



Inner Peace Counseling, LLC

April Kriz, LCPC, CCMHC, CSAT

28105 Three Notch Road

Mechanicsville, MD 20659

240-538-3544

Professional Disclosure

<u>Professional Education</u>	<u>Degree</u>	<u>Date</u>
Loyola University, Maryland	MS in Pastoral Counseling	May, 2010
University of Connecticut	Human Dev. & Family Relations	May, 1990

Certifications

National Certified Counselor *National Board of Certified Counselors* 2010

Certificate in Advanced Trauma Treatment, Level 1 *TIAPTE, Inc.* 2011

Certified Clinical Mental Health Counselor *National Board of Certified Counselors* 2013

Certified Sexual Addiction Therapist *IITAP* 2015

Fees

The professional counseling fee for individuals, couples, and families is \$125 per 50 minute session. I am in network with Aetna, Carefirst Blue Cross, and Tricare.

Payment

Clients are expected to make payment at the time of service, including initial session. I accept cash, personal check, or credit/debit card for payment of fees.

Cancellation Policy

I have reserved time specifically for you for each session scheduled and usually keep a cancellation list for clients hoping to be seen. **Since need for services exceeds time available, it will be necessary to charge you \$35 for sessions that are not cancelled **within 24 hours in advance**.** To cancel appointments, please call me at 240-538-3544. If your appointment is missed with no call, you will need to reschedule your appointment before being seen again.

Counseling Policies

Counseling is a confidential relationship between us. I am licensed in the State of Maryland. I receive at least 20 hours of continuing education each year to keep my licensure and remain on the cutting edge of treatment. I promise to reserve a specific time for you, to plan for each session, to actively listen and to give constructive feedback. You are asked to attend each session, to spend the time between sessions doing assignments, or reflect upon what emerged in our last session. We will agree on a treatment plan and check progress regularly. The transformation process is difficult and some emotional pain can be expected. I hope you can be candid about your issues or any experiences which are bothering you.

Confidentiality

You are entitled to confidentiality in the counseling relationship. However, confidentiality is limited by law. All mental health professionals are required by law to suspend it if there is a clear indication that a client may injure himself or others. They must also report any physical or sexual

abuse and/or neglect of any person less than 18 years of age, the elderly, or impaired. If other confidential information is requested to be released, you will be asked to sign a release of information.

Prescription Drugs

You agree to inform me if you are taking any medication(s), prescription or other, and the dosage. Please report compliance with the medication as prescribed by your doctor. If a need for psychotropic medication is assessed, documentation will be provided for a referral to your family doctor or psychiatrist and consultation will become part of your treatment.

Alcohol and Substance Use and Abuse

If one of your issues is alcohol and/or drug abuse, you are to remain alcohol and drug free. You must not come to a session while intoxicated. Doing so will cause the session to be terminated with full fee payable. Active addictions are best treated by an addiction therapist. I am qualified to help you find the root causes of the addiction.

Emergencies or Crises

If you are experiencing an emergency or crisis, you can attempt to reach me by telephone. My telephone will be silenced during sessions. If you are unable to reach me and receive a voice mail announcement, please call 911 or go to the nearest emergency room. Request the staff there to consult with me.

Court Appearance Requests

I do not appear in court unless ordered to testify by a judge. Fees for court paperwork or documentation, of any kind, are charged a rate of \$50 for preparation. If court appearances are required, I charge a full day fee of \$800.

Phone Calls/E-mails/Social Networking

If you wish to use the telephone for other than a brief check-in, as an exception, an over the phone session may be arranged and will be charged at the regular rate. I can also be contacted by e-mail at amkriz@loyola.edu. To ensure confidentiality and protect our therapeutic relationship, I cannot “friend” any clients or previous clients on any social media networks. However, I have set up a professional Facebook for Inner Peace Counseling that anyone can “like”. Be aware, however, that by “liking” this page, you may be compromising your confidentiality as all posts are available for viewing by the general public.

Informed Consent for Therapy

Having understood the nature and risks of therapy, the alternatives to treatment, the qualifications and values of the counselor, the nature of the fees and policies regarding cancellations, the limits to confidentiality, the right to terminate therapy, and the right to voice a grievance, I consent to treatment with April Kriz. I have read and understand the information contained in this document.

Client signature _____ **Date** _____

HIPPA Notice of Privacy Practices

I have received a copy of the HIPPA notice of privacy practices.

Client Signature _____