

The Rose Relationship Learning Center
1405 Hwy. 35 Suite 206
Ocean, NJ 07712
staceyrose.com
732-517-1177

Welcome to my practice and to the beginning of a new journey toward creating the relationships and life that you want. I look forward to working with you so you feel inspired to live to your fullest potential.

Appointments

When we schedule an appointment, that time is reserved specifically for you. If you need to cancel an appointment, please provide 24 hour notice to avoid being billed for that time. You can email, call or text if you need to cancel or change the time of your appointment. When you get a time slot, that time is not available for anyone else, so I am counting on you to arrive at that time. If an emergency should occur, please call as soon as possible. All sessions are completely confidential as per Ethical Guidelines and HIPAA Laws for Privacy Protection. The only times confidentiality would ever be broken is if suicidal or homicidal plans or intentions are in place.

Financial Agreement

Initial Evaluation (90 Minutes)	\$300
Initial Evaluation (60 Minutes)	200
Individual Session (50-60 Minutes)	200
EMDR Session (90 Minutes)	300
Marital Boot Camp (2 Hours)	450
Basic Letter Preparation	150
Phone sessions are same as hourly fees	
Group Therapy (1 ½ hours)	75

Terms & Conditions

- *All payments are due at the time of the service.** If you choose to keep your credit card on file, I will charge your card for each session without taking time away from the session to process payment.
- *There is a \$45 fee for all returned checks.**
- *The Rose Relationship Learning Center, LLC is an “Out of Network Provider” and it is your responsibility to submit claims (if you choose) to your insurance company. A receipt will be provided at your request at the time of each session with the necessary codes.**

Social Media and Communication Policy

- *Texting and emails are used for scheduling appointments only. They are not guaranteed to be private or secure; therefore, they are not acceptable means to share your personal information.**
- *Friending on facebook may expose the client/therapist relationship so as a result, I will not be able to accept friend requests.**

Thank you for taking the time to read my policies. Please sign below to acknowledge receipt of the policies and your agreement to such.

X _____