



# CATHARSIS COUNSELING PLLC

**Caralie Greven, MA, LMHC, LPC**  
**Catharsis Counseling PLLC**

WAC246-809-710 requires the disclosure of the following information in written form by counselors to their clients.

Please take the time to carefully read this disclosure statement. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if my services are suitable for your needs. Please discuss any questions or concerns you may have either now or during the course of your treatment.

## **My qualification and license**

I am a licensed independent Mental Health Counselor in Washington State (license# LH60780778). I received my Master's Degree in Counseling Psychology from Saint Martin's University in Lacey, WA.

My professional background involves working with children as young as ten-years-old to middle-aged adults, active duty military service members and their families, and work in both inpatient and outpatient facilities. My experience as a Therapist has equipped me to work with individuals, couples and families with a wide range of issues including depression, anxiety, social isolation, codependency, trauma and relationship issues.

## **The Therapeutic Process**

I believe that therapy is about being heard- everyone has a story to tell and it takes incredible courage to find your voice to tell it in a way that authentically reflects the author (that's you!). It is my passion to provide a safe space for you to reflect and assess the unique circumstances that have brought you to this moment, and to identify any unhelpful coping strategies that hold you in it. Together we will collaborate to find methods of coping that move you forward- even in times of crisis- instead of holding you back, and will move you towards a more self-compassionate way of living. My primary therapeutic modality is Humanistic, but I also utilize Cognitive Behavioral Therapy, Art, Music, and Mindfulness as the opportunities to use them arise.

Therapy has both benefits and risks. During the course of therapy, you might notice changes in your symptoms, problems, and functioning. Since we will be exploring challenging territory in your life, you might experience greater difficulty throughout our work. Therapy typically produces benefits over time, but sometimes as you get to the root of tender issues, you may feel them even more acutely than in the past. I cannot offer any promise or guarantee about the results you will experience. However, as you commit yourself to work through your vulnerable issues and build upon your strengths, it is likely that you will see improvements throughout our work and in the future. Further, in our time together I commit to holding space for you as those vulnerabilities surface and standing beside you as you process them. You are not doing this work alone.

I generally work with my clients on a weekly or bi-weekly basis. If you cancel several sessions, which I perceive as a barrier to a positive therapeutic process, I will ask that you be removed from your recurring appointment slot and be placed on my on-call list. The on-call list creates sessions based on cancellations. I will reach out to you by phone as those times become available. If you do not show up to your appointment without notifying or following up with me, all your future appointments will be canceled until I hear from you.

### **Client's Rights and Responsibilities**

Clients have the right to choose a therapist who best suits their needs and purposes. You may ask questions about treatment at any time and may choose to terminate therapy at any time. Therapy may also be ended when I feel that your needs will be better met by another provider. In that case, I will try my best to make appropriate referrals. If you have any concerns or complaints, you may contact the Department of Health.

Health Systems Quality Assurance Complaint Intake  
360-236-4700  
HSQACComplaintIntake@doh.wa.gov  
P.O. Box 47857  
Olympia, WA 98504-7857

### **Services**

I primarily offer therapy services for individuals. Because I see clients eleven-years-old and above, I may have sessions with parents and/or family members for the benefit of my individual client, but my client's privacy is protected in those cases, with the exception of clients who are a danger to themselves or others. I do not offer case management services, which include but are not limited to providing paperwork for disability, unemployment, custody, adoption, foster care, car accidents and any type of legal issues. I do not offer therapy for individuals who are court mandated for treatment or seeking treatment in which disclosure of sessions will need to be provided to an outside entity.

## **Remote Sessions**

I \_\_\_\_\_ (patient's name) hereby consent to engage in Telehealth. I understand that "Telehealth" includes the practice of health care delivery, diagnosis, and treatment consultation using interactive video, audio, and/or data communications.

For Telehealth sessions, we will be connecting using Zoom which is a system that is encrypted to the federal standard and HIPAA compatible. It is my responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear our communications or have access to the technology that you are interacting with. Additionally, I agree not to record any TeleMental Health sessions. During a TeleMental Health session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. I will ensure that I have a phone with me, and I have provided that phone number. I understand that all fees for Telehealth and non-Telehealth services are the same. I am financially responsible for all services rendered, late cancellations, and missed appointments.

## **Emergencies**

Because my primary medium is Telehealth, I cannot not offer adequate crisis coverage. If you are experiencing emergencies or a threat to yourself or others, please call 911 or go to the nearest hospital emergency room. You may call Crisis Clinic at 1-866-427-4747 (King County) or 1-800-584-3578 (Snohomish County) for urgent mental health crises.

## **Financial Responsibilities**

Please confirm your insurance coverage and patient responsibility before your first appointment with me. Your co-pay or patient responsibility (deductible) determined by your insurer is due at each visit before your session begins. My private pay rate is \$170 per 55-minute session for individuals. If you are unable to pay the associated fees at the time of service for more than one visit, without developing a payment plan, your future appointments will be suspended until unpaid balances are resolved. Additional fees may apply to preparation of requested documents or copying and sending records. I will discuss any fees with you at the time of a request.

Your appointment time is reserved specifically for you, and I will ask all my clients to respect this time. I allow a 15-minute grace period for the session in case you are running late, but the session will have to be rescheduled or canceled if you cannot make it in that window. A minimum of 24 hours' notice is required to reschedule or cancel without a fee. A \$125 fee is assessed for cancellations on a shorter notice than 24 hours' and no-shows, at my discretion. Insurance cannot be billed for missed sessions. Since this fee is assessed at my discretion, please direct all questions to me at [CGreven@catharsiscounseling.org](mailto:CGreven@catharsiscounseling.org), not the administrative staff.

## **Confidentiality and Access to Records**

All information disclosed within sessions is confidential. It will not be disclosed to anyone without your written permission. Disclosure will be required when a client is a danger to self or others. Additionally, as a mandated reporter it is my duty to disclose to the appropriate authorities any reports and/or suspicions of abuse towards vulnerable individuals.

I keep brief notes of your sessions. You have the right to a copy of your medical records at any time. A response to your request will be made within 15 working days; this is in compliance with RCW 70.02.080.

My signature below is acknowledgement that I am the client or the person authorized to consent for mental health treatment for the client and consent to services provided by

Caralie Greven, MA, LMHC, that I have read and understood the disclosure information and have received a copy of this disclosure form.

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Client Name (Print)

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Client Signature

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Date