

Jessica Bowes, LCSW

Informed Consent and Professional Disclosure Statement for Counseling Services Jessica Bowes, LCSW

Please read the following carefully. It will inform you about my background and therapeutic approach as well as your rights as a client. In order for therapy to be most effective, it is important that you make an informed commitment to our work together. After you have read this form carefully, please ask me any questions you have before you sign it. Your signature indicates that you have received this information and understand the services I provide.

Counseling = Collaboration

Counseling is a collaborative process designed to help you feel at home in yourself and maintain that center as you engage with the world around you. We will work together to develop goals on which you want to work and to assess progress together along the way. If you are experiencing any problems or difficulties within our counseling relationship, I encourage you to bring these up with me so that we can seek resolution. In some cases, we may decide that it is best for me to refer you to another therapist.

You have the right to terminate therapy at any point. I will always be happy to provide referrals to other clinicians, should you like. I reserve the right to terminate the therapy relationship for reasons including untimely payment of fees, conflicts of interest, failure to attend sessions, or if your needs are outside the scope of my practice. I will do my best to ensure a smooth transition to another provider by providing referrals to meet your needs.

Philosophy and Approach

Each of us is born whole—primed for connection, love, and freedom. The home and environment that we land in can either enrich or hinder this process of pursuing our innate interests and rights. Our understanding of reality--what is possible, what is true, how we should be, grow from this. While these perceptions are key to our survival, they can develop into inflexible patterns that limit our experience of life. I see my role as an active guide, to help bring you back to your center and lead you home, to your truth, power and new possibilities. I believe that you hold the answers of what is needed to heal your wounds, but that the connection and guidance of a therapist can be pivotal in revealing them. I want to work with you in pursuing and reclaiming the wholeness that is in you. I don't see therapy as a one-size fits all approach, but tailor it to your needs in the moment to help you navigate the complex terrain of being and becoming. My practice draws upon:

- Mindful experiential therapeutic approaches
- Somatic/Body-Mind modalities
- Strengths-based perspectives
- Systems theory
- Attachment theory
- Feminist theory
- Ecological systems theory
- Social justice frameworks
- Trauma-informed approaches
- Interpersonal neurobiology
- *Love--Love is the medicine in therapy. The modalities and techniques are just the vehicle of delivery.

Formal Education and Training

I hold a Master's in Social Work from the University of Washington as well as a B.S. in Psychology from the University of Washington. I am a current student of Hakomi and the Re-Creation of the Self model at the M.E.T.A (Mindful Experiential Therapeutic Approaches) Institute in Portland, OR [graduate of year 1 comprehensive training] and a graduate of RIE (Resources for Infant Educators) Intensive training program in Los Angeles, California. I am a Licensed Clinical Social Worker in both Oregon and California. As a Licensee, I abide by the National Association of Social Workers Code of Ethics. To maintain my license, I will participate in continuing education in this field and will obtain additional consultation, if necessary.

Risks

Counseling is not without risk. Some people experience an increase in feelings of stress, especially during the early stages of counseling. Some problems may seem to get worse before they get better. Exploring longstanding, deeply seated issues can sometimes initially seem to aggravate rather than help the issue. Some people find themselves feeling emotions and having insights that are new and uncomfortable, sometimes leading to feelings of discouragement and thoughts of quitting counseling. Some are surprised by how others in their lives respond as counseling progresses. These dynamics are natural and to be expected. You may also experience other unique consequences of counseling. I encourage you to talk with me about them as and if they occur.

Use of Touch

I often use experiential methods of counseling that focus on mindfulness and somatic awareness. When clinically indicated, intentional touch can be useful and helpful to the process. In all cases, therapeutic touch occurs with consideration and consent, and is for the purpose of accomplishing your goals in therapy. You may always decline when touch or any type of intervention is suggested. Sexual contact of any nature is inappropriate between client and a therapist.

Appointments

At the first session, I will gather initial information about the concerns that have led you to seek therapy. If I do not feel I can meet your clinical needs or there is a conflict of interest, I will provide you with referral information for alternate services or therapists. Sessions take place in my office and are 50 minutes in length. Your session time is reserved for you, specifically. Please arrive on time, as sessions will also end on time.

Rates are as follows:

50 minute individual session: \$120

Some availability for sliding scale. Payment is due at the time of your appointment-- I currently accept cash and check. I am not currently accepting insurance or payment by credit card.

