



## Empower Wellness Outpatient Eating Disorder Agreement

An Eating Disorder treatment approach includes a multidisciplinary treatment team with a dietitian, physician, psychiatrist, and counselor who specializes in the treatment of eating disorders (also a Resident in Counseling or Licensed Professional Counselor who is under the supervision of an Approved Supervisor who specializes in the treatment of Eating Disorders) The professionals provide treatment options of assessment, nutritional counseling, medical evaluation, psychotropic medication, individual and group therapy as well as referral to more intensive outpatient and inpatient programs. Although we strive to provide high-quality service with counseling, there are times that the above-mentioned resources are not adequate for a particular client's needs on an outpatient basis. In this instance, your treatment provider will refer you to an outside service provider and monitor the referral transfer.

Therapist:

Owner: Trish McCoy Kessler, LPC & Certified Eating Disorder Specialist and iaedp (International Association of Eating Disorder Professionals) Approved Supervisor

Therapists currently seeking iaedp certification:

Owner: Carrie Wamsley, LPC  
Sherri Meyer, MS, RD

\*Initial All That Apply

\_\_\_ 1. Limits of Service

Outpatient services typically consist of a once-weekly appointment by one of our therapists.

\_\_\_ 2. Approach Towards Recovery-Making Appointments

A multidisciplinary team approach is used in treating eating disorders. This means participating in treatment for an eating disorder involves attending therapy sessions (group and individual) as well as nutritional and medical appointments. I agree to make these appointments. I also realize that being pro-active in scheduling these appointments is critical in guaranteeing I will be seen. I also agree to make recovery from an eating disorder one of my top priorities, understanding that at times I may have

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to make sacrifices and/or try new things that may be unfamiliar. I also understand that it may be necessary to sign consent forms allowing my various treatment providers to consult to assure the best care possible.

*Fees associated for Collaboration with treatment team providers outside of Empower Wellness, PC. These fees follow our Client Service Agreement:*

- Telephone consultations exceeding 15 minutes not covered by insurance...\$20.00 per 15-minute Increments for telephone consultations exceeding 15 minutes. Not covered by Insurance.
- Report Writing for Schools, Physicians, Treatment Centers, or other correspondence...\$35.00

### 3. Specific Criteria for Eligibility

I understand there are certain requirements to meet in order to be treated on an outpatient basis. These include, but are not limited to the following:

- a. High level of “self-motivation” to work toward reducing eating disordered behavior is present. This includes a willingness to sign informed consent, appropriate release information forms, and this treatment agreement.
- b. BMI within range- however we understand all bodies are different. An unhealthy range has to be monitored by a physician and dietitian.
- c. Completed Lab work by physician- Empower Counseling Lab Form is available to take to his/her physician, in addition to an EKG to determine eligibility for outpatient treatment.
- d. Assessment for substance abuse (CAGE assessment is appropriate)
- e. Not currently using medications to induce purging.
- f. Not over-exercising. This will be determined on an individual basis by the treatment team.
- g. Not currently using laxatives. If laxatives are being used, the client must agree to discontinue under the direction of the physician.
- h. Not consistently vomiting. This will also be addressed case by case and under physician’s care.
- i. Clients who have a mood disturbance that co-exists with the eating disorder and/or predates the eating disorder must be assessed by a psychiatrist for an assessment for medication.

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\_\_\_ 4. Nutritional Counseling

Participating in nutritional counseling is a necessary part for treatment. I agree to attend an initial nutritional counseling session and have follow-up as suggested by the dietitian and therapist. Sherri Meyer, MD RD will be on-site; and referrals for outside dietitians will also be provided.

\_\_\_ 5. Commitment to Stay Alive

By participating in this outpatient care, I make an agreement to stay alive. I agree that I will not engage in self-harm behaviors by acting on suicidal thoughts or self-injurious behaviors. If at any time I feel unable to keep myself from harm, I will go to the nearest emergency room or call 911.

\_\_\_ 6. Psycho-Educational Information

As part of recovery from an eating disorder, I understand that it is important for me to know some information about eating disorders, body image concerns, and dietary information. Please let us know if you need additional information.

\_\_\_ 7. Between Session Goals

As part of treatment, my therapist and I will set realistic weekly goals, to work on between group or individual sessions. I also agree to put forth an effort to reach these goals.

\_\_\_ 8. Group Attendance

Attending an eating disorder group may benefit my efforts in recovery from an eating disorder. If suggested by my therapist and if schedule permits, I will try to attend an eating disorder group if one is available. If I have never attended a group before, (we as therapists understand this may be difficult) but, I agree to attend at least twice.

\_\_\_ 9. Contract Agreements

If I am unable to adhere to the initialed parts of this contract, I understand that I may require more intensive treatment. I am willing to seek more intensive treatment elsewhere and to involve others (i.e. family) to help in obtaining these alternative services. My treatment provider will assist me by providing the needed referrals to help



me get the appropriate level of care for my eating disorder. However, **it is my ultimate responsibility to obtain treatment.**

\_\_\_ 10. Additional Agreements

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I understand all these requirements and agree to follow them.

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Client Signature

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Date

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Therapist Signature

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Date