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Welcome

I would like to take this opportunity to acquaint you with information relevant to your treatment, confidentiality, and office policies. I will be happy to answer any questions that arise.

Getting started

In the group you are starting you will meet other parents of adolescents who are wanting to learn more about what makes their children think, act, and behave the way they do. You will learn a tremendous amount of information and participate as much as you want to as the group is an interactive group. Take notes, listen, and participate to the best of your ability and show up to the group. The more you come to the group, the more you will learn and the more you will benefit.

Treatment process

As the group progresses you will have many opportunities to join in and support others as well as gain support yourself. In addition, you will obtain a different perspective and understanding of what it means to be an adolescent in 2018 as you are already well aware of what it means to be the parent of an adolescent. Your perspective might change as well as what you focus on as a parent as you learn throughout the group. The group will provide you with an enormous supply of tools to improve your relationship with your adolescent, understand why your child does what s/he does, and how to manage his/her emotional turmoil and your own.

Aims and goals

The major goal is to help you and your family to achieve the highest level of wellness and emotional health possible. This is accomplished by:

- Increasing personal awareness and understanding
- Increasing personal responsibility and self care to make changes necessary to attain goals
- Promoting wholeness

Your clinician

I have been a Licensed Clinical Social Worker for more than twenty years, working with children, adolescents, and their families in a variety of settings including hospitals, outpatient clinics, and schools. I have worked with individuals who have adjustment issues, anxiety, depression, trauma, eating disorders, anger issues, addiction issues, relationship issues, developmental challenges, and parenting concerns.

Patient responsibilities

Office hours are Tuesday through Friday 9:00AM -10:00PM. It is important that you are on time for your appointments and that you call with at least 24 hours notice when you are unable to keep a scheduled appointment. If an appointment is canceled with less than 24 hours notice or missed all together, you will be charged for that appointment. I am less flexible with appointments missed without a call.

After hours

In crisis situations you may contact me at 747-998-2148 and leave a message; I will return your call within 24 hours. If your situation requires immediate attention, dial 911 or go to the nearest emergency room for assessment. If you are under the care of other healthcare providers, please contact them as well. I am available to speak over the telephone. Telephone conversations that exceed 15 minutes are billed at the pro-rated session rate for individual and family treatment rates.

Fee policy

The cost of group treatment is \$35 per each group session. Fees are payable at the time services are provided unless an alternative plan has been pre-

arranged. If you should require individual and/or family treatment, my fees are as follows: \$150.00/50 minute session and \$200.00/90 minute session. To cover accounting costs, a service fee of \$30.00 will be charged for any check returned by the bank for any reason. I can provide you with a superbill for you to obtain reimbursement from your insurance company. If there are any problems with meeting your financial obligations, please speak with me.

Positive outcomes are important to me

At any time, please feel free to raise any issues you may have. You have the right to refuse to participate in treatment. If you are dissatisfied with this office, I hope that you will speak directly to me about your concerns. While you have the right to file a complaint with your insurance company or with the state board, if you are dissatisfied with this office, I hope that you will first speak directly to me about your concerns so we can work them through together.

Patient Signature_____Date_____

Patient Signature_____Date_____