# Grand Junction Counseling, LLC – *“Your Pathway to Peace!”*

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**Disclosure Statement**

*Welcome! I am thankful you are here. It takes much courage to consider getting support for a more balanced and fulfilling life. The purpose of this form is to introduce myself and let you know what you can expect from counseling. I hope you will feel comfortable asking questions as they arise.*

**Education, Training and Degrees:** I hold a Bachelor of Arts in History from Wheaton College in Illinois, and a Masters of Arts, in Community Counseling, from Denver Seminary. I am a Licensed Professional Counselor (LPC) with the state of Colorado. License # \_5605\_. Following graduation, I have had the privilege of: leading drug and alcohol recovery groups with Community Corrections, counseling college students at Behavioral Clinical Services, and working with adults with developmental disabilities. For the past six years I have had a counseling practice here in Grand Junction, Colorado, where I offer counseling to children, adolescents, individuals, couples and families. I am also an EMDR (Eye Movement Desensitization and Reprocessing) practitioner. EMDR is a specialized technique for people who have experienced trauma.

For those interested, I also offer a **Christian healing protocol for Mind-Body Work** adapting elements from Neuro-Emotional (N.E.T), Thought-Field Therapy (T.F.T), E.M.D.R, and spiritual warfare. It filters out New Age philosophies and harnesses God’s remarkable created mechanisms in the body-mind connection. It provides a highly effective treatment procedure for alleviating a wide range of psychological symptoms. It addresses client challenges comprehensively, attending to the physical, emotional and spiritual aspects of the problem and the solution. Interventions are based on the belief that the subconscious catalogues the individual’s life experience and that previous trauma tends to cause current symptomology. Mind/body interventions are employed to clean previous trauma, thus relieving the current symptom. Mind/body work involves minor touch by the therapist and is about psychotherapeutic interventions and not medical diagnosis, medical treatment, or prescriptions. The client is responsible for any and all actions taken concerning any therapeutic assignments, mind/body work or prayer work done with Stephen Anthony. \*Part of this protocol involves muscle testing. By signing this form, the client gives me permission to touch the client’s wrist and certain head points, if we decide to use this protocol during a session.

**Therapeutic Process:** I view the counseling process as forming an alliance with you to explore the nature of your struggles. In our initial stage of therapy we will work collaboratively to formulate goals specific to your needs. I will periodically ask you to assess the effectiveness of treatment and evaluate your goals. My style tends to be direct, compassionate, and practical. I utilize my training in Psychodynamic and Cognitive Behavioral Theories, as needed.My training is in a broad range of areas, but some of my specialties are: anxiety, depression, trauma, couples work, and addictions (sexual, drug and alcohol).

**Billing Information:** The fee for individual counseling will be $100 per 50 minute session. The initial session, called an “Intake,” is usually 1 ½ hours and costs $150 for individuals and $150 for Couples/Family. Additional time, beyond the 50 minute hour, will be charged in one-tenth of an hour intervals. Sessions scheduled after 6pm will be billed at $150 per hour. Sessions scheduled on Saturdays will be billed at $150 per hour. There is a 10% discount if sessions are paid ten sessions in advance. There are no refunds for sessions paid in advance. However, credits may be used at any time in the future and are transferable.

Payments are to be made at the beginning of each session. (cash, check, or credit card – cash or check are preferred). Unless other arrangements have been made. All payments are the sole responsibility of the client receiving therapy, or their legal parent or guardian. The therapist is not responsible for the collection of payment from third party payers. Client is expected to pay the therapist in full and then collect from third party payers. Fees may increase periodically, and thus the fees are subject to change with two-week prior notification. In the case of individuals experiencing significant financial hardship, an adjustment of the full fee will be considered on a case by case basis.

**Insurance Information:** I do not file insurance claims for you. If your insurance provider will be covering the costs of your counseling, then you will need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I will be glad to fill out any part of the form that is necessary.

**Appointments and Cancellations:** Appointments are scheduled in advance and generally take place once a week for 50 minutes, but can be altered depending on your needs. If you arrive late, it is usually not possible to extend the session. If you are unable to keep an appointment, please leave me a phone message at least 24 hours in advance to avoid being charged the full fee. Please send phone messages, not email messages, to cancel an appointment. In some cases, we may discuss whether or not the full fee will be charged (i.e. sickness or unforeseen emergency). *All missed appointments must be paid prior to scheduling another appointment time.*

I will do my best to offer an alternative session, if you cannot make your scheduled time. Frequent schedule changes result in disruptive work, and are discouraged. If you become over a month behind in payments, I may ask you to take a break from therapy, until your bill is paid in full. I do not file insurance claims for you.

