

# **Disclosure Statement**

Alexis Baker Counseling  
Alexis Baker  
MS, LPC-Associate  
Phone: 512-660-7822  
Email: alexis@alexisbakercounseling.com  
License #86283

## **GENERAL INFORMATION**

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. It is important to me that you understand and are comfortable with these terms, so feel free to discuss any of this with me. Please read this document in its entirety and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

## **ABOUT THE THERAPIST**

I am licensed in the State of Texas as an LPC-Associate, #86283 (Licensed Professional Counselor Associate), having met the educational requirements and passed the written examination given by the Texas State Board of Examiners of Professional Counselors. I have a Master of Science in Counseling from California State University, Long Beach, completed in 2012. I was certified as a School Counselor in California from 2013 to 2019, then in Texas from 2019 to 2021.

## **LICENSE STATUS**

As an LPC-Associate, I practice under the supervision of Sarah Arnold, MA, LPC-S, a board-approved Licensed Professional Counselor Supervisor. I am currently in the process of completing the required 3,000 hours under clinical supervision to obtain independent licensure. As a supervisee, I will share any necessary information from our sessions that allows my work to be evaluated. Anything discussed with my supervisor in regard to our sessions is confidential and oriented towards my professional development.

## **THERAPEUTIC PROCESS**

Entering therapy is a significant step, one you've likely considered and reconsidered. The outcome of your treatment hinges largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of sensations, feelings, and thoughts attached to those events can bring on strong experiences of anger, depression, anxiety, etc. There are no quick and tidy solutions. I cannot promise that your behavior or circumstances will change. I am determined, however, to support you and offer thoughtful interventions, as well as to help you clarify what it is that you want and need for yourself. I encourage feedback about how you are feeling about our work and your progress. You have the right to ask me to review your treatment plan at any time. Our first couple of meetings will involve gathering historical information, which allows

us to better understand the experiences that have influenced your unique perceptions, needs, concerns, and goals. We will continue defining goals and collaborating on a plan to achieve them throughout our therapeutic relationship. Vital to the success of therapy is the individual's commitment to the process and a positive therapeutic relationship. Therapy involves considerable time, money, and energy. I recommend consistency to provide continuity and momentum for growth and change.

## **CONFIDENTIALITY**

The session content and all relevant materials to your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality are:

1. If a client threatens or attempts suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that the client or other named person is the perpetrator, observer of, or victim of physical, emotional or sexual abuse or neglect of;
  - a. a child/children under the age of 18 years or,
  - b. an elderly person or,
  - c. a disabled person
4. If a court of law issues a legitimate subpoena for information stated on the subpoena.
5. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or other identifying factors.

If we see each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but I will not engage in any lengthy discussions in public or outside of the therapy office.

## **FEES**

Clients are seen by appointment. Appointment times run for 45-50 minutes, and the rate for each session is \$120 for individuals, \$150 for couples. In limited cases, I offer my fee at a sliding-scale if my standard fee is financially prohibitive for you to meet on a weekly basis. If this is the case for you, we can discuss your options and agree to a fee that seems appropriate for both parties.

Clients will be charged for phone calls in 15 minute increments at my regular session rate. Responding to letters, writing reports, filling out evaluations, reading reports and any other activity that requires time outside of a scheduled session will also be billed according to the time spent on that activity and cannot be billed to insurance.

At this time, I do not file insurance claims for you. If your insurance provider will be covering a portion or all of the cost of your counseling then you need to make

arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to your insurance company. I am able to offer you invoices for payment upon request. In an effort to protect the integrity of the client and therapist relationship it is never recommended that the therapist appear in court on behalf of a client. If unavoidable, the rate for counselor's participation in any legal proceedings is \$200 per hour with a minimum of 3 hours per day. A deposit of \$600 is required before the court date.

Acceptable forms of payment are cash, credit card, or FSA/HSA cards. Please submit your payment to the counselor at the beginning of each session, if paying with cash. Card payments will be processed the same day following each session.

### **DECLINED PAYMENTS**

Payments are run automatically the same day following each session. If the default card you have on file is declined (for any reason), an attempt will be made to charge any other cards on file and you will be notified by email. If there are no alternative cards or alternative cards are also declined, you will be notified via email and alternative payment will be requested. If payment is not completed for any reason, another session will not take place. Once payment is made for any outstanding sessions, then sessions can continue.

