Dahlia Greenbaum, M.A., LMFT

Licensed Marriage and Family Therapist
License 113990

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Website: www.DahliaGreenbaum.com

Informed Consent for Psychotherapy Services

Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

When Disclosure is required by law: Some of the circumstances where disclosure is required by the law are: where there is reasonable suspicion of child, dependent or elder abuse or neglect; and where a patient presents a danger to self, to others, to property, or is gravely disabled. **Initial_____ Initial_____**

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that if there are legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), then you, your attorney, or anyone else acting on your behalf, will not call on me to testify in court or at any other proceeding, and a disclosure of the psychotherapy records will not be requested. **Initial_____ Initial_____**

The Process of Therapy: Participation in therapy can result in many benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. During therapy, remembering or processing unpleasant and/or traumatic experiences can result in you experiencing considerable discomfort, strong emotions, and can sometimes temporarily create destabilization and an increase in uncomfortable symptoms before they begin to subside. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Sometimes a decision that is positive for one family member is viewed quite negatively by another

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family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I will likely draw on various therapeutic modalities, such as A Psychobiological Approach to Couple Therapy (PACT), Sensorimotor Psychotherapy (SP), Trauma Resiliency Model (TRM), Emotion-Focused Therapy, Structural, Psychodynamic, System/Family, Psycho-Educational, and Somatic Experiencing (SE).

Initial_____ Initial_____

Termination: After the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals to contact. If you request and authorize in writing, I will talk to the referral of your choice to help with the transition. If you want another professional's opinion or to consult with another therapist, I will assist you in finding someone qualified, and, if I have your written consent, I will provide her/him/them with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer. **Initial_____ Initial_____**

Emergencies: If there is an emergency during our work together, or in the future after termination, where I become concerned about your personal safety, the possibility of your injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the emergency contact form. **Initial_____ Initial_____**

Consultation: I consult periodically with other professionals regarding my clients; however, your name or other identifying information will never be mentioned. Your identity remains completely anonymous, and confidentiality is fully maintained. **Initial_____ Initial _____**

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Telephone & Emergency Procedures: If you need to contact me between sessions, please leave a message on my confidential voicemail, or text me. I check messages regularly during weekdays, and daily on weekends, unless I am out of town. If you need to talk to someone right away, you can call the Suicide Prevention Center at 877-7CRISIS, or 911.

Initial_____ Initial_____

Payments & Insurance Reimbursement: Clients are expected to pay the standard fee of $280 per 50-minute session at the time of each session unless other arrangements have been made. Longer sessions are prorated at the same rate ($140 for 25 minutes, $420 for 75 minutes, and $590 for 105 minutes) unless other arrangements have been made. I accept credit cards for services rendered. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance companies. If requested, I will provide you with a monthly superbill, which you can then submit to your insurance company for potential partial reimbursement if you so choose. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk, and may not be accepted by your insurance company. It is your responsibility to verify the specifics of your coverage, and communicate with them as treatment progresses, or any reimbursement issues arise. I do not communicate with insurance companies under any circumstances. **Initial_____ Initial_____**

Mediation & Arbitration: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of you and myself. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Los Angeles County, in accordance

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with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue [unpaid] and there is no agreement on a payment plan, I can use legal means [court, collection agency, etc.] to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees. In the case of arbitration, the arbitrator will determine that sum. **Initial_____ Initial_____**

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs my objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. You may bump into someone you know in the waiting room, or into me in the community. I will never acknowledge working therapeutically with anyone without her/his/their written permission. It is your responsibility to communicate to me if a dual relationship becomes uncomfortable for you in any way. I will always listen carefully and respond accordingly to your feedback. If possible, I will discontinue the dual relationship if I find it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time.
Initial_____ Initial_____

Social Media Practice: I do not accept friend requests from current or former clients on any social networking site. I believe that adding clients as friends on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. **Initial_____ Initial_____**

Email and Text Consent: For your convenience, we can communicate in between sessions via email and/or text messaging. I will do my very best to protect your confidentiality while using

electronic communication, and have precautions in place. However, the privacy and security of email and text messaging communication cannot be guaranteed, and some risk may be involved such as (but not limited to):

- Email and text messaging senders can misaddress, resulting in it being sent to many unintended recipients.
- Employers/online services may have a legal right to inspect and keep emails that pass through their system.
- Even after deletion of the email or text, back-up copies may exist on a computer or smartphone.
- Email and text messaging is easier to falsify than signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email or text.
- Emails can introduce viruses, generally damage, or disrupt the computer.
- Emails and text messages can be used as evidence in court.
- Email servers can be, and have been, hacked.

Despite the risks, I agree to consent to email and text messaging communication.
Initial _____ Initial_____

Cancellation: Since scheduling of an appointment involves the reservation of a time specifically for you, a minimum of 48-hours' notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. **Initial_____ Initial_____**

Unexpected Therapist Absence. In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care in accordance with your needs. The Executor of my Professional Will is Andrea McLaughlin,

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LMFT, and the Secondary Executor is Dorothy Beatty, PsyD. By initialing and signing below, you authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice. **Initial**_____ **Initial**_____

I have read the above Informed Consent carefully, and I understand its terms and agree to comply with and be bound by them.

Client (#1) Name: _____

Date: _____

Signature: _____

Client (#2) Name: _____

Date: _____

Signature: _____