

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Jenna Appling, LMFT  
14715 Bel-Red Road, Ste. 102  
Bellevue, WA 98007  
Phone: 206-491-8818  
Fax: 425-747-4380  
jenna@applingcounseling.com

**Disclosure of Information, Policies & Client Agreement**

**Your rights as a client in counseling**

Therapists and counselors practicing for a fee in the State of Washington must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration or Licensure of a counselor with the Department does not include recognition of any practice standards nor necessarily imply the effectiveness of any treatment.

If you feel I have behaved in an unprofessional or unethical manner, please advise me so that the problems can be addressed and resolved. If you believe that does not resolve the issue, you may contact the Department of Health.

Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

**Confidentiality**

As a client you have privileged communications under state law. I will hold all communication with you in strict confidence and will not share information about you without your written consent. However, by law there are certain exceptions to your rights of confidentiality. These are:

1. If I believe you are likely to do harm to yourself or another person.
2. If I believe that you may be physically or sexually abusing or neglecting a minor or vulnerable adult, or if you report the possible abuse or neglect of a child.
3. If I receive a subpoena to provide information.

**Appointments & Fees**

Each session lasts 50-60 minutes unless we arrange in advance for a longer time. The scheduled time for your session is set aside for you.

**Cancellation Policy**

If you miss a session without canceling or if you cancel with less than 24 hour notice, you will be billed **in full** for that time. \_\_\_\_\_ **(Initials)**

**Balance Due**

If you accrue a fee for missing an appointment or have a balance due on your account you will not be rescheduled until the fee is paid. \_\_\_\_\_ **(Initials)**

**Credit Card Processing Fee:**

**\$3.00** \_\_\_\_\_ **(Initials)**

**Session Fees**

Initial Intake Session:

**\$160.00** \_\_\_\_\_ **(Initials)**

All Ongoing Sessions/Documentation/Time spent on your case outside of session:

**\$150.00** per hour, unless otherwise agreed at a different rate. \_\_\_\_\_ **(Initials)**

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**Payment & Insurance Reimbursement**

Session fees are due in full at the end of each session. If I am able, I will file claims directly to your insurance company. If I am not in network with your insurance provider, I will provide you a detailed invoice that you may submit for reimbursement. Monthly statements are sent to you if you have a balance due. There will be a 1.5% or \$5.00 charge on unpaid balances more than 60 days old. If the bill becomes more than 90 days past due it will be sent to a collection agency.

***I have read the Disclosure of Information, policies & client agreement; I understand and agree to its terms and conditions, including (please check all boxes):***

I understand that Jenna Appling, LMFT maintains minimal session notes based on what is legally required under Washington State Law.

I hereby grant permission to Jenna Appling, LMFT to communicate with me via email and texting. I understand that email and texting is not considered a secure form of communication; I understand and accept this risk.

***I understand that I am responsible for session fees and copays at the end of each session. I also understand that if In Network, Jenna Appling, LMFT will file claims on my behalf, if not, it is up to me to file claims to my insurance company if I so choose.***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature (or Parent / Guardian)

\_\_\_\_\_  
Date