



Melanie Jambrosic, M.A., M.S.  
Chicago, IL 60654  
(562)-380-0826  
www.sportpsychstudio.com

## INFORMED CONSENT AND AGREEMENT ON CONSULTING SERVICES

Sport Psych Studio  
Melanie Jambrosic, M.A., M.S.

*Although Ms. Jambrosic is a Clinical Psychology Psy.D student, she is not a licensed psychologist and cannot provide psychotherapy. However, she holds a Master's degree in Sport and Exercise Psychology in Kinesiology from the California State University of Long Beach and may operate as a sports performance consultant. In this case, Ms. Jambrosic can only perform mental skills training pertaining to your sport or other performances, including performance anxiety techniques, managing stress and emotions, and enhancing focus and concentration. She cannot treat clinical symptoms or issues. If you are looking for psychotherapy, Ms. Jambrosic will provide several referrals. Although it is not required for you to seek other assistance, if clinical symptoms interfere or impede mental skills coaching, termination may occur.*

Melanie Jambrosic, M.A., M.S. (hereafter called Consultant) agrees to provide the following products and/or services for \_\_\_\_\_ (hereafter called Client):

### **Confidentiality:**

All information between Consultant and Client is confidential, with the following exceptions:

1. Client authorizes the release of information with his/her signature.
2. Client presents a danger to self.
3. Client presents a danger to others.
4. Child or elder abuse is suspected.
5. Client fails to pay for services rendered, and formal collection is deemed necessary.

### **List of Services:**

The first session intake might include self-report scales. The rest of the provided services will be decided based on necessity and preference. Services might include, but not limited to: Performance enhancement, including increasing awareness, managing stress and anxiety, managing emotions, performing under pressure, sharpening concentration, and building confidence; enhancing health and well-being by implementing self-care strategies to prevent and combat burnout, psychological rehabilitation strategies for injuries, and managing career transition and retirement.

### **Physical Exam Clearance:**

The Client must be medically fit for sessions. In this case, it is the Client's responsibility to be examined and approved by a doctor. The Consultant may refer you to a physician before sessions may continue.



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**Sessions:**

The first free phone consultation might take approximately twenty minutes at length, depending on the Client's situation. The Consultant and Client will discuss the duration of the following individual sessions, depending on each person's situation. It can approximately be 45-60 minutes long. We may agree that shorter or more frequent sessions would be better suited for you. Longer sessions are also an option. If deemed necessary, phone, FaceTime, or Video (doxy.me) meetings might be available. *\*COVID-19 Update. Currently, we primarily provide telehealth services, which is via video chat\**

**Meeting in Person:**

Meeting in person for training is up to the discretion of the Consultant. If an in-person meeting occurs, the Client agrees to not sue the Consultant for any accidents or unexpected events on the premises surrounding the scheduled session. The Consultant is not liable for any problems that might happen, including but not limited to injuries, such as tripping, falling, and slipping.

**Payments/Financial Conditions:**

The Client will pay the Consultant per the agreed regular rates and terms. The Client will pay a fee of \$ \_\_175\_\_ per session, or the Client will pay the total amount of the agreed package of sessions in the amount of \$ \_\_700 or 1,150 (please circle)\_\_. If approved, Client may make installment payments in the amount of \_\_\_\_\_ per \_\_\_\_session\_\_\_\_. Otherwise, except for the first free consultation, full payment for services is due on the date when Consultant renders services. The Client may make payments in the form of cash, check, PayPal, Zelle, or Venmo.

By signing this form, the Client authorizes the use of the filed credit card for services under the following conditions:

1. No-show for a scheduled appointment
2. Cancellation less than 24 business hours in advance
3. Participation in treatment via phone, Facetime, or Video session (otherwise not in person)

The undersigned certifies he or she read the foregoing, received a copy thereof, and is the Client, or is the client's parent/guardian to execute the above and accept its terms.

**Cancellations:**

The Consultant will charge the regular fee of an individual session on the following conditions: 1) if the Client cancels less than 24 business hours in advance of the scheduled appointment, 2) for missed appointments. The Client should call or leave a voicemail by calling (562)-380-0826 24 business hours prior to the session to avoid this event.

**Emergencies:**

Suppose there is an emergency during our time working together. In that case, the Consultant will do whatever he or she can do within the law's limits to prevent further injury. For this purpose, she may contact the person whose name you have provided on the information sheet.



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### Terminations:

The consultant reserves the right to terminate this agreement if the obligations and responsibilities of the Client outlined in this contract are not fulfilled. In the event of termination prior to project completion, the Client will be responsible for payment of all services given up to the point of termination. After the consultation, the Consultant will assess if she can be of benefit to you. If she does not believe she will be of help for some reason, she may provide several referrals whom you may contact. Suppose the Consultant believes the Client displays clinical or medical issues that affect or impede mental skills coaching. In that case, she reserves the right to terminate services. However, if the Client attends to the mentioned problems and retrieves his or her physician's approval, mental performance coaching may continue.

### Social Media Policy:

Regarding social media (i.e., Facebook, Instagram, LinkedIn), the Consultant does not accept any friend or contact requests from current clients. By adding friends on these platforms compromises confidentiality, privacy, and clear boundaries. If you have questions, feel free to bring them up in our sessions. I do publish Sport Psych Studio content on various networking sites. However, I do not expect that you, as a Client, will follow the streams. You are welcome to view these publications at your discretion.

### Interactions:

My mode of interaction method is through e-mail at [Melanie@sportpsychstudio.com](mailto:Melanie@sportpsychstudio.com) or via mobile phone (562)-380-0826. These sites are not secure and not set up for me to reply in a timely matter. Engaging in this manner might compromise the confidentiality, privacy, and boundaries of our professional relationship.

_____	_____	Date ____/____/____
Client Name	Signature	
_____	_____	Date ____/____/____
Client Parent Name (if client is under 18)	Signature	
_____	_____	Date ____/____/____
Client Parent Name (if client is under 18)	Signature	
_____	_____	Date ____/____/____
Consultant Name	Signature	



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Refer to <http://www.sportpsychstudio.com> for questions and information.  
If you still have questions, please call (562)-380-0826.