

**Wendy Jensen, LCSW**  
*Licensed Clinical Social Worker*

**9860 SW Hall Blvd.  
Suite B  
Tigard, OR. 97223**

**Phone: (503) 624-1111  
Fax: (503) 774-3996  
E-mail: WendyJ@healingsource.biz**

**1016 SE 12<sup>th</sup> Ave.  
Portland, OR. 97214**

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## **WELCOME**

It is important to me to offer you the best in quality, safety and confidentiality. Toward that end, I'd like you to know a little about me. These pages provide you with information about my education, my office policies and procedures, along with your rights and responsibilities as a client and what you may or may not expect from therapy. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information by the end of this session. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.



### **INFORMATION AND CONSENT TO TREATMENT**

#### PHILOSOPHY AND APPROACH

As a mental health counselor, I work with a general population of adolescents and adults. I accept clients in my practice who have the capacity to take responsibility for themselves, and resolve their issues with my assistance. I believe people grow and change with counseling, and that people benefit from the counseling process as they grow in self-awareness, skill-building and ownership. Therapy can make more choices available, as the client explores old coping mechanisms that may have helped in the past but may no longer be useful. Treatment focuses on the client's chosen goal(s). Goals are reached through a wide range of techniques including cognitive and solution-focused therapy; insight-oriented work, breath work, guided imagery, hypnotherapy, past-life story; family of origin work; energy psychology and shamanic healing methods. I provide individual, group, and family therapy.

#### Specialties Include:

- Peak Performance Mindfulness Techniques
- Heart-Centered Hypnotherapy
- Insight-Oriented Healing Techniques
- Energetic and Shamanic Healing Methods
- Treatment for depression and anxiety
- Treatment for emotional “baggage”
- Adults who have been traumatized as children
- Individual and Group treatment for Juvenile Sexual Offenders

## FORMAL EDUCATION AND TRAINING

- Masters of Social Work (MSW), Portland State University, June 1992.
- Masters level Certification in Alcohol and Drug Abuse Treatment, Graduate School of Social Work, University of Utah, August
- Clinical Certification in Heart-Centered Hypnotherapy
- Diplomate; Comprehensive Energy Psychology
- As a Licensed Clinical Social Worker, I participate in a minimum of 20 hours of education per year.

## PROFESSIONAL ETHICS AND STANDARDS and/or ASSOCIATIONS

- Licensed by State of Oregon Board of Clinical Social Workers, # 2168
- Member of: National Association of Social Workers (NASW)  
National Board for Certified Clinical Hypnotherapists (NBCCH)  
Association for Comprehensive Energy Psychology (ACEP)  
Association for the Treatment of Sexual Abusers (ATSA)  
Association of Heart-Centered Therapies

I adhere to the Code of Ethics as delineated by the Oregon State Board of Clinical Social Workers (ORS 675.510 - 675.600 & 675.900).

## THE RIGHT TO CONFIDENTIALITY

Statements made during therapy are in confidence, protected by both state and federal laws. This confidentiality applies to the therapist's relationship with children and adolescents, as well as with adults. With few exceptions, information that is shared with the therapist will not be divulged to anyone without explicit verbal or written permission from the client.

As part of the treatment process and in order to provide clients with the best possible treatment, the therapist may discuss treatment issues with a consultant. When this occurs, identifying information is deleted from such case discussion.

At times it is helpful to have a client's permission to exchange information with others, for example: a previous therapist, a doctor, case worker, probation officer, etc. If there is a need for such an exchange of information, a client will be informed about what information needs to be exchanged and why. It is a client's decision whether to give permission. A client's signature on a Release of Information form will then be requested.

## LIMITS OF CONFIDENTIALITY

By law, exceptions to confidentiality are limited to emergencies, where either the client or others are in clear and imminent danger; there is communication revealing intent to commit serious harm to oneself or others, there is communication revealing intent to commit a crime; or when a minor is suspected of being a victim of abuse or neglect. Other exceptions are: valuable information during a medical emergency, court ordered information, legal action initiated by a client, or diagnosis required for insurance reimbursement.

## COUNSELING SERVICES

During the initial sessions, you and I will discuss the problems and concerns that brought you here. Together we will work to agree on goals for your treatment and will identify approaches that may help us in our work. Some problems will take only a few sessions to resolve, while others may require many sessions over an extended period of time. You can help the process by volunteering information about yourself, your feelings and thoughts, your beliefs and your relationships. Please be sure to alert me to such issues as previous treatments, significant losses, traumas, substance abuse, medications, eating disorders, mental health concerns, family conflict or violence, significant historical events, and the influence of friends, work and relationships. I can best assist you when I understand you and your world of experiences.

