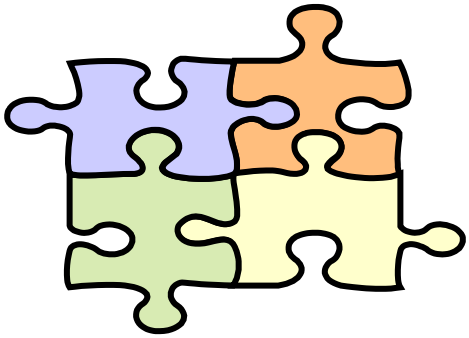

Lesli K. Johnson
Licensed Psychologist
Licensed Independent Social Worker
17 Blue Line Drive
Athens, Ohio 45701
(740) 592-5689

I provide psychological services to children, adults, families and couples. I am pleased that you have contacted me with regard to your counseling needs and I hope I can be of service. Entering into a therapeutic relationship is a challenging task. This will provide you with some basic information about myself and my practice.

Appointments

Appointments may be scheduled as needed either at the end of the session or by phone. My office number is 740-592-5689. You can reach our office manager Karen White at 592-5689. You may also leave a message or text on my mobile (591-3436) or through email (lesli.k.johnson@gmail.com) Email is not a secure form of communication so please only use it to confirm or cancel appointments. If you find that you are unable to keep your appointment, please notify Karen or I at least 24 hours in advance. Missed appointments that have not been canceled with sufficient notice will be billed at half the usual rate. If you are using your insurance to defray the cost of this service, be aware that most insurance policies will not pay for missed sessions, leaving you fully responsible for the cost. Please just give me a call if you can not attend a scheduled appointment.

Fees

The fee for my services is $135.00 for an initial intake and then $100.00 for ongoing sessions and payment must be made at the time of service, unless you have made other arrangements with me in advance. Checks or cash are acceptable.

My Credentials

I have been licensed as Licensed Independent Social Worker-Supervisor in the State of Ohio since 1986. I earned a Masters of Social Work at the University of Oklahoma in 1982 and was licensed to practice independently in Oklahoma in 1984. I earned a Masters and Doctorate degree in Clinical Psychology at Ohio University in January 1997. I completed the requirements for licensure as a psychologist in June 1998.

I have worked for twenty years in a variety of community agencies, providing therapy and counseling to both adults and children. I have been in private practice since 1993. I have broad experience treating many individual, marital and family difficulties. I have received additional training in child psychopathology, family therapy, group therapy, treatment of personality disorders, treatment of depression and anxiety disorders, sexual abuse, divorce counseling and mediation, assessment, and adoption. I have worked extensively in the areas of childhood behavior disorders, childhood trauma, family therapy, divorce, and adoption. My professional vita is available to you upon request.

The State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board, which regulates all licensed and registered counselors, social workers and marriage and family therapists. The State Board of Psychology regulates psychologist. My licenses include Licensed Psychologist #5414 and Licensed Independent Social Worker-Supervisor #225. If you have complaints about professional services from me, you may contact the Ohio Counselor, Social

Worker, and Marriage and Family Therapist Board 50 West Broad Street, Suite 1075 Columbus, OH 43215-5919 -Website: www.cswmft.ohio.gov 614-466-0912 and/or the State Board of Psychology (877) 779-7446, Website: www.psychology.ohio.gov. My current licenses can be viewed at: License Look-Up | eLicense (ohio.gov)

Treatment Plan

When services are initiated, you and I will discuss your current concerns and identify goals for our work together. Periodically, we will review your progress and refine our goals and objectives and you may request a review of goals and progress at any time. If you ever have any questions or concerns about our work together, please don't hesitate to voice them. Therapy is a collaborative process and you will enjoy the greatest benefits when we can clearly identify your goals and develop an agreeable plan of action.

Emergencies

Occasionally, you may need to contact me in an emergency. Emergency appointments can be scheduled as you and I deem necessary. Phone consultations may also be needed. I you find that you frequently need emergency phone consultations, a fee for this service will be negotiated. If you feel there is a danger of harming yourself or someone else, immediately contact me. In the event that I am unavailable, you may contact Careline (24 hour crisis hotline) 593-3344.

Notice of Privacy Practices

My practice is dedicated to maintaining the privacy of your personal health information. I am required also by law to do this. These laws are complicated, but I must provide you with important information. This contains a shorter version of the full, legally required notice of privacy practices (NPP), which you received along with this so refer to it for more information. However, we can't cover all possible situations, so please talk to me about any questions or problems.

I will use the information about your health, which I get from you or from others, mainly to provide you with treatment, to arrange payment for my services or for some other business activities, which are called, in the law, health care operations. After you have read this, I will ask you to sign a Consent Form to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

If you or I want to use or disclose (send, share, release) your information for any other purposes, I will discuss this with you and ask you to sign an Authorization to allow this. Of course, I will keep your health information private, but there are some times when the laws require me to use or share limited parts of your information, such as:

When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.

Some lawsuits and legal or court proceedings.

If a law enforcement official requires me to do so.

For Workers' Compensation and similar benefit programs

As a mandated reporter, I have to report suspected child abuse and suspected elder abuse.

There are some other situations like these, but which don't happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment. I will try my best to do as you ask.

You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.

You have the right to look at the health information I have about you such as your medical and billing records and psychotherapy notes. You can even get a copy of these records, but I may charge you. If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You have to

make this request in writing and send it to me. You must tell me the reasons you want to make the changes.

You have the right to a copy of this notice. If I change this, I will provide you with a new copy. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. If you have questions regarding this notice or my health information privacy policies, please contact me at the numbers provided above. The effective date of this notice is April 14, 2003

CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION

Consent to use and disclose your health information

This form is an agreement between you,_____and me Lesli K. Johnson, LISW,Ph.D. When I use the word "you" below, it will mean your child, relative, or other person if you have written his or her name here _____.

When I examine, diagnose, treat, or refer you, I will be collecting what the law calls Protected Health Information (PHI) about you. I need to use this information here to decide on what treatment is best for you and to provide treatment to you. I may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions.

By signing this form, you are agreeing to let me use your information here and send to others. The Notice of Privacy Practices explains in more detail your rights and how I can use and share your information. Please read this before you sign this Consent form.

In the future, I may change how I use and share your information and so may change my Notice of Privacy Practices. If I do change it, you will find a copy posted in the office or you can contact Karen White at 740/592-5689, or get information from the Privacy Officer (myself).
If you are concerned about some of your information, you have the right to ask me to not use or share some of your information for treatment, payment, or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to agree to these limitations. However, if I do agree, I promise to comply with your wish.

After you have signed this consent, you have the right to revoke it (by writing a letter telling me you no longer consent) and I will comply with your wishes about using or sharing your information from that timeon, but I may already have used or shared some of your information and cannot change that.

_____

Signature of client or his/her personal representative Date

_____

Printed name of client or personal representative

_____

Relationship to the client

_____

Description of personal representative's authority

Date of NPP: April 14, 2003 [] Copy given to the client/parent/personal representative