

# Professional Disclosure Statement

## Sherry A. Baker Psy.D., C.C.L.C.

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### Introduction

Thank you for choosing me as your counselor/life coach. My approach is Christian-based as I sincerely believe everything in life is a spiritual battle. While I guide you through your counseling and growth, it is important that you feel a sense of trust. To assist you in that process, I guarantee that I will keep all conversations and records confidential. All communication becomes part of the clinical record, which is kept in a locked cabinet.

Always feel free to ask me questions along this healing journey. We will jointly set long-term and short-term goals for your life. To help the process, you may be asked to do small written assignments or some reading. I will provide you with these assignments, self-help books, tapes, CDs, and a list of helpful reading materials. Please understand there are no guarantees in counseling; however, I can assure you, the majority of my clients report a sense of empowerment, direction, and an improved relationship with God and with others after six sessions.

### Appointments: What to Expect

The office entrance is located at the *front* of the building, on N. Van Buren Street; the front door is exclusively used for entering and exiting the building for appointments. There is no need to ring the doorbell – just come right in and up the stairs to check in with the secretary.

Appointments are 50-55 minutes long, and begin and end *promptly* on the hour. Seating can be found in the front sitting room; make yourself comfortable while waiting, but refrain from any loud conversations on cellphones or with other clients. ***Please note: seating is prohibited in the space outside of Dr. Baker's office, due to confidentiality of those in counseling sessions.***

### Our Relationship

Although our sessions may be very intimate emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. You will be best served if our relationship remains strictly professional and if our sessions concentrate exclusively on your concerns.

## Risks

There are many benefits to counseling/life coaching, and there are some risks. As you explore your past or discuss your current challenges, you may experience uncomfortable feelings. Please be sure to share these feelings.

It is important to me that you are aware of my preparedness to help you as your counselor/life coach. I am a life-long learner, continually building upon the knowledge and experience I have already acquired.

## Education

M.A., Christian Counseling C.C.L.C., Spring Arbor University, 2009

Psy.D., Doctor of Psychology, Newport University, 1995

M.A., Psychology, Newport University, 1993

B.A., Psychology, Saginaw Valley State University, 1992

B.A., Education, Saginaw Valley State University, 1984

## Areas of Specific Training

Anger Management/Domestic Violence	Individual Counseling
Couples Counseling	Addictions Counseling
Parenting Issues	Group Counseling
Intervention	Depression/Anxiety
Values Clarification	Financial Budgeting
Crisis Intervention	Stress Management
Assessment & Evaluation	Grief Counseling
Life Assessment	Life Coaching
Eating Disorders	Borderline Personality Disorder
OCD	Sexual Victim Trauma
Emotional Intelligence/Mindfulness	

## Memberships

American Counseling Association, The American Psychological Association, National Association of Alcoholism and Drug Abuse Counselors NAADAC, Michigan Association Of Alcoholism and Drug Abuse Counselors MAADAC, American Association of Christian Counselors, Michigan Association Of Education MEA, Bay Area Chamber Of Commerce, and Trinity Lutheran Church.

## Code of Ethics

I subscribe to the code of ethics of the American Christian Counseling Association, the American Psychological Association, and the National Association of Alcoholism and Drug Abuse. Links to these are available on my website at: [www.drsherrybaker.com/code-of-ethics.html](http://www.drsherrybaker.com/code-of-ethics.html).

## Confidentiality

All information shared with me will be kept confidential with the following exceptions:

- If I believe you are a danger to yourself or someone else
- If you give me written permission to disclose information
- In the case of abuse to a child or an elderly person
- If the information is court ordered
- If you desire to seek reimbursement from a managed care company
- In case of a Medical Emergency

You have a legal and professional right to confidentiality of what we discuss in our sessions, and even to the fact that you are in therapy with me. I am required by federal law to safeguard that confidentiality. Except in certain situations, information will not be released to anyone without your written authorization. The major exceptions to confidentiality are issues involving child or elder abuse or neglect, threatened harm to self or others, mandated court orders, requests by parent(s) of minor client(s), and third party insurance information requirements. This information is explained in further detail in my Notice of Privacy Practices (NPP) which you hereby acknowledge that you have been provided.

**ACKNOWLEDGEMENT INITIALS** \_\_\_\_\_

2<sup>nd</sup> CLIENT OR PARENT/GUARDIAN INITIALS \_\_\_\_\_

## Allergies/Sensitivity to Scents

If you are offended or sensitive to scented candles, fragrances, or perfumes, please let our office staff know. Your comfort is extremely important to us!

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## Emergency Contacts

In case of emergency, please list two contact numbers:

**1<sup>st</sup> Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**(Relationship):** \_\_\_\_\_

**2<sup>nd</sup> Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**(Relationship):** \_\_\_\_\_

## Client Responsibilities

Pay your fees in accordance with the schedule we established.

Help plan your treatment goals and follow through with them.

