Marie T. Rogers, Ph.D., PA

Licensed Psychologist

Pompano Medical & Professional Center
50 NE 26th Avenue, Suite 400
Pompano Beach, Florida 33062

Adult Agreement for Psychological Services

I, _____ consent to receive the following services/procedures/treatments/assessments:

Psychotherapy/Counseling ___ Testing/Assessment/Evaluation ___ Group: ____
Other: _____

I have been informed of my confidentiality and any limits to confidentiality. I have had the chance to read and review The Health Insurance Portability and Accountability Act (HIPAA) and Office Policies & General Information. I understand that Dr. Rogers shares office space with other health professionals; each of whom conducts his/her practice independently. I understand that they do not share patient information, and that my records are maintained separately and no member of this group has access to this information, without my signed release.

This agreement demonstrates my commitment and responsibility to pay Dr. Rogers for services rendered, understanding that she is not a provider on my insurance (or any insurance) plan. As such, tasks involving obtaining authorization for visits or completing insurance paperwork are not customarily provided by an out-of-network provider. If I choose to submit her invoices, then I understand it is customary for my insurance plan to require a diagnosis. I agree to pay $375. for the initial intake and $60./quarter hour for psychological services thereafter. (For example, for a standard 45-minute session, the fee is $180.00.) Group therapy rate is $725. for the 10-week program and includes the journal workbook. (Each group session is 1 hour and group is limited to 5 individuals.) An exception to this payment fee schedule includes psychological evaluation/testing (in which the fee for the entire service has been discussed and agreed upon) or other requested/performed psychological services that do not adhere to the traditional payment structure outlined above. Payment is required at the time services are rendered. I understand that I will be charged for any written correspondence that may be requested, telephone calls lasting more than 10 minutes, and for appointments not canceled within a 24-hour period.

Psychological Testing/Evaluation: If you are scheduled for psychological testing/evaluation, then please read the following: All assessments will be administered by this psychologist. A report or reports concerning the psychologist's findings will be available within 6 weeks of the feedback session, unless an alternate arrangement has been made; i.e., Dr. Rogers is waiting for additional information before finalizing the written report. The fee for the evaluation (which includes the assessment, interpretation of results, written report and feedback session) is $4200.00 + the intake fee of $375.00 = $4575.00 and is to be paid in full at the start of or before testing.

My signature below means that I understand and agree with all the points above.

_____ _____
Signature Date

I, the psychologist, have discussed the issues above and my observations of this person's behavior and response give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to his/her treatment.

_____
Marie T. Rogers, Ph.D.
Licensed Psychologist PY6312

Telephone: 954/290-0378 E-Mail: info@drmarierogers.com Web: www.drmarierogers.com