



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 competency 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, age, 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

STSA and STSC host clinicians from around the world through our Social Thinking® Clinical Training Program. Once a month professionals-in-training will co-treat with the STSA clinicians in their sessions and will observe groups outside the rooms at STSC. 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 students 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 students in their community. They are unobtrusive to the treatment process and treatment is never compromised as the therapist closely facilitates the training with the students. 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 who are present with similar levels in their 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 on our schedule.

Attendance Policy for Social Thinking Groups:

Group work is dependent on all group members attending sessions regularly. Your group will be most effective when everyone attends consistently. This allows you to build rapport and develop 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 therapy 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 you to save these two absences for unplanned illnesses and other emergencies.

On the rare occasion that everyone is absent from the group except for you, we will still hold the session and focus on your specific needs. This is a great opportunity for the therapist to work 1:1 with you. The session will still be billed at the group therapy rate and will last for 45 minutes (vs. 60). We will not call you to let them 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.

Program Cost:

\$115 per 60-minutes for group therapy

\$165 per 60-minutes for individual therapy

\$165 per hour for additional consultation with parents, report writing, IEP attendance (travel time is billed as well), phone calls exceeding 15 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.



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

All Clients:

- Application Checklist (this page)
- Registration Form
- Clinic Policies
- HIPPA Email Consent Form (if you would like to submit your application via email)
- Report(s)/Outside Info/any other information which will give us a better understanding of your strengths and challenges

In addition, *NEW CLIENTS please include:

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

- New Client Information Forms (pgs 6 & 7)
- A brief letter from you and/or a family member describing your strengths and challenges (See pg 7 for letter guidelines).

Please mail or drop off 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 July 22, 2019

Application Deadline for Priority Scheduling: June 21, 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 attached 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 your child in our clinic.
- It is important to be as accurate 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.
- 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 client availability.
- 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 **June 21, 2019. We continue to accept applications on a rolling basis throughout the year.**
- We will have placement information available by July 22, 2019.
- If the client is **18 or older** and is not under conservatorship, **the client is required to sign and initial the application**, even if they are still attending high school. We suggest that, in this case, you obtain a Release of Information Form from our front desk (email pgarza@socialthinkingsc.com) so that the adult child can give permission for us to communicate scheduling, billing, and program information to their guardian(s).

For admin use only:

For therapist use only:

Application Deadline for priority scheduling: **June 21, 2019**

Returning Client? NO YES Date last attended: _____

Client Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Client Address: _____

City/State/Zip Code: _____

Client Email: _____

Client Home Phone: _____

Can we leave a voicemail? Yes No

Client Cell Phone: _____

Can we leave a voicemail? Yes No

Emergency Contact: _____

Relationship: _____ Phone: _____

How did you hear about our clinic?

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Other provider
(OT/ST/psych) | <input type="checkbox"/> Resource fair |
| <input type="checkbox"/> School | <input type="checkbox"/> Friend/family member | <input type="checkbox"/> Website |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Presentation | <input type="checkbox"/> Other: |

Who is completing this application? SELF SOMEONE ELSE (specify) _____

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

Billing Name: _____

Relationship: _____

Billing Address: _____

City/State/Zip Code: _____

Billing Email: _____

Billing Home Phone: _____

Can we leave a voicemail? Yes No

Billing Cell Phone: _____

Can we leave a voicemail? Yes No

PLEASE CIRCLE YOUR AVAILABILITY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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
3:30 pm	3:30 pm	3:30 pm	3:30 pm	3:30 pm
4:45 pm	4:45 pm	4:45 pm	4:45 pm	4:45 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



The following questions will help us start to get to know you. Thank you for taking the time to provide us with this valuable information. If you are a returning client, only complete this section if there are changes you would like us to keep in mind.

