

Professional Disclosure Statement

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Introduction

I want to personally welcome you to a healthier way to live. I own a licensed agency: SCARF and CAIT double licensed: Assessments, referral and follow up community change, alternatives, information and training. In addition I offer life-coaching, spiritual counseling and mentorship. Your physical, mental, and spiritual health is the entire focus of our 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 before you see me.

Appointments are 50-55 minutes long, and begin and end *promptly* on the hour. Seating can be found in the front waiting 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 the 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.

Education

Bachelor’s Degree, Education, Saginaw Valley State University, 1984

Bachelor’s Degree, Psychology, Saginaw Valley State University, 1992

Master’s degree, Psychology, Newport University, 1993

Master’s degree, Christian Counseling, C.C. L. C., Spring Arbor University, 2009

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

Areas of Specific Training:

Anger Management/Domestic Violence Individual Counseling
Couples Counseling Addictions Counseling Parenting Skills Group
Counseling

Interventions

Depression/Anxiety

Values Clarification

Financial Budgeting

Covid Fatigue

Stress Management

Assessment & Evaluation

Grief Counseling

Life Assessment

Life Coaching

Eating Disorders

Personality Disorders

Impulse Disorders

Sexual Victim Trauma

Mindfulness

Complex P.T.S.D.

Relaxation techniques

Trauma Counseling

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.

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.

A CKNOWLEDGEMENT INITIALS _____

2nd 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!

Emergency Contacts

In case of emergency, please list two contact numbers:

1st Contact: _____ Phone: _____

(Relationship): _____

2nd Contact: _____ Phone: _____

(Relationship): _____

Client Responsibilities

Pay your fees at the time of your appointment.

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 at the regular rate.** Your appointment time in my schedule is reserved especially for you. After 3 cancels in a 12 month period you will be charged an extra \$20 per cancel and reschedule.

Printed name

Sign

Date

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.

Sign

A collection agency and a lawyer will be contracted to collect unpaid fees. To

cover these agency fees, any unpaid balance will be **DOUBLED**.

Children

It is preferred that small children are NOT brought to the appointment with you. 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 As of December 1, 2025

Payments can be made in: Cash, Check, Money Order or Cashier's Check. **We prefer not to use CREDIT OR DEBIT CARDS.** If it is necessary a \$10.00 fee is added.

New client's Initial Intake appointment: \$190.00

Every appointment thereafter:

Weekday

Individual:	\$160.00
Couple:	\$180.00
Family of 3-4:	\$180.00
Family of 5:	\$200.00

Weekend

Individual:	\$180.00
Couple:	\$180.00
Family of 3-4:	\$180.00
Family of 5:	\$200.00
Sunday:	\$200.00

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 \$170.00 (Saturday) and \$190.00 (Sundays).

Court Related Issues:

PLEASE NOTE: DR. BAKER DOES NOT get involved in or offer any services for COURT.

If she is subpoenaed or given notice she will be involved in a deposition, being an expert witness, or ANY involvement regarding your counseling with her, you will be released as a client and we part ways.

Please print, date then sign below after you have read the Court Related Issues Section:

Print Name _____ Date _____ Signature _____

Email - I will not accept appointment cancellations, scheduling, or rescheduled appointments via email or text. All clients are required to call my office to make these arrangements. You cannot cancel via email or text. You will be charged your full fee if the office is not notified.

Sign

Phone/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 & Maximize your time.

By signing below, you indicate that you have read this disclosure, that your participation in services is voluntary, that you understand my credentials, training and approach. 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)

A ppointments 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 the full fee for any appointment cancelled with less

X

C Client
Signature

Date

X

2nd 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.