

The Rose Relationship Learning Center, LLC
1205 Highway 35
Ocean, NJ 07712
732-517-1177
www.staceyrose.com

Welcome to my practice and to the world of psychotherapy. Congratulations of the decision you have made to make some changes in your life. It often takes courage to begin to do things differently in life, so you must be ready. Even if you are not ready, but just here to explore the possibilities of how your relationships can improve and you can begin to feel better, that too is a big step. Please feel free to let me know how I can help make this journey as smooth as possible. Do not hesitate to ask me any questions you may have.

Appointments

When we schedule an appointment, I reserve that time for you. If you need to cancel an appointment, please give **24 hours advance notice to avoid being billed for the time**. When I give you a time slot, that time is not available to anyone else, so I am counting on you being here. If an emergency should occur and you cannot make it, please call me as soon as you can. You can also e-mail me if need be at stacey@staceyrose.com. Insurance companies do not often pay for missed sessions, so if you do miss a session, that will come out of your pocket. To avoid any of this, again please give at least **24 hours notice** so I do not have to bill you.

Financial Agreement

Initial Evaluation (60 minutes)	\$200
Individual Session (50 minutes)	\$175
EMDR session (90 minutes)	\$260
Beginner Marital Boot Camp (2 hour session)	\$350
Intermediate Marital Boot Camp (3 hour session)	\$525
Advance Marital Boot Camp (6 hour day with lunch)	\$1,100
Letter Preparation	\$100
Phone Sessions are the same price as the hourly rates	

Terms and Conditions

- ❖ All payments are due at the time of each session unless other arrangements are made in advance.
- ❖ A \$10 surcharge will be added to fee if payment is not made when services are rendered.
- ❖ I understand that it is my own responsibility to be aware of my insurance benefits (e.g., max benefits per year, deductible).
- ❖ I understand and agree that Stacey Rose, LCSW, is an "Out of Network" provider and I am responsible for submitting claims to my insurance company for reimbursement. Stacey Rose, LCSW will provide you with a receipt at the conclusion of the session.
- ❖ There will be a \$25 service charge for all returned checks.

Your Thoughts

Please let me know how you feel your therapy is proceeding. If you feel you are making progress toward your goal(s), let me know. If you feel you are not making progress, let me know that too so we can explore what obstacles might be in the way and how to remove them. If you decide you want to stop therapy, I respect your decision. I do ask, however, that you let me know so we can discuss why you are stopping and if there is a more effective service that I can refer you to, I will be happy to do so. I look forward to working with you.

Sincerely,
Stacey Rose, PhD, LCSW

Please sign that you have read the above, received the privacy consent form, and agree to the conditions stated in this letter.

X _____