

Pat Ahl, LPCC, NCC

Professional Disclosure Statement and Informed Consent

I understand that Pat Ahl, LPCC, NCC is licensed to provide counseling in the state of Ohio.

I understand that Pat Ahl, LPCC, NCC does not provide 24-hour crisis counseling. Should I experience an emergency necessitating immediate mental health attention, I will immediately call 9-1-1 or go to the nearest emergency room for assistance.

I understand that during the time we work together, we will meet regularly for approximately 50-60 minutes. While our sessions may be very close psychologically, our relationship is a professional one rather than a social one.

I also understand our contact will be limited to counseling sessions. I will only call the number provided in cases of emergency or the need to cancel or reschedule.

When it comes to social media I understand that Pat Ahl, LPCC, NCC, cannot “Friend” or “Follow” me to preserve my confidentiality.

I understand that at any time I am welcome to initiate a discussion of the effects of the counseling relationship on me. While specific results are not guaranteed benefits are expected from counseling.

I understand that I am in control of the counseling relationship and may choose at any time to terminate our therapeutic relationship. If at any time I am dissatisfied with my therapist I have the right and am encouraged to let her know. If I don't feel that Pat Ahl, LPCC, NCC, resolved my complaint, I may file a formal complaint through the Ohio Counselor, Social Worker and Marriage and Family Therapy Board at 614-466-0912.

I understand that our paths may cross in social situations and that our therapeutic relationship comes first along with protection of my confidentiality. Because of this my therapist cannot initiate greetings.

Should I believe that a referral is needed my therapist will provide me with alternatives of people who may be able to assist me per my request.

I understand that my therapist may text me to set up or confirm appointments but that in order to protect my confidentiality all other electronic communication must be done through her secure email account: pat@patahl.com.

Client Signature

Date

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