435 Branard St., Suite 202

Houston, Texas 77027

O: 713-623-2110—F: 713-623-2119

Email: sbuser@comcast.net

Website: drsamjbuser.com

Client Information on Office Practice and Policies

Welcome! I look forward to getting to know you. These first pages explain a bit about me and address general office practices and policies. If you have other more specific questions, please ask. The other pages provide me with some background information.

About My Practice and Experience: I have been a licensed psychologist practicing in Houston since 1987, and I began work in the mental health field in 1972. I earned my doctorate at The University of Texas at Austin. I also earned a Bachelor's degree in psychology from Texas A&M and a Master's degree in counseling from the University of Maryland. I am an Army veteran and formerly the Director of the Family Therapy Program at the Houston VA Medical Center. Prior to that, I was a faculty member at the University of Houston. I have been a faculty member at several universities and the Baylor College of Medicine, and I have taught graduate courses in marital and family therapy. I have consulted with numerous organizations including the M.D. Anderson Cancer Center, the Attention Deficit Disorders Association, Emory University, and the Richmond State School. I am a past-president of both the Houston and Texas Psychological Associations. My primary employment now is with the Houston Fire Department. In this role I provide a range of psychological services including crisis management, counseling, training, and referral to other professionals in the community.

I provide a range of psychological services including individual, marital/couples, group, and family counseling (i.e. psychotherapy). I specialize in relationship counseling and in the psychology of men. We will jointly determine the goals of treatment or evaluation. I will initially take some history and later make recommendations, as I deem appropriate. I will want to know about your present family as well as about your family-of-origin. I like to include other family members during appointments in order to understand their viewpoints as well. I may refer you to one of my consultation groups, for psychological testing, or to another professional if that appears helpful. I often give assignments (homework) to be done between appointments. Most of our time will be spent in discussion of your situation.

While I share office space with other mental health practitioners, each clinician in the office represents an independent private practice.

Emergencies: Messages may be left on my voicemail (713-623-2110); however, this number is not monitored after hours. If you are in an emergency situation, call 9-1-1 or go to your nearest emergency room. If you need to speak to me right away, you may call me on my cell phone at 281-217-6811. This information is repeated on my voicemail.

You May Keep This Page

Contacting Me: You may call me or leave a voicemail message at 713-623-2110. Please keep in mind that I am generally with clients throughout the day, and I have little time to return phone messages. For that reason, I will be brief during phone calls. Phone calls of more than 15 minutes will be billed at the same rate as for counseling. I utilize virtual assistants who monitor my voicemail and my email. One of them will call you to schedule appointments, to make any changes to appointments, and to remind you of your upcoming appointments. If you need to change your appointment, it is best to leave a voicemail message at 713-623-2110. My staff will then contact you to reschedule. You may send e-mail to sbuser@comcast.net however, please use the telephone to change appointment times. You may wish to check my website drsamjbusser.com which has additional information and resources for your consideration.

Time Issues: Most appointments are scheduled for one hour. I will spend around 45 minutes of that time talking with you. The balance of the time will be spent in dealing with paperwork and similar matters. Group counseling sessions are longer, generally 90 minutes in length. Because of my responsibilities with the Houston Fire Department, my hours are limited. I do not usually see clients on weekends. I schedule appointments several weeks in advance. I am always on call with the Houston Fire Department. If there is an emergency in the Houston Fire Department, I may be called out with little notice. If an emergency interrupts your appointment or prevents me from meeting with you, my staff will reschedule you, and you will not be charged for the scheduled appointment.

Cancellation Policy: Appointment times are always at a premium, and missed appointments are a major problem because of the difficulty in rescheduling. If you decide to terminate services, please let me know. If you fail to attend two consecutive sessions without notifying me, I will assume that you wish to terminate services.

