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Psychological Services Contract

Thank you for inquiring about psychological services. As a new client considering psychotherapy for yourself, family, or your child, you have the right to know something about my background and qualifications, and to know what to expect from our work together. Please read this document carefully so that you can make an informed decision about using my services. This document contains important information about my professional services and business policies. After reviewing this document, ask any questions you might have. When you sign this document, it will represent a binding agreement between us and authorize me to provide psychological services, including evaluations and therapy.

Qualifications: I am a Clinical Counselor with a license to practice in the State of California (LPCC 4676). I received my bachelor's degree from Northeastern Illinois University and my master's degree in Counseling from the University of San Diego. Since completing my training, I have worked in a variety of capacities, including school counseling, academic teaching, research, clinical consulting, and in private practice.

Psychological Services: I am a licensed professional clinical counselor (M.A, NCC, LPCC) in Dr. Maker's practice and provide evaluations, school and home observations, and therapy services in the office, and if necessary and beneficial, in school and home visits. My expertise lies in child development, trauma, attachment, grief and loss, anxiety, health issues, emerging development, palliative care, and caregiving. I work with adults, college students, teenagers, and children. My orientation to the practice of psychotherapy is multifold. I use resiliency based, mindfulness, psychodynamic, positive psychology, and attachment-based therapeutic approaches. I view therapy as a collaboration between the client/s and the therapist, and the development of a meaningful relationship between therapist and client/s as an essential aspect of therapy. I encourage you to share your honest reactions to our work together and to me, and anticipate that there will be a mutual evaluation of how the therapy is progressing over time. Psychotherapy requires a very active effort on your part. Although I will offer some feedback regarding the possible time frame of therapy once we have completed an evaluation, we will know more about the length of time our work requires as the therapy unfolds. It is my practice to make treatment recommendations based upon the types of problems presented and what I feel are the most helpful ways to approach these problems; I do not allow insurance or other structural constraints to dictate my treatment recommendations.

Psychological Evaluation: A psychological evaluation is an initial understanding of the symptoms, diagnoses, and psychological, emotional, social, and cognitive functioning of the individual, child, adolescent, couple, and/or family system. A clinical evaluation may have as its goals, to identify the current significant stressors and diagnoses, to provide specific recommendations based on the evaluation, and to establish the treatment goals and timeline for therapeutic services. As part of the evaluation, I will meet with the individual, the child, the adolescent, the couple, and/or the family in various configurations. The evaluation process could take upto 5 sessions before specific and appropriate recommendations are

made. I usually meet for sessions that are 45 minutes long each. If the need arises, sessions may be longer, and the appropriateness of longer sessions and any change in cost will be discussed with you prior to any changes.

School and Home Observations/School and Home-Based Therapy: School and home observations are often critical to the evaluation process, as they provide critical clinical data in the child and family's natural setting. Such observations provide invaluable information to better identify environmental stressors and to better guide the treatment plan. Additionally, some clients are unable to come to the office for therapy for a variety of reasons. Children may be too uncomfortable, resistant, disruptive, or anxious, or clients may have significant disabilities and debilitating health issues that prevent them from office visits. In such cases, if necessary and if deemed beneficial to the client and family, school-based interventions and home-based therapy and parent guidance can be offered. These are typically 2-3 hour visits to obtain maximum effectiveness from each visit.

Appointments: My normal practice is to conduct a consultation that will last 2-5 sessions. During this time, we can decide whether I am the best person to provide services that you need in order to meet your goals. Once we agree to work together, I reserve a weekly appointment time/s specifically for you. **Once a regular appointment time is reserved for you, you will be charged for any appointments that you miss altogether ("no shows") or that you cancel with less than 24 hours notice. Missed appointments will be charged at your full fee. Please note that insurance will not reimburse you for missed appointments.** Please provide as much notice as possible regarding sessions that you will need to miss; in such instances, we will try to reschedule your appointment, as our schedules allow.

Couples, please note that my approach to couple therapy necessitates that both members of the couple attend every session. If only one member of a couple shows up for an appointment, I will not meet with him or her individually. Therefore, if one of you does not show up for any appointment, it will be considered a missed appointment, and you will be charged accordingly.

Professional Fees, Billing, and Payment

Fees for psychological evaluations, therapy sessions, assessments, observations, and school and home sessions vary based upon the diagnostic question and session time.

Child, Adolescent, and Family: Each office 45-minute evaluation and therapy session is \$150/session.

Individual adults and couples: Each office 45-minute evaluation and therapy session is \$150/session.

