Luminox Healthcare Services, LLC
Consent to Mental Health Services

Purpose:
This document explains your rights, responsibilities, and what you can expect when receiving mental health services at Luminox Healthcare Services, LLC. By signing, you acknowledge that you understand and agree to participate in treatment.

1. Nature & Purpose of Services
I understand that:

- Mental health services may include psychiatric evaluation, medication management, psychotherapy, counseling, crisis intervention, and referrals.
- The goals, potential benefits, and possible risks of treatment will be discussed with me.
- Outcomes cannot be guaranteed.

2. Risks & Benefits
I understand that:

- Possible benefits include improved emotional well-being, coping skills, and functioning.
- Possible risks include experiencing uncomfortable emotions, recalling distressing events, medication side effects, and changes in relationships.
- I may stop treatment at any time, but sudden discontinuation of medication without provider guidance can be harmful.

3. Confidentiality & Privacy
I understand that:

- My health information is protected under HIPAA and will not be shared without my written consent, except as required by law.
- Confidentiality may be broken if:
    - I am at imminent risk of harming myself or others.
    - There is suspected abuse or neglect of a child, elderly person, or vulnerable adult.
    - Required by court order or other legal obligation.

4. Telehealth Services
I understand that:

- Telehealth sessions use secure, HIPAA-compliant platforms.
- Limitations of telehealth include possible technology issues and reduced ability to assess certain physical signs.
- I am responsible for securing my own private and distraction-free environment for telehealth sessions.

5. Attendance & Communication
I agree to:

- Attend all scheduled appointments or provide at least 24-hour notice if I must cancel or reschedule.
- Keep my contact and emergency information updated.
- Communicate honestly with my provider about my symptoms, medications, and any changes in my health.

6. Emergencies
I understand that:

- Luminox Healthcare Services, LLC does not provide 24-hour crisis services.
- In an emergency, I will call **988** (Suicide and Crisis Lifeline), **911**, or go to the nearest emergency department.

7. Consent

By signing this form, I acknowledge that:

- I have read and understand the information above.
- I have had the opportunity to ask questions, and they have been answered to my satisfaction.
- I consent to receive mental health services from Luminox Healthcare Services, LLC, which may include psychiatric evaluation, medication management, psychotherapy, and related care.

Client Name: _____ **Date of Birth:** _____

Client Signature: _____ **Date:** _____