

Disclosure of Information, Policies, and Informed Consent Agreement

Welcome to my practice. This document contains important information about my professional services, business policies, and how they may affect you. Please read it carefully and make note of any questions you may want to discuss with me. Once you sign this document, it becomes a binding agreement between us and provides your consent for us to begin therapy.

My Background, Qualifications, & Therapeutic Approach

I am a licensed Marriage and Family Therapist (LMFT99751 expiration 11/2026) with the California Board of Behavioral Sciences. I received my M.A. degree in Counseling Psychology at the Institute of Transpersonal Psychology (a.k.a. Sofia University) in 2013. I am a clinical member of the California Association of Marriage and Family Therapists (CAMFT). I am also an Experienced Registered Yoga Teacher (E-RYT) through the Yoga Alliance.

My approach to therapy is empathetic, intuitive, and holistic. I integrate a variety of therapeutic orientations including Transpersonal Psychology, Internal Family Systems, Cognitive Behavioral Therapy, Psychodynamic theory, Self Psychology, Relational Therapy, and Attachment Theory. I blend talk therapy with somatic techniques which view the body as a container of feelings, experiences, and wisdom that can be accessed through body inquiry and/or mindful movement. I sometimes use expressive arts therapies as a way to creatively explore the psyche without the need for words. Some modalities explore childhood effects on present relationships, others on present moment experience, others explore underlying beliefs, and others explore the greater meaning of experiences in your life. Mindfulness techniques such as breathing practices and meditation permeate my work which helps to reduce stress, and to remain grounded and present to what arises. You may ask me about my orientation at any time and decline any modality I suggest.

In couples work, I am grounded in Emotionally Focused Couples Therapy while integrating Non-Violent Communication, the Gottman Method, and Attachment Theory. My intent is to support your relationship as a whole and the connection between you. At times you may feel I focus on one partner and sometimes the other. It is not my intention to take sides even though it may feel like it, rather balanced support may require unbalancing at times.

No secrets policy: In order to provide the best treatment and to reduce the chance of a conflict of interest, I may need to share with the couple information learned in an individual session with one partner. I will use my best judgment as to whether, when, and to what extent I will make such disclosures to the couple, and if appropriate, will first give the individual the opportunity to make the disclosure. Thus, if you feel it necessary to talk to me about matters that you absolutely do not want to be shared with your partner, you might want to consult with an individual therapist who can treat you separately.

Risks and benefits of therapy

Psychotherapy has both benefits and risks. It can help to open up stuck places within ourselves and create change within ourselves and our lives. Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. You may experience changes in your relationships as a result of your own growth. Psychotherapy often requires discussing unpleasant aspects of your life and yoga also sometimes feels uncomfortable as the body is changing and growing. Sometimes things may feel worse before they get better. Most of these risks are to be expected when you make important changes in your life. However, psychotherapy has benefits. Research indicates it often leads to a significant reduction in feelings of distress, increased satisfaction in relationships, greater personal awareness and insight, and increased skills for managing stress. In therapy, you have an opportunity to talk things out fully until your feelings are relieved or the problems are solved. Your personal goals and values may become clearer and more likely to be achieved. You may notice yourself thinking in a healthier manner, or relating differently to other people. However, there are no guarantees of what will happen.

Assessment

Typically, the first 1 to 4 sessions are an assessment period in which I may gather information about you and your life experience. If you are seeking reimbursement from insurance, I will need to assess for a diagnosis. At this time, and any time in therapy, if I find my skills are out of scope with your needs ethical standards dictate I make treatment suggestions, referrals, and/or terminate therapy.

Fees and Payment

Initial _____

The fee for couples therapy is \$225 for 50 minute sessions. Payment is due at the time of service, unless otherwise agreed. Sessions typically occur once/week. Reducing frequency may occur after 4 weekly sessions and upon mutual agreement that doing so is appropriate to your needs. Phone calls of a therapeutic nature (10 minute check-ins) will be charged a prorated fee.

