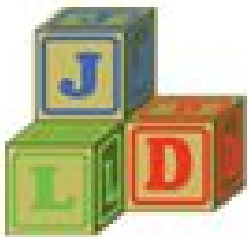


Customer Handbook

Revised January 2020



Joy & Laughter

Developmental Therapy

Making childhood fun for everyone!

Welcome

Welcome to Joy & Laughter Developmental Therapy

Since we began treating patients in 2012, we have aimed to provide high quality, family-centered treatment. From your first conversation with one of our staff members, you have become a part of our family where we aim to help provide solutions to help your family.

We know that quality care extends beyond the services we provide here in the clinic, which is why we hope to have your whole family become a committed part of the therapy team.

The information in this handbook will help you to become familiar with some of our clinic's policies and will answer some of the questions you might have while you are working with our team. If at any time, you have a question that is not addressed here, please do not hesitate to request assistance from a member of our staff.

On behalf of JLD Therapy, I personally want to extend a warm welcome and thank you for choosing to join us in helping make childhood fun for everyone!

A handwritten signature in cursive script that reads "Jennifer Davis". The signature is written in a dark ink and is positioned in the lower-left area of the page.

Table of Content

Therapy Process

Welcome! We are excited to have you consider us to help with your child's care. Whether you have received therapy before or you are new to the process we wanted to introduce you to how your care will look while you are working with our clinic.

Intake Process

Every new patient must complete the intake process to ensure we have all the relevant information to make things run as smoothly as possible. After contacting the clinic, you will be sent a link to complete the online intake process. The online system makes it easy to complete all the required documents in one place. The intake paperwork takes about 15-20 minutes to complete, but the system automatically saves your work, so you can take a break if needed.

❖ Paperwork

The online intake forms will include information about you and your child in addition to a developmental history and your concerns for therapy. If you have any previous reports, we ask that you also include that information, so we can review what was previously being addressed.

❖ Insurance Verification

We ask that you contact your insurance company to better learn about the coverage that is offered to you by your policy. Often the family will get more accurate information since they are the policyholder. It is important to understand your benefits since any services that are not covered by your insurance will be your financial responsibility.

When contacting the insurance company, you will want to ask about the following information.

- Do I have a deductible? If so, how much is it and how much has already been applied?
- Is there any copay or coinsurance due during my office visits? If so, how much?
- Do I require authorization for therapy?
- What are the maximum allowable sessions per year?
- What is my out of pocket maximum?
- What is my effective date?

❖ Consultation/Fitting Call

Before we start services, we want to make sure we will be a good fit for you and your child. A member of our clinical team will contact you to review the case history information provided and discuss your general goals for therapy, so we can make recommendations

on the next best step. After your consultation one of the following recommendations will be given:

- Schedule an evaluation
- Set up the first session
- Refer to other community resources

Evaluations

Before we can start providing skilled therapy services for your child, we need to have a current evaluation and plan of care established. We are happy to use a treatment plan that was developed by another clinic if it was completed within the last 4-6 months and includes information relevant to the concern you would like addressed.

During your consultation call, the therapist will determine the complexity of the evaluation that will be completed based on the information you provided in the intake forms and the conversation you had during the consultation. Depending on the complexity of the evaluation your appointment will range from 30-120 minutes. The complexity of the evaluation will be determined by the age of the child, medical diagnoses, a number of concerns, etc. The costs associated with the evaluations are listed in the cost of care section of this document.

During the evaluation, the evaluating therapist will typically ask that the parent(s) sit in during the appointment, so they can ask additional follow up questions and help to clarify various behaviors, comments, and skills. Many of the assessment tools used are child-focused and will ask your child to do a variety of typical play behaviors based on their age. The therapist is then able to use this information in comparison to other children their age to determine if there is an impairment or delay.

While we know you want your child to do well during the assessment, it is best to sit quietly and not help your child unless the evaluating therapist asks for assistance or clarification. We are unable to establish a true baseline of your child's skills if you are helping them. If your child has difficulties with behaviors during the assessment, we may ask you for information on how they do various activities at home.

If your therapist has any follow up questions after scoring or interpreting any data from the evaluation, they will contact you for clarification. If no clarification is needed you should expect a copy of your child's evaluation to be sent to both you and your child's doctor within 1-2 weeks.

First Appointment

During your first appointment, your treating therapist will discuss the goals listed on the plan of care. If your plan of care was established by another clinic you may no longer feel that the goals listed are appropriate, or your family's priorities have changed. If it was established in our clinic by someone other than your treating therapist, the goals have been discussed with the evaluating therapist prior to your first appointment.

The therapist who completes your evaluation may not always be the same person who completes your ongoing sessions. We also have licensed assistance on our staff who are specialized in providing treatment but are unable to do evaluations or develop the plan of care that will be used when working with your child.

During your first appointment, your therapist should also go over their contact information with you, so you can reach them if needed. Please note that we treat based on a therapy or clinical hour which is based on a 50-minute hour. Therapy sessions will stop at 50 min (25 min for half-hour sessions), during the remaining few minutes the therapist will help transition your child out of the therapy room, consult briefly with you about what should be done at home, and document what happened during the therapy session. The time the therapist spends to document your session is very important. Not only are therapists ethically required to document, if you are using your insurance to pay for sessions, but they also want to know what happened during the session.

Progress Reports

Our office will complete a progress report every 4-6 months from the time of your recent evaluation based on the recommendations from your evaluation or if your treating therapist feels that a review is needed. During this process, the therapist will review each of the goals that have been worked on for the past several weeks to ensure progress is being made. If your child is not making progress, the therapist will review what treatment approaches are being used to determine if adjustments need to be made. We also will ask for your feedback about how therapy is working for your child and if any of your priorities have changed. Progress reports are a mandatory part of the therapy process and cannot be waived.

Re-Evaluation

Our office requires that your child be reassessed at least one time every 12 months. Sometimes we will use the same assessment tool as before, so we can make comparisons, other times we may change the assessment tool to something that is more appropriate for them at that time. Often the re-evaluation is combined with a progress report, so we can discuss the progress your child has made.

Consultation

As your child continues to make progress towards their goals, the need for direct treatment will decrease, which is when your therapist may recommend that your child be moved to consultation services. Consultation services can either occur in person or via telehealth, based on what the therapist feels would be the most appropriate.

