

JACQUELINE HOOD, PH.D.
Licensed Psychologist
Licensed Specialist in School Psychologist
972-827-7921
www.dallaschildpsychologist.com

PRACTICE POLICIES AND CONSENT FOR SERVICES

Welcome to my practice. This document contains important information about my professional services and business policies. It is very important that you read these documents carefully before your next session. I can discuss any questions you have about this at that time. This document represents an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

MY SERVICES

My psychological practice is designed to meet the needs of children, adolescents, and young adults with educational, attentional, and social-emotional challenges. My services include psychotherapy, educational and psychological consultation, psychoeducational/psychological evaluations, and parent support. Each of these services is detailed below. Although you may have been referred for a specific service, the purpose of this document is to make you aware of the broad range of services that I provide.

PSYCHOTHERAPY

Psychotherapy is not easily described in general statements. It varies depending on different characteristics of the child and family, and the particular problems you or your child are experiencing. There are many different methods I may use to deal with the problems that need to be addressed. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on all parties involved. In order for the therapy to be most successful, you (and/or your child) will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, or that of your child's, you or your child may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. However, psychotherapy has also been shown to have many benefits. Therapy often leads to better

relationships, improved academic/professional functioning, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you or your child will experience.

Psychotherapy typically begins after an initial consultation/evaluation session in my office. For younger children (usually under the age of 14), the initial interview generally occurs without the child present, and the evaluation process continues through the first session with your child. For older teenagers, I prefer to include the child and his or her parents present for the first interview. For young adults, the choice is left to the patient as to whether or not the parents will attend. Typically, a treatment plan will be discussed at the end of this meeting, at which time we will discuss whether therapy, an evaluation, or some other service is most appropriate for you/your child. Sometimes, we are not able to get through all that we need to discuss in an initial consultation. On such occasions, the treatment plan may be finalized in the next session.

It is important to consider that therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. Further, it is important to note that therapy is a two-way relationship and involves a great deal of trust on the part of both parties. Being honest about your concerns and about your family circumstances is of paramount importance in this relationship. This is important for both parties. In my theoretical orientation, I do not believe that therapeutic techniques are to be a kind of hidden “black box,” so to speak. What I do is not a magic trick, to be disguised and kept from public knowledge. I will make every effort to help you understand the art and science of therapy, and to my best ability, help you understand the rationale behind my techniques. If you have questions about my procedures, it is important to let me know so that I can be sure that you are fully aware of what to expect and why I am choosing a certain path. These kinds of questions are never insulting; rather, I expect and welcome them as a part of the therapeutic process.

PSYCHOTHERAPY MEETINGS

If psychotherapy is begun, we will agree upon a schedule of therapy. Generally, therapy sessions last 50 minutes and are conducted weekly, although some sessions may be longer or more frequent. For example, children with acute anxiety or mood issues may need to have more than one session per week at the beginning of therapy or during a crisis. Generally, therapy appointments are scheduled at least 6 sessions out, unless you are only coming in on a consultation basis for you/your child (see below). Keeping your/your child’s therapy appointment is very important to the therapeutic process. If an unavoidable circumstance should

occur, I will attempt to reschedule the appointment with you during the same week so that continuity of therapy can continue. With adequate notice, I will also do my best to work with you to help schedule around conflicts due to extracurricular activities, vacations, and/or work issues. **However, please keep in mind that once an appointment time is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation [or unless we both agree that you were unable to attend due to circumstances beyond your control].** Finally, due to the high demand for after school and weekend appointments, repeated failure to make your/your child's scheduled appointments during peak times (regardless of the reason) may require that we find another time slot for you.

CONSULTATIONS

Consultations are conducted for a number of reasons. Sometimes, a consultation is conducted to help a family create a plan to deal with a child's behavior at home, to help negotiate difficult problems at school, or to determine whether psychoeducational testing or psychotherapy appears warranted. At other times, a consultation may be requested to help with educational decision-making, a possible psychiatric referral, or to get some brief support in dealing with a crisis. Finally, some patients come in on a consultation basis if financial reasons or distance from a therapist create a substantial barrier to treatment. In all cases, I will do my best to provide as much support as possible during out consultation sessions, and hopefully point you and your family in the right direction toward the next stage of support.

PSYCHOEDUCATIONAL EVALUATION

A Psychoeducational Evaluation is performed in order to determine if there is an academic, attentional, behavioral, or emotional issue that may be negatively affecting your child's performance at school or home. If you are bringing your child to me for therapy services, I may or may not recommend a full Psychoeducational Evaluation, but typically, this is not the case. A psychoeducational evaluation is usually conducted at the request of a physician or school staff member. If you are bringing your child in for therapy, an initial diagnostic interview will be conducted in my office as part of my therapy service. This is different than a full evaluation. (See above under Psychotherapy.)

