

Essence of Wellness Therapy, LLC

Roshini Rampersaud, LMHC, C-RTM, C-tf-NLP, ti-CCYT

Client Contact Form

Client Name: _____

Date of Birth: _____ Age: _____ Female Male Transgender

Street Address: _____

City/State: _____ Zip Code: _____

Religious/Spiritual Affiliation (if any): _____

Cell Phone _____ Okay to leave a message? Yes No

Home Phone _____ Okay to leave a message? Yes No

Work Phone _____ Okay to leave a message? Yes No

Email: _____

Would you like appointment reminders? **Text** **Email** **NONE**

In an emergency, whom do I call?

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship of Emergency Contact to you _____

Any additional notes for the therapist?

Essence of Wellness Therapy, LLC

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HIPAA Privacy Policy

Essence of Wellness Therapy, LLC is committed to protecting medical information about you. No information is released without your knowledge and written consent, except for those rare instances in which the therapist (Roshini Rampersaud) is required by law or by court to reveal particular information. If an emergency situation occurs in which the client demonstrates a high probability of harming himself/herself or others, the therapist may be required to release information to ensure safety. Roshini Rampersaud is also a mandated reporter of suspected abuse or neglect of minors, disabled, and elderly individuals, as described further below. This notice describes how medical information about you may be used and disclosed by Essence of Wellness Therapy, LLC and how you can get access to this information. Please review this notice carefully.

Understanding Your Protected Health Information (PHI). When you visit Essence of Wellness Therapy, LLC, a record is made of your issues, assessment, recommendations, treatment plan, and other mental health or medical information. Your record is the physical property of Essence of Wellness Therapy, LLC; the information which is within, belongs to you. Being aware of what is in your record will help you to make more informed decisions when authorizing disclosure to others. In using and disclosing your protected health information (PHI), it is the therapist's objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act (HIPAA) and requirements of Florida law.

Your mental health and/or medical records serve as:

- A basis for creating your treatment plan and goals.
- A legal document describing the counseling care you receive.
- A tool with which the therapist and client can assess and continually work to improve the care rendered and the outcomes achieved.

Essence of Wellness Therapy, LLC conducts all telehealth visits on "Sessions" by PsychologyToday, a HIPAA-compliant therapeutic online platform. Please note, certain therapeutic exercises may be suggested on NON-HIPAA-compliant applications (WhatsApp, MarcoPolo, etc), and will be completed only upon verbal agreement by all parties.

By signing below, you authorize that you have read and understand this policy:

Client Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Essence of Wellness Therapy, LLC

Roshini Rampersaud, M.S., LMHC, NCC

Social Media Policy

Friending: Therapist is not permitted to accept "friend requests" from clients on her personal social networking sites (Facebook, Twitter, Instagram, etc.). Adding clients as "friends" on these sites can compromise your confidentiality and client/therapist respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this, please bring them up when you meet with the therapist.

Liking/Following: You are welcome to "like" or "follow" EOW social media feeds and read or share articles that are posted; however, because social media sites are public spaces, anyone who can see EOW social media pages can see your post or comment. In addition, when you post, comment, or "like" a page, it will be published on your page as well. The therapist's primary concern is your privacy. You are welcome to use your own discretion in choosing whether or not to "follow," "comment," or "repost" EOW Therapy-related material.

In order to maintain ethical boundaries, the therapist will not reciprocate.

Business Reviews:

If you do choose to write a business review, please keep in mind that you may be sharing personally revealing information in a public forum. If you feel your therapist has done something harmful or unethical, and you do not feel comfortable discussing it with your therapist, you should contact the Florida Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling at:

<http://floridasmentalhealthprofessions.gov/help-center/how-can-i-file-a-complaint-against-a-licensee>. This organization oversees mental health licensing in Florida, and they will review the situation you have identified.

By signing below, I acknowledge that I have read and understand EOW Therapy's Social Media Policy.

