

Mark W. Matthews, PhD



Clinical Psychologist

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PATIENT INFORMATION

Today's Date _____

First Name _____ MI _____

Last Name _____

Address: _____

City: _____ State: _____ Zip _____

Email address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax Number: _____

Date of Birth: _____ Social Security Number: _____

How did you hear about me? _____

Insurance Information for Out-of-Network Provider Reimbursement

Insurance Company: _____ Plan Type _____

Address: _____ Suite _____

City: _____ State: _____ Zip _____

Billing/Benefits Phone Number: _____

Policy ID Number: _____

Group Number: _____

Policy Holder: _____ Gender _____ Date of Birth: _____

Policy Holder Address: _____

City: _____ State: _____ Zip: _____

Policy Holder Phone Number: _____

Policy Holder Employer: _____ Relationship to Patient: _____

EMERGENCY CONTACT INFORMATION¹

Name _____

Address: _____

City: _____ State: _____ Zip _____

Primary Phone: _____ Phone Type _____

Secondary Phone: _____ Phone Type _____

Relationship to you: _____

INFORMATION FOR THOSE SEEKING PSYCHOLOGICAL ASSESSMENT

I am honored you are considering me to be the clinician to provide your child's psychological assessment. The goal of assessment is to answer questions concerning issues such as your child's intellectual, academic, social and/or emotional functioning. This is generally accomplished through standardized testing (e.g., intelligence and academic tests), informal testing, interviews, questionnaires, observation, and review of previous records or reports. Each assessment often involves multiple visits to my offices for a background interview, individual assessment sessions, and a feedback interview. Where patients are students, I may also visit the student's school in order to review Special Education records, meet with teachers, and observe your child in the classroom where appropriate. The results of the assessment include a description of the patient's current level of functioning in the areas assessed as well as recommendations and, if necessary, referrals for further services. Feedback is provided both in a face-to-face meeting and in the form of a written report.

Before you agree to allow me to assess your child, I want you to have a solid understanding of my practice and psychological assessment. I want you to have enough information to make an *informed decision* about whether allowing me to assess and evaluate your child is something that will benefit you and your child. Therefore, I shall provide the following information I believe will be helpful to you in making such an important decision.

- My beliefs about therapy
- The risks and benefits of assessment
- Our professional relationship
- My background
- Appointment policies
- How to contact me

After you read the information, we can discuss, in person, any questions or concerns about issues addressed below. This brochure is yours to keep and refer to later.

¹ If an emergency arises during our work together or I become concerned about your personal safety, state law and the rules of my profession allowed me to contact someone close to you—perhaps a relative, spouse, or close friend.

My Beliefs about Psychological Assessment

Psychological assessment provides the opportunity to evaluate an individual compared against a set of normative samples to make evaluations about how similar or different they are from the normative group. Furthermore, assessment provides the opportunity to pinpoint unique strengths and challenges, which in turn can inform interventions for encouraging the strengths and supporting/remediating the challenges. Nevertheless, psychological assessments only provide a static “snapshot” of the patient’s functioning around the time of the evaluation. Therefore, while the evaluation may be helpful in focusing a diagnosis and making treatment recommendations, the results are never “the last word” on the patient’s functioning.

The Risks and Benefits of Assessment

Psychological assessment typically presents a relatively low risk to participants. It is possible patients may feel uncomfortable or anxious about being tested; nevertheless, I am trained to detect and respond sensitively to indications of anxiety. It is also important test results and written reports be used with appropriate sensitivity and discretion to ensure patients are not adversely affected by inappropriate use of such information.

The benefits of completing a psychological assessment potentially include a detailed description of strengths and challenges in the areas covered by the assessment (e.g., intellectual, academic, social-emotional functioning), and specific recommendations for addressing areas of difficulty. For example, this information might be useful to help your child qualify for special education services, gain access to an augmented learning environment school, and to provide programming suggestions for teacher or tutors.

Our Professional Relationship

As a professional, I will use my knowledge and skills to help your child as best I can. This includes following the standards of the American Psychological Association (APA). In your best interests, the APA puts limits on the relationship between a therapist and a patient, and I will abide by these limits. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice clinical psychology—not law, medicine, financial planning, or any other profession. I am not able to give you appropriate and qualified advice from these other professional viewpoints.

