

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

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**Consent for Psychological Services**

<b><u>Client Information</u></b>	
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 three independent practices, including Shelley Chambers, LCSW, PC; Hook Psychological Services, PLLC; and Rigby Psychological Services, PLLC. 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**

Dr. Hook specializes in psychological, psycho-educational, and school-focused neuropsychological assessment for children and adolescents. (She 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. Dr. Hook has 20 years of experience evaluating children, adolescents, and adults, and conducts all of my own testing. Psychometrists or testing technicians are not used to complete testing. Dr. Hook is a licensed psychologist and a Nationally Certified School Psychologist (NCSP). She also has extra training in school neuropsychology and is 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 with Dr. Hook (usually one hour), you 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; minor children typically do not attend.

At the end of the intake appointment, an evaluation plan will be developed. If you have provided your insurance information, you will be given a written, estimated cost of the evaluation. You are always encouraged to contact your insurance company with specific questions regarding reimbursement.

#### (2) Testing appointment(s):

Individualized, one on one testing with Dr. Hook is usually scheduled over one to two days (more if needed). An evaluation plan will be designed at the initial intake appointment. 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 no longer than 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. Dr. Hook is 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. Dr. Hook 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?**

Dr. Hook is an in-network provider for most **Blue Cross/ Blue Shield plans**, and is considered an "out of network provider" for other plans.

Please understand that while such testing can be extremely valuable and worthwhile, it may not be 100% covered by your health insurance plan. Insurance plans are very specific about what services they will cover, and they typically will only cover psychological testing that is "medically necessary." "Medically necessary" means either that the problems you or your child have that require testing are the result of a medical issue, or there is a psychiatric diagnostic issue that cannot be resolved just by interviewing the person. This typically does not include testing for educational purposes (such as academic testing), as they look at this as falling under the jurisdiction of education, and as such being the responsibility of either the child's parents or sometimes the school district. This means that whether you are in-network or out-of-network, there is a chance that some components of the evaluation will not be covered and will require an out of pocket cost from you in order to complete the evaluation.

If this is an important factor for you, please check with your insurance carrier prior to the evaluation. We can help provide some initial information about your particular benefits. However, it is your responsibility to contact your insurance company to determine benefits. Even though we may check benefits as a courtesy, it is not our responsibility if the insurance plan provides incorrect information about benefits.

#### *Blue Cross Blue Shield Plans:*

For clients who have BCBS, you will likely have a copay. You may also have out of pockets costs if you have not yet met your deductible; you should check with your insurance provider to see if you have met your deductible. All copays and payments are due on the date of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from clients can be considered fraud. Please help in upholding the law by paying your co-payment or paying toward your deductible each visit. Knowing your insurance benefits is your responsibility.

*Other insurance plans (Aetna, Cigna, TriCare, UHC, etc.):*

If you have another insurance plan, we can provide you with a detailed receipt for each session 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.

You can use your insurance benefits if your plan provides coverage for out-of-network mental health providers. Most plans provide this coverage. 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. Please ask your insurance representative if psychological testing is covered by your plan and whether you will be paying a copay or paying towards a deductible. The intake appointment is generally covered by most insurance plans, and you can submit your receipt for reimbursement.

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. Is pre-certification required for me to meet with a psychologist?
4. How much will I be reimbursed for each individual unit of testing (CPT code 96101) 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.
6. What are the limits of my coverage with an out-of-network provider?

Many people don't realize that mental health benefits are sometimes reimbursed differently than general medical benefits. For example, if you pay a co-payment when you go to a medical appointment, that does not mean you would pay the same co-payment for an appointment with a psychologist, even in-network. Typically under their mental health benefits, insurance providers reimburse a percentage of what they refer to as an “allowable amount” or an “allowable fee,” and that percentage tends to be between 60% to 90% depending on your plan. This percentage may remain the same regardless of whether you see an “in-network” or “out-of-network” psychologist. Sometimes insurance providers do use a co-payment for mental health services. There is a wide range of variability between plans.

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?**

If you are paying out of pocket for testing, my rate is \$140/ hour. I work on a fee for service basis. 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.

The following table summarizes services and rates:

**Rates and Cancellations:**

Service	Rate
Initial Interview	\$150
Psychological Evaluation, per hour (this includes consultations, scoring, analyzing, preparing documents)	\$140
Feedback Session	\$140
School (Classroom) Observation	\$125
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

**What if insurance won't cover the costs and I can't afford the fee?**

There are various alternatives. Your insurance company may cover some of the costs for the evaluation. Payments can be made by cash, check, or credit card. I know that cost is a concern for many families. Please discuss the issue with me **at the start** of the process.

**Cancellation and no-show policy:**

There is a charge for missed appointments and appointments cancelled with less than 48 hours notice. This charge is not covered at all by insurance and will be the sole responsibility of the client. The full fee is charged for intake and consultation appointments that are cancelled with less than 24 hours notice. When an evaluation (testing) appointment is missed or cancelled with less than 48 hours notice, there is a \$200 charge. Evaluation appointments often block the vast majority of the psychologist's day and missed appointments or late cancellations make it impossible to reschedule the day so she can assist other clients. 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 the clinician immediately and she will do her best to refer you to an appropriate individual. Should the clinician 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 she is 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, she 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.

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#### **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.
- Payment may be made by cash, check, Visa or MasterCard (credit or debit cards). A 3% convenience fee is added to the charge.
- 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.*

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Signature

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Date