Client Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

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Disclosure Statement & Informed Consent

Qualifications and Experience

Roshini Rampersaud is a Licensed Mental Health Counselor in the state of FL and a National Certified Counselor. Roshini's Master's of Science degree is in Clinical Mental Health Counseling with a specialization in Military Families and Culture. Roshini is currently working on her PhD in Anthropology, concentrating on Multicultural and Food Studies.

Roshini uses specialized trauma protocols working with survivors of trauma:

- RTM (Reconsolidation of Traumatic Memories)
- Tf-NLP (Trauma-Focused, Neurolinguistic Programming)
- ti-CCYT (Trauma-Informed Certified Children's Yoga Teacher)

Roshini Rampersaud
Mental Health License# MH16188

Counseling Philosophy

I believe that anyone is capable of change, if change is what they truly desire. The recipe for the best version of you begins with this first step. I want to commend you for having the courage to take this step in redesigning your life! It is my *passion* to work with open-minded individuals in processing the past, effecting change in the present, and designing the best possible version of the future.

Therapeutic Approach

I approach therapy from a Choice Theory standpoint. *Choice Theory teaches us that we are much more in control of our lives than we realize...Taking more effective control means making better choices" (Glasser, 1998, pg. 4).*

Pulling from Choice Theory's "here and now" actions of the client, as well as from my own clinical experience, I have created a specialized therapeutic treatment plan called **L.I.V.E. Therapy**. My goal as your therapist through the L.I.V.E. Therapy treatment plan is to help you REDESIGN YOUR LIFE and nurture **the best version of you**. While we certainly will process how your past traumas/stressors impact your life today, the majority of our therapeutic sessions will consist of equipping you with the mental and emotional tools necessary for you to achieve your Quality World and experience **the essence of wellness**.

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Possible Risks of Therapy

Throughout therapy, some clients may have emotional responses and reactions that are unfamiliar to them. This may be difficult to experience. The emotional discomfort that may be caused by therapy is usually temporary, ultimately diminishing in time. However, there is no guarantee as to the outcome of therapy. Some people may experience no improvement or even think things are getting worse, depending on their openness to the therapeutic process.

Initials _____

Possible Benefits of L.I.V.E. Therapy

- Create and nurture the best version of you.
- Envision and design your Quality World.
- Process stressors/traumas and how they impact your life.
- Equip yourself with mental and emotional tools to cope and live life on life's terms.
- Create simple, realistic, and attainable goals to effect change in your day-to-day life.
- Love yourself, find your inspiration, and know your self-worth.
- Develop your ability to change your perspective on displeasing or undesired changes in your life—present and future.
- Implement efficient time-management, stress-management, and money management techniques in your life.
- Improve the quality of interpersonal relationships.
- Decrease levels of anxiety and depression.
- Discover and express your sense of self and individuality.
- Focus on self-care.
- Explore healthy hobbies/activities/outlets.
- Attain a state of balance, peace, and happiness in your life—**the true essence of wellness.**

Initials _____

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Ethics, Competency, & Obligations

As a Licensed Clinical Mental Health Counselor, I am obligated to adhere to the ethical codes and laws relevant to mental health counseling. As part of my ethical obligation, I am only able to provide counseling services within my realm of competency. If I determine that your therapeutic needs are outside of my realm of expertise or scope of practice, or at your request, I can make referrals to other mental health providers at different levels of care. Additionally, as all counseling has an ending point (termination of therapy), we will work together to find appropriate aftercare services at the point of termination. Please review the ethical codes and laws relevant to mental health counseling at:

<http://www.counseling.org/ethics>

Initials _____

Client Responsibilities

It is the client's responsibility to take an active role in his/her own therapeutic process. Client's participation in therapy includes, but is not limited to:

- Keeping an open-mind and willing attitude.
- Attending scheduled therapeutic sessions.
- Focusing and engaging in each counseling session.
- Showing respect for counseling staff.
- *Remembering that the therapist can only work with the information that is provided by the client. Effective therapy is only made possible when the client is forthcoming about his/her own story, no matter how painful or uncomfortable those details may be.*
- Working collaboratively with therapist to implement and execute personalized L.I.V.E. Therapy treatment plan.
- Implementing therapist's suggestions outside of the counseling setting, as it is truly the client who determines the outcome of therapy.

