

**Your Rights:** As a consumer of psychotherapy, it is important for you to have a general understanding of your rights under the State of Washington and to know the background of your counselor. All certified therapists are regulated by laws that provide a comprehensive code of ethics and conduct and assure confidentiality. Licensure ensures that the counselor practiced professionally for at least two years after receiving a Masters Degree and passed the national written examination given by the Washington State Examining Boards. If a client thinks his/her therapist is not meeting their ethical responsibility, he/she is strongly encouraged to address this with the therapist and/or bring this to the attention of the State. Inquiries or complaints against any counselor can be directed to: Department of Health, Professional Licensing Services, 1300 Quince Street, P.O. Box 477869, Olympia, WA 98504, (360) 664-4375.

**Training and Professional Background:** Janelle Jensen, provides services to assist people in expanding their human potential. Janelle has a Bachelor of Arts degree in Social Work, and a Master's of Science degree in Marriage and Family Therapy. In addition, Janelle has specialized training and experience in Medical Family Therapy, Alzheimer's disease/memory loss, geriatrics, family caregivers, and couples. Janelle uses a person-centered, strength and faith based, respectful approach utilizing an integration of family systems and emotionally-focused therapy.

**Treatment:** It may include one or more of the following: individual therapy, couples, family therapy, parenting support, resources, and psycho-education. You may receive a referral to see a naturopathic physician, medical doctor, or advanced registered nurse practitioner for a psychiatric evaluation and medication management. During the course of your treatment, you will develop goals tailored to your needs.

**Confidentiality:** All matters discussed in the course of treatment are strictly confidential with the following exceptions: 1. If you sign a release/exchange of information form, (separate document) giving permission to communicate with specified others to facilitate treatment or other services. Minimum necessary information is given. 2. The law requires the release of confidential information, without consent, in several situations; if there is suspicion of abuse to a child or vulnerable adult (Janelle is a mandated reporter with CPS-Child Protective Services), if harm is threatened to yourself or another person, if courts subpoena records. 3. Janelle may share information about your treatment in professional consultation or supervision, to further the goals of the service to you. In such cases, your name and unique identifying information will be held private.

**Medical Records:** Records are kept of the health care services provided. You may ask to view and/or have a copy of those records with a release of information form (ROI) provided by your therapist. Your records will not be disclosed to others unless you (via ROI) or the law (via subpoena) authorizes it.

**Insurance:** Janelle currently accepts Premera Insurance and and private pay. Payment is due at the time of service.

**Cancellation Policy:** The fee for missed or canceled appointments less than 24 hours in advance is a full session fee, unless the circumstance is beyond control. Please cancel your appt. if you are ill.

**Emergencies:** If you have not received a return call from your therapist after one-half hour, call the 24 hour Crisis Clinic at [\(206\) 461-3222](tel:2064613222). For life threatening emergencies, call [911](tel:911).

**License #:** Janelle Jensen MS, LMFT #LF60661812

Washington State Law requires that counselors practicing counseling for a fee must be registered or licensed with Washington State Department of Health for the protection of the public health and safety. Licensure of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

***Agreement for Therapy***

During your first appointment (s), Janelle Jensen,MS, LMFT, will ask you questions to better understand your needs, and then will discuss how she may be able to help you. Your involvement in developing a mutually agreed upon plan for care will help to improve your therapeutic experience. If you have concerns with any aspect of treatment, it is helpful to voice your thoughts and feelings with Janelle Jensen.

***By signing below, I certify the following:***

The information in the application, health history, and consent form is complete and accurate to the best of my knowledge. I give my permission for Janelle Jensen, MS LMFT to contact my emergency contact in the case of an emergency.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_