



AMYTIELEMANS
AND ASSOCIATES
INDIVIDUAL, COUPLE & FAMILY THERAPY

Reunification Therapy

Reunification Therapy is specific therapy to heal the relationship between a parent and his/her child or Children where there has been separation of time together. High conflict during divorce, incarceration, previous domestic abuse, a child's refusal to attend custodial time with one parent and safety concerns are some reasons for a family to participate in reunification therapy. Please remember that it took time to create this type of estrangement and that it will take time to heal the relationship.

The goal of reunification therapy is to identify and reduce the conflict between the parent and child to help them create a relationship that will be positive and sustainable for the future.

We believe that when possible, it is in the child's best interest to have a positive, successful relationship with both parents. Please remember, that when there has been anger, resentment and hurt, causing damage and dysfunction to the relationship, healing will take place best when you address the needs and feelings of both the children and parents. It is in the best interest of everyone to create a schedule of time together and communication that is productive and future oriented, not one based on what others deem normal. We follow a systemic family approach to therapy and require both parents to participate where the therapist feels necessary.

Appointments

We recommend regular appointments scheduled either weekly or bi-weekly in the beginning of therapy.

Prior to combined meetings with the estranged parent and the children, the therapist will meet individually with each parent and individually with the child/children. It is important that the children feel safe in the therapy setting and build trust with the reunification therapist to facilitate change in the parent child relationship.



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Additional Therapy

We recommend that the child/children have individual therapy to coincide with the reunification therapy to process any previous trauma or issues which led to the conflict and separation, while also processing the current emotion brought up through therapy and learn coping skills to regulate those emotions. While it is not ideal, if no individual therapist is available to the child, we recommend additional individual time with the reunification therapist to help the child navigate this new relationship with their parent. As always, the goal is for a sustainable parent-child relationship.

Parents are also encouraged to continue with individual therapy to process previous trauma, as well as current emotions brought up through the reunification therapy.

We will work with all other therapists committed to working with your family to heal these relationships.

Confidentiality

We follow the AT&A practice confidentiality policy for the best interest of you and your children. However, at times it is necessary to communicate information from one parent to another for the purpose of resolving conflict and fostering communication and understanding between the children and parents. In these cases, we use our discretion that information shared is only in the best interest of your children.

In cases where reunification therapy has been court-ordered, confidentiality is waived when speaking to other professionals involved in the court appointed case. These include, attorneys, guardian ad litem, individual therapists, past therapists, evaluators and the court when necessary. Both parents will be asked to sign specific releases to these professionals.

We also require copies of any previous court ordered custody arrangements or evaluations.



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Fees for Reunification Therapy

1. Reunification is not covered by mental health insurance. Mental health insurance is coverage for treatment of diagnosed mental health disorders. While mental health disorders are sometimes at the root of conflict, those disorders are treated during mental health therapy, not in the reunification process.
2. We recommend fees be split equally between parents unless the court has set the payment arrangement.
3. For time spent in meeting with the parents, either together or individually, their attorneys or collateral contacts in connection with the above matter, the charge will be \$175.00 per 60-minute session.
4. Unless otherwise stipulated by the court, each party will pay for their own individual time spent in person, on the phone, or in electronic communication with the co-parent therapist. This is to avoid one parent from creating additional fees for the other parent.
5. For time spent in session with either parent and the minor child the charge will be \$175.00 per 60-minute session.
6. For time spent in session with the minor child, without the adults being present, the charge will be \$175.00 per 60-minute session.
7. Longer sessions will be billed accordingly, pro-rated at the same \$175.00 per 60-minutes.
8. For time spent on phone calls, text message (not recommended), e-mails, or correspondence, reading documentation, preparing notes, recommendations or reports for the parties, the attorneys, and/or the Court the charge will be pro-rated at \$175.00 per hour.
9. In the unlikely event I will be deposed or called into court, a fee of \$500 per hour will be charged for preparation and court appearances. If I am unable to schedule clients due to the court time schedule, we will expect payment of \$2,500.00, in advance, to clear our schedule for court. This fee is split between parents regardless of who requests the court prep or appearance, unless a previous arrangement is agreed upon by both parents.



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Please be respectful to our time and that of other clients and give 24 hours' notice for cancelation. You will be charged in full for the session missed or canceled with less than 24 hours' notice.

My signature on this page indicates that I have fully read, understand and accept the above terms for Reunification Therapy.

Parent Signature

Address

Date

Parent Signature

Address

Date

Therapist

Date



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Welcome to Amy Tielemans and Associates.

This document contains important information about our professional services, business policies and your privacy rights and the disclosure of your healthcare information. Please read it carefully and note any questions you have so that we can discuss them at our next meeting. When you give your consent in writing, it will represent an agreement between us for individual, couple, marriage, and/or family therapy

Therapy is not easily described in general statements. It varies depending on the personalities of the therapist, client and the particular issues involved. There are many different methods we may use to deal with the concerns that you hope to address. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will need to work on things we talk about both during our sessions and at home.

The relationship with your therapist is important to your successful treatment. We do our best to connect the right therapist with the client, but sometimes that connection fails to develop. Please do not hesitate to talk to your therapist or call the office if you have a question or feel you might need to meet with a different therapist.

