

PRACTICE STATEMENT
CYNTHIA A. SCHENDEL, LCSW
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Philosophy of Practice

I am here to strengthen families – biological or chosen, living together or not – by helping individuals to know themselves and to relate to one another in healthy ways. I believe that we are shaped by our past **but not doomed by it** and that each of us is capable of change. This is usually more difficult than we would like, however, and none of us is ever a finished product. I will endeavor to meet you where you are and to help you move forward in your life, according to the goals you set for yourself.

Nuts and Bolts

Fees: I offer a 50 minute therapy hour. My current hourly fee is _____. I charge _____ for a late cancellation (less than 24 hours) or a no show. I ask for payment of your portion of my fee at the time of service. If you are having financial difficulties, please let me know so that we can work out a payment plan.

Cancellations: If you must cancel or reschedule I ask for 24 hours notice or a late cancel fee will be assessed. Others may be waiting for a slot and I only have a certain number of hours to offer each week, so please respect my time. I understand that unforeseen circumstances may arise and will grant exceptions accordingly.

Insurance: It will be your responsibility to verify with your insurance carrier, prior to our first session, that my services to you will be covered. I will do my best to comply with whatever your insurance company requires, but you will be responsible for any charges that are not reimbursed by them. If you are covered by an EAP you will not have a co-pay, but you will have a limited number of sessions. We will discuss your coverage in our first meeting so that we are both clear about your financial commitment.

Emergency Coverage: I carry a pager 24 hours/day, 7 days/week. If I go out of town I arrange for coverage by a licensed colleague; you will pay her directly if you use her services. If for any reason you do not receive a response to your page, you are directed to go to the nearest emergency room or to contact one of these organizations for assistance:

MENTAL HEALTH CRISIS LINE: 1-888-279-8188

ALCOHOLIC ANONYMOUS: 816-471-7229 or 913-384-2770

DOMESTIC VIOLENCE NETWORK: 816-995-1000

JOHNSON COUNTY MENTAL HEALTH EMERGENCY

AFTER HOURS: 913-384-3535

METROPOLIAN ORGANIZATION TO COUNTER SEXUAL

ASSAULT: 816-531-0233

About Your Therapy

Benefits/Risks of Psychotherapy: Psychotherapy is a serious undertaking which most people find helpful, but which is not an exact science. You may feel worse before you feel better as you delve into painful issues in your life, much as physical surgery causes pain in the body before healing occurs. You could get better on your own without therapy, or you could get worse, especially if you are feeling suicidal. The potential benefits to you include a more complete understanding of yourself and your personal history, a clearer idea about what changes you want to make in your life and some concrete tools for creating that change.

Confidentiality: Whatever we discuss in our sessions will be held in strictest confidence, as my professional ethics require. If I see more than one member of your family separately, this means I will not reveal to any of you what the other says. There are a few exceptions to this rule which are dictated to me by law and ethics:

1. If you tell me you are going to hurt yourself or someone else.
2. If I suspect child or elder abuse has occurred.
3. If a court order requires disclosure.
4. In the case of minor children, I do ask to meet with parents periodically to give them general information regarding the child's progress and to share ideas about how they might help their child. If there are issues which need to be worked out between parent and child I will suggest a joint meeting.

Occasionally I seek consultation with other professionals to insure that I am providing the best service possible. When I do this I omit any identifying information to protect my clients' confidentiality.

IMPORTANT: Many insurance carriers require that treatment reviews and other documentation be transmitted by fax. I cannot guarantee the confidentiality of this information once it leaves my office. I am not currently subject to HIPAA regulations, as I do not transmit any information over the internet (my fax machine is separate from my computer). I believe this minimizes the risk of your privacy being violated.

Legal proceedings: I do not normally testify in court. If I am working with a couple, the possibility that one might call me as a witness against the other would compromise my ability to help them repair their relationship, or to end it with as little damage as possible. I do not do custody evaluations and I generally encourage mediation rather than litigation for maximum mental health. I will write letters as needed (with your signed consent) to verify attendance at sessions and summarize the work we are doing.

Ending therapy: Your insurance may limit the number of sessions covered and we will try to complete our work in the time allotted. If, however, you come to the end of your coverage and feel you are not ready to end therapy, I will work with you to make continued therapy affordable. If you must change therapists to receive your benefits, I will facilitate your transfer to the person of your choice.

About Me

I am a Licensed Clinical Specialist Social Worker. I have worked in some Social Work capacity continuously since graduating from Sam Houston State University with a BA in Social Rehab/Social Services in 1977. I earned my Masters' degree in Social Welfare at the University of Kansas in 1983.

I have worked in various settings including the Criminal Justice system, drug/alcohol treatment facilities, public schools and outpatient mental health. I have experience treating a broad range of issues including marital problems, divorce/stepfamily adjustment, adolescent issues, depression/anxiety and single adult concerns. If I do not feel competent to help you with your particular problem I will refer you to another professional with expertise in that area.

I have read and understand the Practice Statement set out above and agree to the policies and conditions contained therein.

_____ Date _____

Cynthia A. Schendel, LSCSW

I give permission for my child, _____, DOB _____, to receive psychotherapy services from Cynthia A. Schendel, LSCSW.

_____ Date _____
Parent or Guardian