

Christine L. Hook, Ph.D.
Licensed Psychologist
Hook Psychological Services, PLLC

Consent for Psychological Services

<u>Client Information</u>	
Full Name:	
Date of Birth:	Age:
Parents (with legal custody):	
Address:	
Home Phone:	Mobile Phone:
Email Address:	
Who referred you to Dr. Hook?	

Welcome to my practice! I am happy you have entrusted me to help you with your concerns. This agreement contains information about professional services and business policies. This document was prepared so that misunderstandings may be avoided regarding the business policies of Hook Psychological Services, PLLC. It is asked that you review and sign this document before coming to the first appointment. Please read carefully, and sign and date the last page. Taking care of the business policies ahead of time allows us to focus on you when you come to the first appointment.

Relationship Between Hook Psychological Services, PLLC and Potentials, LLC:

Potentials, LLC, is a collaborative of two independent practices; Shelley Chambers, LCSW, PC and Hook Psychological Services, PLLC. We also have other providers in our office. To provide you with the best care possible, we consult with one another when clinically advisable, with your permission. If your provider is out of town or for some reason unavailable, it is important that the partner clinicians of Potentials, LLC have access to relevant information to provide the best possible care to you and/or your family.

Psychological Assessment

I (Dr. Hook) specialize in psychological, psycho-educational, and school-focused neuropsychological assessment for children and adolescents. (I can also see adults for more targeted assessment of attention, learning, executive functioning, or cognitive functioning.) The goal is to provide high quality, comprehensive evaluations that provide useful information that will inform decisions about treatment. I have over 20 years of experience evaluating children, adolescents, and adults, and conduct all of my own testing. Psychometrists or testing technicians are not used to complete testing. I am a licensed psychologist and a Nationally Certified School Psychologist (NCSP). I also have extra training in school neuropsychology and am a diplomate of the American Board of School Neuropsychology (ABSNP).

The following questions and answers address common issues that arise during this process:

The Testing Process and Timeline:

Our time together can be broken down into three parts:

(1) Intake appointment:

At your initial appointment (usually one hour), we will meet to discuss history, symptoms, current concerns, and to determine the focus of the evaluation. Please bring any information you have such as prior evaluations, work samples, or school data. **This meeting is with parents/ guardians, and minor children typically do not attend.**

At the end of the intake appointment, an evaluation plan will be developed and costs will be reviewed.

(2) Testing appointment(s):

Individualized, one on one testing is usually scheduled over one to two days (more if needed). We do not employ testing technicians or paraprofessionals, as many other practices do; all testing is with me. Evaluations are individually tailored to answer the questions in your particular situation.

As an example, a full psycho-educational assessment involves a review of history, past documents/ assessments, work samples, and the intake paperwork and behavior assessment forms, face-to-face assessment procedures, scoring and interpreting test results, the preparation of a written report (usually 8-15 pages), and a follow-up meeting to review findings and recommendations. I may also speak with your child's teacher(s) to discuss their impressions. (Should you choose to have your child tested without the school's knowledge, I will respect that decision.) The face-to face evaluation may take from two to six hours. Test interpretation often takes as many hours to complete as the time spent face-to-face with the client. Evaluations can be as short as two hours or as long as 14 hours depending on the referral concern and the questions we are trying to answer.

(3) Feedback Session:

A feedback session is completed about two weeks after the last testing appointment. We will meet to discuss the test results, provide diagnostic impressions, and provide recommendations to support your child's learning and overall well-being. You will receive a detailed report that you may choose to share with the school, pediatricians and other treatment providers. I am experienced and knowledgeable about the special education process in public schools, as well as the process of requesting accommodations in private schools and on standardized tests. However, please also understand that while your child's evaluation will include recommendations to you as a parent, and to your child's school as educators, the school is not bound by the recommendations made. I will be available to you as a resource, and will make every attempt to communicate the results to the school in a collaborative, responsible and professional manner.

Payment and Billing:

Can I use my insurance to pay for testing?

As of January 1, 2020, Dr. Hook is no longer an in-network provider for any insurance plans, but is considered an "out of network provider" for most plans.

There are three main reasons for this decision:

(1) Insurance companies only pay for psychological assessments that are "medically necessary," which means that a mental health disorder needs to be diagnosed, and a mental health diagnostic code provided to your insurance company, in order for the testing to be covered. Often, testing hours allowed for ADHD and/ or educational assessments are restricted.

