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## General Information, Office Policies and Informed Consent

### **Welcome to my practice**

This document contains important information about my professional services and policies and how they may affect you. Please read it carefully and make note of any questions you want to discuss with me. Once you sign this document, it will become a binding agreement between us and also provide your consent for us to begin therapy.

Therapy is a unique and highly individual experience with the outcome determined by the effort and motivation you bring to work towards a change in yourself and how you see the world around you. It can result in a number of benefits to you and can potentially help in your ability to detect, challenge, and change beliefs and attitudes that create, maintain, and worsen feelings of depression, anxiety, panic, anger, frustration, etc. Therapy also has the potential to help you gain new or deeper understanding about your challenges and learn new ways of coping with and solving them.

However, there is no guarantee that therapy will yield positive or intended results. Because feelings will be explored, you may feel a range of emotions that can be intense and uncomfortable at times. During the course of therapy, some of your assumptions, perceptions, or behaviors may be challenged, which can cause you to feel very upset, angry, depressed, uncomfortable, confused, or disappointed. I encourage you to explore those feelings during our sessions, as they are part of the therapeutic process. In the attempt to resolve issues that originally brought you to therapy, unintended changes in your personal and interpersonal relationships may result.

Our therapeutic relationship is strictly voluntary. At any time during our work together, you have the right to decide to end treatment. If you are thinking about ending therapy, I encourage you to discuss it with me, and if you wish, I will be glad to provide you with the names of other mental health providers. During the course of therapy, if I assess that I am either unable or not effective in helping you reach your therapeutic goals, I will discuss this

with you, and if appropriate, terminate treatment. I will provide you with appropriate referrals and assist you in the transition to a new therapist if you so desire.

### **Your Rights as a Client**

The practice of Licensed Marriage and Family Therapists is regulated by the state of California. Any questions, concerns or complaints regarding the practice of mental health may be directed to: Board of Behavioral Sciences 400 R Street, Suite 3150 Sacramento, CA 95814-6240.

You are entitled to receive information about the methods and techniques of therapy I use, duration of therapy (if known), fee structure, and my degrees. You may seek a second opinion from another therapist or terminate therapy at any time.

You should understand that in a professional relationship such as ours, sexual intimacy is never appropriate and should be reported to the grievance board.

### **Confidentiality**

You have the right to privacy and confidentiality. This is essential to the success of our work together because it provides trust and safety within the therapeutic relationship. In fact, the law requires that I preserve your confidentiality. Your consent is required to release information about you or your treatment. You should understand that all information provided to me by you in our professional relationship is confidential except in the following circumstances:

1. You sign a release of information for a specific individual or agency
2. I become aware of child or elder abuse
3. You are an imminent danger to yourself or another
4. Subpoena of records in a court proceeding.

These situations are rare. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action. Because it is possible, I will run into you in public, I inform all clients that I will never acknowledge you in public. This is for your privacy, considering the many circumstances and settings you are involved in on a daily basis. You are welcome to acknowledge me, as the confidentiality is in your control.

### **Theoretical Perspective**

My theoretical orientation is informed largely by my training in Client Centered Psychotherapy, Gestalt Psychotherapy, Humanistic Psychotherapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Harm Reduction. I have a special interest in the managing of difficult emotions and working through interpersonal conflicts. As a first-generation Greek immigrant, I understand and wish to support others from diverse backgrounds who feel stuck between cultures. As a gay man, I understand and wish to offer a safe space to explore questions about

the spectrum of sexual, gender and identity curiosities. My desire is to assist and guide you through this in-between space and to find a place of belonging. I value the meeting of the spiritual and the psychological and embrace the wisdom in world traditions.

### **Related Credentials**

I have a Master's Degree in Integral Counseling Psychology from The California Institute of Integral Studies or CIIS in San Francisco, CA and a Bachelor's Degree in Social Work (BSW) from LaSalle University in Philadelphia, PA. I have clinical experience working with emotional regulation, relationship/intimacy, trauma, addiction, and life transitions.

### **Fees, Payments, Scheduling, Lateness & Cancellation**

Currently, I offer therapy services to individuals at \$130 per 50-minutes and couples at \$160 per 50-minutes. I also offer a sliding scale for those who in need of financial assistance. I do not currently accept insurance, though if your insurance plan allows you to work with an out-of-network provider (PPO plan) or Flex Plan benefit, I will be glad to provide you with an invoice for reimbursement. Sessions will consist of 50 minutes with the last 10 minutes being used for closure and scheduling.

Full payment is expected at the beginning of each session of \$150 for an Individual 50-minute psychotherapy session, payable by a digital on-line bank payment. I accept payment by bank application, Zelle at the time of service. You will not be charged for therapy sessions cancelled by the therapist.

I generally review and raise fees annually, and will give you at least one month's notice of this. Please feel free at any time to discuss with me any financial difficulties or concerns that you may be having.