Cancellation Policy

Cancellations must be made at least 24 hours in advance to avoid incurring a charge of the full fee. Please cancel Monday appointments by the previous Friday. Please know that the cancellation policy is enforced without exception. That way it is fair for everyone, and it is not at all personal when the fee is charged.

Why I Enforce the Cancellation and Payment Policy

- An aspect of engaging in personal development work involves taking responsibility for one's decisions and actions, as well as developing a greater awareness of how we impact one another.
- It strengthens our working relationship. When we respect each other's time, our working relationship is enhanced and protected.
- It promotes your personal work. The commitment to your personal work is strengthened and therefore, is incentive toward further progress.

- It protects the health of my counseling business. When my business is functioning well, it enhances my ability to provide you the highest level of care and attention.

My Availability

- I am available for you, fully, at your scheduled appointment time.
- If you have an urgent need, and we are not able to schedule an office appointment, we can schedule an urgent phone appointment which will be charged to you at the regular rate, broken into 15 minute increments and due at the time of our next office appointment.
- Please only use email for routine scheduling. I check my email regularly but cannot reliably respond to a crisis or urgent questions in an urgent timeframe.
- **If you are having a mental health crisis, call to the Multnomah County Crisis Line, available 24-7, at 503-988-4888. Clackamas County is 503-655-8585, also available 24-7. You can also call 911 or go to your nearest ER for evaluation.**

Confidentiality

All communications between a mental health professional and a client are protected by law. The following are exceptions to confidentiality:

1. At your request, I will release information regarding our communications to others with your express written consent. (Release of Information form)
2. Reporting suspected child and elder abuse,
3. Reporting imminent danger to you (the client) or others,
4. Reporting information required in court proceedings by your insurance company, or other relevant agencies;
5. Providing information concerning licensee case consultation or supervision;
6. Defending claims brought by the client against licensee

Consultation

Occasionally, I may consult with other mental health professionals if I feel it would be helpful to our work together. Every reasonable attempt will be made to avoid revealing your identity to other professionals with whom I consult.

Records

I am required by law to maintain records each time we interact. You have the right to inspect your record unless I determine that it would hinder progress or otherwise cause undue harm.

Community and Social Media

Out and About

It is possible that we could run into one another around town or in a public space. To maintain your confidentiality, you can be assured that I will not approach you, though you are welcome to approach me. If we have seen each other or have an interaction outside the therapy office, we may briefly discuss it and its potential impact on our working relationship.

Friending

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc) nor will I search for you on social networking sites. 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.

Location-Based Services

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. If you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office.

As a client of an Oregon licensee, you have the following rights:

1. To expect that I have met the qualifications of training and experience required by State law
2. To examine public records maintained by the Oregon Board of Licensed Social Workers and to have the Board confirm my credentials
3. To obtain a copy of the Code of Ethics, by which I abide
4. To report complaints to the Board
5. To be informed of the cost of professional services before receiving the services.
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, with the following exceptions: a) Reporting suspected child abuse, b) Reporting imminent danger to the client or others, c) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; d) Providing information concerning licensee case consultation or supervision; and e) Defending claims brought by the client against licensee
7. To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Oregon Board of Social Work, which oversees licensing, and they will review the services I have provided:

State Board of Licensed Social Workers

3218 Pringle Road SE, Suite 240 Salem, OR 97302-6310

Phone: (503) 378-5735 Fax: (888) 252-1046 Toll Free Number: (866)-355-7050

E-mail: oregon.bls@state.or.us

Ending Counseling

I will do my best to provide effective therapy that meets your needs. However, if we determine that I cannot adequately help you, I will assist you in finding an alternative counselor. If at any time you have doubts about our work together, please talk to me about your concerns. You may terminate counseling at any time. Typically, termination occurs when your goals have been met, a conflict of interest arises, policies have been broken, or it becomes evident that you should be referred to another practitioner. I encourage you to talk to me about your inclination to discontinue before acting, however, so that we may explore the issues, implications of terminating, and bring closure to our work together.

By signing below, I consent to be provided mental health services by Jessica Bowes, LCSW. I understand the potential risks and benefits of treatment and have had an opportunity to ask Jessica Bowes, LCSW about these services and to have my questions answered. I understand that it is my responsibility to suggest changes for improving my services to my counselor when appropriate, and that I am ultimately the director of my own treatment. I understand that I may revoke my consent at any time and refuse services.

Client signature: _____ Date: _____