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## **Information and Consent for Treatment**

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Welcome! I look forward to working with you and helping you with the issues and concerns that brought you here. Please read the following information carefully, so that you can best understand my professional services, your confidentiality, and my office policies. I am happy to discuss any items in further detail, so please let me know if you have any questions or concerns.

**Qualifications:** I have a Bachelor's degree in Psychology from Baylor University and a Master's degree in Counseling from Dallas Baptist University. I am licensed by the State of Texas as a Licensed Professional Counselor (LPC number 17524). I have extensive experience working with a wide variety of mental health issues for adolescents and adults in individual, couples, family, and group settings since 2000. I have also served as a professional and volunteer throughout the community in various roles.

**Therapeutic Approach:** I approach therapy from an insight-oriented, cognitive-behavioral therapy perspective within a Biblically-based framework. I am trained in a variety of therapeutic approaches and will utilize techniques that I deem will be most beneficial to you. Together, we will discuss your goals of therapy and develop a plan to best reach those goals. Therapy is aimed at providing a safe environment to help you become as healthy and whole as possible: emotionally, mentally, spiritually, physically, and relationally. I believe that all people have the capacity for growth and change in their lives, and therapy is designed to help make those changes a reality.

**The Role of the Client:** While I, as the therapist, am committed to providing you the best possible psychological treatment and care, a large part of the work of change rests on your shoulders. Your active participation including keeping appointments, completion of homework assignments, willingness to take risks, willingness to make changes in your life, and willingness to apply the truths learned in therapy in your everyday life between sessions is essential to the success of therapy.

**Effects of Therapy:** Counseling has both benefits and risks. Therapy is designed to provide such things as solutions to problems in your life, decreased pain and distress, improved mood and coping abilities, healing from trauma and pain, improved relationships, and emotional freedom. In this process, emotional pain is often a reality. Sometimes symptoms will appear to worsen prior to improving. We will discuss the painful emotions and distress that can occur in therapy throughout the therapeutic process with the goal of reaching your therapeutic goals in the best possible manner.

**Therapeutic Relationship:** Your sessions with me will often be emotionally and psychologically intimate and will involve your personal vulnerability. Often, you will

reveal aspects of yourself that you have not revealed to your closest friends and family members. Because of this, it is important to remember that our relationship is a professional relationship rather than a personal or social relationship (including “friendships” on sites such as Facebook). This is for your own protection and good, as it maintains your confidentiality and allows for you to receive the maximum benefit from the therapeutic process. Our contact will be limited to scheduled appointment times. Outside of scheduled appointments, you will be directed to call 911 or go to an emergency room in the event of a life-threatening emergency. If necessary, crisis consultation can occur by phone to briefly provide stabilization until we can meet for another scheduled appointment. In order to protect your confidentiality, if you and I see each other in public or outside of my office, I will not acknowledge that I know you, unless you initiate communication with me.

**Appointments:** Appointments are typically scheduled for 45-50 minutes, although longer sessions can be arranged as deemed necessary. Some clients find that “double sessions” are beneficial for them. Please discuss this with me if this is of interest to you. I generally meet with clients weekly when beginning treatment and, as therapy progresses, begin to meet less frequently. In order to best serve all of my clients, please make every effort to arrive on time for your appointment. If you arrive late, you will receive the remainder of your scheduled appointment time. 24 hour notification is required for all cancelled appointments, except in cases that I determine to be an emergency. If 24 hour notification is not given, the full session fee of \$120 will be charged. In some cases, a phone session can be a good alternative to cancelling an appointment.

You have the right to discontinue therapy at any time. I do request that you discuss this with me prior to discontinuing therapy, and I usually will recommend a termination session in order to provide closure and any necessary referrals. I ask that you be honest about your needs and any concerns you have with the counseling process. My goal is to provide the best possible service to you, and your honest feedback is important in making that happen.

**Confidentiality and Records:** All communication between you and me is part of your clinical record with me. This will be kept in the strictest confidence and you can expect your records to be secure, private, and confidential both during the period we meet for counseling and after counseling terminates (maintained for 7 years past the last date on which service was given or until the patient's 21st birthday, whichever occurs later). There are several exceptions to this confidentiality. The limits of confidentiality can include the following situations:

- The counselor determines that you are at risk of serious harm to yourself or others
- The client discloses abuse of a child, elderly, or disabled person
- The counselor is ordered by a court to release your records (including subpoenas)
- The client authorizes the counselor to release information to a third party
- Information must be released in order to file claims with your insurance company (if utilized) and to coordinate care with a care manager at your insurance company

**Fees and Payment:** The fee for a 45-50 minute individual, couples, or family session is \$130. Fees for longer sessions will be charged in 50 minutes increments. Payment is due at each session and is accepted by cash, check, or credit card. If you wish to file an out-of-network claim with your insurance company, you will be responsible for payment to

me and I will provide you with the necessary paperwork to file with your insurance company for reimbursement. As stated earlier, the full fee for the session will be incurred if 24 hour notice is not given for a missed or cancelled appointment, except in cases of emergency such as sickness. There is a \$25 fee for checks returned for non-sufficient funds. If payment becomes a problem for you, please discuss with me so we can make appropriate arrangements. If you maintain a past-due balance, you will not be able to schedule another appointment until you pay this balance. If I am required to do legal service or testify on your behalf, I charge \$250/hour for all hours involved, including waiting time and travel time. This amount must be paid in full, in advance.

**Referrals:** If at any point you or I determine that a referral is needed, I will provide you with referrals and/or resources to assist you. You will be responsible for contacting and evaluating these resources.

**Contact and Emergencies:** You may contact me by phone at 214-282-3041 to schedule or cancel an appointment, or if additional communication with me is necessary. I do not provide emergency services. In the case of a life-threatening emergency, please go to your nearest emergency room or call 911. Additional emergency resources are available online at [www.bowencounseling.com](http://www.bowencounseling.com). If you are unable to reach me in a timely manner, you should contact your physician, a local emergency room, or contact 911.

**Complaints:** My services will be provided in a professional manner consistent with the legal and ethical standards established by the Texas Board of Examiners of Licensed Professional Counselors. You have the right to have any complaints heard and resolved in a timely manner. If you have a complaint about your treatment, me, or any policies, please bring it to my attention so it can be resolved as quickly as possible. If a complaint is not resolved, the Texas Board of Examiners of Licensed Professional Counselors can be reached at 1-800-942-5540.

Please sign below that you have read and understood all of the above information. You may receive a copy of the above information at your request. Signing indicates that you are consenting to receive treatment from Ann-Marie Bowen, LPC. You may revoke this agreement in writing at anytime. I understand that if Ann-Marie Bowen, LPC, is unavailable (on vacation, for example) this consent is transferable to another designated professional covering for Ann-Marie Bowen, LPC.

**Client or Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Ann-Marie Bowen, LPC:** \_\_\_\_\_ **Date:** \_\_\_\_\_