

Social Thinking® Clinical Therapy

What you will receive from our program

Our adult sessions will provide opportunities for our clients to explore concepts and develop tools to address various areas of Social Thinking. Some of those areas are:

- Perspective taking
- Personal problem solving
- Social communication and advanced social relationship skills for use in the work setting, home, college campus and community.
- Self-advocacy
- Related social anxiety
- Organizational skills
- Emotional expression

Many adults are seen in individual sessions to explore their very specific individual needs. However, we also provide Social Thinking group treatment if we find clients who are a good match for one another. We DO NOT group people simply by a diagnostic label or by the time slot they are available to come to our clinic. Instead, we thoroughly review all the information we have available to determine if and when we have a match for a group. We prefer to meet adults first or at least talk to them over the phone before determining what type of session is best (group or individual). If you have previous treatment or diagnostic reports available, please attach a copy as well as a written letter from you or a trusted friend or family member. This will help us better understand why you are seeking treatment. We work hard to develop and provide appropriate individualized treatment to foster social learning and anxiety management. Regular attendance for individual or group sessions is key.

Two clinics - One application

Social Thinking Saratoga Ave and Social Thinking Stevens Creek are sister clinics operating under one administrative services department. The mini-social thinking clinic (providing services to approximately 20 clients), is referred to as Social Thinking Saratoga Ave (STSA) and the larger social thinking clinic, (which provides services to 250+ clients) is referred to as Social Thinking Stevens Creek (STSC). Both clinics remain at their current locations and all information about their combined clinical services are available at our main website: www.socialthinking.com. The two clinics work together collaboratively but each clinic runs as an independent for-profit business, so payments are made directly to the specific clinic where the client attends.

We have one administrative group for both businesses to reduce confusion as families need only fill out one application. Applicants are placed at STSA or STSC based on availability of services. Michelle Garcia Winner, founder of Social Thinking, and her team at STSA will provide ongoing training to STSC to ensure quality services at both locations.

Social Thinking Center is an International Training Center:

Social Thinking Saratoga Ave (STSA) and Social Thinking Stevens Creek (STSC) host clinicians from around the world through our Social Thinking Clinical Training Program. Clients may be observed in their groups from the observation rooms by our trainees. Once a month professionals-in-training will co-treat with the ST-Saratoga Ave clinicians in their sessions. Client confidentiality is maintained throughout all training programs. Often we use the opportunity of having a “new” person in the room for a session as a time for our clients to put their social thinking and related social skills into action. We have run international training programs alongside our clinical sessions for many years as a way to provide professionals a forum for learning and helping those clients in their community. They are unobtrusive to the treatment process and treatment is never compromised as the therapist closely facilitates the training with the clients. Please feel free to discuss these programs with your therapist if you have any questions. Signs will be posted each week we have visitors in from around the world.

Enrollment in Social Thinking Groups:

We group clients with peers that function similarly in his/her cognitive, perspective taking, social language and auditory processing abilities. We see over 300 clients on a weekly basis so finding common times for similar clients to be scheduled can be a difficult puzzle to solve. To help with the process we encourage you to provide as many possible times and days to allow the most options when scheduling. This significantly increases the chances that you will be placed in a group.

Attendance Policy for Social Thinking Groups:

Group work is dependent on all group members attending sessions regularly. Groups roughly follow the 9-month academic school year and your group will be most effective when everyone attends consistently. This allows you to build peer rapport and develop peer accountability. Applicants must make every effort to attend on a weekly basis. Our clinic calendar details specific holiday closures and over the course of the school year you will have 2 excused absences. You can use these 2 days without being charged for missing your group time at the clinic. Beyond that, missed sessions will be billed as regular sessions. There are no exceptions to this policy, so we strongly encourage clients to save these two absences for unplanned illnesses and other emergencies.

On the rare occasion that everyone is absent from the group except for one client, we will still hold the session and focus on your specific needs the therapist has observed. This is a good opportunity since we wish we had some individual time to work with all of our clients. The session will still be billed at the group therapy rate. We will not call you to let you know that you will have an individual session, as we don't often hear about absences until the day of. If you choose to not come for the session knowing another group member is out, this will count as one of the two excused absences or will be billed as a missed session if you have exceeded the allowable absences.

Individual Therapy:

Individual therapy sessions for adult clients occur before 3pm. Individual therapy sessions are offered as space allows on the therapist's schedule.

Program Cost:

\$110 per 60-minutes when 3 – 4 clients in the group
\$130 per 60-minutes for Early Learners
\$160 per 60-minutes for individual therapy
\$160 per hour for additional consultation with parents, spouse or partner, report writing, or phone calls exceeding 10 minutes with a therapist.

