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## **General Information and Client Consent Agreement**

### Introduction

Please take your time and read all sections of this disclosure form carefully. Feel free to ask any questions you might have.

### Your Rights

You have the right at any time during the course of treatment to request a change of therapy, request a referral for another therapist, or to discontinue therapy for any reason.

### Your Responsibilities

It is important for you to be actively involved in all aspects of treatment including:

- Attending sessions (or letting me know when you can't make it)
- Voicing your opinions, thoughts, and feelings, honestly and openly, whether negative or positive
- Being actively involved during sessions
- Doing between-session work as requested
- Experimenting with new behaviors and new ways of doing things

### Therapeutic Orientation

I use an integrated trauma-informed approach, and primarily utilize Person-Centered and Cognitive Behavioral therapies.

### Course of Treatment

Length of treatment varies from person to person and will be discussed with you on an individual basis. If you feel that you are not being helped by therapy or need to terminate therapy for some reason, please discuss this with me at any time during treatment. I may also request termination if I feel that I'm no longer able to help you. However, therapy will never be terminated without discussing these issues with you first.

### Treatment Risks

Some clients experience an increase in stress, particularly near the onset of therapy. It is not unusual for clients to feel worse before feeling better.

### Financial Agreement

Services are charged on an hourly or per-session basis. Therapy sessions last for 50 minutes, unless otherwise arranged. Unless otherwise discussed, your fee is \$100.00 per hour/session and \$120 for first session/intake. Fees are typically paid at the time of service and are payable in full. There will be a \$25.00 service charge for each non-sufficient funds check. Accounts are not to accrue any unpaid balance of more than two sessions. After two sessions of unpaid balances, services may be withheld until the account is paid in full. Past due balances may be turned over to a collections agency.

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Cancellations, Missed Appointments, and Lateness

A 24-hour advance notice of cancellation for scheduled appointments is required. A \$50 fee will be charged for missed sessions not canceled 24 hours in advance. **Note: Your insurance will not pay for missed or cancelled sessions, so you will be responsible for paying out of pocket.** In addition, if you are more than 20 minutes late, your insurance will not pay for the full session, and you will be responsible for the remainder of the full fee (\$100). All messages, including cancellations, may be left on my voicemail or via text message at (503) 622-1940 or via email at jenniehagenlpc@gmail.com

**Please retain a copy of this agreement for your files.**

Your signature below indicates that you have read and understood all of the above material and are willing to work within the parameters of these policies and procedures.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date