

JOANNA C. IOANNIDES, LCSW

Consent to Treat

Philosophy

I view the counseling process as forming an alliance with you to explore the nature of your issue(s). Although we will spend much time exploring the specific issue(s) that brought you into counseling, we will also look at the nature of your relationship with other significant people in your life. In my theoretical orientation, many of the forces and dynamics that have influenced the complexity and intensity of your problems are routine relational issues in your life. We will explore how your relational style affects your relationships, and how if needed can be modified to encourage your optimal relationships, while examining personal strengths and supports and goal setting.

Fees and Payment:

Comprehensive Intake \$300.

Individual Counseling is \$175/ 50 min.

Couples/ Family Counseling \$225/ 50 min.

*Appointments are generally made on a weekly basis, generally scheduled at the time of previous session.

Cancellations must be made 24 hours' ahead of time. No-shows or same day cancellations are charged at full fee.

Telephone Calls : Where telephone appointments are made for individuals unable to get into the office, and are not paying with insurance, telephone session with individuals using insurance are not, and will be paid by client. Any call that goes beyond 10 minutes or is clinical in nature will be charged on a pro-rated basis.

Video Session: Video sessions are available. The site used is a HIPPA-compliant webchat. "Facetime" and "Skype" are not an option.

Legal/ Custody Issues: Lowry Counseling, LLC is strictly committed to the healing and growth of its clientele. Should you be involved in any legal or custody issues, Lowry Counseling, LLC does not represent parties in any capacity, either by letters or court appearances.

Marijuana/ Drug Use: While Marijuana is legal in Colorado, daily or excessive use has been shown to interfere in the therapeutic process AND has been linked to worsening of some psychiatric symptoms. Clients who are working towards quitting or who use CBD are welcome, but disclosure of daily or continued marijuana use will result in referral to treating providers. Individuals who are struggling with substance abuse will be referred to treating therapists/ psychiatrists.

Termination: You may end treatment whenever you choose, and may seek a second opinion if you wish to do so. I request that you have at least one final face-to-face session with me rather than terminating by telephone or mail/ email.

CONSENT TO TREAT & agreement to above-stated information

I authorize counseling of the person(s) named below. I understand my legal rights and I agree to pay all fees and charges for such treatment. I agree to pay all charges for myself and members of my family promptly upon the rendering of services, unless other arrangements are agreed upon in writing. Charges shown by statements, if statements are rendered, are agreed to be correct and reasonable unless protested in writing within (30) thirty days or statement date. I agree to be responsible for all fees not paid for by third party payors.

I attest that I have read this information form, that I understand the conditions as stated above, and that I consent to therapy, including evaluation, treatment and/ or referral.

Print Client Name

Client Signature

Date

Joanna C. Ioannides, LCSW

Date

