

Welcome to EMR(Erin M Rieselma) therapeutic consultation practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us. PSYCHOLOGICAL SERVICES Psychotherapy and mentorship or group work is not easily described in general statements. It varies depending on the personalities of the therapist and client/clients/profesional, and the particular problems you hope to address. There are many different methods I may use to deal with those problems.

Psychotherapy/mentoship/groupwork is not like a medical doctor's visit. Instead, it calls for a very active effort on your part. In order for the therapy/giudence to be most successful, you will have to work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy/guidence has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees as to what you will experience. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and an informal treatment plan to follow if you decide to continue with therapy/guidance/mentorship. You should evaluate this information along with your own opinions about whether you feel comfortable working with me as your therapist/mentor. At the end of the evaluation, I will notify you if I believe that I am not the right therapist/mentor for you and, if so, I will give you referrals to other options whom I believe are better suited to help you. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist/mentor you select. If you have questions about the procedures I, your therapist, uses, you should discuss them whenever they arise. If your doubts persist, I will again refer you to other options. I will normally conduct an evaluation that will last from 2 to 4 sessions. During this time, you can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If you agree to begin psychotherapy, the therapist will usually schedule one 60-minute session per week, at a time you agree on. Once an appointment hour is scheduled, you will be expected to pay for it prior to session, refunds are not granted as once you book, that slot is now yours. As we build report rescheduling and cancellation can be determind case by case. I hate charging for services not rendered. If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES The hourly fee is determined by the amount at booking depending on which service. If we meet more than the usual time, we will discuss in session or prior if you feel you need a longer session or more sessions additional fee may apply. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. I will be available by email only. I do not give out my personal cell phone. However, I do check my email frequently throughout the day 7 days a week unless I am on vacation which you will be aware of prior to my absence.

CONFIDENTIALITY [for adult patients] In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order. There are some situations in which I am legally obligated to take action to protect others from harm, even if we must reveal some information about a patient's treatment. For example, if I believe that a child, elderly person

or disabled person is being abused or has been abused, I must make a report to the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any ACTION. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together. Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at the next meeting with me. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice that I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. PATIENT SIGNATURE _____ DATE _____
