

Conchita M. Andrijeski; LPC-S
Counseling, Consultation and Supervision
www.cndtherapy.com
682-203-7096

NATURE OF COUNSELING:

I work with individuals and families who desire things to be different. Change happens in relationship and I believe that through our therapeutic relationship we will find what works for you and/or your family. For children and adolescents we'll examine developmental stages and how trauma may affect their emotional social development. Children often lack the words to express their feelings and may be confused by how they feel. It's a goal in counseling to help them gain the words to be able to express themselves in a healthy manner and therefore increasing their self-esteem. In couples counseling, we'll examine sources of couple stress and communication patterns that can lead to better understanding of each other. Keep in mind that if I'm working with you in couples counseling, I may not meet individually with either party. Confidentiality exists in the bubble around the counselor and the couple. And any information shared with the counselor individually will not be considered confidential from the other partner involved in the couples counseling process.

SCHEDULING AND CONTACT INFORMATION

I conduct 45-50 minute sessions for individuals and couples. If the child is the identified client the session will a brief parent consult before and/or after the session. At times, we may decide to vary the structure of the session depending on your family's individual needs. For the first weeks of treatment, sessions are usually scheduled weekly then, at a time that we agree on, they may become less frequent.

PHONE CONTACTS AND EMERGENCIES:

In emergency situations I am available by telephone and you can access emergency assistance by calling the Suicide Crisis Center of North Texas at 214-828-1000, CONTACT at 972-233-2233, MHMR Tarrant County 24-Hour Crisis Line 817-335-3022 or simply dial 911 if either you or someone else is in danger of being harmed. When I am unavailable, my phone will be answered by voice mail. I monitor my voice mail regularly, and I will make every effort to return your call as soon as possible. If at any time you feel a situation is urgent, please call the police or proceed to the nearest hospital.

FEES, CANCELLATION, AND INSURANCE REIMBURSEMENT:

In return for a fee of \$_____ per individual counseling session, and/or \$ **200.00** per hour for consultation services outside the office (teacher consultations, court appearances etc.), I agree to provide services for you and/or child. The fee for each session will be due and must be paid at the conclusion of each session. Cash, credit cards and personal checks are accepted for payment (in the event of a check being returned due to insufficient funds, you will be responsible for paying the balance plus a \$35 fee).

I do my best to verify insurance accurately and provide you with the most up to date information. However, there are often times discrepancies in insurance quotes and what insurance actually pays. In the event that there is a difference, you will be responsible for the portion that insurance did not cover.

In the event that you will not be able to keep an appointment, please notify me 24 hours in advance. If you are unable to give notice, you will be charged a **\$50 no show fee**. If you have any questions or concerns regarding financial arrangements, please feel free to speak with me or contact me over the phone. I am available to you as needed via telephone, however, past 10 minutes for non-life threatening phone calls; you will be charged **\$50 per 15 minute time blocks**.

Copies of patient records require a written authorization from the patient. There is a \$75.00 charge for records with a \$1.00 charge per page for each additional page over 50. Administrative services (i.e. Letters, FMLA Forms, Disability Forms, Evaluations, etc.) will be billed at a rate of \$130.00 per hour.

RECORDS AND CONFIDENTIALITY

The law protects the privacy of all communications between a client and a counselor. In most situations, I can only release information about you or your child if you sign a written Authorization form that meets certain legal requirements imposed by HIPPA. You have been provided information in writing regarding HIIPA. In the event of my death or incapacity to continue my counseling practice, your records will be kept by Cheryl Moses, LPC. 817-723-9309.

Signature of Client or Parent/Legal Guardian

Signature of Client or Parent/Legal Guardian

Client's Name (Printed)

Witness to Consent

Client's Name (Signature)

Client's Social Security #