



**DEANNE DIETZ, LMHC, NCC**

## **Disclosure**

Offering therapy for WA state residents, and Transformational Coaching for anyone in the US.

### **Why do I need a Disclosure?**

Thank you for choosing me as your Professional Therapist. This work is for anyone who would like transformational work to grow and evolve into your true nature, live your purpose, and feel fulfilled. These office policies allow my primary focus to be on the healing work. The following disclosure information is meant to respect your right to be informed.

### **Treatment Philosophy, Education, and Licensure**

Change occurs when past programming gets cleared and updated with clarity of values, healthier boundaries, improved communication and emotional intelligence, and an increase in body awareness to receive guidance from within. Your internal guidance (mental, emotional, physical, spiritual) will set the direction of your goals. I specialize in finding purpose, and treating C-PTSD, anxiety, communication, conflict resolution, identity and boundary issues, relationships, depression, divorce, grief and loss, abuse and neglect, impulsivity, social adjustment, and spiritual development.

The length of your journey will be determined by your experiences and goals.

Masters of Education in Counseling from the University of Puget Sound.

Licensed Mental Health Counselor, WA (LH60095901), National Certified Counselor (287465).

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### **Additional Training**

I have completed training in EMDR (Level 2), Brain Spotting, Somatic Experience, Interpersonal Skills Building, Neuro Affective Repair, several advanced trainings in EMDR including Early Childhood Clearing and IADC (Induced After Death Communication), Gottman Educator training, Emotionally Focused Therapy (EFT), Vibrational Health Institute 1 yr program, a 9 month Restorative Touch program, 1 yr practicum for Integral Psychotherapy, Bodywork and Psychotherapy, PsychoSpiritual modalities, Gestalt, Bioenergetics, Peak Performance, Brain Health, and Transformational Coaching.

I do not work with individuals experiencing chemical dependency as their primary problem. I do not work with couples currently experiencing domestic violence. If I determine that your needs are outside of the scope of my practice, I will inform you of other resources.

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### **Risks and Benefits**

Therapy often involves reviewing unpleasant aspects of your life, you may experience difficult emotions. On the other hand, the transformational work often leads to better relationships, provide solutions to specific problems, and there is often more freedom, and feeling alive as your authentic self. Feeling uncomfortable is temporary as you deepen your capacity to be fully present to your experience and improve your self-care, which I guide you through. You are encouraged to ask questions and practice the resourcing tools provided.

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### **Rights, Including Privacy and Confidentiality**

- You have the right to no charge for the first 15 minutes of service if we decide not to continue working together.
- You have the right to participate in planning our course of action to support your goals.
- You have the right to refuse treatment, and to determine the frequency and duration of our work together. Please mention that you anticipate ending your treatment so that we may create a support plan for you.
- I keep records of the service provided. Records are kept locked up. You have the right to review your records by making an appointment for that purpose. You may also ask me to change or amend this record.
- In addition to this document, you will receive a Notice of Privacy Practices, which described how I might use and disclose your health information. Examples of when I may disclose information about you is: -To report suspected abuse of a child, a developmentally disabled person, or a vulnerable adult; to interrupt potential suicidal behavior; to intervene against threatened harm to another, and if required by court order or other compulsory process. -If you sign a written authorization for me to release information to another person or agency, such as your physician.



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- The office space is shared with others. The use of masks nor vaccination status are monitored. Sanitizer and hand washing are available. There are 3 air filters circulating the 400sf space 12x per hour (hospitals are 8x/hr). If you are not comfortable with this in person environment, switch to online appointments.
- You can switch to online appointments any time you are concerned about your health, think you are contagious or are otherwise not able to make an in person appointment. Wear a dual headset and be on a tablet or full size screen for eye movements.
- The office space is not equipped to have unsupervised children under the age of 13 in the waiting room. Please arrange child care and consider having a backup plan to support you during any unforeseen circumstances. Please do not bring children, as the content of our session is not appropriate for children.