Discharge

Whether your child has reached all their goals, or if they have plateaued for this current period, it is important to allow your child to practice their newly learned skills for a while before a new

treatment plan is established. While some types of treatment will continue throughout the lifetime, this does not mean the child will be seen every week forever. When a child has plateaued in treatment, if given an opportunity to perfect those skills, they will be able to continue to make progress when they re-enter therapy in 6-12 months.

Patient Policies

Attendance Policy

Joy and Laughter Developmental Therapy takes great pride in being a premier provider of pediatric therapy in Northern California. Our highly skilled therapists work hard to ensure that your child gets the best possible care and meets the goals established by your therapy team. Children who attend therapy consistently and families that practice recommended skills in between sessions make improvements faster.

While we understand that situations might arise when a therapy session needs to be canceled, this should be rare. If you want to see progress in your child's treatment plan, consistency is important.

Our team monitors consistency to ensure that we are providing the best possible care to the clients we serve. If you do not attend your therapy sessions you will not see progress, so we want to make sure the time is available for a family who is willing to put in the time and effort to see progress in therapy.

Three-Strike Policy

Families who regularly skip or cancel their appointments will be removed from “[advanced scheduling \(See page 9\)](#)” so that another family has the opportunity to have a session. Generally, families have the opportunity to miss 3 appointments during each quarter of the year (3-month period). If your child is on an intensive program and attends therapy multiple times a week, we ask that you maintain attendance of 80%.

Consistency will be tracked during each of these periods of time. If your child's attendance drops below 80% of the recommended and decided upon therapy appointments during a given period, you will be notified that the child's attendance has been inconsistent.

If attendance continues to be inconsistent your child may be moved to “[Flexible Scheduling Policy \(See page 9\)](#)” to make space available for a child who is willing and able to attend recommended therapy sessions more consistently. If your child is moved to “[Flexible Scheduling Policy \(See page 9\)](#)” they will be able to move back to advanced scheduling during the next period.

Scheduling Policy

Once a therapist has developed a treatment plan for your child, we will know the recommended frequency, duration, and length of your therapy sessions. We can set up reminders for your appointment, but it is ultimately your responsibility to know when you are scheduled. We check schedules regularly for errors, but we ask that you help by verifying your next session each time

you are here. If you receive a reminder for an appointment that you will not be attending, please contact us right away so we can cancel it.

Skilled therapy services in combination with behavioral health services often involve a large number of service hours, which presents a challenge for scheduling. We ask families to work with us on schedule so that each child's services can be provided by a consistent staff of professionals. While we try to schedule your child at the same time each week, sometimes there will be slight variations in your child's scheduled time. Just because you have been scheduled for a certain time in the past it does not mean that your child is the only person who can ever be seen at that time.

We understand that every family we see has a limited amount of time to schedule therapy sessions, so our scheduling team works hard to provide your child with a therapy time that works with other appointments. Your family may be asked periodically if you can adjust allowing another family to be seen during your previously scheduled time. Just as we ask your family to be flexible, we also are asking other families to be flexible for you.

Therapy times before/after school and on the weekends are often the most popular which is why we ask families to be flexible and creative when scheduling their therapy time. If you have any flexibility in your day to come in between the hours of 9 am-2 pm, we would greatly appreciate it! Not only are these times easier to schedule they are also some of the best hours for learning.

You may want to talk to your child's teacher to see if your child can miss any part of the school day during these hours. Your therapy sessions are considered a medical appointment and just like any other medical appointment, we can provide you with a doctor's note to give the school for the absences. We can write a note for you at each session or a note for a recurring appointment time. Talk with your child's attendance office to see what the best option is for your child.

[Advanced Scheduling Policy](#)

Therapy sessions can be booked 2 weeks in advance, we do not exclusively reserve a time for ongoing sessions. This allows flexibility in your child's therapy sessions, so you don't need to miss other events or cancel your appointment. Your child will have the first opportunity to schedule the same appointment times if they regularly attend their appointments. If you miss an appointment, another family will have the opportunity to book your preferred time.

Appointments are not typically booked further than 2 weeks in advance, except when the office will be closed for a holiday break or if the family has paid to reserve a spot while on [vacation \(See page 10\)](#). Families who are inconsistent with attendance will not have the opportunity to schedule in advance. We want to make sure that every child still has the opportunity to have appointments, so we will be able to schedule them on our ["Flexible Scheduling Policy \(See page 9\)"](#).

Flexible Scheduling Policy

While most families can schedule their appointments in advance, we reserve the right to place some families on our “1-Day Scheduling Policy” if they have a difficult time making their appointments regularly. We feel it is important to never turn families away due to poor attendance, but we want to make sure there is room on the on-going schedule for the families who are committed to attending therapy sessions regularly. Families who have a current plan of care but are currently on the waiting list can also call into schedule an appointment under this policy.

When you contact us, you will be given a list of all openings for the following day. If a time works for you, we can reserve this appointment for you. Please note that once you book this appointment you will only have a 30-min window to cancel since your appointment is less than 24- hours away. Any changes made to this appointment after the 30-min window will be subject to the late *“Cancellation Policy (See page 10)”*

If you were placed on this list due to inconsistent attendance you will be granted access to the *“Advanced Scheduling Policy (See page 9)”* option once the new quarter has started.

Vacation Reservation Policy

If your child will be missing therapy for a vacation, their appointment time will be offered to another family waiting to receive services. If you would like to reserve your appointment time to ensure the same time will be available when you return, families have the option to pay the “vacation reservation fee” for each appointment they want to reserve. If your child typically comes 1 time a week and you are going on vacation for 2 weeks, you would be paying to reserve the 2 sessions that were missed. This reservation allows you to return from vacation and still have priority over the time you had before the vacation.

If you rather not reserve your time, your previous time may no longer be available when you return. If your time is no longer available, we can help you find a new time that will work for your child. Both options are available, so please check with the front desk to let them know your vacation plans. If you choose to reserve your time, it will not be covered by your insurance company. We make this option available as a courtesy to our customers, and it is not a requirement. The payment of your reservation must be made prior to your time being reserved.

Cancellation Policy

JLD Therapy does our best to avoid cancellations on the part of our therapists, and we ask that our clients do the same. When deciding to accept the treatment schedule, please consider the following regarding cancellations:

- Our office requires 24-hour advanced notification of any schedule change. Your therapist spends a lot of time before each therapy session preparing materials, researching best

treatment approaches, etc. If you cancel an appointment less than 24 hours, we are not able to offer this time to someone who is waiting for a session time.

