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General Information & Policies

Please take a few minutes to read this important information about your rights as a client and my business policies.

1. **Client Rights:** You may expect a safe place to talk, to be listened to objectively, to be treated with respect, and to be given guidance and direction to facilitate the process that you have agreed to. _____ **initial**

2. **Non-Therapeutic Process:** The Custody Evaluator process is not therapeutic. Therefore, the appointments are not considered counseling. Dr. Baker will not be ‘counseling’ anyone involved in the process. *This appointment role is not under the jurisdiction of the LPC Board.* _____ **initial**

3. **Confidentiality** – All files, including personal information and session notes are confidential.

The exceptions are:

 - a. Dr. Baker will share concerns and /or issues expressed by one parent to the other parent: _____ **initial**
 - b. Dr. Baker will provide a letter to the court stating whether or not the parent coordinating process is working. _____ **initial**
 - c. Dr. Baker will notify the appropriate authorities if she has a reason to believe there is a child or elder person being harmed, if she believes the client will be harmful to themselves or another person(s). _____ **initial**

4. **Financial Procedures:** I understand that all statements will be transmitted via email every 1 – 2 weeks. I will need to click on the *View Invoice* tab to see an itemized list of all charges. When my account balance reaches \$500, I will be sent a Replenishment Request via email, which will be paid within 5 business days. _____ **initial**

5. **Cancellations:** Should you need to cancel your appointment, please call 24 hours in advance. **For a Monday, session the call needs to be made by Friday morning.** Cancellations of less than 24 hours will be billed as a session, as will missed appointments without notification. Efforts will be made to reschedule at a mutually convenient time, however, this may not always be possible. _____ **initial**
*Please refer to Dr. Baker’s **Court Polices** regarding cancelling depositions and court appearances.

6. **No Shows:** There is a full charge for scheduled appointments you do not attend. This will be taken out of the retainer and only during this time is the other party not responsible for that fee. If the ‘other party’ is responsible for ‘all fees’ the attorney’s will decide the matter.
_____ **initial**

7. Scheduling sessions: Appointments will be made after retainer has been paid.

Administrative Staff work part-time. Timely correspondence occurs best by email. If you do not receive a reply to your email after 48 hours, please send again to ensure the email was received.
_____ **initial**

8. Clients may only record sessions, phone calls, and/or discussions of any kind with written permission of all parties present, including Dr. Baker. Violation of this policy may result in termination of your services and withdrawal from your case, as well as any legal action allowed to the parties by the civil laws of the state. _____ **initial**

9. Request for copies of a file will be billed at a rate of \$200.00 per hour for the documents. This will include any fee for mailing or notarization of documents. The party responsible for the copy fee is the party requesting the copies. The copies will be released when the copy fee and any past due balances are paid. If an attorney is requesting the documents, the attorney and/or client will be responsible for the cost. This office has a fourteen-day window to produce documents. _____ **initial**

10. Please discuss any questions you have regarding these policies at your earliest convenience. These policies have been developed to facilitate a healthy relationship and to clarify the professional structure within which we will work.

11. Please note-Dr. Baker may be called to court by subpoena. This circumstance may cause your session to be rescheduled or your process to be delayed.

12. In the event that Dr. Baker requests dismissal from the case and one or both parties do not agree, causing Dr. Baker to retain legal counsel, Dr. Baker's legal fees will be billed to the client's account.

I understand and agree to the above information, and I have clarified any questions and/or concerns I have regarding these policies.

Name of Client (Print) _____

Signature of Client _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____