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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. 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.

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://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/

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.

Managed Care Organizations: Please be aware that any and all treatment records may be requested by the MCO in exchange for allowing treatment and billing for services.

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, 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. If you are using insurance, the first session is \$120 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 mental conditions. 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 limits of your insurance coverage.

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

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 when any agency (such as health insurance) is involved, your confidentiality will be affected. 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 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 email, because email is not reliable. My voice mail is available 24 hours a day to receive messages. If you don't provide at least 24 hours' notice of a cancellation or if it is not an emergency, you agree to pay for a missed session. Your health plan does not cover payment for missed appointments; therefore, you agree to be responsible for full payment, which is \$80 per session. Likewise, if I fail to give 24 hours notice of a cancellation, your next appointment is at no charge to you.

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.

Regarding Emailings, except for matters of scheduling, it is best to save interpersonal sharings for scheduled sessions. Also, please know that regarding confidentiality, electronic communications are not 100% secure. 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.

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.

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