Private Speech & Language Therapy
TIME TO TALK

Lynn Maas MA, CCC-SLP

TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Welcome to Time to Talk Speech Therapy!

Thank you for choosing Time to Talk to meet your child's speech and language needs. I realize there are many options from which to choose and appreciate the opportunity to assist you with this important process. At Time to Talk I focus on your child's strengths and interests and work with you to help your child reach their full potential in order to meet all their communication goals!

The following *New Client Paperwork* packet includes important information about this practice including fees, release of information, consent to treat, and financial & privacy policies. Please take time to fill out as much information as possible regarding your history. I understand that these forms can be time consuming, however it is very helpful to have this information prior to your first visit in order to provide the best possible service for you and your child. Once the *New Client Paperwork* is complete, you will be contacted to schedule an initial appointment.

If you have had any recent evaluations completed by other health professionals (IEP/IFSP, Psychologist, ENT, Oncologist, Gastroenterologist etc.), please bring copies of these with you or you may email them in advance.

Completed packets may be emailed to timetotalknebraska@gmail.com or brought with you to your first appointment.

We look forward to meeting you!

Sincerely,
Lynn Maas, MA, CCC-SLP
Speech-Language Pathologist

Private Speech & Language Therapy
TIME TO TALK

Lynn Maas MA, CCC-SLP

TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

GENERAL ACKNOWLEDGMENT OF FORMS

I do hereby acknowledge and agree that: (i) I have read all of the forms and documents provided to me in connection with the treatment and evaluation of my child (or the child under my care) by Time to Talk Speech Therapy, LLC and Lynn Maas, M.A., CCC-SLP, and/or their respective consultants; (ii) I understand the meaning and intent of these forms, and agree to the provisions contained therein; (iii) I have been given the opportunity to ask questions concerning the forms and any questions that I have asked have been answered to my satisfaction, and (iv) I have signed all of the forms upon my on free volition and without any coercion from any third party as listed below:

____(initial) Payment Policy

____(initial) Attendance Policy

____(initial) Consent to Treat

____(initial) HIPAA Policy

____(initial) Release of Information

____(initial) Pediatric Intake Form

_____
Print Name

_____
Signature (Parent or Legal Guardian)

_____
Date

CCC-SLP
ASHA Certified Speech-Language Pathologist

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

CONSENT TO RELEASE INFORMATION

I, _____ (print name) give my permission and consent to Time to Talk Speech Therapy, Lynn Maas, M.A., CCC-SLP, and their respective consultants and agents (hereinafter, collectively, the "Company") to discuss and speak with school officials, teachers, psychiatrists, medical doctors, other therapists, insurance representatives, and other professionals (collectively, "Third Party Professionals") regarding my child (or the child under my care) as such may be needed in connection with the treatment and/or evaluation of such child by the Company. In addition, the Company is authorized to receive any records, files, charts, and other documentation and information from such Third Party Professionals, and by signing this document, the undersigned is authorizing the release of any such information that may be held by a Third Party Professional to the Company. Any person who is provided a copy of this document may rely on it as the undersigned's full and unconditional consent to the release of any and all information pertaining to the child. The undersigned further authorizes the Company to release any and all information pertaining to the treatment and/or evaluation of the child to any Third Party Professional that may in any way be involved in the treatment and/or evaluation of the child. The undersigned understands that some or all of the information obtained and/or released under this document may be protected under federal regulations including but not limited to HIPAA. By authorizing a release of information, as set forth above, the undersigned understands and agrees that they are agreeing to the release of such information notwithstanding the protections under HIPAA, provided, however, it is understood and agreed that the Company will maintain the confidentiality of any information obtained and will not disclose the same except as needed in the course of treating or evaluating the child. The undersigned, for his/herself and his or her successors and assigns, does hereby hold the Company harmless from any and all claims relating to the release of information as provided above, and do hereby waive and release any claim against the Company relating to the release of such information as provided above.