- All late cancellations will be subject to a “[Late Cancellation Fee](#)”. Our office does not make any money on this fee. It is only to cover the costs associated with making this time available to you (Therapist's time, preparation time, office expenses, etc.).
 - If our contract with your insurance company explicitly states we can not charge you this fee or if you are unable to pay due to financial hardship we can wave the fee and move you to our “[Flexible scheduling \(see page 9\)](#)”. If the fee is not paid you will not be able to use our “advanced scheduling (see page 9)” option until your status is reset at the end of the quarter.
- Patients who do not show up for scheduled therapy sessions and do not notify the clinic prior to the scheduled session will be charged for the session in the entirety.
- If a session is canceled by a family with advanced notice (>24 hours), JLD Therapy will do our best to schedule a make-up session(s). JLD Therapy cannot guarantee that makeup sessions will be offered.
- Sessions should be canceled if the child is sick, per the specifications and JLD Therapy’s “[Sick Child Policy \(See page 11\)](#)”.
- Sessions that begin late due to delays on the part of the family cannot be extended or rescheduled. Please refer to the “[Late Arrival Policy \(Page 12\)](#)”
- Sessions will be canceled if the family misses more than 25% of the scheduled session (15 min of an hour session and 8 min of a 30-min session).
- Cancellations due to late arrival are subject to the “Late Cancellation Fee”
- JLD Therapy will do our best to alert you in a timely manner regarding therapist cancellations and try to provide an option for a substitute therapist when possible.
- Repeated missed appointment dates on the part of the family is a clinical issue and can result in the termination of the treatment program.

[Sick Child Policy](#)

The following policy was developed to protect the health of your client and family, the health of the other children using Joy and Laughter Developmental Therapy and our service providers. Because our staff may serve multiple children over the course of a day, it is important for families using our services to understand the importance of protecting our staff from exposure to infectious disease or illness. Not only does this protect our staff from developing an illness, but it also protects all clients and families using our services (some of whom may have diminished the ability to fight infection).

Clients or a responsible adult must cancel therapy whenever the child exhibits any one of the following symptoms within the last 24 hours:

- A temperature of 100< or higher
- Diarrhea (2 occurrences)
- Vomiting (1 occurrence)
- Any rash other than diaper rash
- Eye infection

- Bad cold with hacking or persistent cough, productive cough with green or yellow phlegm being coughed up
- Nasal discharge that is either green or yellow
- Extreme irritability or exhaustion
- A child must be fever-free for 24 hours without the use of Tylenol (or other similar medication) before returning to therapy

If anyone else in the family is experiencing any of the symptoms, they should be kept away from the providers. If anyone in the family is experiencing a highly contagious disease, such as **Pink Eye, Strep Throat, Head Lice, Impetigo, or Hand-Foot-Mouth Disease**, sessions should be canceled.

We realized that intervention sessions are very important to your child. However, providing intervention sessions to a child who is not feeling well is not therapeutic. Joy and Laughter Developmental Therapy staff will use their discretion in deciding whether therapy should continue when a child is ill. Likewise, our staff will cancel a session if they feel that they had the potential to expose your child to illness. Thank you for respecting the well-being of our staff and other clients and families using our services.

As a courtesy to our staff who has prepared for your session and other families who are waiting to schedule a session, a cancellation received with less than 24 hours of advanced notice may be subject to the *"Cancellation Policy (See page 10)"*.

If cancellations are due to unexpected sickness you may be eligible to have the fee waived. Please send a message and any documentation or doctors notes to our scheduling department so we can review your situation. Our team will review your request and provide you with the outcome of our decision within 5 business days.

Late Arrival Policy

For your child to get the most benefit from their therapy session they need to be present and ready to participate. When children miss a portion of the therapy session, the treatment provided cannot be implemented as planned. When arriving late children frequently are being rushed and are not ready to participate fully. You know your child best, so if you know they take a while to transition please make sure to arrive early so they will be ready to start their session on time.

We reserve the right to cancel your child's therapy session if they will be missing more than 25% of the scheduled session. While traffic and other situations may arise, we want to make sure we can provide a quality therapy session. If your appointment is scheduled at a time where there is often traffic you may want to schedule ample time to ensure you arrive on time.

Full hour session: session canceled after 15 min
Half-hour session: session canceled after 8 min

If your child's session is canceled, you will be subject to the *"Cancellation Policy (See page 10)"*. If we can schedule your child for another appointment we will, but this is not always possible. Also, please note that if your therapist can see your child after the above listed times, you will be responsible for paying for that missed period out of pocket. Your insurance company will not pay for services when your child is not present. Please see the fee schedule for details of *"Cost of Care (See page 19)"*.

Pick-up Policy

While we request that parents are available and present during all therapy sessions, we understand that situations may arise that require you to step out of the office briefly during the session. If you need to step out during your therapy session, we require that you return on time to pick up your child. We have other families with therapy sessions immediately following your session and we are unable to wait with your child in your absence. Please note that we schedule sessions based on a therapy hour. The remaining time is used for us to consult with you or other members of the treatment team, document the notes from the session, etc.

- Full hour session: 50 min direct treatment time
- Half-hour session: 25 min direct therapy time.

Please use the above listed times when returning to pick up your child. If you are not present to pick up your child, you will be charged for additional time. We are unable to release your child to leave the session on their own regardless of their age or abilities. This additional time will not be billable to your insurance and will be your responsibility.

- 1-10 min late: \$20
- 11-20 min late: \$40
- 21-30 min late: \$60
- 30+ min late: We reserve the right to contact the authorities. Additional time will be billed at the rate of \$25 per additional 10 min.

We do require that you are present at the end of the direct therapy time, so your therapist can discuss what happened during the therapy session and any what should be worked on at home. Parent participation is very important to the treatment plan. To see additional information on your role in therapy please see the *"Parent Participation and Scope of Services (Page 16)"*. If you are late to pick up your child, you will not have the opportunity to talk with your child's therapist. Your child will be available for pick up in the front office once their session has ended and you are not present.

Payment Policy

Payment for service is due at the start of your therapy session. Families are responsible for knowing if there is any payment due during their session. If your insurance plan as a copay or an unmet deductible, you will need to make payment before entering your session. We do not have

access to all the details of your policy so be sure to contact your insurance company, so you know your benefits.

If a payment is missed for any reason, an invoice will be generated at the beginning of each month for any open balances. Invoices must be paid within 30 days to avoid being removed from the schedule or having late fees added. Invoices are typically sent out via email, so be sure we have accurate information on file.

