

# Marianne Rogers, LCSW, LCAS

## Professional Disclosure Statement

**Welcome to my practice!** The following information is intended to provide you with information about my professional background and ensure your understanding of the therapeutic relationship and process as required by North Carolina Statute 90-343.

I have been a NC Licensed Clinical Social Worker since 2003 and a Licensed Clinical Addictions Specialist since 2004. I graduated with a Masters in Social Work from UNC-Chapel Hill in 2001.

My areas of expertise include helping clients understand, learn from, manage and integrate mood disorders, anxiety, issues related to self-esteem, life transitions, relationships and spiritual crises. I have particular expertise treating acute and chronic problems related to current or past substance abuse as well as related family issues.

I take a strength-based approach and utilize numerous modalities including Internal Family Systems, Motivational Interviewing, Cognitive Behavioral Treatment and DARE- (Dynamic Attachment RE-patterning experience) which utilizes attachment styles and somatic processing in a body-based approach. When appropriate I integrate 12 step recovery work or other addiction recovery approaches. **Therapy is a uniquely individualized process and together we will determine the process best for you.** We will work together to define your goals and periodically evaluate our progress. There are benefits and risks to therapy. Possible risks include feelings of sadness, anger, anxiety and difficulties with others which are often related to the process of change. Unless serviced with a subpoena I will not appear in court.

**Individual sessions run 50-55 minutes at a rate of \$135.** In some situations, a sliding scale fee may be offered. Fees for emails, phone consultations, letters etc will be billed at \$135 per hour. These fees are your responsibility and are not reimbursable by insurance companies. Payment by cash, check, credit card or electronic transaction is due at the conclusion of each session unless other arrangements have been agreed upon. **If you are unable to keep an appointment 24 hours' notice is required to avoid a charge for your scheduled session.** I do not charge for the first missed appointment and all subsequent missed appointments will be charged at the agreed upon full rate. Full payment, including any co-pay, co-insurance will be due prior to or at time of your next appointment or within 14 days. At your request I will provide a receipt for all paid fees.

For non-emergencies after business hours, you may leave me a message and I will return your call within 48 hours. In case of an emergency please contact your doctor, call 911 or go to your nearest hospital emergency room.

While you are responsible for paying for your sessions, I will file for payment from some insurance companies. If you wish to seek reimbursement for my services independently, I will complete the relate forms you provide. Please remember that you, not your insurance company are responsible for paying the fees agreed upon. If we are not able to agree on payment on an outstanding balance I will, as a last resort, secure the services of an outside agency to collect an unpaid balance. Fees and/or charges for this outside service will be charged directly to you.

Most insurance companies require that I provide a mental health diagnosis for reimbursement purposes. Please feel free to ask about this and I will provide said diagnosis. This information may[] become part of your permanent health record. By providing your insurance information you are consenting to communication between myself and your insurance company for the sole purpose of authorizing benefits and expediting claims.

**Your full confidentiality is protected by law** except in cases where I have knowledge of your intent to harm yourself or others or to commit child or elder abuse. No identifying information about you will be shared with anyone without your written consent except in rare instances where a judge may order a release of privileged information. A complete account of your privacy rights and details as to how information about you may be used and disclosed is detailed in my Notice of Privacy Practices document.

Our relationship is strictly professional and I am required by my licensing boards to maintain this boundary. Should your goals necessitate skills outside of my areas of expertise I will refer you to another provider. You may terminate our relationship at any time.

If you are dissatisfied with any aspect of our work together, please inform me immediately. If you feel that you have been treated unfairly or unethically by me or any other therapist and cannot resolve this problem with me you can contact the North Carolina Social Work Certification and Licensure Board at 800-550-7009 or the North Carolina Addictions Specialist Professional Practice Board at 919-832-0975 for a clarification of client's rights or to lodge a complaint.

Authorization, Consent for Treatment and Benefits Assignment

I hereby grant my authorization and consent to the treatment and procedures Marianne Rogers LCSW, LCAS deems appropriate and certify that no guarantee or assurance has been made as to the results that may be obtained. I have read and accepted all of the above terms and conditions. I have been provided with a copy of the Notice of Privacy and Practices Act effective April 14, 2003. I authorize payment directly to the billing office of this provider for the medical benefits, if any, otherwise payable to this provider for services.

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_