Client/Conservator Consent to Receive Services

HAWKINS & BALL
P.O. Box 971, Commerce, Texas 75429

Client Name:_____ Date of Birth_____

Parent/Conservator/Guardian (if relevant):_____

Mailing/Billing Address:_____

Home Phone(s):_____ Work Phone(s) [optional]_____ email _____

Person to Contact in an Emergency: _____
Name email Phone

Who referred you to this office?

What led you to make the initial appointment?

Introduction

We use this document to establish a mutually satisfactory agreement between you, the client, and Steven E. Ball, PhD, dba Hawkins & Ball, to provide psychological or counseling services to the client named above. Under almost all circumstances, we have to have your informed understanding of what we propose to do for you before we can begin. At this point in the history of our practice, most of our clients come to us for an evaluation of their psychological functioning, including such dimensions such as intelligence and cognitive abilities, neuropsychological functioning, personality, specific learning disorders, psychopathology, and the like. We also provide counseling/psychotherapy treatment to a few clients. Whether you are with us for assessment or treatment, this document should help you have a clear vision of what your experience will be, so that you can make an informed decision about choosing our services.

General Concerns

Assessment or treatment we provide you will involve standard psychological procedures designed to assess or to alter patterns of behavior, feeling, and thought. We will tell you in advance of any procedure which will be used which might depart in significant ways from the conventional practice of psychology (we usually don't use these procedures, of course, but it is possible). We will explain the procedure and why we wish to use it, and you may choose not to participate or to leave assessment/treatment, regardless of its conventionality, at any time.

If the client is a minor child, or anyone else for whom you are the legal guardian or parent, you must certify that you are a legal managing conservator of this person, with the legal right to grant permission for the procedures we are proposing. Specifically, you must confirm you have the legal right to grant permission for these procedures under normal or emergency conditions. If anyone else shares those rights with you, you must identify them and provide us contact information for them. If another person and you must both provide consent for nonemergency services (currently required by Texas law, with children of divorce), then we have to get that consent before beginning any procedures. We will ask you to provide copies of divorce decrees and other relevant documents to ensure that we obey Texas law in working with you.

When the client is a minor child or another person for whom you have the legal authority to make decisions, our use of the term "you" in this document refers to *you* acting on behalf of that person's best interests as you understand them. In that role, you will make a number of crucial decisions for that person regarding the services we can provide your child, ward,

or any other person in this situation. You will decide whether to retain our services, what procedures we will use, the goals to be met with those services, how we will be paid, when to discontinue using our services, and so forth. You can also decide when you do not want a particular procedure used. The child or other person under your guardianship typically has the right to decide, independent of you as guardian, not to participate in a particular procedure. We will respect that person's right to autonomy to the extent possible in such circumstances. We may cajole a bit in a good-natured way, but we will not try to intimidate or force the person to do something they resist strongly, and neither will we ask you as parent or guardian to pressure the person unduly to cooperate.

Confidentiality

Most information acquired during the course of assessment or treatment is confidential, a privilege guaranteed a client under law. Certain limitations on the privilege of confidentiality are also set by law. Most notably, these apply to circumstances in which the wellbeing of the client or other person is at imminent risk (e.g., homicidal or suicidal threats, abuse of a child or elderly person, etc.), and in criminal law. In some instances, such situations require us to report to a state agency. We will discuss these matters with you in more detail by the counselor/psychologist as is necessary.

Assessments

Since we mostly do psychological assessments, we will start with that. The first thing you should know is that assessments done well are time consuming. A basic comprehensive psychological assessment involves ten or more hours of contact with the psychologist, just for interviews, testing, behavioral observation, and the like. Then there is time involved in scoring, interpreting, integrating, and writing a report (for which we do not use AI, as it is currently understood).

Final reports are usually 10 to 20 or more pages (single spaced) and include tables of results and text. Along the way, and apart from meetings in the psychologist's office, you will typically meet with the psychologist, usually in a "telehealth" format (online Zoom or Simple Practice meeting), at least once. This usually happens near the end of the report writing and has as its intent to clarify personal history data and to give you a preliminary view of the findings.

For some assessments, the client can complete a procedure at home or online. For minors and with some adult clients, people that know them well are invited to complete one or more behavior rating scales to provide observations from a different perspective than the client's. As the process draws to an end, we will meet again, in person or by Zoom/Simple Practice to discuss the findings, any diagnoses, and a final (or near-final) version of the report.

