PROFESSIONAL DISCLOSURE STATEMENT

Timothy T Stauffer, PhD, LPCC-S
Professional Clinical Counselor-Supervisor
Ohio License # E.0900637-SUPV
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Phone: (614) 949-6227 www.timstauffercounseling.com

FORMAL PROFESSIONAL EDUCATION

University	Degree Received	Date
Regent University	PhD Counselor Education	2019
	& Supervision	
Ashland Theological Seminary	M.A. Clinical Counseling	2010

AREAS OF COMPETENCE

Diagnosis and treatment of	
mental & emotional disorders	
Counseling: Individual, Group, Family, Marriage,	
Adolescent, Pastoral, Career, Personal & Social.	

FEE SCHEDULE

The first diagnostic session is \$175. Subsequent sessions (approx. 50min) are billed at the rate of \$150.00/session. Appointments should be cancelled or changed on or before the previous day of the scheduled time in order to avoid a missed session fee. A fee of \$70 will be charged for missed or rescheduled sessions without adequate notice.

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. If you have complaints about professional services from a counselor, social worker and/or marriage and family therapist contact the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board

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

www.cswmft.ohio.gov