

Richard W. Rodgers, Ed.D., ABPP
Licensed Psychologist

ACKNOWLEDGEMENT FORM

Please initial each item to indicate your acknowledgement of the statement, then sign and date at the bottom.

_____ I have read the **PSYCHOLOGIST-PATIENT SERVICE AGREEMENT** and agree to abide by its terms during our professional relationship.

_____ I have received the **HIPAA NOTICE** form.

_____ I have read and understood the **BILLING AND COLLECTION POLICIES** and I agree to abide by its terms. I understand that even if I have insurance and Richard W. Rodgers, Ed.D., ABPP assists me in collecting from my insurance company, responsibility for my account remains my own.

_____ I have been informed of the cancellation/missed session policy requiring 24-hours notice to avoid being charged.

_____ I further authorize and request that Richard W. Rodgers, Ed.D., ABPP carry out mental health examinations, treatments, and/or diagnostic procedures, which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me upon request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

Signature of patient

Date

Richard W. Rodgers, Ed.D., LP
Board Certified Clinical Psychologist

Date