Second, state laws and the rules of the APA require me to keep what your child tells me confidential (that is, private). You can trust me not to tell anyone what your child tells me, except in certain limited situations. I explain what those are in the “About Confidentiality” section of this brochure. Here I want to explain that I try not to reveal who my patients are. This is part of my effort to maintain your privacy. If we meet in the mall, on the street, or socially, I will not approach you or initiate contact unless you initiate contact first. Furthermore, I may limit any contact initiated by you. My behavior is not intended to a personal reaction to you, it is intended to be a way to maintain the confidentiality of our relationship.

About Confidentiality

I will treat with great care all the information your child shares with me. It is your legal right that our sessions and my records about your child are kept private. That is why I ask you to sign a “release-of-records” form before I can talk about your child or send my records about your child to anyone else. I will not even reveal that your child ever received treatment from me. I also ask you not to disclose the name or identity of any other patient seen in this office.

In all but a few situations, state law and the rules of my profession protect your confidentiality. Here are the most common cases in which confidentiality is *not* protected:

- If I have cause to believe a child, a disabled person, or an elderly person has been or will be abused or neglected, I am legally required to report this to the authorities.
- If your child makes a serious threat of self-harm or harm towards others, the law allows me to try to protect your child or that other person. This usually means telling others about the threat and helping you seek appropriate help.
- If your child informs me another mental health professional has been sexually inappropriate with you I am required to notify state authorities.
- If I am subpoenaed to appear in court and provide testimony regarding my knowledge and experience of your child and my assessment, I shall assert privilege on your child's behalf. Nevertheless, if the judge insists I testify, I shall testify truthfully and honestly to whatever I think or believe about you.

Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.

I might talk about part of your case with another therapist, student, or professional. I ask now for your understanding and agree to let me do so in these limited situations.

- I sometimes consult other therapists and experts about my patients. This helps me provide high-quality treatment. These persons are also required to keep your child's information private. Your child's name will never be given to them, and they will be told only as much as they need to know to understand your child's situation. For the purpose of these consultations, I may want to make audio recordings of our sessions. I will review the recordings with my consultant to assist with your child's treatment. You can refuse to allow this recording, or can insist I edit the recordings.
- I teach graduate students at the American School of Professional Psychology at Argosy University, Dallas. I teach Cognitive Assessment, Objective Personality Assessment, Projective Assessment, and Integrative Assessment and often use case material from my private practice to highlight and explain topics covered in class. I use both verbal summaries and auditory recordings of testing and assessment sessions. When I use verbal summaries, I alter the case material significantly (e.g., changing age, gender, race) to disguise the information and maintain your child's confidentiality. When I use auditory recordings, I alter aspects of the recording in order to maintain your child's confidentiality. Similar to the use of recordings for consultations noted above, you have the right to refuse any recording and can insist I edit any recording.
- I occasionally write for publication. Similar to teaching, I use case material from my practice to illustrate examples and highlight issues. When I use this material, I alter the material substantially to disguise the patient and maintain your child's confidentiality.

Except for the situations I have described above, I shall always maintain your child's privacy.

If another professional or anyone else needs to see your child's records, I shall discuss it with you in advance of disclosing any information. If you agree to share these records, you will need to

sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. If you have questions, please ask me.

Consistent with APA standards it is my office policy to destroy patients' records 10 years after your child reaches the age of majority. Until then, I shall keep your child's case records in a safe place. If I must discontinue our relationship because of illness, disability, or premature death due to unforeseen circumstances, I ask you to agree to my transferring your child's records to another appropriate clinician or professional organization who will assure their confidentiality, preservation, and appropriate access.

In general, you may review your child's records in my files at any time. There are some limitations regarding raw testing data, but for the most part, you have access to your child's information. You may add to this information or correct this information, and you may have copies of the records. However, I ask you to understand and agree you may not examine records created by anyone else and sent to me. In some very rare situations, I may temporarily remove parts of your child's records before I allow you see them. This would happen if I believe the information would be harmful to your child; nevertheless, I shall discuss this with you if it becomes an issue.

Other Points

If you ever become involved in a divorce or custody dispute, I want you to understand and agree I **shall not** provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. I base this position on two reasons: (a) others will view my statements as biased in your favor because we have a therapy relationship; and (b) the testimony might affect our therapy relationship, and I shall always make our therapy relationship my highest priority.