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Confidentiality

Information discussed in our counseling sessions will remain confidential, with the exception of the below listed circumstances, or any circumstances that are mandated by the laws/ethical guidelines of the Florida Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling and the American Counseling Association. I may break confidentiality in the following circumstances:

- If you make a written request for the release of information.
- If there is risk of serious or foreseeable harm to any person (yourself or another person).
- If you disclose life threatening, communicable disease, I may be obligated to alert an at-risk third party.
- If I have reason to suspect that a minor-aged, developmentally disabled, or an elderly person is in danger of being abused or neglected, I am legally obligated to report this.
- If I am ordered to release confidential information by a court of law.
- If I need to share information with another professional for consultation, with a health care provider treating you in an emergency, or with other mental health professionals to coordinate your care. These professionals are also obligated to maintain confidentiality.

Initials _____

Dual Relationships

Roshini Rampersaud will not enter into any personal (dual) relationships with clients outside of the professional services offered by Essence of Wellness Therapy, LLC. This boundary continues even after counseling is terminated. This is an ethical obligation that benefits the client, by allowing Roshini to serve as a therapist rather than a friend. Therapist will neither initiate contact with clients in public places, nor communicate online through social media sites. This is in efforts to protect the aforementioned boundary and client confidentiality. Occasionally, therapist may self-disclose personal experiences in counseling sessions when it is beneficial to the client. However, the focus of therapy is always the client's experiences.

Initials _____

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Payment & Cancellations

All therapeutic services are provided online via telehealth sessions.

In efforts to respect both the therapist's time and the client's therapeutic time, payment for session is completed at the time of booking at www.eowtherapy.com/schedule.

As this payment secures the client's appointment slot, there will not be a refund of payment in the event of cancellation/tardiness for a scheduled appointment.

If you have been receiving custom invoices based on one of the "therapist inquiry/approval" categories, please complete payment upon receipt of the e-invoice to secure your appointment slot. If payment is not completed within 24 hours of e-invoice being sent, your appointment may be deleted.

Telehealth Therapy

As clients are participating in TeleHealth virtual therapy online, it is the responsibility of the client to ensure that the area which they are occupying during sessions is quiet and electronically secure. Sessions will be conducted through a HIPAA compliant platform. Client will be able to join each virtual session at the scheduled appointment time with the following link:

<https://sessions.psychologytoday.com/roshi>

Initials_____

Telephone Sessions & E-mail

Telephone conversations between Roshini Rampersaud and the client, for any reason, in excess of 10 minutes per day may be billed proportional to the client's hourly fee schedule.

It is important to remember that e-mail communication is not confidential, as it has the potential to be saved on servers and in computer hard-drives. Thus, e-mail will not be used for therapeutic purposes. Please refrain from utilizing e-mail unless it is for the purpose to change or coordinate an appointment. If a client does not want to have e-mail communication, it is up to the client to inform the therapist of this request.

Initials_____

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Complaints

There are no guarantees that counseling will help you to achieve your goals. Therefore, Roshini Rampersaud cannot provide any guarantees.

If you have any problems with your therapeutic services or ethics, please speak with Roshini Rampersaud about it. Roshini Rampersaud strives to provide the best therapeutic services that she can, and she wants to make appropriate changes if you are not satisfied. You may also contact or file a complaint with the Florida Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling at <http://floridasmentalhealthprofessions.gov/help-center/how-can-i-file-a-complaint-against-a-licensee>.

Initials _____

Emergencies

In the event of an emergency, please dial 9-1-1 or go to your nearest emergency room immediately. As a private practitioner, Roshini Rampersaud is *not* on-call or available 24-hours per day. She will return messages within 24 hours or the next business day. If you need a higher level of care than what Roshini Rampersaud can offer as a private practitioner, a referral can be made to a more appropriate provider.