_____
Signature (parent or legal guardian)

_____
Date

Private Speech & Language Therapy

TIME TO TALK

Lynn Maas MA, CCC-SLP

TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Contact Information

Please add your child's teacher, doctor, therapist, and any other professionals currently working with your child, to the table below.

Company/School	Name of Individual	Phone	Email	Address

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

PATIENT NOTIFICATION OF PRIVACY POLICIES (HIPAA AUTHORIZATION)

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

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. Time to Talk Speech Therapy is dedicated to ensuring the privacy of your child's speech and/or language evaluation findings and treatment plan. In serving our patients, we create records regarding treatment and services that are provided in order to have accurate information and ensure the appropriateness and efficacy of treatment services. Federal law requires us to strictly protect any personally identifying information on your child. This notice discloses our policies regarding the storage, use, and sharing of confidential patient information. PLEASE REVIEW THIS NOTICE CAREFULLY.

Time to Talk Speech Therapy, LLC is required by law to keep your health information safe. This information may include:

- Notes from your doctor, teacher, or other health care provider
- Your medical history
- Your test 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 acknowledging that you have been given this notice.

How Your Health Information May Be Used or Shared:

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

1. Treatment: We may share your information with doctors or 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.

2. Payment: We may use and share information about the treatment you receive with your insurance company or other payer to receive payment for therapy services. This may include sharing important medical information.

We may share information to:

a. Get the insurance company's permission to start treatment
b. Get permission for more treatment
c. Get paid for the treatment you receive

3. Health Care Operations: We may use and share your health information to run the practice and make sure all clients receive good care.

For example, we may use your health information to:

a. See how well our services are working
b. See how well our staff is doing
c. See how we compare to other clinics and private practices
d. Make our services better
e. Help others study speech therapy services

Your health information may also be used or shared without your permission for:

- 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 wish to get reminders, please tell your speech-language pathologist.
- As Required by Law: We will share your information when we are told to 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 Office of Veterans Affairs.
- Information About a Person Who Has Died: We may share information with the coroner, medical examiner, or a funeral director, as needed.
- Health-Related Benefits and Services: 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.
- Threats to Health and Safety: Your health information may be shared if it is believed that it will prevent a threat to your health and safety or the health and safety of others.
- Worker's Compensation: We will share your information with Worker's Compensation if your case is being considered as a work-related injury.

When Your Permission is Needed to Use or Share Your Health Information

You must give us your permission to use or share your health information for any situation that is not listed on this notice. You will be asked to sign a form, called an authorization, to allow us to 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.

Lynn Maas MA, CCC-SLP

TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Your Privacy Rights:

You have the right to:

- **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 in writing.

- **Look at and copy your health information:** You have the right to see your health information and get a copy of that information at any time. You have the 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 us 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 your information was shared and who we shared it with. There are some rules about this:
    - You need to 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 six (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.

- **File complaints:** You can file a complaint with us or with the 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
    - Any of your rights were denied

Lynn Maas MA, CCC-SLP

TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Who is Covered by This Notice

The people that must follow the rules of this notice are:

- All speech-language pathologists at Time to Talk Speech Therapy, LLC.
- 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 at this clinic/private practice

Changes to the Information in This Notice

Time to Talk Speech Therapy may change this notice at any time. Changes may apply to information we already have in your file and any new information. Copies of the new notice will be available.

Complaints

You may file a complaint if you think Time to Talk Speech Therapy did something wrong with your information. You can complain to your regional office of the United States Office of Civil Rights. All complaints must be in writing. You will not get in trouble for filing a complaint.

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Acknowledgement That You Received Your Privacy Notice

Time to Talk Speech Therapy, LLC is required by law to keep your health information safe. This information may include:

- Notes from your doctor
- Your medical history
- Your test results
- Treatment notes
- Insurance information

We are required by law to give you a copy of your privacy notice. Please retain a copy of this privacy notice for your records. This notice tells you how your health information may be used or shared. It also tells you how you can look at and comment on your information.

