4602 Cumberland Road
Fayetteville, NC 28306
Phone (910) 423-5622
Fax (910) 378-1755

POLICY PACKET

Please retain this copy for your records. This packet contains: Notice of Privacy Practices, Payment for Services Agreement, Therapy Services Agreement, Student Participation Agreement, and Speech-Language Pathology Assistant Authorization to Treat

NOTICE OF PRIVACY PRACTICES *Effective April 14, 2003*

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your child's protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

Acknowledgement of Receipt of this Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your child's protected health information and your privacy rights. The delivery of your child's health care services will in no way be conditioned upon your signed acknowledgment.

Who Will Follow this Notice

- All physicians, licensed health care personnel, employees, staff and other office personnel.
- Any independent health care professional who may provide services at our office and is authorized to enter information into your medical record.
- All students or trainees.
- Any persons or companies with whom Therapy Playground, Inc contracts for services to help operate our practice and who have access to our patients' medical information.

Our Responsibility Regarding Protected Health Information

Your child's 'protected health information' is individually identifiable health information. This includes demographics such as age, address, email address, and relates to your child's past, present, or future physical or mental health or condition and related health care services. We are required by law to do the following:

- Make sure that your child's protected health information is kept private
- Give you this notice of our legal duties and privacy practices related to the use and disclosures of your child's protected health information,
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about your child as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by calling the phone number at the top of this notice.

Our System

Therapy Playground, Inc. works with several agencies and referral sources. Your child's health information will be shared in the following manner:

- Treatment
    - We will use and disclose your child's protected health information to provide, coordinate, or manage your child's health care and any related services. This includes disclosure to your physician or other health care providers who becomes involved in your care.
    - Within our office for administrative activities, quality assessment, oversight and peer review.
    - With our billing personnel and as necessary to obtain payment for your health care services.
    - With your insurance company or other payers as required for payment.

    - With the referring agency and case manager.
    - With any other provider, school or agency with your written request. You may request written or verbal information sharing in writing. Your request should include a specified period of time for information sharing.
- Required by Law
    - We may use or disclose your child's protected health information if law or regulation requires the use or disclosure. We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- Health Oversight
    - We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Legal Proceedings
    - We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- Parental Access
    - We may disclose your child's protected information to parents, guardians and persons acting in similar legal status.

For Health Care Operations

Therapy Playground, Inc.'s staff and business associates may use and disclose medical information about you to operate this office. For example, Therapy Playground, Inc. may use medical information to call out your name in the waiting room, to review treatment and services or to evaluate the qualifications and performance of therapists in caring for you. Therapy Playground, Inc. may also disclose information to licensing authorities or offices who evaluate qualifications and review care to determine if Therapy Playground, Inc. and its therapists can be licensed, credentialed, certified or approved under a health plan or to treat patients at a particular facility. Therapy Playground, Inc. may contract with other professionals or companies, such as medical record transcription services, consultants, financial advisors or legal counsel, to help us run the practice and who have agreed to follow our Notice of Privacy Practices.

- Contacting You
    - Unless Therapy Playground, Inc. has agreed in writing to your written request to handle these matters differently, Therapy Playground, Inc. may use and disclose medical information to leave you a message or send you a letter concerning an appointment or to ask you to call concerning your child's care or your child's account. Therapy Playground, Inc. will use the contact information that you provide.
- Individuals Involved in Your Care
    - Therapy Playground, Inc. may disclose medical information about your child to a friend or family member who is involved in your child's medical care, unless you object. You can object to these disclosures by notifying Therapy Playground, Inc. that you do not wish any or all individuals involved in your child's care to receive this information. If you are not present or cannot agree or object, Therapy Playground, Inc. will use our professional judgment to decide whether it is in your child's best interest to disclose relevant information to someone who is involved in your child's care.
- Research
    - Under certain circumstances, Therapy Playground, Inc. may use and disclose medical information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received treatment to those who received another for the same condition. Therapy Playground, Inc. will obtain your written consent if the researchers will know who your child is. Medical information about your child that has had all identifying information removed may be used for research without your consent.

Uses and Disclosures of Protected Health Information Requiring Your Permission

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your child's protected health information. Since some of our therapies are provided in your home or other natural environments, those present during the session, including friends, family, or day care providers may hear health information regarding your child. Please notify our office in writing if you do not want your child's protected health information to be discussed. If your child receives therapy at our office the therapist may discretely share your child's progress in the waiting room in front of other patients. If you wish to have your child's progress shared in the treatment room, please notify our office in writing.

Your Rights Regarding Your Child's Health Information

You may exercise the following rights by submitting a written request to the Therapy Playground, Inc office.