If utilizing Aetna, your fee is determined by your plan and may include a copay, coinsurance, or deductible. You are responsible for any portion of the fee not covered by your plan due at the time of service. Please review the Cancellation Policy for information about fees associated with late cancellations or missed sessions when using insurance.

Accepted forms of payment include debit or credit card, and HSA/FSA. Even if you choose not to pay with credit card, you agree to provide credit card information to process any balances. (See Credit Card Authorization form). If you're utilizing out-of-network benefits, I can provide a superbill for you to submit for reimbursement.

I reserve the right to adjust the fee at any time, and will give you 30 days notice in any such event. If 2 sessions in a row haven't been paid for, I will schedule your next session upon payment of your balance.

Cancellations, No-shows, Late Arrivals

Initial _____

If you need to **cancel or reschedule** an appointment, **please notify me at least 24 hours in advance**. If you *cancel* or miss your appointment (no-show) with less than 24 hours notice, you will be charged for the full session. If you request to *reschedule* your session with less than 24 hours notice, and we are not able to find a time to meet in the same week of your session, you will be charged for the full

session. This also applies to biweekly sessions. Please note - I do not hold sessions on Fridays, but in case of an emergency or an urgent issue we can reschedule to a Friday if I have space that week.

*If utilizing Aetna insurance and you cancel or reschedule with less than 24 hours' notice or miss your session, I cannot bill your insurance. **Your credit card on file will be charged a \$120 late cancellation/no-show fee.**

In case you're running late, it's wise to notify me even if you're not sure you'll be late so I don't deem your session a no-show. If I do not receive notification from you, I will wait for 15 minutes, and will end the session if you haven't arrived. If you do arrive after 15 minutes please contact me so I can determine if I can return to the session. In any instance of lateness, we will proceed with your session ending 50 minutes from the originally scheduled time. In the rare case that I am running late, I will notify you by text or call with an estimated arrival time. If I am sick or in an emergency, I'll do my best to notify you as soon as possible. You will not be charged if I cancel.

Substance Use:

Initial _____

Recreational drugs and/or alcohol are not to be used on the day of your session. It is against the ethical standards of my clinical license to meet while you are under the influence. I will end the session in this case. If this is not something you can agree to, you agree to communicate this to me.

Confidentiality, Records, & Social Media

Initial _____

Information you disclose in sessions, including that of minors, is kept strictly confidential except when the following legal limitations apply: **1) Where there is reasonable suspicion of child, dependent adult, or elder abuse or neglect; 2) Where there is reasonable suspicion that you present a danger of violence to yourself or others unless protective measures are taken; 3) Pursuant to legal proceeding.**

According to the standards of my profession, I keep records of the services I provide you. These records include your dates and fees for sessions, therapy goals, and progress made. I do not disclose records to others without your written consent, or unless I am mandated to do so by court order. You may request to see, copy, or correct that record. If I believe that seeing records will be emotionally damaging to you, I may decline your request, provide you a summary, or review them with you.

I may discuss your case with supervisors or peer counselors in order to provide excellent service. In accordance with accepted professional behavior, I will keep your identity and any identifying information strictly confidential.

If you have previously attended a yoga class taught by me or are considering attendance, it is important that you discontinue attending my classes, workshops, and/or retreats in order to abide by state ethical standards and preserve our therapeutic relationship.

To hold confidentiality and therapeutic boundaries, I don't accept social media requests from clients.

Contacting Me

The preferred method for contacting me is by phone call. You may call my confidential voicemail line at 510-455-2698 and leave a message with the nature of your call as well as days/times that I can reach you. I'll do my best to call you back within 24-48 hours. I do not return phone calls or emails on Sundays unless they urgently pertain to your session scheduled on a Monday.

You may contact me by e-mail at elanamorgulis@gmail.com. **E-mail and text is reserved for scheduling/logistical issues.** Should you e-mail me regarding therapeutic issues, I will respond with a request to speak directly and schedule a session. Phone calls of a therapeutic nature will be charged to you at a prorated fee. With that said, phone calls/check-ins of a therapeutic nature are reserved for emergencies. If you are not in an emergency, but are seeking therapeutic support, I encourage you to bring the issue into your next session or to schedule an extra session.

