



PROFESSIONAL DISCLOSURE STATEMENT

I'm Listening Counseling Services, PLLC

Viola Schrantz MS, LMHC

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I am Viola Schrantz MS, LMHC, a mental health counselor 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, hold harmless agreement, costs, services provided, and client's responsibility for payment.

Scott Schrantz is the Business Manager, Technical Engineer, and co-owner for I'm Listening Counseling Services PLLC.

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 an MA in Mental Health Counseling with honors from Capella University. I have certificates in peer counseling, WISE (wraparound with intensive services), trauma focused cognitive behavioral therapy (TF-CBT), clinical trauma professional, attention-deficit hyperactive disorder (ADHD), as well as other mental health issues that fall under the

neurodivergent umbrella, gender affirming and queer care, and Telehealth services. Certificates and continued education are ongoing and this will be updated regularly.

Clinical Approaches

My therapeutic philosophy is to hear, see, and validate clients' experiences and emotions. In support, I identify the whole person; I use evidence-based approaches supporting each unique individual. Building off the person-centered approach, therapy is designed to fit mental health and personal needs. I specialize in trauma-focused cognitive behavioral therapy (TF-CBT), psychodynamic, and solution-focused therapies that 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, to listen, provide feedback, suggest exercises and tools; ultimately this is the work you are doing for yourself.

I hold the right to suggest other mental health professionals, and/or therapies, that may benefit your mental health needs outside my skills and abilities. If I do not feel like I am a right therapeutic fit for you, I will communicate that with you, and provide references to therapists/agencies who might be a better fit. I hold the right to end the therapeutic relationship at any time (with references to other therapists/agencies) if/when there are inappropriate behaviors as defined by this therapist. Due to the nature of telehealth, you cannot be operating a vehicle (driving), be in a public location (with others near/around you), and you need to be clothed at all times during sessions (unless special accommodations have been made and there is a signed agreement between you and the therapist).

Client Confidentiality

Client confidentiality protects private and personal information. Information shared 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 the event of a medical emergency, I may give necessary information to medical personnel.
- If I am concerned you might harm and/or attempt suicide, 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 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.

Services and Cost

I'm Listening Counseling Services provides telehealth services. The following third-party services are used:

- SimplePractice for scheduling, electronic health records, and out of network/out of pocket billing
- Headway for insurance billing
- Zoom Healthcare for secure video sessions
- Signal or Telegram for messaging
- NovoPsych for assessments

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 with the understanding that I will not be held responsible for possible sensitive information within the message(s).

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

Clients are responsible for payment of services. If insurance denies, or there are issues with insurance payout/therapist's inability to bill, the client will be held

responsible for full payment of services provided. Clients will be required to enter a form of payment in both SimplePractice and Headway (if insurance is being used).

Services may be denied due to inappropriate behaviors, such as unnecessary rude/crude language/behaviors, not fully clothed, repeated no shows, or driving during a session. See client informed consent and the hold harmless agreement for full disclosure. Services will be denied if there are at least two sessions that are missing payments for services (out of pocket and/or through insurance).

Scott Schrantz is the Business Manager, Technical Engineer, and co-owner for I'm Listening Counseling Services PLLC. Scott is responsible for managing scheduling, billing, and communications with both SimplePractice (charts, assessments, scheduling, and out-of-pocket payments), and Headway (insurance mediator). Scott Schrantz will have access to client's personal information such as names, phone numbers, dates of birth, and insurance provider for scheduling and billing purposes only. As a staff member of ILCS, Scott Schrantz will also have the ability to access client's charts, diagnosis, progress notes, and/or other sensitive mental health information, however he is also bound by the practice's confidentiality requirements. You may receive emails from Scott regarding billing, payments, and scheduling. By signing this agreement, you give Scott Schrantz permission to access your personal information as listed above, and provide the services as listed above. You understand, and agree that I'm Listening Counseling Services PLLC has the right to share important personal information within the company to support quality of client care and treatment.

*Please note that I'm Listening Counseling Services PLLC does not have access to client credit card numbers. SimplePractice (for out-of-pocket payments), and Headway (insurance co-payments) manage all methods of payments.

Individual Therapy 60 minutes \$175

Each additional 30 minutes \$100 (cannot be billed to insurance)

Family Therapy 60 minutes \$240

No Shows/Late Cancellation \$100 (cannot be billed to insurance)

No-show fees will be collected if a client does not arrive by 15 minutes after a session's scheduled start time. Late cancellations within 2 hours of the session's

start time will be charged a late cancellation fee. There will be a one-time no-show or late cancellation fee waived. We are all human, things happen. However, past this one occurrence, fees will be charged. Note the hold harmless agreement for no show/late cancellation fees.

*Please note if there is a need for reminder of the Zoom link, please ask for it. It is the client's responsibility to keep this link saved after the initial session, and/or to ask for it if needed.

