

The Comprehensive Counselor

Welcome to The Comprehensive Counselor! As a company and a concept, The Comprehensive Counselor takes a holistic approach to tackling life's problems. We focus on health psychology using a behavioral approach. We are action oriented and solutions focused and clients are expected to be active participants, often asked to collect data and experiment with different approaches. We believe the majority of psychological problems can be solved without medications.

My name is Merceydes and I'm going to be your counselor and coach in this experience. This document contains important information about our professional services and business policies. Please read it carefully and note any questions you might have so you can discuss them with your therapist during your intake. Once you sign this consent form, it will constitute an agreement between you and Merceydes Morassi, LPCC, LMHC, BCBA.

Nature of Counseling Services

Psychotherapy is the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated. There are a variety of techniques that can be utilized to deal with the problem(s) that brought you to therapy. These services are generally unlike any services you may receive from a physician in that they require your active participation and cooperation. Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings or the recall of unpleasant events in your life. There are also risks associated with particular interventions especially those that involve addressing the way we interact with others. When we modify our own behavior sometimes this is met with resistance by the people we are close to as individual changes can lead to changes in the dynamics of a relationship, most of the time these disruptions are temporary and can be mediated. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of psychotherapy, it is difficult to predict what exactly will happen, but I will do my best to make sure you will be prepared to handle the risks and experience at least some of the benefits. However, no guarantees can be made regarding outcomes.

*Please note, Psychotherapy is only available to those who live in CA or FL but behavioral coaching is available to those who reside in other states. Behavioral coaching is very similar to counseling aside from the fact that diagnoses will not be given nor will I be processing heavy emotional topics. Please read this consent regardless, as most of it is applicable even to coaching clients.

_____ I understand and agree to the policies associated with the nature of counseling

Fee-Related Issues

Evaluation & Intake Interview appointments always cost \$150 USD.
Fee for in-person counseling is \$150 USD

Fee for individual 45-minute therapy or coaching done via telehealth is \$100 USD.

Payment is due in advance before session. Sessions can be simultaneously purchased and booked directly through the website and there is a discount when sessions are purchased as a package. If you book with me directly, I will send you a paypal invoice via email which must be paid at least one hour prior to scheduled session.

Cancellations made less than 24 hours in advance will result in a \$40 fee and repeated cancellations can lead to termination of the counseling relationship.

Invoices and receipts of payment may display the name *Kids Life Solutions*. Kids Life Solutions is the parent company for which The Comprehensive Counselor is a DBA.

Also, I am not currently providers for any insurance companies but if you have a health benefits policy, it will usually provide some coverage for mental health treatment when a licensed professional provides such treatment. I will provide you with whatever assistance possible to facilitate your receipt of the benefits, however, you (not your insurance company) are responsible for full payment of the fee. Carefully read the section in your insurance coverage booklet that describes mental health services and call your insurer if you have any questions. Please be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plans or summaries, or in rare cases, a copy of the entire record. This information will become part of the insurance company's files, and likely, some of it will be computerized. It is best to discuss all the information about your insurance coverage with me, so you can decide what can be accomplished within the parameters of the benefits available to you and what will happen if the insurance benefits run out before you are ready to end treatment. It is important to remember that you always have the right to pay for counseling services yourself if you prefer to avoid involving your insurer. If you have an emergency please call the Emergency Room at your nearest hospital or dial 9-1-1.

_____ I understand and agree to the policies associated with fees

Internet Protocols

I am choosing to facilitate my counseling sessions via the internet and the Zoom (www.Zoom.com) program with Merceydes Morassi, LPCC, LMHC, BCBA, By choosing this option, I understand that:

- Zoom is an online communication tool allowing for face-to-face video, voice, or text-based chat dialogue. Zoom-to-Zoom calling is encrypted using the same standards utilized by the US government to protect sensitive information.
- Zoom software must be downloaded onto a computer and an account setup.

- Appointments will be made via email or online appointment request form via website. Please be online at least five minutes prior to session, alone, in quiet room, door closed. Therapist will call you at scheduled appointment time.
- For best Zoom picture and audio quality, a hardwired connection (via LAN cable) rather than a wireless one should be used if possible. Headphones add additional security.

I also understand the following limitations of Zoom video therapy sessions:

- Any internet based communication is not 100% guaranteed to be secure/confidential. I agree that Merceydes Morassi, LPCC, LMHC, BCBA, should not be held responsible if any outside party gains access to Zoom’s personal or confidential information by bypassing their security measures.
- In a crisis or emergency situation that needs immediate attention, whereby I am considering seriously harming myself or someone else, I will call the National Suicide Hotline at 800-784-2433, dial 911 or go to a mental health hospital/ER.
- Confidentiality should be treated like an in office session: no outside distractions, turn off cell phones, close other programs on computer and don’t be late.
- Technical problems could occur. If the call is disrupted, the therapist will call back within ten minutes. If reconnection cannot occur, the session will be rescheduled through email.