- You may inspect and obtain a copy of your child's protected health information that we keep as a part of medical and billing records.
- You may ask us not to use or disclose any part of your child's health information for treatment, payment, or health care operations. Your request must be made in writing. This request will be honored if we mutually agree that the restriction will not harm your child.
- You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.
- If you believe that the information we have about your child is incorrect or incomplete, you may request an amendment to your child's protected health information as long as we are responsible for and maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.
- You may request that we provide you with an accounting of the disclosures we have made of your child's protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. This disclosure must have been made after April 14, 2003, and no more than six years from the date of request. This right excludes disclosures made to you or authorized by you, to family members or friends involved in your child's care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Federal Privacy Laws

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act and the Privacy Act. These laws have been taken into consideration in developing our policies and this notice of how we will use and disclose your child's protected information.

Changes to the Notice of Privacy Practices

Therapy Playground, Inc reserves the right to change this notice. Therapy Playground, Inc reserves the right to make the revised or changed notice effective for medical information already held about you as well as any information received in the future. Therapy Playground, Inc will post a copy of the current notice in the office. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

Questions and Complaints

If you have any questions about this notice, please contact the Privacy Officer at (910) 423-5622. To notify our office in writing of a request please mail to the following: Privacy Officer, 4602 Cumberland Road Fayetteville, North Carolina 28306. If you have a complaint about your privacy rights, you may file a written complaint with this office or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at (910) 423-5622. You will not be penalized for filing a complaint.

Effective Date: April 14, 2003

PAYMENT FOR SERVICES AGREEMENT

Services to be Provided

Therapy Playground, Inc. will provide therapy services for your child (patient) in accordance with the orders provided by the patient's physician. It is understood that licensed therapists employed by Therapy Playground, Inc. will complete the services provided. The responsibly party gives permission for the patient to receive therapy services provided by Therapy Playground, Inc.

Insurance Benefits

Therapy Playground, Inc. will verify the patient's benefits, file the claims for services provided with the insurance carrier, and notify the responsible party of their financial responsibility. The responsible party understands that the verification of benefits is not a guarantee of payment and that they are responsible for all charges not paid by the insurance company.

Assignment of Insurance Benefits

The responsible party authorizes any insurance carrier that provides insurance coverage for the patient, to make direct payments to Therapy Playground, Inc. for any speech pathology services rendered. The responsible party will accurately inform Therapy Playground, Inc. of the patient's insurance coverage and provide information regarding coverage changes within 5 working days of the change.

Release of Information for Reimbursement

The responsible party authorizes the release of information pertaining to the patient's diagnosis and course of treatment to Therapy Playground, Inc. by the patient's physician and any other therapy service providers involved in the

patient's care. The responsibly party also authorizes the release of information to the patient's physician and any other agencies related to reimbursement issues.

THERAPY SERVICES AGREEMENT

If you need to cancel because of illness or another pressing commitment, please call the front desk staff at the office your child is seen at as soon as possible.

- Cumberland Road (910) 423-5622
- Fisher Road (910) 425-3100
- Cain Road (910) 822-3490

You may also let your therapist know in advance about upcoming cancellations. If you cancel your child's appointments often, your child's status will be reviewed to determine if we will be discharging them from services for lack of attendance. We realize that life can be very hectic and that you often have multiple appointments to maintain. If circumstances are making it difficult for you to attend regularly, we may need to find another appointment time, decrease your child's frequency, or put your child on hold until therapy can be made a number one priority. If a vacation or surgical procedure will cause your child to miss more than two weeks in a row they may need to be placed on hold so that another child may utilize that time.

If you miss your appointment without calling to cancel, it is considered a No Show.

- 1st No Show – you will receive a call from your therapist and receive a "No Show" letter
- 2nd No Show – your child will be discharged from Therapy Playground

If your child is discharged for attendance and you decide to reenroll your child at our agency, you will be charged a $25 fee to reopen your child's record. This fee covers our cost in retrieving your child's chart from storage and reprocessing the intake forms.

Please be aware that our therapists are required to enforce these policies and the office staff at each location monitors the therapist's schedules to make sure that frequent no shows and cancellations are addressed.

STUDENT PARTICIPATION AGREEMENT

Therapy Playground, Inc. strives to provide quality treatment services for your child. Part of providing quality treatment is supervising students in direct delivery of speech-language, occupational and physical therapy services. Their participation during treatment sessions prepare them for the workplace.

We are currently affiliated with Fayetteville Technical Community College, North Carolina Central University, East Carolina University for practicum placements. We would like your permission to allow the students direct supervised contact during your child's therapy sessions. All students will sign a confidentiality agreement indicating they will keep the information they encounter at Therapy Playground in the strictest of confidence.

In the event a licensed therapist is not available to supervise the treatment of your child, the student will still provide services that will not be billed to your insurance. Please feel free to ask any questions regarding this policy.

SPEECH-LANGUAGE PATHOLOGY ASSISTANT (SLP-Assistant) AUTHORIZATION TO TREAT

Due to caseload demands and staffing needs, Therapy Playground Inc. has made a decision to employ SLP-Assistants at this time. The SLP-Assistant will be directly supervised by a SLP, with the SLP evaluating your child, establishing a treatment plan and then instructing the SLP-Assistant how to implement the treatment goals. If you have any questions or concerns regarding your child's progress in treatment, you should contact the supervising SLP. We appreciate any feedback you may have about this process.

