Misty K. Hook, Ph.D.
101 West McDermott, Suite 119; Allen, TX 75013
214-244-5835
drmistyhook@gmail.com

AGREEMENT FOR PSYCHOLOGICAL SERVICES

This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which was provided separately, explains HIPAA and its application to your personal health information in greater detail. When you sign this document, it will also represent an agreement between us and your understanding of the limitations on confidentiality.

I, ____________________________ agree to join with Misty K. Hook, Ph.D., for regular
Patient's name
psychological treatment beginning __________.
today's date

I have discussed my goals for therapy with Dr. Hook. I understand that therapy is a joint effort between psychologist and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances such as my interactions with family, friends and others. Your treatment utilizes assessment, a specific treatment plan, techniques and regular evaluation of treatment goals. I, the client, have the right to end treatment at any given time. Fees for all services have been discussed including co-payment by insurers and I agree to pay _______ per session for the use of her training, skills and experience. Payment is expected with each session as arranged with Dr. Hook. You are asked to notify the office 24 hours prior to missing an appointment or you may be charged.

I understand that information I provide Dr. Hook will generally be released to others only by my written consent. I have been informed, however, that the counselor is required to disclose information without my consent in certain circumstances to include, but not limited to, the following: if I am evaluated to be a danger to myself or others; if I am a minor, elderly or disabled and the psychologist believes I am a victim of abuse or if I divulge information about such abuse; and if a court order or other legal proceedings or statue require disclosure. You must sign a release of information for Dr. Hook to communicate with other professionals or agencies.

Pursuant to HIPAA, Protected Health Information is kept in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. You should be aware that pursuant to Texas law, psychological 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 initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. 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. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization.

Patient Initials

All communications will be protected according to HIPPA requirements. ____________
I have had the opportunity to ask Dr. Hook any questions I may have on limits of confidentiality. ____________
Fee payment has been discussed with me. ____________

I have read the above information and understand my rights as a client. 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.

____ ____
Clients Signature / Date Guardian's Signature Date

____
Misty K. Hook, Ph.D., Psychologist Date