(2) Because much of the testing is psycho-educational in nature, insurance companies often don't provide coverage for the educational aspect of testing (i.e., testing for dyslexia and other learning disabilities), as they believe it is a school's responsibility. Therefore, an insurance model is not effective for investigating learning or attention problems.

(3) I take pride in having a comprehensive battery of up to date assessment instruments, and am constantly researching and adding to the repertoire of testing materials. With insurance reimbursement rates generally on the decline in recent years, this makes it difficult to provide up to date assessments and complete the continuing education that is required.

The bottom line is that an insurance company often does not have the same goal that I have - of providing in-depth, quality assessments of school aged children, adolescents, and adults, by tailoring the assessment to answer specific referral questions, using the most up to date, evidence based instruments.

How do I use out of network benefits?

You can use your insurance benefits if your plan provides coverage for out-of-network mental health providers. If you would like to use your mental health benefits, call the 1-800 number on the back of your insurance card

to obtain your benefit information. Ask your insurance representative if psychological testing is covered by your plan. At a minimum, the intake appointment is often covered by most insurance plans.

If you have insurance and would like to submit your expenses for reimbursement, we can provide you with a detailed receipt (called a “Superbill”) at the end of the testing process, which includes all the information needed to submit claims to an insurance company. We can answer your questions about the process, but **cannot** follow up on any disputed claims. Even when using out of network benefits, many insurance plans will still reimburse for testing services; in addition, some plans reimburse the same amount whether you use someone on their panel or not, thus it may not cost you more to go out-of-network, or the difference may be quite minor. If you want to know exact information regarding benefits, it is always best to call your insurance company.

Asking the following questions will help you understand your coverage:

1. Do I have mental health benefits for outpatient mental health visits, specifically psychological testing?
2. What is my deductible and has it been met?
3. What are the limits of my coverage with an out-of-network provider?
4. How much will I be reimbursed for each individual unit of testing (CPT codes 96136, 96137, 96132, 96133) with an out-of-network provider? How much will I be reimbursed for the intake session (CPT code 90791)?
5. If they say they cover a percentage of the “usual and customary rate,” ask what their usual and customary rate is for a session with a psychologist. This will be a dollar amount.

You may, of course, also choose not to turn in your receipts for reimbursement, and simply utilize psychological services without informing your insurance company. We realize that some people prefer to bypass their insurance plans altogether because of constraints related to choice of psychologist, number of sessions, treatment autonomy or concerns about confidentiality.

What are your fees?

I work on a fee for service basis, and for most testing services, my rate is \$140/ hour. An intake session is \$150 total. Payment is expected at the time of service, and I accept cash, check, or credit card (Visa and MasterCard). **Payment for services is due in full on the date services are rendered.**

For transparency purposes, and so you have a more accurate estimate of the cost of testing services, please see our list of testing “packages,” which provides overall costs for many different types of evaluations. This is a separate document that is provided on our website, or can be provided if you call our office.

If you do not choose one of the testing packages, the following table summarizes services and rates:

Rates and Cancellations:

Service	Rate
Initial Interview	\$150
Psychological Evaluation, per hour (this includes face to face time, consultations, scoring, analyzing, preparing reports and documents, and feedback sessions)	\$140
School (Classroom) Observation	\$120 per hour, including travel time
Attendance at school or IEP meeting	\$125
Telephone consultation, per 15 minutes or any portion thereof	\$35
Any other service performed on behalf of client, such as letter writing, completing paperwork, per 15 minute increments	\$35
Late cancellation, no show fee	\$140 per hour
Returned check fee	\$30

Cancellation and no-show policy:

Evaluation appointments often block the vast majority of a psychologist's day and missed appointments or late cancellations make it impossible to reschedule the day so that other clients can be scheduled. Your appointment time has been reserved for you, and there is a charge for missed appointments and appointments cancelled with less than 48 hours notice. The full fee is charged for intake and consultation appointments that are cancelled with less than 24 hours notice. However, there may be no charge if (1) you are ill (with documentation), (2) you have an emergency, or (3) driving conditions are hazardous because of inclement weather.

Late fees and delinquent accounts:

If you do not pay in full as agreed upon and no prior arrangements have been made, 10% of the original charge may be added each month you are late. Regarding delinquent accounts, you are responsible for payment in full and will be charged for any and all time spent trying to collect on the account (billed at our hourly rate), and/ or any and all fees of any outside services, such as a credit collection company or attorney, hired to collect the debt.