Electronic Communication: I generally do not provide psychological services over the phone, by Skype or similar voice/video internet protocols, or through internet text communication. If you will be unable to see me temporarily because of being out of town I will reschedule you when you return to the Houston area. Exceptions to this policy will be made only under unusual circumstances and for the benefit of clients. Please understand that text messages such as those sent through mobile phones are not secure, and I may not be able to read them in a timely fashion. They also could become part of your legal medical record and may be documented and archived in your chart. Likewise, email is not entirely secure, and I customarily include your emails as part of your records.

Social Media: I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). This is to avoid compromising your confidentiality and to maintain the boundaries of our professional relationship. I do NOT maintain a Facebook page or Twitter account for my practice, nor will I seek to visit your social media sites. It is NOT a regular part of my practice to search for clients on search engines such as Google or Bing. If there are things from your online life which you wish to share with me, please discuss them in our sessions.

You May Keep This Page

You May Keep This Page

Business Review Sites: You may find my psychology practice listed on sites such as Yelp, Healthgrades, LinkedIn, etc. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add provider information without seeking permission from me. If you should find my listing at one of these sites, please know that I am NOT requesting a testimonial, rating, or endorsement from you as a client. If you choose to write something on a business review site, please recognize that you are revealing personal information about yourself.

Risks of Treatment: Medicines have side effects-risks that you run when you take that medication. Likewise, there are risks in seeking psychological services. For example, you may initially become more anxious. It is normal to feel reluctant about talking with a stranger about your personal life, but this discomfort will probably lessen as you get to know me. If this is the first time that you have seen a psychotherapist, you may feel greater discomfort. Psychotherapy is intended for basically healthy people who want to improve their lives. It is generally NOT for “crazy” people. People who see me are generally successful persons who seek help in coping with specific issues in their lives such as problems in a relationship, a sense of unhappiness in their lives, difficulties in parenting, issues at work, or coping with a medical condition. Psychotherapy is a joint effort between the psychologist and the client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances such as your interactions with family, friends, and other associates. Although most people report benefit from psychotherapy, a minority feel that their condition worsened as a result of treatment. Please discuss your feelings about counseling with me.

Confidentiality and Privacy: In general, any information you provide to me and to those under my supervision will be released to others only by your written consent. There are certain circumstances, however, when a psychologist is required to disclose confidential information without consent from clients. I will break confidentiality if:

- You are a danger to yourself or others
- You are a minor, elderly, or disabled person and are being abused.
- You have perpetrated abuse against a minor, elderly, or disabled person.
- You had sexual contact with a previous psychotherapist or clergy member.
- You file suit against me for breach of duty.
- A court order or other legal proceedings or statute require disclosure.

In order to be compliant with HIPAA rules, you will be given a separate and more complete statement regarding confidentiality of records.

Records: I am required to maintain records of my work with you. These generally take the form of notes that I make during and after appointments, intake information, written information that you give to me, and any correspondence concerning your case. These records will not be released without your written consent except in the situations described under Confidentiality and Privacy. You may request a copy of your records.

You May Keep This Page

You May Keep This Page

Payment at the time of service—Payment is expected at the time services are rendered. Dr. Buser is not a member of any insurance panel. If you are on a preferred provider network, you may elect to file for insurance benefits on your own with Dr. Buser as an “out of network” provider. In order for you to file for insurance benefits, Dr. Buser would have to give you a diagnosed mental health condition. For questions concerning this, talk with Dr. Buser.

Statements: Dr. Buser utilizes a billing service that will provide you with a monthly statement of your appointments, payments received, and your current balance. If you intend to file for insurance benefits, that statement may include a diagnostic code as appropriate.

Fees: The standard fees for my services are listed below. If you feel you are unable to afford treatment, please discuss this with me.