A typical Psychoeducational Evaluation involves a parent interview, school observation, intellectual, academic, attentional, and behavioral testing. Emotional functioning is screened, and more thorough psychological testing may be recommended. After the testing is completed, I will meet with you to discuss the test results, and subsequent to that, you will be provided with a

written report that details my findings. This report typically takes four to six weeks to prepare. There are times in which reports are needed sooner than this; please let me know in advance so that I can plan my schedule accordingly. If you have not received a report after 6 weeks from the feedback appointment, please contact me to check on the status of the report.

MY BACKGROUND

I am currently a Licensed Psychologist and Licensed Specialist in School Psychology with a background in child and adolescent assessment and therapy. My current areas of expertise include assessment and treatment of Autism Spectrum Disorders, Anxiety Disorders (including Obsessive Compulsive Disorder, Separation Anxiety, Selective Mutism, and Social Phobia), Depression/Mood Disorder, and Learning Disabilities. I also have extensive experience providing services to children and adolescents with attention problems, impulsivity, and similar behavioral issues (such as ADHD).

Prior to moving into community work, I worked as a staff psychologist and clinical assistant professor of psychiatry at Children's Medical Center of Dallas and the University of Texas Southwestern Medical School. In addition to my work with children and families, I provided training to postdoctoral fellows, graduate students, medical students, and psychiatry fellows at the medical school, where I continue to lecture regularly on the subject of developmental disabilities.

Prior to beginning my work at Children's, I completed a postdoctoral fellowship in child psychology at the Center for Autism and Developmental Disabilities at Bradley Hospital and Brown University in Providence, Rhode Island. I also gained experience through numerous internship and practicum opportunities during graduate training, including Children's Medical Center of Dallas, Dallas ISD Youth and Family Centers, Dallas ISD Department of Psychological and Social Services, Austin ISD Department of Special Education, the Austin Travis County Department of Mental Health and Mental Retardation, and Tangram Premier (now ResCare Premier) Residential Treatment Center in San Marcos, Texas.

My undergraduate degree is from the University of Texas at Austin. I have a Master's Degree in School Psychology from Texas State University and a Ph.D. in Psychology from Texas Woman's University. My doctoral dissertation focused on the neuropsychological profiles of children with Autism and Asperger's Disorder. Subsequent publications have focused primarily on subjects within the areas of Autism Spectrum Disorders and Developmental Disabilities.

In addition to my background as a child psychologist, I taught children with special needs as a certified special education teacher in Austin, Texas for 5 years. I continue to hold teacher certifications in the areas of Special Education (pre-K-12) and Secondary Composite Science.

CONTACTING ME

Due to the nature of my work, I am often not immediately available by telephone/text. I also cannot always answer e-mails right away and am unable to respond to text messages. For scheduling and billing issues, please email my admin at admin@dallaschildpsychologist.com, as she is likely to be able to respond to these types of issues when I am in session or otherwise unavailable. I prefer to discuss clinical issues when we meet in person; however, if you should need to get in touch with me, it is often better to attempt to reach me by e-mail at dr.hood@dallaschildpsychologist.com, with the understanding that sensitive matters should not be discussed over this medium. You may also feel free to leave me a message by phone at 972-827-7921, and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of the times that you will be available.

Always, if you feel that you/your child is in danger, please call 911 or proceed to your nearest emergency room. Please also call me and your/your child's primary care provider if this should occur. In times of need, you may also contact the Suicide and Crisis Center Hotline at 214-828-1000 or the Counseling and Crisis Line at 972-233-2233.

PROFESSIONAL FEES

My hourly fee for most psychological services is \$175.00. This includes psychotherapy, consultations, telephone conversations lasting longer than 10 minutes, consultations with other professionals with your permission (longer than 10 minutes), preparation of records or treatment summaries, and the time spent performing most other services you may request of me. I do offer a sliding fee scale that begins at \$100 per hour *for recurring therapy appointments only*. This is based on gross family income.

For multi-hour psychological/psychoeducational evaluations, I charge \$225 per hour of face-to-face testing time (time in office). This rate is the same for off-site school observations. The higher rate includes the time spent on scoring and writing, which is not billed separately.

PROFESSIONAL FEES FOR LEGAL INVOLVEMENT

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. I will accept pre-arranged confirmation of payment by the law firm requesting deposition. However, if the attorneys do not pay for my time, I will expect you to compensate me. Because of the difficulty, complexity, risk, and the possible effect of court scheduling conflicts to my other patients, I charge \$350.00 per hour for preparation for and attendance at any legal proceeding. Please understand that as I am not a forensic psychologist, I am not typically involved in court proceedings, and that this is not my area of specialization. While being involved in legal proceedings may sometimes be necessary, it is highly disruptive to a psychotherapy practice in which regularly scheduled appointments are expected and counted upon by patients.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless I agree otherwise. Most therapy patients pay through a credit card managed billing process, whereby your/your child's weekly visits are deducted from your credit card or Healthcare Spending Account. I do accept other forms of payment, however, including checks and cash. For initial consultations and/or evaluations, I may require that you pay for your appointment in advance, as a great deal of preparation is required prior to such a meeting. I do not require this for subsequent visits unless there has been a pattern of failure to pay. Payment schedules for other professional services (including psychoeducational evaluation) will be discussed with you when they are requested.