Initials _____

Request for Services

As the client, it is your right to ask questions about this disclosure and the therapeutic process at any time. It is also your right to discontinue services at any time. **By signing below, you acknowledge that you have read and understand this entire disclosure statement and informed consent form, and you are requesting counseling services from Roshini Rampersaud, LMHC.**

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Therapist Signature _____ Date _____

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Individual Client Intake Assessment

Welcome to Essence of Wellness Therapy! I look forward to providing you with excellent and efficient counseling services. Please take your time to fill out this form. **Remember, effective therapy is only made possible when the client is forthcoming about his/her own story, no matter how painful or uncomfortable those details may be.** The information you provide will help me to better understand your world, as well as develop potential strategies in helping you to redesign your life.

Please note - the information is confidential, for our use only, and will not be released to anyone without your written permission.

CLIENT NAME: _____

Social / Family Information

Which best describes you? Choose all that apply:

Never Married Married Separated Divorced

Widowed Engaged Living Together Same-Sex Partners

If you are currently in a romantic relationship, for how long? _____.

On a scale of 0 to 10 (with 10 being best), how would you rate your satisfaction with your current relationship? _____.

Do you have children? If so, please provide names and ages: _____

If you have listed children, with whom do they live? _____

Do you have any pets in the home? If so, what type/names? _____

List any other individuals living in your home (other than you and any children listed above): _____

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Medical and Mental Health History / Information

Are you currently being treated by a physician for any medical conditions? If so, please describe:

Are you currently taking prescription, over-the-counter or herbal medication? No Yes; Medication name/dose: _____

Have you ever seen a Psychiatrist or other mental health provider?

No Yes; If yes, which provider? _____ When? _____

What was the focus of treatment? _____

Was it helpful? Yes No

How so? _____

Counseling Concerns

What are the issues for which you are currently seeking assistance?

Please be as specific as possible.

1. _____ 3. _____

2. _____ 4. _____

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What have you previously tried in order to resolve these issues (e.g. religious counseling, talking with family/friends)?

Has anything been helpful?

What are some of your coping strategies?

What do you consider to be your strengths?

Have you experienced any feelings of fear, terror, or helplessness in one, some, or all of the last 30-60 days? If so, please describe:

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Counseling Goals

Goals are very important in counseling. They provide us with a focus and direction that will help me to help you. Please list the goal(s) that you hope to address and achieve in counseling. Please be as specific as possible.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| _____ | _____ |
| 2. _____ | 4. _____ |
| _____ | _____ |

Risk Assessment

Is there any family history of mental illness or substance abuse? If so, please list relationship & diagnosis:

Please list family, friends, support groups and community groups which are helpful to you

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Has a family member or close friend ever committed suicide?

No Yes, (who) _____

Have you been having any thoughts of harming yourself or others?

No Yes: Self Other(s)

If so, please state who and under what circumstances:

Are there any guns or weapons in your house? (specify whose & what type) _____

Have you ever been involved in any significant legal actions, currently or in the past (e.g.: lawsuit, probation, parole)? If so, please state who and under what circumstances:

If you are currently employed, what do you do for work? _____

On a scale of 0 to 10 (with 10 being **best**), how would you rate your SATISFACTION with your current job/career? _____

On a scale of 0 to 10 (with 10 being **worst**), how would you rate your STRESS LEVEL with your current job/career? _____

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If you are currently IN SCHOOL, what is your area of study? _____

On a scale of 0 to 10 (with 10 being **best**), how would you rate your SATISFACTION with your current educational path? _____

On a scale of 0 to 10 (with 10 being **worst**), how would you rate your STRESS LEVEL with your current educational path? _____

Alcohol / Substance Use Survey

How often do you have a drink containing alcohol?

Never 1/month or less 2-4/month 2-4/week more than 4/week

How many drinks containing alcohol do you consume on a typical day that you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

Do you use marijuana or other "street drugs"? (Remember, this information is confidential)

No Yes; what type/quantity/frequency of use: _____

If you prefer not to answer in writing and choose to discuss this privately with the therapist, check here

Is there anything else that you would like the therapist to know?