Confidentiality

Professional ethics and state and federal law (HIPAA) require confidentiality of information shared as a result of mental health services rendered. The exceptions are in the case where there is concern for your safety or harm to others. Professional consultation is an important part of a healthy therapy practice. We work as a team and regularly discuss clinical, ethical and legal issues with one another and other health professionals to offer you the best possible care. Every effort is made to avoid any identity of the client. Other professionals are also bound to keep all information confidential.

It is necessary for us to communicate about administration issues such as scheduling, payment and contact information. In all other communication we will require authorization from you to speak with other individuals such as physicians, school counselors, lawyers and other family members.

Please be conscious and respect the confidentiality of other clients you may see while waiting for your session



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Confidentiality in therapy is crucial to successful progress with children and teens. We request that parents understand and consent to this philosophy.

We will always help parents to understand the progress of their child's or teen's therapy and the process of which they can help their child heal and family system changes that can be adjusted to benefit the child and the family without breaking the child's confidence.

We will notify a parent immediately of any concern that a child or teen may hurt themselves or others in any way.

Children of divorced parents, under the age of 14, where both parents have joint custody, will need the consent of both parties before treatment can begin.

Couple and Family Confidentiality

Professional ethics and state and federal law require confidentiality of information shared in our sessions. In general, we make every effort to keep the information and thoughts shared confidential because it is vital to successful therapy.

When working with couples and families, we believe the relationship itself is the client. However, because most relationships have their basis in individual issues, we often will see you individually as well as together as necessary.

During individual sessions, the focus is on the person we are working with at the time. We do our best to keep the specifics of what we have learned during those individual sessions confidential with the hopes that you can share those issues with your partner or family, whether it is on your own, or during a partner or family session. Our job is to help you communicate your needs and thoughts to improve communication and foster sustainable change for the future.

That being said, we cannot hold secrets told during an individual session that would sabotage the relationship, such as an affair, drug use or other dangerous behavior. Our goal in these incidences is not to break your confidence, but to help you share vital information with your partner when you are ready. In some cases, we may need to suspend couple's therapy if it is no longer beneficial to the relationship.



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Mandated Reporting Laws

While our primary goal is to help our clients create safe, healthy and sustainable relationships for the next generation, we are mandated reporters of suspected child abuse and elder abuse. We are held to a high standard of responsibility to report reasonable suspected abuse with a severe penalty for not reporting. It is not our job to investigate the abuse, but simply to notify ChildLine or the proper authorities. If you have an abusive relationship you would like to personally report, we are available to help you do that.

Scheduling and Cancellation

We strive to be flexible with scheduling and make every effort to accommodate everyone's appointment requests.

We accept requests for appointments by phone, text or email. Requests **MUST** be confirmed.

We expect 24 hours' notice for appointment cancellations. We understand there are times when a last-minute cancellation is unavoidable. Illnesses, emergencies, etc. are a part of our lives, just as they are a part of yours. However, for a missed appointment, or last-minute cancellations we reserve the right to charge a full fee. We will retain a credit card on file for missed appointments.

This is taken seriously for two reasons.

First, successful treatment depends on your participation. Missed appointments can negatively affect your success.

Secondly, your missed appointment time could have been used for another client with an urgent issue.

_____ **I have read and understand the missed appointment and cancellation policy and payment.**



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Limits to Confidentiality with Electronic Communication

It is very important to be aware that computers, email and cell phone communication, including texts, can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Please notify your therapist if you decide to avoid or limit, in any way, the use of emails, texts or faxes. If you communicate confidential or private information via email or text, we will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted. We will honor your desire to communicate via e-mails and texts, but they should be used for scheduling and forms only. Due to computer or network problems, emails may not be deliverable, and we may not check our emails daily.

Please remember, we are not a crisis facility. In an emergency please call 911 or go to the emergency room. Your safety is always most important.



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Client Services Acknowledgement and Agreement

I have read and agree to the above information, and hereby give my consent to treatment. Additionally, I authorize Amy Tielemans & Associates to contact me by mail, phone, and electronic means at the mailing address, phone numbers, and e-mail addresses provided on the client information form. Any exceptions to this authorization to contact are noted below:

We are looking forward to working with you towards healthy, sustainable change for you and your family.

Therapist _____

Client Signature _____ Date _____

_____ I have read and agree to the 24-hour cancelation and insurance policies.

_____ I agree to electronic communication. I am aware the texts and emails should be used for scheduling and minimal communications, not therapeutic information.

_____ I have been given the opportunity to ask questions of my therapist concerning the client agreement with Amy Tielemans & Associates.

_____ I have read and understand the rules of confidentiality.

_____ I have read and understand the HIPAA disclosure and privacy practices.

Exceptions _____

If the client is under 14 years of age.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



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Limits of Confidentiality in Couple and Family Therapy

We agree that we have entered into therapy in good faith. While every effort is made to maintain individual confidentiality shared with the therapist during individual sessions, we agree to the limits of confidentiality laws of disclosure when harming ourselves or someone else. We understand that while the therapist will not share specific content of the individual sessions, the goal is to provide information to the other partner or family member that will improve communication and foster positive sustainable change for the relationship.

Client signature _____ Date _____

Client signature _____ Date _____

Client signature _____ Date _____

Client signature _____ Date _____