Billing:

Social Thinking Saratoga Ave and Social Thinking Stevens Creek are independent businesses. Billing/Invoicing specific to each company will be explained upon placement in a group. We do not sign contracts with insurance companies, nor do we accept payment directly from insurance companies.

Insurance Policy:

We do not process any insurance. However we do include procedure codes on our invoices based on the type of session to assist you with claims you may wish to submit for reimbursement from your insurance company. For more information on our policy regarding insurance claims please call our office at (408) 244-2005.

Deposits:

A good deal of time is invested in considering each client's placement. A deposit of \$220 should be sent in with the application for placement. This money will then be applied to the client's final two weeks in the program. If the client applies to the program and we find a placement for them but then the client decides to not accept the placement for therapy, \$50 from the deposit will not be refunded. If we are not able to place the client, the full deposit will be refunded by June. If the client is placed at Social Thinking Saratoga Ave then their deposit will be transferred to STSA.

Please make sure all forms are completed and signed prior to submission.

Application Deadline for priority scheduling: June 21, 2018

All Clients:

- Registration Form
- Clinic Policies
- Report(s)/Outside Info/any other information which will give us a better understanding of your strengths and challenges
- \$220 Deposit payable to Social Thinking Stevens Creek. The deposit will be applied to the last two weeks of program attendance. (If the deposit poses a burden please contact our office to discuss possible arrangements.)

In addition, new clients please include:

- New Client Information Forms (pgs 5 & 6)
- A brief letter from you and/or a family member describing your strengths and challenges. (See p.6 for letter guidelines).
- Reports including medical diagnosis or letter from doctor (not required but helpful if seeking insurance reimbursement)

Please mail complete applications to:

Social Thinking - Stevens Creek
3550 Stevens Creek Blvd, Ste 200
San Jose, CA 95117

Faxed or emailed applications cannot be accepted.

Notes about completing your application:

- **The attached registration form must be filled out completely even if you have attended sessions at our clinic before!** Remember, the more time slots you make available for us to choose from, the more likely it will be that we are able to place you in our clinic.
- Please be aware that our receipt of your application does *not* guarantee placement in a group nor should it be assumed that because you attended last year you will automatically be enrolled without an application. Group placement is primarily based on matching similar clients together for the best possible group interaction and time when the group can meet together.
- New clients must include a letter, New Client Information forms, and any relevant reports. Our therapists will not be able to create a profile and therefore determine placement without this extra information.
- It is important to be as precise as possible, this part of scheduling is complicated and we rely on the information you provide us. We will make every attempt to meet your needs.
- Those who do not make it into one of the initial groups will be placed on the waiting list & contacted when an opening occurs; we generally are able to place the majority of applicants in groups if we receive the applications by the **deadline of June 21, 2018**



ADULT REGISTRATION FORM
FALL-SPRING 2018-2019

For admin use only:

For therapist use only:

Application Deadline for priority scheduling: June 21, 2018

Please return this application with \$220.00 deposit

Make deposit check out to: Social Thinking Stevens Creek

Mail to: 3550 Stevens Creek Blvd, #200, San Jose, CA 95117

Returning Client? YES NO

BILLING INFORMATION:

I am responsible for my own charges. Please mail invoices to my address.

Please mail invoices to the person listed below:

Client Name: _____

Billing Name (if different): _____

Gender: ____ Age: _____ Date of Birth: _____

Relationship: _____

Client Address: _____

Billing Address: _____

City/State/Zip Code: _____

City/State/Zip Code: _____

Client Home Phone: _____

Billing Home Phone: _____

Client Cell Phone: _____

Billing Cell Phone: _____

Client Email: _____

Billing Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

MY MOTIVATION FOR SEEKING TREATMENT

- Help holding/getting a job
- Social networking and developing social relationships in the community and/or at work
- Learning coping and Social Thinking & related social skills for use on a college campus
- Organizational skills

Specific vocational and life skills training for living with increasing independence at home, work and community

Other: _____

PLEASE CIRCLE YOUR AVAILABILITY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
10:00 am	10:00 am	10:00 am	10:00 am	10:00 am
11:00 am	11:00 am	11:00 am	11:00 am	11:00 am
1:00pm	1:00pm	1:00pm	1:00pm	1:00pm
2:00 pm	2:00 pm	2:00 pm	2:00 pm	2:00 pm
3:00 pm	3:00 pm	3:00 pm	3:00 pm	3:00 pm
4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm
6:00 pm	6:00 pm	6:00 pm	6:00 pm	6:00 pm

SESSION TYPE

- Group sessions
- Individual sessions
- Group AND individual

PREFERRED THERAPIST OR GROUP MATES

JOB/CAREER

I am currently employed full-time part-time at: _____
Employer/Company Name

Number of hours I work: _____ Job title: _____

Are you receiving any accommodations? Please describe: _____

Please describe any current concerns you have regarding your employment: _____

If you would like to have a medical diagnosis included on your billing statements for insurance reimbursement, *please include a report or letter indicating your medical diagnosis.*

Diagnosis: _____ Diagnosing clinician: _____

Current Medications: _____

ON A SEPARATE PAPER, PLEASE WRITE A BRIEF LETTER DESCRIBING YOUR STRENGTHS AND CHALLENGES.

