

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 exp. 11/2026) with the California Board of Behavioral Sciences. I received my M.A. in Counseling Psychology at the Institute of Transpersonal Psychology 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 Mindfulness-Based Cognitive Behavioral Therapy, Psychodynamic theory, Humanistic-Transpersonal, Internal Family Systems, Attachment Theory, Polyvagal Theory, and Energy Medicine. I blend talk therapy with somatic modalities, such as Somatic Experiencing which views the body as a container of feelings, experiences, and wisdom that can be accessed through body inquiry and/or mindful movement. Some modalities explore childhood impacts on present relationships, others on present moment experience, others explore underlying beliefs, and others explore the greater meaning of experiences in your life. Mindfulness permeates the work I do and is a proven way 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.

We may use mindfulness-based techniques in therapy only when determined appropriate to your treatment. It's important you be aware that breathing practices, movement, and sitting in meditation postures may require physical effort which may be strenuous and may cause physical injury. It is your responsibility to consult with a physician prior to and regarding participation in any movement program. You warrant that you are physically fit and have no medical condition(s) which would prevent your participation in breathing exercises, body movement, and/or meditation postures used during sessions or as homework. You assume full responsibility for any risks, injuries or damages, known or unknown, which might occur as a result of any movement used in therapy. You, your heirs or legal representatives forever release, waive, discharge, and covenant not to sue Elana Morgulis for any injury or death caused by their negligence or other acts.

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 mindfulness also sometimes feels

uncomfortable as you meet parts you've been distracting from. 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 self 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.

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 individual therapy is \$200 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 amount.

If utilizing Aetna insurance, 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 credit card/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.

Cancellation Policy, 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.

Vacation & Other Absences

Therapy is a weekly commitment. If you cancel 3 weeks in a row, I will open up your standing appointment to others. When you return, I will do my best to prioritize scheduling you back into your standing appointment time, but can't guarantee it will be available.

Periodically, I may take a vacation or attend a training/conference. I will inform you at least 2 weeks in advance. I will provide you contact info to an alternate therapist available in my absence.

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.

Due to confidentiality and to maintain appropriate therapeutic boundaries, I do not engage in 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: _____

(Elana Morgulis, MFT)

Date: _____

Video Sessions (Telehealth) Addendum to Informed Consent 2023

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 need to send me 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: _____

Good Faith Estimate

For requested service: Psychotherapy sessions

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you.

There may be additional items or services I may recommend as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

You have the right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in your Good Faith Estimate (which means \$400 or more beyond the estimated charges).

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <https://www.cms.gov/nosurprises/consumers> or call 1- 800-985-3059. The initiation of the patient-provider dispute resolution process will not adversely affect the quality of the services furnished to you.

The fee for a 50-minute psychotherapy session (in person or via telehealth) is \$200. Most clients will attend one session per week, but the frequency of visits appropriate in your case may be more or less than once per week, depending upon your needs. Based on a fee of \$200 per visit, the following are expected charges of psychotherapy services:

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 2 sessions per week
1 Week of Service	200	400
13 Weeks of Service (Approx. 3 Months)	2600	5200

26 Weeks of Service (Approx. 6 months)	5200	10400
39 Weeks of Service (Approx. 9 months)	7800	15600
52 Weeks of Service (Approx. 12 Months)	10400	20800

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations made to you concerning your treatment and you may discontinue treatment at any time.

You are encouraged to speak with your provider any time about questions you may have. Date of this estimate is the date of client's and provider's signature on the above informed consent document.