

### **Professional Disclosure Statement**

The majority of this document is mandated by North Carolina State law and is provided for your protection. I have tried to anticipate the risks you may face as a result of being in therapy. If you have any questions regarding this document or your therapy, please feel free to discuss them with Dr. Mike Tanis, LMFT, NCC.

**Contact Information:** The office for Tanis Counseling Services and Dr. Mike Tanis, of Mike Tanis, LMFT, Inc is located at 20816 N. Main St., Suite 203 Cornelius, NC 28031. My office hours are Mondays, Tuesdays, Wednesdays and Thursdays from 11a.m. to 8 p.m. and 9am to 5pm Friday. Clients are seen by scheduled appointments only and special times can be considered for emergency situations. The telephone number is 704-765-2402 and the answering machine is confidential Dr. Tanis or his assistant will return calls and schedule appointments. The website address is: [www.taniscounseling.com](http://www.taniscounseling.com)

**Personal Information:** Dr. Mike Tanis, D.Min is a Licensed Marriage and Family Therapist (LMFT) in North Carolina. Dr. Tanis is a National Certified Counselor (NCC). Mr. Tanis received his Bachelor's Degree (Human Services) from Wingate University, his Master's Degree (Community & Agency Counseling) from Winthrop University, his Educational Specialist Degree (Marriage & Family Therapy) from Converse College and pursued graduate studies in Play Therapy from UNC-Charlotte. Dr. Tanis completed his Post-Graduate clinical residency at WestGate Training & Consultation Network in Spartanburg, SC. Dr. Tanis also pursued graduate studies in Sex Therapy through Psychological Studies Institute. Dr. Tanis received his doctoral degree, Doctor of Ministry in Family Therapy at Amridge University.

**Services:** As a Professional Counselor and Marriage & Family Therapist, my area of training is the systemic treatment of individuals, couples, and families. The systemic approach to therapy takes into consideration all immediate family members in the therapy session. I along with you will decide which family members need to be included in therapy. I am theoretically based in, but not limited to Person-Centered therapy, Cognitive-Behavioral, EMDR, Emotional Focused Couples therapy, and Jungian Psychology as a core integration of my therapeutic approach. I attempt to emphasize rapport, openness, congruency, and genuineness with my clients as a counselor. It is expected that some uneasiness or painful emotions may occur, as you are involved in therapy. Discussing painful issues will naturally create discomfort. Your participation in therapy is essential toward helping you address your concerns. You may choose to terminate therapy at any time during the course of treatment; however, I reserve the right to encourage you to continue in therapy if I find it beneficial for your growth and development. I do ask that you take responsibility for homework that may be assigned from time to time. Dr. Tanis renders therapeutic services that include:

- Adjustment to changes encountered by individual life cycle development
- Adjustment to changes encountered by family life cycle development
- Adjustment to changes encountered by child/adolescent life cycle development
- Adjustment to changes encountered by death and bereavement
- Adjustment to changes encountered by relational difficulties
- Adjustment to challenges encountered by sexual or intimacy difficulties
- Adjustment to challenges encountered by trauma and trauma related experiences

**Fees:** *You may pay by Check, Cash, Debit/Credit Card. The fee is to be paid at the beginning of each session. Checks are to be made out to Mike Tanis. If you are filing insurance, you will need to be responsible for verifying authorization of counseling services and finding out your Co-pay and Co-Insurance fee for each visit. Please note that the fee for each session is \$125.00*

**Ethics:** In the event that Dr. Tanis is unable to provide the services you require, he will provide referrals to other professionals trained to meet your needs.

Sexual relations between therapists/counselors and their clients are never appropriate and sexual relations will not occur between myself and my clients or any persons seen in therapy by myself.