Not paying your invoice does not make it go away. If you are having difficulties with your insurance company paying their portion of the bill, we advise that you make a payment to avoid any additional fees. Your insurance company will not reimburse you for any late payment fees. If your insurance company pays their portion after you have made a payment, we will happily send you a refund check. Refunds are sent out monthly if you think you are owed a refund please contact our billing department.

If your invoice remains unpaid there will be additional late payment fees added to your account. After 90 days if your account remains unpaid, we will refer the account to an outside collection company that will report the bill as delinquent on your credit report.

Parent Participation and Scope of Services

Scope of Care

A Responsible Adult (defined below) is required to be present and participate during all sessions regardless of location (home, clinic, school, daycare, community, etc.). Joy and Laughter Developmental Therapy staff will not take responsibility for your child during sessions either at home or in the community. For purposes of this notice, a responsible adult includes only parents, teachers, grandparents, nanny/babysitter's, or any other adult who you have given written authority to care for the health and welfare of your child. Responsible adults who are present during sessions will be responsible for feeding, monitoring health, safety in the community, and bathroom routines unless a treatment goal explicitly calls for JLD Therapy staff involvement.

The responsible adult is also expected to participate in sessions as requested by the therapist, and to receive feedback about the sessions from the therapist to be passed along to the child's parent/guardian. While JLD Therapy understands that it may not always be possible for a parent to attend every session and therefore may designate another responsible adult to participate on their behalf, it is the responsibility of the parent to obtain the information and feedback provided to the responsible adult they have designated during the session.

Joy and Laughter Developmental Therapy staff will not provide transportation for your child. Siblings are welcome to participate in the session as a part of your child's natural environment if appropriate. Specific goals will be identified during these group times and the responsible adult must participate and maintain supervision of the sibling.

If your program is funded through your insurance provider, the scope of services is based on the medical model and medical necessity. JLD Therapy may be limited to the number of treatment hours that can be provided in a school setting or focused on educational goals.

Joy and Laughter Developmental Therapy can provide you with copies of treatment reports that may assist your family with an Individual Education Plan (IEP) and other legal proceedings (additional fees for these reports may be required). However, JLD Therapy will not participate in IEP meetings, serve as an expert or other witness or otherwise participate on your behalf in any lawsuits, legal proceedings, or other legal disputes or matters.

Work Environment

Joy and Laughter Developmental Therapy is under a legal obligation to provide a safe and harassment-free working environment for all our staff. This includes the environments where we provide services to the child such as their home. Please interact with all staff members in a professional manner. If JLD Therapy staff are subject to unsafe conditions or harassment in any child's home, JLD Therapists may not be able to continue providing services in that environment. If you have concerns about your child's program, please address them with the supervisor of your child's treatment program.

Joy and Laughter Developmental Therapy understands the importance of providing therapy in naturalistic settings for skill mastery and generalization. To ensure that our staff has an opportunity to evaluate the safety and appropriateness of any location where therapy may be provided in the community, it is important that all requests for service locations must be approved by your clinical manager at least one week prior to the delivery of service in that location. This includes all settings outside of the client's home or JLD Therapy.

Attendance

Our team works with each family to determine the best possible treatment schedule for you and your family so that your child attends each planned session. Another reason for the attendance policy is that there are many individuals waiting for therapy services. JLD Therapy needs to reduce canceled sessions so that we can serve additional children and get them started on their road to success.

Achieving a successful outcome is a team effort. As a responsible adult, you are the most important member of that team. During your child's initial evaluation, you and your team discuss your concerns and determine your goals for the child's therapy. Based on the child's needs, a clinical recommendation for the number of treatment hours will be developed.

This recommendation indicates the number of service hours that will result in the greatest outcome for your child. If you do not wish to receive the recommended number of hours, JLD Therapy may not be able to provide services since the outcome of the treatment may not be obtainable given the number of service hours you wish to receive.

While we do send reminders as a courtesy, you should not rely on this to remember your appointments. If there is a glitch in the system and a reminder is not sent, it is still your responsibility to arrive on time for your appointment.

Parent Participation

To ensure that we have the best chance of making the most gains with the child, it requires that parents/guardians commit to participation in sessions and carry over suggested activities. Your participation in therapy sessions will help you learn new strategies for supporting your child's growth and development throughout your daily routines. Please discuss your role in therapy sessions with the therapist to determine the best learning situation for your unique child. As with any skill, practice makes perfect. Success also requires consistent attendance at planned treatment sessions.

Financial Responsibility

We are committed to assisting our clients and families to understand their financial responsibilities related to prescribed services and maximizing the insurance or government program benefits to which you are entitled. To ensure that you are familiar with our financial policies, we have prepared this explanation for your review and acceptance.

Insurance or Other Program Benefits

- Prior to the initial evaluation/assessment, we ask that you contact your insurance company to verify insurance coverage and benefits eligibility.
- If you notify us that authorization is needed for insurance-funded services, JLD Therapy staff will coordinate with your insurance company to obtain authorization for services.
- To protect you from unexpected charges, services will not be rendered until we have received authorization from your insurance company as well as your written acceptance of financial responsibility.
- Please remember to inform us if your insurance plan changes (for example, if you change jobs or your company offers a different health benefit plan).

Payment Responsibility

- If you have insurance, you are responsible for your share of the cost for services which could include copayments, deductibles, coinsurance, and noncovered services. If your cost share has not been collected at the time of service, you will receive an invoice at the beginning of each month. Invoices must be paid within 30 days of receipt. If you were unable to pay within the stated time frame, you must notify JLD Therapy to avoid any collection activity or financing fees.
- If you do not have insurance and are not eligible for other program benefits, you're responsible for all charges at the time services are rendered.
- If your insurance coverage ends and you do not notify JLD Therapy, you will be responsible for all charges incurred.
- JLD Therapy accepts cash, checks, money orders and all major credit cards for payment for services.
- Payments can be made to JLD Therapy, or they can be mailed into the billing department located at 826 N Winchester Blvd #2G, San Jose, CA 95128. If your child is receiving services through a JLD Therapy subcontracted provider, you will need to mail your payment to JLD Therapy at the address above.
- Checks returned for insufficient funds ("NSF") will be assessed a \$35 return check fee.
- The treatment staff cannot handle any financial transactions.

Insurance & Government Programs

JLD Therapy is a contracted provider with certain insurance carriers, as well as certain government benefit programs. Therapy will bill participating insurance plans or government programs directly and accept the contractually agreed discount. You will be responsible for your cost-share: co-payments, coinsurance and/or deductible payments.

