

Deborah L. Curlee Communication Consultants, LLC

Deborah L. Curlee Hall, M.A., SLP-CCC

Speech Language Pathologists

To: All New Clients
From: Debby Curlee Hall

We are happy to be able to provide speech pathology services to your child and want to help them in every way we can. Our private practice has been in existence since 1981 and has a long history of providing high quality services and reliability to our clients.

We want you to know that we will make every effort to accommodate your scheduling requests into our speech pathologists' own case load schedules. However, we also want you to know that the times and days of the week that are currently your schedule may not stay exactly as is, due to the nature of therapists having to schedule evaluations of new clients in close proximity to where they are already driving to so as not to add to their burden of driving all over Knox and surrounding counties.

Therefore, the days and times you have been assigned for now may not necessarily stay exactly the same in the future. Due to their changing case load, your speech pathologist's schedule may require altering your child's times slightly or even the days in order to keep their clients' locations all scheduled close together.

We very much hope that this is not an inconvenience to you and that you can understand the importance of reducing their driving time so they can help as many children as possible in the course of a day, particularly as we are coming to your home or your child's daycare and not expecting you to drive them to our office. If, in any way, any changes become a problem for you, please contact me directly to discuss it (693-5622).

You may not even be asked to have your appointment times changed at all. I would just like you to know that in case it is asked of you. We very much appreciate your choosing us as your speech pathology provider,

Thank you,

Debby Curlee Hall, M.A. CCC-SLP

Privacy Practices

Deborah Curlee Communication Consultants, Inc.

- Your Information
- Your Rights
- Our Responsibilities

This notice tells how your medical information may be used and shared and how you can get access to this information. Please review it carefully. Ask us if you have any questions (865-693-5622).

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this notice
- Choose someone to act for you or as your representative
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way we use and share information as we:

- Tell family, caregivers, and others interested in your care and about your condition

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our healthcare organization. (This includes (if applicable to you) obtaining permission from your child's insurance company to provide in-school IEP services and coordinating & managing those services with school system staff.)
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone or by email) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights. Call us on 865-693-5622 and ask to speak to James Hall or email jhall@curleecommunication.com or write to us at the address on the top of page 1 of this notice.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
 - We will not retaliate against you for filing a complaint.
- Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you or who have referred you to us for services.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can & and share your health information to bill & get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

Respond to lawsuits and legal actions

We can share health information about you in response to a legal order from a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

Other Instructions for Notice

- This notice is effective July 1, 2017. It replaces our earlier notice.
- James Hall is our company's privacy contact. His email is jhall@curleecommunication.com. You can also contact him with any questions by calling our Knoxville office (865-693-5622). You can also write to him at our office address on page 1 of this notice.
- Your child's public school system may have approved an Individualized Education Program (IEP) for your child that includes speech pathology services. If your child receives such IEP-related services, we will use or disclose your child's information and patient file to school system staff, including the school's Special Education Department. We provide this information to: (i) help the school system manage the services we provide to children with IEPs, and (ii) inform the school system and Special Education Department staff of your child's evaluation results, therapy, progress in therapy, and progress toward meeting your child's IEP goals.

Deborah L. Curlee Communication Consultants, LLC
Deborah L. Curlee Hall, M.A., SLP-CCC Speech Language Pathologists

FINANCIAL AGREEMENT

Client Name: _____ Birthdate: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Physician: _____ Phone: _____

Insurance: _____ ID #: _____

Definitions: "Office" or "CCC" means Deborah L. Curlee Communication Consultants, Inc., and "I," "You," or "We" means the patient, parent, guardian, and anyone else who is guaranteeing payment for services.

Verification of Benefits: Our Office will contact **your** insurance carrier to verify **your** plan benefits. The benefits quoted do not guarantee payment; payment is subject to the plan limitations and eligibility at the time services are rendered.

Change in Insurance Carriers/Benefits: If **you** change insurance carriers or what your insurance company will pay for changes, **you** must notify our Office immediately. Failure to do so could result in **you** paying the entire balance due.

