Suzette Nozick MS, LGPC
610 Bosley Ave., Towson, MD 21204
410–497–6079, suzettenozick@gmail.com

Policies, Practices, and Client Agreement for Services

Welcome to my psychotherapy practice. I am honored to work with you. This document contains important information about office policies including the counseling process, the counseling relationship, confidentiality, and emergencies.

THE PROCESS: Sessions generally last 55-60 minutes. Psychotherapy can have both benefits and risks. There may be times in the process when feelings such as unhappiness, anger, anxiety, guilt, frustration and other feelings may temporarily increase; this is a normal part of the process. Therapy may also have potential benefits including addressing specific problems, improving relationships, and reducing feelings of distress. Psychotherapy is a uniquely individual experience and therefore there are no guarantees as to what exactly a client will experience during sessions. A person's ability to take advantage of mental health counseling services will depend on the nature of the issues being addressed as well as willingness to engage in self-exploration. In order for therapy to be the most successful the client should actively work on his/her goals between sessions.

CONTACT WITH YOUR THERAPIST: It is important that a client and therapist maintain a professional relationship. Ethically, a therapist cannot see a client socially, have an online relationship, have a romantic relationship or have business interactions with a client. A therapist is required to keep a client's identity confidential, therefore, if I see you in public, I will not address you first; I will give you the opportunity to decide if you would like to speak to me. I value your right to privacy and do not want to jeopardize that.

EMERGENCIES: If you are in immediate danger, you and someone who cares for you would be encouraged to go directly to the nearest hospital Emergency Room or call 911.

CANCELLATION POLICY: Please give 24-hour notice when cancelling or rescheduling an appointment. A late cancellation fee of $95.00 will be charged.

CONFIDENTIALITY: Information you share with your clinician is generally confidential and will not be revealed to anyone without your written permission except in these cases:

1. If you are a danger to yourself or someone else, the law requires that potential helpers or victims be notified.

2. If there is suspicion of abuse of a child, elder, dependent or disabled adult, by law this

must be reported to the authorities.

3. If insurance is used, your insurance company could require your therapist to provide information about your diagnosis and treatment.

4. If for some reason your clinician and/or your records are subpoenaed in a court case, your therapist may have to comply by law, after discussing the matter with you.

5. If you are under 18 years of age, your parents or guardian(s) have a legal right to be informed of your general progress.

6. If you are in group therapy, group members will be urged to keep confidentiality; however, your clinician cannot guarantee that all members will do so.

7. If your clinician seeks supervision/consultation for your case, he/she will share only essential anonymous information with the supervisor/consultant.

8. If you sign a release of information allowing your clinician to speak with someone else.

SUPERVISED COUNSELING: Dr. Jennifer Neemann, Ph.D. MD License #3268 dr.jen@verizon.net (410) 952-6081. For the sake of professional development, information about your sessions will be shared with the supervisor.

*INFORMED CONSENT: I have reviewed the information in the Agreement, and have had my questions answered. I understand and agree to abide by the contents and terms of this Agreement, will pay my bill, and I consent to participate in the treatment as agreed.

Signature of Client: _____ Date: _____

Printed Name: _____

Clinician Signature: _____

Printed Name: _____ Date: _____

Governed by the Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215