We will talk to you in advance about each procedure we plan to use, explain what it is for, tell you what the experience will be like, and offer you the option of not doing it – or, for that matter, the choice to quit the procedure after it has begun and before it is finished. That will of course complicate or compromise the assessment, but that is the choice of the client or guardian. We will of course do our best to complete the procedures we need to answer your referral questions.

Psychological assessments provided under the terms of this agreement will be conducted by Steven E. Ball, PhD, licensed psychologist in the State of Texas (#2-0911) and Licensed Specialist in School Psychology (Texas #30309).

Psychotherapy & Counseling

As mentioned above, we accept very few psychotherapy or counseling clients, largely because Dr. Linda Hawkins Ball has mostly retired. Hence, individual psychotherapy is all we offer just now, as that is Dr. Steve Ball's chosen mode (that is, he does not do couples or group therapy). And he is very selective in choosing with what psychotherapy cases he will work, largely because most of his clinical time is involved with assessment.

If one of us agrees to provide counseling or psychotherapy for you, we will describe to you our approach to what your concern in entering treatment is and, after a meeting or two we will propose a treatment plan for the work we propose to do with you. The plan will identify a preliminary diagnosis, set some obtainable goals, specify a strategy for achieving them, anticipate how long it will take, and outline a scheme for evaluating the plan's effectiveness. We will ask you to agree to the plan and to sign it. Subsequent evaluations of the plan at work may lead to modifications of the plan, a declaration of preliminary success and continuation of the plan, a revision of the plan, referral to another professional whose skill set is more appropriate for your situation, or, ideally, successful conclusion of therapy. It is of course possible that we will refer you to another professional after first contact, if we believe that will be more effective in helping you to achieve your goals.

Psychotherapeutic procedures we may use with you include cognitive behavioral therapy; techniques drawn from both client-centered and psychodynamic techniques; Gottman's model of couples therapy; and, in select situations, clinical hypnosis. We will describe these approaches as we introduce them, so that you can decide whether their use is appropriate for you. In a broad sense, however, we will be using "talking therapy," as we try to assist you in your personal growth. And that is what we will start with. An attempt on our part to help you see yourself, your needs, and your challenges with greater clarity.

Psychotherapy and counseling provided under the terms of this agreement will be conducted by Steven E. Ball, PhD, licensed psychologist in Texas, or by Linda Hawkins Ball, EdD, licensed professional counselor and licensed marriage and family therapist in Texas.

Telehealth

Telehealth care includes the practice of diagnosis, treatment, education, goal setting, accountability, referral to other resources, problem solving, skill training, and help with decision making, provided by Dr. Steven Ball or Dr. Linda Hawkins Ball or their employees, using internet-based videoconferencing. Telehealth psychotherapy may include psychological health care delivery, consultation, coaching, and/or counseling. Telehealth psychotherapy may occur primarily through interactive audio, video, and telephone communications. For the most part, these services will be provided through the secure practice software that we use to manage our practice (Simplepractice.com) or secure connections through other contract services (e.g., Zoom.us).

Some risks incurred with telehealth include technological failure, such as unclear video, loss of sound or reduced sound quality, poor connection, or loss of connection. Should this happen during a session, each of us should attempt to correct the problem immediately, and, failing that, we will attempt to communicate with you by phone or text to reschedule or make other arrangements, depending on the situation.

Despite the use of optimally secured technology, telehealth entails a slightly increased risk that your protected health information (PHI) may be compromised. We believe that this has a very low probability of occurring, but if it does, we will exercise all due diligence to ensure that your PHI is protected. Privacy and confidentiality guarantees provided under federal and Texas law apply to all telehealth services we provide. We create no permanently stored video or voice recordings from telehealth sessions. We also ask that you not record or store videoconferences sessions. We also cannot enter a telehealth session if another person in your setting is present with you and can experience the session in any way (e.g., hearing or seeing it).

Finally, we recognize that nonverbal cues are less readily available to both the therapist and the client in a telehealth session, resulting in potentially lowered communicability. In that light, we ask you to arrange your camera and auditory equipment so as to provide an optimal experience for us in providing you service.

