

Apply early as spaces fill quickly!

Priority scheduling deadline **March 31, 2018**

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

Application Deadline for priority scheduling: **March 31, 2018**. You will receive placement information the week of May 1. **Payment is due on or before May 11, 2018.**

Required for Returning AND New clients:

- Registration Form
- Clinic Policies
- Recent IEP/Report(s)/Outside assessments (if available)/any other information which will give us a better understanding of your child and their strengths and challenges
- \$220 Deposit payable to Social Thinking Stevens Creek. Deposit applied to summer balance.

In addition, new clients please include:

- New Client Information Form
- A brief letter from you and/or a family member describing your strengths and challenges. (See below for letter guidelines pg 4).
- Report 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 following Registration Form must be filled out completely even if you have attended sessions at our clinic before.** Remember, 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 your child 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 your child has very limited availability, there is a good chance that we may not be able to get your son or daughter in the session.
- Please be aware that submitting your application does *not* guarantee placement in a group 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 students for the best possible learning environment and group interactions. It will also depend on students' availability.
- New clients must include a parent letter, Teacher Questionnaire(s) and any relevant reports. Our therapists will not be able to profile your child and therefore determine placement without this extra information.
- 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 their applications by the **deadline of March 31, 2018.**
- **Applications received before the scheduling deadline of March 31, 2018 receive priority scheduling and earliest notification possible.**

For admin use only:



REGISTRATION FORM FOR ADULTS

SUMMER 2018

For admin use only:

Application Deadline for priority scheduling: March 31, 2018

Returning Client? YES NO

Please return this application with \$220.00 deposit (see Clinic Policies on p.8 re: Cancellation Fees)

Make deposit check out to: Social Thinking Stevens Creek
Mail to: 3550 Stevens Creek Blvd, #200, San Jose, CA 95117

BILLING INFORMATION:

- I am responsible for my own charges. Please mail invoices to my address.
Please mail invoices to the person listed below:

Payment due in full on or before May 11, 2018.

Client Name: Billing Name:
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:

- 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 your child can be available.

SESSION A
4 Week Session June 11- July 5

SESSION B
4 Week Sessions July 9-August 2

Other requests/ preferred group mates:

Please indicate ALL time periods you can be available
4 Week GROUP Sessions (age 8-Adult) Meets 2 hour once a week Mon - Thurs \$880
4 Week INDIVIDUAL Sessions (age 8-Adult) Meets 1 hour, once week Mon - Thurs \$640

Please indicate ALL time periods you can be available
4 Week GROUP Sessions (age 8-Adult) Meets 2 hour once a week Mon - Thurs \$880
4 Week INDIVIDUAL Sessions (age 8-Adult) Meets 1 hour, once a week Mon - Thurs \$640

** If your group falls on Wednesday during Session A you will only be charged for 3 sessions due to the 4th of July holiday: (Groups: \$660, Individual: \$480, Early Learners: \$390).

Please call if you have any questions about completing your application!

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 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 at: _____

General class schedule: _____

Major: _____

Highest level of education completed: High School Junior College Trade College/University
 Degree(s): _____

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

Is there someone at school that we may contact?

Contact Name

Phone Number

Title of contact person

Email address

JOB/CAREER

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

Number of hours I work: _____ Located in: _____
City, State

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

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

Diagnosis: _____ Diagnosing physician/clinician _____
Current Medications: _____

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. If you are a returning client, only include a letter if there are changes you would like us to keep in mind. 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 well do you understand that your actions and words affect others?
- How do you respond to every day problems, such as changes in the schedule, peer or employment conflicts etc?

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

PAYMENT FOR THE SUMMER PROGRAM IS DUE IN FULL ON OR BEFORE May 11, 2018

Please Initial Every Section

____ **Absences and Missed Sessions:**

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

____ **Policy for reduced group attendance:**

When therapists work in the group, they observe small details 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. Recordings will only be used within your group or individual session, not to 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 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.

____ **Deposits:**

A great deal of time and effort is invested in processing applications and considering each client's placement. For this reason we ask clients to submit a \$220 refundable deposit when submitting an application. This deposit will be applied towards your balance for the summer session(s). If our clinic is not able to place you in a summer session the full deposit will be refunded. *If the deposit poses a burden please contact our office to discuss possible arrangements.*

Please **Initial** Every Section

_____ **Cancellation fees:**

We understand that unforeseen circumstances occur and occasionally cancelling your enrollment cannot be helped. We hope that families will make every effort to prioritize their child's program. However, due to the complexities of scheduling appropriate groups, cancellation fees will be charged as follows:

- Cancellations on or before April 11, 2018- no fee
- Cancellations between April 11 - May 11, 2018- forfeit \$220 deposit
- Cancellations after May 11, 2018- the entire session fee is non-refundable.

_____ **Payment Policy:**

Payment for the summer session is due in full on or before MAY 11, 2018. 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.

_____ **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

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.