School and Home Observations, Interventions, and Therapy: Each in-school and in-home visit is \$225/hour.

Other Professional Services: In addition to weekly appointments, it is my practice to charge \$150/hour on a prorated basis for other professional services you may require, such as report writing, telephone conversations that last longer than 15 minutes, consultations with other professionals that you have authorized and requested, preparation of records or treatment summaries, or the time required to perform other services that may arise in the context of your treatment. If you become involved in litigation that requires my participation, you will be responsible for paying the professional time required. Because of the complexity and difficulty of legal involvement, I charge \$350.00 per hour for the preparation for and attendance of any legal proceeding.

Payments: You will be expected to pay for all services provided by me to Dr. Maker by signing a billing agreement for credit cards or you can pay by check made payable to 'Dr. Azmaira Maker' at each appointment unless other arrangements have been made with me in advance. Payment may be in the form of cash, bank check or personal check. There is a \$25.00 additional charge for checks that are returned by the bank for any reason.

Insurance: I am not a provider for insurance plans. It is your responsibility to determine what your benefits are, any requirements for pre-authorization for services, and co-payments that are required. If your insurance will not cover my services because I am not on their panel, you may choose to pay for sessions yourself, or to see another therapist who is on their panel. I can assist in finding you a provider who is on your panel. I will also provide you with any assistance I can in facilitating your receipt of the insurance benefits to which you are entitled, such as a monthly statement. However, you, and not your insurance company, are responsible for full payment of the fee. Therefore, it is very important that you find out exactly which mental health services your insurance policy covers.

Accounts more than 30 days overdue will accrue interest charges at a rate of 1.5% per month. If your account has not been paid within 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collections situations, the only information I release regarding your assessment is your name, the nature of the service and the amount due.

Contacting Me

I am often not immediately available by telephone. I do, however, have voice mail, which I monitor frequently. I will make every effort to return your call on the same day you make it, if you call before 5 p.m., or within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available and always leave a call-back number. If you feel you cannot reach me, and you feel that you cannot wait for me to return your call, you should call 911, or proceed immediately to the nearest emergency room. If I am unavailable for an extended period of time (i.e., a vacation), Dr. Maker will be available to speak and/or meet with you if necessary.

Confidentiality

In general, the privacy of all communication between a patient and a practice is protected by law, and I can only release information about treatment notes and assessment results with your written permission. You should be aware that anything that is said in the course of an evaluation and therapy that is relevant to the diagnostic question and treatment goals can be included in your treatment records.

There are some situations where I am legally obligated to take action to protect others from harm, even if I have to reveal some information about your evaluation and therapy. For example, if I believe that a child, elderly or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens bodily harm to her/himself, I may be obligated to seek hospitalization for her/him or to contact family members or others who can help provide protection.

I may also find it helpful to consult with other professionals about clients I am currently treating. During

a consultation, I make every effort to avoid revealing your identity. The consultant is legally bound to keep all information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you have during our meeting. I will be happy to discuss these issues with you, but formal legal advice may be needed because the laws governing confidentiality are quite complex and I am not an attorney.

Personal Information (PLEASE COMPLETE):

Name _____

Home Address _____

City/State/Zip _____

Home and Cell Phone _____

Work Phone _____

Date of Birth _____

Marital Status _____

Occupation _____

Employer /School _____

Work Address _____

City/State/Zip _____

Work Phone _____

Name of Spouse/Partner _____

May we call you ...at home? yes no ...at work? yes no

Your signatures below indicate that you have read the information in this document, discussed anything you did not understand, and agree to abide by its terms during our professional relationship.

I hereby agree to pay the fees for the following:

\$150 for each 45-minute psychological evaluation or therapy session.

\$150 for each 45-minute diagnostic assessment consultation session.

\$225 for each one-hour school and home observation or in-school interventions or in-home therapy.

The undersigned accepts responsibility for the cost of all services rendered to the patient and attests that the information given is true and correct. The undersigned further understands that APPOINTMENTS MUST BE CANCELLED ONE FULL BUSINESS DAY PRIOR TO THE SCHEDULED TIME (UNLESS IN CASE OF AN EMERGENCY) OR THE FULL FEES WILL BE CHARGED.

I authorize Emily Merryweather, M.A., NCC, LPCC to provide these services.

Client Name

Client Signature

Parent or Guardian Name if client under 18

Parent or Guardian Signature if client under 18

Parent or Guardian Name if client under 18

Parent or Guardian Signature if client under 18

Date

Name and Signature of Person Responsible for Account