

THERAPIST-PATIENT SERVICES AGREEMENT

Welcome to my practice. This document contains information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and rights for you as a patient with regards to the use and disclosure of your Protected Health Information (PHI). HIPAA requires that we provide you with a Notice of Privacy Practices (The Notice) for the use and disclosure of PHI, for treatment, payment, and health care operations. The Notice, explains HIPAA and its application to your personal health information in greater detail. **The law requires that we obtain your signature acknowledging that we have provided you with this information before the end of today's session.**

Although these documents are long and sometimes complex, it very important that you **read them carefully**. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between us. You may revoke the Agreement in writing at any time. The 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 plan, or if you have not satisfied any financial obligations you have incurred.

SPEECH-LANGUAGE SERVICES

Speech-language Therapy services are broad in scope encompassing delays and disorders in the development of verbal language, intelligible speech, feeding and swallowing, and processing what is heard for the purposes of learning, to name a few. **Embarking on a program of speech-language therapy with your child calls for a very active effort on your part.** This is often in contrast to a visit to a medical doctor or dentist where the professional is called on to "fix the problem." In order for therapy to have its greatest and quickest results, you will be asked to work at home on things which we discuss as an integral part your child's treatment sessions.

Our first appointment will typically be an evaluation where we may gather information through testing, examination, interview or observation. From that information we will be able to offer a first impression of what treatment is recommended, frequency, and a treatment plan. Sometimes we will require time to score the examinations before making any recommendations, and sometimes further evaluation and assessment will be needed. The length of time that a child will need to attend therapy is as varied and individual as is the child.

You should evaluate the information we give you following the evaluation, along with your own opinions of how comfortable you and your child feel working here. Since therapy involves a commitment of money, energy, and your child's precious developmental window of time, you should be careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to refer you to another speech-language pathologist for a second opinion.

TREATMENT

When speech-language therapy is begun, sessions will run from 30 minutes to an hour depending on whether your child may benefit from shorter, more frequent sessions or depending on your child's ability to sustain attention during treatment. It is important for you to attend all of your scheduled appointments on time. If you are late, you will not have the benefit of a full session. **Once an appointment is scheduled, you will be expected to pay for it unless you provide notice/cancellation prior to your appointment.**

Often, a part of your child's therapy session will include our discussions on your observations at home as well as recommendations on home treatment activities. This is as vitally important to treatment as is the direct therapy. Please feel free to come with your questions to therapy.

SICK CHILD

Often the question arises as to when a child is too sick to benefit from treatment. While **consistency in treatment is critical**, during times of illness, good judgment must prevail in weighing the benefit of keeping an appointment. As a minimal guideline, please call to cancel if your child has a green or yellow nasal discharge, has had fever greater than 100 degrees within the past 24 hours, has a contagious or unknown skin breakout, has been on antibiotics less than 24 hours for bacterial infection that may be transmitted, or has been vomiting or had diarrhea within 24 hours. By following these guidelines we can help prevent the spread of contagious illness. Otherwise, you may wish to make judgments based on your child's mood, frustration tolerance and/or how rested your child may be.

CONTACTING ME

Due to the work schedule, we are often not immediately available by telephone. When unavailable, the telephone is answered by an answering machine. When in the office, we will make every effort to return your call on the same day. Otherwise, we will call the next time in the office. Please indicate if your message is urgent. You may cancel appointments on the message. If you wish to reschedule an appointment, or make scheduling changes, you may leave a message.

PROFESSIONAL FEES

The fee for the initial evaluation ranges from \$250.00 to \$400.00 depending on the time required to complete the evaluation and the assessment administered. The only exception to this is if strictly an articulation inventory is required. In this case, the evaluation would be limited to the rate of \$104.00. The hourly fee for treatment is \$104.00 and 30 minute treatment sessions are \$52.00. In addition to weekly appointments, we charge \$30.00 per 15 minute blocks for other professional services you may need. Fees for testing are based on the time required to administer, score, and interpret findings and write an initial evaluation report. Other services may include lengthy telephone consultations, consulting with other professionals with your permission, and scheduled conferences regarding your child. We also charge a flat \$30.00 fee for each meeting or treatment for your child where we travel off-site.

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If you become involved in legal proceedings that require our participation, you will be expected to pay for all of the professional time, including preparation and transportation costs, even if called to testify by another party. If legal fees are incurred on our behalf, you will be responsible for payment of those fees.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a health provider. In most situations, I can release information about your treatment to others only if you indicate so on a signed written Authorization form that meets legal requirements imposed by HIPAA and the State of Florida. There are other situations that require only that you provide advanced consent. Your signature on this Agreement provides consent for the activities which are also included in the Notice of Privacy Practices. Our practice will post a copy of our current Notice in our offices in a visible location at all times and you may request a copy of our most current Notice at any time.

You should be aware that I keep Protected Health Information about your child in his/her clinical record. It includes information about your reasons for seeking speech-language therapy for your child, his/her diagnosis, the goals we set for treatment, the progress towards these goals, potential barriers to progress, rehabilitation potential, precautions taken, your medical and social history, your treatment history, any past records that I have received from other providers, reports or any professional consultations, billing records, and any reports that have been sent to anyone, including reports to insurance carriers or payer sources. You may examine and/or receive a copy of your child's clinical record, if you request it in writing.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have a payer source for which I am an enrolled provider.

If your account has not been paid for more than 60 days and arrangements or payment have not been agreed upon, I have the option of using legal means to secure 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. Should you fall more than two sessions behind in payment we will need to develop a plan to bring your account up to date.

There will be a \$25.00 charge for returned checks.

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INSURANCE REIMBURSEMENT

If you have a health insurance policy, it usually will not provide coverage for developmental speech-language therapy services. Thus I currently am a Medicaid and Part C (Early Steps) provider only. I will, provide forms for reimbursement and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, my office will not file insurance for you. **Please be aware that you, (not your insurance company) are responsible for full payment of my fees.** It is your responsibility to find out exactly what speech services your insurance policy covers. If you have questions about the coverage, call your plan administrator.

If you plan to utilize insurance benefits, please complete the top portion of the HCFA-1500 form. If fees expected from your insurance company are denied, please recognize that the insurance contract is between the beneficiary and the insurance provider. You should also be aware that your contract with your health insurance company may require that I provide it with information relevant to services that I provide to you should you utilize these benefits. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about you and your child that is necessary for the purpose requested. 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. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

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