As a client, you have the responsibility to set and keep appointments. Please notify our office at least a **full 24 hours** before your scheduled appointment if you cannot keep that appointment. **Forgotten, no-show appointments, or less than 24 hour cancellations will be charged \$140.00.** Your appointment is time in my schedule reserved especially for you.

**Lack of childcare** will **not** be an acceptable reason to cancel with less than 24 hour notice. Please have a backup sitter in place to make sure you can make it to your appointment.

**You cannot cancel sessions via e-mail; a phone call is required.**

Cancellations and rescheduling are extremely hard on my schedule, so please keep them to a minimum. Excessive cancellations will need to be discussed if they are ongoing. Most counselors stop seeing a client after 3 cancels. I opt to discuss with you your commitment to therapy.

Phone calls between sessions will be billed \$2 per minute.

A collection agency and a lawyer will be contracted to collect unpaid fees. To cover these agency fees, any unpaid balance will be doubled.

If you choose to terminate counseling, please discuss this with me prior to termination. There is a fee to transfer records before they are released.

## Children

It is preferred that small children are not brought to the appointment with you (unless coming to counseling, themselves). It can be difficult to conduct a one-on-one session if you are distracted with caring for a little one. Likewise, it is not a good idea to leave small children unattended in the waiting area during your appointment. While some children can sit quietly and occupy themselves, many have a hard time doing so for an hour without supervision. Please use your best judgment here. Thank you for your understanding!

## Fees Agreement

My fee is \$125/hour with an individual and \$130/hour with a couple. I offer a sliding scale for those who are unemployed or those struggling financially and living on assistance. **Payment is always due at the time of service.**

I do occasionally see clients on an emergency/exception basis, *if I am available*. These appointments may be on a Saturday, Sunday or after regular business hours, with a fee of \$140/hour.

For your convenience, we offer you a charge card payment option (\$3 per transaction).

## Administrative Fees

Under the Health Insurance Portability and Accountability Act (HIPAA), a covered entity can charge reasonable cost-based fees for providing medical and psychological records to clients [45 CFR 164.524 (c)]. Letters written to a school, college, employer, or for disability filings, etc. are charged \$70 per page.

## Court Related Legal Fees

**Services – PLEASE NOTE: DR. BAKER DOES NOT DO:** Court appearances, depositions, friend of the court appearances, and child custody or visitation appearances.

**Dr. Baker DOES NOT testify in court. If your lawyer sends a subpoena, anyway, after you tell him you signed the agreement, you will be required to deliver a \$5,000 money order to Dr. Baker within 24 hours after she receives it in order for Dr. Baker to appear in court.** If this payment is not possible, your lawyer must revoke the subpoena and send us the appropriate paperwork to verify that it was revoked.

**Phone Calls** - If you request that I make phone calls for court-related incidents, the fee is \$2/minute. I closely document when the conversation begins and concludes.

**Correspondence** - If you request that I write correspondence to your lawyer, Friend of the Court, judge, etc., the fee is a flat rate of \$150/page.

These fees are assessed because my legal involvement takes tremendous amounts of time and energy from my practice and prevents me from meeting with my regularly scheduled clients. As a counselor/life coach, I provide treatment, therapy and life coaching. I have no background in criminal justice and will, therefore, often tell clients “If this is going to involve a lawsuit, please go to another counselor.”

## New Technologies

Telepsychology (treatment via email) allows me to conduct sessions with homebound clients, do crisis intervention, provide long-distance counseling/life coaching, and has become an extension of my client’s therapy.

**Telepsychology Examples** - *I know I ran out of time last session, but there was something else I wanted to tell you.* What would potentially follow are several pages of information, requests for feedback, etc. A client may wish to email a long account of a fight they just had with their spouse. And, clients often ask me for quick answers to a dilemma they are facing (e.g., *My sister is coming over tonight. Should I confront her regarding what we discussed in my session? or I met this man and it just seems so perfect, but I’m freaking out. Any quick advice? or Can you guide me on the best path I should take with this situation?*)

**Replies** - Though I cannot be available 24/7, I can safely say that I will respond within 24 to 48 hours of receiving a client email, except when I would be out of town or ill.

**Fees** - Since for many clients, email is now an extension of therapy, I make this service available to you with the understanding that a fee will be assessed. **The fee is \$5 per page of email received and \$5 per page of my return email.**

**If you are willing** to engage in dialogue and treatment with me via email as an extension of your therapy and are willing to pay for this service, **please initial here:**\_\_\_\_\_.

**If you wish to decline** email correspondence as an extension of therapy, **please initial here:**\_\_\_\_\_.

**Unacceptable Email** - Please also know that I will not accept appointment cancellations, appointment scheduling, or rescheduled appointments via email. All clients are required to call my office to make these arrangements.

