CONGENIAL HEALTHCARE, LLC

PATIENT INFORMED CONSENT to receive psychotherapy services from Jill Levine, LICSW at Congenialhealthcare, LLC

I consent to receive psychotherapy services from Jill Levine, LICSW through Congenial Healthcare, LLC. I understand that this means Jill Levine, LICSW, the behavioral health manager, my primary care physician, and (if applicable) my psychiatrist will communicate about my plan of treatment.

I acknowledge that I am here voluntarily and that I may terminate my treatment at any time. I agree to actively participate in my treatment plan, therapeutic goal setting, and sessions with my behavioral health care manager. I further acknowledge that the counseling session is only one part in the process of change and that following through with activities and new behaviors will be a key part of the therapeutic process.

I agree to, if possible, call 24 hours ahead of my appointment if I need to cancel. If a last minute cancellation is necessary, I agree to notify the front desk prior to the start of my appointment. I understand that if I show up 15 minutes late to a 60 minute appointment that my appointment will be canceled and that I will need to reschedule.

I understand that information about my treatment and communications with my therapist may not be released without my written authorization. This is with the exception of extremely rare situations in which a court orders the records to be released. For a comprehensive list as well as a complete review of my rights, I may request a copy of the Congenial Notice of Privacy Practices from my provider.

I have had the opportunity to discuss this informed consent statement with my therapist. I understand its meaning and consent to receiving services based on this understanding.

I understand that Jill Levine will not discuss my treatment with anyone other than those on my treatment team.

I also understand that my therapist is a mandated reporter and that confidentiality does not extend to reports that I am a threat to myself or others and in cases of child or elder abuse and neglect.

I understand that my therapist does not provide immediate crisis intervention. If I feel that I am in need of crisis intervention or that I am a threat to myself or others I agree to go to the nearest emergency room, call 911 or call the mobile crisis team in Massachusetts.

Emergency numbers:

- Police, Fire, and ambulatory services: **911**
- Mobile Crisis: **1-877-382-1609**
- National Suicide Prevention Lifeline: **800-273-8255**

I understand that cost sharing applies for these services and I agree to be responsible for any co-payments. Billing dates may vary depending on individual insurance plans. If you have any questions about coverage or cost please contact your insurance company.

Date: _____

Print Name: _____

Client Signature: _____

DOB: _____

Therapist Signature: _____