

Juniper Campbell, LPC, CCTP

Consent for Intensive Therapy Treatment

I understand that I will be engaging an intensive psychotherapy session with Juniper Campbell, LPC, Certified Clinical Trauma Professional. The purpose of this treatment is to increase personal awareness, wholeness, personal responsibility and acceptance to make changes so that I feel better or resolve specific life or adjustment problems that have caused me to seek assistance. The purpose of intensive psychotherapy is to receive longer sessions over a shorter period of time with sessions spanning from 6 hours per day over a predetermined period of days. The duration of your intensive has been discussed and scheduled for you in your consult call. I understand that this is individual therapy customized to address my treatment goals. The primary procedures used by Ms. Campbell are “talk” therapy and EMDR, although I understand that she may also provide general education about behavioral health conditions, coping strategies and work on somatic issues in the body. She has specialized training in Cognitive Behavioral Therapy, Person Centered Therapy, EMDR, Couple’s Therapy, Somatic Therapy and Equine Therapy. Ms. Campbell has extensive training in trauma resolution and the treatment of PTSD. Ms. Campbell is trained in working with the veteran population and is familiar with the military culture. Use of some of these techniques may require that I sign additional Consent for Treatment documents. I have had the opportunity to ask any questions I may have about any of the techniques used by Ms. Campbell.

The potential benefit of intensive treatment is that I will feel better about my life. There may be a reduction in my feelings of distress, increased satisfaction in relationships, greater personal awareness and insight, or increased skills for managing stress. I understand that there are no miracle cures. Although therapy begins with the hope that my life and relationships(s) 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. I may feel worse or experience emotional pain in my relationships. I understand that intensive psychotherapy will require a very active effort on my part and that in order for it to be most successful, I will have to be open and honest and will need to work on being an active participant and contributor in these sessions.

Initials_____

I understand that all information I 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. I 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.

I 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 I have questions. In addition, she occasionally consults with various experts and peers. I understand that Ms. Verdier as well as any experts or peers are bound by the same rules regarding confidentiality as is Ms. Campbell.

I understand that I can receive a copy of my records or have a copy of my records provided to another person by completing a Release of Information form and that a fee may be charged for this service. I understand that I have the right to participate in treatment decisions and that Ms. Campbell and I will together develop a treatment plan during the initial part of the session which will identify my goals for treatment as well as the means of achieving those goals. At the conclusion of our intensive therapy session/program, the treatment plan will be reviewed again to determine how well my goals were met. I understand that I have the right to refuse any recommended treatment and that I may withdraw my consent to treatment at any time with any consequences clearly explained to me.

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 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. When I schedule my Intensive, a 50% deposit is required to secure the intensive date. My deposit is non-refundable and all funds received are non-refundable if my start date is within two weeks from the day I booked my session. If I cancel my intensive, a refund of your 50% deposit will only be granted if requested in writing more than 14 days before my scheduled session. Sessions are permitted to be rescheduled one time. If I cancel again after rescheduling, the deposit will be forfeited.

Initials_____

This is a commitment of time, energy and substantial financials, so please be certain that you are ready for an intensive psychotherapy program. The exception to this policy is when you and I agree that you were unable to attend due to circumstances beyond your control. Proof of these extenuating circumstances may be requested.

Payment may be made via cash, check, credit card or HSA card. If I am using my credit card or HSA card, I will need to sign an authorization to run the card. A \$25.00 service charge will be incurred for any checks returned for any reason. Extended sessions beyond the determined amount allocated for the intensive sessions, telephone calls over 15 minutes, report writing and reading, attendance at meetings with other professionals I have authorized, and time spent performing other services I have requested will be charged at the rate of \$50 per 15-minute increment. The cost of therapy services is my responsibility and I understand that insurance does not cover intensive therapy. 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.

This consent is for a single intensive session (two to five days), unless otherwise discussed. Unless I am an established client who will be returning to regular psychotherapy sessions, my case will be closed at the conclusion of the intensive. Should this occur, I can return for a new Episode of Care, but that in such a case, I will have to sign a new Consent for Intensive Treatment and review the Treatment Plan to determine if goals remain the same or if a new Treatment Plan needs to be developed.

I 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." I understand that I will be provided a Good Faith estimate at the beginning of my intensive.

Name Printed: _____

Signature: _____

Date: _____

Therapist: _____

Date: _____