By signing this page, you are saying that you have been given a copy of our privacy notice.

Client Name: _____

Client D.O.B: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Payment for Services/Fees

Full fee is due at the time of service. For your convenience, we accept cash, checks, credit cards and debit cards. Payments will be made through the Ivy Pay system at the time of service and a receipt will be sent to you via email.

At Time to Talk Speech Therapy, LLC we believe we are able to provide better care for our clients if we are not contracted with a specific insurance company. We do not currently accept insurance and here's why:

- We are able to focus solely on the needs of the child and family. Once we are under contract with an insurance company, their guidelines for therapy must be followed, even if we do not agree with them or they're not right for the child.

- Insurance companies typically have low reimbursement rates and frequently require extra office personnel hired specifically for filing and tracking claims.

- Extensive reporting requirements require a great deal of time that doesn't improve the quality of therapy. We prefer to use our time to provide high-quality therapy to a limited number of patients in a way that works best for the therapist, child, and family.

We can provide you with a Superbill containing all the information that insurance companies require so that you can submit claims on your own, either to go towards your deductible or for reimbursement after you have met your deductible.

What is a Superbill?
A Superbill is an itemized list of all services that is provided to a client. The Superbill will also contain additional information about the patient visit including practice information, services provided, diagnostic codes, charges, and referring doctor.

What is a Superbill used for?
A Superbill is used by healthcare providers as a primary source of data for creating claims. These claims will eventually be submitted to payers for reimbursement.

Time to Talk Policies for use of a Superbill:
- It is the responsibility of the client to request a Superbill.
- Balance for services must be paid in full prior to receiving a Superbill.
- Clients are responsible for submitting the Superbill to their insurance companies. Time to Talk Speech Therapy is not responsible for submitting a claim or the outcome of a claim.
- Clients should check with their insurance company to see if they cover speech services for your child's diagnosis. Many insurance companies will cover speech therapy only for specific diagnoses that are considered related to a medical condition.
- Superbills will be provided monthly, unless a different schedule is requested.

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Please sign at the bottom and return. All correspondences regarding billing should be emailed to this address: timetotalknebraska@gmail.com

Service	Description	Length (Minutes)	Rate	CPT Code
Speech Therapy	Individual speech therapy with a Speech-Language Pathologist	30 minutes direct therapy	$120	92507
		45 minutes direct therapy	$150	92507
Comprehensive Evaluation	Articulation, receptive, and expressive language evaluation with written report provided	60-90 minutes (includes evaluation and comprehensive diagnostic report)	$300	92523

** *For a Monthly Good Faith Estimate take the Rate associated with your session time (either 30 or 45 minutes) x # of sessions per month (ex:if 1 time a week, total would be 4 per month) = Monthly Good Faith estimate*

CREDIT CARD/ DEBIT TRANSACTION PROCESS:

Time to Talk Speech Therapy, LLC utilizes Ivy Pay for accepting payment. Ivy Pay is a card payment system designed specifically for therapists and their clients. Ivy Pay works with your debit card, credit card, HSA or FSA card. It is HIPAA-secure and it keeps our therapeutic relationship confidential.

Following completion of the new client forms, I will send you an invitation text via Ivy Pay's system with a charge for $1. The text you receive will come from a phone number in Ivy Pay's system (not me) and will be worded similarly to the following: "Ivy: You've been invited to use Ivy. To accept and pay for sessions with a card on file, go to [link]."

I ask that you use that link to set yourself up in the system at your convenience. It is quick, easy, and very secure. Completing this step is what locks your appointment in.

AGREED AND ACCEPTED I, _____ (print name) authorize Time to Talk Speech Therapy, LLC to charge my debit/credit card and send paid invoices via electronic mail_____(email address). I acknowledge and accept full and complete responsibility for payment of all services rendered by Time to Talk Speech Therapy, Lynn Maas, M.A., CCC-SLP, and/or its consultants. I acknowledge that I have received a written explanation of the cancellation policy and payment policy and I agree to both. I understand that agreements regarding fee schedules, charges for canceled appointments and late payment fees are between Time to Talk Speech Therapy, LLC and myself and are not related to potential insurance coverage.

