

## **PROFESSIONAL DISCLOSURE STATEMENT**

I'm Listening Counseling Services, PLLC

Viola Schrantz MS, LMHC

WA State License # LH61130702

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(425)202-5545

I'm Listening Counseling Services PLLC is run by Viola Schrantz MS, LMHC. Licensed in the state of Washington, LH61130702. I provide evidence-based mental health services for individuals ages 12 and up. The following information will provide you with explanations regarding my clinical disclosure, clinical approaches, client informed consent with law and ethics regarding client's rights and confidentiality, costs and services provided, and client's responsibility for payment.

### **Degrees and Training**

I hold a BA in Psychology and a BA in Sociology with honors from Ashford University (now University of Arizona). I hold a MA in Mental Health Counseling with honors from Capella University. I have certificates in peer counseling, WISE (wrap around with intensive services), trauma focused cognitive behavioral services (TF-CBT), gender affirming and queer care, and Telehealth services. Certificates and continued education are ongoing and this will be updated regularly.

### **Clinical Approaches**

Identifying the whole person, I use evidence-based approaches to treat each unique individual. Building off the person-centered approach, therapy is designed to fit your mental health and personal needs. I specialize in cognitive behavioral therapy, psychodynamic, and solution-focused therapies that I use to support individualized care and treatment.

## **Client Informed Consent**

By agreeing to work with me you recognize that you are making the choice to be here. Making the choice to attend mental health therapy can sometimes be difficult. Attending mental health therapy should feel comfortable and safe. You have the right to end therapy at any time. This is your therapy and it is important that the therapeutic process fits you. This is your journey; I can be on this journey with you, listen, provide feedback, suggest exercises and give you tools, but ultimately this is the work you are doing for yourself.

I hold the right to suggest other mental health professionals that may work better with you or for you at any time. If I do not feel like I am a right therapeutic fit for you, I will do my best to communicate that with you, along with references to therapists/agencies who might be a better fit. I hold the right to end the therapeutic relationship if there are inappropriate behaviors (with references to other therapists/agencies). Due to the nature of telehealth, it is required that you are not operating a vehicle (driving), that you are not in a public location, and that you are clothed at all times during sessions (unless special accommodations have been made – there is a signed agreement between you and me that has been discussed and agreed upon).

## **Client Confidentiality**

Client confidentiality protects private and personal information. Information shared in therapy, including the fact that you are in therapy, is protected by law. Sessions will remain private between you and the therapist, unless otherwise requested in writing or mandated to report (outlined below). I will do my best to protect your sensitive information. However, there are circumstances when it is required for me to break confidentiality. These include:

- In event of medical emergency, I may give necessary information to medical personal.
- If I am concerned you might harm and/or kill yourself, I will seek and notify appropriate supports.
- If I am concerned you might harm and/or kill someone else, I will contact proper individuals and authorities.

- If I hear of the abuse towards children, elderly individuals, and/or other vulnerable individuals, I will contact the proper authorities.
- Court-ordered treatment that requires shared information

I will do my best to communicate with you if there is probable cause to break therapist/client confidentiality. However, be fully aware reporting may happen without communication and I cannot be held accountable for that.

### **Services and Cost**

I'm Listening Counseling Services provides telehealth services. The following third-party services are used. Simple Practice for scheduling and out-of-network billing, Headway for insurance billing, Zoom for Healthcare for safe and reliable video sessions, and Signal for secure messaging. All of these services are secure and HIPAA compliant. Please note, emailing is not a secure form of communication, however you may agree to email communication understanding I will not be held responsible for possible sensitive information within the message(s).

For services, you will need an account with Simple Practice, Zoom and Signal (all are free services) and internet or data access. If your insurance is accepted, you will also need an account with Headway.

Services may be denied if there are inappropriate behaviors (you are not fully clothed, driving or repeated no shows). See client informed consent for full disclosure.

Individual Therapy 60 minutes \$150

90-minute and 120-minute sessions will be available for out-of-network payers upon request. In-network payers can request extra time, however you will have an out-of-pocket expense for the extra time. There will be a \$50 charge for no shows.

*Sliding scale available – email me for information*

*Session pricing includes messaging as outlined below under additional services.*

I accept the following insurances:

***United Healthcare***

***Aetna***

***Cigna***

***Oxford***

***Oscar Health***

If your insurance is not on this list, you will have to pay up front for services, and contact your insurance provider to ask about possible reimbursement for out-of-network coverage. I can provide a superbill to submit to your insurance provider if they require one.

Additional services, such as messaging, will be included in the hourly session fee. If a session has been cancelled or there was not a video session in a month, additional services will be charged at \$25 per message. If you have been messaging and cancelled an upcoming appointment, you will be billed \$25 per message. You will need at least one video session per month for additional services to be included in the hourly fee. Note that messaging communicating is supportive (such as appointment reminders, cancel and rescheduling and questions and/or comments between sessions) but not considered therapy.

## **Signatures and Agreement**

By signing you are stating that you read, understand, and agree to the information and conditions provided above.

Name (print): \_\_\_\_\_

Name (signature): \_\_\_\_\_

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

Email Consent (initial): \_\_\_\_\_

**By initialing you are requesting communication via email, understanding that this is not a secure form of communication.**

*\*if you choose not to agree to emails, you can still email me however emails will be responded to without personal information (no full names, diagnosis, date/times for appointments...)*