

Sam J. Buser, Ph.D.

Psychologist

Houston Fire Dept.

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Information on Policies for Firefighters

Welcome! I look forward to getting to know you. These first pages explain a bit about me and address my work on behalf of the Houston Fire Department. 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 in psychology 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 a veteran and formerly the Director of the Family Therapy Program at the Houston VA Medical Center. I have been a faculty member at several universities including the University of Houston 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 National Fire Academy, and Emory University. I am a past-president of both the Houston and Texas Psychological Associations. I have presented and published on numerous topics, and I am the co-author of a book on helping men cope with divorce.

I have worked for the Houston Fire Department since 2008, taking over as the full-time psychologist for the department in 2012. As a psychologist for HFD I provide a range of psychological services including crisis management, counseling, training, and referral to other professionals in the community. I am the director of the Critical Incident Stress Management (CISM) team, and I am the head of the Firefighter Support Network (FSN) that also includes CISM, the chaplain, union representatives, and other support services. There is no charge for any services that I provide to you or your family, nor is your insurance involved.

Contacting Me: You may call me or leave a voicemail message at 281-799-8032. You may send e-mail to Sam.Buser@houstontx.gov. To change an appointment, please call 713-623-2110 to reach my office voicemail. My assistant monitors that number and will reschedule you as needed. You may wish to check my website drsamjbuser.com which has additional information and resources for your consideration.

You May Keep This Page

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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 psychotherapy sessions are longer, generally 90 minutes in length. I have morning and afternoon appointments, but I do not usually see clients on weekends. I will attempt to schedule your appointment at a time that is convenient for you. I schedule appointments about two weeks in advance. If there is an emergency, I will attempt to squeeze you into my schedule that day.

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.

Interns: The Houston Fire Department has a relationship with several university psychology training programs. We train graduate students in the provision of psychological services to firefighters. You may meet with a graduate student or “intern” who may provide services to you under the supervision of one of our licensed staff psychologists. A staff psychologist may sometimes be present during your interactions with an intern, but interns are always under the supervision of the staff psychologists. If you have concerns about an intern, please contact Dr. Buser.

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 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, 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, fellow firefighters, 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.

You May Keep This Page

Please Complete This Page

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.
- You file a law suit against the City of Houston.
- A court order or other legal proceedings or statute require disclosure.

To see more complete information about my policies with regard to HIPAA rules, please see my website drsambuser.com.

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. Your personnel records are not involved, and they will not reflect that you have consulted with me.

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.
- I know that I may see a more complete version of Dr. Buser's HIPAA-related policies at drsambuser.com.
- 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.

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

Today's Date: _____ Station Number/Shift: _____

Firefighter's (or Family Member's) Name: _____

If you are not the firefighter yourself, please list firefighter's name: _____

Street Address: _____ City: _____ Zip: _____

E-mail Address: _____ Age: _____ Date of Birth: _____

Cell Phone: _____ Other Phone: _____

Highest Level of Education: _____ In school? Yes No

If Yes, where? _____ Expected Date of Completion? _____

FF Rank: _____ FF Payroll Number: _____ Years in HFD: _____

Side Jobs: (please list job and # of hrs/wk) _____

Military Veteran? _____ If so, branch of service: _____

Years of service: _____ Deployments overseas: _____

Who referred you to Dr. Buser? _____

Have you seen a psychologist or psychotherapist before? Yes No

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

How helpful was previous treatment?

Very
Helpful

Somewhat
Helpful

Not Very
Helpful

Made Things
Worse

Have you ever been psychiatrically hospitalized? Yes No

If yes, explain: _____

Have you ever received substance abuse treatment? Yes No

If so, where/when? _____

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 your use of drugs? Yes No

Has drug abuse ever created problems for you in your family? Yes No

Have you every been ticketed for driving under the Influence? Yes No

Have you ever participated in an alcohol or substance abuse treatment program? (e.g. AA, rehab) Yes No

When is the last time you were intoxicated? _____

In the past month have you wished you were dead or wished you could go to sleep and not wake up? Yes No

In the past month have you actually had any thoughts about killing yourself? Yes No

 If yes, have you thought about how you might do this? Yes No

 Have you had any intention of acting on these thoughts of killing yourself? (as opposed to you have the thoughts but you definitely would not act on them) Yes No

In the past 3 months have you done anything, started to do anything, or prepared to do anything to end your life? Yes No

(Examples: held a gun but changed your mind, collected pills, wrote a suicide note, gathered items to hang yourself, gave away prized possessions, etc.)

Please Complete This Page

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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? _____

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Children

<i>First Name</i>	<i>Last Name</i>	<i>Date Of Birth</i>	<i>Age</i>	<i>Sex</i>	<i>Name of Other Parent</i>	<i>Lives w/you?</i>

Step-Children

<i>First Name</i>	<i>Last Name</i>	<i>Date Of Birth</i>	<i>Age</i>	<i>Sex</i>	<i>Name of Other Parent</i>	<i>Lives w/you?</i>

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Please Complete This Page*Parents*

<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>Deceased?</i>	<i>Lives Where?</i>

Siblings

<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>Deceased?</i>	<i>Lives Where?</i>