_____ _____

Signature of client /(parent or legal guardian) Date

CCC-SLP
ASHA Certified Speech-Language Pathologist

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Attendance and Cancelation Policy

Attendance: I understand that consistent attendance is critical to my or my child's progress and prevents regression of learned skills.

1. **Non-emergency Cancellations:** Non-emergency cancellations with less than 24 hours notice will result in a late cancellation fee equal to $50. Examples of non-emergency cancellations include, but are not limited to, other medical appointments, school events, social events, sick caregiver (i.e. nanny, baby-sitter, or someone other than a parent), or school vacations.
2. **Emergency Cancellations:** Emergency cancellations will be accepted with less than 24 hours notice for illness or illness of an immediate family member (see **Sick Policy** below), death of a family member, weather emergencies, medical emergencies, car accidents or other emergency situations beyond your control. Please notify me as soon as possible.
3. **Sick Policy:** Please notify me by 8:00 a.m. on the day of your appointment if you or your child wakes up sick. **If there are any signs of ongoing infection**, including fever over 100F, vomiting, diarrhea, sinus infection, or any other highly contagious illness, **you are required to cancel your session**. You or your child must be fever free for at least 24 hours prior to your session.
4. **Missed Appointments:** If you cancel or otherwise miss three sessions in a row, it is my policy to provide 30 days notice of discharge. You will be responsible for payment for all scheduled weekly sessions during that time. If you know you will be away for two weeks or longer, please inform me at your earliest convenience to avoid penalties.
5. **Late for Appointments:** If you are late for an appointment your session will need to conclude at the regularly scheduled time. If you are more than fifteen minutes late for your appointment, it is considered a missed appointment (see Missed Appointments above) and will be canceled.
6. **Clinician Cancellations:** If I am not able to attend your appointment, you will be contacted as soon as possible. If I am late for your appointment, you will be given the full session time.

It is your responsibility to keep your regularly scheduled appointments.

To cancel an appointment please call or text **(402)204-3412** or email **timetotalknebraska@gmail.com**

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

INFORMED CONSENT FOR SPEECH THERAPY

I, _____, the parent/legal guardian of _____ hereby request and consent to Time to Talk Speech Therapy, LLC to perform treatment and care for my child as prescribed by a doctor and/or recommended by a speech language pathologist.

I understand and am informed that, as in the practice of medicine, speech language and feeding therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my child's condition, evaluation results, and treatment plan prior to ongoing treatment.

I acknowledge and agree that a parent or legal guardian must be present during each therapy session.

I have carefully read and fully understand this informed consent form and have had the opportunity to discuss it with the treating therapist.

I consent and authorize Time to Talk, LLC to administer treatment under the direction and supervision of a certified Speech-Language Pathologist.

_____ _____

Signature of Parent/Legal Guardian Date

CCC-SLP
ASHA Certified Speech-Language Pathologist

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Pediatric Speech/Language Intake Form

Name:	**DOB:**	**Age:**	**Sex:** ☐ M ☐ F ☐ Other
School:		**Grade:**	
Legal Guardian 1:		☐ Mom ☐ Dad ☐ Other _____	
Address:		**Phone:**	
		Email:	
Legal Guardian 2:		☐ Mom ☐ Dad ☐ Other _____	
Address *(If Different)*:		**Phone:**	
		Email:	

Birth History:

Were there any problems during pregnancy and/or birth? Yes ☐ No ☐ *(If yes, briefly describe)*

Home Environment

Who lives at home with the child? (*Siblings (and ages), mother, father, step-parents, grandparents, etc.)*

How often is English spoken at home? ☐ Always ☐ Most of the Time ☐ Sometimes ☐ Never
If another language is spoken, what language(s) is/are used in the home? _____
Any special circumstances?
☐ Parents divorced ☐ Joint physical custody ☐ Child adopted ☐ Other _____
Any cultural or religious considerations for therapy? *(holiday celebrations, prohibitions, etc.)*

