

# **Rowan-Bailey Counseling, LLC**

12465 S. Fort St., #250, Draper, UT 84020 \* 801-810-SRBC (7722) Youth & Adult / Individual & Couple Counseling Stephanie Rowan-Bailey, MA, LCMH, No.: 7830423-6004

# **Professional Disclosure Statement, Informed Consent & Service Agreement**

This document contains important information about professional services and business policies with Rowan-Bailey Counseling, LLC. I am required to obtain your signature acknowledging that I have provided you with information prior to your first session. It is very important that you read these documents carefully before our first session. I can discuss any questions you have about the process at that time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation cannot be retroactive and will not prevent Rowan-Bailey Counseling, LLC from taking steps to collect if you have not satisfied any financial obligations you have incurred with Rowan-Bailey Counseling, LLC.

### **PSYCHOLOGICAL SERVICES**

Mental health counseling or therapy is a set of psychological interventions designed to help people resolve emotional, behavioral, and interpersonal problems and improve the quality of their lives. There are many different interventions I may use to deal with the problems that you hope to address. Cognitive-behavioral psychotherapy, emotion focused therapy, and Lifespan Integration calls for very active effort on your part. In order for the therapy to be most successful, it will be important for you to work on the things we talk about, both during our sessions and at home.

#### PHILOSOPHY AND APPROACH

I believe the counseling process needs to be a mutually constructive effort between counselor and client. People seek professional counseling generally because some aspect of their life is causing them significant difficulty and/or emotional pain. As a professional counselor, I'll work with you to relieve current suffering, resolve problems, or create better relationships with significant others. I do this by understanding you and your experiences. I may offer direct feedback, social skills training, insight, behavior modification strategies, and/or reading suggestions as deemed useful and consistent with the therapeutic goals we establish. I encourage clients to understand themselves in new, healthy, and more effective ways so as problems arise they are able to achieve their own solutions without turning to unhealthy behaviors or coping skills. I do this by focusing mostly on present situations, but frequently evaluate and connect current perspectives, habits, and motivations to past experiences and attachment styles. Cognitive Behavioral Therapy, Emotion Focused Therapy, and Lifespan Integration are three common therapies I use in working with clients. Your commitment to your own growth in therapy will largely determine how much you will benefit from it. While there are no guarantees as to the outcome of your treatment, it is important that you understand your rights and obligations that relate to your therapy experience.

## My objectives as a therapist are to . . .

- ...Help people to develop their potential, recognize options and alternatives and mobilize resources to deal with life's situations.
- ...Guide the integration of unpleasant feelings and dysfunctional patterns with the memories of past events from which these feelings and strategies originated while creating connections at a deep level of the body-mind that "re-sets" the neural system so that it reacts more appropriately to the current life situation.
  - ...Address the whole person in the physical, emotional, social/relational and spiritual domains.
- ...Assess people in terms of integrated functioning and recognize that problems in one area of living may have an impact on other areas.
  - ...Provide a caring, trusting, nonjudgmental environment in which clients' values and integrity are

respected.

...Adhere to the American Counseling Code of Ethics.

# **APPOINTMENTS AND CANCELLATION POLICY**

Appointments are pre-arranged with me during my specified office hours as noted below by using the on-line scheduling software **Schedulista**.

Tuesday 11:00am-9:00pm

Wednesday 10:00am-3:00pm

Friday 10:00am-3:00pm

Please call *immediately* if you are unable to keep an appointment. If you cancel an appt less than 18 hrs to the appt time, you will be billed the \$40 late cancellation fee payable prior to next appt (\$50 fee for 80 min. appt.) If a client misses 3 or more appointments we will discuss the commitment to the counseling process and consider termination or referral to another therapist.

#### **FEES AND PAYMENTS**

Sliding scale fees are calculated based on your family monthly gross income and costs are for 50 minute counseling sessions. Most Lifespan Integration sessions are 80 minutes and should be calculated at 1.5 times the regular rate, the same applies for sessions that go beyond the 50 minute length. Your fee will be based on the Sliding Fee Scale using your gross monthly income. Based on your good faith estimate, your fee for a 50 minute session has been determined to be \$\_\_\_\_\_\_. Please advise me if you your financial situation changes so that I can recalculate the fee for you.