It is the responsibility of the insured party to follow up on all claim issues to seek insurance reimbursement for self-funded services. JLD Therapy will provide any necessary information for you to obtain reimbursement for the services provided to your child. It is your responsibility to track and provide evidence that your insurance Maximum Out-of-Pocket (MOOP) has been met with your insurance carrier.

Billing for Indirect Care

The child's treatment program includes indirect care. Examples of indirect care include meetings where members of the child's treatment team discussed the child's progress in their treatment plan, as well as the creation of progress reports. If the child's treatment program is funded by his or her insurance provider, then the client is not responsible for the cost-share associated with indirect care. However, JLD Therapy will bill your insurance provider for indirect care.

Therefore, the explanation of benefits (EOB) that you receive from your insurance provider shows that they had paid for dates of service where the client did not have any direct interaction with the treatment team. If a client's insurance benefit is canceled and the client does not inform JLD Therapy of the benefit cancellation, then the client or legal guardian will be responsible for payment of the direct and indirect care that is not covered by the insurance provider. Therefore, it is very important that you inform JLD Therapy immediately if the client's benefit is canceled. If JLD Therapy services are self-funded, then the child or legal guardian is responsible for payment of all direct and indirect care.

If you ever have any questions regarding the explanation of benefits (EOB) that you receive from your insurance provider or believe that you were improperly charged for services provided by JLD Therapy or one of our contracted providers, you can always call our Client Services Department for further information and support.

Regional Center Co-pay Assistance

Co-pay assistance may be available for services up to the insurance maximum out of pocket (MOOP) Amount through your local regional center. To obtain a Purchase of Services (POS) for co-pay assistance, please contact your local regional center and they will help you through this process. JLD Therapy is unable to initiate this process for you, but we can provide you with some of the documents that the regional center requires upon request. Once the POS is received, you will need to notify the JLD Therapy client administration services so that we can ensure that you are not billed for these balances.

*Please note: currently regional centers are only offering co-pay assistance. They are unable to assist with any other costs shared balances (i.e. Deductible or Coinsurance).

Refusal / Discharge from Services

Clients can be discharged from services for failure to comply with policies of JLD Therapy, including complying with payment and attendance policies. When discontinuing services there may be fees associated with the discharge for a date you were not in the clinic. This is due to the therapist's responsibility to complete discharge paperwork.

Medical Necessity

All treatments must be justified and medically necessary for us to bill your insurance. Some of the factors that determine if treatment is medically necessary are:

- 1) Does your child's condition interfere with the quality of your child's life?
- 2) Does your child's condition interfere with their ability to perform at school or daily activities?
- 3) Are you motivated and able to participate in your child's treatment program and follow home and self-care instruction?
- 4) Is there potential for your child's condition to improve and/or resolve? If not, is there potential to better your child's function or ability to perform daily activities with the use of speech therapy, occupational therapy, feeding therapy, Handwriting programs, etc.?
- 5) Are there specific goals set that are measurable and trackable?

If the above criteria are not met, you are welcome to participate in our elective services such as conversation programs, language programs, handwriting programs, food exploration, movement programs, etc. payable out-of-pocket by cash, check or credit card.

Results

The purpose of therapy is to maximize your child's unique potential through nurturing therapy and promote your child's ability to perform in school, leisure, self-care, and sports activities through sensory integration, therapressure, Hanen program®, picture exchange, etc. It is not possible to predict the results or outcomes of treatment(s). Sometimes benefits are realized immediately and sometimes it's more gradual over time.

Important Notices

Important Notice to Medi-Cal Recipients:

JLD Therapy is not directly contracted with Medi-Cal for services. Therefore, we are not able to submit any claims for services to Medi-Cal. If Medi-Cal is your child's only source of insurance funding, you will be responsible for payment for all JLD Therapy services provided.

If your child is receiving benefits from both Medi-Cal and another insurance carrier, JLD Therapy will bill the insurance carrier, if we are contracted with them, to provide services. If we are not contracted with the insurance carrier, you will be responsible for payment for all JLD Therapy services provided and we will provide you with an insurance receipt to submit for reimbursement from your provider.

Important Notice to Anthem Patients:

Limitations on therapy services:

Anthem Healthcare has ***placed a restriction*** on what they will pay for therapy services under your plan. They will only pay a maximum of \$75 per visit. There are no exceptions to this limitation.

How does this affect you?

We will continue to provide you with the best care possible despite this limitation. The **good news** is that our office offers both a 30-min and 60-min sessions to best meet the needs of our clients. This means we are still able to provide you with high-quality care despite the limitations Anthem has imposed. We have found that we are still able to provide a quality therapy session in the 30-minute session which allows us to work directly with Anthem on your behalf. Please be advised, if you require services not covered by your plan (or exceeds plan coverages) or you would like the additional time you will be required to pay "out-of-pocket" for additional services.

We will always notify you of charges prior to rendering them so you may choose to receive them or not.

What can you do?

Should you be dissatisfied with **your plan coverage** or not agree with **their** decision you may...

1. Choose another healthcare insurance plan.
2. File a complaint voicing your disagreement with this limitation. See the contact info below.

<https://www.anthem.com/>

Call the telephone number indicated on your insurance card.

Important Notice to Kaiser Patients:

Kaiser Permanente requires that all services be authorized by an in-house Kaiser provider before they can be referred out to a contracted provider. If you would like to use your Kaiser benefits for therapy services, you are required to speak with an in-house provider first. Typically, the way to initiate this process is to speak with your primary care doctor and ask for a referral to the pediatric developmental disabilities office (PDDO).

Once services have been authorized, they will send us a copy of their evaluation and your authorization number. Kaiser authorizations are written on a weekly basis, so if you would like to complete a make-up session it must be completed during the same week as the missed session. If the make-up is scheduled the following week you would be given additional services time in a week and it would not be covered. If this happens, it becomes the responsibility of the family to pay for additional services.

Important Notice to Out-of-Network Patients:

While we do not work directly with your insurance company, we are committed to helping you receive the benefits outlined in your policy. If you wish to have your insurance company pay for services, you will need to send them documentation of the services provided and the amount you paid. Our office can provide you with a “superbill” or “service summary” which will include the information requested by most insurance plans.

Due to the complexity of many of the children seen in our clinic having a therapist who specializes in pediatrics or specific conditions is important for your child’s success. Often the providers who are in-network with the insurance plan do not have these important specialized skills. Your insurance wants you to receive the best care possible which is why many plans can offer an extension of your in-network benefits, this is called a “gap extension” because they will pay the gap between the in-network and out-of-network reimbursement rate.