Testifying:

Participating in court is not an expected service. If testing is in any way related to a legal matter (current or anticipated), you are not at the right place. Please inform us immediately and we will do our best to refer you to an appropriate individual. Should I (Dr. Hook) be subpoenaed, the rate is \$300 per hour or \$2000 total, whichever is greater, for all time related to responding to the subpoena regardless of whether I am called to testify. This may include time reviewing notes and talking with attorneys, as well as any phone calls or letters

written on your behalf. If required to appear in court, I must cancel all other appointments for that day, even if on stand-by basis. You will be charged for the total amount of clinician time involved in the case.

Confidentiality:

Minors & Parents: In the state of North Carolina, children less than 18 years of age cannot independently consent to or receive mental health treatment without parental consent. While privacy in treatment is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some private information be shared with parents or guardians.

Children & Treatment Consent: To provide consent for treatment for a child you must either have sole legal custody OR shared legal custody OR legal guardianship. If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, our services fall under this, and you may be in violation of a court order if you fail to inform the other parent of our services with your child. By signing this form you are stating that you have the legal right to consent for this child's treatment.

Confidentiality & Clients' Rights: Confidentiality is your expectation that the information you disclose to the clinician will be kept private, including the fact that you consult with him/ her at all. Please note that the clinician may discuss cases in peer supervision, and by signing you give permission for these discussions, when consultation is to aid the clinician in providing effective therapy. Peer supervision is clinical consultation with another professional who is also bound to keep client information confidential. As a general rule, outside of peer supervision, s/he will not disclose information regarding a client unless authorized to do so by the client in writing. One exception to this is if s/he employs outside services to collect past due accounts; by signing this form you give permission for such disclosure if necessary.

There are also legal exceptions to confidentiality; these are described in the attached Notice of Privacy Practices, The Health Insurance Portability and Accountability Act. HIPAA is a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information used for the purpose of treatment, payment, and health care operations. The law requires s/he obtain your signature acknowledging s/he has provided you with this information; by signing below you are certifying that you have been given a copy of the Notice. You may revoke this Agreement in writing and that will be binding unless: s/he has taken action in reliance on it; if there are obligations imposed on the clinician by your health insurer in order to process or substantiate claims; or if you have not satisfied any financial obligations. Please understand that all files are kept confidential. Your written consent is required for any release of information. There are important exceptions to confidentiality that are legally mandated. Exceptions include: (1) if the clinician believes the client intends to harm himself or someone else; (2) if s/he suspects child abuse, elder abuse, or neglect; and, (3) if the clinician is court ordered to share confidential information.

SUMMARY OF FINANCIAL POLICIES AND CONSENT:

- The client should expect to pay in full for their treatment and/ or assessment.
- Payment is due at the beginning of each appointment.
- The client has a right to a receipt for payment to submit for reimbursement (called a “superbill”).
- Payment may be made by cash, check, Visa or MasterCard (credit or debit cards). A 5% discount is given for cash or check payments over \$300.
- The client must give at least 24 hour notice by phone if he or she wishes to cancel an appointment.
- If a client misses an appointment, or cancels on short notice without a reasonable excuse, a fee will be charged. The cost will depend on the length of the time that we have set aside for you.
- Our office will help you with any questions you have. However, payment is ultimately the client’s responsibility.

Informed Consent:

Please sign below to indicate that you have read the preceding information in full, and understand the information. If you would like, we are happy to read the forms and review them with you. Please ask for clarification of any information that is unclear. Your signature indicates that you have read this document & agree to its terms during our professional relationship.

I have read and understand the policies and agree to the conditions. I agree to the statements herein and terms of payment, to include payment of all fees listed. If the client is a minor, I certify that I have the legal right to consent to treatment. I acknowledge receipt of HIPAA Notice of Privacy Practices. If we are assisting you in filing insurance claims, I also authorize Christine L. Hook, Ph.D. to release any and all information to assist in filing my claim. I understand that by signing this page I do not need to sign subsequent claims. If the claim is denied, I agree to pay the balance in full. I understand that my insurance benefit is a contract between me and my insurance company; Dr. Hook is not party to that contract. I authorize payment of benefits for therapy or assessment to Dr. Hook for services rendered.

Signature

Date