Please be aware that e-mail and text are not a secure form of correspondence, may not successfully be sent through, and will be limited to scheduling/logistics only.

Emergency Procedure

In an emergency situation, please call 911, go to the nearest emergency room, call the National Suicide Prevention Lifeline by dialing 988, or text HOME to 741741. As a private practitioner treating many clients, I'm not available for immediate crisis intervention between sessions. However, we may alternatively decide to schedule more frequent sessions and/or phone check-ins based on your needs.

Termination

Typically, therapy ends when you and I decide that you've made satisfactory progress toward your treatment goals. Because therapy is a highly individualized process, it is difficult to predict its exact duration. Should you wish at any time to consult with or transfer to another therapist, I will invite us to discuss your wish and assist you in finding the right clinician. You have the right to terminate therapy at any time, but I recommend we dedicate 2-3 sessions to process termination issues.

Alternately, I may choose to terminate therapy earlier than predicted for one of the following reasons: inability to maintain a frequency of sessions recommended to support significant change, noncompliance with treatment plan or payment of fees, need for services I'm unable to provide, minimal progress despite appropriate treatment, and/or reasons related to my personal needs.

Notice to clients: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists. You may contact the board online at www.bbs.ca.gov, or by calling 916-574-7830.

Your signature on this page confirms that you have read, understood, and agree to the above information; and that you hereby consent to treatment. It will be kept on file, and you may keep a copy of this consent form.

Thank you, and I look forward to working with you.

Client Name: _____

Client Signature: _____

Date: _____

Provider Signature: _____

Date: _____

(Elana Morgulis, MFT)

Video Sessions (Telehealth) Addendum to Informed Consent 2022

Points to Consider

Although my clients benefit just as greatly online, telehealth may or may not be as effective as in-person therapy for you, and therefore we will pay attention to your progress and periodically evaluate the effectiveness of this form of therapy. Online therapy is not a substitute for medication under the care of a psychiatrist or doctor. Teletherapy is not appropriate if you are experiencing a major crisis or having suicidal or homicidal thoughts.

The laws that protect the confidentiality of your personal information also apply to telehealth. There are mandatory and permissive exceptions to confidentiality listed in the above Informed Consent Agreement. The dissemination of any personally identifiable images or information from the telehealth interaction to other entities will not occur without your written consent.

I follow the laws and professional regulations of the State of California (USA) and teletherapy treatment will be considered to take place in the state of California (USA). Typically, I do not conduct online therapy with clients whose permanent residence is located outside my license jurisdiction unless that jurisdiction legally allows me to. If you are traveling outside of CA or have moved to another state, I must meet the requirements of that state to provide you telehealth.

Risks and Benefits

Risks include, but are not limited to the transmission of your medical information being disrupted/ distorted by technical failures, interrupted by unauthorized persons, and unauthorized access to transmitted and/or stored confidential information. Benefits include, but are not limited to increased convenient access to therapy, and a lower rate of missed sessions.

Protocols

We will meet using my HIPAA-compliant Zoom account. **You will both need to send a JPEG of your state driver’s license or ID.** I will email you the session link where you will enter the waiting room until I start the session. Please ensure you have full connection to a secure wi-fi network. In case the video becomes choppy and disruptive, I will call you by phone to finish the session. Each time we meet online, I need to ask you your address, and if you’re somewhere you can speak confidentially.

If a life-threatening crisis should arise you agree to contact a crisis line, call 911, or go to an emergency room. The National 24-hour Crisis Line: 988. The Text Crisis Line: text HOME to 741741.

Your signature below confirms you understand and agree to the above information, and gives your consent to receive telehealth treatment.

Client Name: _____

Client Signature: _____

Date: _____

Address of regular teletherapy location: _____