Including information about the following areas helps us obtain a clear picture of your needs, which will increase our ability to find an appropriate placement.

Please include the following in your letter:

- Your strengths and challenges related to functioning in the social world
- Describe your interactions with peers, family, employer/employees etc.
- Describe your own awareness of these challenges. E.g., Are you aware of how others perceive you? Do you think that you are perceived as “different” from your peers?
- How do you respond to every day problems, such as changes in the schedule, peer or employment conflicts etc?
- What calms you when you are stressed?
- What do you do with your unstructured time (“free time”)?

Optional:

Occasionally in the course of recording the sessions we will capture an interaction that accurately illustrates a particular concept or strategy of the Social Thinking philosophy. 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 employ therapy techniques that are being discussed.

Sign here 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 & conference settings.

Signature

Print name

Date

I agree to follow the fee schedule and policies as noted:

Therapy session fee schedule:

\$110.00 per 60-minutes when 3 – 4 clients in the group

\$130.00 per 60-minutes for Early Learners

\$160.00 per 60-minutes for individual therapy

Additional consultation: \$160.00 per hour for consultations, report writing, or phone calls exceeding 10 minutes with a therapist.

Please Read and Initial Every Section

____ **Absences and Missed Sessions:**

If you started therapy with us in Fall, you will be permitted **two** cancellations for the Fall-Spring program without being billed for those cancellations. If you started therapy with us after January 31st, you will be permitted **one** cancellation. Cancellations may be due to illness, schedule conflicts, vacations, etc.

Unfortunately, if you miss more than the allowed absences you will be billed at your regular rate. There are no exceptions to this policy, so we strongly encourage families to save these two absences for unplanned illnesses and other emergencies. If you find you cannot continue at the clinic for any reason, we require a two week notification of withdrawal to allow our staff time to fill that slot.

____ **Policy for reduced group attendance:**

When therapists work in the group, they observe small details in you that they are not always able to address in depth at that moment given the group setting. When all the other clients in the group are absent, we will see you in an individual session, at the same price as if it was a group session. This is an excellent time for giving you some direct feedback and encouragement. However, it is not a choice to cancel this session without the absence being noted as a cancellation.

____ **Recordings for therapeutic purposes:**

The use of video, picture image and audio recordings are an essential component to Social Thinking® therapy. We must be allowed to use these types of recordings in order for you to participate in our program.

____ **Acknowledgement of Observations:**

Social Thinking Saratoga Ave and Social Thinking Stevens Creek are committed to continue to train professionals from all over the world the Social Thinking conceptual model and techniques. Groups run by our clinics will be at times observed by trainees enrolled in the Social Thinking professional development program. Trainees enrolled in the advanced training may also participate in treatment sessions.

Confidential information about you will not be shared with the trainees beyond what they may need to know in order to plan an effective lesson.

Policy for processing insurance claims or other administrative tasks:

We are a “private pay” clinic, meaning that all of our services must be paid for by the guardians of the client, or the adult client themselves. We do not accept 3rd party reimbursements. We recognize that obtaining insurance coverage may be a difficult process and we wish to do what we can to make this difficult process easier. We strongly encourage families to keep their own copies of their invoices and any reports 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) Some insurance companies will only reimburse for specific ICD10 Diagnostic Codes. On your monthly billing statement, we include the diagnostic code *from any medical reports provided by the client*. We cannot enter a medical diagnostic code based on an educational classification alone. For any client that does not have a medical diagnosis on file we will use the default code, ICD10: R69. Deferred on Axis I (a non medical insurance code). Our statements also include a procedure code to reflect the service provided (group speech therapy or individual speech therapy).
- 3) Due to the intensive time and cost related to gathering information for an insurance claim, we will charge an administrative fee based on \$40.00 per hour for any administrative requests which include copies of previous invoices, reports, therapy notes, or calls to insurance companies.
- 4) We will not sign any contract offered to us by an insurance company that states that we agree to be paid a lesser fee than what we have established as our fee for service, even if the parent has paid our insurance administrative fee.

Policy for billing:

Billing statements/invoices are issued at the end of each month for weekly therapy sessions. Payment is due upon receipt and is considered past due if not received by the 25th of the month. Once your account becomes delinquent, payment will be requested at the end of each therapy session.

