

**Mindy Baba**, MFT | Licensed Marriage & Family Therapist  
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T 510.325.9450

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## **INFORMED CONSENT**

Welcome. I have a certain way of starting our work together. By the end of the first few sessions, I want to have a picture in my mind of who you are. Because of this I will take time to hear about your history, including family, school, relationships, health, and work. I will also be asking you about your goals for therapy, knowing that you have come for specific reasons.

Therapy provides an opportunity to better understand yourself, as well as any problems or difficulties you may be experiencing. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. However, its benefits may include a reduction in stress or anxiety; a decrease in negative thoughts and behaviors; improved relationships; increased comfort in social, work, and family settings; and a greater capacity for intimacy and self-confidence. The purpose of our work together is to create positive change in your life.

### **FEE INFORMATION**

My fee for office-based therapy is \$145 per 55-minute session. Your therapy session also includes the time necessary to make payment and schedule your next appointment. Payment in full (cash or check) is requested at the beginning of the each appointment. Checks should be made out to: Mindy Baba. In order to maximize our time in session, please make out checks prior to our meeting. Time I spend on the telephone with you or others on your behalf is a billable expense after 15 minutes, which is prorated at my regular rate.

### **INSURANCE**

I do not accept insurance assignments and clients are responsible for direct payment of fees. If you have insurance coverage for behavioral health services, I can assist you in filing for reimbursement. Please be advised to not assign insurance benefits to me; instead, notify your insurance company to send reimbursements directly to you.

### **APPOINTMENTS**

I work with clients on a regular, weekly basis, although for certain problems or during times of crisis, more frequent sessions may be necessary. Almost without exception, I do not meet with clients less frequently than once per week. To do so dilutes the therapy, making it less beneficial.

**MISSED APPOINTMENTS**

To avoid being charged for a missed session, please call 510.325.9450 to inform me of your need to cancel at least 24 hours in advance. You can also request an alternate appointment time for the same week. Cancelled or missed appointments without due notice will be charged at the full rate. I will not charge for canceling due to a serious medical emergency or natural disaster.

**EMERGENCIES**

If you need to contact me between sessions, please leave me a message on my voicemail and I will call you back as soon as I can, usually within 24 hours during the weekdays between Monday to Friday. If an emergency arises and you cannot reach me, call the **Crisis Hotline at 510.261.4357** or **Crisis Support Services at 510.849.2212**. When I am out of town or otherwise unavailable, a professional colleague will cover for me.

**CONFIDENTIALITY**

I place a high value upon the confidentiality of the information that my clients share with me. All information disclosed within sessions is confidential and may not be revealed to anyone without written permission, except under the following circumstances:

- When a client is a danger to self or to others
- When there is evidence to suggest that child, dependent, or elder abuse has occurred or is occurring
- If there is a medical emergency in which the client becomes incapacitated/gravely disabled
- Upon receipt of a court order

**PLEASE SIGN AND KEEP FOR YOUR RECORDS**

*"I acknowledge that I have read and understood these policies."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

**PLEASE SIGN AND RETURN TO MINDY BABA.**

(This document will be retained in your file at my office).

*"I have read the informed consent and understand the fee schedule, my payment responsibilities, cancellation policy, what to do in an emergency, and the limits of confidentiality. I agree to follow these perimeters of counseling."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_