

# PROFESSIONAL DISCLOSURE STATEMENT

*In accordance with the Annotated Code of Maryland, Health Occupations, 17-308, Authority granted by license, 17-309, Supervised clinical practice, and 17-507, Professional disclosure statement.*

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**Shawntel Fitzgerald, M.S., LGPC / Licensed Graduate Professional Counselor #LGP13200**

CoTenacious Therapy / 8407 Main Street Ellicott City, MD 21043

Phone: 443-305-9233 / Fax: 443-305-8812 / Email: [Shawntel.Fitzgerald@CoTenacious.com](mailto:Shawntel.Fitzgerald@CoTenacious.com)

Education: M.S. Clinical Psychology / Loyola University

*Authorized to provide services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups*

**Under the Clinical Supervision of**

**Margaret (Pebble) McCleary, LCPC / Licensed Clinical Professional Counselor LC11238**

CoTenacious Therapy / 8407 Main Street Ellicott City, MD 21043

Phone: 443-305-8005 / Fax: 443-305-8812 / Email: [Founders@CoTenacious.com](mailto:Founders@CoTenacious.com)

## Fee Schedule

Description of Service to be Provided	Cost
90791 Psychiatric Diagnostic Evaluation(16-90 min)	\$240
90837 Individual Psychotherapy (53-89 min)	\$180
90834 Individual Psychotherapy (38-52 min)	\$135
90832 Individual Psychotherapy (16-37 min)	\$90
90847 Couples and Family Psychotherapy with patient present (26-74 min)	\$180
90846 Couples and Family Psychotherapy without patient present (26-74 min)	\$180
99050 After Hours code for services at times other than regularly scheduled office hours or days when the office is closed	\$30
99051 After Hours code for planned services during regularly scheduled evening (5 or later), weekend or holiday office hours	\$30
90839 Crisis: Psychotherapy for crisis, 60 minutes with patient (30-74 minutes)	\$180
90840 Crisis: Psychotherapy for crisis, add on 30 minutes (use beyond 75 minutes)	\$90
Administrative forms and letters, case consultations with other professionals, meetings. 15 minute increments	\$45
Late Cancellation - Canceling with less than 24 hours notice	.5 Session Rate
No Show Fee - Not joining session within 15 minutes of the scheduled start time	Full session rate
*This fee schedule may change at any time and you will have 4 weeks from the time a new fee schedule is introduced to begin paying the rate.	

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***This information is required by the Board of Professional Counselors and Therapists, which regulates all licensed and certified counselors.***

**Maryland Board of Professional Counselors and Therapists  
4201 Patterson Avenue Baltimore, MD 21215-2299 / (410) 764-4732**