



Don Baker, MA, LMHC
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Disclosure & Consent for Services

Part I: The Therapy Process

Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part and may result in you experiencing considerable discomfort.

Change will sometimes be easy and swift, but more often it will be slow and frustrating. Remembering unpleasant events and resolving them through therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members and other individuals can also lead to discomfort and may result in changes that were not originally intended.

I use a variety of therapeutic techniques: Interpersonal Theory, DBT, and Developmental Theory among others.

Part II: Your Rights as a Client of Don Baker, MA, LMHC

1) You have the right to a confidential relationship with me. Within certain legal limits (see #4 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission.

2) You have the right to know the content of your records at any time, and I have the right to provide you with either the complete records or a summary of their content. Your request, however, must be in writing.

3) If you ask me & if I agree, I can release any part of your records on file to any person that you specify. I will tell you when you make your request whether or not I think releasing that information to that agency or person might be harmful to you at any time.

4) Under certain legally defined situations, I have the duty under penalty of law to reveal Information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:

- If you reveal information to me about active child abuse or neglect, elder abuse, or dependent physical abuse, I must make a report to protective services.

- When a perpetrator of child abuse is in contact with minors and there is a reasonable suspicion that he / she may still be abusing minors, I must also report that information.
- If you seriously threaten to harm yourself, including suicide, I am required to notify the appropriate agencies.
- If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
- If you are in therapy or being tested due to an order of a court or lawyer, the results of the treatment or tests ordered must be revealed to that court or lawyer.
- If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena.
- If you are in a lawsuit where emotional harm is being claimed, the opposing side may subpoena your therapy records.

5) You have the right to ask questions about any of the procedures used in the course of your therapy. If you ask, I will explain my customary approach and methods to you.

6) You have the right to choose NOT to receive therapy from me. If you choose this, I will provide you with names of other qualified professionals whose services you might prefer.

7) You have the right to terminate therapy with me at any time without any financial, legal or moral obligations other than those you have already incurred. I have the right to terminate therapy with you under the following conditions:

- a. When I believe that therapy is no longer beneficial to you.
- b. When I believe that you will be better served by another professional, whom I will recommend. If I determine during the first 3 sessions that I cannot help you, I will assist you in finding someone more qualified. If I have written consent from you, I will provide that professional with the essential information she or he requires.
- c. When you have not paid for the last two sessions, unless special arrangements have been made by me.
- d. When you have failed to show for your last two therapy sessions without a 24-hour notice of cancellation.
- e. If any of these situations apply, I will send a letter to your address on record to inform you of my decision, and I will give you the names of several therapists for your future counseling needs.

Part III: Length of Therapy

Each session, including the intake session, is approximately 50 minutes long. The number of sessions or length of time can only be determined on an individual basis and is mutually agreed upon by the client and therapist. As an initial estimate, an average # of sessions might be five, 50 minute sessions over the course of (approximately) three months. This is an approximate number of sessions and an approximate length of time.

Part IV: Fee Schedule and Office Policies

First session fee:	\$160
Individual Session fee	\$150
Couples Session fee	\$160
Group Session fee	\$ 65
Fee to Write Letters	\$140 - prorated to the 1/2 hour
Fee for Phone Time	\$140 - 1/4 hour increments after 10 min

Cancellation Policy:

I understand that if I/we do not cancel scheduled appointments with at least 24-Business-hours notice (e.g., at least 1 full business day; weekends and holidays are excluded). Don Baker, MA, LMHC reserves the right to bill me/us for this scheduled appointment time, at the above rates.

Since an appointment reserves the time specifically for you, a minimum of 24 hour notice is required for rescheduling or cancellation of an appointment. You will be charged for the full session fee if you do not follow this requirement. Please note: Most insurance companies do not reimburse for missed sessions.

Insurance:

You are responsible for: a) getting proper authorization and b) making your agreed upon co² payment for each visit.

I am responsible for providing your insurance company with information that they need in order to request additional sessions for you beyond what was initially authorized (if needed). Please consider these privacy issues carefully prior to making a decision to use your insurance. Please inform me if / when your insurance information (plan or company) has changed.

Presently, Don Baker, MA, LMHC is paneled with Regence BlueShield, Premera, and Lifewise. If you plan to use insurance to pay for services, please contact your insurance provider prior to your first visit. You can also contact my assistant Mary Ann Knoche maryann_opplus@hotmail.com. She's happy to assist you.

A consideration if you choose to use your insurance is that I am required to submit a Mental Health Diagnosis that will become a part of your permanent health record. I am also required to provide treatment information to your insurance provider that is of a sensitive nature.

If Asked or Subpoenaed to Testify on Your Behalf:

Just as your attorney charges a fee for time spent at court, I also expect to be reimbursed if asked or subpoenaed to attend court on your behalf.

If I'm:

- 1) asked to testify in a court of law by you; or,
- 2) subpoenaed to testify at the request of any attorney involved in any legal proceeding which involves you; or,
- 3) asked or subpoenaed to attend mediation or depositions on your behalf,

the fee to cancel existing appointments and reserve this time specifically for you is: \$275 per hour with a 4-hour minimum paid in advance of the court date.

