

**Judy A. Lair, PCC-S**

(License #E0007720-S)

6827 N. High Street, Suite 232, 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 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. Greg Anglin, M.A. and Hollie Hadden often work as part of my therapeutic team and by signing this Consent, I/we give authorization for all members of the team to discuss my/our counseling needs.

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, 50 W. Broad Street, Suite 1075, Columbus, OH 43215; Phone 614.466.0912; www.cswmft.ohio.gov.

IV. Our sessions will generally be 55 minutes in duration, although some sessions may be 75 minutes depending upon services provided. My session fee is \$100 per session. I will bill your health insurance company at your request. Sessions held solely with Greg Anglin, M.A. or Hollie Hadden will not be billed to insurance and fees will be directly contracted with them.

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. However, together we will work to achieve the best possible results for you. If you have any questions, please feel free to ask.

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

\_\_\_\_\_  
Client signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Spouse Client signature

Date: \_\_\_\_\_