Payment in full is the responsibility of the client, whether or not insurance is pending. There is a \$25.00 charge for returned checks.

Open accounts of 30 days or older will bear interest at 10% per annum and will result in temporary suspension in therapy until payment in full has been received or a payment plan has been agreed to. Accounts that are unpaid for six or more months may be assigned to a collection agency. If you are unable to make your full payment, please contact your clinic to arrange a payment schedule.

Social Thinking Stevens Creek: Mimi Pauline (408) 244-2005 ext. 301 or by email mpauline@socialthinkingsc.com

Social Thinking Saratoga Ave: Vanessa Alcantar at (408) 557-8595 ext. 200 or by email valcantar@socialthinking.com

Use of email to communicate Protected Health Information

Periodically we use email to relate client-specific information, information that is Protected Health Information (PHI), directly to their adult clients or to the parents of their minor-aged clients. Please see the attached Privacy Policy for information about PHI. Your initials here authorize our therapists to communicate client PHI to you via email. Note: Email addresses will not be sold or shared with any other parties or services.

Privacy Policy:

I have read/received a copy of the Social Thinking Privacy Policy (see attached). Please retain a copy of our Privacy Policy for your file.

Signature

Print name

Date

It is important that you review this information, initial the box on the policies signature page and keep this for your records.

This notice describes how information about our patients/clients may be used and disclosed and how they can obtain access to this information.

Terms:

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information (PHI)**. PHI will be used and disclosed only as needed for Social Thinking (ST) to perform ***Treatment, Acquire Payment and Health Care Operations (TPO)**. Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

*(*TREATMENT: ST PHILOSOPHY INCLUDES A TEN MINUTE "GROUP" PARENT MEETING AS A PART OF EACH GROUP SESSION TO DISCUSS WHAT HAPPENED DURING THE SESSION. DURING THIS TIME IT IS UNDERSTOOD THAT THE THERAPIST WILL SPEAK OPENLY TO ALL THE PARENTS ABOUT ALL THE STUDENTS IN THE GROUP WITH REGARD TO THEIR PARTICIPATION AND THINGS THEY NEED TO WORK ON AT HOME. THE THERAPIST WILL MAKE EVERY ATTEMPT TO HAVE THESE DISCUSSIONS IN A PRIVATE SETTING.)*

Access:

The following people will have access to PHI:

- ☞ The client when 18 years old or older.
- ☞ Parents or legal guardians of a minor.
- ☞ Parents of an adult client with written permission of client.
- ☞ Any person to whom the adult client has authorized, in writing, the release of PHI.
- ☞ ST staff and contractors who are involved in providing care or administrative assistance.
- ☞ The client's health insurance company, for payment purposes.
- ☞ Public Health Services and regulatory officials, when required by law.
- ☞ An appropriate authority when a determination is made that the client may pose physical threat to themselves or others.
- ☞ Courts, when the request is accompanied by a duly executed subpoena.

Minimum Necessary:

Requests for disclosure of PHI for all purposes will be reviewed by the ST Privacy Contact to assure that they meet the minimum necessary requirement.

Patient/Client Rights:

- ☞ Parent/Guardian of clients or adult clients have a right to see and obtain a copy of their PHI.
- ☞ Clients have a right to request limitations to the routine use of PHI for TPO.
- ☞ Clients have a right to request changes in their PHI.
- ☞ Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Therapist must keep a disclosure log. The log must record all disclosures, both written and verbal.

Security:

Privacy measures are designed to protect the confidentiality of all PHI:

- ☞ All staff will receive instruction about and be familiar with the ST Privacy Policy.
- ☞ All staff will exert due diligence to avoid being overheard when discussing PHI.
- ☞ All records will be maintained in a secure environment.

Information with regard to grievances:

Clients who have complaints or concerns with regard to therapeutic management, please first contact your child's personal therapist to discuss your concern. If you feel that she has not been able to adequately address your needs, then please contact the Clinical Services Manager. For all other questions, concerns or complaints please address them to the ST Office Manager. If the office manager cannot handle them directly, she will bring them to the attention of the relevant employee at ST. If you still feel that your complaint has not been resolved to your satisfaction, you can address complaints to the Secretary of the United States Department of Health and Human Services. Social Thinking will not retaliate against any individual for filing a complaint.

Administration:

- ☞ The ST Office Manager serves as the Privacy Contact.
- ☞ A designee of ST serves as the Center Security Officer.

Additional Resources on Health Information Privacy

Health Privacy Project	Office for Civil Rights
Georgetown University	U.S. Department of Health & Human Services
www.healthprivacy.org	www.hhs.gov/ocr/hipaa/

Please initial the box at the end of the ST Therapy Policies & Procedures contract indicating you have read and understood these privacy policies.