

**David Levingston, M.A., LMFT**  
*Licensed Marriage and Family Therapist LMFT 100-0000054*  
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## ***Informed Consent Form***

Complimentary quote from a person I worked with: “*Thank you for making me feel human.*”

**Welcome.** This psychotherapy disclosure form will answer many of your questions about my therapy services. Please feel free to ask questions if you need clarification or more info.

**What is therapy about?** I am open to how therapy can take different possible forms (including walking outside or making art). My orientation is called “eclectic”, which means culling from different streams. My scope of practice focuses on helping people achieve healthier interpersonal relationships. In the end, I hope therapy serves your needs to connect better to yourself and others, to feel less isolated or down, and to connect to your own capacity to change your experience – whether it’s your mood, or how you react to situations and people. Sometimes it is about coming to see reality as it is, and finding ways to be more at peace with it all. I encourage you to try and be open and honest with yourself. Allow for times when things might not be so comfortable. You might face aspects of reality more directly and possible choices that you have been avoiding, and this might be upsetting or hard to be with. Perhaps you already know this on some level. Also allow for some time. Sometimes change can happen quickly and sometimes change can take a while. Sometimes what changes is our desire to change things.

**Our relationship.** My style is interactive. I welcome discussion of any feelings you may have about our work together. Using the relationship itself can be an important part of the process in therapy.

Consider this: The word “therapist” derives from the Greek language. One meaning of the word *therapeuein* is “to attend.”

**My qualifications and experience.** I began counseling in a professional context with the UCSF AIDS Health Project of San Francisco in 1999. In September 2001, I began the Integral Counseling Psychology program at California Institute of Integral Studies (CIIS) in San Francisco. I graduated with a Master’s degree in December 2003, and I earned my Marriage and Family Therapist license for the State of California in January, 2007. This was granted reciprocity for the State of Vermont in October 2007. I continually augment my practice with continuing education and monthly peer consultations.

**Professional regulations.** My practice is governed by the Rules of the Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the Board or online at <http://vtprofessionals.org/>

A copy of the statutory definition of unprofessional conduct (3 V.S.A. ‘ 129a and 26 V.S.A. ‘ 4042 for licensed marriage and family therapists) can be found here:

[http://vtprofessionals.org/opr1/allied\\_mental\\_health/](http://vtprofessionals.org/opr1/allied_mental_health/)

<http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=26&Chapter=076>

Information on the process for filing a complaint with, or making a consumer inquiry to, the Board, may be found here: [http://vtprofessionals.org/opr1/allied\\_mental\\_health/](http://vtprofessionals.org/opr1/allied_mental_health/)

**Confidentiality.** With very few exceptions, the information discussed during your therapy session and all documentation (written or in any other medium) is kept private and confidential. When working with me, unless you communicate otherwise, you agree to allow consultation with other healthcare providers for the sake of your care, as permitted by HIPAA (see separate *HIPAA Notice of Privacy Practices* form). Some other very important exceptions to the rule of confidentiality are:

1. If there is a court order for the therapist to appear, or to produce the client's chart.
2. If you authorize your insurance plan to be used for services, some information may be shared for billing purposes and for evaluations to justify services and billing.
3. If the therapist learns that there exists a serious threat to any person.
4. If there is evidence of child or dependent adult or elder abuse.

*Parents & Children:* Children need to know that their parents have a *right* to know what goes on in therapy, but rather than reporting back *what* is said, I may discuss *how* things are going. I want both the child and the parent to know that it's important for the child to feel like what he or she is saying will be kept private. If you are a minor and your parents are covering the cost of sessions, you authorize disclosures to parents necessary for purposes of payment.

*Couples & Families:* I encourage you to share any thoughts or feelings directly in our group sessions rather than privately with me.

*Groups:* As with individual therapy, I will hold confidential anything disclosed in groups. Group members are asked to agree to not share things with individuals outside the group.

