PROFESSIONAL DISCLOSURE STATEMENT

David R. Dagg-Murry, Licensed Professional Clinical Counselor- Supervisor (LPCC-S) License E3699

Namaste Counseling & Consultation, LLC

4773 Carroll Cemetery Road
Carroll, OH 43112
T: 614.568.3244
F: 740.422.1548
drdagg@me.com

FORMAL PROFESSIONAL EDUCATION

University	Degree Received	Dates Attended
Ohio State University	BS in Education	1989-97
Ohio State University	MA in Counselor Education	1997-99
DeVry University	BS in Information Technology	2001-02

AREAS OF COMPETENCE:

Child and adolescent counseling, personal and social counseling, educational counseling, marriage counseling, family counseling, mental health counseling, chemical dependency counseling, addictions counseling, consultation, supervision, administration, and may independently diagnosis and treat mental and emotional disorders.

Licensure is granted by:

The State of Ohio Counselor, Social Worker,
and Marriage & Family Therapist Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108
614/466-0912

NAMASTE
COUNSELING & CONSULTATION
David R. Dagg LPCC-S, LICDC-CS

SLIDING FEE SCALE

Family Size	Monthly Income	Annual Income	% of Poverty	Mental Health Fee
1	$990	$11,880	100%	$70
1	$1,485	$17,820	150%	$70
1	$1,980	$23,760	200%	$70
1	>$1,981 & <$2,970	>$23,760 & <$36,640	>201% & <300%	100% of fees
2	$1,335	$16,020	100%	$70
2	$2,003	$24,030	150%	$70
2	$2,670	$32,040	200%	$70
2	>$2,671 & <$4,005	>$32,041 & <$48,060	>201% & <300%	100% fees
3	$1,680	$20,160	100%	$70
3	$2,520	$30,240	150%	$70
3	$3,360	$40,320	200%	$70
3	>$3,361 & <$5,040	>$40,321 & <$60,480	>201% & <300%	100% fees
4	$2,025	$24,300	100%	$70
4	$3,038	$36,450	150%	$70
4	$4,050	$48,600	200%	$70
4	>$4,051 & <$6,075	>$48,601 & <$72,900	>201% & <300%	100% fees
5	$2,370	$28,440	100%	$70
5	$3,555	$42,660	150%	$70
5	$4,740	$56,880	200%	$70
5	>$4,741 & <$7,110	>$56,881 & <$85,320	>201% & <300%	100% fees
6		Add $4,140 per addt'l person		
7		Add $4,150 per addt'l person		
8+		Add $4,160 per addt'l person		

**Clients who have Medicare or Medicaid are eligible for $70 fees per session if the provider is not a Medicare or Medicaid provider. David R. Dagg LPCC-S, LICDC-CS is NOT a Medicare or Medicaid Provider.

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SLIDING FEE SCALE

Fees:

Description of Service	CPT Code	Length of Time	Fee
Crisis Session, Short Session	90832	30 min	$85
Regular Therapy Session	90834	45 min	$125
Extended Therapy Session	90837	60 min	$160
Family Session without Client	90846	45 min, Family w/o pt	$140
Family Session with Client	90847	45 min, Family w/pt 45 min	$140
Intake Session	90791	60 min, Dx Eval	$300

I have read and understand the above fee structure and am applying for the sliding fee scale. I am submitting proof of income (paycheck stubs, tax forms, etc.).

_____ _____
Client Name (PRINT) Date

_____ _____
Client Name (SIGNATURE) Date

Approved by:

_____ _____
Therapist (SIGNATURE) Date

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Namaste Counseling & Consulting, LLC
4773 Carroll Cemetery Rd. ~ Carroll, OH 43112 ~ (614)-568-3244

Credit Card Authorization Form

Client Name: _____

Payment Method: (_) VISA (_) MasterCard (_) American Express (_)Discover
Account Number:

_____ Expires _____/_____ Code:_____

Cardholder Name (as it appears on card):

_____

Cardholder Address: (include street, city, state and zip)

_____

Phone Number (including area code) : (_____) -_____ -_____ ☐ Home ☐ Cell

Email: _____

I _____ authorize this card to be used for payment for
(Card Holder)

(Client's Name) _____ **appointments** (including co-payments and balance of appointments applied to my deductable not reimbursed to provider by my insurance company) **/cancellations.**

My (Card Holder's) below signature on file authorizes Namaste Counseling and Consulting, LLC to charge the credit card listed on this form. I understand my card will be charged (via Square) with the information I have provided. A receipt will be emailed to me at the email I have provided. I understand my card will also be charged for any missed appointments, which fall within the cancellation policy guidelines.

_____ _____/_____/_____
Signature on file ***Date***

The above credit card information will be shredded within 30 days of the termination of counseling services

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AUTHORIZATION TO RELEASE INFORMATION

4773 Carroll Cemetery Road, Carroll, OH 43112
PH# 614-568-3244 Fax# 740-422-1548

_____ _____ _____ _____ _____
Name of Patient (at time of service) Date of Birth Social Security Number

This release will include DRUG or ALCOHOL history, treatment, and/or diagnosis unless specifically excluded. I authorize Namaste Counseling & Consultation and its clinical and professional staff to:

☐ Release info to the following ☐ Release info from the following Or ☐ Exchange info with the following

_____
Name/Title/Facility

_____
Street Address

_____
City/State, Zip Code

Ph#_____ FAX#_____

Specifically requested Record Content:

☐ Discharge Summary/Termination Summary
☐ Psychiatric/Psychological Evaluation
☐ Labs
☐ Other, specify: _____
☐ Medical Information
☐ Date of Psychotherapy Session(s)
☐ Summary of clinical Progress

Record Information NOT to be released: _____

The purpose of this release:
☐ Insurance/Third Party Payment
☐ Continuity of Care
☐ Safety Planning/Intervention
☐ Other, specify _____
☐ Pending Legal Action
☐ Assist in Evaluation & Treatment

This authorization shall expire **180 DAYS** from the date of signing, and is subject to revocation by the patient at any time prior to the expiration date, but not made retroactive to any information already released. The request to retract this release shall be in writing, signed, dated, and sent to Namaste Counseling & Consultation, LLC.

I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of this release. **Note: A minor with a substance abuse diagnosis** must sign to approve the release of record information.

_____ _____
Signature of Patient Date

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Signature of Witness Date

Note: There may be an administrative fee for copying records for purposes other than continuity of patient care