

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)	\$350
Initial Evaluation (60 Minutes)	\$225
Individual Session (50-60 Minutes)	\$200
EDMR Session (90 Minutes)	\$300
Marital Boot Camp (2 Hours)	\$450
Basic Letter Preparation	\$150
Phone sessions are same as hourly fees	
Group Therapy (1 1/2 hours)	\$75
Relationship Coaching Packages ( <i>Inquire for more information</i> )	

### 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 \_\_\_\_\_

**Confidential Client Information Sheet**

**Patient Information**

Name: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Would you like to receive our e-newsletter? \_\_\_\_ Y \_\_\_\_ N

Would you like to be contacted by Stacey Rose to be informed about upcoming events and/or relationship tips?  
\_\_\_\_ Y \_\_\_\_ N

Who referred you to this office? \_\_\_\_\_ May I send a thank you note? \_\_\_\_\_

**Personal Information**

Are you Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Engaged \_\_\_\_\_ Widowed \_\_\_\_\_ Gay \_\_\_\_\_

If you answered yes to married, divorced, separated or engaged, for how long? \_\_\_\_\_

Do you have children? \_\_\_\_\_ If yes, how many and what ages? \_\_\_\_\_

Are you employed? \_\_\_\_\_ What is your occupation? \_\_\_\_\_

Do you enjoy your work? \_\_\_\_\_ If not, please explain \_\_\_\_\_

Are your parents living or deceased? \_\_\_\_\_ If deceased, when and cause of death  
\_\_\_\_\_

Do you have siblings? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Name and ages of siblings  
\_\_\_\_\_

Do you have a relationship with siblings? \_\_\_\_\_ If not, why?  
\_\_\_\_\_

Is there any addiction in your background? \_\_\_\_\_ If so, please specify what drug, including alcohol, and who had or has  
the addiction \_\_\_\_\_

Do you drink or use drugs? \_\_\_\_\_ If so, which ones and how often? \_\_\_\_\_

Do you gamble? \_\_\_\_\_ If so, how so and how often? \_\_\_\_\_

Have you ever been hospitalized for psychiatric reasons or ever in a rehab facility? \_\_\_\_\_  
If so, when and where? \_\_\_\_\_ For what reason?  
\_\_\_\_\_

Have you ever been in therapy before? \_\_\_\_ If so, when and with whom? \_\_\_\_\_  
Was it helpful? \_\_\_\_ Why or why not?  
\_\_\_\_\_

Why are you here today?

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What do you hope to get out of this therapy experience?

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I agree to pay Stacey Rose, PhD, LCSW of the Rose Relationship Learning Center, LLC. of Ocean the fee of \$\_\_\_\_\_ for the initial appointment and \$\_\_\_\_\_ for appointments following unless other arrangements have been made. I am aware that if I need to cancel an appointment, 24 hours notice is required or I will be charged for the time that I reserved with Stacey Rose.

I agree with the above and have read the welcome letter and agree to all policies stated within it

X \_\_\_\_\_ Date \_\_\_\_\_

**I look forward to working with you and helping you get more of what you want from your relationships and your life.**