

# **Juniper Campbell, LPC, CCTP**

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## **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) and a Certified Clinical Trauma Professional. 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. I have extensive training in trauma resolution and working with PTSD. I am trained to work with the veteran population and understand the military culture. 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 for Intensive Therapy Treatment form, we will work together to create a treatment plan that addresses the concerns which have caused you to seek intensive therapy. The Treatment Plan will include goals for treatment during your intensive and specific interventions that will be utilized during 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. Somatic Therapy, addresses the connection between the mind and the body and how you can address psychological issues through accessing the target areas in the body. 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.

## **Termination of Services**

Your treatment with me is voluntary. You have the right to end your intensive therapy at any time. It is important to have an articulated termination process in order to achieve closure. If you have determined that the intensive is not a good fit for you, it is recommended (although not required) that you participate in a brief process to facilitate a positive termination experience and to provide an opportunity to reflect on the work that you have done. Should you terminate early, the 50% deposit is non-refundable. You will be charged to the half day for any remaining balance of fees above the 50% deposit.

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 for Intensive Therapy Treatment 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, or your needs are outside my scope of competence or practice. 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, 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 your intensive session, 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.

## **Appointments**

Intensive psychotherapy sessions are assigned to you for a predetermined number of days, with each day consisting of 6-hours of therapy. The date and the duration will be agreed upon prior to the day intensive session. The parameters of cancellations/refunds are addressed in the Consent for Intensive Therapy Treatment.

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 a rate of \$50 for each 15-minute increment. I can be contacted via e-mail at [junipercampbellcounselor@gmail.com](mailto: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.

## **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.

### **Payment and Insurance**

I understand that payment is due at the time of service unless other arrangements have been made. Ms. Campbell will neither accept nor bill to insurance for intensive therapy sessions. Ms. Campbell's current fee for self-pay day intensive sessions is \$1200 per day. The duration of the intensive will be discussed and agreed upon prior to the beginning of the session and will range from one to four days of six-hour sessions. I agree to sign the opt-out of insurance form that is part of my intake paperwork. I understand that unpaid balances past-due over 90 days may be referred to a collection agency.

### **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 18<sup>th</sup> 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 signature on the Consent to Treat documents confirm that I have read all of the information contained herein and have had the opportunity to have any questions answered.