When you are seeking specialized services, we always recommend that you request a “gap extension” so you can be reimbursed at a higher rate. This change in status does not affect your relationship with JLD Therapy it only affects the coverage your insurance pays for. You will still be responsible for paying for your sessions at the time of service.

Cost of Care

We believe in our customers knowing the costs associated with their care before receiving treatment which is why we have provided this document of the most common costs associated with your care in our clinic. We will make every effort to notify you as soon as possible of any changes in pricing or if you are requesting a service that is not covered by your current plan.

General Pricing

Cost	Time	Description
\$75	15-20 min	Screenings: A screening is an informal observation of your child that will help the therapist determine if a more comprehensive evaluation is needed. There are no written reports provided with a screening. The fees associated with this are for time spent with the child and for speaking with you afterward. Additional screening time can be scheduled at the described rate.
\$49	10-15 min	Phone/Online Consult: Clients who do not require in-person treatment may opt for consultation sessions. This allows families to consult with their therapists from the comfort of their home or office. Our team will contact you via your preferred method (phone, skype, google hangout, facetime, etc).
\$100	30 min	Basic Individual Treatment: If your plan of care recommends individual treatment your therapist will recommend the number of treatments based on the proposed treatment period. The standard therapy session consists of about 25 min of direct treatment time, the remaining 5 min of the session is reserved for the therapist to document the session, and plan for the next session based on the progress during that day.
\$200* Cash pay \$170	60 min	Standard Individual Treatment: Clients who have multiple areas of concern often are recommended for extended treatment sessions which allows the therapist to spend additional treatment time based on the complexity of the condition being treated. Sessions will include about 50 min of direct treatment time, the last 10 min of each session will be reserved for documentation of the session, and planning for the next session based on progress during that day.
\$135	45 min	Group Therapy: Children who are working on similar goals who would benefit from the social aspects of working with other children may be placed in a group. Groups remain small with a max of 2-4 children per therapist.
\$60	30 min	Elective/Non-Covered Add-on: If you request to extend the length of a therapy session beyond what is medically necessary you will be responsible for paying for the additional time.
Starting at \$400	NA	Evaluation: Based on your concerns our team will determine what areas will need to be evaluated. Most children will require more than one area

		<p>evaluated so we can develop the best treatment plan for your child. While you can decide, which evaluations will be completed our team may not be able to provide treatment if appropriate evaluations are not completed. Evaluations cover chart review of relevant documents, observation of the child, formal and/or informal testing, scoring and interpretation of the tests, speaking with outside professionals if needed, and development of the plan of care.</p> <p>The cost of your specific evaluation will range between \$400-\$800 depending on the complexity of the evaluation. The most common evaluation price is the moderate complexity evaluation which costs \$600.</p>
\$135	NA	<p>Plan of Care: If your child has recently been evaluated with another center, we may be able to use the information that they have provided. We will consider evaluations that have been completed within that last 6 months. You will need to provide this information to the therapist before your consultation, so we can determine if the appropriate information was collected based on the concerns for the child. Evaluations from outside of our clinic must be completed by the same type of credentialed professional as the type of services you are requesting with our clinic. This is a separate charge than the first therapy session, this time will be used for the therapist to interpret the evaluation from the other clinic, develop appropriate treatment goals, and discuss the plan with the family so the team can agree on the plan of care.</p>
\$135	NA	<p>Progress Reporting: Our clinic will review the progress of your child's goals every 4-6 months based on the recommendations established by the plan of care. This is important for all members of the treatment team to discuss what is and is not working in the plan of care. This is a separate charge than your typical therapy session. The additional time is for therapist collaboration, assessment of the child's progress, reporting on the goals, scoring and interpreting any assessment tools used and discussing the progress with the family so the team can agree on the plan of care.</p>
\$135	NA	<p>Discharge Reporting: Once your child has stopped receiving services with our clinic, we will complete a discharge report that will review their current level and any progress/non-progress on the goals. This is a separate charge than your typical therapy session. The additional time is for the therapist to interpret the progress, provide resources for the next actions and discuss the plan with the family so the team can discuss any recommendations after stopping therapy.</p>
\$49	NA	<p>Quick Discharge: Our system will trigger a therapist to write a discharge report any time a child has not been seen for a specific service for a period of 4 weeks (30 days). If your child will be missing multiple weeks of sessions due to illness or vacation, the therapist will write a quick discharge. If services are resumed within 4 months we can continue with the previous plan of care.</p>

Therapy Packages & Discounts

Half Hour Therapy Packages		
Number of Sessions	Total Price	Price per session
20 Sessions (Standard Package)	\$1,800	\$90.00 (Save \$10.00)
45 Sessions (Advanced Package)	\$4,000	\$88.88 (Save \$11.11)
* The average direct treatment time is 25 min with the therapist.		

Full Hour Therapy Packages		
Number of Sessions	Total Price	Price per session
20 Sessions (Standard Package)	\$3,200	\$160 (Save \$40.00)
45 Sessions (Advanced Package)	\$7,000	\$155.55 (Save \$35.55)
* The average direct treatment time is 50 min with the therapist.		

Discounts

- 15% Cash Discount on Standard Sessions: Clients who pay out of pocket for a 1-hour standard session receive a 15% discount on their services. This discount is only applied to 1-hour appointments.
- 30% Student Treatment Discount: Therapy sessions that are completed completely by a student therapist are eligible for the student discount. Sessions that are done with the student along with their supervisor are not eligible for this discount. This discount can not be applied to packages and can not be combined with other discounts.

Evaluations & Assessments

Evaluation
<p>We offer a variety of evaluation types to ensure that we are able to identify what underlying impairments may be causing the concerns related to therapy. Depending on the complexity of the evaluation, you will be recommended for one of the three general evaluation categories used in our clinic.</p> <ul style="list-style-type: none">● Low Complexity (\$400): This evaluation type is the least commonly used in the clinic and is reserved for an older child who has been referred for one very specific skill. The therapist should be able to discuss your concerns and identify a preliminary treatment plan during a 30 min appointment.● Moderate Complexity (\$600): This is a frequently used evaluation type that allows the therapist to explore several areas of concern which may be caused by two or more underlying impairments. The time spent for direct observation of the child will range from 45-75 minutes.

