

# CLIENT INFORMATION

Please write clearly

## CLIENT DATA:

Date

Referred By:

Last Name, First, Initial

Age

Street Address

City/State

Zip Code

Telephone #

Cellphone #

Ethnic Background

List the counseling issues you want to address: \_\_\_\_\_

Briefly describe the history of these problems: \_\_\_\_\_

Presently, and during the last two years, what are/have been some of the most stressful events in your life (death of loved one, family or job difficulties, disappointments, etc.):

Please describe your previous experience(s) with counseling:

Date

Type (Inpatient, Outpatient, Individual, Marital, Etc.)

Results

/ / to / /

/ / to / /

Employed by:

Since:

Job Title:

What do you like about your work? \_\_\_\_\_

What do you dislike about your work? \_\_\_\_\_

Name of your physician(s): \_\_\_\_\_

List all medications that you take: \_\_\_\_\_

Single    Married    Remarried ( \_\_\_\_ x's)    Separated    Divorced    Widowed

Presently married to (if this applies):

Since:

Description of current relationship:

Your children & their ages:

Who currently lives in your home:

Describe your alcohol & substance use:

Describe your physical health:

Describe your current nutrition and sleep patterns:

Describe your past education:

Describe your social involvement & leisure interests:

Describe your current religious orientation:

Describe the area of the country you grew up in:

Describe your past or present thoughts regarding hurting yourself or someone else:

Describe some of your personal strengths:

Who are some of the supportive people in your life?

**IN CASE OF EMERGENCY CONTACT:**

Last Name, First, Initial

Relationship to you

Telephone #

## OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

This form provides you (Client) with information that is additional to that detailed in the Notice of Privacy Practices.

About your counselor: Kent W. Baker earned a B.S. degree in Psychology from the University of New Mexico and a M.S. degree in Counseling Psychology from Frostburg State University. He is an Arizona state Licensed Professional Counselor and a National Certified Counselor. Kent W. Baker is not a physician. In the event that medication is believed to be a potentially beneficial form of treatment, you may be referred to a medical doctor.

**CONFIDENTIALITY:** Information disclosed within sessions and written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Kent Baker. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Mr. Baker will use his clinical judgment when revealing such information, and will not release records to any outside party unless he is authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination, where Kent Baker becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he may also contact the person whose name you have provided on the biographical sheet.

**Health Insurance & Confidentiality of Records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process claims. If you so instruct Kent Baker, only the minimum necessary information will be communicated to the insurance carrier. Unless authorized by you explicitly, the Psychotherapy Notes will not be disclosed to your insurance carrier. Mr. Baker has no control or knowledge over what insurance companies do with the information he submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you may be in a vulnerable position.

**Confidentiality of E-mail, Cell Phone and Fax Communication:** It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify Kent Baker at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Kent Baker to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Consultation:** Kent Baker may consult with other professionals regarding his clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

- Considering all of the above exclusions, if it is still appropriate, upon your request, Kent Baker will release information to any agency/person you specify unless he concludes that releasing such information might be harmful in any way.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact Kent Baker between sessions, please leave a message at 520-591-4938 and your call will be returned as soon as possible. Mr. Baker checks his messages several times a day, unless he is out of town. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone immediately, call Kent Baker's cell phone at 520-591-4938, or dial 911, or the Crisis Response Network 24-hour crisis line at 520-622-6000 and 1-800-796-6762.



**PAYMENTS & INSURANCE REIMBURSEMENT:** Clients are expected to pay the standard fee of \$95.00 per 50-minute session at the time of each session unless other arrangements have been made. Telephone calls, site visits, report writing/reading, consultation, release of information, longer sessions, travel time, etc. may be charged at the same rate as appropriate. Please notify Kent Baker if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently (e.g. Cigna members), Kent Baker will provide a copy of your receipt which you can submit to your insurance company for reimbursement. As indicated in the section, Health Insurance & Confidentiality of Records, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

**THE PROCESS OF THERAPY/EVALUATION:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires your very active involvement, honesty, and openness to changing your thoughts, feelings and/or behavior. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing discomfort or strong feelings like anger, sadness, worry, or fear, or experiencing anxiety, depression, insomnia, etc. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Sometimes a decision that is positive for one participant is viewed quite negatively by another. Change will sometimes be easy and swift, but more often it will take time and may even feel frustrating. There is no guarantee that psychotherapy will yield positive or intended results, however research has shown that psychotherapy in many cases is beneficial.

**Discussion of Treatment Plan:** Within a reasonable period of time after the initiation of treatment, Kent Baker will discuss with you (client) his working understanding of the problem, treatment plan, therapeutic objectives, and his view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Mr. Baker's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Mr. Baker does not provide, he has an ethical obligation to assist you in obtaining those treatments.

**Refusal/Termination:** Kent Baker does not accept clients he does not believe he can help, but will offer referrals to an appropriate source of help if he must refuse. Once you begin working with Mr. Baker, if at any point you or he assess that your therapeutic goals are not being met, he is obliged to discuss it with you and, if appropriate, to terminate treatment. You have the right to terminate therapy at any time. If you choose to do so, Mr. Baker will offer to provide you with names of other qualified professionals whose services you might prefer. If at any time you want another professional's opinion or wish to consult with another therapist, Mr. Baker will help you find someone qualified, and, with your written consent, he will provide her/him with the essential information needed.

**Dual Relationships:** Not all dual relationships are unethical or avoidable. If you are in contact with Kent Baker outside the office, he will never acknowledge working therapeutically with you without your written permission. Many clients choose Mr. Baker as their therapist because they know him before they enter into therapy and/or are aware of his expertise on the topic. Nevertheless, he will discuss with you the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it, which may be impossible to know ahead of time. It is your responsibility to communicate to Mr. Baker if the dual relationship becomes uncomfortable for you in any way. He will listen carefully and respond accordingly to your feedback. Mr. Baker will discontinue the dual relationship if he finds it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time.

**CANCELLATION:** Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1-day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee may be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:

Client name (print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Client name (print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

I acknowledge review of the Notice of Privacy Practices. Signature \_\_\_\_\_ Date \_\_\_\_\_