

Priority scheduling deadline **March 29, 2019**

For more information call (408) 244-2005 or email pgarza@socialthinkingsc.com

Required for ALL CLIENTS:

- Registration Form.
- Client Permissions Form.
- Clinic Policies.
- HIPPA Email Consent Form (if you would like to submit your application via email)
- Recent report(s)/outside assessments (if available)/any other information that will give us a better understanding of you and your strengths and challenges.
- Report including medical diagnosis or letter from doctor (not required but helpful if seeking insurance reimbursement).

In addition, *NEW CLIENTS please include:

**You are considered a NEW CLIENT if you have not attended sessions in the past 6 months*

- Client Information Form.
- A brief letter describing yourself. (See "Client Information" for letter guidelines, pg 5).

Please mail completed applications to:

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

If you prefer to submit your application via email, please send to:

pgarza@socialthinkingsc.com

Emailed applications without a signed HIPAA email consent form cannot be accepted

You will receive placement confirmation and payment requirements by April 29th

Payment is due on or before May 10, 2019

Notes about completing your application:

- **Incomplete applications cannot be appropriately profiled and will be placed on hold. Applications on hold cannot be profiled and will not be considered for scheduling.**
- We accept Cash, Visa, Master Card or Check (please write the **client's name and date of birth** on the check).
- The following Registration Form must be filled out completely even if you have attended sessions at our clinic before.
- The more selections and 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.
- It is important to be as precise but as flexible 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. If your schedule changes after we complete our scheduling, or if you have very limited availability, there is a good chance that we may not be able to accommodate you in our sessions.
- Please be aware that submitting your application does *not* guarantee placement nor should it be assumed that because you attended a previous session you will automatically be enrolled without an application. Group placement is primarily based on matching similar individuals for the best possible learning environment and group interactions. It will also depend on everyone's availability.
- Incomplete applications cannot be appropriately profiled and therefore placement cannot be determined.
- Those who do not receive placement after the first round of scheduling will be placed on the waiting list & contacted when an opening occurs; we generally are able to place the majority of applicants if we receive their applications by the **deadline of March 29, 2019**.
- Applications received before the scheduling **deadline of March 29, 2019** receive priority scheduling and earliest notification possible.

For admin use only:



For admin use only:

Application Deadline for priority scheduling: **March 29, 2019**
Payment due in full on or before May 10, 2019

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 below. By signing this application, I authorize this person to access my Person Health Information (PHI).

Client Name: _____

Billing Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Relationship: _____

Client Address: _____

Billing Address: _____

City/State/Zip Code: _____

City/State/Zip Code: _____

Client Email: _____

Billing Email: _____

Client Home Phone: _____

Billing Home Phone: _____

Can we leave a voicemail? Yes No

Can we leave a voicemail? Yes No

Client Cell Phone: _____

Billing Cell Phone: _____

Can we leave a voicemail? Yes No

Can we leave a voicemail? Yes No

Emergency Contact: _____ Relationship: _____ Phone: _____

- INSTRUCTIONS:**
1. Check the box for any session(s) you would like to attend.
 2. For best results, indicate all options during that time period that you can be available.

**SESSION A 4 Week Session June 10- July 3	SESSION B 4 Week Sessions July 8-August 1	Other requests/ preferred group mates:																																																												
Please indicate ALL time periods you can be available <input type="checkbox"/> 4 Week GROUP Sessions (age 8-Adult) Meets 2 hour once a week Mon - Thurs \$900 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: center;">M</td><td style="text-align: center;">T</td><td style="text-align: center;">W</td><td style="text-align: center;">Th</td></tr> <tr><td style="text-align: center;">Early (Before 3pm)</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">Late (After 3pm)</td><td></td><td></td><td></td><td></td></tr> </table> <input type="checkbox"/> 4 Week INDIVIDUAL Sessions (age 8-Adult) Meets 1 hour, once week Mon - Thurs \$650 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: center;">M</td><td style="text-align: center;">T</td><td style="text-align: center;">W</td><td style="text-align: center;">Th</td></tr> <tr><td style="text-align: center;">Early (Before 3pm)</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">Late (After 3pm)</td><td></td><td></td><td></td><td></td></tr> </table>		M	T	W	Th	Early (Before 3pm)					Late (After 3pm)						M	T	W	Th	Early (Before 3pm)					Late (After 3pm)					Please indicate ALL time periods you can be available <input type="checkbox"/> 4 Week GROUP Sessions (age 8-Adult) Meets 2 hour once a week Mon - Thurs \$900 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: center;">M</td><td style="text-align: center;">T</td><td style="text-align: center;">W</td><td style="text-align: center;">Th</td></tr> <tr><td style="text-align: center;">Early (Before 3pm)</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">Late (After 3 pm)</td><td></td><td></td><td></td><td></td></tr> </table> <input type="checkbox"/> 4 Week INDIVIDUAL Sessions (age 8-Adult) Meets 1 hour, once a week Mon - Thurs \$650 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: center;">M</td><td style="text-align: center;">T</td><td style="text-align: center;">W</td><td style="text-align: center;">Th</td></tr> <tr><td style="text-align: center;">Early (Before 3pm)</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">Late (After 3pm)</td><td></td><td></td><td></td><td></td></tr> </table>		M	T	W	Th	Early (Before 3pm)					Late (After 3 pm)						M	T	W	Th	Early (Before 3pm)					Late (After 3pm)					
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** If your group falls on Thursday during Session A you will only be charged for 3 sessions due to the 4th of July holiday: Groups: \$675, Individual: \$487.50



