

PPSC MENTORING PROGRAM AGREEMENT

I, _____ (MENTEE) enter into an informal mentoring partnership with Karen Kleiman, MSW (MENTOR), at The Postpartum Stress Center (PPSC), LLC.

1. I understand that in this context, mentoring is defined as a relationship with a trusted advisor, guide, counselor and teacher. Mentoring role will not include psychotherapy or psychotherapy supervision.
2. The frequency of meetings will be determined as needed/desired by myself and subject to our mutual availability.
3. The best method of communication will be determined by the mentor and mentee. The PPSC recommends some direct contact if at all geographically feasible. Email and phone follow-up communication will be limited to brief contact for clarification or determined by level of urgency.
4. I understand that it is in my best interest to provide an overview of my agenda for each session, whether it is a case discussion or a personal/professional development issue, in writing, in advance of the session.
5. I understand that I am not obliged to act on any information, suggestion, advice or guidance given by the Mentor as part of the services, but if I decide to, I shall do so at my own risk. I unconditionally and irrevocably waive any right of action against the Mentor in relation to any such information, suggestions, advice or guidance.
6. I agree to hold everything that is discussed within the mentoring relationship strictly confidential.
7. I understand that this is a professional relationship and that payment for these sessions is required at the time of, or immediately following, each mentoring session. If credit card is used, I give permission to charge my card if a session is missed without 24 hrs prior notice.

Today's Date _____

Mentee's Signature _____

Karen Kleiman's Signature _____