

Jean Ann Cordes Therapy

Welcome to Jean Ann Cordes Therapy. I look forward to joining you on your path to self-discovery and healing. I take pride in my innovative and eclectic approach when working with my clients. My practice, including all modalities, individual (all ages), couples and families, are welcomed to join this process. As your therapist, I have come to realize that no healthy transitions are ever the same—I am honored to help in this process.

Sincerely,

Jean Ann Cordes LMFT, LPC, LCDC

Jean Ann Cordes LMFT, LPC, LCDC
512.586.8135
jeananncordestherapy@icloud.com

Jean Ann Cordes Therapy

Policies and Therapy Services Agreement

About Jean Ann Cordes:

I am licensed by the State of Texas to practice as a Licensed Marriage and Family Therapist (License Number 202017). I also hold LPC (Licensed Professional Counselor) and LCDC (Substance Abuse) licenses in Texas. I hold a Bachelor of Arts in Sociology and a Master of Arts in Counseling from St. Edward's University in Austin, Texas.

My Therapeutic Orientation

My approach to counseling is deeply impacted by the philosophy and methods of Carl Rogers. In couples and family work, I utilize such theories as systems, structural and feminist, while integrating the techniques that seem most effective under each unique circumstance. I find my specialty in working with families to be beneficial in my work with individuals as we explore the impact of family history. Couples, and families can benefit from exploring how family history impacts the way family dyads communicate, and navigate anxious and stressful times in life. I offer a safe, confidential, and non-judgmental environment to discuss issues and concerns that impede your ability to live a happy and productive life.

Confidentiality

The therapeutic process is dependent upon confidentiality. Confidentiality is the

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therapist's commitment to hold client communications in the strictest confidence.

The following circumstances describe situations in which I may be legally and ethically required to disclose information without your consent:

- If you reveal information that leads me to believe that you may cause harm to yourself or to others.
- If you reveal information that causes me to believe that a child has been abused or neglected or may be abused or neglected.
- If you reveal information that causes me to believe that an elderly or disabled person has been abused, neglected, or exploited.
- In the event I am subpoenaed and ordered by the court to release confidential or privileged information I will ask for your consent or take steps to prohibit the disclosure of information, or have the information limited as narrowly as possible.

Risks

There are risks associated with entering into a therapeutic relationship. The goal of therapy is to change the negative symptoms you may be experiencing.

Occasionally, when an individual begins the therapeutic process symptoms initially become worse as the individual develops insight and introspection. You have the right to end therapy at any time. However, it is common for individuals to want to quit therapy just as the difficult (and important) work is beginning. I

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encourage you to discuss your concerns about treatment with me at anytime.

Fees

Counseling sessions for individuals, couples, and families are billed for a time period of 50 minutes.

Individuals: \$135

Couples: \$150

Families: \$150

Legal/Lawyer Consult: \$135

Court Appearance: \$1000 (To be paid in advance)

Appointment Cancellation Policy

Please remember that your scheduled appointment time has been reserved for you. If you need to cancel an appointment, please notify me at least 24 hours in advance at 512.586.8135. Appointment cancellations must be made by telephone call or a text notification.

Appointments not cancelled at least 24 hours in advance will be charged the full session fee. This fee will be collected at the next session, or if you have provided your credit card information for regular use for scheduled appointments, the fee will be charged to the credit card on file.

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Payment Options

Payment for service is accepted by cash, check, credit card, Square Invoices and PayPal. **I do not accept insurance**, but will provide an invoice for professional services for your personal financial records.

Overdue Accounts

To maintain the therapeutic relationship, your account may not become more than one session fee past due. A \$20 fee will be charged for all checks returned for insufficient funds.

Electronic Communications Policy

Telephone communication:

I utilize a cellular phone for business purposes (both voice and text). The voicemail on my cell phone is password protected. It is unlikely, however possible, that my cell phone and voicemail could be intercepted by unauthorized individuals.

Email communication:

Email is also a convenient way to communicate outside of the therapy session. However, it is important to understand that there are risks inherent with communicating by email. My email accounts and computer are password

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protected in order to protect your confidentiality. If you choose to communicate confidential or private information with me via email I will assume that you have made an informed decision about the risks of your email being intercepted, or your confidentiality being compromised.

Text message communication:

I do use text messaging as a means for scheduling (example: changing appointment times, notification of late arrival, last-minute emergencies, and cancellations). Please do not text personal clinical information.

COVID -19

I have discontinued face-to-face sessions in Austin and Lockhart. To assure the safety and well-being of all parties concerned, I have made the decision to continue all sessions via teletherapy. My therapy Apps are HIPAA compliant to assure your confidentiality.

Complaints

If you have complaints about our work together that have not been addressed to your satisfaction, you can contact:

Complaints Management and Investigative Section

P.O. Box 141369

Austin, Texas 78714-1369

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Acknowledgment of Receipt of Policies and Therapy Agreement & Consent for Treatment

By signing this Consent Form as the Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services for myself, and I understand that I may stop such treatment or services at any time.

I hereby consent to treatment by Jean Ann Cordes, LMFT, LPC, LCDC. Although the chances for obtaining my goals for therapy will best be met by adhering to therapeutic suggestions, I understand that I have a right to discontinue or refuse treatment at any time. I understand that I am responsible for any balance due prior to a decision to stop.

(initials) _____

I have read the information presented above, and by signing below, agree to its contents.

Printed name

Signature of Client

Date

Printed name (For couples and families)

Signature of Client

Date

Printed name (For couples and families)

Signature of Client

Date

Printed name (For couples and families)

Signature of Client

Date

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