



ROGERS FAMILY & SELF-CENTERED THERAPIES

"IT'S ALL ABOUT YOU, YOUR SELF & WHY. FROM YOUR POINT OF YOU."

TIMOTHY ROGERS, MA, LMFT

LICENSED PSYCHOTHERAPIST MFC101500

16133 VENTURA BLVD., ENCINO, CA 91436 (424) 239-8495



AGREEMENT FOR SERVICE / INFORMED CONSENT

This Agreement is intended to provide _____ (herein "Client") with important information regarding the practices, policies and procedures of Timothy Rogers, M.A., LMFT MFC#101500 (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Risks and Benefits of Therapy

Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties Client may be experiencing. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. There is no guarantee that therapy will yield any benefits.

Records and Record Keeping

Therapist may take notes during session (and will after each session concludes), and will also produce other notes and records regarding Client's treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any client. Should Client request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under California law, to provide Client with a treatment summary in lieu of actual records. Therapist also reserves the right to

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refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Therapist will maintain Client's records for ten years following termination of therapy. However, after ten years, Client's records will be destroyed in a manner that preserves Client confidentiality.

Confidentiality-Disclosure Statement

All communications between Client and Therapist will be held in strict confidence unless Client provides written permission to release information about Client's treatment or where required or permitted by law. Exceptions to confidentiality, include, but are not limited to, reporting child (under age 18, elder (over age 65) and dependent adult abuse, when a client makes a serious threat of violence toward a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another. If Client participate in marital or family therapy, Therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with Client provide their written authorization to release. (In addition, Therapist will not disclose information communicated privately to him by one family member, to any other family member without written permission).

Therapist relies on contractors and employees for administrative support for scheduling, billing, insurance and other administrative duties ("Admin Personnel"). By signing this form the Client acknowledges and agrees that the Therapist may release information related to the Client to Admin Personnel and to third-parties for the purposes of scheduling, billing, insurance and other administrative duties without liability or limitation.

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Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual, or entity, are parties. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter.

Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made himself available for such an appearance at Therapist's usual and customary hourly rate of \$200 per 50 min individual session, \$250 per couples 90 min session, \$300 per Family (3 or more) 120 min session.

Psychotherapist-Client Privilege

The information disclosed by Client, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege results from the special relationship between Therapist and Client in the eyes of both California and Federal law. It is akin to the attorney-client privilege or the doctor-client privilege. Typically, the client is the holder of the psychotherapist-client privilege. If Therapist received a subpoena for records, deposition, testimony, or testimony in a court of law, Therapist will assert the psychotherapist-client privilege on Client's behalf until instructed, in writing, to do otherwise by Client or Client's representative. Client should be aware that he/she might be waiving the psychotherapist-client privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Client should address any concerns he/she might have regarding the psychotherapist-client privilege with his/her attorney.

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Payment for Services

Client is expected to pay for services at the time of our scheduled session unless we have agreed on other arrangements.

Therapist's fees will be raised on January 1 every year at seven (7%) percent.

Therapist agreed to "round down" to a "whole number." Client will receive verbal and written notice from Therapist at least 30 Days prior to increased rate.

Past due payments -- Payment for services which is past due over 120 days may be subject to collection through the use of a collection agency. However, efforts will be made to make other arrangements with you as needed.

Each scheduled individual therapy session will last one clinical hour or 50 minutes at the rate of \$200. Each scheduled couples therapy session will last 90 minutes at the rate of \$250. Each scheduled Family (3 or more

participants) therapy session will last 120 minutes at \$300. Therapist reserves the right to periodically adjust these fees. Client(s) will be notified of any fee adjustment at least 30 days in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payers, or by agreement with Therapist.

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Acknowledgement By signing below

Client acknowledges that he/she reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client Name (please print) _____

Signature of Client _____

Date _____

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Third Party Payers

I understand that I am financially responsible to Timothy Rogers, MA, LMFT (MFC101500) and/or Rogers Family Therapy for all charges, including unpaid charges by my insurance company or any other third-party payor (only if applicable).

Name of Responsible Party (Please print): _____

Relationship to Client: _____

Signature of Responsible Party _____

Date _____

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