### **CANCELLATIONS/RESCHEDULING**

Cancellations and re-scheduled sessions will be subject to a full charge if not received AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are more than 15 minutes late, you will be considered a "no show" and will be charged the full rate for the scheduled session.

### **ACCESSIBILITY**

If you need to contact me between sessions, please leave a message on my voicemail or send me an email. I am often not immediately available; however, I will attempt to return your call or email within 24 hours Monday through Friday.

Please be aware that although my voicemail and email are confidential and protected as best I am able, there is a greater risk to confidentiality in those mediums. Please reserve any important therapeutic information for our in-person time. I will text or email brief messages related to scheduling. I also ask that you do not use voicemail, email, or text for any disclosure of life threatening emergencies. Please see below for crisis contact information.

### **SOCIAL MEDIA & PROFESSIONAL RELATIONSHIP**

Due to the importance of your confidentiality and the importance of minimizing dual relationships which violate clear boundaries, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacies. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Video or audio recordings and photographs are NOT permitted during your counseling

sessions. I do not take any video or audio recordings of our sessions.

### **ELECTRONIC & VIDEO COMMUNICATION**

For virtual sessions, I use Telehealth by SimplePractice as I have found it to be the most user-friendly, simple platform that is also HIPPA compliant and is also fully integrated into SimplePractice, which I use for all scheduling and billing. Communication in video sessions on this platform are end-to-end encrypted, confidential and not seen or heard by anyone besides you and I. I do not record sessions held in person or virtually.

For safety reasons, when sessions are held virtually, I will always confirm a client's location (or, possibly in the case of a couple, locations).

I cannot ensure the confidentiality of any form of communication through electronic media, including Skype, FaceTime, and text messages. If you prefer to communicate briefly via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

### **YOUR COUNSELING RECORDS**

All written records including intake forms and electronic correspondence are included in your HIPAA protected medical records. It is highly recommended that you use caution and be mindful of what information you send through electronic correspondence. Your records will be kept on file for 7 years and will only be available to the counselor and any staff who have a legitimate need for it. Your records may be shared with another professional or agency which referred you and/or to which you agree to be referred. Your case may be discussed anonymously with other professionals only for consultation purposes. Physical records will be shredded while electronic records will be deleted.

In the event of my death or incapacity, Sarah Arnold, MA, LPC-S, is designated for confidential storage of and secure destruction of materials according to the parameters established by the licensing boards.

### **TERMINATION**

Termination of counseling services typically occurs by mutual agreement when treatment goals have been met, or when maximum benefit has been reached. However, you have the right to terminate at any point. If possible, it is best to discuss therapy termination prior to ending counseling. Please feel free to discuss with me any concerns or questions you might have about the benefit of your therapy or if, when, or how it should end. If I think you no longer need my services or might be better served by other resources, including a more intensive level of care, I may initiate termination. I will consider therapy terminated by your actions if you do not reschedule as planned, have missed two appointments without notice, cancellation of three consecutive appointments, fail to make a timely payment as per our agreement, fail to initiate rescheduling within 90 days of a session, or otherwise compromise the safety and integrity of our relationship and work together including but not limited to subpoenas for court testimony.

### **EMERGENCIES**

Please know that I do not provide emergency mental health services. I am often not immediately available by phone especially after hours, weekends and holidays. In the event of an emergency, contact the 24/7 Crisis Hotline at 512-472-4357 (HELP), the Crisis Text Line at 741741, the Mobile Crisis Outreach Team (MCOT) at 512-472-HELP(4357) (Austin phone number) call 911 or go to the nearest emergency room.

### **MINORS**

If you are a minor, your parent/guardian may be legally entitled to some information about your therapy. I will discuss with you and your parent/guardian what information is appropriate for them to receive and which issues are more appropriately kept confidential.

### **COMPLAINTS**

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint.

Please call 1-800-821-3205 for more information.

Effective Monday, June 13th, 2022, BHEC's physical and mailing address will change from 333 Guadalupe St., Ste. 3-900, Austin, Texas 78701 to:

Texas Behavioral Health Executive Council  
George H.W. Bush State Office Bldg.  
1801 Congress Ave., Ste. 7.300  
Austin, Texas 78701

### **CONSENT**

I have read this document and fully understand it. All questions have been answered to my satisfaction, and I recognize that I may ask questions about it in the future. I agree to the policies, procedures and fees explained here. I agree to enter a counseling relationship with Alexis Baker, and I am voluntarily signing this agreement.

By clicking the checkbox below I am agreeing that I have read, understood and agreed to the items contained in this document.