

Levamentum, LLC
Adela Hruby, PhD, MPH, LMHC
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617-610-6840

Client Information and Consent

Confidentiality

Adela Hruby/Levamentum, LLC is committed to protecting your privacy. In most circumstances, the information that you share in therapy and coaching is kept confidential. Please see the **Notice of Privacy Practices** that gives a full summary of the ways that we are required or may be asked to break confidentiality and share your personal health information. Situations that require a break in confidentiality without your consent include, but are not limited to: reports of current or recent child abuse, abuse of elderly or disabled persons, sexual abuse, situations in which the mental health of another party is an issue, situations where the counselor must report a threat of harm, complaints to the licensing board, or when a court or judge requires it. As required by law, if you tell us that a child, an elderly person, or a disabled person is being abused or neglected, we will report to the Massachusetts Department of Children & Families (DCF). In most cases, we will notify you if there is a break in confidentiality by sharing this information. We have an ethical and legal duty to protect your safety and therefore may need to break confidentiality if you are at risk of hurting yourself or others.

Emergencies

Adela Hruby/Levamentum, LLC is not available by pager, but voicemail and email messages are checked daily. We will attempt to contact you within 24 hours of receipt of any voicemail or email message. If you have a psychiatric or other health emergency, you need to go to your local emergency room or call 911 or 988. If we determine in session that you are at serious risk to hurt yourself or others, we will notify a local crisis team for evaluation.

Medication and Coordinated Care

In some cases, you may benefit from your healthcare providers sharing information

about you with each other. It may be important for your treatment team to be in communication with each other regarding your symptoms or issues.

If you are taking prescribed psychotropic medication, Adela Hruby/Levamentum, LLC will ask for a release of information to speak with your psychiatrist or medical doctor. If you need a referral for a psychiatrist, we can assist you in finding a psychiatrist or talking with your primary care physician.

Similarly, if you are in treatment for a health condition that relates to a nutrition/health coaching relationship with Adela Hruby/Levamentum, LLC, and a conversation with your dietitian or other healthcare provider would be beneficial, we will also require a release of information.

Fees

Initial Consultation/Screening: An initial consultation, sometimes referred to as a screening, to assess whether Levamentum, LLC services are appropriate for you and can meet your needs, is conducted by telephone and takes about 15 minutes. There is no fee for the initial consultation.

Counseling/therapy: The fee for each 55-minute individual therapy session is \$150.00. This amount is due at the time of the session unless other payment arrangements have been made. If you are not able to pay this amount, we can discuss a sliding scale fee.

Nutrition/health coaching: The fee for each 55-minute individual coaching session is \$150.00. This amount is due at the time of the session unless other payment arrangements have been made.

Payment

Several options for payment are available, including personal check (made out to Levamentum, LLC), or major credit or debit card (via third-party applications such as PayPal, Zelle, Venmo, and similar). We will discuss your preferred payment method in the first session.

Scheduling and Cancellation

We will attempt to keep a consistent session time open for you. You will be notified as soon as possible if the time needs to change. If you are sick or need to cancel,

please provide 24 hours notice, and we can reschedule. If you do not give 24 hours notice, you will be charged the full fee for your session. If you are going to be over 10 minutes late, please call and leave a voicemail message.	
I,above and agree to follow these guidelines.	understand the policies listed
Client signature	
Date	