

Kelley A. Baker, PhD, PA

Licensed Professional Counselor
1006 S Rock Street, Suite 101
Georgetown, Texas 78626
512-591-7872

Counseling and Informed Consent Contract for Services

Client's Name _____ DOB _____

2nd Participant -Client's Name _____ DOB _____

3rd Participant -Client's Name _____ DOB _____

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 counseling are 185.00/session, unless the individual is in active litigation, then the fee is \$250.00/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 _____