Statement of Principles and Complaint Procedures

It is my intention to abide by all the rules of the American Psychological Association (APA) and by those of my state license. Nevertheless, problems can arise in our relationship, just as in any other relationship. If you are not satisfied with **any area** of my work, please raise your concerns with me at once. I shall make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. Furthermore, you are also free to contact the state or local psychological association and speak to the chairperson of their ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the Texas State Board of Examiners of Psychologists, the organization that licenses my independent practice of psychology. I have posted this information in my office waiting room and their number telephone number is 512-305-7700. Their website is <http://www.tsbep.state.tx.us/>.

In my practice as a psychologist, I do not discriminate against patients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe I have discriminated against you, please bring this matter to my attention immediately.

My Background

I am a licensed clinical psychologist. I provide a variety of clinical services including psychotherapy, psychological assessment, and consultation and supervision. I also provide parenting

skills evaluation, training, and consultation. While I typically provide individual psychotherapy with adults, adolescents, and couples, I also provide psychological assessments to provide differential diagnoses, treatment recommendations, and answer a variety of other referral questions. I have both broad and specialized training in psychological assessment.

- I have a doctor of philosophy degree (PhD) in clinical psychology from the Rosemead School of Psychology at Biola University. This program is APA accredited.
- I completed a predoctoral internship in clinical psychology at the Federal Medical Center in Fort Worth, Texas. This internship is APA accredited.
- I completed a postdoctoral residency with Deer Oaks Mental Associates in Fort Worth, Texas. This residency is APPIC listed.
- The Texas State Board of Examiners of Psychologists licenses me as a Clinical Psychologist. License #31431

About Our Appointments

The first time I meet with you, we shall discuss your primary concerns and if the type of assessment I provide is appropriate for your child's needs. If I believe I can be of help to you and your child and if you are interested in retaining my services, the next sessions will include interviews, testing, and observations as (appropriate). These sessions typically run between 90 minutes and 4 hours.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, I shall probably be unable to meet for the full time. In assessment, this can be very troublesome because some measures cannot be stopped midway and being late can potentially delay the entire evaluation.

Consistent with the commitment to our work, I reserve a specific appointment time for you and your child. I also do this for all my other patients. This is different from other medical professionals who often "double-book" and "overbook" to account for an expected "no-show rate." I **do not** double-book or over-book. Therefore, I am rarely able to fill a cancelled session unless I have two weeks' notice. While I understand you cannot always give me two-weeks' notice, I charge the patient's regular fee for sessions cancelled with less than 48 hours' notice, for other than the most serious reasons. If you are late for an appointment, I shall attempt to contact you 15 minutes into the session to check and see if you are intending to make the appointment.

Fees, Payments, and Billing

Payment for services is an important part of all professional relationships. I provide psychological services on a fee-for-service basis. This means you pay me directly for my therapy services. I do not bill your insurance company for my reimbursement. This provides you the freedom and opportunity to have **direct input** and **control** of your child's treatment without the interference of a managed-care or insurance company. This arrangement allows me to keep my fees as low as possible, because it cuts down on billing and bookkeeping costs. Furthermore, your child's diagnosis and treatment is your private business and need not be reported or disclosed to anyone you do not want to tell.

Unless we make prior arrangements, payment is required at the time I provide services. I prefer you to receive payment in cash, personal check, or a check drafted by your bank and mailed in advance of your session. If you would like to pay by credit card, we can discuss how I can invoice you for the services and the fees associated with such invoicing and payment processing.

While I do not bill your insurance company for you, if you would like to submit a claim to your insurance company, I can provide you with a “super-bill” statement detailing the services provided so you can submit the information to your provider. Nevertheless, it is important for you to know insurance companies seldom cover psychological assessments. I can also provide you with “standard” insurance forms so you can file them to be reimbursed for the services I provide.

I want to be upfront and clear about how much I charge. The initial consultation is free. I see no reason you should pay to decide if I am the right therapist for you. I believe I provide a valuable service at a fair market price I hope you will find affordable.

