



13216 Craig Street
 Overland Park, KS 66213
Beckham.hslc@gmail.com
 913-302-5137

BACKGROUND INFORMATION

Client Name:

Birthdate:	Age:	Spouse or Significant Other:
Address:		Address:
City/State/Zip Code:		City/State/Zip Code:
Home Phone:		Home Phone:
Cell Phone:		Cell Phone:
Email:		Email:
Referral Source:		
Diagnoses you have received:		
1.		
2.		
3.		
Does you have any food allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please list:		
Are you allergic to dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No (There is a service dog who often visits the office)		
Are currently taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list medications:		
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
What is the name of your employer?		<input type="checkbox"/> Not Applicable
Are you in school or training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		
What degree/certification are you working on?		
What are your current classes/grades? <input type="checkbox"/> Not Applicable		
List your strengths and/or special interests:		

SELF RATING

Please check all that apply to you

Please rate yourself on the following on a scale from 1-5 (5 = Independent- Consistent with same aged peers)

SKILLS	HOME/ SCHOOL	WORK
Connecting with friends regularly		
Finishing what I start		
Meeting unfamiliar people		
Regulating my own speaking (amount, volume, and/or speed)		
Getting to the point when telling a story		
Asking for help or clarification		
Listening to others with my eyes		
Joining group activities		
Participating in conversations		
Understanding the main idea in a conversation		
Describing my own thoughts and feelings		
Understanding other people's intentions or motives.		
Accepting mistakes		
Personal problem solving (recognize and handle social problems when they occur)		
Able to match my reaction to the size of the problem		
Keeping track of time (get ready on time, arrive on time, meet deadlines, etc.)		
Taking care of home tasks: clean house, laundry, pay bills, groceries, etc.		
Taking care of personal hygiene		
Completing assignments		
Saying 'No' to people who ask for things you don't feel comfortable with.		
Trying new things (food, activities, responsibilities, etc.)		
Controlling my temper		

**If you rated yourself a '3' or below on the last item (controlling temper), please describe what reaction may look like:

Other:

Other:

Other:

Initial Assessment

An initial assessment is required prior to participation in either individual or group sessions. This is an opportunity for all parties involved to meet each other and share information that will help determine if the services offered will meet your needs. Should it be determined that our services will not meet your needs, every effort will be made to help guide you in finding resources/services that will.

Individual/Group Therapy

Every effort will be made to group participants with peers who function similarly to them based upon cognitive, social language and general auditory processing abilities. If a group is not available, the participant will be placed on a waiting list and will be contacted when an opening occurs.

Attendance Policy for Social Thinking Groups

Groups run from mid August through May and from June thru July. The office will be closed 2 weeks for winter break, and the following national holidays: Memorial Day, Labor Day, and 2 days for Thanksgiving.

In order to gain the most benefit from group sessions, participants are strongly encouraged to attend every session.

Three or more absences indicate the need to re-evaluate a participant's commitment to the group and will be addressed per individual case.

Make-up sessions:

*All group sessions cancelled by the coach will be rescheduled at an agreed upon time with all parties involved.

*One built-in 'make-up' session is available for missed sessions, which may be used by one or all participants in the group. If a student misses more than one group session, they may schedule an individual session at the individual session rate.

*No Show policy: A 'day ahead' notice (call, email or text) is requested for all cancellations. Clients who do not cancel in advance and who do not appear for scheduled appointments will be charged \$50.00 for each missed appointment.

Family Education

Parents/guardians and/or significant others are strongly encouraged to attend the last 10 minutes of each session in order to review new ideas/concepts taught during the session. Social growth depends upon the sharing of common vocabulary and concepts so that generalization of concepts will occur in the client's natural environment.

Fees: *(A Sliding Scale is available upon request)*

*Initial Phone interview: No charge; *Initial Assessment: \$150.00 (written report: \$300.00) (written progress reports available upon request: \$150.00)

*Individual Session: \$125.00 per hour *Group sessions: Group costs may vary slightly due to # of sessions per semester and/or unpredictable overhead costs, i.e. rent, materials, etc.

*Note: *Regarding group sessions, clients will be billed for therapy services at the beginning of each month, unless they decide to pay in full. Group costs may vary slightly due to # of sessions per semester and/or unpredictable overhead costs, i.e. materials, outings, etc.*

*Family/Work Consultations: \$125.00 per hour;

*Phone Communication: Hourly rate (\$125.00) will be divided by 15 minute increments based on length of call.

Services provided at Heartland Social Learning Center LLC will be agreed upon by all parties involved and will be based upon screening and/or evaluation results, as well as concerns shared by the client or their parent(s).

I understand and agree to the Explanation of the Services and Fees information stated on this document.

Signature: _____
Date _____



Payment Policy and Agreement

Please read, initial, and return with the application packet.

HSLCLLC is a 'private pay' clinic, meaning that all services must be paid for by the adult client themselves. Third party reimbursements are not accepted. We recognize that obtaining insurance coverage may be a difficult process and we wish to do what we can to make the process easier. Due to the intensive time and cost related to gathering information for an insurance claim, we will charge an administrative fee based on \$30.00 per hour for any extra administrative requests which include copies of previous invoices, reports, therapy handouts, etc. We strongly encourage families to keep their own copies of their invoices and any report or written updates we send to them each month.

