

WENDI S. MAURER, Ph.D.  
Clinical and Consulting Psychology  
AGREEMENT FOR PROFESSIONAL SERVICES

**WELCOME!!!** The information that follows is designed to answer many of the questions most clients have. You are entitled to know about my policies and methods of practice. Please read this agreement carefully before signing. If you have any questions, please feel free to ask.

**Appointments:** Your appointment time has been reserved for you. Most sessions are contracted for 45 minutes, your sessions may be from 30 to 90 minutes, depending upon your needs, and will be set up in advance. If you are unable to keep your appointment, a minimum of 24 hours advanced notice is required, so that the therapy hour can be scheduled for someone else. My late cancellation charge is my contracted fee with you. Insurance cannot be billed for missed sessions. You will be notified ahead of time when I will be unavailable and you will be given as much notice as possible when I am called to help with Emergency Disaster Response. My office hours vary and will be Telehealth appointments, usually through Zoom which is authorized by the American Psychological Association.

**Confidentiality:** Information about your treatment is confidential and cannot be revealed without your written permission. However, California law does require reporting to authorities of suspected child/dependent adult abuse or neglect, as well as potential suicide or harm to another person. The latter case(s) may require involuntary hospitalization to prevent harm to you or others. Also, If I see you as a couple, any individual sessions will not be confidential.

**Telephone:** I can be reached at (619) 701-7999. I will have instructions on what to do for emergencies. Please follow these instructions for true emergencies only. When you call, please leave your message and your phone number and times when I can reach you. Unless otherwise stated in my message, I listen to my messages at least two times a day Monday through Thursday and will return your call as soon as I can.

**Financial Arrangements:** You are responsible for the agreed upon fees. You will be expected to pay your bill at the beginning of each session. We can give you a super-bill to turn in to your insurance company. If you do have acceptable insurance, please pay your co-payment at the session and we will assist in billing your insurance company. You will be held responsible for any fees not covered by insurance including deductible and denied claims. Prolonged therapy sessions, consultations, psychological testing, reports or other professional services will always be discussed in advance. If Telehealth is not covered by your insurance company, you may pay the agreed upon fee before each session.

In the event that it is necessary to use a recovery agency to collect an outstanding balance due on your account, You understand that you waive your legal right to client/therapist confidentiality concerning times and costs of sessions. The fee per session is \$175.00.

**Your signature indicates that you understand and accept these conditions and responsibilities for our working together.**

\_\_\_\_\_  
Patient 1 Signature                      Patient Name                      Date

\_\_\_\_\_  
Patient 2 Signature                      Patient Name                      Date

\_\_\_\_\_  
Wendi S. Maurer, Ph.D.                      Date