

***Balanced Choices, PLLC***  
***Tish Stoker Signet, LPC, NCC***  
***709 Northeast Drive, Suite 22***  
***Davidson, NC 28036***  
***Phone: 704-655-2827***

***Welcome!***

For several years I have enjoyed working with individuals and families to help them make life choices toward personal and relational well-being. Often the crises that bring us to seek help with suffering – losses; illness; child, family or relationship problems; career or financial setbacks – become a threshold to new vitality and creativity. My calling to depth psychotherapy is grounded in my belief in the value of such transformations, and I am grateful and honored to be a part of them.

***My Background***

Passionate about lifelong learning, I am currently a third-year PhD student in Depth Psychotherapy, in addition to fulltime client practice. I have a MA in Counseling Depth Psychology from Pacifica Graduate Institute, a western-regionally accredited graduate school in Santa Barbara, CA. My master's thesis, *Image, Illness, and Awakening to Dream-Centered Life*, was published in 2008. I also have a bachelor's degree in Journalism from UNC-Chapel Hill and attended the master's program of the UNC-Chapel Hill School of Social Work.

As a national Yoga Alliance Registered Teacher for the past eight years, I bring to counseling and psychotherapy a commitment to mind-body solutions and strategies. My additional career experience includes 17 years in corporate executive leadership and organizational effectiveness, seven years as a newspaper journalist, and four years as a social worker.

I am licensed through the NC Board of Professional Counselors (LPC #7978), certified nationally (NCC #263902) and am affiliated with the American Counseling Association in full adherence to its Code of Ethics.

***Services Offered***

I enjoy working with a wide variety of populations and their issues, including:

- Adult women and men with issues including, but not limited to, midlife/mid-career crisis; depression; anxiety; relationship problems; coping with physical illness; grief and loss; substance abuse screening and post-rehab counseling; somatic and mind-body resiliency; young-adult launch and intimacy concerns; seniors, including long-term care issues; career, leadership, and personal development.
- Couples, including married, dating, domestic partners, and diverse populations.
- Families, teens, and children.

Our work together is practical, as we collaborate to define and reach your goals. Our work together is also imaginative and creative; it can be immensely rewarding, even while challenging. Our one-on-one work may involve a range of cognitive behavioral, psychodynamic, and narrative-imaginal approaches. Our family, couple, and child work incorporates family systems, structural, and strategic orientations.

My commitment to depth psychotherapy means acknowledging the reality of a dimension of ourselves beyond ego awareness and takes into account this soul, or unconscious, aspect as we grapple with the challenges of modern life. It is my deep conviction that sharing our personal story in a respectful, contained space is a sacred and healing process. Each person's beliefs and individuality are honored.

### Financial Issues

Unfortunately, due to the rising incidence of non-payment of insurance claims or longevity of such payments, our office does not process insurance claims unless you are insured by BlueCross BlueShield. If you are not insured by BlueCross BlueShield, it is your responsibility to check with your insurance company to find out if you have coverage for out of network providers, what your deductible is per year, the number of visits permitted per year, and the amount they will pay per visit. Full payment is needed at the time of your visit. It will be up to you to follow through with getting reimbursed by the insurance company. I will be available to provide you any needed information, at your release, to your insurance company upon their request to facilitate payment. If you are filing an insurance claim for my services I will be required to provide the insurance company with a diagnosis. I will discuss this with you in advance and will answer any questions you might have. This diagnosis becomes part of your medical record. Your insurance company will need to know the type of treatment and dates of treatment you received. For confidentiality reasons, some people with insurance choose to pay all costs out of pocket so that their insurance company isn't involved in any way. I respect your decision to handle these decisions as you see fit.