Here are the things we need from you for us to provide telehealth services:

1. Minimum bandwidth connection of 10 MBPS or higher.
2. Minimum resolution of 640x360 at 30 frames per second.
3. Operational web camera and microphone.
4. Recommended internet browsers: Google Chrome, Mozilla Firefox, or Safari (desktop or laptop). For Android, use Google Chrome; for iPhone, use Safari.
5. Proper lighting and seating to ensure a clear image of each party's face.
6. Dress and environment appropriate to an in-office visit.
7. Only agreed upon participants can be present. The presence of any individuals unapproved by both you and us, and not part of your treatment plan, will require us to end the session.
8. You must disclose the physical address of your location at the start of the session. Unknown or undisclosed locations will move us to end the session.
9. You should also provide a phone number where you can be reached in the event of service disruption.
10. Telehealth may not be the most effective form of treatment for certain individuals or presenting problems. If you appear apt to benefit significantly more from another form of service (e.g., face-to-face sessions, referral to another mental health provider, etc.), we will suggest that possibility to you as a part of treatment or assessment planning. You may of course refuse such a recommendation.

Emergency Protocol

You must provide us the name and contact information for an additional person in case of an emergency. In the event of a medical or mental crisis event, we will contact your specified local emergency services. You will provide us contact information for your nearest preferred hospital should it be necessary to address an emergency.

Emergency contact person (name, phone, and relationship): _____

Emergency medical contact (name and phone): _____

Response to Technical Difficulties

Should technical difficulties cause a session disruption, we will phone you at your preferred telephone contact number. If the technical difficulties can be resolved quickly, the session will resume and you will not experience a shortened session (typically 50 minutes). If the technical issues cannot be resolved in a timely manner, the session will be rescheduled for a time when service is restored. We will contact you by telephone to develop a plan for continuation of the session.

Contact Between Sessions

Videoconference technology is reserved for therapy sessions only. For scheduling or related needs between session, please call us or communicate with us through the portal.

Consent to Receive Psychotherapy Services by Telehealth

If you would like us to consider you for psychotherapy services by telehealth, you may request that by signing here:

_____

Signature Date Printed Name

Name and phone number for preferred emergency services: _____

Name and phone number for nearest preferred hospital: _____

If you are not requesting to be considered for psychotherapy by telehealth, but would like to consider routine informational meetings by telehealth as a part of a psychological assessment, sign here:

_____

Signature Date Printed Name

Fees

At present, we do not take health insurance in lieu of payment. Few, if any, carriers pay for psychological assessment. For either psychotherapy or assessment, and by your request, we will provide you with a documented "superbill," which you can present to your insurance carrier and probably receive some reimbursement. This option is more likely to be successful with psychotherapy sessions than with psychological assessment.

Fees for psychological assessments vary according to the referral issues and extent of the procedures normally used. The more assessment, interpretive, and writing time required and the more complex the referral questions, the greater the fee. Some flexibility is necessary as well, whenever the client has an extreme time press, e.g., they need the report in order to meet an imminent court date or academic deadline. A colleague has remarked of the craft of preparing written psychological evaluations, "Good, fast, cheap: Pick any two." We believe that it is in everyone's best interest if you settle on a quality report that is good and relatively inexpensive. Doing it right takes time, and if we have to burn the midnight oil the price will go up a little bit. We will not, however, skimp on quality.

Here is our "good and cheap" price schedule for assessments:

Comprehensive psychological evaluation (**CPE** – comprehensive measures of intelligence, executive functioning, neuropsychological integrity screening , direct measures of attention and vigilance, multiple measures of personality and psychopathology, comprehensive interviews and client observation, situationally appropriate rating scales): **$800.00**

Academic evaluation (CPE + relevant measures of reading, mathematics, spelling, writing, etc.): **$850**

Autism spectrum evaluation - ASD (comprehensive measures of intelligence, executive functioning, neuropsychological integrity screening, comprehensive, age- and developmentally-appropriate measures of functioning on the autism spectrum (speech and OT evaluations referred to specialist as necessary) **$950**

Independent Educational Evaluation (contracted with individual school Texas school district) **$950-1200**

L3 assessment for police officers in Texas (2-3 personality/psychopathology measures, interview) **$350**

Individually contracted assessments (to be agreed upon by the case)

All Assessments must be paid in full before a final report is released

Courtroom and school meeting times (e.g., ARDs) associated with assessments are **$100 per hour, plus travel if over 30 miles.**

Psychotherapy sessions of 50 minutes, plus 10 minutes for charting, are billed at **$75** each. Initially, these are typically weekly sessions, but the frequency can vary with changing circumstances.