**Confidentiality**

The information you share in therapy with Dr. Tanis is generally considered confidential by statute law. Additionally, it is considered privileged communications in a federal court. However, North Carolina courts do not recognize privilege. Therefore, the information you share in therapy can be subpoenaed through a court order. Further, Dr. Tanis is mandated by law through “duties to warn” to breach confidentiality if he discovers: 1) you are threatening self-harm or suicide; 2) you are threatening to harm another or homicide; 3) a child has been or is being abused; 4) a vulnerable adult has been or is being abused. Finally, should you wish information from therapy released to someone (e.g. an attorney, a physician, etc.), Dr. Tanis can do so if you sign a Release of Information form. Diagnoses are used, and will become a part of the client’s file based on the DSM-V (Diagnostic and Statistical Manual).

Dr. Tanis follows the Code of Ethics for the following organizations:

-The North Carolina Board of Marriage and Family Therapists, the North Carolina Board of Licensed Clinical Mental Health Counselors, the American Association for Marriage & Family Therapists, the National Board for Certified Counselors, The American Board of Christian Sex Therapists.

**Informed Consent:** You will be asked to sign the last page of this document. Your signature verifies you have read this document and that you consent to treatment. Further, you need to be aware:

-Treatment isn’t always successful and may open unexpected emotionally sensitive areas;

**\*\*\*\*Appointments may be successfully cancelled as late as 24 hours prior to the scheduled time, otherwise you will be charged \$75.00 for the time reserved for you. It will be your responsibility to reschedule any missed or cancelled appointments.**

If Dr. Tanis is subpoenaed to court, please note that *Tanis Counseling Services* charges **\$250.00 per hour**, which includes time spent in preparation for court appearance, time in discussing court related issues with attorneys or others involved in the court case, and the time spent from when he leaves the office until he returns to the office. This fee is NOT covered by insurance. Please be aware that Dr. Tanis is Not a Forensic Evaluator and cannot perform Child Custody Evaluations. The fee is to be paid in full within 30 days from the court appearance by the client and/or attorney who has subpoenaed me to testify in court.

The North Carolina Board for Marriage & Family Therapists can be contacted at NCBLMFT P.O. Box 98073 Raleigh, NC 27624 919-518-1919.

The North Carolina Board for Licensed Clinical Mental Health Counselors can be contacted at NCBLCMHC 7D Terrace Way Greensboro, North Carolina 27403 (844) 622-3572 or (336) 217-6007.

Please note that while I have fulfilled the credentialing process to be a Licensed Therapist, I continue to seek out supervision to best assist me in growing as a therapist in this area of therapy. If you have any questions about these credentials or the supervision processes, please feel free to discuss this with me. Please note that as I am in supervision, I may seek supervision and consultation regarding our therapeutic work together. If this is the case, all information about you and your family will be maintained by strict confidentiality and privacy with no identifying information being revealed about you and your family to the supervisors or others participating in supervision along with myself. I do attempt to make time for 4 hours a month of consultation with other therapists regarding shared cases or other therapeutic needs that may benefit my therapeutic abilities.

**Professional Disclosure Statement and Consent for Treatment**

**I acknowledge that I have received and read the Professional Disclosure Statement and Consent for Treatment by Dr. Tanis. I further acknowledge that I consent to and seek treatment with Dr. Tanis. My signature below confirms that I understand and accept all the information contained in Dr. Tanis' Professional Disclosure Statement.**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Signature of Counselor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**If more than one individual (e.g. family) is seeking therapy, please have each of the others sign below. Their signature indicates they have read Dr. Tanis' Professional Disclosure Statement and consent to treatment. We will provide additional copies of Dr. Tanis' Professional Disclosure Statement and Consent for Treatment upon request.**

\_\_\_\_\_  
**Signature of Client #2**

\_\_\_\_\_  
**Signature of Client #5**

\_\_\_\_\_  
**Signature of Client #3**

\_\_\_\_\_  
**Signature of Client #6**

\_\_\_\_\_  
**Signature of Client #4**

\_\_\_\_\_  
**Signature of Client #7**



