



2014 Fairmount Avenue
Philadelphia, PA 19130
215-219-8647
rem@mikeremshard.com

PSYCHOTHERAPY INFORMED CONSENT AGREEMENT

This document contains information about my professional services. Please review it. I encourage you to jot down any questions you might have so that we can discuss them.

PSYCHOTHERAPY SERVICES

The primary goals of therapy are to identify possible solutions for specific problems and to increase one's sense of well-being, but there are no guaranteed results. Therapy places an emphasis on raising consciousness, reflection, education, self-awareness, support systems, and problem-solving skills. Therapy generally helps individuals to grow, feel better about themselves given current circumstances or to change their circumstances.

The first session is considered a consultation for us both to collect information, assess your strengths, needs, and the situation. If we need to schedule a second consultation session, that can be arranged. During this time, we can both decide if I am the best person to provide the services you are seeking in order to meet your goals. If we determine that therapy is unnecessary or other service options are appropriate, information and alternative resources will be provided.

PROFESSIONAL FEES – Individuals, Couples & Families.

My fee for therapy services is \$150.00 per session for individuals, \$175.00 per session for couples & families.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held. I do not accept insurance. Less than 24 hours notice to cancel an appointment will result in a charge for that session.

CONTACTING ME

My cell phone is 215-219-8647. If I am unavailable, I will return your call as soon as possible. If you have an emergency and cannot reach me, please call 911 or go to your nearest emergency room.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a counseling psychologist is protected. I can only release information about our work to others with your written permission, but there are a few exceptions. There are some situations in which I am legally obligated to take action to protect a client or others from harm, even if I have to reveal some information. These situations rarely occur in practice. If a situation that warrants an exception occurs, I will make every effort to fully discuss the situation with you before taking any action. It is important that we discuss any questions or concerns that you may have. I am happy to discuss any of these issues with you.

Your signature below indicates that you have read the information in this document, understand, and agree to abide by its terms during our professional relationship.

NAME – Please Print

NAME - Signature

DATE