



T I F F A N Y I V E Y  
• C O U N S E L O R • L I F E C O A C H •

**Welcome! I would like for you to have a clear understanding of the services I provide and my expectations of you, the client. If you have questions or need clarification, please feel free to ask.**

## **SERVICES**

Counseling is intended to provide spiritual, emotional, and relational support to individuals and couples within Dublin-Laurens County and the surrounding communities.

Christian Counselors are defined as: professionally and biblically trained persons who have advanced degrees in counseling, theology, or psychology, who combine professional counseling techniques and Scriptural principles in a unique approach to helping others with life problems. If I assess that any issue is beyond my competence, I will gladly provide you with a referral to the proper professionals to help you.

## **AVAILABILITY**

Counseling services are available by appointment only, and sessions are scheduled Monday through Friday. To schedule an appointment, please email Tiffany Ivey at [tivey@lbcddublin.com](mailto:tivey@lbcddublin.com) or call Sarah Cain between 9:00 a.m. and 5:00 p.m. at the Liberty Baptist Church office (478-275-0179).

I do not offer 24-hour crisis coverage. If you have an emergency or feel that you are in crisis, please call 911 or proceed to your local emergency room.

## **LIMITATIONS OF CONFIDENTIALITY**

It is understood (and agreed) that all statements, whether written or verbal, are of a confidential nature and ethically cannot be disclosed, without written consent, with the following exceptions that will result in confidentiality being waived.

1. **Suspicion of child or elder abuse:** I reserve the right and may be mandated by law to report child abuse or suspicion of child/elder abuse of any type to the proper authorities.
2. **Threats to harm self or others:** I reserve the right and may be mandated by law to disclose to the appropriate person, agency or civil authorities any threats of harm that a person may attempt or desire to do to one's self or to others.
3. **Necessity of Consultation:** I reserve the right to consult with other counseling professionals or appropriate pastoral staff if necessary regarding your sessions. This consultation will be held in the same level of confidence as your sessions.

#### 4. Court orders for client records of counseling.

##### *Clients Who are Minors*

The right to confidentiality of a minor is waived for reasons 1-4 listed above, AND if the minor is participating in any illegal and/or physically unsafe behavior.

If you are requesting services as the guardian or parent of a child, the same limitations of confidentiality as stated above will apply. Because it is important that your child be able to completely trust the counselor, I keep confidential what the child says in the same way I keep confidential what an adult says. However, as the parent or guardian you have the right and responsibility to question and understand the nature of my progress with your child, and I must use discretion as to what is appropriate disclosure. In general, I will not release specific information that the child provides to me; however, I will discuss your child's progress in broader terms and value your participation in their counseling experience.

#### **ELECTRONIC COMMUNICATION**

While I take reasonable precautions to protect your confidential information, email, texting, and social networking are not a completely secure method of communication. Remember that intercepted messages, no matter how insignificant, could let someone know that a counseling relationship exists. The purpose of email and other forms of electronic communication should be limited to scheduling or changing an appointment.

#### **WAIVER OF LIABILITY AND COURT APPEARANCES**

I specifically disclaim any liability, personal or otherwise, incurred as a consequence of your sessions with me. Unless absolutely necessary for the physical or psychological safety of yourself or your child, the undersigned will neither request nor require testimony in court. The reason for this is so that the counseling relationship with the client and family is maintained and the client experiences the counselor in a clear, consistent role and not as an assessor or detective. *If I am subpoenaed for court or requested to testify in court, be advised there is a flat fee of \$500.00 for each local court appearance, which must be paid prior to serving me with a subpoena. For courts outside a 25-mile radius of my office, there is an additional \$100 per hour travel fee.*

#### **COUNSELING FILES**

All counseling files and their contents belong to Tiffany Ivey, BCCC.

#### **FEES FOR SERVICES**

**The current fee for individual and couple counseling sessions is \$65 per session.** Each session is typically 45-50 minutes in length. However, the initial session may be slightly longer due to the gathering of data and other intake information. **Fees may be paid by cash or by check (made payable to Tiffany Ivey) and are due at the beginning of each session.**

Any telephone calls with the counselor lasting longer than 15 minutes will incur a regular session fee.

**In partnership with Liberty Baptist Church, it is our desire to help anyone who seeks Christian counseling, regardless of financial ability to pay. If this fee is a significant burden to you, we will be happy to discuss reduced fee options.** We have limited amounts of financial assistance that are available due to donations of individuals and the support of Liberty Baptist Church.

### **CANCELLATIONS OR RESCHEDULES**

Since I operate on an appointment only basis, your appointment time is reserved exclusively for you. Please make every effort to be on time for your appointment. If you need to reschedule or cancel an appointment I ask that you call **at least 24 hours in advance**. Cancellations less than 24 hours in advance result in the loss of opportunity to help someone else who could have used that appointment time. Therefore, failure to adhere to the cancellation policy will result in a \$25 fee. Please note that 2 or more instances of missed appointments without notifying your counselor may result in the termination of services. Thank you in advance for your consideration of appointment times.

### **INSURANCE**

**I do not file insurance.** I have chosen to provide services at a lower rate and not file insurance for several reasons:

- Many in our community have little or no medical benefits; therefore, this allows me to offer a quality service to everyone regardless of insurance coverage.
- When filing insurance, I must give you a mental health diagnosis for insurance to reimburse you. By not filing, a mental health diagnosis (such as depression) will not follow you on your medical record.
- An insurance company does not dictate the nature of services (such as number of sessions, etc.)

### **WHAT IS EXPECTED OF YOU?**

It is my belief that change must begin within ourselves as we look to Christ for the power to change. Therefore, I ask you to approach the counseling process as an opportunity for personal change and spiritual growth. I ask that you refrain from the temptation to focus on others, and instead I ask you to focus on what changes God desires to make in your life in the midst of your circumstances.

### **AGREEMENT**

**I have read and understand the above statements on services, policies, and procedures. I also agree that all of the information on my personal data form is true and complete to the best of my knowledge. My signature below indicates that I give my full consent to receive services through Tiffany Ivey, BCCC and that I am responsible for fees incurred.**

Client (age 18 and over) \_\_\_\_\_ Date: \_\_\_\_\_

Client (spouse) \_\_\_\_\_ Date: \_\_\_\_\_

Client (age 14-17) \_\_\_\_\_ Date: \_\_\_\_\_

Client Guardian (for minors) \_\_\_\_\_ Date: \_\_\_\_\_

**I have reviewed and discussed the information above with the counselee, and any questions or concerns have been addressed during our initial counseling session.**

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date