Isabel Dansky, LMFT #92388

INFORMED CONSENT AGREEMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome to my practice. This document contains important information about my professional services and business policies regarding your participation in individual, family, couples, and/or group therapy. Please feel free to ask any questions you may have regarding this information and/or therapeutic treatment.

**Therapeutic Approach**

Psychotherapy can have benefits and risks. Since therapy often involves exploring unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, anger, guilt, frustration, loneliness and helplessness. Research has found that psychotherapy helps many clients, yet every client carries with them their own unique goals and challenges. Due to each client’s individual personality and life situation, I cannot predict the length of treatment or guarantee results. From time to time, I may suggest participation in additional sessions, assignments, group therapy, or consultation with other care providers. I may suggest both traditional and non­traditional methods and practitioners and, if needed, will provide you with a variety of resources. If you are working with another practitioner, I may ask you to sign a release of information so I can coordinate treatment with that provider. You have the right to ask questions about or refuse anything I suggest.

**Accessibility**

I am available through voicemail or text messaging at (510) 798­-8081, or through email at [isa.dansky@gmail.com](mailto:isa.dansky@gmail.com) ​and will try to respond within 24 hours. If you are experiencing a life threatening or urgent mental health emergency, please call 911 or the San Diego County Crisis Line at (888) 724-­7240.

As a professional, I maintain ethical therapeutic boundaries to protect both of us and provide a safe environment. You may elect to discontinue therapy at any time. If I feel you are not benefiting from therapy, I will propose treatment alternatives, including ending therapy with me. Should this be the case, I will provide referrals to other qualified therapists.

**Confidentiality**

In accordance with California law, the information disclosed by you in therapy is confidential and is not released or accessible to anyone else with out your written permission. All information shared with me during the course of therapy and my written records of your treatment are confidential and will not be revealed to anyone without your written permission with the following exceptions:

1. You disclose you seriously intend to hurt yourself or another person, or your condition gravely disables you. In such cases, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others, and to ensure you receive proper medical care.

2. As a mandated reporter, I must file a report with the appropriate agency if there is a reasonable suspicion of child, elder, or dependent adult abuse or neglect.

3. Emergency situations where there is a serious concern for your personal safety or the safety of others, or regarding your proper medical and/or psychiatric care, I may call 911, the police, the psychiatric emergency response team (PERT), the emergency contact person you provided, or another appropriate contact person.

4. Should your therapy records be ordered by the court, or you are in court ­ordered therapy, I will disclose only essential information.

5. Should you initiate litigation and place your mental status at issue, the defendant may have the right to obtain your therapy records and request testimony.

6. Other exceptions to confidentiality:

At times I may consult with professional colleagues. However, your identity will remain entirely confidential.

Minors are entitled to the same rights and exceptions to confidentiality that adults have. If a parent requests information or treatment progress of the minor, I will use my professional judgment in sharing information. I have strong personal feelings about the safety of minors. While not legally required, I may choose to break a minor’s confidentiality if, in my professional opinion, I feel the minor is engaging in dangerous or negative life­ changing activities. I will do what I feel is necessary to protect the minor.

**Fees and Policies**

Individual therapy sessions are 50 minutes in length. My standard fee for individuals is $200 and for couples or families is $250 per session. In some cases, I can provide a sliding scale rate based on one’s ability to pay.

Although I provide a portion of my work at a reduced fee, these arrangements are in high demand. If I am unable to accommodate your financial situation, I will assist you in finding lower cost treatment alternatives.

Payment of $\_\_\_\_\_\_ is expected at each session and can be made in cash, check or by credit card. If I bill your insurance carrier and they do not pay me, you are responsible for the bill. You are also responsible for making sure that your insurance company will cover the services provided. I will keep your credit card on file and will use it if your insurance company does not reimburse the session. I expect payment at the beginning of each session.

Sessions will begin and end on time. If you are late, we will still end on time. If I begin late, you are entitled to the full time. If you are unable to keep an appointment, please provide a minimum of 24 hours of notice. Since I reserve a specific time for you, I charge for appointments cancelled without 24 hours of notice, except in the event of serious emergencies.

**Treatment Outcomes:** There are no guarantees that treatment will be successful, although most clients do make significant progress. The length and outcomes of treatment is based on your motivation for and commitment to treatment, complexity of symptoms and other factors.

**Agreement and Signature**

By signing this Informed Consent Agreement, you agree that all disputes arising from or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by our mutual agreement, and the costs of such mediation shall be split equally, unless otherwise agreed. If mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in San Diego County, California, in accordance with the rules of the American Arbitration Association in effect at the time the demand for arbitration is filed.

My goal is to provide therapeutic care in such a way as to avoid any dispute. Communication can often help avoid misunderstandings. Therefore, if you have any questions about your care, please do not hesitate to ask.

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Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the client is a minor:*

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Signature of therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_