## RISKS AND BENEFITS

Psychotherapy and Hypnotherapy have helped many people but success is never guaranteed. There are some risks to treatment. During the course of therapy it is common for issues that create discomfort to arise. Clients new to this process are often surprised when unexpected feelings or memories emerge that are confusing and sometimes uninvited. As problems are faced, some things may seem to get worse for awhile before they get better. This can be the result of doing the emotional work required for healing or problem resolution to occur. As you learn to make different choices, old patterns in relationships may not work so well anymore. I will work to limit these risks by letting you, the client, set the pace and working on issues that you want to work on. You have the right to be in control of your sessions.

For those choosing hypnotherapy as part of your treatment: hypnotherapy can be extremely effective for both emotional and physical discomfort. However, please note that this is in no way a replacement for medical treatment. If questions or concerns come up for you at any time during the counseling process, I encourage you to discuss them with me immediately.

## APPOINTMENT AND CANCELLATION POLICY

Successful therapy requires an acceptance of responsibility, a commitment to explore change, and a positive working alliance between the client and the therapist. Regular and on-time attendance to appointments is a part of that responsibility. Appointment times are reserved for you. If you are unable to attend a scheduled appointment, 24-hour notice is recommended to avoid being charged. No-shows are charged for the full session. Please be aware that insurance companies do not reimburse for missed sessions, therefore, in such cases, the responsibility for payment rests with you.

Under special or extenuating circumstances payment may be waived for late cancellations or missed appointments. Messages of cancellation may be left on my voice mail: 503-624-1111. I appreciate as much notice as possible if you need to cancel so that someone else who may be waiting for an appointment can arrange to come in. Please note that I am available to do telephone sessions if needed. Those are billed at regular fee rates.

## FEES

Unless special arrangements have been made with me (either by you, or by a managed health care organization on your behalf) my fees are based on prevailing standards in the community. Individual, family or couples therapy is \$125.00 per hour/session. Sessions generally run for 45-55 minutes, unless other arrangements are made. Group therapy is generally \$55 per session. Evaluation fees vary depending on the procedures performed.

Written reports, letters, or treatment summaries are also billed at the hourly rate listed above. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation, and consultation time on your behalf.

Hypnotherapy sessions may run up to 90 minutes. If your insurance company does not pay for more than 60-minute sessions, you will be billed for the remaining 30 minutes of treatment.

If you request to have your psychotherapy notes copied for another therapist, attorney or other professional, I charge a \$25.00 fee to access archived files and 5.00 per page for copying any notes or documents in your file. It is my policy that you sign a release of information before I can release your file.

### INSURANCE

Due to continuing reductions in my reimbursement by insurance companies, I have been forced to discontinue insurance panel membership with several insurance companies. I participate as a preferred provider only on a limited number of insurance panels. I am an “out of network” provider on many other insurance panels. Please check with me to see which panel memberships I am on and what your insurance benefits are accordingly. I will make every effort to aid in obtaining insurance reimbursements entitled by the client. However, it is the client's final responsibility to settle his/her account with this therapist at the time of service, regardless of insurance coverage. It is your responsibility to have any required referral forms or pre-authorization prior to the start of treatment. For those with insurance, rates will vary depending on your insurance and any contract I may have with that insurance company. Your fee is adjusted if your insurance reimburses less than my usual fee. Most insurance companies require a co-pay due at the time of service. Your deductible is usually due at the first of the year. Plan for this cost and pay your full appointment fee until the deductible is met.

In the past, I have always provided billing to insurance companies as a professional courtesy. As practitioners, we are not obligated to provide this service, as some clients have discovered from other types of service providers. However, I provide this service because asking clients to fill out those crazy, difficult HCFA forms and then to battle the insurance companies when they invariably mess up the payments would be a huge burden to the client. I pay someone professionally to do billing and to deal with insurance companies for everything from eligibility to payment mistakes to computer glitches. I typically wait 45 to 90 days for payments from most insurance companies, barring any mistakes on their end. I am willing to continue to provide that service for clients. For this reason, I add a billing service fee monthly to help offset some of that cost. For those of you who have ever had to deal with billing your own insurance company you will appreciate this compromise.

If you are non-insured or self-paying, I will be offering a discount per session for those who have to pay entirely out of pocket or if you are an “out of network” insurance client. Fees are due on the day of service. If you have financial difficulty, please discuss this with me so that I can make arrangements with you. I am generally agreeable to most any payment plan as long as the plan is followed through with. I accept cash, check and credit cards for payment. I reserve the right to use third party collection procedures on overdue accounts if arrangements have not been made. I reserve the right to charge a late fee each month for balances not paid in 30 days to cover the expenses of re-issuing billing statements. This does not apply to balances owed by your insurance company.