All sessions are 60 minutes minimum. Full price will still be charged for a shorter session. 90-minute and 120-minute sessions will be available for out-of-network payers upon request. In-network payers can request extra time, however there will be an out-of-pocket expense for the extra time. The rate is \$100 for each additional 30 minutes.

Sliding scale available for 60 minute sessions, there is not a sliding scale for additional time requested past the 60 minute mark – email me for information

Session pricing includes messaging as outlined below under additional services.

Insurance

I accept the following insurances:

Regence BlueShield of Washington

Premiera Blue Cross Washington

United Healthcare

Aetna

Ambetter Washington

Carelon Behavioral Health

Quest Behavioral Health

Cigna

Oxford

Oscar Health

Medicare and Medicaid plans, including Apple Health, are not accepted, even if they are through one of the above providers.

If your insurance is not on this list, it will be an out-of-pocket charge for services, if you decide to remain working with me. Contact your insurance provider about possible reimbursements for out-of-network coverage. A superbill, upon request by the client, will be issued to the client. It is the client's responsibility to communicate with their insurance regarding possible reimbursements.

Messaging

An additional service of messaging, through a HIPAA compliant platform (Signal or Telegram), will be included for active clients. Session expectation is at least one Telehealth session per month to receive this benefit. There will be a \$50 per message (from the client to the therapist) for the following reasons: - there has not been at least one session within the month, but there has been therapeutic communication through messaging (excluding request for session canceling/rescheduling) – the request of a messaging/texting session (this session cannot be billed to insurance, and will be billed out of pocket) per message that is sent to the therapist.

It is important to note that messaging this therapist is **not** a crisis intervention, and I'm Listening Counseling Services PLLC/Viola Schrantz LMHC will only respond to messages when she has time to do so. If there is a crisis, you will be expected to contact the appropriate services (i.e. 988).

Hold Harmless Agreement

I'm Listening Counseling Services/Viola Schrantz LMHC states that I'm Listening Counseling Services/Viola Schrantz LMHC is not responsible for injuries and/or damages (to self and/or property) in relation to session appointments and/or anything related to therapy.

I'm Listening Counseling Services/Viola Schrantz has the right to break confidentiality (as outlined above) without communication to the client. Viola will not be held responsible for any emotional, and/or physical, distress this may cause.

I'm Listening Counseling Services/Viola Schrantz will not be held responsible for privacy breaches that may occur if the client requests communication via email, noting that email communication is not HIPAA compliant, or if the client openly

shares information on their end, such as app notifications, sharing screen with others, or any other deliberate or inadvertent breaches on the client's side.

I'm Listening Counseling Services/Viola Schrantz has the right to practice evidence-based therapeutic modalities she deems appropriate. It is up to the client to communicate with Viola verbally, and/or in writing if you have issues with the way that therapy is going. Viola will not be held responsible for lack of communication from the client.

I'm Listening Counseling Services/Viola Schrantz has the right to refuse to fill out any paperwork/forms requested by other formal supports, and has the right to refuse to write a therapeutic support letter(s).

I'm Listening Counseling Services/Viola Schrantz will not be held responsible for any services and/or accommodations refused/denied after submission(s) of form and/or letter(s) this therapist has filled out and/or written.

I'm Listening Counseling Services/Viola Schrantz will not be held responsible for an out-of-session mental health crisis.

Scheduling issues happen (rescheduling, cancellations by the therapist), and we understand that it may cause an inconvenience, however I'm Listening Counseling Services/Viola Schrantz LMHC will not be held responsible for any inconveniences, and/or discomfort this may cause the client.

I'm Listening Counseling Services/Viola Schrantz will not be held responsible if the client's insurance company denies reimbursement (partial and/or full amounts) for therapeutic services.

I'm Listening Counseling Services/Viola Schrantz will not be held responsible for billing errors regarding insurance or copays. If there is an insurance billing discrepancy, client will be responsible for communicating with their insurance provider, and ILCS's insurance biller.

I'm Listening Counseling Services/Viola Schrantz will not be held responsible for client's out of pocket charges if/when insurance is denied or not covering session(s). (see services and costs regarding responsibility for payment).

I'm Listening Counseling Services/Viola Schrantz will not be held responsible for late cancellation/no show fees, or financial stress of fees collected (see services and costs regarding responsibility for payment).

I'm Listening Counseling Services/Viola Schrantz will not be held responsible for reminding and/or notifying clients of their session date/time, at/on the date/time session is either about to start, or has started. Keeping track of session dates, and times, as well showing up is the client's responsibility. Missing a scheduled appointment is fully the client's responsibility, covered by the No Show policy above.

I'm Listening Counseling Services/Viola Schrantz will not be held responsible for ending a session at any time, such as if the client is driving, in a location with others, expressing lewdness, or any other reason that Viola deems inappropriate (with explanation).

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 address: _____

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...)*