The following is our fee structure:

|  |   |
|--|---|
| Initial session                                    | \$130 per hour  |
| Individual Therapy                                 | \$100 per 50 minutes  |
| Couples Therapy                                    | \$120 per 50 minutes  |
| Family Therapy                                     | \$130 per 50 minutes  |
| Group Therapy                                      | \$60 per 50 minutes   |
| Phone consultations                                | \$25 per 15 minutes   |
| Crisis calls for established clients               | Free for first fifteen minutes (after first 15 minutes, \$25 per 15 minutes). |
| Case Management<br>(Parent coordination, attorney) | \$25 per 15 minutes   |
| Depositions/Court Appearance                       | \$50 per 15 minutes   |

**\*\*\*You will be charged the full session fee for any missed counseling appointments unless you cancel 24 hours in advance.\*\*\***

*We accept cash, check, or money orders.*

*Payment is due at the time of service. If you are insured by BlueCross BlueShield, you are only responsible for your deductible, coinsurance, and/or copayment at the time of service. However, if BlueCross BlueShield denies your claim you will be responsible for the full service fee. If you are not insured by BlueCross BlueShield you are responsible for the full fee at the time of service.*

*For children and adolescents, payment is expected from the parent bringing the child/adolescent to the session. In the case of separated or divorced parents, it is the parents' responsibility to work with each other regarding any reimbursement one parent may owe the other.*

### Risks and Benefits of Therapy

As is true for any treatment, there are risks and benefits to therapy. Each should be given consideration before making any decision to engage in treatment. For example, the therapeutic process may lead to uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. The client may find that these experiences of sadness, anxiety, etc., can occasionally spill over into work or school settings. During the early phase of the therapeutic process, personal change can lead to an increase in emotional intensity and/or relational volatility until the client/clients finds their new equilibrium or "new normal." These experiences are to be expected any time someone engages in life changing endeavors.

When considering these risks, you should also remember that research indicates that most people find therapy significantly beneficial in alleviating a number of behavioral and emotional disorders. The therapeutic relationship provides the consumer with the opportunity to have a corrective relational experience in which they can explore challenging circumstances in a manner that reduces or relieves negative emotions. Client relationships and coping skills may improve significantly; personal goals and values may become clearer. I will embark on our therapeutic relational process with hope for your future, and invite you to do the same.

### **Confidentiality**

I am bound legally and ethically to maintain the highest degree of confidentiality. The limits of confidentiality involve cases in which I must report to the proper persons and/or authorities any serious threat of harm to yourself or someone else. In cases of suspected child abuse or dependent adult abuse, I am legally bound to make a confidential report to the proper authorities. If such a report is deemed appropriate, it will be carried out in a professional manner. Other limits of confidentiality involve situations where you sue someone or are being sued or are charged with a crime, I may be ordered to show the court my records. Please consult your lawyer about these issues. At times during the course of treatment I may consult with other therapists regarding your treatment. When I do this, it will only be done for the purpose of providing you with the highest quality care, and all identifying information will be omitted. Aside from these exceptions, all records and information pertaining to you will be kept confidential. I will provide you with an opportunity to sign a release of information form in order to collaborate/coordinate treatment with other professionals who have provided you with their services. This will be done solely for the purpose of ensuring continuity of care.

During the course of treatment, I may recommend certain kinds of treatment, including those that would require provision by another professional. If I should do this, you will be responsible for outcomes stemming from your decision to take or refuse my recommendations. These outcomes include my right as a therapist to end therapy if I feel professionally limited or unable to provide you with the proper care and you refuse to allow for intervention by the appropriate professional.

### **Ethical Concerns and Complaint Procedures**

The time spent in counseling is for your benefit. If during the course of counseling your experience is not consistent with your expectations, please speak with me. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist or counselor, has treated you unfairly, please tell me. You may also contact the North Carolina Board of Licensed Professional Counselors at PO Box 2369, Garner, NC 27529.

When the end of your therapeutic experience seems appropriate, I will discuss this with you in advance. Should you wish to end therapy at any time, it is expected that you will discuss this with me prior to your final session.

I look forward to working with you and providing you with quality and professional service.

\_\_\_\_\_ Your initials here give me permission to leave a message on your home/work/cell (circle all that apply) telephone number.

\_\_\_\_\_ Your initials here give me permission to correspond with you via the following email address:

\_\_\_\_\_

\_\_\_\_\_ Your initials here give me permission to thank the person who referred you to my practice.

I, \_\_\_\_\_, on this date, \_\_\_\_\_  
Client's Signature/Parent or Guardian's Signature Date

understand and accept the above contingencies for my treatment (my son/daughter's treatment or my families treatment) and authorize/agree to receive treatment from the above therapist at this time.

Furthermore, the above therapist has explained his fee structure, provisions of treatment, and we agree on a set fee. I understand that this authorization is binding until such time that treatment is discontinued.

\_\_\_\_\_  
Therapists Signature/Date