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PATIENT NOTIFICATION OF PRIVACY POLICIES (HIPAA AUTHORIZATION) HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT YOUR PRIVACY RIGHTS

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Speech Blossoms is dedicated to ensuring the privacy of your child's speech and/or language evaluation findings and course of therapy treatment. In serving our patients, we create records regarding treatment and services that are provided in order to have accurate information and ensure the appropriateness and efficiency of treatment services. Federal law requires us to strictly protect any personally identifying information on your child. This notice discloses our policies regarding the storage, use, and sharing of confidential patient information.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Speech Blossoms, LLC is required by law to keep your health information safe. This information may include:

- Notes from your doctor, teacher, or other health care provider
- Your medical history
- Your test results
- Treatment notes
- Insurance information

A government rule requires that you get a copy of this privacy notice. This rule is called the Health Insurance Portability and Accountability Act, or HIPAA for short. We will ask you to sign a paper acknowledging that you have been given this notice.

How Your Health Information May Be Used or Shared

We may use your health information without your permission for the following reasons:

1. **Treatment:** We may share your information with doctors or other health care providers who care for you. For example, if your doctor orders speech therapy, we will share the results of our treatment with that doctor.
2. **Payment:** We may use and share information about the treatment you receive with your insurance company or other payer to receive payment for therapy services. This may include sharing important medical information. We may share information to:
 - a. Get the insurance company's permission to start treatment
 - b. Get permission for more treatment
 - c. Get paid for the treatment you receive
3. **Health Care Operations:** We may use and share your health information to run the clinic and make sure all patients receive good care. For example, we may use your health information to:
 - a. See how well our services are working
 - b. See how well our staff is doing
 - c. See how we compare to other clinics and private practices
 - d. Make our services better
 - e. Help others study health care services

Your health information may also be used or shared without your permission for:

- **Abuse and Neglect:** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Appointment Reminders:** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by email, or by phone call or voicemail message. If you do not wish to get reminders, please tell your speech-language pathologist.
- **As Required by Law:** We will share your information when we are told to by federal, state or local law. We will also share information if we are asked by the police or courts.
- **Government Functions:** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the Office of Veteran's Affairs.
- **Information About a Person Who Has Died:** We may share information with the coroner, medical examiner, or a funeral director, as needed.

- Health-Related Benefits and Services: We may use your information to let you know of other services that might be of interest to you.
- Public Health Risks: We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.
- Regulatory Oversight: We may use or share your information to report to agencies overseeing health care. This may include sharing information for audits, licensure and inspections.
- Threats to Health and Safety: Your health information may be shared if it is believed that it will prevent a threat to your health and safety or the health and safety of others.
- Worker's Compensation: We will share your information with Worker's Compensation if your case is being considered as a work-related injury.

When Your Permission is Needed to Use or Share Your Health Information

You must give us your permission to use or share your health information for any situation that is not listed on this notice. You will be asked to sign a form, called an authorization, to allow us to share your information. You are allowed to take back this authorization, called revoking authorization, at any time. We will not be able to get the information back that we shared with your permission.

Your Privacy Rights

You have the right to:

- Ask us not to share your information: You can ask us not to use or share your information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law. We do not have to agree to what you ask.
- Ask us to contact you privately: You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call you but not email. Or you may want us to call you at work and not at home. You must ask in writing.
- Look at and copy your health information: You have the right to see your health information and get a copy of that information at any time. You have the right to see treatment, medical and billing information. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials, such as test protocols.
- Ask for changes to your health information: You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change. We do not have to make the change.
- Get a report of how and when your information was used or shared: You can ask us to tell you when your information was shared and who we shared it with. There are some rules about this:
 - You need to ask us in writing.
 - You must tell us the dates you are asking about and if you want a paper or electronic copy.
 - You may get information going back six (6) years, but it cannot be for earlier than April 14, 2003. This is the date when the government privacy rules took effect.
- Get a paper copy of this privacy notice: You can get a paper copy of this notice at any time.
- File complaints: You can file a complaint with us or with the government if you think that-
- Your information was used or shared in a way that is not allowed or you were not allowed to look at or copy your information
- Any of your rights were denied

Who is Covered by This Notice

The people that must follow the rules of this notice are:

- All employees at Speech Blossoms, LLC, dba SPOT Blossoms.
- Anyone who is allowed to access health information to your file, including students and other staff
- Any volunteers who may help you while you are at this clinic/private practice

Changes to the Information in This Notice

We may change this notice at any time. Changes may apply to information we already have in your file and any new information. Copies of the new notice will be available from our staff. The notice will have a date on the front page to tell you when it went into effect.

Complaints

You may file a complaint if you think we did something wrong with your information. You can complain to your regional office of the United States Office of Civil Rights. All complaints must be in writing. You will not get in trouble for filing a complaint.

Contacts

If you have any other questions about this notice or your privacy rights, please ask your speech-language pathologist.

AGREEMENT OF SERVICES AND PAYMENT POLICY

To ensure a smooth course of Speech-Language and/or Occupational Therapy treatment for your child, please review our office policies and ask us any questions you may have. After reviewing, please sign the acknowledge of Payment / Cancellation Policy on the back of the case history form.

