

Judy A. Lair, LPCC-S

(Professional Clinical Counselor Supervisor License #E0007720-S)

6827 N. High Street, Suite 121, Worthington, OH 43085

Phone 614.893.5603; Fax 614.436.3764

Disclosure and Consent

I. I have been approved by the Ohio Counselor, Social Worker, Marriage & Family Therapist Board as a Licensed Professional Clinical Counselor-Supervisor. My practice includes counseling adults, couples, families and groups, including the diagnosis and treatment of mental and emotional disorders. I hold an M.A. in Clinical Pastoral Counseling from Ashland Theological Seminary.

II. It is my privilege to walk with clients in their healing journey as they discover and observe what they think, feel, do and believe. Learning to love others and receive love is very difficult and can be a lengthy process depending upon how much pain and brokenness are in your life. Together we will determine what your individual counseling needs may be. Since our relationship is a confidential, professional one, if we encounter each other outside the office, I will not acknowledge that you are my client and will not discuss any counseling issues in that setting.

III. I will keep confidential anything you say, with the following exceptions: 1) if I determine you are a danger to yourself or others; 2) on the rare occasion that I receive a court subpoena for records; 3) child or elder abuse is discovered; and 4) when you request in writing that I communicate information to someone else. If during the course of treatment you have any questions about the goals, procedures, or nature of your treatment or about office procedures or fees, please feel free to ask. If you have complaints regarding my professional services, you may contact the Ohio State Counselor, Social Worker, and Marriage & Family Therapist Board, 77 S. High Street, Room 2468, Columbus, OH 43215; Phone 614.466.0912; www.cswmft.ohio.gov.

IV. Sessions will be 55-60 minutes in duration, although that may change as needed. My session fee is \$100 per session. We will determine the treatment plan together at the first session. I will bill your health insurance company at your request. Diagnoses are made based on medical information, not based on coverage by insurance companies.

V. My services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your counseling goals. Rule 4757-5-13 mandates that I notify you that should we communicate by email or text, I am not responsible for unauthorized access of protected health information while in transmission nor for safeguarding the information once delivered to you. By signing this document, I consent to such communication.

I acknowledge I have read and understand this agreement and have had an opportunity to ask questions. I authorize payment of insurance benefits to Judy A. Lair, LPCC for services received and the release of any information necessary to process claims.

Client signature

Date:_____
