

**SUE MAYO, MA, MFT**  
**Lic #37211**  
**3184 Old Tunnel Rd. Suite D**  
**Lafayette, CA 94549**  
**(925) 284 - 0699**

## **CLIENT INFORMATION**

### **Therapist Background:**

Welcome to my psychotherapy practice! I hold a Masters degree in Clinical Psychology, and am a California-licensed Marriage and Family Therapist (MFT).

### **Fees:**

My standard fee is \$140.00 per session (50 minutes). For private mediation, my standard fee is \$150.00 per hour. The fee is due at the end of each session unless otherwise arranged. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment. Upon request, invoice statements can be provided. Checks should be made out to "Sue Mayo". There is a \$20 charge on all returned checks.

### **Insurance Reimbursement:**

For those clients with a pre-approval from MHN, Healthnet, Anthem Blue Cross, Anthem Medical or Aetna, I will bill your insurance directly. I will need your insurance information to do this and you may be responsible for a co-payment in session. However, in the event that your insurance declines payment, you will be held responsible for all fees. This also applies in the event that you have not met your deductible for the year.

If you are planning on using any other insurance, we must discuss this at the initial appointment. Payment and billing arrangements may vary with insurance plans. You are responsible for fees if your insurance company declines payment.

It should be understood that insurance companies and managed care organizations often require information about your treatment. You should be aware of what confidentiality you may have waived when you enrolled with them.

### **Cancellations:**

A 24-hour advance notification of cancellation is required. For missed appointments or those cancelled less than 24-hours in advance, there is a charge for the full session fee. Please note that insurance companies do not provide reimbursement for late cancellations or missed appointments. You will be charged fees for missed appointments with less than 24-hours notice.

### **Communication:**

My private voice mail number is (925) 284-0699. Please use that number for any messages. I make all attempts to return calls in a reasonable time frame. I can also be reached via email, if this is more convenient, at smayomft@gmail.com Please note that there may be some confidentiality risks should you choose to communicate with me in this manner.

### **Confidentiality:**

The law protect the privacy of all communications between a client and a therapist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or the Health Insurance Portability and Accountability Act (HIPAA). However, there are some situations where I am permitted or required to disclose information without your consent or authorization. These exceptions include the following:

- (a) Disclosures required by health insurers or to collect overdue fees.
- (b) If a government agency requests information, I may be required to provide it

- (c) If a patient files a complaint or lawsuit against me, I may disclose relevant information in order to protect myself.
- (d) If a client poses a serious threat to himself/herself. I may enlist family members or others in an effort to protect a potentially suicidal client.
- (e) If a client threatens to physically harm an identifiable victim.
- (f) Child abuse (both past and present), elder abuse, or dependent adult abuse is suspected.

In these latter two situations, I am required by law to inform potential victims and legal authorities so that protective measures can be taken. Every effort will be made to fulfill this reporting requirement in a manner that is in the best interest of those involved.

**Psychotherapy:**

Psychotherapy can be a difficult as well as rewarding process. Since therapy often involves exploring unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy can often lead to better relationships, solutions to specific problems, and a reduction in feelings of distress. Because we will work toward your goals together, it is important that you inform me of any problems or difficulties, such as treatment issues, appointment times, and financial concerns that may arise so that they can be dealt with in an honest and direct manner.

I, \_\_\_\_\_, have read, understand, and agree to all of the above information, and give my permission to Sue Mayo to provide psychotherapy services to:

Myself \_\_\_\_\_  
(Print name)

My child \_\_\_\_\_  
(Print name)

Myself \_\_\_\_\_  
(Print name)

My child \_\_\_\_\_  
(Print name)

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

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

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

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**CO-PARENTING / PRIVATE MEDIATION CLIENTS:**

By entering into such services, you are hereby informed that I work full-time as a child custody mediator for Family Court Services, Superior Court in Contra Costa County. I am not able to work with private clients who have a **current, active case** filed with Family Court in Contra Costa County.

In the event you later open a case with Family Court, I would not be able to serve as your mediator at Family Court Services. In addition, co-parenting counseling and private mediation are subject to all of the regular rules regarding confidentiality in a psychotherapy setting. This means that I would not release any information to the court without the written authorization of **both** parties who have participated in the co-parenting counseling / private mediation.

If you reach agreements regarding custody/visitation in private mediation, I can assist you in putting such agreements into a written form. There will be an additional charge for this service. However, please note that these documents would not be official court orders unless they are filed with the court. I can provide information as to your options for pursuing this, should you desire.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date