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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). In the end, I hope it 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. And 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.”

**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. Some very important exceptions to this rule are:

1. If there is a court order for the therapist to appear, or to produce the client’s chart.
2. If your insurance company is involved, some information will be given after you sign the release of information part of the insurance form.
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.

*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.

**Time.** Sessions are generally 50 minutes long, starting at 10 minutes after the hour and ending on the hour. 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 \$80/session. 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 want to use insurance, please let me know about your plan, so that we can determine the extent to which your visits can be covered by my services. If you would like to submit a bill to your insurance company to see if they will reimburse for a *Marriage and Family Therapist*, I will be happy to provide you with an insurance form at the end of each month. Please know that if an agency is involved, your confidentiality will be affected.

**Cancellation policy.** I will be saving 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. My voice mail is available 24 hours a day to receive messages. If you don't provide at least 48 hours' notice of a cancellation or if it is not an emergency, you agree to pay for a missed session.

**Contact 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 24hr 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.

**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.

**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, if I don’t think I’m the best person for you, I have the option to end our work together and provide you with some appropriate referrals.

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Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

**I/we have read, understand and agree to the information and policies described in this informed consent form.**

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Print Name

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Signature

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Date

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