Appointments

You may call at any time in our relationship for an initial or later appointment, or a consultation, or to change an appointment, at this number:

(430) 625-4417

Leave a message if necessary, and we will call you back to discuss your concerns. If we agree to meet for a preliminary consultation, a psychological assessment, or individual therapy, we will open your client portal and forward or link you to consent forms and other materials necessary to establish your account and set initial appointments.

Missed Appointments

If you must miss an appointment, please call to cancel. Please also give us 24 hour's notice to avoid a late-cancellation charge of $25. Persistently missing appointments may suggest a desire to terminate the process or to seek another professional's services. We will help you find someone, if that is your choice.

Contacting Us

You may call us at 430-625-4417 or another number we provide. We will return your call within 24 hours (and sometimes earlier). Calls should be concerned ONLY with making, cancelling, or changing appointments. We cannot provide therapy or other consultation over the phone; nor do we provide emergency services. If you are facing a true psychological emergency, call 911 or another emergency service, such as 988 Suicide and Crisis Lifeline. We will treat of texting (SMS messaging)in the same fashion.

You may email us at seb@hawkinsandball.com or admin@hawkinsandball.com, again for administrative concerns, as in rescheduling, etc. We will deal with more substantive issues in a scheduled in-person or telehealth session. We prefer email to texting, as it is more secure and thus more effective in protecting your privacy. We generally do not respond to an email or SMS text from a client on weekends or holidays, but we will reply by email or phone early in our next workday

We live and work in a small town. If we run into you while shopping or in a similar circumstance, we will speak only if you speak to us first, and only in the ordinary pleasantries of such discourse, without reference to our professional relationship.

Emergency Contact

Emergency contact person (name, phone, and relationship): _____

Second Emergency contact person (name, phone, and relationship): _____

Emergency medical contact (name and phone): _____

Finishing Up Your Consent for Us to Provide You Services

Initial your choice of assessment plan of your choice:

_____Comprehensive psychological evaluation ($800)

_____Academic evaluation ($850)

_____Independent Educational Evaluation ($_____) enter agreed upon fee

_____Autism spectrum evaluation – ASD ($950)

_____L3 assessment for police officers in Texas ($350)

_____Individually contracted assessments ($_____) enter agreed upon fee

Sign below if you wish us to provide a psychological assessment for you, as described above:

$_____ The person to be assessed is _____
Full Legal Name

_____
Signature Date Printed Name

_____
Signature Date Printed Name

Sign below if you wish us to provide psychotherapy or counseling for you, as described above, for the hourly fee of:

$ 75.00 , payable by session. The person assessed will be _____
Full Legal Name

_____
Signature Date Printed Name

_____
Signature Date Printed Name

Concerns You May Have

Please feel free to talk to us about anything concerning the services you are choosing, either now or later. We sincerely want to serve you well and effectively, and without barriers to honest communication. So, talk to us, in person, by email, other mail, etc. We have no quarrel with referring you to another professional, if they can serve you better. And if we agree that's for the best, we will go out of our way to find you the right person.

Here is our contact information:

P.O. Box 971
Commerce, Texas 75429
Phone 430-625-4417
Steve's cell 903-366-3263

Our street address:

101 King Plaza, Suite D
Commerce, Texas 75428

We have provided a copy of our "Notification of Privacy Practices." Please sign here to confirm your receipt of that

document:_____
Signature Date Printed Name

Complaints regarding the practice of psychology in this office should be directed to:

Texas State Board of Examiners of Psychologists – Texas Behavioral Health Executive Council
1801 Congress Avenue
Austin, TX 78701
(800) 821-3205

Complaints regarding the practice of professional counseling in this office should be directed to:

TDH/Texas State Board of Examiners of Professional Counselors – Texas Behavioral Health Council
1801 Congress Avenue
Austin, TX 78701
(800) 821-3205

Please sign below to confirm your agreement to receive services from Hawkins & Ball as described above. Then initial every page at the bottom right to confirm the pages of the document you are agreeing to.

_____

Signature of client/parent/conservator/guardian Date

_____

Signature of client/parent/conservator/guardian Date

_____

Signature of client/parent/conservator/guardian Date

_____

Signature of witness Date

6/25