

**EMDR SOLUTIONS, LLC  
AMANDA ROBERTS, PHD**

Clinical Psychologist: EMDR Therapy trauma expert  
Behavioral Medicine/Health Psychology

**WELCOME TO MY PRACTICE.**

This document contains important information about my professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement between us.

**PSYCHOLOGICAL SERVICES.**

*Please understand that I spend from one to two sessions evaluating whether we are a good clinical match. If we decide not to continue after the initial evaluation, I will provide names of providers or clinics you can call to obtain ongoing treatment.*

Psychotherapy/psychological services are not easily described in general statements. There are many different methods I may use to deal with the particular problems you bring forward. Psychotherapy calls for a very active effort on your part. For therapy to be successful, you will need to work on things we talk about both during our sessions and at home.

Psychotherapy has both risks and benefits and you may experience strong emotions or discomfort from time to time. Similarly, therapy has been shown to provide great benefits to those who make a commitment and follow through with treatment. Of course, there are no guarantees of what you will experience.

**MEETINGS:**

Sessions last 45-50 minutes.

**PROFESSIONAL FEES:**

\$280 for the initial and \$260 for subsequent visits.

**CANCELLATION OR NO-SHOW: I have a 48-hour cancellation policy. If you do not inform me in a timely fashion, I do charge the full amount.**

**CONTACTING ME:**

I am often not immediately available by phone; however, I check my voicemail frequently and make every attempt to return calls the same day.

**If you need to reach me immediately for emergencies only- after-hours or on a weekend you may call me at 413-519-1788.**

**When I am unavailable for an extended period of time for vacations or holidays, I will provide you with a colleague's name and phone number to contact, if necessary.**

**PROFESSIONAL RECORDS:**

The laws and standards of my profession require that I keep records of the professional services I provide. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging.

Due to the fact that these are professional records, they can be misinterpreted by those not trained as mental health professionals. I usually recommend that you receive a written summary of their contents and that you review this in my presence.

**GOOD FAITH ESTIMATE OF EXPECTED CHARGES:** It is difficult to estimate how much treatment you will need, how long it will take and therefore how much the therapy will cost. There are many factors that determine dosage and duration in order to obtain optimal results. Typically, I recommend 10-12 sessions and then a re-evaluation of your progress and needs at that time. Together we will discuss these needs and agree on a course moving forward.

**CONFIDENTIALITY:**

In general, the privacy of all communications between a patient and a psychologist is protected by law. I can release information to others only with your written permission. But there are a few exceptions:

If a patient threatens to harm himself/herself I may be obligated to seek hospitalization for him/her and to contact family members or others who can help provide protection.

- If a patient is threatening serious bodily harm to an identifiable person, I am required to take protective actions. These may include notifying the potential victim, contacting the police and/or hospitalizing the patient.
- If there is a reasonable suspicion of abuse to a child, I must file a report with Department of Social services.
- If there is evidence of elder or disabled person abuse, I must also report this to the appropriate state agency.
- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, such as child custody or where your emotional condition is an important issue, a judge may order my testimony if she/he determines that issues demand it.
- I may find it helpful to consult other professionals about your situation. During these times I make every effort to conceal identifying information.
- The consultant(s) is also legally bound to keep confidentiality. If you do not object, I will not tell you about these consultations, unless I feel that it is important to our work together. This way you will have the benefit of additional expertise.

Your signature here indicates that you have read the information in this document and agree to its terms:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_