**Dual Relationships:** Grand Junction is a smaller town, and consequently you may encounter someone you know in the waiting room. Please respect the privacy of others, as you would wish your privacy to be respected. I will never acknowledge a therapeutic relationship without your permission. If we pass each other in public I will smile, nod or say hello. Please notify me if this is uncomfortable, or if you would prefer I not acknowledge you at all in public.

**Terminating Treatment:** When you wish to terminate treatment, please give a minimum of one week’s notice. You may terminate treatment at any time without moral, legal, or financial obligation beyond payment of services already rendered. It is expected that we will discuss the prospect of termination so that both parties will be clear about any details that need attention as part of the termination process. If you do not schedule for four consecutive weeks, I will assume you are terminating your work with me. My hope is that I can assist you in creating a positive ending, when your time comes to end counseling.

**Choosing a Therapist:** Finding a counselor who serves you with openness, respect, curiosity and acceptance is important. You have the right to stop therapy at any point, seek a second opinion from another counselor, refuse to do a particular activity or request a referral to another counselor.

**How to get the most out of Therapy:** I would ask that you engage in the counseling process. This means that you regularly attend sessions, and that you would be honest about how you are feeling about the counseling process. Also, I encourage you to practice good self-care before and after sessions. Throughout the month it is important to give yourself the time and space to engage with the themes of the session.

**Confidentiality:** There is a legal privilege in this state that protects any information that you share with me and requires me to keep the strictest of confidentiality (See HIPAA consent form). As a professional, I assure you that I maintain strong ethical standards of confidentiality. There are legal exceptions to this confidentiality. The following situations are ones in which the information you have shared with me may be given to others: (1) suspected abuse of a child, developmentally disabled person, or a dependent adult; (2) potential suicidal behavior; (3) threatened harm to another, which may include knowledge that the client is HIV positive when there is an unwillingness to inform individuals with whom the client is intimately involved; and (4) when required by court order. Information may also be disclosed if a client signs a written release authorizing said disclosure, or in the event that a complaint is filed by the client against the counselor. If insurance is sought, confidentiality is waived. No records will be released without written permission on a Release of Information Form or a Court Order.

*Consultations:* I regularly consult with other professionals and supervisors to gain further knowledge and skill on how to help my clients. Such discussions are done so in a way to maintain confidentiality.

**Testifying in court/Legal Proceedings:** Due to the nature ofthe therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is strongly recommended that should there be legal proceedings (such as divorce and custody disputes, lawsuits, injuries, etc.), neither you (client), nor your attorney, nor anyone acting on your behalf, call on me to testify in court or at any other proceeding, nor request a copy of the psychotherapy records. This action can be particularly harmful to children who believe they are sharing information in a safe place, that is then revealed in court. Court testimony can and often does damage a child’s trust in their therapist and usually ensures that at least one parent- generally the one that the child expresses the most anger, discomfort, or difficulty with- will believe that I am not doing a good job with the child. A therapist and a child evaluator are not the same thing and should be treated as such. Any time needed to be spent in court will be charged $600 per hour and will include preparation and travel time.

**In marriage and family counseling:** The therapist holds a “no secrets” policy. All members of the couple or family system are treated equally, and “secrets” are not kept by the therapist that requires differential treatment of family members.

**The Colorado Department of Regulatory Agencies** has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Regulatory Agencies, at the above phone number.

**Contacting Me by Phone, text or Email:** You may send an email to [stephenfanthony@yahoo.com](mailto:stephenfanthony@yahoo.com), leave me a voicemail, or send a text message at my confidential office line, (970)640-2428. I will check my messages during office hours. My office hours are Monday-Friday, 8am-5:30pm. Please limit your phone or email conversations to appointment and scheduling needs.

You will not be charged for brief phone calls or email exchanges; however, after 10 minutes, you will be charged in 20 minute increments my normal rate if continue talking. Please note that these forms of communication are not fully protected, and if you do communicate by phone, text or email, you do so at the risk of your confidentiality.

**Emergencies:** Please do not use my email or voicemail for emergencies. If you are in emergency and cannot reach me, please call one of the following numbers for help:

General Emergencies: 911, or Colorado West Regional Mental Health: (970) 241-6022

*I have read and understand the information presented in this form.*

Client Signature Date

Client Signature Date

Parent/Guardian Signature Date

Therapist Signature Date­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­