Maya Heffernan, LMFT 111639

Agreement for Service/Informed Consent

Maya Heffernan, MA
Licensed Marriage and Family Therapist 111639
3990 Old Town Avenue, Suite B100, San Diego CA 92110
Phone: 619-277-1930

ABOUT THE THERAPY PROCESS

Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change so the Client can experience their life more fully. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending on the particular problems being addressed. Therapy includes benefits such as, reduced stress and anxiety, improved interpersonal relationships, and increased comfort in social, work, and family settings. Such benefits may also require substantial effort on the part of the Client, including an active participation in the therapeutic process, honestly, and a willingness to change feelings, thoughts, and behaviors. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. This process may evoke strong feelings of sadness, anger, fear, etc. During the therapeutic process, many clients find they feel worse before they feel better. Client should address any concerns he/she has regarding progress in therapy with the Therapist.

THERAPY FEES

CANCELLATIONS

A minimum of 24 hours' notice is required to cancel or change a session. If you cancel within 24 hours or fail to show up for a scheduled session, you will be charged full appointment fee for the missed session.

INSURANCE

Maya Heffernan, LMFT does not bill any insurance companies. The Client is responsible for all fees. It is the Client's responsibility to submit claim forms for reimbursement to their insurance company. Therapist is not a contracted provider with any insurance company. Should the Client choose to use their insurance, Therapist will provide a summary of all charges which the Client can submit to the third-party of their choice to seek reimbursement of fees already paid. Please be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. It is your responsibility to understand and verify the limits of your insurance coverage. If your insurance denies payment of any service, payment of service is your responsibility.

CONFIDENTIALITY

The information disclosed by the Client is generally confidential and will not be released to any third party without written authorization from the Client, except when permitted by law. The Therapist utilizes a "no-secrets" policy when conducting family or couples therapy. Please feel free to ask your Therapist about this policy and how it may apply to you. *Exceptions to Confidentiality required by law to report:* (1) Instances of suspected child, elder or dependent adult abuse (2) Instances when a client presents serious threat of physical violence towards a reasonably identifiable victim (3) Instances when a client is dangerous to him/herself or the person/property of another and (4) Instances when a therapist is required by federal law to release confidential information per the Patriot Act 2001.

COMMUNICATION

Your Therapist will use email and/or text messaging solely for appointment scheduling and non-sensitive, non-urgent issues. The use of email and text messaging has a number of inherent risks that you should consider. Email and text may not be secure. The Therapist cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. While the Therapist will try to respond to email/text messages during business hours, it

cannot be guaranteed that any email/text will be read and responded to within any particular period of time. When	
experiencing a medical or mental health emergency, please do not use email or text, call 911. (Client's Initials)	
SOCIAL MEDIA	
I do not accept friend requests or similar connections with clients, or their family members, on social media. This is to protect you our confidentiality and privacy. If you would like to follow my professional Instagram page, you may do so at your own	

I do not accept friend requests or similar connections with clients, or their family members, on social media. This is to protect you our confidentiality and privacy. If you would like to follow my professional Instagram page, you may do so at your own risk. Please note that this is not a way to contact me especially in an emergency. If you would like me to review your or your child's social media interactions as part of our therapeutic work, please print what you would like me to review and bring it with you to session. Even if your or your child's social media accounts are public, I will not examine them without your specific consent and direction. Please note that any social media apps you use may seek to connect you with me or with other visitors to this office, through a people you may know or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone. Turning off a social media app's ability to know your location, and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.

TERMINATION OF THERAPY

You may discontinue therapy at any time. If you or your Therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan and goals or terminating your therapy. The Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, the Client's needs are outside of the Therapist's scope of competence or practice, or the Client is not making adequate progress in therapy.

Litigation Limitation

Therapist will not voluntarily participate in any litigation, or custody dispute in which the Client is involved. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matters; or write letters recommending emotional support animals (ESA) in the Client's treatment. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed or ordered by a court of law, to appear as a witness in an action involving the Client, Client agrees to reimburse Therapist for time spent for preparation and travel for time spent at client's usual and customary hourly rate. Client, or anyone acting on his/her behalf, agrees not to call on Therapist to testify in court or at any proceeding, nor request a disclosure of psychotherapy records for legal proceedings.

ACKNOWLEDGEMENT

By signing below, the Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this agreement. Client has discussed any concerns regarding the terms and conditions of this agreement with his/her Therapist; and has had any questions answered to the Client's satisfaction. The Client agrees to abide by the terms and conditions of this agreement and consents to participate in psychotherapy with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

1)			
Client Name	Client Signature	Date	
<mark>2)</mark>			
Client Name	Client Signature	Date	