



Joshua Lowe, LMFT
holistic psychology

LMFT# 105893
6233 Soquel Dr. Suite B
Aptos, CA95003
(831) 566-1287
joshualowemft@gmail.com

INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES

Client's Name: _____ Date of Birth: _____

Additional Client: _____ Date of Birth: _____

FEES: The full fee for psychotherapy services is \$_____ per 50 minute session. Payment is requested in full at the beginning of each session by cash, Venmo, or Paypal. If a client fails to pay the agreed fee, without discussing other accommodations, services will be terminated.

MISSED APPOINTMENTS: A 24-hour notice is required for canceling any scheduled appointment. Unless a different agreement is reached, the full rate will be charged for sessions missed without such notice. If a client misses a total of three sessions, an assessment of services will be conducted to determine if continuation of counseling services is appropriate.

AVAILABILITY OF THE THERAPIST: The therapist is available for regularly scheduled appointments. Dates of vacations and other exceptions will be given out in advance, if possible. For emergency or crisis services call the Crisis Hotline at 831-757-1001 or (831) 372-6300, or 911.

CONFIDENTIALITY: All services provided are confidential. These include face-to-face sessions, phone calls, and written records. However, confidentiality must be broken if the therapist suspects the following: a child under the age of 18 is being abused; the client may do harm to himself or herself or is gravely disabled; dependent adult or elder abuse; the client may harm someone else or harm the property of another individual; or if ordered to do so through a court order.

THE THERAPEUTIC PROCESS: Committed participation in therapy can result in a number of benefits, including improving interpersonal relationships and the resolution of the specific concerns that led the client to seek therapy. But there is no guarantee that psychotherapy will yield positive or intended results. The therapeutic process often brings up many difficult and unexpected feelings and perceptions before the client begins to feel better. Different approaches will be employed according, in part, to the problem that is being treated and an assessment of what will best benefit the client. These approaches include but are not limited to: psychodynamic, Internal Family Systems, humanistic, expressive arts, existential, family system, cognitive-behavioral, mindfulness, somatic, and transpersonal. It is important that the therapist and client work together toward meeting goals, and discuss openly when difficulties arise. If the therapist believes that another professional might better serve the client's needs, the termination of therapy will be discussed and acted upon, and referrals will be offered.

CONSENT FOR SERVICES: I have read the above Informed Consent and understand and agree to it.

_____ Client's Signature

_____ Date Additional Client or Guardian Signature Date

STATEMENT OF THE THERAPIST: This document and related questions of the client(s) was discussed. The client(s) have the capacity of giving informed consent at this time.

_____ Psychotherapist Signature Date