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*Psychological and Assessment Services, LLC*

### **Client Services Contract**

Welcome to my professional psychotherapy and psychological testing practice. This document contains important information about my professional services and business policies. Please read it carefully and bring up any questions. Once signed, this will constitute a binding agreement between us.

#### **Psychotherapy**

The psychotherapy process varies depending on the personality of both the therapist and the client, and the particular needs of the client. Experienced psychologists are trained in many evidence-based therapies, as well as in developing therapeutic relationships, and working together with you to identify the most appropriate and personalized interventions for your needs. In contrast to visiting a medical doctor, the process of psychotherapy requires you to take an active role in your treatment, whether it be raising important issues, completing homework, or practicing skills outside of the therapy office. Good therapy can sometimes be “comfortably uncomfortable” when reflecting on patterns and how our experiences have impacted our thoughts, feelings, and behaviors. Your therapist holds you in unconditional positive regard and is nonjudgmental, but reflective.

Psychotherapy involves certain risks that may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness. Difficult feelings may arise when discussing unpleasant aspects of your life or your history. However, therapy has also been shown to have significant benefits for people engaged in the process. Therapy often leads to a significant reduction in feelings of distress, improved relationships, and resolution of targeted problems. It is important that you feel comfortable with your therapist in order to develop a trusting, therapeutic relationship. To that end, it may be that I cannot provide the best fit or service for your particular needs; if this occurs, I will be happy to recommend other service providers in the area.

Insurance companies define a therapy hour as 38-45 minutes.

Private pay enables a traditional 60-minute therapy hour.

#### **Testing**

Testing varies depending on the client’s need and referral question(s), and typically includes: intake session/clinical interview, contact with collaterals (e.g., teachers, parents, etc.), administration of testing battery, scoring and interpretation, report writing, and a final feedback session to discuss findings and recommendations. Testing sessions can be completed in one session or over the course of several sessions. After completion of testing, it takes approximately 4-6 weeks to finish the report.

**Confidentiality**

In general, the confidentiality of all communications between a client and therapist are protected by law, and I can only release information about our work with explicit written permission. However, there are a number of exceptions. Please see the ‘Notice of Privacy Practices’ for specific details.

**Payment**

If opting to use insurance, any deductible and/or co-pay are due at the time of service. You are responsible for keeping me apprised of any changes in your insurance coverage and for knowing your benefits. If for any reason your insurance company refuses to cover a service, you are responsible for payment.

If using private pay, you are responsible for the full amount at the time of service. For testing, half of the total amount is due at the time of intake, and the balance is due at the final feedback session (when the report is received).

For your convenience, I accept cash, checks made out to “Family Works”, and most major credit cards through the Square Register. If you have missed an appointment without calling, you will be billed \$50, and you will need to contact me to schedule any further appointments.

**Contacting Me**

You can contact me at **508-980-5225**. Voicemails are confidential and will be returned as soon as possible. If you have a life-threatening emergency, please call 911 or visit your local emergency room. Please note, I do not offer emergency services or on-call coverage. You can also contact me at the following email:

[Dr.D@familyworkslc.com](mailto:Dr.D@familyworkslc.com)

\*Please note, I cannot guarantee complete privacy and security with electronic communication (e.g., texting, email, etc.).

*I have received a copy of the above Client Services Contract and had an opportunity to ask questions. Signing below signifies I have read and agree with the terms above.*

**Client’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian/Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_