A SLP is a specialist who works with individuals to improve their communication skills. A SLP may work with stuttering, voice/resonance, language, articulation, social, hearing, fluency, cognitive, and swallowing disorders. An SLP may work in a school, hospital, nursing home, private practice, university or other health care setting.

North Carolina approved a program to train SLP-Assistants in order to help SLPs do their jobs. Just as dentists have assistants, SLPs have SLP-Assistants. The SLP-Assistant does not have to be directly observed during every treatment session by the supervising SLP. The SLP may opt to occasionally sit in on a treatment session to observe progress and make changes to treatment plans when needed.

The SLP-Assistant registers with the NC Board of Examiners for Speech-Language Pathologists and Audiologists and is supervised by a NC licensed SLP. Registered SLP-Assistants must have an Associate's Degree in Speech-Language Pathology Assisting. All SLP-Assistants must pass a competency test. A SLP-Assistant can perform screening tests, provide therapy following a written plan established by the SLP, help with scheduling/ordering supplies/filing, and help with research activities. SLP-Assistants cannot give diagnostic tests or interpret results, write or change the treatment plan established by the SLP, counsel patients and families on speech-language disorders, provide treatment without having access to a supervisor, provide swallowing therapy.

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SIGNATURE PAGE

Please read and initial by the appropriate statements.

_____ I have reviewed a copy of the notice of privacy practices *Effective April 14, 2003* from the office of Therapy Playground Inc. I understand if I would like to request a change from these practices, I will contact Therapy Playground Inc. in writing at the above address.

_____ I give permission to Therapy Playground Inc. to evaluate and provide treatment as needed.

_____ I agree to the therapy services agreement.

_____ I agree to the student participation agreement.

_____ I give permission to Therapy Playground to release information to my insurance company and bill for services on my behalf.

_____ I give permission for my child to be treated by a SLP-Assistant under supervision of a SLP.

Therapy Playground Inc. staff may call my child's name in the waiting room.
_____ Yes! I agree staff MAY call my child's name in the waiting room.
_____ No, I staff MAY NOT call my child's name in the waiting room.

Therapy Playground Inc. may discuss my child's treatment session in the waiting room.
_____ Yes! I agree staff MAY discuss my child's treatment session in the waiting room.
_____ No, I staff MAY NOT discuss my child's treatment session in the waiting room. I will enter my child's treatment room 5 minutes before the end of the session in order to obtain a progress report and/or homework.

Print Child's Name_____

Print Parent/Guardian Name_____

Parent/Guardian Signature_____

Date_____

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RELEASE OF INFORMATION

Child's Name:_____ Date of Birth:_____

I,_____, hereby authorize Therapy Playground Inc. to disclose and exchange specific health information, for treatment and planning purposes, from the records (written and electronic) of the above named child to/from (please list recipients/information below):

Recipient's Name	Company	Phone Number	Fax Number

Specific information to be disclosed/exchanged (check all that apply):

- ☐ **All records needed for treatment and planning**
- ☐ Birth Records/History
- ☐ Health and Medical Records
- ☐ Laboratory Results
- ☐ Admissions/Discharge Summaries
- ☐ Ophthalmological Evaluations
- ☐ Audiological Evaluations
- ☐ Social History
- ☐ Developmental History
- ☐ Physical Therapy Evaluations
- ☐ Occupational Therapy Evaluations
- ☐ Speech and Language Evaluations
- ☐ Developmental Assessments
- ☐ Behavior Plan
- ☐ ABA Treatment Plan
- ☐ Nutritional Assessments
- ☐ Educational Evaluations
- ☐ Psychological Evaluations
- ☐ Medical Evaluations
- ☐ Multidisciplinary Evaluations
- ☐ Individualized Family Service Plans [IFSP]
- ☐ Individualized Education Program (IEP)
- ☐ Habilitation/Treatment Plans
- ☐ Progress Reports/Progress Notes
- ☐ Intermediate Assessments
- ☐ Equipment
- ☐ Other:_____

RESTRICTIONS (Specific Request):_____

I understand this authorization is valid for the period of time needed to fulfill its purpose, for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time by signing the RECOVATION OF RELEASE OF INFORMATION by requesting the form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that my information may not be protected from re-disclosure by the requestor of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing, this disclosure may include that information. I understand that I may request that the disclosure of this information be restricted. I also understand that I may refuse to sign this authorization. I also understand that the Infant-Toddler Program cannot deny or refuse to provide treatment or eligibility of benefits if I refuse to sign this authorization. (Note, however, if treatment is research related, treatment may be denied if authorization is not given.)

I further understand that I will receive a copy of this signed authorization.

_____ _____ _____
Signature of Client | Date | Witness and Date *if required*

_____ _____ _____
Signature of Parent, Legal Guardian, Personal Representative | Date | Relationship/Authority