



20165 N 67th Ave STE 122A
Glendale, AZ 85308
Phone: 602-525-1550
FAX: 623-321-1177
wordplayom@gmail.com

Member's Name:			
Diagnosis:			
Date of Birth:	Gender: (Check One)	Male	Female
Responsible Party's Name:			
Address:			
Phone Number:	CELL	HOME	WORK
Email:			
Primary Care Provider:		Phone:	
Primary Insurance			
Insurance Plan Name:		Payer ID:	
Insurance Plan ID:		Group #:	
Insurance Claims Address:			
Insurance Claims Phone Number:			
Guarantor Name:		Relationship to Member:	
Address (if different then above):			
Date of Birth:		SSN:	
Organization:		Phone:	
Secondary Insurance			
Insurance Plan Name:		Payer ID:	
Insurance Plan ID:		Group #:	
Insurance Claims Address:			
Insurance Claims Phone Number:			
Guarantor Name:		Relationship to Member:	
Address (if different then above):			
Date of Birth:		SSN:	
Organization:		Phone:	

I authorize Word Play, LLC to release information requested by the insurance company necessary for completion of a claim. I understand that failure to supply private insurance information is Medicaid fraud. Failure to supply Word Play, LLC payment received from the insurance company is the equivalent of theft of services. I agree to supply Word Play, LLC with all Explanation of Benefit statements I receive from my private insurance plan for services provided by Word Play, LLC. I have also been notified of the "Notice of Information Practices" and have received the policies and procedures of Word Play, LLC.

Signature:

Date:

Notice of Information Practices

Your Privacy Rights

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.

Effective date: 01/01/2024

Word Play is required by law to keep your health information safe. This information may include the following:

- notes from your doctor, teacher, or other health care provider
- medical history
- assessment results
- treatment notes
- insurance information

A government rule requires that you get a copy of this privacy notice. This rule is called the Health Insurance Portability and Accountability Act—or HIPAA for short. We will ask you to sign a paper saying that you have been given this notice.

Read this notice at any time to see how your health information can be used and who can see it.

How Your Health Information May be Used or Shared

We may use or share your health information both with and without your permission, depending on the circumstances.

When Your Permission Is Not Needed

We may use or share your health information without your permission for the following reasons:

- **Treatment.** We may share information with doctors and other health care providers who care for you. For example, if your doctor orders speech therapy, we will share the results of our treatment with that doctor.
- **Payment.** We may use and share information about the treatment you receive with your insurance company or other payer to receive payment for services. This may include sharing important medical information. We may share information to
 - get the insurance company's permission to start treatment,
 - get permission for more treatment, and/or
 - get paid for the treatment you receive.
- **Health Care Operations.** We may use and share your health information to run the clinic and make sure all patients receive good care. For example, we may use your health information to
 - see how well our services are working,
 - see how well our staff is doing,
 - see how we compare to other clinics,
 - improve our services, and
 - help others study health care services.
- **Abuse and Neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by email, or by phone call or voicemail message. If you do not

Notice of Information Practices

wish to get reminders, please tell your speech-language pathologist.

- **As Required by Law.** We will share your information when we are told to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.
- **Government Functions.** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the U.S. Department of Veterans Affairs.
- **Information About a Person Who Has Died.** We may share information with the coroner, the medical examiner, or a funeral director, as needed.
- **Marketing.** We may use your information to let you know of other services that might be of interest to you.
- **Public Health Risks.** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight.** We may use or share your information to report to agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research.** We may share your health information with researchers to be included in their research project. Information will be shared only for projects that have been through a special approval process. These projects have rules to protect your privacy, too.
- **Threats to Health and Safety.** Your health information may be shared if it is believed that this information will prevent a threat to your or others' health and safety.
- **Workers' Compensation.** We will share your information with the U.S. Department of Labor's Office of Workers' Compensation if your case is being considered as a work-related injury or illness.

When Your Permission Is Needed

You must give us permission to use or share your health information for any situation that is not listed in this notice. You will be asked to sign a form—called a Record of Release Form—to allow us to use or share your information. You are allowed to take back this authorization—called *revoking authorization*—at any time. We will not be able to get the information back that we shared with your permission.

Your Privacy Rights

You have the right to do all of the following:

- **Ask us not to share your information.** You can ask us not to use or share your information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law. We do not have to agree to what you ask.
- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call you but not email. Or you may want us to call you at work and not at home. You must ask us in writing. We will make every effort to comply with your request.
- **Look at and copy your health information.** You have the right to see your health information and get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials, such as test protocols.
- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give as a reason for the change. We do not have to make the change.
- **Get a report of how and when your information was used or shared.** You can ask us to tell you when

Notice of Information Practices

your information was shared and who we shared it with. There are some rules about this:

- You must ask us in writing.
- You must tell us the dates you are asking about and if you want a paper or electronic copy.
- You may get information going back 6 years, but it cannot be for earlier than April 14, 2003. This is the date when the government privacy rules took effect.
- **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.
- **File complaints.** You can file a complaint with us or with the U.S. government if you think that
 - your information was used or shared in a way that is not allowed,
 - you were not allowed to look at or copy your information, and/or
 - any of your rights were denied.

Who Is Covered by This Notice

The people who must follow the rules in this notice are as follows:

- all speech-language pathologists and speech language pathologist assistants working at Word Play,
- anyone who is allowed to add health information to your file, including students and other staff,
- any volunteers who may help you while you are in this clinic.

