

TLG Counseling, LLC
Todd L. Garman, LPCC, Ohio LIC E.1800820
4905 Jacksontown Rd, Newark, OH 43055
(614)588-7181

Office Policy

Scheduling: Initial diagnostic appointments are **90 minutes**. Successive appointments are scheduled in advance for **50 minute sessions** for individual or family counseling. If you need to cancel for any reason, please provide notice **24 hours** prior to your appointment to avoid a cancellation charge.

Fees: Payment for services is due **every** time you visit. Checks can be made out to “**TLG Counseling**”. If you are submitting an “Out-of-Network” reimbursement claim with your insurance provider, I can provide an *Insurance Receipt* for your session payment.

Confidentiality: Confidentiality of the information disclosed during counseling is strictly protected by law. The following are the situations wherein counseling information may be shared with others:

1. If you sign a *Release of Information* requesting information to be shared.
2. In situations where a person presents a risk to harm themselves or others.
3. Counselors are **required by law** to report suspected child or elder abuse or neglect.
4. A court of law may subpoena records.
5. In some cases, your insurance company may ask for certain information.

Contact: If I see you outside the Counseling office, I will NOT initiate contact. I cannot receive gifts from you or accept invitations to events or functions. Clients may leave a message at the above number but I cannot guarantee that I will receive/return messages in a prompt manner. The best method to contact me is by *texting*. In an emergency, you should call either **911**, the Crisis Helpline at **211**, or the Licking County 24-hr Helpline at **(740)345-HELP or (740)345-4537**.

Acceptance: By signing below I acknowledge that I have read and understood the information in this document. In addition, I acknowledge that I received a copy of this *Office Policy* as well as a copy of the *Professional Disclosure Statement*.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____