

**DESIREE BOWSHER, M.A., LMFT
LICENSED MARRIAGE AND FAMILY THERAPIST
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Las Vegas, NV 89147
702-430-1342
www.lvmft.com**

DISCLOSURE STATEMENT & AGREEMENT FOR SERVICES

This document is to provide you important information about your treatment. Your signature will be required before beginning treatment. Please take time to read the entire document and feel free to ask any questions about its contents.

Personal Qualifications:

I, Desiree Bowsher, am a Nevada Licensed Marriage and Family Therapist (License #01195). I received a BA in Psychology from UNLV in May 2001 and an MA in Counseling Psychology: Marriage and Family Therapy from Regis University in December 2009. I am a member of the American Association of Marriage and Family Therapists.

Therapeutic Base:

As a marriage and family therapist my training is in systems theory. Systems therapy works with the relationship and cycles of interactions between people. I believe strongly in the influence of the family unit on individual members and vice versa, so our work will reflect on family dynamics past and present, and, whenever possible, appropriate family members will be requested to join sessions. Other issues besides the system that may also affect a person include: gender, culture, and spirituality, which will also be considered. During the first couple of sessions, specific goals pertaining to the presenting problem will be made. I will gather data on your presenting problem and then work together to find a solution. Therapy is a joint venture between therapist and client. Therefore, I can be expected to use my training, knowledge, and skill to the best of my ability as well as giving you my full attention and concern. In return, you will be asked to do things that may not initially be comfortable for you. I may challenge you in various ways to view yourself and others differently. Therapy is a process of growth and change, which is never simple or easy. It is hard, yet rewarding, work if you are willing to invest the time, energy, and mindfulness therapeutic change requires. It is important to realize that the success of therapy does not just depend on the work done during session, but also in day-to-day life. Therefore, a part of your therapeutic process may include assignments outside the therapy room.

In order to achieve honesty and trust, you will be expected to attend each session free from the influence of drugs or alcohol. If I determine that you are under the influence, we will reschedule the session. Payment for the missed session will be due.

If you are participating in marital or family therapy, I have a "no secrets" policy. I will not keep information presented to me privately from the other members. To the best of my ability, I will encourage all disclosures to be made to the significant other or family by the individual.

It is not the intent of my practice to handle crisis situations, as I am not available 24 hours a day. If you are in need of this type of therapy, I will be happy to provide you with referrals. **In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.**

Confidentiality:

All of our sessions will, of course, be confidential. My professional code of AAMFT ethics and Nevada Statutes prevent me from disclosing information that is shared in therapy or releasing information without your written consent. If you are here for couples or family therapy, all persons involved in the therapy process are required to provide written consent before information can be released; however, I cannot guarantee that other participants who are involved in your therapy process will respect confidentiality. The only exceptions to confidentiality are stated in the family therapy rights section of this disclosure statement.

Parents/legal guardians of minors must give consent for treatment, unless otherwise stated by law. However, minors have the right to a confidential relationship and I will respect these confidences unless I feel there is a high risk to the minor's health and safety.

To ensure the best treatment and objectivity for your case, at points in your treatment, I may consult with licensed colleagues and psychiatric professionals regarding elements of your case. This is common amongst medical and behavioral health professionals. In consultation situations, no personally identifying information is shared.

You can view the AAMFT code of ethics by going to their web site at www.aamft.org.

Fees

My fee is \$110 per 45-50 minute session. Payment will be due at the beginning of each session, or session will not be held. \$110 per hour will be charged for other uses of my professional services such as: phone conversations lasting more than 10 minutes, meetings with other professionals you have authorized, preparation of reports, records or treatment summaries, paperwork and phone communication related to billing; and any other services requested of me on your behalf, including legal proceedings, preparation and attendance. If I am required to respond to a subpoena via phone or in person, or am required to respond in any manner to any judicial issue, an initial \$220 for two hours will be charged and \$110 per hour thereafter.

Cancellation Policy:

Your appointment time has been reserved for you because your time is valuable. You may call and leave a message on my voicemail or text message to cancel prior to your session. Sessions must be cancelled 24 hours in advance. Appointments without 24 hour cancellation will be charged the full \$110 fee for a "no show appointment." Any client who "no shows" more than once will not be rescheduled.

Sessions begin at the scheduled time. If you are late, you will not have a full session. You will be billed for a full session regardless of actual time spent in session.

Please note: I do enforce the cancellation fee policies.

Dual Relationships:

My professional code of ethics and the Nevada statutes are very strict in terms of dual relationships. Due to this ethical code, all personal social networking sites and correspondence would be considered a dual relationship which I am not permitted to engage in.

Technology:

All communication with my clients is done in the therapy room, with the exception of communication in reference to appointment scheduling and management. Please note that my phone number is a cellular phone with a voicemail. My number is private as is my voicemail; however, I cannot guarantee the confidentiality of technology beyond my control.

I prefer to only use email or text messaging to arrange or modify appointments. Please do not email or text message me content related to your therapy sessions, as email and text messages are not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider.

Your rights as a family therapy consumer are:

1. To receive information concerning the methods of therapy employed, the techniques used, the duration of therapy (if known), and the fee structure for services provided.
2. To seek a second opinion. If needed, I can provide you with names of other qualified professionals.
3. To terminate therapy at any time without any moral, legal or financial obligations other than those already accrued.
4. To know that in a professional psychotherapeutic relationship sexual intimacy between therapist and client is never appropriate.
5. To know our therapeutic relationship is confidential except under the following conditions:
 - a. If you threaten bodily harm or death to yourself or another person.
 - b. If you reveal information about physical abuse, sexual abuse or neglect in regard to a child or elderly person.
 - c. If you are in court-ordered therapy.
 - d. If a court of law issues a legitimate subpoena or a judge breaks your confidentiality,
 - e. If you are under age 18 in the State of Nevada, parents have access to some information in regards to their child's medical records.
6. If you request, any part of your records can be released to any person or agency if you sign an authorization.

Initials_____

All marriage and family therapy services in Nevada are regulated by the Nevada Board of Marriage and Family Therapist Examiners. Questions or complaints may be addressed to P.O. Box 72758, Las Vegas, Nevada, 89170. The phone number is (702) 486-7388.

Agreement:

- 1) I have read and understand the above policies.
- 2) I have read and understand the financial obligations and cancellation policies.
- 3) I have been informed of my therapist's credentials and my rights as a client.

Client

Date

Client

Date

Parent/Guardian signature

Date