If your account has not been paid for within 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

In order for me to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. However, as I am not an in-network provider, you will have to check with your plan to

determine whether or not they provide out of network benefits for mental health services. I will provide you with a statement that you can give to your insurance company which provides all the information your insurance company should need to reimburse you. At times, they may require me to call them to verify information, and I will be happy to do this in order to help you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees at the time of service. It is thus very important that you find out exactly what mental health services your insurance policy covers. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans, summaries, or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. However, please be advised that this information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. Further, your insurance company may dictate how many sessions and what services I can provide, and may request that I justify your treatment plan. By signing this agreement, you agree that I can provide requested information to your carrier. *If you choose not to use your insurance coverage in paying for mental health services, I will not release this information to your insurance provider unless by your request and explicit consent, and it will not become part of your/your child's insurance records.* It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. (A separate HIPAA explanation and consent form accompanies this document.) If you provide me with a written

authorization to release the record to any specific person, you must revoke the release in writing if you change your mind. For example, if you provide me with a release to provide your confidential information to a physician or another healthcare provider, and then later decide to change providers, you will need to revoke the original authorization in writing. There are certain situations that do not require your consent. Following are some of those examples. It is my practice to provide you with prior notice of the primary examples. Your signature on this agreement confirms your understanding that I do not need your consent in these types of situations.

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to my work together. I will note all consultations in your clinical record (which is called “PHI” in my Notice of Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that I sometimes practice with other mental health professionals and that I employ administrative staff. I may also consult with, contract, or employ outside professionals such as speech therapists when providing services. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. All of the mental health professionals and administrative staff are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without informed consent.
- If a patient seriously threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection, specifically including law enforcement officials. Texas law provides that a professional may disclose confidential information to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others, or there is a probability of immediate mental or emotional injury to the patient.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-patient privilege law. However, I may be required to provide information with your (or your legal representative's) written authorization, a valid subpoena, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it to them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I must, upon appropriate request, provide records relating to treatment or hospitalization for which compensation is being sought.

There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the law requires that I make a report to the appropriate governmental agency, usually the Texas Department of Family and Protective Services. Once a report is filed, I may be required to provide additional information.
- If I determine that there is a probability that the patient will inflict imminent physical injury on another, or that the patient will inflict imminent physical, mental or emotional harm upon him/herself, or others, I may be required to take protective action by

disclosing information to medical or law enforcement personnel or by securing hospitalization of the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. This summary of exceptions to confidentiality is not exhaustive.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that I discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you or your child in your clinical record. The clinical record includes information about you or your child's reasons for seeking therapy, a description of the ways in which the problem impacts on you or your child's life, the diagnosis, the goals that I set for treatment, progress towards those goals, medical and social history, treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, billing records, and any reports that have been sent to anyone, including reports to your child's school. Except in unusual circumstances that involve danger to yourself and/or others or when there is a need to protect the integrity of a test I administered, you may examine and/or receive a copy of your clinical record, upon written request. You should be aware that pursuant to Texas law, psychoeducational test data are not part of a patient's record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, I charge a copying fee of \$0.75 per page (and for certain other expenses). If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon your request.

In addition, I also keep a set of psychotherapy notes. These notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of psychotherapy notes vary from patient to patient, they can include the contents of my conversations, my analysis of those conversations, and how they impact on your/your child's

therapy. They also contain particularly sensitive information that you may reveal to me that is not required to be included in your clinical record. These psychotherapy notes are kept separate from your clinical record. Insurance companies cannot require your authorization as a condition of coverage, nor penalize you in any way for your refusal. You may examine and/or receive a copy of your psychotherapy notes unless I determine that release would be harmful to your physical, mental or emotional health. If you become involved in litigation, be advised that these psychotherapy notes may be subject to release to other parties pursuant to a valid subpoena or court order.

MINORS & PARENTS

Patients under 18 years of age (who are not emancipated), and their parents, should be aware that the law may allow parents to examine their child's treatment records. Texas law provides that the records may not be released if it is believed to be harmful to the patient to release them. Furthermore, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse, the law provides that a minor may seek treatment on his/her own. I am under no obligation to advise the parent. However, the law allows me to do without consent of the child. I will do so if it is deemed in the best interest of the child. For children between 13 and 18, because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from the patient and his/her parents that the parents consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

END OF SECTION

SEE NEXT PAGE

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your clinical record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this agreement, the attached Notice form, and my privacy policies and procedures.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

SIGNED

_____ DATE: _____
Patient/Parent

_____ DATE: _____
Jacqueline Hood, Ph.D.

PATIENT COPY

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your clinical record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this agreement, the attached Notice form, and my privacy policies and procedures.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

SIGNED

_____ DATE: _____
Patient/Parent

_____ DATE: _____
Jacqueline Hood, Ph.D.

(Please sign and date this duplicate of page 12 for my records.)

CLINICIAN COPY