

26932 Oso Parkway, Suite 200

Mission Viejo, CA 92691

Phone: 949-763-3059

Email: [Connect@DrAmberBaker.com](mailto:Connect@DrAmberBaker.com)

Website: [www.DrAmberBaker.com](http://www.DrAmberBaker.com)

CA License # PSY 24533

### **Informed Consent for Treatment**

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 you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### **SERVICE PROVIDER:**

Amber Baker, Ph.D.

*Licensed Clinical Psychologist*

### **EDUCATION/DEGREES/TRAINING:**

2011 - Long Beach Veterans Administration

Postdoctoral Fellowship, PTSD Specialty Clinic

2010 - Los Angeles Ambulatory Care Center

Predoctoral Internship

2010 - University of California, Santa Barbara

Doctorate in Counseling, Clinical, and School Psychology – Clinical Emphasis

2007 - Child Abuse Listening Mediation (CALM)

Externship; Registered Psychological Assistant

2006 - University of California, Santa Barbara

Masters of Arts in Counseling Psychology

2004 - California State University, Long Beach

Bachelor of Arts in General Psychology, University Honors Program Graduate

## **REGISTRATION:**

*Licensed Clinical Psychologist*

California Board of Psychology – License # PSY24533

## **PSYCHOLOGICAL SERVICES**

I am a licensed Psychologist in the state of California. I provide individual, couples, and family therapy and consultative services. Areas of specialization include: anxiety and relationship issues. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you hope to address. There are many different methods I may use to deal with those problems. You are entitled to receive information regarding your treatment plan, such as methods of therapy, the techniques used, and duration (if known).

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees as to what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. At the end of the evaluation, I will notify you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a 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, then I will be happy to help you set up a meeting with another mental health professional for a second opinion. You have the right to terminate therapy at any time, although I recommend doing so only after discussing your concerns with me directly.

A decision on my part for early or premature termination of our professional relationship would be for one of the following reasons: it is reasonably clear that you no longer need, are not benefitting from, or are being harmed by treatment; if you or someone in a relationship with you threatens or endangers me; if you are in need of services that I am not able to provide or would be better served by another clinician; financial non-cooperation; non-compliance with treatment (e.g., frequent missed appointments, delinquent payment, etc.); or any other needs of mine. Should we prematurely end our professional relationship, you will be provided with appropriate referrals and recommendations about how to proceed unless your actions make it impossible, such as refusing to attend therapy sessions.

## **MEETINGS AND CANCELLATIONS**

I normally conduct an evaluation that will last from one to four sessions. During this time, we can decide together if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session per week at a time we agree on, although some sessions may be longer or more frequent, such as 90 minute appointments, or longer, for couples. Scheduling an appointment involves the reservation of time specifically for you. Once an appointment hour is scheduled, you will be expected to pay the standard fee for it unless you provide 24 hours advance notice of cancellation. If you are late for a session, I am not required to extend the appointment to make up for lost time, and if you have not called ahead, I may not wait more than 15 minutes.

*By signing below at the end of the document I assert that I understand that I must cancel sessions 24 hours in advance or I will be billed for the scheduled hours.*

## **PROFESSIONAL FEES**

My 50-minute clinical hour fee is \$180. Ninety-minute sessions are \$320. Therapeutic sessions or services provided that last more than the usual time will be charged accordingly. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you leave more than 10 minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week, I will bill you on a prorated basis for that time. My fees go up \$10.00 every two years, on the even year. If a fee raise is approaching I will remind you of this well in advance.

*By signing below at the end of the document I assert that I understand that psychotherapy and all related services are billed at \$180 per clinical hour, \$320 per 90 minutes, and additional time is billed at a prorated rate.*

Furthermore, I do not participate in legal activities nor act as an expert witness in relation to any therapy provided. However, if I am required to appear as a witness or to otherwise perform any work related to any legal matter, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement the party responsible for my participation agrees to reimburse me at the rate of \$520 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

*By signing below at the end of the document I assert that I understand that Dr. Baker does not participate in legal activities or act as an expert witness in relation to any therapy provided. I also understand that Dr. Baker's hourly fee for any professional time spent in relation to any legal matter is \$520 per hour and additional time is billed at a prorated rate.*

## **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. Fees are collected at each visit for the hours performed that day. *If we meet in person, then having your cash or check ready at the beginning of each session is avoids wasting therapy time.*

There will be a returned check fee of \$25.00 should there be any problems clearing your check. If for any reason you do not pay your bill at the time of service, a \$50.00 late fee will be assessed for each 30 days that you do not pay. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the dates, times and nature of services provided, and the amount due. Please make all checks out to: **Amber Baker, Ph.D.**