<ul style="list-style-type: none"> ● High Complexity (\$800): High complexity evaluations are required for children who have delay concerns across multiple areas. Children who require high complexity evaluations often require frequent redirection and will have difficulties completing standardized testing. The time spent with the child will range from 60-120 minutes so that the therapist is able to get a good understanding of the child's baseline skills. 	
Specific Testing	
\$200	Sensory Profile: Helps determine how well children ages 3 to 10 years process sensory information in everyday situations. The results of the <i>Sensory Profile</i> , when considered with other evaluation data, will give you greater insight into the child for diagnostic and intervention planning. This assessment is a parent questionnaire that can be completed at any time. Once the therapist receives the forms they can score and interpret the results to help with treatment planning.
\$1200	Battel Developmental Inventory: Evaluates children on developmental milestones in the areas of personal-social development, adaptive, motor, communication, and cognitive skills. This assessment meets all federal requirements of IDEA for tested areas. Aligns with all OSEP early childhood outcomes and headstart child outcomes. Direct time with the child typically takes 60-90 minutes.
Starting at \$1500	Independent Education Evaluation (IEE): In some situations, a family may request a second opinion on their child's needs related to therapy in the school. Our clinic can provide this second opinion to families who were not previously working with our office.

Misc. Charges & Fees

Misc. Charges	
\$50	Cancellation Fee: All appointment changes that are made with less than 24-hours advance notice are subject to this fee.
\$90-\$180	Late Cancellation Fee: Schedule changes and cancellations that are made with less than 2-hour notice will be charged for the full cost of that appointment.
\$50	Vacation Reservation Fee: Allows you to reserve a specific time on the schedule even when you are on vacation, so you will not need to find a new time when you return. The cost is per session missed.
\$35	Late Arrival Fee (5-10 min): If you are late for your appointment you will be charged for the portion of the session you missed. <ul style="list-style-type: none"> ● Late arrive after 15 min will be subject to the "No-Show" Fee
\$0.10/page	Copy Fee: If you require us to print copies of reports for you there will be a charge of \$0.10 per page copied or printed.

\$9 per mile	Travel Expense (0-15 miles): If you request us to provide services outside of our clinic, there will be a charge per mile traveled. Charges will include travel time both to and from the office. Mileage will be based on Google maps.
\$250	IEP/IFSP Attendance: Price includes up to 2 hours of attendance of the meeting. Travel fees will also be applied. <ul style="list-style-type: none"> • Additional time: Billed at \$75 per 30 min

Financing Fees

Patient invoices are generated monthly for services provided during the previous month, they will include the total amount charged for the session, any discounts, or other payments. If there is a remaining balance for any sessions, you will receive an invoice outlining the cost which has been determined to be the patient's responsibility.

Payments can be made during your next appointment, over the phone or mailed to the office. We ask that you pay your invoices promptly to avoid any finance charges being added to your account. You will be given 30 days to pay your invoice, after that a 10% finance fee will be added to your invoice each month.

While sometimes there is an error in the way the insurance company processes a bill, which results in the family being responsible, we recommend that you pay the bill and contact the insurance company directly to resolve the matter. If the bill remains unpaid, finance charges will be added even if the insurance company says they are going to pay. If you make a payment and the insurance company makes a payment after you, a credit will show on your account and we will send you a refund check.

Penalties of late payments	
Additional 10%	31-60 Day Overdue: Invoices that remain open after 60 days will be assigned a 10% financing fee.
Additional 10%	61-90 Days Overdue: An additional 10% will be added to the total cost of your invoice. Your child will also be removed from the schedule until the invoice has been paid.
Additional 10%	91-120 Day Overdue: We will make one last attempt to collect on the invoice, a third finance fee of an additional 10% will be added to your account. After 120 days the invoice will be sent to the collections agency where it will be reported on your credit report.

Statement of Privacy Notice

Effective June 1, 2003

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.

This Notice of Privacy Practices is NOT an authorization. It describes how we, our Business Associates and their subcontractors may use and disclose your Protected Health Information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and controls your Protected Health Information. "Protected Health Information" is information that identifies you individually, including demographic information that relates your past, present, or future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your Protected Health Information in the following situations:

Treatment: We may use or disclose your Protected Health Information to provide therapeutic treatment and/or services in order to manage and coordinate your therapy care. For example, we may share your medical information with other physicians and health care providers, DME vendors, surgery centers, hospitals, rehabilitation therapists, home health providers, laboratories, nurse case managers, worker's compensation adjusters, etc. to ensure that the medical provider has the necessary medical information to provide treatment to you.

Payment: Your Protected Health Information will be used to obtain payment for your health care services. For example, we will provide your health care plan with the information it requires prior to paying us for the services we have provided to you. This use and disclosure may also include certain activities that your health plan requires prior to approving a service, such as determining benefits eligibility and prior authorization, etc.

Health Care Operations: We may use and disclose your Protected Health Information to manage, operate, and support the business activities of our practice. These activities include, but are not limited to, quality assessment, employee review, licensing, fundraising, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your therapist. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Minors: Protected Health Information of minors will be disclosed to their parents or legal guardians unless prohibited by law.

Required by Law: We will use or disclose your Protected Health Information when required to do so by local, state, federal, and international law.

Abuse, Neglect, and Domestic Violence: Your Protected Health Information will be disclosed to the appropriate government agency if there is a belief that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees or it is required by law to do so. In addition, your information may also be disclosed when necessary to prevent a serious threat to your health or safety or the health and safety of others to someone who may be able to help prevent the threat.

Judicial and Administrative Proceedings: As sometimes required by law, we may disclose your Protected Health Information for the purpose of litigation to include: disputes and lawsuits; in response to a court or administrative order; response to a subpoena; request for discovery; or other legal processes. However, the disclosure will only be made if efforts have been made to inform you of the request or obtain an order protecting the information requested. Your information may also be disclosed if required for our legal defense in the event of a lawsuit.

Law Enforcement: We will disclose your Protected Health Information for law enforcement purposes when all applicable legal requirements have been met. This includes, but is not limited to, law enforcement due to identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or warrant, and grand jury subpoena.

Public Health: Your Protected Health Information may be disclosed and may be required by law to be disclosed for public health risks. This includes: reports to the Food and Drug Administration (FDA) for the purpose of quality and safety of an FDA-regulated product or activity; to prevent or control disease; report births and deaths; report child abuse and/or neglect; reporting of reactions to medications or problems with health products; notification of recalls of products; reporting a person who may have been exposed to a disease or may be at risk of contracting and/or spreading a disease or condition.

Health Oversight Activities: We may disclose your Protected Health Information to a health oversight agency for audits, investigations, inspections, licensures, and other activities as authorized by law.