I will meet you in the waiting room at your appointment time. Sessions take place during the time scheduled, so being late will impact our time together. If you are late, please come directly to my office and enter if the door is ajar. If you cannot make a scheduled appointment, please give me at least 24 hours' notice (by phone or email), so that I will have the opportunity to fill the time you reserved. If you do not call and do not show up for a scheduled appointment, you will be billed the full fee for the session.

I strive to accommodate the complexities of my clients' schedules while maintaining some consistency in my own schedule. I will do my best to notify you well in advance about my vacation weeks or any need to change or cancel a scheduled appointment. I ask that you also look upon our scheduled times with respect and call well in advance to change or cancel any appointment. In this way we respect each other's time and our mutual commitment. Phone consultations, with you or with others at your request, of 15 minutes or more will be prorated based on your fee for a 50-minute session. Preparation of written reports, at your request will also be prorated based on your fee for a 50-minute session.

### **A Disclaimer About The Use Of Insurance:**

I fully support you choosing to use your insurance plan to help you pay for therapy. However, I wish to bring your attention to several matters to consider, so you may make a well-informed decision.

Most insurance plans require a mental health diagnosis in order to pay for treatment, which then becomes part of your medical record and the insurance company's files; this can have an impact on future applications for health or life insurance. Additionally, if in the future you choose to work with a therapist who is a part of an insurance network, it is important to know that in order to get your treatment authorized, your insurance company maintains some type of access to your treatment records, and ultimately decides whether treatment is medically necessary.

I preserve as much confidentiality as possible, releasing only information deemed necessary for authorizing services, but it is my responsibility to make you aware of potential impact of these disclosures, given my professional mandate to protect privacy. Please do not hesitate to ask me if you have any further questions about insurance and privacy.

### **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 should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), I would encourage you to refrain from asking me to testify in court or at any other proceeding.

### **Forms**

Before we meet, please read carefully and fill out the following forms: **General Information, Office Policies, and Informed Consent form, Client Information Form, and Acknowledgment of Receipt of Notice Of Privacy Practice**. These forms are available on my website at [www.andonakakis.com](http://www.andonakakis.com). Please forward the completed forms with signatures to me prior our first appointment, as this will save time in our initial session.

### **Termination**

In general, I have no preference how frequently or for how long you choose to do therapy with me. If I have an opinion, in a specific circumstance, I will inform you of my opinion and reasons. Ultimately, it is your choice. This is your journey, and you are in charge of how it unfolds, as much as anyone can be. When you are feeling ready to terminate, it can be quite fruitful to have at least one session to devote specifically to closure. Therefore, please, feel free to speak openly with me at any point about where you are in your process.

## **Client Files**

The laws and standards of my profession require that I keep treatment records regarding our work together. You are entitled to view these records at any time. You must make the request in writing. I will respond to you within 5 working days of your request and will provide copies of your records within 15 days. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. If you request copies of your file, I will charge you not more than \$.25 for each page. Typically, a copy of your records will be provided or, if it is deemed more appropriate, a summary of your records can be prepared for you. Your file consists of professional notes and terminology and can be misinterpreted or prove upsetting to untrained readers. If you wish to see your records, I recommend you review them in my presence so we can discuss the contents together. By law, your records will be kept for 7 years following termination of therapy. After 7 years, they will be destroyed in a manner that preserves your confidentiality.

## **Emergencies/Contacting Me**

I do not provide 24-hour coverage. If you need to reach me, leave a message at 415-494-7576. During the week, I will call back within 24 hours. On weekends or holidays, I will only return calls in the cases of emergency, otherwise I will return calls the first business day after the weekend or holiday. In the event of life-threatening emergencies, call 911. Phone calls are generally limited to 10 minutes, beyond this time you will be charged at a prorated amount of my usual fee.

## **Email**

Email correspondence is NOT confidential. Though Internet security measures can be effective, it is never 100% seal proof. My policy regarding email usage is as follows:

Email correspondence with me is NOT secure.

Email correspondence is NOT a substitute for person-to-person therapeutic treatment, unless discussed with me in advance and in person.

Email correspondence will not play a part in your therapy.

I will not respond to your emails in general. Anything stated in an email from you will be discussed in session, and in session only.

Email correspondence is NOT to be used in the case of an emergency to contact me.

If you need to contact me with something that demands immediate attention, you will do so by voicemail at the following number: 415-494-7576, call 911, or go to the emergency room.

**Agreement and Acceptance**

Please do not hesitate to ask for clarification or further information. By signing below, you confirm that you have read and understood the preceding information, and that you agree to the stated terms, fees and policies.

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Client Name (print)

Date

Signature

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Client Name (print)

Date

Signature

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Psychotherapist

Date

Signature

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Client Fee for Psychotherapy