

# 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. My services are not intended to diagnose or treat illnesses. If you need clinical assistance, you need to contact a medical or licensed practitioner. If you ever feel unsafe and need immediate assistance, please call 911 (or your country's emergency number) or go to your nearest emergency room.

*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:* I am unfortunately not able to accept insurance or offer out-of-network support. Payments need to be made before service is provided. Zoom sessions that need to be rescheduled will be moved, but a \$80 fee will be applied if moved/cancelled within 24h for non-emergency related issues.

Thank you! I look forward to working with you.

Elisa Monti

### **Client's Consent:**

Name:

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

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