

Maya Lane, MFT

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Confidentiality

The **information discussed** during your therapy session is **confidential**. **Exceptions** to this rule include:

- If your therapist learns that a serious threat exists to any person, he/she is required to divulge this information.
- If there is evidence or reasonable suspicion of child or elder abuse or neglect, your therapist is required to divulge this information. .
- If there is a court order for your therapist to appear or produce client records, he/she must comply.

**** There is a 48 hour cancellation policy. If you do not notify Maya Lane of your cancellation with 48 hours of your session you will be charged for your missed appointment. Please initial _____**

Insurance Reimbursements

If you have **“out of network coverage,”** your therapist will provide an invoice with the required information so that you can submit a claim to your insurance company. Your insurance company will then reimburse you directly.

I understand that my therapist will enter progress notes into confidential files. By signing this, I am agreeing to all of the above.

Client's signature _____

Date _____

Client' name (please print) _____

Home address _____

Phone: _____

Email address: _____

Credit Card Information:

CC #: _____

Exp date: _____ 3 digit security: _____

Billing zip code: _____

Authorization to charge session fee to this CC for each session:

(please sign): _____

