Livingston
Family Center

Adult Client Consent for Treatment

Livingston Family Center's (LFC) treatment services include individual, family and group counseling.

Information regarding your treatment is confidential. Confidential services mean information regarding visits, including the fact you were seen, what was said, what was discovered or recommendations, is not divulged without your WRITTEN INFORMED PERMISSION. If LFC wishes to discuss your situation with someone not contracted or employed by LFC, or if you need LFC to speak to someone regarding your situation, you will need to sign a written release stating to whom and why the information should be released.

The only limitations are if you are a danger to yourself or someone else or in cases of suspected child abuse or neglect. LFC will speak with you directly if these conditions apply. Additional legal limitations are mentioned in the Privacy Practices.

LFC Financial Policy
A signed Financial Policy is requested for treatment. The Financial Policy illustrates fees, estimated insurance co-payments, and deductibles. Insurance companies do not guarantee insurance payments. Monthly statements will reflect actual payment by insurance companies. Missed visit fees are up to the therapist's discretion. **Please notify LFC Staff or Therapist of any and all insurance changes including Medicaid and Medicare.**

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Client Name Date of Birth

Client Acknowledgment of Privacy Practices
I acknowledge that I have received a copy of the LFC Privacy Practices as required by law.

______________________________ __________________________
Client Signature Date

Client Consent for Treatment
I have read and understand the information regarding Privacy, Confidentiality, and Fees.
I consent to be seen by a therapist as described herein.

__________________________________ __________________________
Client Signature Date

Emergency Contact Name: ____________________________ Phone: _____________________

Relationship: __________________

Revised 11/2018

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Client Email and Texting Informed Consent Form
Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand the Livingston Family Center email and texting consent form. I understand the risks associated with the communication of email and/or texts and consent to the conditions and instructions outlined, as well as any other instructions that my Therapist or Case Manager may impose to communicate with me by email or text.

☐ Yes, I consent to receiving e-mail messages. Email Address: ________________________

☐ Yes, I consent to receiving text messages. Cell Phone:_____________________

Client name: ________________________________DOB:___________

Client signature: ___________________________ Date:_____________

Parent/Legal Guardian name: __________________________

Parent/Legal Guardian signature: __________________ Date: _____________

Provider name: ____________________________

Provider signature: _________________________ Date: _____________

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