**Christy J Tison, MA, LCMHC**

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License #: 12123

**Professional Disclosure Statement & Informed Consent**

Hello and Welcome! I appreciate your consideration in creating a therapeutic relationship. Please read through the following document in an effort to achieve mutual understanding and agreed upon expectations about the provided counseling services. I am available to answer any questions or concerns you may have. Please sign and date acknowledging your agreement of the terms read. If client is a minor (under 18), I request parent signature on the form.

**Qualifications, Experience and Interests**

I received a Masters of Arts in Christian Counseling in 2003 from Gordon Conwell Theological Seminary located in Charlotte, North Carolina. My background and experience involve twenty plus years providing counseling and consulting services to individuals, small groups and organizations. Specifically, my experience entails working with female adolescents and adult women, where a few topics are reflected below.

**Perspective**

Counseling provides an opportunity to set aside time, to pause and allow reflection for growth, insight and self-discovery in the context of having intentional conversations in a safe, supportive and therapeutic relationship. My special interests and services are best aligned to help support women’s issues. Some of these topics include, but are not limited to: relationships, spiritual growth, career development and transitions, stress and wellness management, defining core values, identifying root default patterns and establishing intentional patterns and establishing healthy boundaries. I use an eclectic approach, which means I choose to use the best approach based on your needs and situation. Typically, I use a cognitive behavior and solution focused approach. I believe that transformation and positive change begin with individual leadership. I desire to help each client become more aware and aligned with their God given identity, purpose and destiny. I believe the Bible speaks to all of life’s problems and in certain seasons of life each of us may need the careful thought and prayerful wisdom of another to help guide us through the transition of our individual leadership.

**Session Fees and Length of Service**

Each session is 1 hour. Our agreement for sessions will be $125.00/session due at the time of appointment. Payment will be accepted in the form of cash, check or credit card ($3 additional charge for CC) as well venmo payments: @Christy-Tison-1. I also accept Health Savings Account (HSA) credit cards for payment. If you plan to use your BCBS insurance, please contact Blue Cross Blue Shield and ensure you understand what your insurance covers for counseling sessions. If your policy is in network with BCBS, they will advise you the amount of copay due for our session and I will file the claim.

Unless an emergency arises, I require a 24 hours’ notice should you need to cancel or reschedule an appointment. If this requirement is not met, a fee of the agreed upon session will be charged.

**Use of Diagnosis & Insurance**

**Note:** Insurance requires me to select a diagnostic code for our session together which I will note on your invoice should you submit to BCBS insurance for reimbursement.

**Confidentiality & Electronic Communication**

I place high integrity and value on the confidentiality of information clients share with me, and I will make every effort to ensure that information from our time and conversations remain confidential. You should be aware, however, that legal and ethical requirements specify certain conditions, which it may be necessary for me to discuss certain information about your treatment with other professionals. If you have any questions about these limitations, please ask me about them.

Confidentiality will be limited if:

1. I believe there is a danger that you may harm yourself or others or that you are incapable of caring for yourself.
2. I become aware of your involvement in abuse of children, the elderly or disabled persons.
3. I am ordered by a court to disclose information.

**\*\*\*Note:** No form of electronic communication is considered 100% secure. As such, Transformative Wellness, Christy Tison cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically including text messages and emails. Additionally, these forms of communication are not compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Your counselor is ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication. A judge can subpoena your records for a variety of reasons, and if this happens, your counselor must comply. You should also be aware that any email sent to your counselor from a computer in a work-place environment is legally accessible by your employer.

Refraining from signing this form signifies that you wish only to be contacted by telephone. If you are comfortable with correspondence via email and/or text please sign below confirming understanding and receipt of electronic communication policies. Additionally, I may send communications regarding Christy Tison counseling via Facebook, Instagram or email for updates.

**Complaints**

Although clients are encouraged to discuss any concerns with me, you may file a complaint with the organization below should you feel I am in violation of any of these ACA codes

of ethics. (http://www.counseling.org/Resources/CodeofEthics/TP/Home/CT2.aspx).

NCBLCMHC (North Carolina Board of Licensed Clinical Mental Health Counselors)

PO Box 77819

Greensboro, NC 27417

P:844-622-3572, F:336-217-9450, LCMHCinfo@ncblcmhc.org

**Acceptance of Terms**

We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_