

Marie T. Rogers, Ph.D., PA

Licensed Psychologist

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

Agreement for Psychological Services with a Minor

I, _____ give my permission for this
Parent/legal guardian

minor _____ to receive psychological services from Marie T. Rogers, Ph.D. I understand that this agreement will become part of my child's record. 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 child's 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.) 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 your child is undergoing Gifted and/or a comprehensive psychological or psychoeducational 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 a Gifted assessment is \$550. and for a comprehensive psychological and/or psychoeducational 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.

Various Assessment Services (include but are not limited to):

- Determining suitability of Academically Gifted Program
- Academic Testing (to identify a Learning Disorder)
- Diagnostic Testing (to identify ADHD, ASD, Anxiety and/or Mood Disorders, Developmental Disorders, etc.)
- Measuring Behavioral, Socio-Emotional and/or Personality Functioning
- Measuring Executive Functioning and/or neuropsychological Functioning

I understand and agree to the term as described on this consent form. I acknowledge that I have legal authorization to consent to these services on behalf of my minor child, and that no other additional consent is required. If additional consent is required, please insert name, relationship to child & contact information:

I also understand that it is my responsibility to inform Dr. Rogers two weeks before the start of services if additional consent is required for this child to receive psychological services, so that she may have the opportunity to obtain consent from the person identified above.

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

Signature of Parent/Guardian

Date

I, the psychologist, have discussed the issues above with the minor patient's parent or guardian. 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 this minor patient's treatment.

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

*This is a strictly confidential patient medical record.
Redisclosure or transfer is expressly prohibited by law.*