



a: 5109 Battery Lane | Bethesda, MD 20814

w: DianeLewisSpeechTherapy.com

e: DianeLewisMASLP@gmail.com

p: 301-652-2220

Welcome to Diane Lewis, MA, CCC-SLP, LLC!

I hope that you find the following Intake Forms accessible. It would be ideal if you could fill the forms in before your appointment and email them back to me so I have an opportunity to familiarize myself with your child. Do, also, email or bring along copies of recent testing and goals for any of the therapies your child is currently attending.

I appreciate you taking the time to get this part of the evaluation process started in advance and looking forward to meeting you.

Warmest regards,

Diane Lewis, MA, CCC/SLP

Policies/ Procedures and Fee Schedule

Updated October 2021

Diane Lewis, MA, CCC/SLP is pleased to have you as a valued family in this practice. This practice offers a full-range of Speech-Language Therapy Services as well as any support services you might need with your child's programming.

In order to keep these services operating at an optimal level, as of July 5, 2021 the Policies and Procedures are:

1. The attached Fee Schedule details billing amounts for Individual and Group Speech-Language Therapy sessions both in office and virtual, off site consultations, and comprehensive evaluations.
2. An invoice will be issued at the last session of each month via email. Payment in full is to be made at that time by cash, check, or Mastercard or Visa credit cards (no HSA or debit cards). You may opt to have the fee automatically charged to your credit card at the end of each month by completing a Credit Card Authorization Form. Some medical insurance policies will cover our services. You will need to submit a copy of the itemized invoice to your insurance carrier. Regardless of the status of these insurance claims, **payment in full is expected upon receipt of the invoice.** If the insurance company should issue a check to Diane Lewis, MA, CCC/SLP, it will be promptly endorsed and sent directly to you.
3. There is a 24-hour cancellation policy. If less notice is given, regardless of the unexpected circumstance, the full hourly fee will be charged. Please remember that once a therapy schedule has been set, that time is reserved for you. If you need to cancel, please do so in advance either in person or contact me directly by leaving a message on the voicemail system at 301-652-2220 or email with 24 hours notice of your appointment time. I am attempting to be as clear as possible with this policy so that any situation that may arise will not intrude on the therapeutic relationship we share.
4. Our sick policy is designed to protect your child's health and your therapist's health-keeping those around us as well as possible so that we can all do our job. It is NOT beneficial for your child to participate in therapy while they are ill or contagious. For these purposes your child must be fever-free for 24 hours and vomit-free for 24 hours. If your child has a contagious illness (such a strep throat, pink eye, green discharge from nose/eyes, chicken pox, lice etc.) your child should be under the treatment of a physician when necessary and be receiving appropriate care for at least 24 hours prior to the

session.

5. If there is a concern about weather, you must contact your therapist directly in the morning to discuss these conditions. This practice does not follow Montgomery County Public School closings.

6. Individual Therapy Session (60 minutes)

--Ongoing weekly clients: \$170.00/hour;

--Consultations/out-of-town: \$210.00/hour

A Therapy Note (Home Program) will be provided at the end of each session.

If you have any questions about these policies and procedures, contact me at: (301) 652-2220.

Sincerely,

Diane Lewis, MA, CCC-SLP

Please retain this notice for future reference to avoid confusion about our policies.

NOTICE OF PRIVATE PRACTICE

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. The Notice takes effect November 18, 2008 and will remain in effect until we replace it.

The Health Insurance Portability & Accountability Act (HIPAA) describes how we may use or disclose your protected health information, with whom that information may be shared and the safeguards we have in place to protect it. This Notice also described your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

THE PRIVACY OF YOUR HEALTH INFORMATION IS VERY IMPORTANT TO US. PLEASE REVIEW THIS NOTICE CAREFULLY!

Use and Disclosures of Health Information

We use and disclose health information about you for treatment, payment and healthcare operation. For example:

Treatment: We may use and disclose your health information to a physician other healthcare provider providing treatment to you. In emergencies, we will use and disclose your protected information to provide the treatment you require.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, billing, evaluating practitioners and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient's Rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your or payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up related health information.

Marketing Health-Related Services: We will not use your information or media for marketing communication without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law. We may also disclose health information during any judicial or administrative proceedings in response to a court order or administrative tribunal, and in certain conditions in response to a subpoena, discovery request, or other lawful purposes. We may disclose protected health information for law enforcement purposes, including responses to legal proceedings, information requests for identifications and location, and circumstances pertaining to victims of a crime.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you or your child are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety or the health or safety of others involved.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody or protected information of inmates or patients under certain circumstances.

Communicable Disease: We may disclose your protected health information if authorized by law to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Public Health: We may disclose your protected information to a public health authority who is permitted by law to collect or receive the information in regards to some of the following: preventing or controlling diseases, injury or disability, reported births and deaths, or problems with adaptive products.

Research: We may disclose protected health information to researchers when authorized by law, as

approved by boards that have reviewed the information for research proposals to ensure the privacy of your health information.

Parental Access: State laws concerning minors permit or require certain disclosure of protected information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or if you are treated in another state, the laws of that State) and will make disclosures following such laws.

Appointment Reminders: We may use or disclose health information to provide you with appointment reminders (such as voicemail messages, emails, postcards or letters).

Patient's Rights

Access: You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the beginning of this Notice. We will charge you a reasonable cost-based for providing the health information in that in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the beginning of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years, but not before September 1, 2007. If you request this account more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except for in emergencies). *Alternative Communication:* You have the right to request that we communicate with you about your health information by alternative means or to an alternative location. (You must make this request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you requested.

Amendment: You have the right to request that we amend you health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by an alternative location, you may complain to us by using the contact information listed at the beginning of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with the U. S. Department of Health and Human Services or us.

Notice of Private Practice Health Insurance Portability and Accountability Act (HIPAA)

I have reviewed the Notice of Private Practice under the Health Insurance Portability and Accountability Act (HIPAA) and have accepted the privacy practices, legal duties, and rights concerning my health information. I also understand that the information supplied is required by applicable federal and state law to maintain the privacy of my health information.

Parent/Guardian Signature

Date