

PROFESSIONAL DISCLOSURE STATEMENT

Linda J. Stockton LPCC NCC CCMHC
OH # E 0700214
Inner Peace Counseling LLC

567-525-5615 Phone/Fax
419-722-2032 Cell

P. O. Box 29
Findlay, OH 45839-0029

FORMAL PROFESSIONAL EDUCATION:

- MA in Counseling, 2007 – Marshall University Graduate College, S. Charleston, WV
- 6 Hours Additional Master's Level Coursework in Counseling, 2011 – Bowling Green State University Graduate College, Bowling Green, OH

AREAS OF COMPETENCE:

Mental health counseling, marriage counseling, family counseling, employee assistance counseling, personal and social counseling, human resource counseling, child and adolescent counseling, group counseling, consultation, administration, and the diagnosis and treatment of mental and emotional disorders.

FEE SCHEDULE EFFECTIVE 01/01/16:

CPT Code	Professional Service Fee*	Fee*
90791	Psychiatric diagnostic evaluation/intake assessment	\$150
90837 & 90839	Psychotherapy/psychotherapy for crisis, 60 min. w/patient &/or family member	\$200/\$240
90849	Multiple-family group psychotherapy, 60 minutes	\$150
90834	Psychotherapy, 45 minutes w/patient or family member	\$100
90846 & 90847	Family psychotherapy/conjoint psychotherapy with/without patient present, 45 minutes	\$120
90840	Psychotherapy for crisis add-on for each additional 30 minutes of psychotherapy used in conjunction with code 90839	\$ 75
90832	Psychotherapy, 30 minutes w/patient and/or family member	\$ 50
90853	Group psychotherapy (other than multiple-family group), 60-90 min.	\$ 50
90785	Interactive complexity add-on code used in conjunction with codes for primary service: 90791, 90832, 90834, 90837 and 90853	\$ 50
	Phone consultations 16 minutes or longer (first 15 minutes are free) – not covered by insurance	\$ 25/15 min.
	Late Cancellation /Missed Appointment/No Show (Per policy in Informed Consent)	\$ 50
	Returned check fee for NSF (non-sufficient funds)	\$ 25
	Fee for replying to subpoena, court testimony, depositions, travel miles, travel time portal to portal, wait time, my attorney fees, and time spent in preparation; this is regardless of action/outcome	\$120/hr. + expenses

A copy of the Statement of Code of Ethics will be provided upon request. Any questions, concerns, or complaints relating to the delivery of service by the counselor listed above may be directed to:

THE STATE OF OHIO COUNSELOR, SOCIAL WORKER, AND MARRIAGE AND FAMILY THERAPIST BOARD

77 South High Street, 24th Floor, Room 2468

Columbus, Ohio 43215-6171

General Inquiries: (614) 466-0912

Fax number: (614)728-7790

www.cswmft.ohio.gov

This information is required by the Counselor, Social Workers, and Marriage and Family Therapist Board, which regulates the practices of professional counseling, social work, and marriage and family therapy in this state.