## Phone/Technology Sessions

Phone or Technology sessions are available when:

- There is inclement weather
- You are on vacation
- Live in another city or state
- During a time of a crisis
- Under the weather-unable to drive
- Personal comfort
- Maximizes your time

Dr. Baker is happy to announce **Skype, FaceTime, and Facebook Video Chat** counseling sessions are now an option. Phone sessions have always been an option for those unable to come to the office for an appointment, but Skype, FaceTime, and Facebook Video Chat offer the ability to have a face to face session in the comfort of your own home. There is no additional fee for this service, but you would need to have Skype, FaceTime, or Facebook installed on your computer, laptop, tablet or cell phone. Preferred payment for such sessions is credit or debit card, which you may call in to the administrative assistant before your appointment time.

## Diagnosis:

There are risks and benefits to receiving a diagnosis. You have the right to know if I am formulating a diagnosis, or in fact, do diagnose you. You also have a right to treatment without any diagnosis. Please inform me if that is the case.

A diagnosis is formulated over time and must meet specific criteria from the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders). I received intensive training in diagnosing from this manual in May, 2013, the same month DSM-5 was released to clinicians.

I strive to improve the quality of your life, to protect you, and do no harm. Therefore, I will discuss this issue further with you in our first session and any subsequent sessions giving you informed decision making.

### Benefits of diagnosis:

- Allows for reimbursement by third-party payers
- Gives you the opportunity to attain needed services
- Gives you relief and validation about your difficult experiences
- Helps to guide me in interventions and treatment plans that have proved successful outcomes

### Risks of diagnosis:

- You could be stigmatized at school or work and viewed and treated negatively
- Some employers may determine that some clients are not suitable employees because of mental health needs
- You may view yourself as “less than” and permanently “ill” which may not be the case at all
- Not all DSM diagnoses are reimbursable
- You may have difficulty getting insurance due to a preexisting condition
- A diagnosis could become part of your permanent mental health records and insurance records
- A diagnosis may have to be discussed in court and might lead to not receiving custody of a child

Again, your well-being is at the heart of our relationship. Ultimately you are given the right to freely determine whether you will agree to receive a diagnosis. If you have questions about this please discuss them with me.

(Please check below)

- I do not wish to receive any diagnosis and would like my treatment to be diagnosis free.
- I am open to diagnosis and will discuss this further during my session.
- I am completely open to diagnosis and know this will be discussed as one is formulated.

## Consent for Treatment

By signing below, you indicate that you have read this disclosure, that your participation in services is voluntary, that your questions have been answered, and that you understand the preceding information. Your signature indicates consent to receive counseling/life coaching services, and that you will uphold the following client responsibilities:

(Please check each box)

- Appointments must be cancelled with a phone call to the office staff; texts or emails will not be acceptable.**
- 24 hour notice will be given to cancel an appointment, otherwise I am responsible for paying \$140 for any appointment cancelled with less than 24 hour notice.**

X \_\_\_\_\_  
Client Signature Date

X \_\_\_\_\_  
2<sup>nd</sup> Client Signature or Parent/Guardian Signature Date

Please return this signed statement after you have agreed to all the terms of counseling/life coaching and have had all of your questions answered. This signed consent form will be kept in your private file.

God's blessings,

Executive Director, Sherry Baker Psy.D., C.C.L.C.

## Appointments

- YES, I give my permission** to tell my spouse/significant other if I have an upcoming appointment, or if I had a previous appointment if he or she inquires.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- NO, I DO NOT give permission** to tell my spouse/ significant other if I have an upcoming appointment, or if I have had a previous appointment if he or she inquires.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Couples Consent Form

*Please reference my Notice of Privacy Practices for a full disclosure of my policies and practices*

I practice strict confidentiality with information you share with me whether in session or via phone consultations, except where I am limited by law, which includes:

1. In the event that I believe you may harm yourself or another
2. If I learn of the occurrence of child or elder abuse, I am required by law to make a formal report to the appropriate agencies

In couples and in family counseling/life coaching, it is my responsibility to protect both (all) of you and to inform you of the clear boundaries I uphold regarding your information. As you are both my clients, I need permission from both of you to discuss with the other party any conversations that have occurred in sessions or outside of sessions where you were not present. When there are specific details or conversations that you request to be kept confidential from your spouse, I will mark that section of my notes with an asterisk to denote your request.

By signing below, you give consent for me to discuss your case with your spouse, **except** for those areas for which you have requested confidentiality. If it becomes necessary for me to discuss your case with anyone besides your spouse, I would then request that you complete my *Authorization to Release Protected Health Care Information* form.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Couple Transitioning

Transitioning from couple's therapy to individual one-on-one sessions involves issues of confidentiality. To avoid any misunderstandings or future problems I will need your written authorization to speak with your significant other. By signing this waiver/consent form you are authorizing and giving me permission to speak freely with that person about anything we have discussed. This signature only includes your significant other, no one else.

Please sign the waiver below and date if you agree to this:

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Dr. Baker may speak freely to this person above about anything we have discussed together:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Thank you for your trust in me as a professional.