

Juniper Campbell, LPC

Couples Consent for Treatment

We understand that we will be engaging in psychotherapy with Juniper Campbell, LPC. The purpose of this treatment is to increase personal awareness, wholeness, personal responsibility and acceptance to make changes so that we feel better or resolve specific life or adjustment problems that have caused us to seek assistance. The primary procedures used by Ms. Campbell in couples therapy are “talk” therapy and tools/resources from the Gottman Institute, although we understand that she may also provide general education about behavioral health conditions or coping strategies. She has specialized training in Cognitive Behavioral Therapy, Person Centered Therapy, EMDR, Couple’s Therapy and Equine Therapy. Use of some of these techniques may require that we sign additional Consent for Treatment documents. We have had the opportunity to ask any questions we may have about any of the techniques used by Ms. Campbell.

The potential benefit of treatment is that we will feel better about our relationship. There may be a reduction in our feelings of distress, increased satisfaction in the relationship(s), greater personal awareness and insight, or increased skills for managing relationship issues and communication and the stress that can accompany them. We understand that there are no miracle cures. Although therapy begins with the hope that our life and relationships will improve, there is no guarantee that this will occur. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings such as sadness, anger, guilt, frustration, or anxiety. We may feel worse or experience emotional pain in our relationship. We understand that psychotherapy will require a very active effort on our part and that in order for it to be most successful, we will have to be open and honest and will need to work on things we discuss outside of sessions.

We understand that all information we share will be kept confidential, but that this confidentiality is not absolute. In the case of medical emergency, child/elder abuse or neglect, suicidal or homicidal intent, or under court order, clinical information may be released. We also understand that if our treatment is paid for by an insurance company after submitting a Superbill, Ms. Campbell will release clinical information to our insurer as needed. In such cases, only that information required for reimbursement will be released. We have been provided with both a Notice of Privacy Practices required by the Health Insurance Portability and Accountability Act (HIPAA) and a document “Additional Information About My Practice” which address confidentiality in more detail and have had the opportunity to have any questions answered.

We understand that Ms. Campbell is an independently licensed professional counselor. However, in an effort to provide services that reflect best practices, she has contracted with Laurie Verdier to provide consultation/supervision. Ms. Verdier’s phone number can be provided upon request if we have questions. In addition, she occasionally consults with various experts

and peers. We understand that Ms. Verdier as well as any experts or peers are bound by the same rules regarding confidentiality as is Ms. Campbell.

Ms. Campbell has explained that when a couple enters into therapy, the couple is considered to be a single unit. This means that her allegiance is to the couple "unit," and not to either partner as individuals. This allows the therapy to create a space where both of us can feel safe. The "No Secrets" policy means that Ms. Campbell will not hold secrets for either of us. This allows her to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where the interests of one of us may not be consistent with the interests of the unit being treated (the couple). On occasion during the counseling process, one of us may be seen individually for a counseling session or part of a session. When this occurs, the session is still considered to be part of our couple's counseling relationship. Information disclosed during these sessions may be relevant or even essential to the proper treatment of us as a couple. If one of us chooses to share information with her, Ms. Campbell will encourage and offer the individual every opportunity to disclose the relevant information to his/her partner and will provide guidance in this process. If the individual refuses to disclose the information within the couple's session, she may determine that it is necessary to discontinue the counseling relationship with us. If there is information that one of us wishes to address within a context of individual confidentiality, she will be happy to provide referrals to therapists who can provide concurrent individual therapy.

We understand that it is not the role of Ms. Campbell to gather information for the courts or to make judgments related to us or our family. We agree that we will not ask her to provide treatment records or to testify in any future divorce or custody action. We understand that the courts can appoint professionals who have had no prior contact with our family to conduct independent evaluations and make recommendations to the court. We understand that we are discouraged from having Ms. Campbell subpoenaed. Should she be subpoenaed we understand that there will be additional substantial fees associated with her becoming involved in a court case.

Under the Arizona Administrative Code R4-6-1105(E), if behavioral health services are provided to multiple members of a family, each legally competent participating family member must provide consent to release counseling records regarding the family member. We understand that if all of the participating family members do not provide consent, records will not be released. We understand that we have the right to participate in treatment decisions and that Ms. Campbell and we will together develop and periodically review and revise a treatment plan which will identify our goals for treatment as well as the means of achieving those goals. We understand that we have the right to refuse any recommended treatment and that we may withdraw our consent to treatment at any time with any consequences clearly explained to us.

We understand that payment is due at the time of service unless other arrangements have been made. We understand that couples counseling is private pay and that Ms. Campbell will neither accept nor bill insurance companies for couples counseling. Ms. Campbell's current fee for self-pay sessions is \$150 per clinical hour (50 minute sessions) for couples therapy sessions. She reserves the right to change fees with 30 days-notice. Payment may be made via cash or check.

A \$25.00 service charge will be incurred for any checks returned for any reason. **Late cancellations (<24 hours) or No-Show will incur a fee of \$80** although Ms. Campbell may waive this fee at her discretion. You are responsible for coming to your session on time. If you are late, your session will still end at the regularly scheduled time. Extended sessions, telephone calls over 15 minutes, report writing and reading, attendance at meetings with other professionals we have authorized, and time spent performing other services we have requested will be charged at the rate of \$33.75 per 15-minute increments. If we cannot afford the fee for psychotherapy, we can talk with Ms. Campbell about the possibility of a hardship discount. The cost of therapy services is our responsibility. We understand that unpaid balances past-due over 90 days may be referred to a collection agency.

We understand that unless other arrangements have been made, our case will be closed if we do not see Ms. Campbell for 30 days. Should this occur, we can return for a new Episode of Care, but that in such a case, we will have to sign a new Consent to Treat and review the Treatment Plan to determine if goals remain the same or if a new Treatment Plan needs to be developed.

We have read the above information and consent for treatment. The HIPAA Notice of Privacy Practices is incorporated by reference into this document as is the document "Additional Information About My Practice."

Name Printed: _____
Signature: _____ Date: _____
Name Printed: _____
Signature: _____ Date: _____
Therapist: _____ Date: _____