

Kelley A. Baker, Ph.D. PA
302 E. Valley, Suite 4
Georgetown, Texas 78626
512-591-7872 ~ ~ 512- 310-5848

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 supported, to be treated with respect, and to be given guidance and direction to facilitate the process that you have agreed to.
2. **Therapeutic Process:** I will make every effort to help you reach the goals that you identify as important to you. If I feel that my skills cannot meet your needs, I will inform you and provide at least two names of mental health professionals who may be able to help you. Counseling is not a quick fix. It requires dedicated effort on the part of the client to attend regularly, articulate feelings, thoughts, and behaviors accurately (honesty), and a willingness to explore uncomfortable feelings. Hence, counseling does not always feel good or make you feel better immediately. It is the client's responsibility to let me know if they feel that they are not making any improvement after several sessions.
3. **Confidentiality:** All information that you share with me is kept strictly confidential. There are four exceptions to this policy: (1) If I believe that a child, an elderly person, or a handicapped person is being abused and/or neglected. (2) If there is reason to believe that you may harm yourself or that you may harm someone else. (3) If your records are subpoenaed by the court. (4) If the court-ordered process/service you have agreed to has confidentiality waived. If you have any questions about the meaning of confidentiality, please ask me immediately. Administrative staff is bound by confidentiality.
4. **Client Fees:** Sessions last 50 minutes. If you are late for a session, it will interfere with the time we have to work together. Client fees are due at the end of each session. Fees are listed below:
 - **150.00/ session for individual and couples**
 - **75 .00/ session for group psychotherapy**
 - **250.00/ hour for legal evaluations and written professional opinion** - -
 - **200.00/hr for court ordered services, or clients seeking therapy with current litigation.****Forms of payment are: personal check, cash or credit card number "on file" for use.**
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. Frequent cancellations can indicate a need to address this issue in the therapy session.

Please refer to Dr. Baker's **Court Policies** regarding cancelling depositions and court

appearances.

6. **No Shows:** There is a full charge for scheduled appointments you do not attend. No show payments must be paid before your next regularly scheduled appointment.

7. **Scheduling sessions:** Administrative Staff work part-time. Timely correspondence occurs best by email. If you do not receive a reply to your email, please send again to ensure the email was received.

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 will 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.

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

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

11. Request for copies of a file will be billed at a rate of \$150.00 per hour for the documents. This will include any fee for mailing or notarization of documents. This office has a fourteen day window for production of documents.

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 _____