



DISCLOSURE AGREEMENT

iMPACT! Compassion Center

Jennifer Felicitas, MS in Counseling

Executive Director, Founder, Licensed Mental Health Counselor: LH60956337

220 W Kennewick Ave, Kennewick, WA 99336

(509) 438-5126

Counseling.impactcc@gmail.com

OVERVIEW

I have a Master's Degree in Professional Counseling and have been providing counseling, life coaching, parent education, professional guidance, social work, and assessments for well over 18 years. I operate from an eclectic approach to counseling that is dependent on your needs and the origins of your issues that you face. I utilize strength-based, cognitive-behavioral theories, with a Christian, biblical, foundation. As a counselor, I realize that each person has their own unique and goals. I respect and value all of my clients, and desire to come alongside to help you meet your specific needs and goals.

In addition, I have done extensive research and have expansive awareness of community needs, social service and government organizations, navigating resources, advocacy, programs and services available.

SERVICES AVAILABLE

- ***Child & Youth*** (relationships, minor mental health, life changes, trauma, divorce, school issues, healing, substance addictions, abuse/neglect, grief/loss, conflict resolution, communication, goal-setting, self-empowerment/life skills, healthy relationships, bullying and harassment, risk-taking behaviors, peer and social pressures, career guidance, strength-building, self-esteem, foster and adopted children)
- ***Adult Mental Health Counseling*** (individual, family, relationships, minor mental health, life changes, trauma, parenting, divorce, healing, domestic violence, substance addictions, abuse/neglect, PTSD, grief/loss, stress management, conflict resolution, communication, goal-setting, self-empowerment/life skills, healthy relationships, career guidance, strength-building, poverty issues)
- ***Family Counseling*** (communication, child-parent relationships, blended families, parenting, divorce recovery, sibling relationships, life transition, healing, adoption and foster parent)

FEE'S

I agree to provide counseling services to you for \$170 for a 50-60-minute session. To determine if your insurance is accepted, I will need your insurance information to get approval. You are responsible for payment of your counseling sessions for any amount that is not covered by your insurance, including any deductibles not met by your insurance and co-pay. State insurance pays insurance 100% of counseling fees. I also take private pay and can accept cash, check, or credit card. I can do sliding scale fee on a case-by-case basis.

CONFIDENTIALITY

All services are confidential, according to law, however, there are specific circumstances that may require disclosure per mandated reporting laws. Such information may be shared in the following situations; 1) abuse/neglect is observed or reported, 2) a legal subpoena is received, 3) observed or reported concern regarding intent to harm oneself or someone else, or 4) emergency situation. There is no communication with anyone outside of the sessions, unless the client authorizes in writing. We are to abide by al HIPAA

laws and restrictions and required to follow all laws regarding mandated reporting. General information may need to be shared with your insurance provider for billing purposes.

GUARANTEES OF SERVICE

With all types of services, what you can gain is limited to what you invest in your time to make changes and work towards your goals. You will be offered the opportunity to work towards your goals through this service and we will provide you the support you request. By agreeing to services, each client understands that they will not hold Jennifer Felicitas, or iIMPACT! Compassion Center, liable for any concerns/problems, but can communicate needs/concerns and any issues can be resolved in this manner.

CLIENT RIGHTS & RESPONSIBILITIES

You have a right to participate in all aspects of services and have a right to close services at any time. I ask that you contact me 24 hours prior to any scheduled appointment, to cancel or reschedule. You will be billed at the normal rate for any missed appointments that you have not changed in advance.

CANCELLATION & NO-SHOW POLICY

Keeping your appointments are important, however, due to illness, family/other, you may need to reschedule. I ask that you call 24 hours in advance if you need to cancel or reschedule. You will not be billed/insurance charged at that time, however, if you call the same day as your appointment, or do not show, you will be billed/insurance charged, as this is time set aside for you and I cannot fill that time space. You are allowed 2, no-show's (did not contact me in advance), then, you will not be able to continue counseling. You are allowed 4, cancellations/reschedules (if you contact prior).

COMPLAINT PROCEDURE

If you are ever unhappy with any aspect of your services, please inform me immediately so that I can appropriately address your concerns and we can identify a solution to rectify your concern.

LEGAL DISCLAIMER

By participating in counseling services, it is understood that in order to achieve the desired goals/outcomes, the client is encouraged to participate fully and follow-through on all recommendations. The client agrees to not iIMPACT! Compassion Center and/or Jennifer Felicitas, liable for any disputes/concerns associated with services.

COURT

I will not testify in court unless required to do so by law so a not able to make custody evaluations or recommendations. My professional witness fee is \$300/hour, with a minimum of 3 hours.

COUNSELING PARTICIPANT SERVICE AGREEMENT

By signing below, I agree to work with iIMPACT! Compassion Center, and authorize Jennifer Felicitas to provide counseling for myself and/or for my minor child/ren. I understand that there are no guarantees of results. I indemnify and hold harmless the counselor or agency for any disputes or concerns arising from service rendered under this agreement. I understand and agree with the policies presented her and by signing below agree to treatment as prescribed.

I have read, acknowledge, and agree that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices (posted in the entrance of the building), and will provide notification if any questions, comments, or concerns.

Client: _____ Date: _____ DOB: _____

Client: _____ Date: _____ DOB: _____

Minor Child: _____ Date: _____ DOB: _____

PRIMARY INSURANCE

Insurance: _____ **Group/ID:** _____

Name on Card: _____ **DOB:** _____

Employer: _____

Name of Client: _____ **DOB:** _____

PRIMARY INSURANCE

Insurance: _____ **Group/ID:** _____

Name on Card: _____ **DOB:** _____

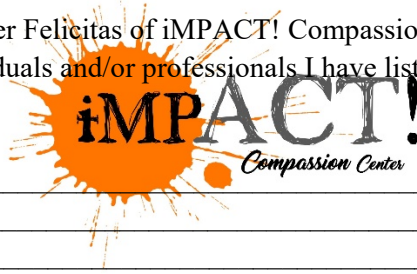
Employer: _____

Name of Client: _____ **DOB:** _____

Responsible Party: _____

CONSENT TO COMMUNICATE

I give permission for Jennifer Felicitas of iMPACT! Compassion Center to collaborate and seek consultation with the individuals and/or professionals I have listed below:



Agency: _____
Contact Person: _____
Contact Number: _____

Agency: _____
Contact Person: _____
Contact Number: _____

Agency: _____
Contact Person: _____
Contact Number: _____

Client: _____ Date: _____ DOB: _____

Client: _____ Date: _____ DOB: _____

Minor Child: _____ Date: _____ DOB: _____

Minor Child: _____ Date: _____ DOB: _____