

4041 Ruston Way Suite 202 Tacoma, WA 98402 | 253-254-6681

## **Disclosure of Information and Client Agreement**

Welcome! I recognize that entering into psychotherapy involves enormous trust, and I look forward to working together to meet your goals. The following information is to clarify my clinical background and certain legal responsibilities contained within the therapeutic relationship.

*“Counselors practicing counseling for a fee must be registered, certified, or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment”* WAC 246-810-030. I am a Licensed Marriage and Family Therapist in the State of Washington: **Alyssa Hagmann, M.A. License #LF60102496**

I see therapy as a collaborative process and welcome any questions or concerns about our work together. You have the right to choose a therapist who can best address your specific concerns, and you have the right to discontinue treatment at any time. If you do not feel like our work together is meeting your needs, please feel free to discuss this so we can make appropriate changes to your treatment plan. If I am not able to address your needs, I will refer you to another clinician who might.

### **Client Rights**

I will not release any information without your explicit written permission, with the following exception as required by mandatory reporting laws: If you disclose abuse or neglect of a child or vulnerable adult, I am obligated to report that to the appropriate authorities. I will also be obligated to share information as required by court subpoena. I am also authorized to disclose confidential information if I have reason to believe you are a physical threat to yourself or others and my disclosure may reduce the possibility of harm. I am involved in consultation groups with other professionals in which the general details of cases may be discussed to better meet the needs of our clients, but without revealing any identifying information about you or your family.

### **My Background and Approach to Therapy**

I hold my Bachelor's Degree in Psychology and Women's Studies from the University of Puget Sound, and I completed my Master's Degree in Marriage and Family Therapy at Pacific Lutheran University. My training is based on Systems Theory, which means my focus is not just on the experience and symptoms of an individual client, but also on the context and relationships within which those experiences and symptoms occur. My therapeutic approach varies based on the client and the presenting problem, but I practice primarily from a strengths-based approach. I fundamentally believe every person has the strengths and qualities necessary to meet their goals and improve their life. A significant part of my job is to help clients identify, strengthen, and utilize those inner skills. I draw on techniques such as Cognitive-Behavioral Therapy (CBT), Solution-Focused, and Narrative Theory. Therapy is most effective when it is a collaborative process, and I emphasize my client's unique expertise in their lives to develop treatment plans and help them reach their goals.

I have over 20 years of counseling experience in the Puget Sound area. In addition to my private practice, I work for a local non-profit community health clinic providing mental health services for low-income women and their families around pregnancy, grief and loss, abuse, trauma, parenting, substance abuse, domestic

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violence, and a variety of mental health disorders. I have experience working as a therapist in a residential treatment center for adolescent boys and in care coordination for children in therapeutic foster care programs. I am uniquely qualified to address issues related to depression and anxiety, sexuality, infertility, adoption, pregnancy and post-partum adjustment & mood disorders. I am a Certified Gottman Educator and have completed the instructor training for the "Bringing Baby Home" program, a research-based curriculum which assists couples in the transition to parenthood. I have also trained as a Birth Doula, which gives me a particular insight to the complexities of childbirth and the emotional impact it has on a woman and her family.

I have additional training in areas such as LGBTQQ issues, adoption, treating sexual issues in couples and individuals, anger management, psychopharmacology, domestic violence, maternal mental health during pregnancy, and more.

**Fee/Payment Information**

My fee is \$150 for a 60 minute session. I ask for payment at the time of service. If you are having difficulty making your payments at the time of the appointment, please discuss this with me so we can agree on an alternative plan that is mutually acceptable. I do bill insurance, but depending on your plan benefits and deductible, you may be responsible for the full fee.

Any appointment that is cancelled with less than 24 hours notice will be charged the full fee. In cases of divorce or shared custody, I will not become involved in deciding who is responsible for payment. This will be the responsibility of the parents. I will continue to ask for payment at the time of service.

**Contact Information**

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**fax: 253-248-0239**  
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If you have any questions or concerns please contact me via phone or e-mail. I will generally return voicemails and e-mails within 24 hours. If you have an urgent need and cannot reach me, please call the **Pierce County Crisis line at 1(800)576-7764**, dial 911, or go to the nearest hospital emergency room.

*My signature below indicates that I have read and understand the information contained in this Disclosure of Information and Client Agreement and been given a copy for my records. I consent to counseling under the terms described in the above information, and certify that I am the responsible client or authorized to consent for treatment of the primary client who is under 13 years of age.*

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

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

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(if client is under 13 years old)*

Therapist \_\_\_\_\_ Date \_\_\_\_\_