LAURA HENSLEY LPCC-S

Thank you for entrusting us with your care. In order to ensure that you know what to expect with your or your child's EMDR treatment, we have created the outline below to help clarify the process.

ASSESSMENT

The assessment appointment is scheduled for 2 hours to allow enough time to obtain a thorough history and to assess what the current needs are.

PROCESSING APPOINTMENT

The processing appointment is scheduled for 4 or 6 hours, typically 9 days after your assessment. This break between appointments allows you time to complete the treatment workbook and for the information to be reviewed and used to create an EMDR treatment plan prior to your processing session. The processing appointment is used to develop resources and for phase 4 work of EMDR, which involves reprocessing your trauma to reduce the associated distress.

ADDITIONAL PROCESSING APPOINTMENTS

A single 4-6 hour processing session is illuminating, rich in assessment and treatment planning. Depending on your treatment goals, an EMDR intensive program is not always a curative end to therapy. During our work together you will gain a sense of what, if anything may need attention in future talk or EMDR therapy. Additional processing appointments can be scheduled following your 4 or 6 hour processing session for 2-6 hour blocks at \$160 per hour which is not included in the EMDR intensive program fee of \$1530/\$1850.

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FOLLOW UP APPOINTMENT

A 2-hour follow up appointment is scheduled a week after your final processing session. This time is used to connect the changes that you have made in your EMDR intensive program to difficult situations you anticipate encountering in the future.

FINANCIAL RESPONSIBILITY

Insurance companies limit the amount of time we are able to spend in session which increases the intensity of side effects between sessions, due to ending at a higher level of distress. For that reason, we do not work with insurance companies for the EMDR Intensive Program. Our goal is to provide the highest quality of care for you or your child. For individuals seeking to utilize their insurance benefits weekly, 55-minute EMDR sessions are available. Half of the intensive program fee (\$765/\$925) is due prior to scheduling, with the remaining balance due at your assessment appointment. You may also choose to pay for the entire program (\$1530/\$1850) in advance. If the client is a minor, the adult accompanying the minor to the appointment is responsible for payment.

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NO SHOW & LATE CANCELLATION

Because Intensive appointments are reserved exclusively for you, and require a large amount of time, we are not able to fill them on a last minute basis. Therefore our policy is to charge \$95 per hour of your scheduled time that is missed or canceled within 72 hours. Please keep in mind that each of your appointments are scheduled for between 2 and 6 hours. This amount will be deducted from payments previously made, and the remaining balance must be paid before scheduling a make up session.

We hope that this information is helpful in preparing for your intensive program. If you have any questions about the process or our policies please contact the EMDR intensive provider, Laura Hensley LPCC-S at 859-442-8439 x1308 or laura@viewpointpsych.com.

If you agree with these policies as well as the below financial policy, please sign this form and return it to our office. This agreement must be signed before scheduling.

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VIEWPOINT PSYCHOLOGICAL SERVICES FINANCIAL AGREEMENT- EMDR INTENSIVE PROGRAM

I understand that by pursuing EMDR Intensive Program with Viewpoint Psychological Services I am opting to not utilize my insurance. I understand that I am responsible for full payment of the services. I understand that half of the total amount is due upon scheduling and the final balance is due at the assessment appointment. I understand that if I miss an appointment or fail to cancel it without giving 72 hours notice that I will be responsible for paying \$95 per hour of my scheduled time that is missed. I understand that this amount will be deducted from payments previously made, and the remaining balance must be paid before scheduling a makeup session.

I have read the above policies and financial agreement and agree to the above terms:

Client Name: ______ DOB: ______

Signature of Client or Responsible Party: ______

Date: ______