

Lowry Counseling, LLC  
**Joanna C. Ioannides, LCSW**  
7581 E. Academy Blvd. Ste 209  
Denver, CO 80230  
Ph.(720)319-7319 Fax. (303)379-4607

## 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 choices, and how, if needed can be modified to encourage your optimal life, while examining personal strengths, supports and goal setting.

### Fees and Payment:

The fee for counseling will be \$150/ 50 min. counseling session. Specialized services are listed on my website, [www.counseldenver.com](http://www.counseldenver.com) Appointments are generally made on a weekly basis, generally scheduled at the time of previous session. Payment is expected/ due at the time of session. Where circumstances do exist where a balance is accrued, any unpaid balance will be passed to Collections after 30 days of non-payment. Client will be responsible for any and all Collection fees and/ or legal fees required to collect. Cancellations must be made 24 hours' ahead of time. No-shows or same day cancellations are charged at full fee.

Telephone Calls : 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. Individuals who use video sessions for treatment must attend an in-person session once out of every six (6) sessions.

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. Disclosure of daily or continued marijuana use during treatment will result in a referral to treating therapists. Individuals struggling with substance abuse will be referred to treating therapists/ psychiatrists.

Therapy Dog: "Ava" is our Therapy Dog in Training. If you are not comfortable with her presence, please let me know at Intake or prior to your session, preferably a day in advance in writing. While you may be comfortable with her one day, you may not another day. Clear communication is requested and encouraged, to maintain your sense of safety and well-being during your session. It should be noted that she may bark from time to time.

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

