

Marie T. Rogers, Ph.D., PA

Licensed Psychologist

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Agreement for Psychological Services with a Minor

I, _____, the parent/legal guardian of the minor, _____, give my permission for this 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. The Health Insurance Portability and Accountability Act (HIPAA) and the Patriot Act have been explained to me and I was given the opportunity to sign the HIPAA form (which includes the Patriot Act). I acknowledge 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 (without my signed release), and that my child's clinical records are maintained separately and no member of the group has access to this information.

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 such as obtaining authorization for visits and completing insurance paperwork are not customarily provided by an out-of-network provider. If I choose to submit her invoices as an out-of-network provider, then I understand it is customary for my insurance plan to require a diagnosis. I agree to pay \$275.00 for the initial intake and \$55./quarter hour for psychological services thereafter. (For example, for a standard 45-minute session, the fee is \$165.00.) 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 5 minutes, and for appointments not canceled within a 24-hour period or no-shows.

Psychological Testing/Evaluation

If your child is undergoing 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 at or before 6 weeks after the final feedback session unless an alternate arrangement has been made; i.e., the psychologist is waiting for additional information before finalizing a report or cancellations/missed appointments have occurred. The fee for the evaluation (which includes the assessment, interpretation of results, written report, and feedback session to discuss findings) is \$2700. and is to be paid in full at the beginning of testing. This is an addition to the intake/clinical interview fee (discussed earlier) of \$275.

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

- Determining suitability of Academically Gifted Program
This fee is separate from the ones listed above and are dependent on the various assessments required per county.
 - Academic Testing (to identify a Learning Disorder)
 - Diagnostic Testing (to identify ADHD, ASD, Anxiety Disorders, Developmental Disorders, etc.)
 - Measuring Behavioral, Socio-Emotional and/or Personality Functioning
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I understand and agree to the terms, as described in this consent form. I acknowledge that I have legal authorization to consent to these services on behalf of my minor child, and that no additional consent is required. I also understand that it is my responsibility to inform Dr. Rogers two weeks prior to 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 additional consent. My signature below means that I understand and agree with all of 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 responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the 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.*