It is my preference that fees and co-pays are given to me at the beginning of the appointment so that we do not have to spend your therapy time collecting money. You will receive a monthly statement from me reflecting services provided and your account balance.

#### INDEPENDENT PRACTICE

Although I share office space with other practitioners within the mental health field, I am not professionally affiliated with these other individuals. On occasion, various practitioners within our office may provide referral or consultation services to one another; however, this is done on a case-by-case basis between independent practitioners. I maintain an independent private practice with files, billing procedures and clinical practices that are separate from those of other practitioners within our office building.

Additionally, it is important for you to know that I may refuse to be a party to any legal proceedings against current or former clients. My goal is to support my clients to achieve therapy goals – not to address legal issues that require an adversarial approach.

#### ANIMAL-ASSISTED THERAPY

I have small dogs that are trained as therapy dogs that accompany me in my office most days. They are quiet, gentle and social. Many times clients ask to have them sit on the couch with them or on their laps. This is ok with me. If you have concerns about having dogs in your therapy session, please let me know so that I may leave them home or crated.

#### AFTER HOURS OR EMERGENCY

Messages may be left on my voice mail and will be checked regularly during the day. I will do my best to contact you as soon as I am available. Often, however, I am with clients and may not be able to return your call immediately. If I cannot reach you that same day, I will return our call as soon as I can the next day. In most cases, you can reach me on my cell phone at 503-309-8872 if you need to reach me right away. In the event of a crisis or emergency that cannot wait, call Metro Crisis at 503-988-4888 or 911.

#### MISCELLANEOUS

Physical touch is frequently utilized as part of the therapy model called Dynamic Energetic Healing® or Heart Centered Hypnotherapy. This is derived from the discipline of applied kinesiology, specifically referred to as manual muscle testing in my clinical practice. When using manual muscle testing, you will be asked to extend your arms out while I gently touch my fingers to your forearms to measure your physical resistance to specific questions. This is used for diagnostic assessment and for selection of specific interventions. If you have any reservations about physical touching as described above, please bring this to my attention immediately.

It is current Oregon law that non-custodial parents have equal right to access the records of minor children who are receiving counseling or psychotherapy. Legally, a “child” means an unmarried person who is under 18 years of age. Under certain circumstances I reserve the right to withhold treatment records to non-custodial parents if disclosing those records could result in harm to my client.

Please be advised that even though my internet browser is supported by standard encryption as well as Zone Alarm Firewall to prevent 3<sup>rd</sup> party snooping, emails sent to you cannot be guaranteed to be 100% confidential. This is also true for any email correspondence.

### CLIENT'S BILL OF RIGHTS

HIPAA provides you with several new or expanded rights with regard to your clinical record and disclosures of protected health information. These rights include requesting that I amend your record; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized, determining the location to which protected information disclosures are sent, having any complaints you make about my policies and procedures recorded in your records, and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

Additionally, You, the client, have the right:

- To receive respectful treatment that will be helpful to you;
- To ask questions about your therapy.
- To request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations;
- To be informed about fees, methods of payment and cancellation policies before receiving services;
- To privacy as defined by rule and law, and to know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

### TERMINATION OF SERVICES:

I work very hard to provide a therapeutic environment that is caring, confidential and safe for all parties involved. Out of concern for our office environment I reserve the right to refuse to provide continuing services to any client whose behavior or demeanor is inappropriate or disruptive to our outpatient setting, to any client who poses or implies threat to anyone in our offices, and to any client who violates the privacy of anyone in our offices. Finally, I reserve the right to discontinue services to any client for whom I deem outpatient psychotherapy with me to be inappropriate.

In the event that we would have to discontinue our work together, I will make every attempt to bring our work to an amicable conclusion and, if appropriate, to refer you on to another mental health professional or service that might be better suited to your needs.

Be assured that you also have the right to terminate services and to seek therapy elsewhere. In this instance, be assured that your records with me are secure and you may sign a release of information with a future therapist to have your therapy records forwarded or discussed between therapists to better facilitate a smooth transition to a new therapist.

This packet of information is yours to keep for your records.

Please sign the attached form, indicating that you have received a copy of this document.

**INFORMATION AND CONSENT TO TREATMENT**

The signature below indicates that I have read and understand the terms and conditions of this informed consent statement in its entirety and I consent to treatment as has been outlined in the packet I received.

I authorize the release of my clinical record information, as necessary, to my insurance company for the purpose of healthcare credentialing, payment reimbursement, utilization review and quality assurance review.

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

Parent/Legal guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(if required)

This page to remain with therapist records.