

Elisa Monti, PhD

Psychologist, Researcher

Client Service Agreement

Thank you for expressing your willingness to work with me!

If you have contacted me, it is because you have expressed interest in therapeutic coaching around stress, blocks, trauma, communication, performance wellness, and more.

I have certifications, degrees and clinical training in these areas, which have created my unique set of skills. However, I am not a medical professional or licensed clinician.

Confidentiality: I agree that I will not reveal, make known, or use any confidential information except as authorized by the client or required by Law. Confidential information refers to any data or information relating to you as my client.

Insurance and Cancellation Policy: Payments need to be made before service is provided. Zoom sessions that need to be rescheduled will be moved, but an \$80 fee will be applied if moved/cancelled within 24h for non-emergency issues.

Thank you! I look forward to working with you.

Elisa Monti

Client's Consent:

Name:

By signing this form, I confirm that I have read and understood the above information.