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### Rates, Insurance, Scheduling, Phone Calls, Cancellation, and Getting Started

#### Rates:

- For individual intake session, 55 min.-\$200 or 90 min.-\$312.50, and EMDR Intensives up to 3 hours: \$625 , or up to 6 hours \$1250 or subtract \$75 per 3 hours when paid with paper cash at the time of scheduling your appointment (\$550/\$1100). There is no receptionist to receive payment outside of your appointment time.
- Credit card or Paypal payment are made using the payment buttons at [www.hearthealing.org/faqs](http://www.hearthealing.org/faqs).
- Venmo payments: @Deanne-Dietz-111, 253-651-3752
- Payment is made to confirm and hold your appointment time, at the time of scheduling.
- Insurance medical necessity reviews or preauthorization paperwork, disability, state assistance, accident, or court related services are billable at \$450 per hour for all activities including file reviews, documentation, records, calls, depositions, records for auto insurance, attorneys, or other entities, court appearances, travel time, and wait time. A deposit is required. Balance due weekly.

#### Insurance:

- Prior to your first appointment, you are responsible for inquiring about what your policy covers. Please provide your insurance information on your intake form and I will do my best to help you understand your insurance plan.
- I am an out of network provider. I will provide you with a superbill to submit for reimbursement. (For many plans, I can submit this for you.) I am not able to bill Medicare, nor will you receive reimbursement with a superbill.
- Insurance may reimburse you the first hour of extended/intensive sessions. Insurance companies will not guarantee payment, rather, will make a final decision after the claim is received.

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#### Telephone Calls / Vacation Time:

I am happy to provide telephone consultations without an appointment when it is possible. These can be to clarify something we spoke about, have a mini therapy session, or share something. It does not need to be an urgent matter.

\$35 per 10 minutes, due by Venmo after the call.

If your matter is urgent, call the Pierce County Crisis Line at 1-800-576-7764, or 911.

I typically work Monday afternoon-Thursday. I typically take two weeks off in August and September, and between Christmas and New Year's Day. If you require someone who offers more availability, let me know so I can provide resources.

#### Scheduling:

- I will need to end your session on time, regardless of whether you are present to begin your session on time.
- If you are paying cash for your next appointment or updating your information, please let me know so we can have time.
- Appointments can be made for in office, or virtually. I use [www.remotemdr.com](http://www.remotemdr.com). No software download needed.
- If you are 15 minutes late, and I have not received a call or text, I may leave the office or log off of the telehealth platform.
- Emailing or texting about scheduling is the best way to reach me. Please do not text about personal content.
- I typically check email in the morning and late in the day Monday-Thursday.

240 S STADIUM WAY, SUITE 101, TACOMA, WA 90402

WWW.HEARTHEALING.ORG | WWW.REVIVE-YOUR-RELATIONSHIP.COM | 253-651-3752



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**Cancellation for 55 or 90 min:**

Please provide notification 48 hours in advance to avoid paying the cancellation fee of \$200 for 55 or 90 min.. This policy is 'regardless of reason' since it is unethical for me to discriminate by waiving one person's reason over another.

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**Cancellation for 3 hrs + or Retreat:**

- Extended sessions (up to 3 or 6 hours). The cancellation policy, for confirmed cancellations, for any reason, is as follows:  
 7 days or more from appointment time: 100% can be used toward rescheduling within the next 30 days.  
 48 hours to 5 days = 50% used to reschedule within 30 days.  
 48 hours to 2 hours = 25% toward reschedule within the next 30 days.  
 Cancellation within 2 hours or less from start time = 0% used toward reschedule.
- Week long EMDR Retreats. The cancellation policy, for confirmed cancellations, for any reason, is as follows:  
 4 weeks+ from appointment time: 100% can be used toward rescheduling within the next 30 days (less 1/2 day rate).  
 Less than 4 weeks from appointment time: 50% can be used toward rescheduling within the next 30 days.  
 2-3 weeks from appointment time: 25% toward reschedule within the next 30 days.  
 2 weeks or less from appointment time: 0% used toward reschedule.

**How do I get started?**

1. Return your completed Disclosure and Intake forms.
2. Schedule and Pay: Schedule an appointment, and pay, to confirm and hold that time.
3. There are 3 ways to pay:
  - a. Venmo @Deanne-Dietz-111, 253-651-3752;
  - b. Credit card or Paypal from the website: [www.hearthealing.org/faqs](http://www.hearthealing.org/faqs) Pay Here
  - c. If you would like to receive the (paper) cash discount for your next appointment, please bring payment to your current appointment. There is no receptionist to receive your payment outside of sessions.

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*By electronic or hand signing below, this disclosure document represents the agreement between us, you confirm receiving and reading this, you confirm your understanding of the information provided.*

Full Name

Date