



**SUCCEEDS ADHD Program**  
Students Understanding College Choices:  
Encouraging and Executing Decisions for Success

Department of Psychology  
University of Maryland  
College Park, Maryland 20742

**Financial Agreement**

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the SUCCEEDS  
(*Students Understanding College Choices: Encouraging and Executing Decisions for Success*) Clinic  
at the University of Maryland, College Park, an agency and instrumentality of the State of Maryland  
(hereinafter referred to as “SUCCEEDS”) and

\_\_\_\_\_ (hereinafter referred to as “Student”) or  
\_\_\_\_\_ (hereinafter referred to as “Parent,” if  
applicable, i.e., the Student is under 18 years old).

It is agreed that the Student (or Parent) contracts for SUCCEEDS Clinic services on the terms and  
conditions set forth below.

**Student Name:** \_\_\_\_\_

**Term of Contract:**

**Total Tuition Due for Contracted Period:** \$2,000

The Semester fee for SUCCEEDS services will be billed to my student account. My student UID  
number is: \_\_\_\_\_.

**Payment must be made before the initiation of services.**

1. Student contracts for the weekly 60-minute group session with a licensed clinical psychologist and  
60-minutes of individual services with a SUCCEEDS Coach. As compensation for such services,  
Student shall pay the University of Maryland the total fees for the agreed upon term. The Student’s  
failure to attend SUCCEEDS Clinic sessions during the agreed upon hours and/or dates reserved  
shall not relieve the student’s promise to pay the total fees due.

2. The student may be removed from the SUCCEEDS Clinic if staff determine that continued participation is not in the best interest of the Student in SUCCEEDS.
3. Student (and Parent, if applicable) shall be subject to all applicable University of Maryland and SUCCEEDS policies, procedures, rules, and regulations. Such policies, procedures, rules, and regulations may be amended from time to time and shall apply as amended.
4. The SUCCEEDS Clinic does not take insurance. We can give you documentation of services provided if you want to submit a claim to your insurance company. Some plans require prior authorization for mental health services, and will only cover a limited number of sessions. If you plan to submit a claim with your insurance company, we recommend that you call your plan administrator to answer your questions. You (not your insurance company) are responsible for payment of SUCCEEDS fees.
5. The laws of the State of Maryland, without reference to its conflicts of laws principles, shall govern all rights, obligations, remedies, and liabilities arising pursuant to this Agreement.
6. The following forms must also be signed by the Student and Parent before a baseline assessment can be scheduled.
  - a. Consent for treatment form
  - b. Release of information authorization forms (update as needed)
  - c. Emergency Contact Form
  - d. Assessment Battery (Self- and Parent- Report)

Student Signature	Date	Student Printed Name
Parent Signature	Date	Parent Printed Name
Staff Signature	Date	Staff Printed Name