

Todd L. Garman, PC-CR
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Newark, OH 43055
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Office Policy

Scheduling: 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 charge.

Fees: Payment for services is due **every** time you visit.

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: Clients may leave a message at the above number but I cannot guarantee that I will receive/return messages in a prompt manner all the times. 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: _____