**Attendance.** A regular weekly time together can make a difference in the kind of experience you have and progress you can make.

If you are running late, as long as you call to let me know, I'll wait and hold the time slot for you. Unless you call to let me know, I will wait for a 15 minute window after our appointed time, after which I will consider it a missed session and I may choose to leave the office to attend to other things.

If you happen to forget to appear for a scheduled session (and also forget to call in advance to let me know) two times, I may (at my discretion) provide you with a referral for other counseling opportunities that might be able to accommodate your situation.

**Time.** Sessions are generally 50 minutes long. Longer sessions can be scheduled if we agree that it will be helpful. I will let you know when there are 5 minutes left in the session. We need to end on time because other people are scheduled to use the room.

**Fees.** Fees will be discussed and set by the end of the first session. My standard fee is \$100/session. If you are using insurance, the first session is \$125 to cover the time for insurance-required matters. Please let me know if your current financial situation would make it difficult for you to afford my standard fee, so that we can talk about possible alternatives. Payment is to be made at the beginning of each session or the beginning of each month, and may be by cash or check. I do not bill. Fees will be reviewed yearly and may be raised approximately \$10 per year. A 30 day notice will be given of any changes to fees.

**Insurance.** If you wish to utilize health insurance to pay for services, please tell me the name of your plan, so that we can determine the extent to which our visits can be covered by your plan.

The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans

generally limit coverage to certain diagnosable psychological conditions and that this needs to be documented in some way. Although I am willing to help determine the terms of your policy, you should also be aware that you are ultimately responsible for verifying and understanding the terms and limits of your insurance coverage.

You are ultimately responsible for knowing and fulfilling whatever your financial obligations may be from participating in therapy services. If we had an understanding that your insurance plan would cover services, but then it turns out that your plan does not reimburse me for services rendered, either because your particular plan will not in fact cover my services, or because your plan is not active or has changed its terms, or for any other reason, it is your responsibility to cover any balance owed towards the cost of the session. Because any sessions in these circumstance are not conducted under the umbrella of the insurance plan, the cost of the session will be my standard fee of \$100, and not the contracted rate that I have with the managed care organization.

If I am a contracted provider for your insurance company, I will discuss the procedures for billing.

If I am not a contracted provider and you would like to submit a bill to your insurance company to be reimbursed for our sessions, I will be happy, as a courtesy, to provide you with an insurance form at the end of each month. You are responsible for the payment for our services regardless of what the insurance company does or doesn't ultimately do. Although I may be willing to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you.

Please know that for the sake of determining insurance coverage, the services rendered will be *Outpatient Mental Health*, and my license is an LMFT (*Licensed Marriage Family Therapist*). Even though my license has the word "marriage" in its title, the services are not to be considered "marriage counseling." Please know that most insurance will not cover marriage counseling but will cover outpatient psychotherapy.

Please know that when any agency (such as health insurance) is involved, your confidentiality will be affected. Some managed care plans may require submission of information about your therapy for review and authorization of services and justification for reimbursement.

Please discuss any questions or concerns that you may have about this with me.

**Cancellation policy.** I will be reserving the time and the room for you, so please give me as much notice as possible if you won't be able to make it for your appointed session. If you need to cancel, I require that you do so by phone rather than by text or by email, because email is not reliable. Email also isn't encrypted and is vulnerable to intrusion. My voice mail is available 24 hours a day to receive messages. I do not always check email regularly; sometimes not for weeks at a time. Therefore, if you need to contact me, please call.

If you do not show up for your scheduled therapy appointment, and you have not notified me at least 24 hours in advance, and it is not a health emergency, you agree to pay \$50 for the session, which is half of my customary fee, as your health plan does not cover payment for a missed appointment. Likewise, if I fail to appear or to give 24 hours notice of a cancellation, your next appointment is at no charge to you. Just as I will give you a 15-minute window to arrive, please allow me a 10-minute window to be ready for you, as sometimes I may run a wee bit behind.