Financial Agreements for Commercial Insurance (except TEIS) and self-pay: By signing below, I / We agree to pay for all services rendered. CCC may bill the insurance carrier for services provided, and may extend payment for ninety (90) days to allow sufficient time for the insurance company to pay. However, if payment is not received within 90 days of services being rendered, **we** agree to pay CCC immediately and that interest shall accrue on the unpaid balance from the date the services were provided at the highest rate allowed by law. In the event of default in payment, **we** agree to pay all costs of collection including reasonable attorney fees and court costs.

Attendance Policies: I will notify the assigned therapist or CCC's Office if my child is unavailable for their appointment, even if **my** child is seen at a location other than CCC's Office or my home. (There is an answering machine for the Office phone, so messages can be left after the close of the business day.) Any client with two "No Show" appointments (missed appointment with no notification to CCC) may be taken off of the schedule and put on the waiting list or discharged. Consideration will be made for emergency situations where cancellation could not be made at least 4 hours prior to the appointment time.

If **you** are late for your appointment, the therapist may see your child for the time remaining in the session, although **you** will be billed for the entire session, if self-pay. You also have the option of rescheduling. The therapist may, at their discretion, provide the full session if their schedule permits.

Consent(s): I have read and fully understand this document. I understand that CCC may use or disclose my personal health information (including my child's personal health information) for the purposes of providing treatment, obtaining payment, and any administrative operations related to treatment or payment. I understand that I have the right to restrict how this personal health information is used and disclosed for treatment, payment, and administrative operations if I notify CCC's Office. I also understand that CCC will consider requests for restriction on a case-by-case basis, but does not have to agree to such restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as described in this notice. I understand that I retain the right to revoke this consent by notifying the CCC in writing at any time.

I have read the above policies, understand them, and agree to them.

Signature of Client or Parent: _____ Date: _____

Therapist Signature: _____ Date: _____

Copy of policy given to parent/client: _____ yes _____ no Date: _____

Deborah L. Curlee Communication Consultants, LLC
P.O. Box 32652 Knoxville, TN 37930-2652 (865) 693-5622

ATTENDANCE POLICY

We're glad you have chosen us to provide speech pathology services for your child.

A healthcare relationship is built on mutual trust and respect. We strive to be on time for scheduled appointments, and we appreciate your being respectful of the needs of other clients and your child's therapist.

Cancellation of an Appointment: Please be courteous and call us promptly if your child will miss a scheduled appointment. If we have enough advance warning, this time will be used to serve to someone else. *If it is necessary to cancel an appointment, we require that you give us 24 hours advance warning.* Appointments are in demand, and your early cancellation gives someone else the opportunity to be served and allow your child's therapist to adjust her schedule.

How to Cancel An Appointment: Call, email, or text your child's therapist. If you can't contact them, call our office at 865-693-5622 and leave a detailed message on our voice mail or give a message to our receptionist.

Late Cancellations: A cancellation is considered "late" if the appointment is cancelled without a 24 hour advance notice.

Frequent Late Cancellations: A client with late cancellations more than 25% of the time during any month will be placed on alternative scheduling. The number of weekly appointments will be reduced (usually from 2 appointments to 1). If they are able to make these appointments, we may resume more frequent therapy sessions. However, if the client continues to miss more than 25% of these reduced appointments, they may be discharged.

No Show: A "no-show" is a patient who misses an appointment without cancelling it. This includes being more than 15 minutes late for the appointment or your child not being at home or daycare for their scheduled visit. A client who "no shows" more than 2 times will be discharged.

Make Ups At Our Office: You can call our office (865 – 693 - 5622) and see what times your therapist or another therapist may have "open" to serve your child at our West Knoxville office. We encourage you call the office about a make-up with another therapist at our office.

Special Situations: We know that some families have unique situations that result in more than 25% cancellations. We will consider those situations on a case-by-case basis.

I agree to all of the terms of this policy and understand that frequent cancellations and no shows may result in reduced therapy sessions or discharge from this practice.