Changes to the Information in This Notice

We may change this notice at any time. Changes may apply to information that we already have in your file and to any new information. Copies of the new notice will be available from our staff. The notice will have a date on the front page to tell you when it went into effect.

Complaints

You may file a complaint if you think we did something wrong with your information. You can complain to your regional office of the U.S. Office of Civil Rights. To find out more about filing complaints, go to www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. All complaints must be in writing. You will not get penalized for filing a complaint.

You may also file a complaint with the Division of Developmental Disabilities by contacting your Support Coordinator or by contacting DDD Customer Service Center (CSC) by phone 1-844-770-9500 or email: DDDCustomerServiceCenter@azdes.gov

Contacts

If you have any questions about this notice or your privacy rights, please ask your speech therapist, or contact Word Play by mail at 20165 N 67th Ave. STE 122A, Glendale, AZ, 85308 or call 602-525-1550. Please include your full name and telephone number.



Thank you,

Lorraine Potts and Stephanie Strom, OWNERS

Word Play, LLC



20165 N. 67th Ave 122A
Glendale, AZ 85308
Main 602.525.1550
Fax 623.321.1177

Updated 05/17/2023

We would like to take the opportunity to remind you of Word Play's Speech Therapy Policies and Procedures. Please review the information, and sign to acknowledge receipt and understanding of the policies. If you have any questions, or if we can be of further assistance, please feel free to contact Lorraine at 602.573.5842 or Stephanie at 602.920.1209

Cancellation Policy

If a family finds that they are canceling and/or a no-show 2 times in a 4-week period or 3 times in 3-months, the family may be discharged from speech services through Word Play, LLC. Extenuating circumstances may warrant putting therapy "on hold" until such time that regular visits can be completed (for example, in the case of serious illness or hospitalization) and will be discussed on an individual basis. Prior to discharge the family will receive a Cancellation Warning that must be signed and returned. If the member has 2 more cancellations in a 4week period following the warning the member will be automatically discharged at which time the family and Support Coordinator will be notified.

Family Participation

Word Play requires that a parent/adult caregiver be present during speech therapy. This is most beneficial for the progress of your child as you can observe and then incorporate techniques that are successful on a daily basis. You are also encouraged to ask questions and discuss any concerns you may have about your child. This is also a time to share with your speech therapist what accomplishments your child has made since the last visit.

Grievance and Feedback

It is the policy of Word Play to resolve client concerns in a timely manner and to aim for excellent client/therapist satisfaction. Clients with concerns should notify Lorraine Potts, Director/Owner at 602.573.5842 or email Lorraine@wordplayaz.org or Stephanie Strom, Director/Owner at 602. 920.1209 or email Stephanie@wordplayaz.org. All concerns will be addressed as soon as possible with goal being to achieve resolution within 24 hours. Complimentary notes about your therapist are also appreciated!

Written Consent

Your signature below serves as consent for therapy sessions to be video and/or audio recorded, with verbal notice, for therapist training and supervision purposes only, and will **not** be shared publicly.

I have reviewed the preceding policies and procedures.

Printed Responsible Person Name

Signature

Client's Name

DATE

Word Play Update: Cancellation Policy

Word Play has updated their cancellation policy. Please review and sign this form to confirm you understand the new policy. If you have any questions or concerns, please don't hesitate to reach out to Stephanie at 602-920-1209 or Stephanie@wordplayaz.org.

Word Play strives to provide a successful and rewarding therapy experience. Consistent therapy attendance is beneficial in providing your child with the best chance at achieving their treatment goals. Please complete and sign the form below at your earliest convenience.

A cancellation should be considered when your child presents with any of the following:

- Fever, diarrhea, pink eye, vomiting, or rash in the 24 hours prior to therapy.
- Exposure to any communicable disease.

* If no shows exceed 2 times in a 4-week period, your child will be placed on a cancellation probation and sent a cancellation warning that must be signed and returned prior to the continuation of services.

* If 3 or more cancellations or no shows occur within a 3-month period, your child will be placed on a cancellation probation and sent a cancellation warning that must be signed and returned prior to the continuation of services.

In both cases you are at risk of discontinuation from services at your current appointment date and time.

During the 3-month probationary period if you cancel 2 more sessions within the quarter without reasonable justification services will be discontinued automatically. If for any reason there are ongoing medical issues that result in repeated cancellation, services will be placed on hold until the member's medical status is stable.

Administration will provide you with the cancelation warning via email through Adobe Sign and Fill along with your attendance log.
Administration will provide written warning for violations of the cancelation policy via the preferred method of contact listed below.
Administration will provide verbal and written notifications prior to services are being discontinued.

Make up sessions will be scheduled at the therapist's discretion. We strongly encourage the utilization of makeup sessions whenever possible to keep therapy consistent and maximize your child's gains.

Please complete and sign. We will keep this in your member file and provide a copy to the therapist.

- Yes, I have read and understand the above policy.
- I understand that if I have any concerns regarding my child's attendance, I will discuss them with his/her therapist.
- I understand that I have the option to discuss the discontinuation of therapy with administration.

My preferred contact with my therapist and admin is:

_____ Phone: _____

_____ Text: _____

_____ Email: _____

Caregiver's Signature: _____

Member's Name: _____

Date: _____

Thank you for your cooperation,

Lorraine Potts and Stephanie Strom, Owners