



## CLIENT SERVICES AGREEMENT PRACTICE POLICIES

**Appointments** The standard meeting time for our psychotherapy is 45 minutes with a fee of \$150 for individual sessions, \$165 for couples sessions & family sessions, and \$175 for initial intake assessment, to be paid at time of service.

**Cancellations** and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. Your appointment time is a commitment by the therapist made exclusively for services to you. If you are late for a session, you may lose some of that session time.

**Payment** All clients are requested to complete the secure Credit Card Information document prior to beginning services to ensure payment for services and missed appointments. Completing this document grants permission to Jen Belz LPC to process charges for services rendered and missed appointments. Your card will not be charged until services begin. All information is kept completely secure.

**Telephone Accessibility** If you need to contact me between sessions for administrative purposes, please text, or leave a message on my voice mail. I am often not immediately available; however, I will endeavor to return your call within 24 hours. \*Please note that I do not offer phone sessions.\* If a true emergency situation arises, please call 911 or visit any local emergency room.

**Social Media** Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Further, I will not address therapeutic issues via phone, email, social media, or text as these are not secure to guarantee your confidentiality.

**Minors** If you are a minor, your parents are legally entitled to some information about your therapy regarding your general well-being and matters of safety. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. I do not offer counseling services to address/determine custody or other legal disputes.

### LITIGATION POLICY

The therapeutic process often involves making a full disclosure regarding many matters which may be confidential by nature. If you choose to begin legal proceedings of any kind (including but not limited to divorce and custody disputes, work-related injuries, lawsuits, etc.), you agree that neither you, your attorneys nor anyone acting on your behalf will subpoena records from my office, or subpoena me to testify in court or in any legal proceeding. By reviewing and signing this document, you specifically agree to abide by this condition of treatment.

If I am subpoenaed to provide records or testimony in violation of this agreement, you acknowledge and agree you will pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. For providing services in any legal matter, my hourly fee is \$250 per hour and a \$1500 retainer fee will be collected for court appearances. I will charge this rate for preparation time related to any legal proceeding, travel time from my office to the location of the proceeding, and all time spent in attendance at any legal proceeding.



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If I am subpoenaed to provide records or testimony in violation of this agreement, I reserve the right to terminate our professional, therapeutic relationship immediately and refer you to other mental health providers.

I will NOT provide custody evaluations or recommendations. I will NOT provide medication or prescription recommendations. I will NOT provide legal advice. None of these activities are within scope of my practice.

### INFORMED CONSENT FOR SERVICES

**Confidentiality** All relevant materials to the client's treatment are held confidential unless the client requests in writing to have any portion of such content released to a specifically named person/persons. Limitations of confidentiality are reasonable suspicion of:

1. Substantial risk (reported or implied) of incurring serious bodily harm to oneself or to others.
2. Suspected or reported incident (past or present) of abuse to a minor, elderly person, or dependent adult.
3. If a court of law issues a legitimate subpoena for information stated on the subpoena.

If we encounter each other outside of therapy, I will not acknowledge you first to protect your right to privacy. However, if you acknowledge me first, I am happy to speak briefly with you, but to further protect your right to privacy, I will not to engage in any lengthy discussions outside of the therapy office.

**Concerns or Complaints** I am licensed and regulated by the Texas State Board of Examiners of Professional Counselors and the Virginia Board of Counselors. You may visit <https://www.bhec.texas.gov/verify-a-license/index.html> to verify my Texas license – No. 16613, or <https://dhp.virginiainteractive.org/Lookup/Index> to verify my Virginia license – No. 0701005800. If a concern or complaint regarding my services arises, I invite you to let me know so we can work together towards resolution and meeting your needs. However, if you are unable to reach resolution, you may file a complaint with the Board using the following information: Texas State Board of Examiners of Professional Counselors: <https://www.bhec.texas.gov/discipline-and-complaints/index.html> or Virginia Board of Counselors: <https://www.dhp.virginia.gov/PractitionerResources/Enforcement/FileaComplaint/>

**General Information** The therapeutic relationship is highly personal but also a contractual agreement. You have access to this Client Services Agreement (CSA) at any time through your portal, on my website, and directly through me upon request. Occasionally this CSA may be revised or updated. The updated CSA will be available on my website & through me upon request. By reviewing and signing this document, you are agreeing to actively participate in therapy including but not limited to scheduling and attending appointments, receiving professional counseling services from therapist, fulfilling payment agreement, and notifying therapist of any changes to therapeutic relationship.