

# ***Peak Living Psychology***

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Licensed Psychologist # 4044

## **DISCLOSURE INFORMATION & CONTRACT FOR PSYCHOLOGICAL SERVICES**

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CLIENT'S E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ADDRESS & PHONE (if different than above): \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

PERSON YOU WERE REFERRED BY: \_\_\_\_\_

MAY I THANK THIS PERSON FOR REFERRING YOU? \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT OF FEES: \_\_\_\_\_

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Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them. Once you sign this, it will constitute a binding agreement between us.

### **I. DISCLOSURE OF CREDENTIALS**

Licensed Psychologist # 4044

Master of Arts, 2009  
The University of Denver  
Clinical Psychology

Doctor of Psychology, 2011  
The University of Denver  
Clinical Psychology

### **II. CLIENT RIGHTS**

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, and unlicensed individuals who practice psychotherapy (registered psychotherapists).

The agency within the Department that has specific responsibility for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202; phone: (303) 894-7766.

As a client, you are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.

You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.

### III. PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems that the client brings. There are a number of different approaches that can be used to address the problems you hope to address. It is not like visiting a medical doctor, in that it requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and away from them.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger/frustration, loneliness, and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to significant reduction of feelings of distress, more satisfying relationships, and resolution of specific problems. But there are no guarantees about what will happen.

My normal practice is that within the first 2-4 sessions, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan, if you decide to continue. You should evaluate this information along with your own assessment of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you secure an appropriate consultation with another mental health professional.

If psychotherapy is initiated, I will usually schedule one fifty-minute session (one appointment hour of fifty minutes in duration) per week at a mutually agreed time, although sometimes sessions will be longer or more frequent. There is also the option of longer sessions on a case-by-case basis. Once this appointment hour is scheduled, you will be expected to pay for it unless you provide 24-hour advance notice of cancellation, or unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

### IV. FEES

My hourly fee is set at the outset of treatment so that a sliding fee scale can be applied if it is appropriate. We have agreed to a fee of \_\_\_\_\_. In addition to weekly appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 10 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you request of me. In unusual circumstances, you may become involved in a litigation that may require my participation. Because of the complexity and difficulty of legal involvement, I charge \$400 per hour for preparation for and attendance at any legal proceeding.

### V. CONTACTING ME

I am often not immediately available by telephone. While I am usually at work between 9 AM and 7 PM, I usually will not answer the phone when I am with a client. My telephone is answered by a confidential voicemail system that alerts me to all calls. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please leave some times when you will be available. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary. If you cannot reach me, and you feel that you cannot wait for me to return your call, you should call your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call.

Electronic communication is a modern reality, but poses some complications within the context of a therapeutic

Initials \_\_\_\_\_

relationship. E-mail and text messaging are prone to miscommunication and therefore can only be effectively used to handle very concrete matters such as scheduling and logistics. Both of these methods are acceptable within a treatment relationship; however, if clinical content is brought up or discussed we must shift to direct communication over the phone or by scheduling an appointment. Please be aware that while I will not share these communications without your written permission, these methods of communication cannot be considered fully confidential due to technical limitations.

## VI. PROFESSIONAL RECORDS

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of the records, but if you wish, I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or be upsetting. If you wish to see your records, I recommend that you review them in my presence so that we can discuss what they contain. I am sometimes willing to conduct such a meeting without charge. Clients will be charged an appropriate fee for any preparation time that is required to comply with an information request. By law, your records will be kept for seven (7) years from the end of our work together. After seven years from our final appointment records will be destroyed.

## VII. CONFIDENTIALITY

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a registered psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

There are, however, exceptions to the general rule of legal confidentiality. In most judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances such as child custody proceedings, delinquency proceedings, and proceedings in which your emotional condition is an important element, a judge may require my testimony if she/he determines the resolution of the issues before her/him demands it.

There are some situations in which I am legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment. If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm her/himself, I may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection.

These situations have rarely arisen in my practice and should such a situation occur, I will make every effort to discuss it fully with you before taking action.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important we discuss any questions or concerns you may have. As you might suspect, the laws governing these issues are quite complex, and I am not an attorney. While I am happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

## VIII. BILLING AND PAYMENTS

You will be expected to pay for each psychotherapy session at the time it is held or before. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or installment payment plan.

Once a fee has been set, payment is expected at the beginning of each office visit, unless other arrangements are made. If alternate billing arrangements are made, the outstanding balance is due and payable within ten days of the end of the month in which services were rendered.

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If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information that I would release about a client's treatment would be the client's name, address/phone number, the nature of the services provided, and the amount due.

Appointments canceled by you without at least 24 hours notice will be charged at the set hourly fee. No charge will be made for appointments missed due to emergencies. (By their nature, emergencies do not occur frequently; if such cancellations arise frequently in the course of treatment, this would require further discussion between us.)

When it is necessary for me to meet with other individuals to coordinate treatment planning or provide consultation, I will customarily bill for the time required to do this.

#### IX. INSURANCE REIMBURSEMENT

If you have a health benefits policy, it will usually provide some coverage for mental health treatment or evaluation. I will provide you with whatever assistance I can in facilitating your receipt of the benefits to which you are entitled, including filling out forms, as appropriate. However, you, and not your insurance company, are responsible for full payment of the fee to which we have agreed. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions, you should call your plan and inquire.

You should be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. In some cases they may share your information with a national medical information data bank. If you request it, I will provide you with a copy of any report that I submit.

It is important to remember that you always have the option to pay for my services yourself and avoid the complexities described above.

#### X. CLIENT'S STATEMENT OF UNDERSTANDING AND AGREEMENT

Please feel free to talk with me regarding any of the information presented in this form. If you do not have any questions, after having read this form please initial each of its pages and sign below to indicate that you understand the above information and that you agree to abide by the policies indicated, including accepting financial responsibility for the above-named client. You will be given a copy of this form for your records.

By this signature, you also hereby acknowledge that you have received a copy of the "Notice of Privacy Rights."

Also, you authorize with your signature below that in the event of my death or grave disability, one or more of my selected colleagues may review confidential information I have collected about you or your child in order to advise you of options for the continuity of treatment.

And you understand that if either one of us uses cellular or portable telephones (I use both from time to time), information transmitted by one or both of us may be intercepted by a third party.

**I have read the preceding information and understand my rights as a client.**

\_\_\_\_\_  
Signature of Client(s), Client's Guardian, or Person  
Assuming Financial Responsibility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist  
Dr. Alec Baker, Psy.D.  
Licensed Psychologist # 4044

\_\_\_\_\_  
Date

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