1. Insurance. We participate in several insurance plans and are in-network providers for numerous health insurance plans. Please ask the office staff to see if we are providers for your insurance. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with payment in full for each visit may be required up front until we can verify insurance coverage. We will file insurance claims to your primary and/or secondary carriers for your convenience. However, **knowing your insurance benefits and limitations is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage for Speech and Occupational Therapy, the diagnoses covered, number of visit limitations, and what requirements they may have to ensure payment** (Rx, Letter of Medical Necessity, etc.). See suggested questions for your insurance and Disclaimer at the end of the Agreement.
2. Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. For your convenience we accept all major credit cards (Visa, American Express, MasterCard). We are able to keep a credit card on file for weekly co-pays and/or weekly therapy payments.
3. Non-covered services. Please be aware that some, or perhaps all, of the services you receive may not be covered by your insurance carrier(s). Insurance carriers and their policies differ widely in terms of what Diagnoses and Procedures they will cover. We will work with you to help determine what your policy will cover but it is your responsibility to ensure that your policy will cover the specific Diagnosis provided for your child.
4. Proof of Insurance. All patients must complete our Patient Information form before being seen by a Therapist. We must obtain a copy of your current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. If you do not notify us of a change or cancellation in insurance, you may be responsible for the balance of the claim if not paid by the insurance provider.
5. Claims Submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your ultimate responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.
6. Termination of Insurance. In the event your insurance is terminated for any reason and we are not able to collect payment from your insurance provider, you will be responsible for payment in full for said unpaid claims. Any claims submitted during the time your policy is inactive will result in the charges being billed directly to you.
7. Coverage Changes. If your insurance changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits. In the event you do not notify our office in a timely manner and your insurance has expired or becomes inactive for any reason, you will be responsible for any unpaid claims.
8. Nonpayment. If your account is over 60 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments will not be accepted unless arrangements are made in advance with our office. Please be aware that if your balance remains unpaid, we may refer your account to a collection agency and your child may be discharged from our practice.
9. Therapy Services. Speech Therapy is billed at \$100.00 per session. Occupational Therapy is billed \$45.00 per 15 minuet increment. These rates do not apply to Speech and Occupational Evaluations. Please

discuss Evaluation rates with our Office Manager. If you do not have insurance coverage, please discuss self-pay rates with our Office Manager.

Our practice is committed to providing your child with high quality therapeutic services to achieve your reasonable goals and objectives for your child. Our prices are representative of the usual and customary charges for Speech and/or Occupational Therapy services in our area. Thank you for understanding our payment policy and let us know if you have any questions or concerns.

Insurance Disclaimer: Please understand the insurance information provided to you is not a guarantee of payment. Information provided is a courtesy and has been supplied to our office from your Insurance Carrier as of the date the information has been relayed; however your insurance policy is a contract that we are not privy to and specific information about your coverage should be obtained directly from your Insurance Provider.

We strongly suggest you request the following information from your health insurance company when asking if therapy services are covered:

- Is Speech Therapy / Occupational Therapy a payable benefit under this plan?
- Is developmental delay covered or rehabilitation only?
- How many sessions are allowable per year?
- Are allowed sessions Speech only / Occupational only or combined between therapies?
- Are my insurance benefits for a calendar year? If not, when does my covered year start?
- Do I have to meet my deductible before benefits initiate for therapy?
- What are the individual and family deductibles?
- What is the amount currently met for the individual / family deductibles?
- Is pre-authorization required for Speech Therapy?

Answers and benefit information provided by your Insurance Carrier is relayed to you. PLEASE be aware this is not a guarantee of payment and policies are subject to change. In addition, if your Insurance Provider, for any reason, re-processes claims and/or requires a refund or reimbursement of payment from SPOT Blossoms, LLC, these charges will be the Member/Patient's responsibility.

CANCELLATION & NO-SHOW POLICY

We request you notify us 24 hours prior to your appointment if you need to cancel or reschedule. Failure to call or be present for an appointment is considered a 'No Show' appointment. SPOT Blossoms reserves the right to place your child's services on hold with three 'No Show' appointments within a 6 week period or excessive cancellations (under 50% attendance in a 2 month period).

Illness Policy / Emergency

If your child or anyone in the family is ill, please call and cancel your appointment. We do offer Telehealth if your child is feeling well, but someone else in the family is ill.

Parents agree that a child who is ill (example: fever infection, diarrhea, communicable disease, or any other type of illness that may be passed on to others) will be kept home until no longer contagious.

We also understand that emergencies occur. Please contact our office as soon as possible to let us know that you were unable to attend your scheduled appointment.

A general rule of thumb is that if a child has been on an antibiotic for 24 hours and does not have a fever, is not coughing frequently, and does not have a runny nose, he/she is probably not contagious. We appreciate your understanding and will be happy to reschedule your appointment. We have a 24-hour voicemail service, so feel free to call us at any hour and leave a message. We appreciate three hours notice if you are canceling; however, we also understand how illness in young children can occur suddenly, so you will not be penalized with a fee if you call and cancel for sudden illness.

A consistent schedule is pertinent to your child's progress with speech and occupational therapy.