

Kelley A. Baker, PhD, PA  
Licensed Professional Counselor  
4400 W State Highway 29, Suite 11  
Georgetown, Texas 78628  
512-591-7872

### Contract for Counseling Services

Patient's Name(s) \_\_\_\_\_ DOB \_\_\_\_\_

Parent's name (if different from patient) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address complete \_\_\_\_\_

Employer & Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Can Receive Calls at Work \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ phone \_\_\_\_\_

In case of emergency, call \_\_\_\_\_ phone \_\_\_\_\_

**This form serves as informed consent by the client named above to receive counseling services from:  
Kelley A. Baker, PhD, PA**

#### **Terms of the agreement:**

1. Payment - Payment is due at the end of each counseling session. Payment may be made in the form of personal check, cash or a credit card number "on file". Fees for individual counseling are 150.00/session. If the counseling is court ordered, the client must provide Dr. Baker a copy of the court order. The fees for court ordered counseling or counseling within the course of active litigation is 200.00/session.
2. Insurance - the client will file their own claims with Dr. Baker as an out-of-network provider. A statement for insurance reimbursements for those clients filing their own claim will be provided if requested on a monthly basis.
3. Sessions - Each session is 50 minutes long. If the client arrives late, the session will be shortened by the amount of time the client is late.
4. Cancellations - If you need to cancel an appointment, please give me at least 24 HOURS notice so that another client may have access to that time. Cancellations of less than 24 hours will be billed as a session, as will missed appointments without notification. NOTE: Insurance companies will not reimburse for missed sessions. The client is responsible for the fee. Missed appointments will be automatically billed to the credit card on file.
5. Termination - In most cases, termination of therapy will be a planned event and mutually agreed upon between Dr. Baker and the client. However, in some cases, immediate termination of services may be necessary. Examples of these cases are non-payment for services, threatening or abusive behavior, consistently cancelled appointments.
6. Dr. Baker is required by law to report child abuse, elder abuse, intent to harm another individual, and illegal activity. Confidentiality will NOT be upheld in these cases or in the event that the client's records are subpoenaed.

Signature of Client or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_