Inmates: If you are or become an inmate of a correctional facility or under the custody of the law, we may disclose Protected Health Information to the correctional facility if the disclosure is necessary for your institutional health care, to protect your health and safety, or to protect the health and safety of others within the correctional facility.

Military, National Security, and other Specialized Government Functions: If you are in the military or involved in national security or intelligence, we may disclose your Protected Health Information to authorized officials.

Worker's Compensation: We will disclose only the Protected Health Information necessary for Worker's Compensation in compliance with Worker's Compensation laws. This information

may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.

Practice Ownership Change: If our medical practice is sold, acquired, or merged with another entity, your protected health information will become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another physician.

Breach Notification Purposes: If for any reason there is an unsecured breach of your Protected Health Information, we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your Protected Health Information may be disclosed as a part of the breach notification and reporting process.

Research: Your Protected Health Information may be disclosed to researchers for the purpose of conducting research when the research has been approved by an Institutional Review or Privacy Board and in compliance with the law governing research.

Business Associates: We may disclose your Protected Health Information to our business associates who provide us with services necessary to operate and function as a medical practice. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. For example, we may use a separate company to process our billing or transcription services that require access to a limited amount of your health information. Please know and understand that all of our business associates are obligated to comply with the same HIPAA privacy and security rules in which we are obligated. Additionally, all of our business associates are under contract with us and committed to protecting the privacy and security of your Protected Health Information.

USES AND DISCLOSURES IN WHICH YOU HAVE THE RIGHT TO OBJECT AND OPT-OUT

Communication with family and/or individuals involved in your care or payment of your Care: Unless you object, disclosure of your Protected Health Information may be made to a family member, friend, or other individual involved in your care or payment of your care in which you have identified.

Disaster: In the event of a disaster, your Protected Health Information may be disclosed to disaster relief organizations to coordinate your care and/or to notify family members or friends of your location and condition. Whenever possible, we will provide you with an opportunity to agree or object.

Fundraising: As necessary, we may disclose your Protected Health Information to contact you regarding fundraising events and efforts. You have the right to object or opt-out of these types of communications. Please let our office know if you would NOT like to receive such communications.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will not disclose or use your Protected Health Information in the situations listed below without first obtaining written authorization to do so. In addition to the uses and disclosures listed below, other uses not covered in this Notice will be made only with your written authorization. If you provide us with authorization, you may revoke it at any time by submitting a request in writing:

Disclosure of Psychotherapy Notes: Unless we obtain your written authorization, in most circumstances we will not disclose your psychotherapy notes. Some circumstances in which we will disclose your psychotherapy notes include the following: for your continued treatment; training of medical students and staff; to defend ourselves during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others, and to the coroner or medical examiner upon your death.

Disclosures for marketing purposes and sale of your Protected Health Information

PROTECTED HEALTH INFORMATION AND YOUR RIGHTS

The following are statements of your rights, subject to certain limitations, with respect to your Protected Health Information:

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that we are not required to agree to the restriction that you requested.

You have the right to receive a notice of breach: In the event of a breach of your unsecured Protected Health Information, you have the right to be notified of such breach.

You have the right to obtain an electronic copy of medical records: You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your Protected Health Information is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.

You have a right to a summary or explanation of your Protected Health Information: You have the right to request only a summary of your Protected Health Information if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the information when you request your entire record.

You have the right to inspect and copy your Protected Health Information (reasonable fees may apply): Pursuant to your written request, you have the right to inspect and copy your

Protected Health Information in paper or electronic format. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes, information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others. We have up to 30 days to provide the Protected Health Information and may charge a fee for the associated costs.

You have the right to request Amendments: At any time if you believe the Protected Health Information we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information.

You have a right to request that we amend your protected health information. Please be advised, however, that we are not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health information made by us.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

We reserve the right to change the terms of this notice and will notify you of such changes. We will also make copies available on our new notice if you wish to obtain one. **We will not retaliate against you for filing a complaint.**

If you wish to file a complaint with us, please submit it in writing to our Privacy/Compliance Officer at info@JLDtherapy.com

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights

(www.hhs.gov/ocr/hipaa/), call 202-619-0257 (toll free 877-696-6775), or mail to:

Secretary of the US – Department of Health and Human Services, 200 Independence Ave S.W., Washington, D.C. 20201

If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at the number listed below (or at the beginning of this notice).

Filing Grievances

Introduction

This section describes the process by which any client of Joy and Laughter Developmental Therapy may file a grievance against the organization. Any questions regarding the organization's grievance procedure may be directed towards the *Director of Operations*.

Policies and Procedures

Although the informal resolution of program-related problems is encouraged, Joy and Laughter Developmental Therapy recognizes that there may be problems requiring formal consideration and resolution. We encourage families to communicate openly and informally with treatment team supervisors. For therapy services, all concerns should be first directed to the specific therapy department managers. The grievance procedure should be used to address programmatic concerns including human rights. At any time during this process, you may contact your funding source representative or any other advocacy organization for assistance.

1. Any service-related problems that a participant or family member desires to have considered as a grievance should be submitted to the *Director of Operations* via email, mail or phone. If submitted via email, please send it to info@JLDtherapy.com and provide a written confirmation that the grievance has been received within two working days. The *Director of Operations* will investigate the grievance and provide a full response within 10 working days of receiving the grievance. All personal right issues will be investigated immediately.
2. No form of retaliation shall occur nor shall any barrier to service be created because of participant grievance.
3. All documentation regarding the grievance will be filed in the participant's case record.

Contact Information

Physical Address:

826 N. Winchester Blvd. Suite 2G and Suite 2K San Jose, CA 95128

Billing Address:

826 N. Winchester Blvd. Suite 2G, San Jose, CA 95128

Phone Number:

408-337-2727

Ext 1- New referrals and prospective customers

Ext 2- Spanish

Ext 3- Billing department

Ext 4- Human resources

Ext 5- Contracts

Fax Number:

408-478-4130

Important Emails:

Info@JLDtherapy.com If you would like to know more about our clinic or the programs that we have to offer. Also, receive updates on any services being offered by our clinic.

Scheduling@JLDtherapy.com If you need to set up or cancel an appointment for your child, feel free to message us at any time of day with your scheduling needs.

Billing@JLDtherapy.com Any questions or concerns you have about the payment of your invoices or the claims that have been sent to your insurance company can be answered in this email account.

Volunteer@JLDtherapy.com If you are looking to gain volunteer hours or experience in the field of occupational or speech therapy, we are happy to help. We also accept high school students for volunteer hours in our administration department.