1. We do not process insurance claims on behalf of a client or family. Our role is to provide records when and if they are requested by a family in order for the client/parent to submit such claims to their respective insurance company.
2. We request that all families planning to file an insurance claim for our clinic's work contact us to let us know their intentions.
3. Some insurance companies will only reimburse for specific diagnostic codes. We obtain the diagnostic code from the information in the client's file. This code is only assigned based on a medical diagnosis (as opposed to an educational classification). We are unable to make changes to the diagnostic code without a written medical diagnosis from a qualified professional. For any client that does not have a medical diagnosis on file, we will use a non-medical insurance code. We are also unable to change this code to reflect a service other than what was given (such as indicating a session was an individual session rather than a group session). We recognize that some insurance companies are willing to cover some services and not others, and we are legally unable to indicate that we provided a service that we did not.
4. Even if families file their own claims, the insurance company will still come to us for information about our services and will want to see copies of group therapy notes for insurance coding. We then have to 'black out' information about all other clients mentioned in the weekly notes. Thus parents filing claims from their home still involve our clinics administrative staff.
5. We will not sign any contract offered to us by an insurance company that states that we agree to pay a lesser fee than what we have established as our fee for service, even if the parent has paid our insurance administrative fee.

Payment in full is the responsibility of the client, whether or not insurance is pending. A \$25.00 charge is required for returned checks and accounts that are unpaid for six or more months may be assigned to a collection agency.

_____ **Initials** indicate that you have read and understand the Heartland Social Learning Center LLC Clinic Policies.
(Please make a copy for your file)



PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This privacy Notice tells you about your rights regarding speech language therapy records in this private practice. One copy of this Privacy Notice is for you to keep.

1. What are health care records in this speech therapy practice?

*Your health care records include:

- * Names and contact information such as address and phone number
- * Notes about the client's performance during each session
- * Test forms/questionnaires, etc.
- * Reports from other agencies that you provide
- * Audio/video recordings of sessions
- * Emails you send (I do not save every email)
- * Emails exchanged with a school based and/or other professionals such as SLP's, OT's, Reading Specialists, and/or lawyers.
- * Copies of receipts for payments
- * Other documentation related to speech/language evaluation, treatment, and communications
- * The following information is not collected by this practice: social security numbers, health insurance information, or other financial information from parents.

*By participating in my private practice, you agree to allow video- and audio- recordings as well as formal and informal assessments when I feel these are appropriate to assess progress or investigate the influence of related skills on communication.

*Video- and audio- recordings are only used within the group from which they were obtained. No one else watches and/or listens to these video-/audio- recordings without your written consent.

*All records are stored either in a locked file drawer or in a computer that is password protected. I am the only person with access to these records. (I have no employees or assistants.)

2. I will not share any of your personal information with anyone or any agency without your written consent unless legally required to do so.

*I will provide the responsible individual/parent who signs the therapy agreement form with all written information such as an evaluation report, progress reports, and homework suggestions.

* I will not forward any reports or talk by phone or email with any other person about you or your student without your written consent, unless legally required to do so.

3. You have a right to access your records and I require 1 week notice if you request hard copies.

**Additionally, the therapist providing services will not be held responsible for any claims or damages of any kind, for injury to any person or persons and/or for any damages due to loss of property arising directly or indirectly from participation in these therapy sessions.

I have read, understand, and agree to this Notice of Privacy Practices. (permission applies until last date of service)

Parent/Responsible Person

Date

Printed name

Exchange of Information
Your signature is required on this form

Date

Client Name

Birthdate

I give permission for any employee of Heartland Social Learning Center LLC to share information with any of the following people regarding educational or medical treatment:

Name:	Title:
Email:	Phone:
Name:	Title:
Email:	Phone:
Name:	Title:
Email:	Phone:

Signature

(permission applies up to one year after the last date of service)

Date

PREFERRED METHOD OF COMMUNICATION

Please check your preferred method(s) of communication below:

U.S. Mail Telephone E-Mail Fax

If you have authorized Heartland Social Learning Center, LLC to communicate and correspond with you via e-mail, you acknowledge that Heartland Social Learning Center, LLC may transmit personal and confidential information to you regarding your treatment by email over the Internet including reports and/or PayPal invoices. Heartland Social Learning Center, LLC will use reasonable means to protect the security and confidentiality of e-mail information sent and received; however, Heartland Social Learning Center, LLC cannot guarantee the privacy and security of such information. It is your duty to protect your e-mail account, password and computer against access by unauthorized persons. Heartland Social Learning Center, LLC will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. You agree that should any information sent to you by Heartland Social Learning Center, LLC be intercepted or otherwise accessed or modified by any unauthorized third party, you shall fully release, discharge, and hold harmless Heartland Social Learning Center, LLC from any damages arising directly or indirectly from such interception or access. You may revoke your authorization for Heartland Social Learning Center, LLC to communicate with you by email at any time by written request.

I agree to the terms stated above (permission applies until last date of service)

Signature: _____

Date: _____

Video and Audio Permission

Permission to use video or pictured image and audio recording.
This form must be signed in order for you/your child to participate
in the program!

The use of video, picture image and audio recordings are an essential component to teaching social awareness and social skills, therefore, Heartland Social Learning Center LLC must be allowed to use these types of recordings in order for you/your child to participate in our program.

Please check the following box to indicate that you will allow these recordings and wish to participate in our program:

I give my permission for Heartland Social Learning Center LLC to use video/audio recordings of me/my child within the clinic setting for therapeutic purposes **only**.

Occasionally, in the course of recording the sessions, we will capture an interaction that accurately illustrates a particular concept or strategy. In this instance, we would like the opportunity to use this video in a training/conference setting. The video will be used to educate fellow parents and professionals about how to apply therapy techniques that are being discussed.

Check only if you are comfortable with this option:

I give permission for video or pictures of me/my child to be used in both clinical AND conference settings.
(permission applies until last date of service)

Signature

Date