

Juniper Campbell, LPC

Additional Information About My Practice

This document provides additional information about my practice which is important for you to know prior to us beginning our work together.

About Me

My name is Juniper Campbell. I am licensed in the state of Arizona as a Professional Counselor (license #LPC-15211). I received a bachelor's degree from the University of Michigan and subsequently obtained a Masters of Counseling degree from Prescott College. I am also a certified EMDR therapist, trained through the EMDR Institute. In addition, I am trained in the Gottman Technique for couples therapy through the Gottman Institute. I have worked in the industry of equine assisted psychotherapy since 2005 and have extensive training through multiple approaches, including the E.A.G.A.L.A. model and Epona. I believe that my clients have the ability to take charge of their lives and already have the wisdom and ability to heal inside of themselves. In essence I am like a tour guide showing my clients different aspects of themselves and providing helpful tools on a journey to self-empowerment.

My Scope of Practice

As noted in the Consent to Treat form, we will work together to create a treatment plan that addresses the concerns which have caused you to seek therapy. The Treatment Plan will include information about frequency of sessions and about specific interventions that will be utilized in therapy. In the case of intensive psychotherapy sessions, a Treatment Plan will be formulated at the beginning of the intensive session and reviewed at the conclusion of the intensive. I am eclectic in my approach using a foundation of several treatment methods. Cognitive Behavioral Therapy (CBT) can help with exploring and creating more adaptive coping skills, emotions, and behaviors through examining and shifting the negative thought processes and emotions that can create negative behaviors. Dialectical Behavioral Therapy (DBT) can assist in learning to regulate emotions, acquire more tolerance for stressful situations, being present and in the moment, and being more effective in how you relate to others. Person Centered Psychotherapy (PCT) reflects my core belief that you have within you the power to heal yourself. EMDR (Eye Movement Desensitization and Reprocessing) is an extremely effective technique for clients who have not had previous success with more traditional forms of talk therapy who are looking for alternative solutions. It is particularly helpful for individuals struggling with trauma and complex PTSD. Equine Assisted Psychotherapy, much like EMDR, is ideal for those individuals who have had marginal success with traditional

talk therapy. Please ask me any questions you may have about these various types of therapy.

Because therapy involves a significant commitment of time, money, and energy, you should be thoughtful about the therapist you select. If I assess that I cannot be of benefit to you, I will provide you with referrals for clinicians who may be more suited to your particular needs.

Termination of Services

Your treatment with me is voluntary. You have the right to end therapy at any time or to request a referral to another therapist. Ending a therapeutic relationship can be difficult. Therefore, it is important to have an articulated termination process in order to achieve closure. The length of the termination process will depend upon the length and intensity of treatment. It is recommended (although not required) that you participate in at least one final session to facilitate a positive termination experience and to provide an opportunity to reflect on the work that you have done.

In the case of intensive therapy sessions, you have the right to terminate at any time during the intensive. Fees paid prior to the beginning of the intensive session will not be refunded.

Unless it has been otherwise specified in your treatment plan, **in the event that I have had no contact with you in 30 days, I will close your case with the understanding that it may be reopened upon agreement from both parties.** In the event that this occurs, it will be considered a new Episode of Care and will require that you sign a new Consent to Treat and we either agree that the previous treatment plan is still valid and has not expired, or develop a new treatment plan.

For intensive therapy sessions, unless you are an established client, **the episode of care will be closed at the conclusion of the intensive session, unless otherwise discussed.** In the event that you should return for additional therapy, it will be considered a new Episode of Care and will require that you sign a new Consent to Treat and we either agree that the previous treatment plan is still valid and has not expired, or develop a new treatment plan.

I reserve the right to discontinue treatment at any time. Reasons for termination include but are not limited to untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, your needs are outside my scope of competence or practice, or you are not making adequate progress in therapy. Professional ethics mandate that treatment continues only if it is reasonably clear that you are receiving benefit. Other situations that may warrant termination of treatment include becoming enraged

or threatening during session, persistent drug abuse, arriving under the influence of drugs or alcohol, or disclosing the intent to engage in illegal actions.

If you are unhappy with what is happening in therapy, please talk with me. Your concerns will be handled with care and respect. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

If therapy is terminated for any reason or you request another therapist, I will provide you with a list of psychotherapists who are qualified to treat you. You may also choose someone on your own or from another referral source.

Appointments

The standard meeting time for a psychotherapy session is 50 minutes. The time scheduled for your appointment is assigned to you. If you need to cancel or reschedule a session, you are required to give me a full 24 hours' notice. If you miss a session without cancelling, or cancel with less than 24 hours' notice, you must pay a fee of \$80. It is important to note that insurance companies do not provide reimbursement for cancelled or missed sessions. The exception to this policy is when you and I agree that you were unable to attend due to circumstances beyond your control.