Initial Office Visit	\$200 per session
Individual Appointments	\$200 per hour
Family Therapy Appointments	\$200 per hour
Marital/Couples Appointments	\$200 per hour
Group Therapy	varies by group
Psychological Testing	\$200 per hour
Forensic Testimony	\$300 per hour (four hour minimum)

You May Keep This Page

Please Complete This Page

Consent for Treatment

- I have read, understand, and been given a copy of the Client Information on Office Practice and Policies.
- I have been given a copy of the Notice of Privacy Practices (HIPAA-related)
- I know that I may ask further questions as needed.
- I give my consent to consulting with Dr. Buser.
- If I have any concerns or complaints about my treatment, I understand that I should talk with Dr. Buser regarding them.
- I understand that Dr. Buser is independent practice and does not accept any insurance plans.
- If I desire to file for insurance reimbursement, I understand that I will be provided receipts for that purpose.

Client Signature _____ Date _____

I further consent to the evaluation and/or treatment of my minor child in my legal custody or guardianship.

Signature of Guardian (if applicable) _____ Date _____

Signature of Dr. Buser _____ Date _____

Please Complete This Page

**Please Complete This Page
Background Information**

Today's Date: _____

Client's Name: _____

Street Address: _____

City: _____ Zip: _____

Preferred number for me to call: _____

Is this your cell phone? Yes No

Is there another number I may call? Yes No

If yes, what is that number? (circle type) Work Home Other _____

E-mail Address: _____

Age: _____ Date of Birth: _____ Level of Education: _____

Occupation: _____ Currently employed? Yes No

Are you currently a Student? Yes No

(for children) Grade: _____ School: _____

Who referred you to Dr. Buser? _____

May I contact the referral source to thank them? Yes No

Have similar problems occurred before? Yes No

Have you seen a psychotherapist before? Yes No

If yes, who was seen, where, and when? _____

How helpful was previous treatment?
Very Somewhat Not Very Made Things
Helpful Helpful Helpful Worse

Has there ever been a psychiatric hospitalization? Yes No

If yes, explain: _____

Please Complete This Page

Please Complete This Page

Are there any physical health problems? Yes No

If yes, describe: _____

Is there any disability? Yes No

If yes, describe: _____

Please list any medications that you are currently taking: _____

Problems You Wish to Discuss

(place a check by any of the problems you wish to discuss with me)

Communication _____ Marital Conflict _____

Anger Problems _____ Anxiety _____

Depression _____ Financial worries _____

Child Abuse _____ Parenting _____

Alcohol or Substance Abuse _____ Violence in the Relationship _____

Sexual Problems _____ Traumatic Events _____

Medical Issues _____ Employment/Career _____

Infidelity/Affairs _____ Suicidal Thoughts _____

Problems with the Family-of-origin _____ Behavior problems of kids _____

Other: _____

Please Complete This Page

Please Complete This Page

Have you ever felt you ought to cut down on your drinking?	Yes	No
Have people annoyed you by criticizing your drinking?	Yes	No
Have you ever felt bad or guilty about your drinking?	Yes	No
Have you ever had a drink first thing in the morning to steady your nerves or to get rid of the hangover?	Yes	No
Do you ever feel bad about use of drugs?	Yes	No
Has drug abuse ever created problems for you or in your family?	Yes	No
Have you every been ticketed for driving under the influence?	Yes	No
When is the last time you were intoxicated?	_____	

Please Complete This Page

Adult Clients Please Complete This Page

Number of Marriages: _____

Current Marital Status: Single Married Living with Someone
 Separated Divorced Widowed

Name of Current Spouse/Partner: _____

(if married) Date of marriage: _____

(if living with someone) Since? _____

(if separated) Since? _____

(if divorced) Date of divorce: _____

(if widowed) Since? _____

(if currently single): Never married? Yes No

 In a relationship? Yes No

Important Previous Relationships

Name of ex: _____ Together from: _____ to _____

Married? Yes No

Briefly, why did the relationship end? _____

Name of ex: _____ Together from: _____ to _____

Married? Yes No

Briefly, why did the relationship end? _____

Name of ex: _____ Together from: _____ to _____

Married? Yes No

Briefly, why did the relationship end? _____

