

## ***Policies and Agreement***

### **Ethics and Confidentiality**

1. I am licensed in California as a Marriage and Family Therapist (MFC20244). I am also a Clinical Member of the American Association for Marriage and Family Therapy (AAMFT) and follow the ethical principles established by AAMFT.
2. The law, as well as the ethical code of Marriage and Family Therapists, provides for the confidentiality of information you disclose to me. You are entitled to privacy. The following exceptions to this principle are mandated by law: when there is evidence of child or elder abuse or neglect; when there is reasonable belief that you are a danger to yourself or to others; when you request and provide in writing permission to disclose information. There are other rare circumstances in which a judge might order a therapist to provide information to a court. If there is ever a need for me to share confidential information with another person, I will ask you to sign a consent form giving me permission to do so.

In addition to keeping a written record of therapy sessions, I sometimes videotape couples and families to help them improve communication skills. At any time during videotaping, you may ask for the taping to stop or for the tape to be erased.

I strongly believe in the principle of confidentiality and will do everything I am legally and ethically able to do to preserve your right to privacy. I do not participate in managed care plans that require me to provide excessive information about my clients, and may reduce my fees for clients who prefer to pay me directly rather than use their insurance benefits. If you do request me to provide statements to obtain insurance reimbursement, I must provide an individual diagnosis of a qualifying mental disorder. In most cases, this diagnosis as well as other limited information will be recorded on a form which you may submit to your insurer for reimbursement.

### **Appointments and Fees**

1. You may leave a voicemail message any time at 858-755-3519. I return phone calls weekdays between 8 AM and 9 PM, generally within a few hours; if I receive a voicemail marked *urgent*, I will call back as soon as I receive it, regardless of day or time. You may also contact me by email sent to [meineke@centerformarriage.com](mailto:meineke@centerformarriage.com). I check for email regularly.
2. Therapy sessions are usually either 90 minutes or 50 minutes. If your session begins to go overtime, you may assume that the additional time is being offered to you at no charge. You will only be charged for additional time if you have agreed to an extended session in advance.
3. When you make an appointment, you are asking me to hold a specific time for you during my work day; and you are agreeing to pay a professional fee for that time. This charge will be waived if you are too ill to attend your scheduled session. All other cancellations require 24 hours notice, which provides an opportunity to schedule someone else into the time slot which was being held for you. If you give less than 24 hours notice or do not show up for your appointment, you will still be expected to pay for your scheduled session. If submitting insurance claims, please be aware that most companies will not reimburse you for the expense of a missed appointment. I send discreet email reminder notices one day in advance of appointments. Please let me know if you do not want to receive these notices.
4. You may pay for my services with cash or personal check. In most cases, payment in full is expected at the time the service is provided. I prefer to collect fees and handle any other business *before* our session begins; this allows the rest of our time together to proceed without interruption.
5. My usual and customary fee is \$225 for 90 minutes or \$125 for 50 minutes (a therapy hour). I do not bill for telephone consultations less than ten minutes, but extended telephone consultations are billed at my customary therapy rate. It is your responsibility to keep your account current with this office.

***I have read and understand the above policies, and received a copy.***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date