

James Bowen Counseling M.S. MFT-Intern
Counseling Information and Consent

- Please read the information provided. When you have read and understood the information, please sign at the bottom of the page.
1. I received my Master's degrees in Education from Lesley University in 1997 and Marriage Child and Family Therapy from University of Phoenix in 2013. I am a Licensed MFT Intern in the State of Nevada. I provide individual, couple, family, and child therapy as requested to children and adults over the age of 6.
 2. As a MFT Intern, I will consult with my professional supervisor, Mark Whelchel, LMFT on a regular basis. The purpose of such consultation is to ensure that you are provided with the best possible care. All consultation is conducted in a strictly confidential manner. By signing this document, you are consenting to allow such consultation without further notification.
 3. I am not able to be on call 24 hours a day. My hours vary and I do have some later evening appointments Monday through Saturday and the phone number is 775-537-4453. In the event of a life-threatening emergency, please call 911 or proceed to the nearest hospital emergency room.
 4. I hold a Christian worldview and believe in the truth of Scripture as a guide for life and relationships.

Please note the general guidelines under which counseling is provided:

- A. Each session will be 50 minutes in length.
- B. Contents of all therapy sessions are considered to be confidential. Verbal information, audio or video recorded information, and written records about a client cannot be shared with any other party. Noted exceptions are as follows:
 - **Client Consent**—If you authorize by written consent, I will release your records or other information to an individual or individuals of your choice.
 - **Duty to Warn and Protect**—When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities.
 - **Abuse of Children or Vulnerable Adults**—If it appears to the counselor that there is a reasonable suspicion of abuse or neglect of a child (or vulnerable adult), or if a client states or suggests that he/she is abusing or has recently abused a child (or vulnerable adult), the mental health professional is required to report this information to the appropriate social service and/or legal authorities.
 - **Minors/Guardianship**-- When the mental health professional is conducting therapy with a minor (someone who is younger than 18 years old), the minor has limited rights of confidentiality.

- **Court Orders**—Occasionally, the court may attempt to obtain, by power of subpoena, the release of privileged information against the client’s wishes. In such cases, attempts are made to protect the client’s rights, but success at doing so cannot be guaranteed and we may be ordered to release information or take deposition.
- **Consultation and Training**— As mentioned previously (on page 1), an exception to confidentiality occurs when I am discussing your case with other mental health professionals in the field. Again, all consultation is conducted in a strictly confidential manner and is done to ensure that you receive the best care possible.

C. There is a limitation on confidentiality when providing therapy to couples or families. By signing this document you are stating that you have read the provided form that explains limits of confidentiality for therapy with couples and families (pg. 3 of this packet) and understand it.

D. In order to provide the very best services possible, I compile information about clients as we work together. Often, I write case notes and may record sessions (audio and/or video) for consultation and training purposes. When working with children, I often collect artwork of some type. It is possible that I could use and discuss materials collected during our work together during consultation with other mental health professionals. All materials are subject to the strict confidentiality guidelines described in this document. By signing this form, you are consenting to allow materials collected during your sessions to be used and/or discussed during consultation with other mental health professionals.

E. Fees for Services

All payments are made to the James Bowen. I take cash, check, or the following credit cards: Visa, MasterCard, Discover, and American Express. I do not take insurance. **All clients are required to give a 24 hour notice of cancellation to avoid being charged for a missed appointment.**

_____ (initials)

I have read and understand the nature and limits of the counseling services being offered. I have elected and voluntarily agree to participate under these conditions.

Signature: _____ Date: _____

Signature: _____ Date: _____

As a parent or guardian, I also give permission for the following minor child (or children) to participate.

Names of Minor Children: _____

Signature: _____

**Consent Form Addendum
Therapy VIA Electronic Means (Video/Phone/Email)**

1. While using every reasonable means to protect conversations and records of treatment, during therapy via electronic means, such encryption cannot be guaranteed.

2. You, the client, are encouraged to protect your own confidentiality by controlling access to your communications by using passwords only known by you, controlling access to your computer, deleting data, etc.

3. As with in-office therapy session, every aspect of your electronic session will be held as confidential from James Bowen's perspective. Electronic sessions will commence in my private office.

4. James Bowen is not responsible nor can he guarantee confidentiality on the client's side of the electronic session. It will be your responsibility to ensure a quiet, safe, and confidential setting for your therapy session.

I have read and understand the above consent form addendum to counseling via electronic means. I have elected and voluntarily agree to participate under these conditions.

Signature: _____ Date: _____

Signature: _____ Date: _____

As a parent or guardian, I also give permission for the following minor child (or children) to participate.

Names of Minor Children: _____

Signature: _____