

Tim Stauffer Professional Counseling, LLC

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Tim Stauffer PhD, LPCC-S

Information & Consent

Professional Disclosure:

I am licensed Professional Clinical Counselor-Supervisor with a PhD in Counselor Education and Supervision from Regent University (2019) and an MA in Clinical Counseling from Ashland Theological Seminary (2010). The Professional Clinical Counselor license # E.0900637-SUPV was issued by the State of Ohio Counselor, Social Worker, Marriage and Family Board.

Areas of Competence:

- Diagnosis and Treatment of Mental and Emotional Disorders
- Sexual Addiction Treatment
- Counseling: Individual, Group, Family, Marriage, Adolescent

Fee Schedule:

The first diagnostic session is \$175. Subsequent sessions (45-50min) are billed at the rate of \$150.00/session. Appointments should be cancelled or changed 24hrs prior to the scheduled time in order to avoid a \$70 missed session fee. Phone calls longer than 5 minutes will be charged at the session rate.

This information is required by the counselor, social worker, and marriage and family therapist board, which regulates the practices of professional counseling, social work, and marriage and family therapy in this state.

Ohio Counselor, Social Worker, and Marriage and Family Therapist Board,
77 South High Street, 24th Floor, Room 2468 Columbus, Ohio 43215-6171
(614) 466-0912

Professional Affiliations:

I am a member of the American Counseling Association (ACA).

Limits of Confidentiality:

Confidentiality is a hallmark of the counseling relationship and it is mandated by Ohio law and the ACA Code of Ethics. Some limits to confidentiality include:

- Any threat of harm to yourself or others.
- Any actual or suspected child abuse, neglect, or endangerment.
- Any actual or suspected abuse of the elderly, intellectually or developmentally disabled.
- I am court ordered to testify or release information.
- The report of sexual exploitation by a therapist or counselor.

Please understand that I cannot guarantee the confidentiality of email communication. Should you choose to email me please do not communicate clinically sensitive information.

Benefits & Risks of Counseling:

There is great benefit to forging a therapeutic alliance with a professional counselor. However, I cannot guarantee particular outcomes. Benefits include the development of a trusting and confidential professional relationship where the client and counselor work together towards specific and identified goals. It is the client’s responsibility to be both open and honest in order to maximize the potential for positive benefit.

The process of counseling can be an intense experience for some clients. It is not uncommon for a client to experience emotional pain when working towards identified goals.

In an effort to maximize the benefits of counseling and to protect the professional relationship I will seek to minimize any interaction with clients outside of the counseling relationship unless there is clear potential benefit to the client. Please do not connect with me on social media, give me gifts, or invite me to personal events.

Payment Information:

Full payment is due at time of service. Please note, **I do not submit insurance claims** for my clients but, upon request, will provide a receipt that you can submit to your insurance company for reimbursement. You assume responsibility of full payment for services rendered.

For payment, I accept cash, personal check, and Visa/MasterCard/Discover for payment. There will be a \$25 charge for returned checks.

Termination of Counseling Relationship

Ideally we will work together to decide when to terminate the counseling relationship. In the event that I determine that your needs are beyond the scope of my practice I will provide referrals to other counselors for you. You have the right to terminate the counseling relationship at anytime. I will provide referrals at that time if you so desire. Files will be considered closed 3 months after final session. Files are maintained for 7 years after termination and are then destroyed.

Emergencies:

I do not provide emergency mental health services. In the event of a mental health emergency please call 911 or go the nearest emergency room. Net-Care Access provides emergency mental health services and can be reached at 614-276-2273.

Please sign and date this form confirming that you understand and accept its contents and that you consent to treatment.

Client Signature Date

Parent/Legal Guardian of minor client Date

Tim Stauffer, PhD, LPCC-S Date