

INFORMED CONSENT

Dr. Tina Lightner-Morris, LCPC, BCC, IAYT-C
LightBalance Integrative Health

The healing relationship requires a sense of mutual trust and understanding. This information sheet is to explain what you can expect from me, and what I will expect from you. It is important that you understand the relationship at the onset; however, there are always new situations that arise when working with a unique individual. Please do not hesitate to address any issues you do not understand, today, and any time you need clarification.

I, Tina Lightner-Morris, have a Master of Science and a Certificate in Advanced Studies in Pastoral Counseling from Loyola University, and a Doctor of Ministry in Pastoral Counseling from Wesley Theological Seminary. I am a Licensed Clinical Professional Counselor (LCPC) in the state of Maryland, and a Nationally Certificated Counselor (NCC). I am a Fellow in the American Association of Pastoral Counselors. I am a Board-Certified Chaplain. Pastoral counseling differs from other forms of therapy in that the awareness of a spiritual dimension to life is taken into consideration. It is not a requirement that one talk about their spiritual life. As in all counseling, the focus of your sessions is determined by you.

I also have a certificate as a Master Herbalist, having taken formal training in the art and science of herbal and nutritional medicine. I am a professional member of the American Herbalist Guild (AHG), having passed a stringent peer review process. I am a graduate of The Institute of Integrative Nutrition and a Board-Certified Health Coach. I have been practicing herbal and nutritional medicine since 1994.

Lastly, I am trained in Mind/Body Medicine, Sensorimotor Psychotherapy, and EMDR (eye movement, desensitization and reprocessing). I am a Registered Yoga Teacher (RYT200) and Certified Yoga Therapist (IAYT-C). I will suggest a variety of techniques to help with stress reduction and trauma resolution.

I take a holistic approach to healing, finding that an awareness of the mind, the body, and the Spirit, viewed together as a whole, offer the most profound potential for growth.

Fees and Scheduling

Typically, we will meet once a week for psychotherapy and trauma resolution work. The sessions will last 50 minutes. This time has been reserved for you and will begin promptly. The fee is \$175 per session. (Please note there are different fees for Couples and Health Coaching). There is a \$6 service fee for credit cards or Paypal. Payment is to be made each time we meet. If you cannot attend a session, you must give **at least 24 hours' notice** - otherwise you will still be responsible for payment. I will keep a credit card on file, which you can use for payment, and will be charged if there is a missed appointment. _____

I do not participate with ANY insurance companies. I will give you a bill which you may submit for reimbursement. I suggest you call your insurance company and ask if your plan has "out of network mental health benefits". It is your responsibility to obtain any referrals, or to notify me if you need a treatment plan. Reimbursement is between you and your insurance carrier.

____Please initial that you understand the information on Fees, Scheduling and Insurance.

Results and Risks

It is my intention and hope that you benefit from our work together, but there are no guarantees for "success" in this work. At times you may experience emotional distress. Part of the work is to bring the hidden parts to the surface, so that they may be resolved. This can "appear" to be worsening of symptoms. However, it is part of the healing. It is your responsibility to inform the counselor if you are feeling too uncomfortable. You are of course free to stop counseling at any time. I highly recommend you talk it over with me, before terminating the relationship, so that the optimum benefits for you may be experienced.

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Confidentiality

As a general rule, no one else will learn of what you discuss in counseling without your express written consent. **There are however exceptions:**

- Potential Harm – If you pose a danger to yourself or others, I may provide information about you to medical personnel, the police, a potential victim, or significant family member.
- Abuse or Neglect – Maryland requires that I report any suspected abuse or neglect of a child, or an elderly, or disabled person to the appropriate authorities.
- Court Cases – In certain limited instances I may reveal information learned in session if ordered to testify in court or when your records are under subpoena.
- Supervision – To ensure the highest level of care, I sometimes meet with a supervisor and may at times discuss clients with colleagues in a learning situation. I may ask to record our sessions to share with my supervisor if this happens, know the recording will be erased each week.

Ethical and Professional Standards

I adhere to the standards for ethical and professional conduct established by the State of Maryland, Professional Counseling Board.

Emergencies and Availability

I do not provide emergency services. If you need such services, contact the Montgomery County Crisis Center at 204-777-4190. If I am away from the area for more than 36 hours, I will make the name of another counselor available to you.

Herbal and Nutritional Suggestions

I often suggest herbs, supplements, and nutrition as part of your healing. There are limited scientific studies that look at the interaction between natural products and pharmaceuticals. There are limited studies even between pharmaceuticals. If you choose to explore the use of herbs or nutrition as part of your healing, you acknowledge that you are experimenting to see what results you might get. I am knowledgeable and experienced, but YOU are UNIQUE and no studies have been done on your individual constitution. My 25 years have shown me there are minimal risks, very few negative effects. But you must always and forever, TRACK YOUR OWN BODY. Your body is your best teacher.

Disclosure Regarding Divorce and Custody Litigation

If you are in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody, or your mental health. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation. You also agree not to request that I write any reports to the court or to your attorney. The courts can appoint professionals who can make recommendations concerning parenting and custody matters. My job is to be supportive of you. In the end, you do not want your therapist to be on the stand, under oath, being asked any questions by an attorney that is working against your best interests.

In closing, I begin this healing partnership with the deepest sense of admiration. It takes great courage and commitment to embark on the journey of self-exploration. I promise you my equal level of commitment to your growth and healing – Mind, Body, and Spirit. Thank you. Dr. Tina

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I, _____, have read and discussed any areas needing clarification, and I agree to the above stated terms.

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Emergency Contact _____

Email Address _____

Date of Birth _____

HIPPA Disclosure

I, _____, had the opportunity to read the HIPPA policy and to have a copy if I so choose.

Signature _____ Date _____

"This information is required by the Board of Examiners of Professional Counselors which regulates all certified and licensed counselors and therapist."

Maryland Department of Health and Mental Hygiene
Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215
410-764-4732

Credit card on file:

Credit Card #: _____

Exp. Date: _____ Security Code: _____

Distance Counseling with Zoom or Phone require an additional Consent Form which we will discuss at the first session.