**Contact (including Email, Texts, Cell Phones, & Computers) and after hours emergencies.**

My usual business hours are weekdays between 9:00 AM and 6:00 PM. If I am unable to answer the phone, please leave me a message. I check my messages during business hours and I will return your call as soon as I can. You are welcome to leave a voice mail at any time, but I may not be able to retrieve your message until my business hours.

I am not available after hours for emergencies. For after-hours emergencies or if you need immediate assistance, call the 24-hr local crisis team at 1-800-622-4235. If you are feeling very out of sorts and need a soft place to land, you can also contact your medical group or your primary care physician, or visit the emergency department of your local hospital, and they will help direct you. If you are feeling suicidal, please call 1-800-622-4235.

If using Texting or Email, you acknowledge the understanding that these are not necessarily secure and confidential mediums of communication. Before sending you any initial Emails, I will ask for your verbal permission to do so. If you communicate confidential or private information via unencrypted digital communication, texts or e-fax or via phone messages, I will assume that you have made an informed decision.

Regarding Emailings, except for matters of scheduling, please save other questions and inter-personal sharings for our scheduled sessions.

If there is an emergency or if you need to cancel a session on sudden notice and it is less than 24 hrs before the session, please call rather than email to assure that I will receive your message.

**Outside contact.** Respecting your preferences for privacy, we will discuss how we shall handle contact by phone and contact outside the therapy context, if we happen to run into each other in public.

**Social Media.** You are welcome to peruse my professional Facebook page: [www.facebook.com/DavidLevingstonMFT](http://www.facebook.com/DavidLevingstonMFT). However, as an ethical guideline, I generally refrain from connecting with clients, both past and present, through Facebook, LinkedIn, Twitter, and other online sites of this nature.

**Drug use.** Please come to therapy sessions not under the influence of mind/mood-altering drugs (except for prescriptions), whatever that may mean for you. I see our work as about learning to be with reality as it is.

**Notes.** Sometimes I may take notes while we talk. It helps my work with you.

**Exchanges and bartering.** We will discuss the ethics of exchanges such as bartering of services or giving of gifts.

**Touch.** “Talk therapy,” is different than hands-on body work, but can include directing one’s awareness towards the body. While different cultures may include gestures of touch such as handshakes and hugs, I wish to respect and defer to your preferences. We will discuss the issue of contact and how we shall handle scenarios such as greetings and goodbyes.

**Ending.** Your participation in therapy is voluntary and you have the right to end therapy whenever you want. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session together. I ask that you allow for two final sessions for us to have an ending together, to review what we’ve done and to offer feedback to each other. Likewise, at my discretion, I reserve the right to end our therapy work together and provide you with some appropriate referrals, for reasons including, but not limited to, failure to participate in therapy, conflicts of interest, untimely payment of fees, or my belief that I may not be the best person for your needs.

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Please sign the **Signature Page** and keep a copy for yourself. Should you have any questions at any time, please ask.

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**~ Signature Page ~**

**Informed Consent Form**

**I/we have read, understand and agree to the information and policies described in the Informed Consent Form.**

My signature acknowledges that I have been given the professional qualifications and experience of David Levingston, a listing of actions that constitute unprofessional conduct according to Vermont statutes, and the method for making a consumer inquiry or filing a complaint with the Office of Professional Regulation.

This information was given to me no later than my third office visit.

**I/we have read, understand and agree to the cancellation policy.**

I/we understand that if I /we miss a scheduled session and I/we don't provide at least 24 hours' notice or if the absence is not due to an emergency, I/we agree to pay the cost for the missed session, which is \$50.

**I give permission to be contacted by David Levingston in writing if necessary, and/or to be sent a feedback survey sometime after therapy has ended.**

*Person #1*

*Person #2*

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Print Name

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Print Name

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Signature

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Signature

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Date

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Date

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*Practitioner's Signature*