

JUDI ADDELSTON, PH.D., LMFT

1928 Proctor Ave. Orlando, Fl. 32817

(407) 492-3348

Declaration of Understanding

Conditions of Practice

It is the client's responsibility to inform the therapist with a minimum of 24 hours' notice if a session is to be cancelled. If the client fails to make the appointment and has not given appropriate notice regular fees will be charged.

Clients contacting the therapist more than 20 minutes after the session was scheduled to begin may consider the session cancelled and are responsible for payment.

It is the responsibility of the client to contact the therapist at the commencement of each session. Payment for each session is required in advance.

Limits of Confidentiality and Duty to Warn

All communications in therapy are confidential and privileged. With the following exceptions it is a violation the Code of Ethics of the American Association of Marriage and Family Therapists to breach confidentiality under any circumstances.

Exceptions:

1. The requirement to report incidences of child or elder abuse being perpetrated
2. The requirement to comply with a court ordered subpoena
3. The requirement to prevent harm to the clients themselves or to someone else, should such plans be disclosed.
4. If the client provides a written release of information for other health care providers.

Declaration of Understanding

I acknowledge that I have read and understand the above and any questions pertaining to the above have been answered by Judi Addelston, Ph.D., LMFT. I agree to abide by the conditions outlined above.

Please check the box below if you agree to the above statement

I Agree

Please enter your full name

Date of Birth