Mindful Living Group

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Informed Consent to Services, Evaluation, & Treatment

I hereby give my permission for Mental Health Providers doing business with Mindful Living Group to provide me with mental health treatment. I allow the Practice to file medical records for insurance benefits to pay for the care I receive and work with billing support programs and services to do so. I understand that:

- The Practice will have to send my medical record information to my insurance company.
- I must pay my share of the costs, and I must pay for the cost of these services if my insurance does not pay or I do not have insurance.
- I have the right to refuse any procedure or treatment.
- I have the right to discuss all treatments with my provider, and I will give my input in the treatment process.
- I understand services are voluntary and can be withdrawn at any time.
- I understand the purposes of proposed treatments or recommended procedures may include the following: working on personal goals, decrease and/or eliminate symptoms and improve mental health, maintain engagement in treatment, promote harm reduction, substance use reduction, abstinence and/or recovery, improve symptoms.
- I understand specific treatment(s) proposed may include the following: Individual Therapy, Couples Therapy, Family Therapy, Medication Management, Primary Care Treatment, Acupuncture, Group Therapy, Educational Groups, Meditation Groups or Instruction, Education, Psychiatric Services, Consulting, Coaching, Lifestyle Changes.
- I understand and recognize the benefits & risks of mental health and primary care treatment and alternatives, including no treatment and anticipated results of treatment, which are verbally explained.
- I understand each provider has different skills and areas of competency.
- I understand therapeutic & healthcare services can have benefits and risks. Since therapeutic services often involve discussing unpleasant aspects of your life, you may experience uncomfortable symptoms. On the other hand, therapeutic services have also been shown to have benefits and improve symptoms. But there are no guarantees of what you will experience.
- While in treatment, I agree to not harm myself or become violent and agree to a safety plan developed with my provider if determined development is an appropriate part of my care.
- I agree if I choose a counselor under supervision (Noah Suess, MA or Melissa Parent, MA, Natalie Diaz, LSW) to reach out to his/her supervisor (Jessica Brazil, LCSW, Dr. Vince Nubla, LMFT, Molly Palmer, PMHNP-BC) if I have any questions or concerns about my treatment.

Informed Consent for Telehealth Services

Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g.limits to patient confidentiality) that differ from in person sessions.

- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platforms elected for our virtual sessions, and your psychotherapist will explain how to use it.
- You Need To use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phones or other devices) during the session. Moving vehicles are not considered a private, safe space..
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If Need To cancel or change your tele-appointment, you must notify your psychotherapist in advance by phone or email, or by calling the office. If you are 10 minutes late to the appointment or in a non-secure or safe location, it will be considered a no show. If you arrive unprepared, your session may be considered a late cancellation.
- We need a back-up plan (e.g.,phone number where you can be reached) to restart the session or to reschedule it,in the event of technical problems.
- We need a safety plan that includes at least one emergency contact, emergency service providers, and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need permission from your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they're not reimbursed, you are responsible for full payment.
- As your psychologist/psychotherapist/counselor/nurse practitioner, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

For the person providing consent, I understand and agree:

- I have received a Description of Consent.
- Patient rights and privacy practice were reviewed and a copy provided.
- I understand that I may obtain a second opinion.
- I understand that I may withdraw my consent prior to or during treatment.
- I understand that the anticipated result of treatment is not guaranteed.
- I understand that certain records about me and my treatment shall be kept in written and electronic form.
- I certify I can legally sign these forms.
- I reviewed consent, and agreed to discuss any questions I have about this description with my provider.
- I HAVE READ, UNDERSTAND AND GIVE MY CONSENT FOR ASSESSMENT, SERVICES, AND TREATMENT.

Patient Name:	Date of Birth:
Patient/Guardian Signature:	Date:
Provider Name:	Credentials:
Provider Signature:	Date:

This consent is considered valid until written withdrawal of treatment is received.
If withdrawn, Date of Withdrawal: _____