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AGREEMENT FOR SERVICE

Introduction

This Agreement is intended to provide you with important information regarding my practices, policies and procedures and to clarify the terms of the professional therapeutic relationship between us. Any questions or concerns regarding the contents of this Agreement should be discussed with me prior to signing it.

Therapist Background and Qualifications

I have been practicing as a licensed marriage and family therapist (LMFT) for one year, and practicing as a licensed marriage and family therapist intern (IMFT) for an additional eight years. During this time, I have been working mostly with the transgender and gender-questioning populations.

I am also a certified Advanced HIV Counselor. This certification was issued by the California Department of Public Health, State Office of AIDS in 1999.

My theoretical orientation of choice is called Internal Family Systems and can best be described as attempting to unite all the different "parts" that are running amuck inside of all of us. I also use Client-Centered therapy, which believes that everyone has the answers they seek within themselves and that with proper attention, encouragement, and respect the solutions we seek will become evident. Brief Solutions-Focused therapy is the third modality that I use, which quickly tries to seek answers to specific problems without as much exploration into general life experiences and ways of being.

Professional Consultation

Professional consultation is an important component of a healthy psychotherapy practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you.

Records and Record Keeping

I may take notes during session, and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are my sole property. I will not alter my normal record keeping process at the request of any patient. Should you request a copy of my records, such a request must be made in writing. I reserve the right, under California law, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain your records for ten years following termination of therapy. However, after ten years, your records will be destroyed in a manner that preserves your confidentiality.

Patient Litigation

I will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with a patient's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in a patient's legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate of \$120.

Psychotherapist-Patient Privilege

The information disclosed by you, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between you and I in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the psychotherapist-patient privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. You should be aware that you might be waiving the psychotherapist-patient privilege if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the psychotherapist-patient privilege with your attorney.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled to occur one time per week at the same time and day if possible. I may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify me at least 24 hours in advance of your appointment. If you do not provide me with at least 24 hours' notice in advance, you are responsible for payment for the missed session.

Therapist Communications

I may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one or more of the choices listed below. Please be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means.

____ My therapist may call me at my home. My home phone number is: _____

____ My therapist may call me on my cell phone. My cell phone number is: _____

____ My therapist may call me at work. My work phone number is: _____

____ My therapist may send mail to me at my home address.

____ My therapist may send mail to me at my work address.

____ My therapist may communicate with me via texting. My cell phone number is: _____

(NOTE: Texting may not be HIPAA protected)

____ My therapist may communicate with me by email. My email address is: _____

(NOTE: Emailing may not be HIPAA protected)

____ My therapist may send a fax to me. My fax number is: _____

Termination of Therapy

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. I reserve the right to terminate therapy at my 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, Patient needs are outside of Therapist's scope of competence or practice, or Patient is not making adequate progress in therapy. You have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will generally recommend that you participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another therapist by offering you referrals.

Acknowledgement

By signing below, you acknowledge that you have reviewed and fully understand the terms and conditions of this Agreement. You have discussed such terms and conditions with me, and have had any questions with regard to its terms and conditions answered to your satisfaction. You agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with me. Moreover, you agrees to hold me 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.

Patient Name (please print)

Signature of Patient (or authorized representative)

Date

I understand that I am financially responsible to Therapist for all charges, including unpaid charges by my insurance company or any other third-party payor.

Name of Responsible Party (Please print)

Signature of Responsible Party

Date