SIGNED: _____ DATE: _____

Print Name of Parent/Guardian: _____

Child's Name: _____ TEIS/Tncare _____ TEIS Comm. _____ Non TEIS

**HIPAA CONSENT FORM-OFFICE/COMMUNITY
Authorization For Release of Health Information**

I have received a copy of Deborah L. Curlee Communication Consultants, Inc's (CCC) Notice of Privacy Practices.

I authorize CCC to use and disclose my child's complete patient file, including personal health information related to speech pathology therapy and testing to: (i) my child's insurance company (TennCare or otherwise), (ii) my child's physician and other healthcare providers, and (iii) as provided in CCC's Notice of Privacy Practices. This authorization is voluntary and once that information is disclosed, it may be re-disclosed and no longer be protected by federal privacy regulations if the recipient is not a healthcare provider. However, it is my understanding that CCC not disclose this information except to my health insurance company, other healthcare providers, or as provided in its Notice.

The purpose of CCC's use and disclosure of this information is to facilitate CCC's providing speech pathology services to my child, obtain health insurance company authorization and payment for services, and coordinate or manage my child's care with other healthcare providers.

This authorization will be in force and effect for as long as my child is receiving speech pathology services from CCC and, after CCC's services end, for as long as the law or insurance company requires CCC to preserve my child's records. I have the right to revoke this authorization at any time by writing to CCC at the address listed above. Treatment, enrollment, eligibility, or benefits will not be conditioned on whether I sign this authorization.

I also consent to the use and disclosure of my child's complete patient file, including personal health information, for the purposes noted in CCC's Notice of Privacy Practices or as otherwise authorized by law. I also consent to CCC evaluating and providing therapy to my child, and taking actions to establish and maintain my child's TennCare or other eligibility for speech pathology services, obtain payments from TennCare or other insurance companies, and share the results of CCC's testing and therapy with my child's insurance company and doctor.

I, _____, do hereby consent and acknowledge my agreement to the terms set forth in the CCC NOTICE OF PRIVACY PRACTICES (HIPAA Information brochure) and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

Child's Name [PRINT]

Birthdate

Child's School

County

Parent's Phone Number

Parent's email address

Parent's Signature

Date

Speech-Language Case History Form

Identifying and Family Information :

Child's name: _____

Male Female

Guardian Name: _____

Address: _____

Doctor's Name: _____

Birthdate: _____

Relationship to child: _____

Daytime Phone: _____

Cell Phone: _____

Email: _____

Doctor's Phone: _____

Child lives with:

Birth Parents

Parent and Step-Parent

One Parent

Foster Parents

Adoptive Parents

Other: _____

Other Children in the family

| Name | Age | Sex | Grade | Live with? | Speech/Hearing Problems? |
|------|-----|-----|-------|------------|--------------------------|
|------|-----|-----|-------|------------|--------------------------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Is there a language other than English spoken in the home? Yes No

If yes, which one? _____

Does the child speak the language? Yes No

Does the child understand the language? Yes No

Who speaks the language? _____

Which language does the child prefer to speak at home? _____

Speech-Language-Hearing

Do you feel your child has a speech and/or language problem? Yes No

If yes, please describe: _____

Do you feel your child has a hearing problem? Yes No

If yes, please describe: _____

Has your child ever had a speech and/or language evaluation/screening? Yes No

If yes, where and when? _____

What were you told? _____

Has your child ever had a hearing evaluation/screening? Yes No

If yes, where and when? _____

What were you told? _____

Has your child ever had speech therapy? Yes No

If yes, where and when? _____

What was your child working on? _____

Has your child ever received any other evaluation/therapy? Yes No

(E.g. Physical therapy, Occupational Therapy, Vision, Counseling, etc.?)