*By signing below at the end of the document I assert that I understand that I am responsible for paying at the time of each visit.*

## **GOOD FAITH ESTIMATE**

You have the right to receive a "Good Faith Estimate" explaining how much your medical and mental health care will cost. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service. If you receive a bill that is at least \$400 more than

your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

*By signing below at the end of the document I assert that I understand that I have a right to receive a Good Faith Estimate.*

## **INSURANCE**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. This practice does not accept medical or mental health insurance and will not bill your services directly to your insurance carrier. If you have a health insurance policy, however, it may provide some coverage or reimbursement for mental health treatment. I will provide you with whatever assistance I can in helping you receive reimbursement for the services you have paid for, such as providing insurance ready statements periodically detailing any direct payments you have made to the practice. These statements may be used to initiate the reimbursement process privately through your insurance company if you choose. You (not your insurance company) are responsible for full payment of my fees, as outlined above. It is very important that you find out exactly what mental health services your insurance policy covers if you wish to submit a claim for reimbursement. Authorization is usually required in advance. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Please note that insurance companies usually require the therapist to identify a clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). Whatever information is disclosed to your insurance company will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.

*By signing below at the end of the document I assert that I understand that my insurance cannot be billed directly for services provided by Dr. Baker. I am responsible for full payment.*

## **CONTACTING ME**

I am often not immediately available by telephone. Though I am conducting therapy appointments several days a week I will probably not answer the phone when I am with a patient. When I am unavailable, my telephone is answered by voice mail. I will check messages several times during the week but may not do so daily. If you are difficult to reach, please inform me of

some times when you will be available. In most cases I will return your call within 24 hours with the exception of holidays. However, I cannot guarantee a phone response within a certain period of time. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text me about clinical matters because email and text are not secure ways to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication. If you would like to message me please use your secure Patient Portal through Simple Practice.

Emergencies: Please be aware that **I do not provide emergency services** or wear a pager and am not “on call.” If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician, 911, or the nearest emergency room and ask for the psychologist or psychiatrist on call.

*By signing below at the end of the document I assert that I understand that Dr. Baker does not provide emergency services. In an emergency situation, I know to call 911 or go to the nearest hospital emergency room.*

## **PROFESSIONAL RECORDS**

You have specific rights with regard to your clinical record. Your file will remain active while you are participating in treatment. *When our work concludes, or it has been at least 30 days since our last contact, your file will be closed.* You may request amendments to your record, request to restrict the information disclosed to others, request an accounting of disclosures, and determine the location to which protected health information is sent (please see my Notice of Privacy Practices for more information). The laws and standards of my profession require that I keep treatment records. Except in specific circumstances, you are entitled to examine your clinical record and/or receive a copy at a rate of \$25 per page. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. In the event that you do review the full records I recommend that they are reviewed in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. You may request that any complaints you have about my privacy policies and procedures be recorded in your records.

*By signing below at the end of the document I assert that I understand my rights pertaining to my clinical records, and that my file will be closed at the conclusion of our work together or 30 days after our last contact.*

## **CONFIDENTIALITY [for adult patients]**

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused or has been abused, I may be required to make a report to the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include, among others, notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation occurs in the course of our work together, then I will make attempt to fully discuss it with you before taking any action.

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

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney. Please see my Notice of Privacy Practices for more detailed information regarding confidentiality.

*By signing below at the end of the document I assert that I understand that my mental health information will be kept confidential unless my psychologist believes that I may harm myself, her self, or someone else, if I disclose that a child, elderly person, or disabled person is being mistreated, if a judge orders it, or If disclosure is otherwise specifically required by federal, state, or local laws.*

## **COUPLES**

This is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couples therapy with me. If you and your partner decide to have some individual

sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

**PLEASE NOTE**

Dr. Baker is an independent practitioner and is not formally associated with any group or other practitioner. Sharing office space, forms, or expenses with other clinicians does not imply any professional involvement with other practitioners, and they are not responsible in any way for actions Dr. Baker may take. Likewise, Dr. Baker is not responsible for any actions taken by colleagues sharing office space, forms or expenses.

**NOTICE:** The California Board of Psychology regulates the practice of Psychology in the state of California. Concerns or complaints regarding the practice of psychotherapy may be directed to the California Board of Psychology. The contact information is: 2005 Evergreen Street, Suite 1400, Sacramento, CA 95815-3831 bopmail@dca.gov  
Toll Free Number: 1-866-503-3221.

**BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**