NewPaths, LLC
Sheri Rezak-Irons, LCSW

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10420 Old Olive Street Road, Suite 207, St. Louis, Missouri 63141

Client Service Information and Agreement

Welcome! This agreement contains important information about the practice of NewPaths, LLC and Sheri Rezak-Irons, LCSW. Please **read careful**ly the following information. **Please initial each item to indicate that you have read, understand, and agree with the following items, and ask for clarification if anything is unclear to you**. I look forward to working together.

- Sessions are typically between 45 – 50 minutes in length. The session fee of $150 is payable at the beginning of the session. For your convenience I take Visa, MasterCard, cash and checks. _____

- Cancellation: Your session time is reserved only for you. **If you must cancel or reschedule your appointment, 24 hour notice is required.** Other than instances of illness or emergency, **if you fail to provide notice in the form of a phone call or text**, you will be automatically charged your established fee for the time allotted on the credit card you provide. I allow for the first instance of late cancellation/rescheduling at no charge. _____

- It is my policy to keep a credit card on file to use for late cancellations or past due fees. Your credit card will be swiped at your first appointment and kept electronically with the HIPPA compliant service Jitzuzu. With the exception of missed appointments or late cancellation, I will discuss any other charges with you in advance. _____

- **In case of sickness**: I prefer that you do not keep your appointments if you are very ill. Notice of cancellation due to sickness must be given at least 2 hours before your appointment time (however I would appreciate notice as soon as possible.) _____

- I use My Clients Plus and Jitzuzu for billing, calendar functions, and credit card storage and swiping. My Clients Plus and Jitzuzu are HIPPA Compliant internet services. Please feel free to ask me to see their Privacy Practices documents. _____

- I have read, signed and understand the procedures for emergencies. _____

- It is my policy not to take cases involved in legal or court related matters. Your initials and signature serves as your agreement that you are not involved nor plan to be involved in a court-related case regarding the circumstances in which you are seeking counseling. I am not a custody evaluator and cannot make any recommendations on custody matters. Due to the sensitive nature of court related issues, and the time it would take away from my normal work day, I also ask that clients waive their right to subpoena me to court for any reason. It is my desire and ethical obligation to preserve confidentiality and trust that is established in the counseling relationship. Having me and/or my records subpoenaed often damages this. It is in your best interest to know that conducting expert witness testimony is not my area of expertise. I can refer you to another professional who can provide this service if needed. Your initials here _____ and your signature at the bottom of this document indicates your agreement to waive your right to subpoena me or my records for this purpose.

My signature below and my initials in each section, indicate that I have read and understand the information provided in this agreement. I understand that no specific promises have been made to me by NewPaths, LLC/Sheri Rezak-Irons, LCSW about the results of treatment, the effectiveness of the procedures used, or the number of sessions necessary for therapy to be effective. I understand that I can at any time ask Sheri Rezak-Irons, LCSW additional questions about this information.

_____
Print Name

_____   _____
Signature   **Date**

I, Sheri Rezak-Irons, Have met with this client and informed him/her of the issues addressed in this document. To the best of my ability I have responded to all his/her questions. I believe this person fully understands this document and find no reason to believe he/she is not competent and legally authorized to give informed consent at this time.

_____   _____
Sheri Rezak-Irons, LCSW   Date

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