If yes, where and when? _____

What were you told? _____

Is your child aware of, or frustrated by, any speech and language difficulties? _____

What do you see as your child's most difficult problem at home? _____

What do you see as your child's most difficult problem at school? _____

Birth History

Was there anything unusual about pregnancy or birth? Yes No

If yes, please describe _____

Was the mother sick during pregnancy? Yes No

If yes, please describe _____

How many months was the pregnancy? _____

Did the child go home with his/her mother from the hospital? Yes No

If the child stayed at the hospital, please describe why and how long _____

Medical History

Has your child had any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Adenoidectomy | <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Flu | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Breathing difficulties | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Sleeping difficulties |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> High fevers | <input type="checkbox"/> Sucking thumb/finger habit |
| <input type="checkbox"/> Colds | <input type="checkbox"/> Measles | <input type="checkbox"/> Tonsillectomy |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Tonsilitis |
| How often? _____ | <input type="checkbox"/> Mumps | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Ear Tubes | <input type="checkbox"/> Scarlet Fever | |

Other health conditions? _____

Is your child currently under a physician's care? Yes No

If yes, please describe _____

Please list any medications your child takes regularly _____

Developmental History

Please tell the approximate age your child achieved the following milestones:

- | | |
|--------------------------------|------------------------------|
| _____ Sat alone | _____ Babbled |
| _____ Said first words | _____ Put two words together |
| _____ Spoke in short sentences | _____ Toilet trained |
| _____ Walked | |

Does your child...

- Choke on food or liquids?
- Currently put toys/objects in mouth?
- Allow teeth to be brushed?

Comments: _____

Current Speech-Language-Hearing

Does your child...

- Repeat sounds, words, or phrases?
- Understand what you are saying?
- Retrieve/Point to common items upon request (e.g. ball or shoe)?
- Follow simple directions (e.g. get your shoes or shut the door)?
- Respond correctly to yes/no questions?
- Respond correctly to what/where/who/when/why questions?

Your child currently communicates by using:

- Body language
- Sounds (vowels/grunting)
- Words (shoe, doggy, up)
- 2 to 4 words sentences
- Sentences longer than 4 words
- Other: _____

Behavioral Characteristics:

- | | |
|--|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Poor eye contact |
| <input type="checkbox"/> Willing to try new activities | <input type="checkbox"/> Easily distracted/short attention |
| <input type="checkbox"/> Plays alone for a reasonable amount of time | <input type="checkbox"/> Destructive/Aggressive |
| <input type="checkbox"/> Separation difficulties | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Easily frustrated/impulsive | <input type="checkbox"/> Inappropriate behavior |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Self-injurious behavior |

Comments: _____

School History

If your child is in school, please answer the following:

Name of school and current grade: _____

Teachers Name: _____

Has your child ever repeated a grade? _____

What are your child's strengths/best subjects? _____

Subjects your child is having difficulty with? _____

Is your child receiving help in any subject? _____

Additional Comments

Source: Super Duper Publications

5/8/18

Directions to Deborah L. Curlee Communication Consultants, Inc.

If coming from East or North on I -40/I- 75 and heading west/south toward Knoxville:

You will get off at Exit 378 B (Cedar Bluff). Veer to right off ramp and follow signs to “Executive Park Drive”. You will come to a light at end of ramp and will see Hampton Inn on left. Turn right at light onto Executive Park Drive. Pass our building (you will see 9041 Executive Park Dr. on left) and turn left on Directors Drive. Follow rest of directions where it’s starred *** below.

If coming from I 40/I 75 from Chattanooga or Nashville areas toward Knoxville:

Get off at Exit 378 B and turn left at end of the ramp at the red light. You will go under the interstate, get in the right lane, and turn right on Executive Park Drive. You will see the Holiday Inn on the right after you turn into Executive Park Drive. Go through a couple red lights (you will pass the Hampton Inn), and you will pass our building on left (9041 Executive Park). Turn left onto Directors Drive. Follow rest of directions where it’s starred *** below.

*** (same directions from this point on):

Immediately turn left into the parking lot which is behind our building, and park near “Entrance 100 B,” approximately the middle of the building. Enter that door (our name is on the sign out front) and inside the lobby area you will also see our sign on that wall. Go to the right once inside the building, and we are suite #126 with “Deborah Curlee Communication Consultants” on the door; it will be the first door on the left.

Please call the office at (865) 693-5622 if you get lost or need to reschedule for any reason.