

DEEDEE JUST, M.A., M.F.T.

Licensed Marriage & Family Therapist

625 W. Citracado, Ste. 110, Escondido, CA 92025 ■ 760-716-4200 ■ 16935 W. Bernardo Dr., Ste.110, San Diego, CA 92127

PROFESSIONAL SERVICE AGREEMENT

Confidentiality

All information disclosed within sessions is **confidential** and may not be revealed to anyone without written permission from you except where disclosure is required by law. Disclosure may be required in the following circumstances: 1) where there is a reasonable suspicion of **child or elder abuse**, 2) where there is a reasonable suspicion that the client presents **a danger of violence to others**, 3) **or where the client is likely to harm him/herself** unless protective measures are taken. Also, the law requires that I keep written records of therapy sessions. 4) These records may be **subpoenaed** under certain conditions, and I may be obligated to surrender them.

If you participate in marital or family therapy, the information disclosed within sessions is confidential and may not be revealed to anyone without written permission from all persons who participate in that therapy. However, *I utilize a “no secrets” policy when conducting family or marital/couples therapy. This means that the therapist is allowed to use information disclosed to the therapist by an individual when working with other members of the family. Please be sure to ask about this “no secrets” policy if it concerns you.*

Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, as your therapist, in the exercise of my professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

Financial Terms

Your fee is \$120.00 per fifty-minute session, unless otherwise negotiated. Telephone calls in excess of 10 minutes will be charged in half-hour increments. Payment is due at the time of service.

I do not accept insurance reimbursement for my fee. This decision was made to insure that each client has full confidentiality and autonomy over his/her course of treatment. However, I will supply you with a “superbill” at each session which you can send to your insurance company for reimbursement. I encourage you to contact your insurance company and inquire how they reimburse for out-of-network mental health care. I cannot guarantee reimbursement by your insurance company.

Appointments

A consultation “hour” is 50 minutes. A scheduled appointment means that time is reserved only for you. Please give at least 24 hours notice, I full day, if you must cancel an appointment. With the exception of an emergency, you will be charged in full for missed or cancelled appointments with less than **24 hours notice**. Excessive missed appointments will create a reassessment of whether therapy is right for you at this time.