Health History:

Please Mark Appropriate Box(es) If Your Child Has Had Any of The Following:
☐ Frequent Ear Infections ☐ Occupational Therapy ☐ Developmental Delay ☐ Early Intervention
☐ Hearing Problems ☐ Physical Therapy ☐ Premature Birth(*detail below*) ☐ Tubes In Ears
☐ Speech Therapy ☐ Head Injury ☐ Hospitalization(*detail below*) ☐ Behavior Therapy
☐ Allergies *(list below)* ☐ Prescription Medication *(list below)*

Please Provide Further Explanations for Items Checked Above:

CCC-SLP
ASHA Certified Speech-Language Pathologist

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

Is Your Child Diagnosed with Any Developmental or Sensory Disorders?

☐ ADHD	☐ Anxiety	☐ Autism	☐ Articulation Disorder
☐ Blind/Visually Impaired	☐ Cerebral Palsy	☐ Deaf/Hard of Hearing	☐ Degenerative Condition
☐ Dyslexia	☐ Down's Syndrome	☐ Fragile X Syndrome	☐ Intellectual Disability
☐ Language Disorder	☐ Learning Disorder	☐ Oppositional Defiance Disorder	☐ Sensory Processing Disorder
☐ Social Communication Disorder	☐ Stuttering	☐ Other *(list)* _____	

Please Provide Further Explanations for Items Checked Above:

Do You Suspect Your Child Has Any Undiagnosed Disorders? ☐ Yes ☐ No *If yes, explain:*

Developmental History:

Please include approximate age of occurrence
First word _____ Spoke sentences clearly _____ Typical Motor Development? ☐ Yes ☐No

Education:

How Is Your Child Currently Educated? ☐ Caregiver-led at home ☐ Distance Learning ☐ Preschool/School
Has Your Child Ever Been Held Back a Grade? ☐ Yes ☐ No
Which Subjects in School is Your Child on Grade Level for? ☐ Reading ☐ Math ☐ Science ☐ Social Studies
Does Your Child Receive Special Education Services? ☐ Yes ☐ No
Does Your Child Have an IEP or IFSP? ☐ Yes ☐ No
If yes, what is it targeting? If yes, what is the current eligibility?

Communication & Social Interaction

Does Your Child Play Well with Other Children? ☐ Yes ☐ No
Which of the Following Apply to Your Child?

☐ Cooperative	☐ Anxious
☐ Hyperactive	☐ Frequent tantrums
☐ Frequent self-stimulation (spinning, hand flapping, etc)	☐ Plays independently with others
☐ Easily frustrated/impulsive	☐ Inappropriate behavior
☐ Minimal eye contact	☐ Poor understanding of danger

Can Your Child Clearly and Appropriately Communicate the Following?
☐ Statements ☐ Questions ☐ Answers ☐ Wants ☐ Needs (ex: help) ☐ Feelings ☐ Denial/Protests ☐ Discomfort
About How Much of What Your Child Says Can You Understand? ☐ Almost All ☐ Most ☐ Half ☐ Quarter or Less

Private Speech & Language Therapy
TIME TO TALK
Lynn Maas MA, CCC-SLP
TIMETOTALKNEBRASKA@GMAIL.COM (402)204-3412

About How Much Could a Stranger Understand? ☐ Almost All ☐ Most ☐ Half ☐ Quarter or Less

Your Thoughts:

Why Do You Think Your Child Has a Communication Delay/Disorder?

What Have You Already Tried to Remedy the Communication Delay/Disorder? Has it Helped?

What Is the Main Goal You Wish to Accomplish with Speech/Language Therapy?

Anything else you would like me to know?

PLEASE PRINT YOUR NAME: _____ **Date:** _____

SIGNATURE: _____ ☐ Parent ☐ Other Legal Guardian