MY MOTIVATION FOR SEEKING TREATMENT:

- Help holding/getting a job
- Social networking and developing social relationships in the community and/or at work
- Learning Social Thinking and related skills for use on a college campus
- Organizational skills
- Specific vocational and life skills for living with increasing independence at home, work, and in the community
- Other:

Please check all that apply

<input type="checkbox"/> I am living independently (in my own home/apartment)	<input type="checkbox"/> I am responsible for my own expenses
<input type="checkbox"/> I am living in my parent's home	<input type="checkbox"/> I have a roommate/housemate and share expenses
<input type="checkbox"/> I am married. Number of years? ____	<input type="checkbox"/> I have other living arrangements
<input type="checkbox"/> I have children	<input type="checkbox"/> I am divorced
<input type="checkbox"/> I get financial assistance for my expenses	

Who referred you to our program? _____

EDUCATION

I am currently attending school: Full Time Part Time Location: _____

General class schedule: _____

Are you receiving accommodations? If yes, please describe: _____

Major: _____

Highest level of education completed: High School Junior College Trade College/University

Degree(s): _____

Please describe any current concerns regarding school: _____



EDUCATION CONT.

Is there someone at school that we may contact?

Contact Name & Title

Email

Phone Number

Did you have an IEP in high school? YES* NO Did you have a 504 Plan? YES* NO
*If YES and you are 25 or under, please include reports with your application.

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”)?



Guardianship/Conservatorship

Do you have either of the following: Legal Guardian Conservator

If yes, please provide the guardian/conservator's name and phone number:

Legal Guardian/Conservator

Phone number

Release of Videos and Images

During sessions, we may cover a particular concept or strategy of the Social Thinking philosophy that illustrates a therapeutic technique or approach particularly well. In this instance we would like the opportunity to use this video in a training/ conference setting. The video will be used to educate parents and professionals about how to employ therapy techniques that are being discussed.

I give permission for video or pictures of me to be used in conference settings.

Signature

Date

Print name

Please **READ, INITIAL, and RETURN** with the application packet.

I agree to follow the fee schedule and policies as noted (Please initial each section):

Payment Policy

Payment for the summer session is due in full on or before MAY 11, 2019. Payment in full is the responsibility of the client, whether or not you are waiting for insurance reimbursement. There is a \$25.00 charge for returned checks. If you have any questions or need to arrange a payment plan, please contact Mimi Pauline at (408) 244-2005 ext. 301 or by email mpauline@socialthinkingsc.com.

Cancellation fees:

We understand that unforeseen circumstances occur and occasionally cancelling your enrollment cannot be helped. However, due to the complexities of scheduling appropriate groups, cancellation fees will be charged as follows:

- Cancellations on or before April 10, 2019: No fee
- Cancellations after May 11, 2019: Entire session fee is non-refundable

Absences and Missed Sessions:

There are no excused absences in the summer. Clients planning vacations must understand that by signing up for a summer session you are committing to pay for the entire session even if you are not able to attend all of the sessions.

Sick Policy:

If you are showing signs of illness or lethargy please exercise good judgment in deciding whether or not to attend your session. If you are running a fever or are lethargic, please stay home. We reserve the right to cancel the session if you are ill.

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. Recordings will only be used within the group or individual session, they will not be viewed by the public.

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 adult clients or to the parents of minor-aged clients. Please see the attached Privacy Policy for information about PHI. Your initials here, as well as the HIPPA Email Consent form, 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.

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 ICD-10 Diagnostic Codes. On your summer billing statement, we include the diagnostic code from 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, ICD-10: R69 Unspecified diagnosis (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.

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.

Please sign to indicate that you have read and agree with our Clinic Policies.

Signature

Date

Print name



HIPAA EMAIL CONSENT

Important Information.

- HIPAA stands for the Health Insurance Portability and Accountability Act.
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information.
- Information stored on our computers is protected.
- Most popular email services (Ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email.
- When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the internet. In addition, once the email is received by you, someone may be able to access your account and read it.
- Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA.
- The guidelines state that if a client has been made aware of the risks of an encrypted email, and if that same client provides consent to receive health information via email, then a health entity may send that client personal medical information via unencrypted email.

By consenting to the use of email with Social Thinking® Stevens Creek, you agree that:

- Social Thinking® Stevens Creek may forward/receive emails as appropriate for placement, diagnosis, treatment, reimbursement, and other related reasons. As such, Social Thinking® Stevens Creek’s staff may have access to emails you send. Social Thinking® Stevens Creek will not forward emails to independent third parties without your prior written consent, unless as authorized by client or required by law.

By signing this form, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of email between Social Thinking® Stevens Creek and me, and consent to the conditions outlined herein, as well as any other instructions that Social Thinking® Steven’s Creek may impose to communicate with me by email. Any questions I may have had were answered. I understand that this consent is valid until one year after the date below.

I agree to ALLOW unencrypted email.

I understand the risks of unencrypted email and do hereby give permission to Social Thinking® Stevens Creek to send me personal health information via unencrypted email regarding _____.
(Client name)

Guardian 1: _____
Print Name Signature Date

Please clearly print ONE email address: _____

Guardian 2: _____
Print Name Signature Date

Please clearly print ONE email address: _____

***We will only send/receive Personal Health Information from the email addresses written on this form.**

This page intentionally left blank.

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 Director. 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
Georgetown University
www.healthprivacy.org

Office for Civil Rights
U.S. Department of Health & Human Services
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.