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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 (LMFT) 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 Humanistic-Transpersonal, 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, in addition to the above modalities, I integrate Non-Violent Communication skills, the Gottman Method, Attachment Therapy, and Emotionally Focused Couples Therapy to support you in your relationship goals. My intent is to treat and support your relationship as a whole. 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 for couples: 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. Throughout this period, and at any time in your 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 \$ 150 for a 50 minute session. Sessions typically occur once a week. Reducing frequency of treatment may occur after 2 months and upon mutual agreement that doing so is appropriate to your needs. Payment for each session is expected at the time of the service rendered, unless other arrangements have been made. Phone calls of a therapeutic nature will be charged a prorated fee. Please see section on Contacting Me for details on phone contact. Accepted forms of payment include cash, check (made payable to Elana Morgulis), and credit card/HSA/FSA via Ivy Pay. Even if you choose not to pay with credit card, you agree to enter credit card information into Ivy Pay to process any balances. (See attached Credit Card Authorization form). There is a \$25 service fee for bounced checks. I will collect payment at the beginning of each session. I do not accept insurance, but can provide a superbill for you to send to your insurance company to seek reimbursement. I reserve the right to adjust the fee at any time, and will give you 30 days notice in such an event. If 2 sessions in a row haven't been paid for, I will schedule your next session upon payment of your balance.

### Cancelations, 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* your appointment with less than 24 hours notice or miss your appointment (no-show), you will be responsible for the full session fee. If you request to *reschedule* your appointment with less than 24 hours notice, and we are not able to find a time to reschedule to in the same week, you will be responsible for the full session fee.

In case you are running late, it's wise to notify me even if you're not sure you'll be late so that I do not deem your session a no-show. If I do not receive notification from you, I will stay at the office for 15 minutes past your appointment time, and will leave the office should I have no further appointments. If you do arrive late with notice, we will proceed with your session and will end 50 minutes from the originally scheduled time. In the rare case that I am running late, I will notify you by phone with an estimated arrival time. If I am sick or in an emergency, I will do my best to notify you at least 24 hours in advance.

### 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 accommodate and 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 can 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](mailto: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 based on your full 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. If I have availability and we are able to schedule a check-in, you will be charged a prorated fee. **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, or call the Alameda County 24 Hour Crisis Support Hotline at 1-800-309-2131. 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](http://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.

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Client Name (please print)

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Client Signature

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Date

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Elana Morgulis, MFT

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Date

## Video Sessions (Telehealth) Addendum to Informed Consent 2019

Video sessions are a great way to access services for many reasons. This document will go over some important information regarding the use of telehealth. Together we will determine if telehealth is the most appropriate option for your needs.

### Points to Consider

You as the client understand that distance therapy is a different experience as compared to in-person sessions, among those being the lack of in-the-room, “personal” face-to-face interactions, to which you may have previously come to expect. Telehealth may or may not be as effective as in-person therapy and therefore we must pay close attention to your progress and periodically evaluate the effectiveness of this form of therapy. You understand that telephone/online therapy with me is not a substitute for medication under the care of a psychiatrist or doctor. **You understand that online and telephone therapy 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. As such, you understand that the information shared and released during the course of sessions is generally confidential. There are mandatory and permissive exceptions to confidentiality including but not limited to reporting child and dependent adult/elder abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. You also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without your written consent.

You understand that I follow the laws and professional regulations of the State of California (USA) and the psychotherapy 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. 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, unauthorized access to transmitted and/or stored confidential information; and decreased availability of the therapist in the event of a crisis.

Benefits include, but are not limited to, more convenient access to therapy, no need to commute, and reduced rate of missed sessions.

### Protocols

We will meet on Doxy.me, which is a HIPPA-compliant telemedicine platform. I will email you the link to join the video session. **Please ensure you have full connection to a secure wi-fi network in order to reduce connection disruptions.**

In case the video becomes choppy and disruptive to the work, I will call you by phone until the video resolves or to complete the session.

Each time we meet online, I need to ask you your address, if you are in a place where you can speak confidentially, and if you expect you might be interrupted.

**If a life-threatening crisis should occur you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.** To abide by ethical standards, I'll send you emergency contact information in your area. The National 24-hour Crisis Hotline is 1-800-784-2433.

**If we regularly meet in person and you request a telehealth session, I ask that you give me at least 2 hours notice. I may be in session during the hour before when you make the request and so may not receive your communication and unable to accommodate you in time.**

If we have not met in person, please send me a JPEG of your state driver's license or state ID.

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address of regular distance session location:

\_\_\_\_\_

Date: \_\_\_\_\_