You will be expected to pay for each session at the time of service. Cash, check, Visa, American Express, Discover, or MasterCard are acceptable forms of payment. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I will begin discussion regarding the termination of counseling services and possibly seek collection services.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

### **INSURANCE REIMBURSEMENT**

I am a preferred provider for Regence BCBS and Anthem BCBS. However, it is your responsibility to know your mental health coverage and it is you *(not your insurance company)* who are responsible for full payment of fees. I bill directly to the above insurance providers but all others will need to pay me directly and submit for reimbursement with your insurance provider. (The flat session fees for direct billing for those individuals with insurance through these providers are \$90 for a 50 min. individual session, and \$120 for an 80 min.session or 50 min. couple/family session.) If you plan on seeking reimbursement from your insurance provider it may be necessary for you to seek approval for therapy in advance. If you have questions about the coverage, call your insurance plan administrator.

Sometimes your insurer may require us to provide clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. If so, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. By signing this Agreement, you agree that I can provide requested information to your carrier.

#### **MINORS & PARENTS**

It is important for patients under 18 years of age who are not emancipated and their parents to be aware that the law allows parents to examine their child's treatment records. However, because privacy in psychotherapy is very important, particularly with teenagers, I usually ask parents to respect the child's privacy and allow for

the therapist and minor to keep elements of their interactions in confidence, though not any related to danger to the child. On the other hand, because parental involvement in therapy is essential to successful treatment, I am willing to share with parents general information about the progress of treatment and their child's attendance at scheduled sessions. Parents may also request an oral summary of their child's treatment when it is complete. Before giving parents any information, I will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

#### CONFIDENTIALITY

Some important issues regarding confidentiality need to be understood as soon as you begin counseling. All information disclosed within the patient's therapy sessions, including case notes and records, will be treated as confidential. Information will not be revealed to anyone without the permission of the client or a legally authorized representative unless a legal or ethical exception exists. Information shared with a minor client's parents will be done with the consent of the minor child but essentially the privacy rights of minors belong legally to parents or guardians.

In the following circumstances, a therapist may be required to breach confidentiality without a client's permission:

- If a therapist believes a child is being physically or sexually abused, the therapist must file a report with the Department of Social and Health Services.
- If a client is threatening serious harm to another person, a therapist is required to take protective action, which may include warning the intended victim and/or notifying police.
- If a client threatens harm to himself or herself, the therapist may be required to notify family members and/or seek hospitalization.

A judge may require a therapist's testimony or a therapist's records may be subpoenaed in the following situations:

- Child custody or adoption proceedings.
- In a lawsuit, if your mental or emotional state is a factor.
- If you are a witness in a criminal proceeding
- Court-ordered psychological evaluations.
  - Legal proceedings related to psychiatric hospitalization

# CONSULTATIONS

I regularly consult, and seek supervision, with counseling professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help clients reach their goals. These consultations and supervisions are completed in such a way that client confidentiality is maintained.

### LENGTH OF TREATMENT

As a therapist I believe the best counseling approach involves four steps: 1) assessment and clarification of the issues, 2) selection of the treatment approach, 3) therapy phase, and 4) closure. Sometimes this process may be accomplished in brief therapy (five to ten sessions). Other times a longer period (10+ sessions) of therapy may be needed to facilitate healing or persistent change.

In order to be effective, therapy needs to take place on a regular basis. The best results occur when appointments are consistently scheduled and attended regularly. Therapy continues as long as the therapist is providing professional services and until the patient informs the therapist, in person or in writing that the he or she wishes to terminate therapy, or the therapist notifies the patient that therapy is being terminated.

### **EMERGENCIES**

If an emergency arises and you cannot reach me, call one of the following:

General Emergencies 911 or Crisis Clinic (801) 261-1442

# **ELECTRONIC COMMUNICATION**

As email and texting are popular modes of communication, it is important to discuss issues related to technology. I cannot guarantee confidentiality with electronic communications. It is important that you understand that the nature of the Internet and cell towers is that any e-mails /texts you send or receive may also be intercepted by other people. Therefore, if you send me an e-mail/text, or if you ask me to respond to you about something via an e-mail/text, you must understand that it is not entirely confidential and may be intercepted by others.

