

Professional Disclosure and Terms of Therapy

David W Barr

- Licensed Independent Marriage and Family Therapist. Ohio License #F0066

Education

- Fuller Theological Seminary School of Psychology. Master of Arts in Marriage and Family Therapy 1989
- Kalamazoo College. Bachelors of Arts in Psychology 1982

Areas of Competence and Services Provided

- Individual Therapy
- Marriage and Family Therapy
- Children and Adolescents within the context of Family Therapy

Fee Schedule

- Talk with me to discuss current fees

This information is required by The Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, which regulates all licensed marriage and family therapists in Ohio. The Ohio Counselor, Social Worker, and Marriage and Family Therapist Board 77 South High Street, Columbus, OH 43266-0340 (614)466-0912

Terms of Therapy

- Please make your payment at the time of the services by cash or check.
- Our sessions together are 50 minutes unless otherwise discussed. I bill for phone calls longer than 5 minutes in 15 minute increments.
- I will maintain your confidentiality within the limits of the Ohio Law, which states I must break your privacy for the following reasons: if I suspect child abuse, if I suspect you are a serious threat to yourself or another person, or by court order of a judge. For any other reason I must have your written permission to disclose any information about our work together.
- Please try to give me 24 hours notice to cancel or change an appointment. I will expect payment for late cancellations less than 24 hours, except in cases of sudden illness or emergency.
- I am not available for emergencies. If you feel unsafe, please call 911 or go to your nearest emergency room for assistance
- Special considerations _____

I/We have read the above information and agree to these terms.

Signature(s)

Date

Print your name(s)

Best Phone number to reach you

Billing Address: Street address

State, Zip Code