



PROFESSIONAL DISCLOSURE STATEMENT

Congratulations on taking your first step on your journey to recovery!!! The journey ahead will be challenging and will take motivation, hard work, perseverance, and tenacity, but will also be extremely rewarding. I am proud and excited to be your guide on this journey as we build a relationship based on trust and faith.

Contact Information

Crystal Zeikowitz, LCSW, MS Ed
Blue Sky Counseling Associates
90 New Chalet Drive
Mohegan Lake, NY 10547
914-584-2119
Email: blueskycounseling10@gmail.com
Blueskycounselingassociates.com

Education and Experience

Bachelor of Arts degree from Marymount University, 1996
Master of Education from Long Island University, 2005
Master of Social Work, Fordham University, 2013
President, Blue Sky Counseling Associates, 2017
Admissions Coordinator, Phelps Behavioral Rehabilitation Program, 2017-2019
Licensed Master Social Worker, Phelps Behavioral Rehabilitation Program, 2014-2017
Residential Director, Hope's Door Domestic Violence Agency, 2013-2014
Residential Children's Counselor, Hope's Door Domestic Violence Agency, 2006-2013
Educational Consultant, Alternative Educational Consulting Services, 2001-2005
Behavioral Consultant, Ossining Public School District, 2001-2002

Credentials

Licensed Clinical Social Worker License # 087890
Master of Special Education/Childhood Education
The Integrated Mental Health/Addictions Treatment Training
Trauma Focused – Cognitive Behavioral Therapy Training
Youth and Mental Health First Aid Training
NY State Mandated Reporter Training
Westchester Community Foundation - Management and Supervision Training
Impaired Driver Program Training

Affiliations

National Association of Social Workers
NY State Society for Clinical Social Work
Alliance for Safe Kids

Description of Practice

The focus of my practice is to treat individuals, couples and families who are struggling with Substance Use Disorder issues and co-occurring Mental Health issues that include: Depression, Anxiety, Bipolar Disorder, PTSD, Borderline Personality Disorder, ADD, ADHD, OCD, Self-Esteem Issues, and other issues. We will work toward building a trusting partnership in order to empower you to achieve optimal wellness in mind, body and spirit and enable you to pursue your full potential. I use a blended counseling approach which includes non-judgmental, active listening and empathy and evidence-based counseling techniques such as Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). We will develop a collaborative treatment plan with measurable objectives so that you will be able to track your recovery progress in real time.

Fee Scale

Payment/Co-Pay is due at the time of your scheduled session. Payments may be made via Paypal, Venmo, Zelle, Cash, or Check. There will be an additional \$45 fee for cancelled checks.

Blue Sky Counseling Associates offers a sliding scale. If you would like to be considered for the sliding scale fee, please speak with your counselor.

Client Responsibilities

Scheduling an appointment is a commitment that both counselors and clients honor. Appointments may be cancelled or rescheduled. Both counselor and client may cancel or reschedule an appointment providing a minimum of 24 hours' notice. Please know that exceptions to this policy may be made in the instance of a serious medical or family emergency. **If you do not provide notice or do not show up for your appointment, you will be charged the full amount of the session; this includes those with and without insurance.**

Confidentiality

The information you share in counseling session will be held as confidential as required in the Health Insurance Portability and Accountability Act (HIPPA). As a counselor, I am required to break confidentiality in the following instances: 1) in cases of child abuse or neglect or elder abuse or neglect; 2) imminent harm to yourself or others; 3) if you sign a release of information to coordinate care with another healthcare provider or to bill for insurance purposes; 4) if a court order were presented from a judge. In couples counseling, the couple is the client so information between the parties cannot be guaranteed confidential and both signatures will be required for release of information (Capella, 2019a).

Complaint Procedure

Although clients are encouraged to discuss any concerns with me, you may file a complaint with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>) (Capella, 2019b).

New York State Education Department, Office of the Professions
Division of Professional Licensing Services, Certification and Verification Unit
89 Washington Avenue
Albany, NY 12234-1000
Phone: 518-474-3817 ext. 450
Fax: 518-474-3004

In case you can't reach me and there is a crisis or emergency, please dial 911, go to your nearest emergency room or utilize the following hot line numbers:

National Suicide Prevention Hotline: 1-800-273-8255
New York State Domestic Violence Hotline: 1-800-942-6906
Crisis Text Line: Text GOT5 to 741741

I, _____, fully understand what I have just read and offer my consent for counseling or psychoeducational assessment, free of any pressure to do so. I have the right to refuse or terminate treatment at any time.

Client Signature

Date
