



M A R Y & A L E X A N D E R

# Laughlin Children's Center

*your child's bridge to successful learning*

## Consent, Privacy, & Treatment Form

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Consent to Treatment: By signing this form, I consent to evaluations and/or therapy provided by the following departments at Laughlin Children's Center (please check appropriate box or boxes):

- Psychology    
  Speech-Language    
  Occupational Therapy    
  Academic/Preschool

I understand that the client record, including progress notes, evaluations, and other treatment information may, at the request of my insurance company or physician, be released to a representative of my insurance company for audit, quality and payment purposes.

2. HIPAA Notice of Privacy Practices: Your information is protected under the Health Information and Portability and Accountability Act (HIPAA). Copies of our Privacy Policy are available at the front desk or at <http://www.laughlincenter.org/about.asp>.
3. Interns: LCC accepts practicum and/or internship students as an ongoing commitment to teaching new professionals in the areas of speech/language, occupational therapy, psychology, or education. Interns will meet standard requirements for field placement, and will have been vetted by both the school and LCC department director. Interns may observe, assist, and participate in the session with your child's therapist. Your child's clinician will check with you before including an intern in your child's treatment.
4. Therapy Dogs: As part of the therapeutic process, sometimes clinicians request the assistance of certified therapy dogs, who can offer a different way for children to express themselves, or provide a calm presence for the child. Your child's clinician will check with you before including a therapy dog in your child's treatment.
5. Parents are encouraged to wait for their children in our waiting room. If parents leave the premises, please return on time for your children. Laughlin Center cannot be responsible for unattended children.

Primary Care Physician/Practice \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Client \_\_\_\_\_  
*(only if client is 14 years old or older)*

Signature of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Phone Number of Parent/Guardian \_\_\_\_\_

Relationship to client \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_

This form is valid for one year from the date of signature.

**PLEASE REVIEW AND SIGN BOTH SIDES.**



Many common types of communication put your privacy at risk and can be inconsistent with the law and with professional standards. To safeguard your privacy, we generally recommend against using these forms of communication. Each clinician retains the right to make specific exceptions to this policy. If you have any questions, please discuss them with your therapist.

**Email**

Laughlin Children's Center or your clinician will only use email with your written permission and only for administrative purposes. This means that email exchanges will be limited to sending forms, setting and changing appointments, billing matters and other related issues. LCC asks parents NOT to use Personal Health Information such as name, date of birth, etc. when using electronic communication, because access to electronic information is not assumed to be protected or private. Neither the Center, nor its employees, can be held liable for responding to treatment-related information shared by clients or their families through e-mail. If clients or families choose to communicate by e-mail for administrative changes, please note the message may be viewed by the Center's administrative staff as a routine task in the course of daily business. The entire Center staff and business associates are bound by our HIPAA policy and privacy practices.

**Social Media**

Individual clinicians do not communicate with, or contact, any clients through social media platforms such as Twitter and Facebook. In addition if a clinician discovers that an online relationship has been accidentally established, the online relationship will be terminated. These types of casual social contacts can create significant security risks for you. If you have an online presence, there is a possibility that you may encounter your clinician by accident. If that occurs, please discuss it during the next scheduled session.

**Website**

Laughlin Children's Center has a website that you are free to access ([www.laughlincenter.org](http://www.laughlincenter.org)). It is used for marketing our many services. You are welcome to access and review the information that you find on our website and, if you have any questions, please discuss this during your therapy session.

**Other Providers and Individuals**

If other providers or individuals contact us about you by means of electronic communication (email, texting, etc.), we will not respond without your express written consent. If you anticipate this, please complete a written authorization today. Please note that a written consent does not imply that electronic communications can be made private or secure.

*Please sign below if you understand that electronic communications are not assumed to be private or protected and that you understand our policy regarding electronic communications.*

Client Signature, only if 14 years-old or older	Date
Parent or Guardian Signature	Date
After reviewing the above policy, do you give consent to contact you electronically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address to use: _____	
Phone number for texting if therapist agrees: _____	

**PLEASE REVIEW AND SIGN BOTH SIDES.**



Welcome to Laughlin Children’s Center. As a community-based non-profit resource, Laughlin Children’s Center’s goal is to help each child build a bridge to successful learning. Our highly qualified professionals have many years of experience in helping children overcome obstacles to success. We believe that providing you with this policy statement will help to avoid any misunderstandings that may affect your child’s progress. Please return this form to the receptionist once you have reviewed and signed it. A copy will be provided to you upon request.

Clients are financially responsible for all services provided. It is your responsibility to provide us with current insurance information. A copy of your insurance card is required at the first visit, the start of a new benefit year, and if your insurance changes.

**Copayments/Coinsurance:** Copayments are contractual obligations between you and your insurance carrier. Compliance rules set forth by federal and state governments require us to collect copayments. All clients are required to pay their copayments/coinsurance at the time of check in and prior to being seen by a provider. Clients who miss two consecutive copayments cannot be scheduled until the balance owed is paid. If you cannot afford to pay your copayment, please ask us about payment plans.

**Insurance:** As a courtesy, we will obtain benefits coverage from your insurance plan and provide you with an estimate of your financial obligation. It is ultimately your responsibility to verify your coverage and financial obligations with your insurance provider. As a service to our clients we will file your insurance claims for you. As a participating provider in your insurance network, we accept the insurance company’s allowable payment for covered services. Clients are responsible for any deductibles, copayments, non-covered services, and out-of- network services. Payments for these services, based upon estimates received from your insurance provider, are due at the time of the visit. Because we are dealing with estimated payments, any overpayments made by you once the actual bill settles with your insurance provider will be promptly refunded. You will be billed for any additional amount that was not paid by your insurance provider. It is your responsibility to notify Laughlin Children’s Center of any changes to your insurance coverage; failure to do so may result in you being financially responsible for services rendered.

**HMO’s, PPO’s, & Managed Care Programs:** It is your responsibility to obtain any referrals, authorizations, or doctor scripts required by your insurance company prior to your visit. We will do our best to inform you if our benefit check reveals that such is needed; however, it is ultimately your responsibility to understand your benefit requirements and make sure Laughlin Children’s Center has the appropriate documents on file before your appointment.

**Unpaid Balances:** We require that full payment be made at the time of service unless prior written arrangements have been made through Judy Allison, our client information coordinator. Laughlin Children’s Center reserves the right to postpone an appointment until balances are paid in full or payment arrangements have been made.

**Self-Pay Clients:** Self pay clients must pay for services in full at check-in.

**No Show Policy:** We understand that sometimes scheduling conflicts occur, and we pledge to work with you when you need to reschedule. In order to do so, we ask that you call at least 1 business day in advance of your appointment if you are unable to attend. We reserve the right to charge a missed appointment fee of \$25 to clients who do not attend a scheduled appointment, or who cancel less than 24 hours in advance. This fee must be paid before another appointment may be scheduled. After a client has 3 no-show appointments, the family may lose its spot in the schedule.

**Returned Checks:** There is a \$36 returned check fee, payable in cash or money order. After three such instances, your account may be placed on a “cash-only” basis.

Signature of Parent/Guardian _____ Relationship to client _____ Date _____
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