Fee Schedule (Full-Fee)

Initial Consultation	Free
Diagnostic Interview	\$220.00
Psychotherapy – 45 to 50 min	\$160.00
Telephone Consultations beyond 10 minutes	\$160.00 prorated
Psychological Assessment (by hour)	\$170.00
Forensic Services (by hour)	\$350.00

Furthermore, I adjust my fee for a variety of reasons. For example, I offer discounts for full-time graduate students training in clinical psychology or an allied field, seminary students, and persons in full-time Christian ministry. Further, I also provide fee adjustments for patients referred through certain agencies, churches, and organizations. If you want to know if you qualify for an adjustment, please feel free to ask.

Psychological Assessment: My assessment fee includes time spent interviewing, administering tests, scoring tests, interpreting tests, report writing, consultation with other professionals involved in the case, and direct feedback to you. A complete evaluation often takes at least 8 to 10 hours. I prefer to be paid for 5 hours at the beginning of the assessment and for the balance of time worked when I provide you with feedback. If you have budget restraints, we can work together to set up a payment schedule. By the end of our time together, you will have better understanding of your child’s strengths, challenges, and difficulties. I shall also provide you with a written report and recommendations. You will also have an opportunity to ask any questions regarding results. Please note your child is welcome to attend the final feedback session, if appropriate. Alternatively, you may schedule an additional feedback session for your older child to discuss the results with me in a manner suitable to the child’s developmental level.

Telephone Consultations: There is no charge for calls about appointments or similar business. Furthermore, I prefer to practice therapy face-to-face. Nevertheless, if it becomes necessary, I am comfortable meeting your therapy needs over the telephone.

Online Video Consultations: I am beginning to explore the use of video conferencing technology (e.g., Skype) to provide psychotherapy as an alternative to telephone consultations. If you are interested, please let me know so we can discuss if I believe you are a good candidate for this type of work.

If you would like, I can give, mail, or email you billing statements. The statements can be used for tax purposes, health insurance claims, or flexible spending accounts (FSA). It will show: (a) services rendered, (b) charges for the services, (c) how much you have paid, (d) and how much (if any) you still owe, (e) a diagnosis if needed. If you do not want or need a statement, I do not have to provide you one.

If there is any problem with my charges, my billing, your insurance, or any other money-related matter, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. I shall strive to provide a safe place in session where we can address and work out money-related matters openly and quickly. I shall give you at least one month's advance notice if my fees should change.

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INFORMED CONSENT

I _____, parent and/or managing conservator for _____ agree to allow my child to be interviewed, tested, and observed Mark W. Matthews, PhD.

Dr. Matthews has further explained to me in detail that the purpose of these interviews, psychological tests, and observations is to prepare a written psychological report concerning his opinion regarding my child's current functioning. Specifically, he explained he would render an opinion regarding:

During the course of the evaluation, psychological testing is provided under standardized procedures and will take place under specific testing conditions. I agree to encourage my child to do their best. If for any reason I do not believe my child can do their best, I agree to inform Dr. Matthews so that he can stop the evaluation and reschedule the evaluation for a time that when my child will feel more comfortable.

If your child becomes tired during the course of the evaluation, please tell them to not hesitate to tell me so I can give them an opportunity to stretch, walk around, or to take a break. I agree to provide my child appropriate medication, meals, and snacks (as appropriate). Nevertheless, please inform them to let me know if they become hungry, thirsty, sleepy, or in any way uncomfortable during the testing.

Dr. Matthews has further informed me that this work will be confidential and privileged except for the limitations noted above. I understand a report will be written and submitted to other professionals of my choosing. No other reports will be made except by my specific permission or by appropriate court order.

I, the patient's parent and/or managing conservator, understand I have the right not to sign this form. My signature below indicates I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with Dr. Matthews, before he starts formal any assessment. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the assessment I have questions about any of the subjects discussed in this brochure, I can talk with Dr. Matthews about them.

I understand that after assessment begins I have the right to withdraw my consent to my child's assessment at any time, for any reason. However, I will make every effort to discuss my concerns with Dr. Matthews before ending the assessment.

I understand that no specific promises have been made to me by this psychologist about the results of assessment, the effectiveness of the procedures used by this psychologist, or the number of sessions necessary for the assessment to be completed.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

Parent/Guardian Printed Name

Witness to Signature Printed Name

Parent/Guardian Signature

Witness to Signature

Date

I, the psychologist, have met with this patient for a suitable period, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the patient, as shown by my signature here.

Psychologist's Signature

Date