

Linda S. Levi, MA., LCPC
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847-207-2595

Consent to Treatment

General Information:

Welcome to my office. This form is designed to help explain some aspects of our work together so that we may have a mutual understanding regarding the process of therapy. Therapy is just that, a process. Since we will likely work together for weeks, months, or even years, I encourage you to ask questions about any aspect of therapy that concerns you at any point in time during the treatment process. The goals of treatment and methods used to achieve these goals are open to discussion and evaluation at any time.

While we work to achieve maximum benefit from the treatment, there is no way to guarantee such benefits or particular outcomes. To be effective, the process of therapy may entail exploring difficult and often painful issues. As a result you may experience emotional strain, and at times you may feel even worse during treatment as these painful issues are explored. Regular attendance will produce maximum benefit in this work, and allow us maximum ability to address these issues, however, you are free to discontinue treatment at any time of your choosing.

Although a number of professionals work in this suite, Linda S. Levi LCPC works independently and is under the partnership of L&L Partners.

Messages and Emergencies:

A voicemail answers my phone when I am not available and I check my messages regularly. Hours during which you may expect a return phone call are 10:00am and 9:00pm, Monday through Friday. I will return calls as quickly as possible. Please be advised, I do not regularly check for messages during the weekend. In case of an emergency requiring immediate therapeutic assistance you may call the Suicide Prevention Hotline at (800) 273-8255 (TALK).

If I am unable to get back to you as quickly as you require, or if you feel the emergency is beyond the scope of what might be able to be resolved by phone, please get to the nearest emergency room or call 911 for assistance. When I am out of town, emergency phone calls will be covered by a licensed therapist and you will be provided with the name and number at that time, if requested.

If you need to make changes to your appointment or reschedule an appointment please text me at 847-207-2595, as this is the quickest way to reach me.

Appointments and Cancellations:

I will make every attempt to reserve a regularly scheduled appointment time for you. I will also make every attempt not to miss appointments. I ask that you please do the same. If you need to miss a session I ask that you give me a **48 hour notice** so that I may attempt to fill your time. Failure to do so will result in you being responsible for paying for the missed/cancelled session.

Appointments and Cancellations (continued):

Payment in full for missed sessions without adequate notice is expected at the time of our next scheduled appointment. Please be advised that insurance companies do not reimburse for missed sessions.

Fees and payments:

To minimize administrative costs, co-payments are due at the time of service. We accept cash, credit cards and checks. We kindly ask that you leave a copy of an active credit card on file so that we may resolve any outstanding balances should such a situation arise. For example, if you miss a session without giving adequate notice, we would bill your credit card for that session and I would refund you any money that we are able to recoup from your insurance. Please be advised that administrative fees may be applied for credit card use. Our full fee is \$180.00. In an effort to offset cost of living increases, fees will increase \$5.00 each January 1st of every even year.

Confidentiality:

The law protects the privacy of all communications between client and therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements assured by HIPPA and/or Illinois law. However, in the following situations, no authorizations is required:

1. If you choose to use insurance benefits, you need to be aware that all insurance policies require a diagnosis. Some companies require information about our work together (content, issues being worked on, and dates of sessions).
2. By law, I am required to report actual or suspected child or elder abuse to the appropriate authorities.
3. I am legally bound to protect anyone whom you threaten with violence or intend to cause physical harm or other dangerous actions; including yourself. If such incidents arise, I will need to break the confidentiality of our communications. Whenever possible, I will make reasonable efforts to try to resolve these situations before breaking confidentiality.

Your signature below indicates that you have read, understand and agree to abide by the above. It also assumes that you give your consent for me to provide you with psychotherapeutic services.

Client Signature

Date

Client Signature (Or parent/guardian)

Date

Therapist

Date