These moneys are non-refundable, regardless of whether the court date is kept or cancelled because I have accommodated my schedule expressly for you. If the minimum fee has not been paid in advance of the court date, I will still testify, but reserve the right to contact a collections agency to recover my fees. I also reserve the right to report any unpaid fees to credit reporting bureaus.

Please know that I cannot guarantee that my testimony will benefit your case. On the contrary, there is always the chance that my testimony could prove to be counter-productive to your desired outcome.

Office Hours:

I'm in the office: Wednesday, Thursday, and Friday from 8:30 AM to 7 PM. Groups and Workshops are scheduled on Saturdays.

Telephone Time:

After 10 minutes of telephone time, you will be charged at your regular fee. Most insurance companies will not reimburse for telephone sessions.

Sessions That Exceed 50 Minutes:

Sessions that go beyond 50 minutes will be prorated to the nearest 1/2 hour, unless other arrangements have been made with me.

Scheduling Future Appointments:

Scheduling your second appointment can frequently take as long to get in as your first appointment. I would recommend that you schedule 2-4 appointments following your first appointment. If it is critical that you get in sooner than you can schedule for the next available appointment(s), please bring that to my attention and I will put you on my cancellation list. Once you are on the list, I will email you with openings as they come open.

What to Do If You Are In Crisis - Emergency Procedure:

An emergency is an unexpected event that requires immediate attention and can be a threat to your health and/or life. If an emergency situation arises, call the *Seattle Crisis Clinic* at (206) 461-3222 or 911 first, then email Don at donbakerma@gmail.com and/or call Don at (206) 617-6206.

Electronic and Social Media Policy:

On occasion you might find it convenient to email me. Email communication can be accessed by unauthorized people relatively easily thus compromising your privacy and confidentiality. My emails are not encrypted.

If you communicate with me by email, I will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication might be intercepted. Please do not use email in an emergency, as I cannot guarantee a timely response.

The use of email, if you decide to use it, is for small scheduling related concerns. I do not accept friend requests from current or former clients on social networking sites because doing so may compromise your confidentiality and privacy. Infrequently, I may conduct a web search on clients before the beginning of therapy or during therapy. If you have concerns or questions regarding any of this, please let me know.

Part V: Client Consent for Treatment

- I have read the above and agree to enter into therapy with Don Baker, MA, LMHC.
- I agree to pay each co-pay (determined by your insurance company) for each completed 50 minute session, or if not covered by insurance, the standard cash fee of \$160.00 per initial intake session, \$150.00 per individual session, and \$160 per couples session (prorated for longer sessions).
- I will make payment in cash, check, or by credit card at the time of the therapy appointment, unless other arrangements have been made with Don Baker, MA, LMHC.
- I understand that I can leave therapy at any time and that I have no financial, legal or moral obligation to complete any future sessions unless otherwise committed to. The exception to this is if you are a client participating in a group, you are required to pay for all group sessions in a series regardless of absence.
- I do not reimburse for missed sessions or if you choose to leave the group prior to end of a group series. I am contracting only to pay for completed therapy sessions (with the exception of group therapy sessions), and sessions that I miss without providing 24-hour notice and telephone time as outlined in Part V of this contract.
- Know that I do not provide crisis counseling services and I am not available 24 hours a day 7 days a week. If you are actively suicidal or are experiencing a mental health crisis or medical emergency that demands immediate attention please dial 911 or the Seattle Crisis Clinic (206) 461-3222.
- I authorize and request Don Baker, MA, LMHC to carry out diagnostic procedures and/or treatments that are advisable now or during the course of my care as a patient. I understand that the purpose of any procedure will be explained to me and be subject to my agreement. I have read and fully understand this Consent for Treatment form.
- I agree that this professional relationship and financial agreement with Don Baker, MA, LMHC will continue as long as he provides service, or until I inform him, either in person or by certified mail, that I

wish to end this professional relationship. I agree to meet with Don Baker at least once before stopping psychotherapy services, in order to reach a mutual understanding of the basis for termination and to ensure appropriate psychotherapeutic closure. I understand that I/we will remain responsible for payment of the balance of fees accrued up to and including the final session, and agree to pay for all professional services provided to me/my child/my family.

- I/we understand that while other persons or third party payers (e.g., insurance companies) may make payments on my/my child's/my family's account, I/we also understand and agree that I am/we are ultimately responsible for the charges incurred for the professional psychological services provided by Don Baker, MA, LMHC to me/my child/my family.

I request that Don Baker, MA, LMHC, provide professional psychotherapeutic services to me or to _____ who is my/our _____.

I / we agree to pay the fee of \$160.00 for an initial diagnostic interview session, \$150.00 per hour for psychotherapy or consultation services, \$160.00 per hour for conjoint (couple / family) sessions, and \$65.00 per group session. I understand that I will be expected to pay for services at the time they are rendered.

Signature of Client

Date

Printed Name

Signature of 2nd Client (if applicable)

Date

Printed Name

I, Don Baker, MA, LMHC, have discussed the issues above with this client (or the parent/guardian acting on behalf of this client). My observations of this person's behavior and responses give me no reason to believe this person is not fully competent to give informed consent to enter into this agreement.

Signature

Date