

**LINDA PETERSON ROGERS, Ph.D., R.N., LMFT**  
**Licensed Marriage and Family Therapist**  
**405 North Washington St., Suite 103**  
**Falls Church, VA 22046**  
**703-241-4151**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you may have so that we can discuss them.

**CLIENT CONSENT TO TREATMENT**

The undersigned client consents to undertake mental health treatment (consultation, psychological evaluation or psychotherapy) with Dr. Linda Rogers. Participating in therapy can result in a number of benefits to you, including developing insight, reducing emotional distress, and resolving specific concerns. Benefits may also include increased social skills, increased capacity for intimacy, a decrease in negative thoughts and behaviors, and improved ability to achieve personal goals. Psychotherapy can have risks as well. During the course of therapy, you may experience uncomfortable feelings such as sadness, anxiety, guilt, frustration or helplessness. Your experience in therapy may have unintended consequences. Psychotherapy requires your active participation and openness. You are encouraged to give feedback and input about the course of therapy as it proceeds. While success cannot be guaranteed, therapist and client can join together in good faith to meet the goals of the client.

Over the first several sessions, a specific treatment plan, including goals, techniques, and frequency of visits will be discussed with you. You may ask at any time about alternative treatments and their potential benefits. Occasionally I consult with other professionals regarding the treatment of my clients in order to increase the effectiveness of services. In this case, client names or identifying information are never mentioned in order to protect confidentiality. If at any time I believe I am not able to help you reach your therapeutic goals, I will discuss this with you, and if appropriate, develop a plan for termination and referral to another provider. You have the right to terminate treatment at any time. Therapy never involves social, sexual or business relationships or any dual relationship that may impair the effectiveness of treatment.

**CONFIDENTIALITY**

The client/therapist relationship is held in the strictest confidence, and any information disclosed within this relationship and the written records pertaining to your treatment may not be revealed without your written permission, except where law requires disclosure. Disclosure may be required under the following circumstances: 1) when the therapist has been informed or suspects that child abuse or neglect has occurred; 2) if the therapist believes the client to be in imminent danger of harm to self or others; 3) if the therapist receives a court order or subpoena that is unable to be quashed to testify in court or release documents to court. If the use of a collection agency is required billing information only will be provided. If it is necessary to release information to an insurance company for the purpose of authorizing treatment or processing a claim, the minimum amount of information necessary will be released as permitted by law. The HIPAA Privacy Rule allows for release to insurance carriers of Protected Health Information (PHI), namely treatment dates, modalities, results of tests, diagnoses, symptoms, treatment plan, prognosis, and progress. PHI does not include Psychotherapy Notes, which may include the content of our conversations and therapist analyses of these conversations. These Notes are the possession of the therapist. These are separate notes and cannot be released without your written permission.

## BILLING

Payment is due at the time of service.

Advance notice of at least 48 hours prior to a canceled session is required to avoid a full fee charge for that session. Sessions canceled at the last moment due to illness or emergency will not be charged if the client can make up the missed appointment within 10 days. Report writing, court appearances and telephone sessions are billed unless otherwise agreed. Non-payment may result in fee collection procedures.

According to law, insurance carriers are required to provide coverage for mental health services. You should contact your provider to determine the details of your policy. I am not a preferred provider for any insurance networks, so it is the responsibility of my clients to file treatment claims. The necessary diagnostic procedure and provider codes are included on your invoice and I will be happy to help in any way I can with the insurance filing process.

## PATIENT RIGHTS

HIPAA provides you with the following rights: to request that I amend your record; to restrict what PHI information is disclosed to others; requests of an accounting of disclosures that have not required your consent; determining the location to which PHI is sent; having complaints you may make about my procedures/policies recorded in your record; requests for copies of this notice and the HIPAA notice form. You have a right to review your PHI, except in limited legal and emergency situations, including situations where releasing the information to you might be harmful to you. In such a case, I may provide records to an appropriate mental health professional of your choice to review with you.

## EMERGENCY PROCEDURES

I check my voicemail messages (703-241-4151) regularly Monday through Friday and return calls as soon as I can. In the case of an emergency, you should call 911, or go to your local hospital emergency room and ask for the psychiatrist on call.

YOU CAN DISCUSS ANY OF THE ABOVE POLICIES WITH ME AT ANY TIME.

## ACKNOWLEDGEMENT:

I have received a copy of Linda Rogers' Consent to Treatment Notice, and I have read and understood it. I consent to treatment with Dr. Rogers.

\_\_\_\_\_ Date: \_\_\_\_\_

I have received a copy of the HIPAA Notice of Privacy Practice.

\_\_\_\_\_ Date: \_\_\_\_\_