



REDMOND SPEECH & LANGUAGE

SERVING ALL OF CENTRAL OREGON

Dear New Client,

Welcome to Redmond Speech & Language, where we provide total communication services.

At Redmond Speech & Language, our goal is to provide a wide-range of evidence based speech and language services to our community. The use of technology plays an important role in evaluation and treatment in our clinic. We are highly adept in the use of iPad technology to aid communication across disorders. We actively seek to collaborate with families and other professionals to effectively meet each individual's needs by ensuring the use of evidence based practice. We believe in each individual's right to communicate.

Our therapy staff are consummate professionals who are committed to mutually held values of integrity, service, professionalism, and research-based evaluation/treatment.

This New Client Packet contains very important information about our services, financial obligations, insurance company guidelines and regulations, advocacy, and forms necessary to complete prior to evaluation and treatment. Please take time to read all of the information carefully and feel free to ask any questions as you go through this process.

Speech therapy is a cooperative effort between our staff and you. Together we can make a difference in your communication or that of your family member.

Thank you for choosing Redmond Speech & Language: Total Communication Services, LLC.

Sincerely,

Angela Bacuyani, M.A. CCC-SLP & Christina Stevenson, M.S. CCC-SLP
Managing Members
Redmond Speech & Language: Total Communication Services, LLC



GENERAL INFORMATION AND FAQs

What are your assessment fees?

Our assessments are varied and highly individualized. Assessment fees are based on our hourly rates and are dependent on a number of factors (e.g., face to face time spent with the client, report writing time, etc). Prior to assessment parents are asked to fill out detailed intake and referral forms for their child in order to determine which testing instruments need to be administered.

Do you conduct in home assessments and treatment?

This will be determined on an individual basis on request of the client.

What are your hours of operation?

We try to accommodate all of our busy clients by offering flexible hours by appointment.

How long do your assessments typically last?

Comprehensive assessments typically last about 1 hour and are performed during 1 visit. All assessments are highly individualized and are dependent on the client's unique needs.

What can I expect as a result of a speech language assessment?

Within two weeks of the assessment, you will receive a comprehensive speech language report detailing performance on administered formal and informal testing. It will contain performance scores (if applicable), detailed descriptive summary of performance strengths and weaknesses, impressions, recommendations, referral for additional professional consultations (if needed), treatment goals and objectives as well as suggested remediation methods, techniques, and strategies.

What is the average therapy frequency and duration?

Average therapy frequency is 1-2 time(s) per week lasting 30 or 50 minutes depending on individual client needs.

What type of service delivery do you provide?

Vast majority of sessions are provided on individual basis. Group sessions are subject to availability. Peer tutoring/coaching is often implemented when working on social language skills.

How long will a client attend speech therapy?

Therapy duration is dependent on a number of factors:

- Type and level of impairment (clients with significant disabilities such as mental retardation or autism spectrum disorders receive ongoing support and treatment vs. clients with articulation disorders, who are in therapy for a short number of weeks/months)
- Presence of maintaining factors (e.g., psychiatric diagnosis, other structural/functional deficits)
- Existence of additional support services (is the child receiving school based therapy, resource room, reading recovery, etc.)
- Parental involvement (supervision of homework, reinforcement of current skills)
- Client motivation

How do you determine when the client is ready to be discharged from therapy services?

Client progress is charted on an ongoing basis. Frequent reassessments of deficit areas are administered during the course of treatment.



GENERAL GUIDELINES

The following information is a list of general guidelines that will assist in creating a treatment environment that is as efficient and smooth as possible. If you have any questions, please speak with your therapist.

1. Please have your child dressed in clothing that is easy to move in and is OK if it gets dirty.
2. If you want to observe the treatment session, please discuss this with your therapist first. Due to the HIPAA privacy laws there is a specific procedure that must be followed to ensure the privacy of other clients at the office.
3. Individual treatment sessions are 30 or 50 minutes. The last 5-10 minutes of the treatment session may be used for family education, discussion and documentation. If you feel that you need additional time to discuss issues, please schedule that time with your therapist. This will prevent running into the next appointment. **If you leave the clinic during your child's therapy time, please return 10 minutes prior to the end of the session to allow ample time for therapist to discuss the session and complete documentation.**
4. You will be notified as far in advance as possible when your therapist is ill, on vacation or attending a conference. Every effort will be made to reschedule your appointments so that your child will miss as little treatment as possible.
5. A client may be sent home because of a health need if he/she:
 - Appears ill and is unable to do participate in therapy.
 - Is suspected of having a contagious disease/condition.
 - Sustains an injury which needs medical attention or close observation.
 - Has active head lice.
 - Exhibits vomiting and diarrhea.
 - Has a fever of 100.4 or greater (a client may not return to Redmond Speech & Language until they are fever free for 24 hours off of fever reducing medication such as Tylenol or Motrin).
*If the client is restricted or limited in any way due to illness or accident, a note from the doctor at the time of the client's return to therapy is required.
7. Please leave information on how to contact you if you do not stay for the treatment hour in case of any emergencies. Also, please be prompt in picking up your child before their session is over. We do not have the means for childcare. Failure to return in a timely manner more than one time will result in a requirement that you do not leave the premises during your child's treatment.
8. Cancellation/Missed Appointment Policy: Please provide 24 hour notice to cancel an appointment. A fee will be incurred (\$30 for a 30 minute session or \$50 for a 50 minute session) if less than 24 hour notification is provided.
9. It is essential, to maximize therapeutic gains of intervention, that you consistently attend your regularly scheduled appointments. **Habitual cancellations or having 3 "no show" cancellations will result in the loss of a reserved time slot and your child will be placed on the waiting list for another time slot.** We highly encourage rescheduling appointments when you need to cancel. Thank you for your consideration in this situation.



REDMOND
SPEECH & LANGUAGE
SERVING ALL OF CENTRAL OREGON

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by Redmond Speech & Language: Total Communication Services, LLC. and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your health care bills, to support the operation of the Redmond Speech & Language's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for treatment may require that your relevant protected health information be disclosed to the health plan to obtain approval for the treatment.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of speech pathology students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your therapist. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES WILL BE MADE ONLY WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT UNLESS REQUIRED BY LAW.

You may revoke this authorization at any time in writing, except to the extent that your physician or the physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.