

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.

Grace Santandreu M.A., LGMFT / Licensed Graduate Marriage and Family Therapist #LGM955

CoTenacious Therapy / 8407 Main Street Ellicott City, MD 21043

Phone: (443) 305-8005 / Fax: (443) 305-8812 / Email: Grace.Santandreu@CoTenacious.com

Education: M.A. Marriage and Family Therapy / Antioch 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

Alexandra (Lexa) Grobicki M.S., LCMFT / Licensed Clinical Marriage and Family Therapist #LCM373

Maryland Board Approved Marriage and Family Therapist Supervisor

CoTenacious Therapy / 8407 Main Street Ellicott City, MD 21043

Phone: 443-305-9074 / Fax: 443-305-8812 / Email: Lexa.Grobicki@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)	\$35
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 sessions that take place from 6pm on, weekends, or holidays	\$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 between 2 and 24 hours before session	50% of session fee
No Show Fee - Canceling with less than 2 hours notice and/or Not joining session within 10 minutes of the scheduled start time	100% of session fee
*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.

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

[Verification: https://mdbnc.health.maryland.gov/pctVerification/Default.aspx](https://mdbnc.health.maryland.gov/pctVerification/Default.aspx)