



Accelerate Counseling & Consulting
Professional Disclosure Statement
Barry D. Bowden
Licensed Marriage and Family Therapist
AAMFT Clinical Member

This disclosure statement is a requirement of my licensure board and is provided to assist you in understanding our professional relationship.

I received my Master of Science Degree in Family Life Education and Consultation from Kansas State University in Manhattan, KS in 1996. I received a Masters of Divinity (1984) and a Masters of Theology Degree (1986) from Western Seminary, Portland, OR. I have been a Clinical Member of the American Association of Marriage and Family Therapists since 1999. My credential is as a Licensed Marriage and Family Therapist in North Carolina (#1286).

In my over 30 years of counseling and mental health work, I have had the privilege of helping many people find wholeness and healing. I see men and women, adults and families. I do individual, marital, pre-marital, group, family and multi-family therapy. I have experience treating many different life challenges and relationship issues.

In helping people, I take a Systems approach which means that I believe a significant change in one person can have a ripple effect of change for the client's different relationships. I typically used a problem solving, solution focused approach, which focuses on identifying strengths in relationships and applying them to improve clients wellbeing. I also believe that a Cognitive (thought process) approach coupled with Behavioral changes is effective for many clients. I use a variety of techniques including, but not limited to the following: genograms (mapping family relationships), assessment tools, role-playing, and cognitive restructuring (learning how to think differently). Should you choose to complete an assessment, it will become part of your permanent record as well as any diagnosis if required for treatment. Generally, all sessions will last 45 minutes. Fees are set as standard session reimbursement. Intake session is \$215 and every session after that is \$170 for couple/family and \$170 for individual treatment. When insurance is approved, you are expected to pay the deductible or co-pay before each session. For those clients without insurance or the ability to pay full fee, an adjustable scale is possible for a limited number of clients. Please contact the office if you are not able to keep a scheduled appointment. Failure to provide 24 hour notice of a cancellation may result in a no-show fee of \$80. Self-pay sessions using Accelerated Resolution Therapy is \$150 per session. Initial self-pay sessions are \$125. All other self-pay sessions are \$100 per session.

I have a legal duty to keep our time together in the strictest of confidence so that you are able to share your emotions or concerns, and to reveal personal information with the assurance of both safety and privacy. However, I want you to understand that there are certain circumstances in which this agreement of confidentiality may be broken:

- a. If I believe that you intend to take harmful or criminal action against another person or a g a i n s t yourself; it is my legal duty to protect persons in danger through contacting appropriate agencies or individuals.
b. If there is any suspicion of recent or current child or elder abuse, or domestic violence, it is my legal duty to report the abuse to appropriate social agencies to protect those being harmed.
c. If a court issues a subpoena for me to give testimony, it is my legal duty to comply to a direct court order.

If at any point in our relationship, you are dissatisfied with me or my behavior and wish to file a complaint, you may do so according to the American Association of Marriage and Family Therapists (AAMFT) Ethical Guidelines. You should attempt to resolve your complaint with me directly, and if this is not successful, please discuss this issue with me directly. If you are still not satisfied with the results, you may place your concerns in writing, citing the AAMFT ethical codes you believe to have been broken, and submit them along with a completed NC MFT Complaint Form to the NC MFT board. Mail your complaint to North Carolina MFT Licensure Board, 1135 Kildaire Farm Road, Suite 200, Cary, NC 27511. You can also find more information at http://www.ncblpc.org/complaints.html

Client Name (print)

Date

Client Signature

Counselor Name

Date

Counselor Signature

[one copy provided to client and one copy kept in client confidential file]