



Informed Consent: Gender Therapy

I, _____, have come to Tally Iskovitz LPC and Sunnyside Therapy PLLC to seek gender transition counseling services for (self or minor child) _____.

In the ongoing process of gender exploration, I have the right to request the following documents and letters from Tally Iskovitz LPC and Sunnyside Therapy PLLC:

- Letter of Support for Hormone Therapy or Blockers
- Letter of Support for Gender Confirmation Surgery
- Letter of Support for Name Change and Gender Marker Change
- Referrals to other medical or mental health services
- Consultations with other medical or mental health providers

I understand the process of obtaining these documents can take months or years, depending on my age or situation. I fully commit/agree to maintain an ongoing therapeutic relationship with Tally Iskovitz LPC and Sunnyside Therapy PLLC for the duration of my transition, until such time that I feel ready to call my transition complete. I understand an “ongoing relationship” involves attending sessions consistently, at a time interval most beneficial to my treatment plan, but at least once every 6 weeks. This ensures that when I require additional support, the therapeutic rapport is present for both myself to lean on and for my therapist to be able to help me.

In order for Tally Iskovitz LPC to use her professional credentials to support and affirm my gender identity, I must commit my time and effort to ensure she feels comfortable attesting to my mental health and ability to proceed to the next steps in my transition. Either of us has the right to suggest additional goals for me at any time, with the end result of improving my mental health wholly as I transition my gender. Should we identify any additional goals that would benefit my overall health, we will discuss them and work them into our treatment plan together collaboratively.

I understand that Sunnyside Therapy PLLC requires me to participate in therapy for at least 3-months prior to requesting a letter of support for hormones, or 6-months prior to requesting a letter of support for any surgical procedure, at the frequency interval we determine at our initial treatment planning session. I also understand that completing 3 or 6 months of therapeutic work prior to requesting such letters does not guarantee receipt of requested letters if Tally Iskovitz LPC does not feel secure in my overall ability to safely progress to the next step as yet.

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____