May I communicate with you via e-mail?	Yes	No									
If yes, please provide an e-mail address:											
May I communicate with you via text?		Yes	No								
If yes, please provide your cell phone number:											

## THERAPIST EDUCATION AND PROFESSIONAL AFFILIATIONS

Masters of Arts: Professional Counseling 2010 Liberty University

Bachelor of Arts: Social Studies (Cum Laude) 1993 Washington State University

Specialized Training:

Lifespan Integration 2010 (Beginning), 2011 (Advanced, and Children & Adolescents)

Love and Logic Parenting 2010 (Children & Adolescents)

Utah Mental Health Counselors Association (UMHCA)

National Board of Certified Counselors (NBCC)

American Association of Christian Counselors (AACC)

American Counseling Association (ACA)

### INFORMED CONSENT: CBT AND LI

Therapy utilizing cognitive behavioral therapy and emotion focused therapy styles can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Lifespan Integration is a psycho-neurological/body-mind therapy created by American therapist Peggy Pace, based on early neural development research. LI is body-mind based on the idea that memory is stored in the neurological system and comes forward in response to associated experiences as explicit verbal memory or in body sensations. LI therapy helps people connect unpleasant feelings and dysfunctional patterns with the memories of the past events from which these feelings and strategies originated. Making these connections at a deep level of the body-mind "re-sets" the neural system so that it is more in line with the current life situation.

Through this process the person comes to understand that painful events are truly in the past, realizes appropriately who or what was responsible for the event, and feels more clear about present day safety and the capacity to make constructive life choices. After LI therapy, people find themselves spontaneously reacting to current stressors in more age appropriate ways. Painful events will still be remembered, but with much less emotional distress as LI appears to produce a direct effect on the way the brain processes upsetting or painful material. After several sessions of LI, clients have reported that they feel better about life, are more self-accepting, and are better able to enjoy their intimate relationships.

As of this date there have been no empirical studies testing LI even though hundreds of clinicians in various parts of the world have frequently found it useful in helping clients work through distressing experiences. Guided by a therapist, a client steps through a sequence that involves imagining early stages of life or remembering life events from the clients own memory cue list. It is primarily the client's own innate

capacities in the presence of another person (the therapist) that leads to adaptive changes in thinking and emotional self-regulation. Additional information on LI is also available on the LI website at: <a href="http://www.lifespanintegration.com">http://www.lifespanintegration.com</a>.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me in these modalities. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

#### I. Risks

As with any mental health therapy, there are potential risks as well as benefits. Some of the risks may include the following:

- 1. Distressing, unresolved memories may surface through the use of LI, which may need to be processed.
- 2. Some clients have experienced reactions during the treatment sessions that neither they nor their therapist may have anticipated, including a high level of emotion or physical sensations.
- 3. Following the treatment session, the processing of incidents or material may continue, and other dreams, memories, feelings, etc. may surface. Sometimes concentration or even sleep may be temporarily affected by an LI session.

#### II. Statement of Choices

I have discussed with my therapist which of my treatment goals are being addressed by LI. We have also talked about other treatment options. I am aware that at times counseling can cause emotional distress. I've been given emergency contact information. I know that I'm in control and can discontinue mental health therapy treatment at any time.

# III. Release from Liability

This statement is to verify that I have voluntarily consented to psychological treatment with Stephanie Rowan-Bailey, LCMHC. I understand that she is trained in the various treatment protocols for the use of Lifespan Integration and Cognitive Behavior Therapy as an intervention utilized for the purpose of working through painful life experiences and unhealthy behaviors. Before beginning LI or CBT treatment, I have thoroughly considered all of the above. I have had the opportunity to discuss my questions, and by my signature below I hereby consent to receiving LI and/or CBT techniques as part of my overall psychological treatment. I further agree to release and hold harmless my clinician from any claims or liabilities arising from the use of or inability to use my recollections, medical record, or psychotherapy notes or my therapist's testimony in a courtroom or forensic setting. I hereby agree that I do not have a cause of action against my clinician or Rowan-Bailey Counseling, LLC based on the professional and competent use of LI or all other standard, best practice, uses of CBT in my mental health treatment.

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I have read and understand the information present concerns I have as a client.												ited in this form, and have discussed any questions or LCMHC, MA																		
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