_____ I understand and agree to the policies associated with telehealth

Communication

Please know that I make my best effort to respond to client communication as quickly as possible. A phone number will be provided to you once you begin sessions, this number you can use to book or cancel sessions as well as ask periodic questions or provide brief updates. No therapy will be conducted via messaging so please maintain realistic expectations in terms of my response time and length. I generally get back to my messages within the same day but on occasion it could take as much as 48 hours, particularly if it is a weekend. If I am going to be traveling, I will notify you and provide a contact number for another therapist. In order to maintain your confidentiality (see below) please do not text me using your full name, instead text with the first two initials of your first and last name, for example “Hi, its MeMo (since my name is Merceydes Morassi), I just wanted to ask about rescheduling for Friday?” Also, do keep in mind that phones can be lost or stolen so even if your name is not saved in the phone, be careful what type of information you share that could be linked to your phone number in the unlikely event something did occur.

_____ I understand and agree to the policies associated with communication

HIPAA, Confidentiality, and Exceptions

Under Federal HIPAA laws, your health information is protected and you have the right to review that information, make changes to it and determine who that information will or will not be shared with. Please visit www.hhs.gov/ocr/privacy/ to learn more about HIPAA and how your rights are protected.

Confidentiality is taken very seriously by the staff at the comprehensive counselor. I believe that to cultivate a truly productive therapeutic relationship, it must be built on trust. Please see below for specifics on what information is shared based on what type of service is being received.

For private pay psychotherapy sessions, confidentiality is very exclusive and all content remains strictly between the therapist and client.

Although I take every measure possible to protect your privacy and uphold confidentiality there are a few legal exceptions you should be aware of:

- Child abuse and/or neglect (Florida statute 39.201),
- Vulnerable adult abuse or neglect (Florida statute 415.1034),
- Threats to harm oneself (Florida statute 413.341),
- Threats regarding harm to another person (Florida statute 413.341),
- A court subpoena,
- At my specific request, in writing, to disclose information regarding my psychotherapy to a third party.

_____ I understand and agree to the policies associated with HIPAA

Client Rights

As a client you are entitled to know what your rights are when obtaining ABA or mental health counseling services. These rights are:

- Be informed of the qualifications of your counselor: education, experience, professional counseling certifications, and license(s).
- Receive an explanation of services offered, your time commitments, fee scales, and billing policies prior to receipt of services.
- Be informed of the limitations of the counselor's practice to special areas of expertise or age group.
- Have all that you say treated confidentially and be informed of any state laws placing limitations on confidentiality in the counseling relationship.
- Ask questions about the counseling techniques and strategies and be informed of your progress.
- Participate in setting goals and evaluating progress toward meeting them.
- Be informed of how to contact the counselor in an emergency situation.
- Request referral for a second opinion at any time.
- Request copies of records and reports to be used by other counseling professionals.
- Receive a copy of the code of ethics to which your counselor adheres.
- Contact the appropriate professional organization if you have doubts or complaints relative to the counselor's conduct.
- Terminate the relationship at any time.

_____ I understand and agree to the Client Rights

Additional Policies and Statements

The following statements require you to initial next to them indicating your acceptance of the terms. Merceydes Morassi will here-in be referred to as MM.

_____ I understand that MM is not a medical doctor and cannot advise me regarding adherence to a medication protocol. If I work with MM to either reduce or eliminate my use of psychotropic meds, it is my responsibility to consult with my prescribing physician on how to do that in a healthy/responsible way. MM's role in this is to teach me how to cope so that those skills can replace medication usage.

_____ I understand that although MM recommends exercise for every client, it is my responsibility to speak with my primary care physician to determine if I am physically able to engage in exercise and which would be most or least appropriate for me.

_____ I understand that MM can help me create an intervention plan to address my food/eating/diet goals but that it is my responsibility to consult with my doctor or dietician when I am setting these goals as well as check in with these professionals periodically to insure that my goals are healthy and appropriate for me physically.

_____ I understand that change happens because I want it to. MM cannot wave a magic wand and make my problems go away. She can only provide me with techniques and tools that I have to implement. Also, I am responsible for reporting back to MM any progress or difficulties I had in implementing these measures so that she can modify her suggestions to better fit my circumstances.

_____ I understand that MM will make suggestions for implementation based on the information I provide to her, therefor if I conceal info I am not as likely to benefit from the interventions she is suggesting. It is my responsibility to be forthcoming about the exact nature of the situations.

_____ I understand that MM is a behaviorist and as a result her suggestions are based on behavioral science and are likely to be effective, however, if I am uncomfortable implementing any of these suggestions I will let her know immediately so that she can make modifications.

_____ I understand that MM is not willing to become involved in any court litigation processes, she will not testify, nor write letters for the purpose of court. Should my court dealings lead to MM being subpoenaed, it is my responsibility to pay her hourly fee for involvement in those matters.

_____ I agree not to record any of my zoom telehealth sessions as this is a violation of the trust and privacy of my therapist.

I have fully read the contents of this consent form and by signing this form I am indicating that I understand all concepts and terms, have had my questions answered and agree with the policies are stated in this document.

Name Printed

Signature

Date

Witness