

Blue Morpho Therapy Inc.
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Informed Consent for Psychotherapy

General Information

The therapeutic relationship is both personal and contractual. This document outlines our working relationship, roles, and expectations. Please read carefully and check the box at the end to indicate agreement. Feel free to discuss any of this with me.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Privacy & Confidentiality

Your session content and treatment information are confidential unless you request otherwise in writing. Exceptions to confidentiality include:

- Threats of suicide or harm to self
- Threats of harm to others
- Suspicion of child or elder abuse or neglect
- Court orders or subpoenas
- Court-ordered treatment or evaluations
- Legal defense or compliance with health oversight agencies

Occasionally, I may consult with other professionals without identifying information to improve your care.

If we meet outside of therapy, I will not initiate contact to protect your privacy. If you greet me, I will respond briefly but will not engage in therapeutic discussion.

Note: For full privacy practices and HIPAA guidelines, see the "Notice of Privacy Practices" section below.

Appointments & Cancellations

- 24+ hours notice is required for cancellations/rescheduling
- Less than 24 hours' notice or no-shows will result in a \$75 fee
- Late arrivals may shorten your session
- Requests to adjust the standard 60-minute session must be discussed in advance
- Emergency exceptions may be reviewed with written documentation (e.g., doctor's note)

Telephone & Electronic Communication

Email is best used for scheduling or administrative concerns. It is not secure for discussing clinical matters. Do not use email in emergencies.

Secure Messaging: Messaging through the SimplePractice client portal is the preferred and most confidential method of communication. Please use the client portal whenever possible for scheduling, administrative questions, or brief messages related to care.

I am not always immediately available but will return calls within 24–48 hours. In emergencies, call 911 or the Suicide & Crisis lifeline 988.

Social Media Policy

To protect your confidentiality and avoid dual relationships, I do not accept friend or contact requests from clients on social media. Feel free to discuss this policy with me.

Telehealth Services

By participating in telehealth, you acknowledge:

- Sessions occur via real-time video/audio and are equivalent to in-person care
- Confidentiality is maintained under HIPAA
- Payment (including copays/coinsurance) is your responsibility
- Consent may be withdrawn at any time without affecting future care
- Technical issues may impact session quality
- Telehealth is not suitable for emergencies; call 911 if needed
- You may access records related to telehealth under applicable law

Working with Minors

Parents may be legally entitled to access information about a minor's therapy. I will discuss with both parties what is appropriate to share to maintain trust and therapeutic progress.

Termination of Therapy

Terminating therapy should be discussed to allow for closure. I may recommend termination if therapy is not being effectively used or payments are not kept current. If therapy is discontinued or if you request a referral, I will provide appropriate resources.

If you do not schedule an appointment for three consecutive weeks without prior arrangements, the professional relationship may be considered ended.

Notice of Privacy Practices (HIPAA)

I. My Pledge

I am committed to protecting your personal health information (PHI) as required by law. This notice explains how I may use and disclose your PHI and your rights regarding that information. I:

- Maintain the privacy of your PHI
- Provide this notice of privacy practices
- Abide by the terms of this notice
- May update this notice, with changes available by request or on my website

II. Permitted Uses & Disclosures Without Authorization

- Treatment, Payment, Health Care Operations: Includes coordination with other providers, billing, and case management
- Legal Requirements: In cases such as court orders, public health issues, and mandatory reporting
- Health Oversight Activities: Audits, investigations
- Law Enforcement: Crimes on premises, compliance with law
- Coroners/Medical Examiners: Legal duties
- Workers' Compensation: As permitted by law
- Appointment Reminders/Health Services: Notification of upcoming appointments or treatment alternatives

III. Uses & Disclosures Requiring Authorization

- Psychotherapy Notes: Cannot be shared without your written permission except for limited legal or training circumstances
- Marketing/Sale of PHI: Not permitted without your explicit consent

IV. Optional Disclosures (With Your Opportunity to Object)

- Family or Friends Involved in Care: May share information if you do not object or in emergencies

V. Your Rights Regarding PHI

1. Request Restrictions: Ask for limitations on how your PHI is used
2. Paying Out-of-Pocket: Restrict disclosures to insurance if you pay fully out of pocket
3. Confidential Communication: Choose how and where I contact you
4. Access Your Records: Receive paper/electronic copies or summaries within 30 days
5. Amend Your Records: Request corrections (denials explained in writing)
6. Disclosure Accounting: Request a list of disclosures over the past 6 years
7. Copy of This Notice: Request by email or paper at any time

Acknowledgment

By checking the box and signing below, you acknowledge that you have read, understood, and agree to the information outlined in this document, including the HIPAA Notice of Privacy Practices.