

**W. Laura Hawk, Ph.D., LLC**  
**Counseling Psychologist**

**5068 W. Plano Pkwy, Suite 196      Plano, TX 75093      (972) 931-6711**

**Welcome to my office!**

I appreciate your trust and look forward to working with you. Trust and openness are essential for effective therapy. I am a licensed psychologist with twenty years of experience as a psychotherapist. I have specialized training in a variety of therapeutic techniques including Cognitive-Behavioral Therapy, Imago Marital Therapy, Hypnotherapy, EMDR (Eye Movement Desensitization Reprogramming), Play Therapy and psychological evaluations for issues such as ADHD, school readiness, appropriateness for specific surgical procedures, and personality assessment.

I am in the office Monday-Thursday from 8 a.m. to 6 p.m. My office manager is in the office Monday-Thursday mornings, however, you can leave messages 24 hours a day on the voice mail system. In case of emergency call 911 or go directly to the nearest emergency room.

Counseling/testing sessions are 45 minutes in length and my fee is \$150 per session. Extended session time is pro-rated and fees for consultation outside the office are \$150 per hour. Telephone consultation is charged at the normal pro-rated fee. For 30-minute sessions the fee is \$100. Please pay for each session at the time of service and in order to utilize time more efficiently please have payment ready at the beginning of the session. I accept cash, personal checks, or MasterCard/Visa. You will be provided with a receipt for your personal and/or insurance records and filing.

If you find that you are unable to keep a scheduled appointment, please call any time of day and leave a message on the voice mail. I require 24-hour advance notice of cancellations or rescheduling requests. If 24-hour notice is not given, you will be billed the full session fee. Missed appointments are your responsibility to pay. Missed appointments are not billable to your insurance company.

I have read and understand the information regarding Dr. Hawk's financial policy. I agree to be responsible for all charges for myself/my spouse/my children.

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Signature of Patient/Guardian

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Date