I. Motivation for Seeking Treatment: *Please check all that apply*

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 specify)

II. General Information: *Please check all that apply*

I am responsible for my own expenses	I get financial assistance for my expenses
I am living in my own home/apartment	I am living in my parent's home
I am married. Number of years? ____	I have a roommate/housemate and share expenses
I am divorced	I have other living arrangements
I have children	I have received social skills training in the past. Agency/Therapist: _____
I am currently receiving therapeutic services. Please circle all that apply: Psychiatrist Psychologist Counselor Social Skills Training Vocational Coaching Other: _____	

Who referred you to our program? _____

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: _____

EDUCATION

Past Education

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

Degree(s)/Certificate/Licenses obtained: _____

Did you have an IEP in High school? Yes* No Did you have a 504 Plan? Yes* No

*If you answered yes to either of the above, and you are 25 or under, please include reports with your application

Current Education

I am currently attending school: full-time part-time at: _____
School Name

Number of hours in class: _____ Major/Program: _____



EDUCATION CONT.

General class schedule: _____

Are you receiving any accommodations? Please describe: : _____

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: _____ Job title: _____

Are you receiving any accommodations? Please describe: _____

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

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”)?



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 guardians 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

Please **READ & INITIAL EVERY SECTION**, and **RETURN with the application packet and please retain a copy for your records.** **I agree to follow the fee schedule and policies as noted:**

Therapy Session Fee Schedule

\$115.00 per 60-minutes for group, \$165.00 per 60-minutes for individual therapy, **additional consultation:** \$165.00 per hour for consultation with guardians and other professionals, report writing, IEP attendance (travel time is billed as well), and phone calls exceeding 15 minutes with a therapist.

Clinic/Group Fit Policy

Our application review process is extensive in order to ensure that individuals admitted to our program will derive benefit from our approach. If a therapist has questions about your application or your fit in our clinic after reviewing the application, you will be contacted for a Meet and Greet. This is a brief meeting (15-20 minutes) in our clinic that will allow the therapist to meet you and make the determination of whether or not your needs will be met at our clinic. We do not charge for the Meet and Greet. If it is determined that we are not a good fit for you, we will provide referrals to other professionals in the community. If you are placed in a group and, after the group has started, your therapist determines that we are not a good fit for you, she will work with you to explore other options that will better meet your needs. The therapist will make the final decision as to whether our services are a good fit for your needs.

Grouping Policy

We strive to place all of our applicants in well matched groups. However, on occasion the therapist may decide that the grouping is not appropriate. In these cases, every effort will be made to find an appropriate group for you. If another group is not available or if you are not able to join the group for scheduling reasons, you can request to be placed on the waitlist or withdraw your application. If you are placed on the waitlist, we will keep your deposit and continue to look for a group for you. If you choose to withdraw your application, we will refund your deposit (minus the \$30 administrative fee). Should you have concerns about your group, please contact the therapist as she will make the final decision as to whether a group is a good fit. We are unable to guarantee you a group under any circumstances.

Policy for Withdrawal

If you choose to withdraw from a group after you have confirmed (verbally or in writing) but before the group has started, we will keep the full deposit. 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. Your deposit (minus the \$30 administrative fee) will be applied to your final bill. If you choose to withdraw from your group to be placed on the waitlist, we also require a two week notice and will hold your deposit.

Absences and Missed Sessions:

You are permitted **two** cancellations for the Fall-Spring program without being billed for those cancellations. 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 clients to save these two absences for unplanned illnesses and other emergencies.

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 Collaboration & Consultation

Your therapist may require additional collaboration and consultation with other members of your team (e.g., Occupational Therapist, mental health provider, teacher, private and school providers, etc.). In this case, we will request that you sign an Exchange of Information Form giving us permission to communicate with the necessary professionals. In some cases, this information may be required to continue sessions and you may be placed on hold until the collaboration takes place. This policy is to ensure that we are able to provide ethical treatment in a safe learning environment.

Policy Regarding 2-Hour Sessions

An important component of our program is providing occasional 2-hour sessions either for a community outing, or a small gathering in the clinic to practice Social Thinking in less structured environments. We understand that some insurance companies will not reimburse for 2-hour sessions, but these sessions can be an essential element of our therapy. Payment for these sessions is the responsibility of client. Therapists will make every effort to schedule such sessions at a time that will work for every client in the group. We appreciate your understanding and flexibility.

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 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.

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

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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.

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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® Stevens 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

_____ personal health information via unencrypted email.

(Client name)

Print Name

Signature

Date

Please clearly print ONE email address: _____

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