



Lauren Radtke-Rounds, Ph.D. PLLC

Licensed Psychologist

248-962-5064

CONSENT FOR TREATMENT

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I acknowledge that I have received, have read (or have had read to me), and understand the “Practice Polices” handout as well as the HIPPA forms. I have had all my questions fully answered to my satisfaction.

I do seek and consent to take part in the treatment provided by Lauren Radtke-Rounds, Ph.D. I understand that developing a treatment plan and regularly reviewing our work toward meeting the treatment goals are in my best interest and will be completed collaboratively with her guidance and my input. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or any procedures provided by this therapist. I am aware that I may stop my treatment with this therapist at any time. The only thing I will be responsible for is paying for the services I have already received. I understand that I may lose other services or have to deal with other problems if I stop treatment (for example, if my treatment is court-ordered, I will have to answer to the court).

I am aware that Dr. Radtke-Rounds maintains a **fee for service practice**. This means that I must pay for services out of pocket and that I am responsible for all payments. If Dr. Radtke-Rounds provides me with information to facilitate reimbursement by third party payers, I understand that she will need to release some protected health information to facilitate this. I understand that Dr. Radtke-Rounds does not submit bills to insurance companies; if I want reimbursement, I will be responsible for seeking my own reimbursement.

This agreement shows my commitment to pay for this therapist’s services. The prices for services include the following:

- Initial Clinical Interview (60 minute initial intake session): \$200
 - Individual, Marital, and Family Therapy (per 50 minute session): \$150
 - Psychological evaluation: \$2000
 - Per hour— Psychological evaluation rate: \$200 / hr
 - Home & school visits, drive time, report writing and extensive coordination of care contacts are billed in 15 minute increments at \$40 per increment.
- **No insurance accepted.**

I know that I must call to cancel an appointment at least **24 hours** (1 day) before the time of the appointment (unless illness or emergency). If I do not cancel at least 24 hours in advanced and do not show up, I will be charged for that appointment. I agree to pay for appointments or those where I fail to give enough notice that I will not attend. I am aware that Dr. Radtke-Rounds does not accept insurance and that it will be my responsibility to seek reimbursement from my insurer if I so desire.

During the process of treatment, I understand that at times I may feel an increase of distress. I will discuss this with Dr. Radtke-Rounds so that she may facilitate my growth. I understand that my sessions will be kept confidential. Exceptions to confidentiality include should I be at risk to harm myself or another person and in cases of suspected child or elder abuse or neglect. I agree to disclose thoughts of hurting myself or others to Dr. Radtke-Rounds and to work with her to develop and implement a plan for my safety. Dr. Radtke-Rounds is legally and ethically obligated to breach confidentiality if I am at serious risk or harming myself or another person.

My signature below shows that I understand and agree with all these statements.

Signature: _____

Date: _____

Printed Name: _____