

MEMO OF UNDERSTANDING
Meal Coaching by my3square, LLC

The service that my3square, LLC wishes to offer to you is coaching in support of helping you develop balanced, normalized eating habits. Coaching sessions will be one-on-one or in groups, facilitated by interactive audio/visual means (i.e. videoconference). As meal coaches, we will work with you to identify factors that interfere with regular eating and support you in developing skills for managing thoughts or feelings that get in the way.

Coaching is not a medical, mental health or any other type of health service. It is not psychotherapy or mental health counseling. No diagnosis or treatment of, or advice regarding, any medical or mental health condition or illness will be offered. Coaching cannot substitute for, and is not an alternative to, medical or other healthcare diagnosis and treatment when a medical or mental health condition or illness is present. You are advised to seek diagnosis, treatment and advice regarding medical or mental health conditions or illnesses from physicians, psychologists, and other licensed healthcare and mental health professionals.

Our coaches may hold graduate degrees or be licensed in healthcare professions, and as part of their professional practices may treat eating disorders. However, the services offered by my3square, LLC are not medical, psychiatric, psychological, psychotherapy or any type of healthcare or mental healthcare service. Health insurance companies do not reimburse for coaching services. If you wish healthcare or mental health assessment, counseling or psychotherapy, then we can provide you with referrals at your request.

My3square, LLC reserves the right to refuse services to clients at any time, including but not limited to discontinuing coaching services to any client who in the sole opinion of the LLC is not benefitting from its coaching services.

My3square, LLC will maintain the confidentiality of the identity of clients and information given to my3square by clients and will release such information only when authorized by a client or when legally required to do so.

If you a current patient of Columbus Park Behavioral Health LCSW PLLC ("the PLLC"), and have been referred to my3square, LLC ("the LLC") by Columbus Park, then by signing this memorandum, you acknowledge that you have been informed by both the PLLC and the LLC that (i) the two entities are singularly owned by Melissa Gerson LCSW and she will benefit from your retaining the coaching services of the LLC, (ii) you are not under any pressure or duress to act on any referral by the PLLC to the LLC, (iii) your status as a patient of the PLLC will not be affected in any way whatsoever by your acting or not acting on a referral to the LLC and (iv) upon request the PLLC will give you referrals to other coaches that offer similar services to those offered by the LLC.

Your coaching by my3square may include group meals with other coaching clients. Because you may find it helpful, you may, but will not be required to, give personal and sensitive information about yourself to other group members during such meals. Some personal information about you will be disclosed simply by your participation in the group meal. My3square cannot assure you that other group members will keep private what is said and done during the meals. You assume that risk and understand that my3square cannot be held responsible for other group members revealing private information about you. There are rules, however, that are meant to protect privacy. These rules, which you agree to follow, are: (i) only first names will be used during group meals, (ii) you will not socialize with, including by social media, other group members outside of meals or other meetings organized by my3square, (iii) you will not discuss any identifying information about a group member except with that member and other group members during group meetings, and (iv) there will be no visitors at, or recordings of, group meetings allowed.

Authorization to Release Health Information

In order to most effectively render its coaching services, my3square asks that clients allow its representatives to consult with any healthcare or mental healthcare practitioner who may be treating the client for a medical or psychiatric condition or eating disorder. By initialing at the end of this paragraph, you agree that my3square may consult with any such healthcare practitioner about the coaching services you wish to receive or are receiving, and also agree to provide such practitioners with any authorizations that they may request in order to allow them to share information about your treatment with my3square representatives. Communication with your provider will be by secure email, fax or telephone. Please note that once health information is released to the Recipient[s] in accordance with the terms and conditions of this Authorization, there is no guarantee by the entity and/or person releasing the Information that Recipient[s] will not re-disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of the requested information.

Initial here: _____

Your healthcare provider's name here

Your healthcare provider's email here

Please sign below indicating that you understand the nature of the coaching services that we wish to offer you, and that you have had the opportunity to ask any questions you might have about them.

Name (Print)

Signature

Date