Once you are placed on the schedule for a standing weekly appointment, it is expected that you will honor that agreed upon scheduled time. Should you miss 3 scheduled appointments, your appointment time will be forfeited and you will be scheduled based on week-to-week availability.

Day intensive psychotherapy sessions are assigned to you for a predetermined period of time between 3-6 hours. The date and the duration will be agreed upon prior to the day intensive session. A 24-hour cancellation policy does not apply in the case of day intensives and the parameters of cancellations/refunds are addressed in the Consent for Treatment form for day intensive sessions.

You are responsible for coming to your session on time. If you are late, your appointment will still end at the regularly scheduled time.

Availability, Emergency Procedures, and Communication

I am often not immediately available by telephone. I will return your call or e-mail within 3 days. Note that phone calls over 15 minutes are billed at my hourly rate in 15-minute increments. I can be contacted via e-mail at junipercampbellcounselor@gmail.com.

If you are in crisis, please refer to our agreed upon safety plan, if one has been developed. There are crisis resources available to you:

- Suicide Prevention Lifeline: 1-800-273-8255
- You can present to the nearest hospital emergency department. You can contact local law enforcement to request transport to a hospital.

If we run into each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will speak briefly with you. However, I feel it is not appropriate to engage in any lengthy discussion in public or outside of the therapy office.

Sometimes during the course of therapy, a client or the therapist finds that this therapeutic relationship is not the right fit for working towards the client's goals. This is natural and okay. You are entitled to find the right therapist for you. If this should occur, I will do my best to provide you with referrals to appropriate therapists who can meet your needs.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing the possibility of a dual relationship, I do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, Instagram, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can discuss further.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via e-mail or text messaging regarding scheduling or cancellations, I will do so. While I will try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic issues and/or request assistance for emergencies. I will

not engage in therapeutic conversation over text/e-mail. Texting is to be reserved for discussions about scheduling only.

Insurance Reimbursement

To set realistic treatment priorities and goals, it is important to evaluate your resources to pay for treatment. Many health insurance plans provide some coverage for therapy. You are responsible to know your coverage before you start therapy and to advise me of any changes. Please be aware that I may not accept your insurance. If you will need to private pay, you will be provided with a coded Superbill/itemized receipt to submit to your insurance. Please note that Day intensive therapy sessions and couples therapy sessions are only private pay. For questions about your coverage, call your plan administrator. I will provide assistance where possible. There is no guarantee that you will be reimbursed by your insurance after submitting a Superbill/itemized receipt. Remember that you, not your insurance company, are responsible for full payment of fees. Keep in mind that if I accept a particular insurance plan, I may have negotiated a fee with the insurance company that is different from my self-pay fee. In this case, you will not be responsible for paying the difference between the negotiated fee and my self-pay fee.

It is sometimes difficult to determine how much coverage is available. Some plans require authorization in advance; if you do not obtain authorization, you may be responsible to pay the full fee. Many plans require the client to pay a fee percentage (co-insurance) or a flat dollar amount (co-payment) at each visit. Plans may also have a deductible (annual cost you must pay before the insurance company will begin paying for services). In this case you will pay for initial sessions until your deductible is met. There is a new deductible every calendar year. Some plans are limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. While much can be accomplished in short-term therapy, some clients may feel they need services beyond the benefit term. Some plans will not allow provision of services once benefits end. If this is the case, I will try to help you find another provider.

Most insurance companies require clients to authorize therapists to provide a clinical diagnosis, and they have the right to request clinical information such as treatment plans, progress notes or summaries, or in very rare cases copies of the entire record. This information becomes part of the company's files. Though companies claim to keep such information confidential, I have no control over what they do with it after they receive it. For example, they may share the information with a national medical information databank. I will provide you with a copy of any records submitted, if you request it. **You need to understand that by signing the Consent to Treat you have agreed that using your insurance authorizes me to release information to your insurance company.**

Once it is clear what your insurance coverage allows, you and I will discuss what can be accomplished with the benefits available and what will happen if they run out before you feel ready to end treatment. It is important to note that you always have the right to pay for therapy services yourself out-of-pocket to avoid the issues described above, unless that is prohibited by your insurance contract.

Additional Information About Clinical Records

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your clinical records. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me or have them forwarded to another mental health professional to discuss the content. In those rare situations in which I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request.

Clinical records are the property of the therapist and are maintained for six years after the date of an adult client's last clinical contact. Records for minors are maintained for six years after the last clinical contact, or three years after the minor's 18th birthday, whichever date is later. Records are then destroyed by way of paper shredding and deletion of electronic files. If my practice is closed or sold and your records will not be stored in the same physical location you will be notified in a timely manner via USPS of the future location of your records and how you can access them.

You also have been provided with a Notice of Privacy Practices which the Federal government requires I give to you under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice provides extensive information about how your Protected Health Information may be used and disclosed and how you can access this information.

My/Our signature(s) on the Consent to Treat documents confirm that I/We have read all of the information contained herein and have had the opportunity to have any questions answered.