

**NORTHWEST SPEECH THERAPY &  
Spotlight Social Skills  
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Licensed and Credentialed Speech/Language Pathologist**

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**CLIENT SERVICES AGREEMENT**

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us. You may revoke this Agreement in writing at any time.

Our initial session will involve an evaluation of yours or your child's needs. By the end of this session, I will be able to offer you some first impressions and what our work might include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise.

I may recommend placement in an upcoming group, friendship team or individual social skills schedule. The forming of groups and teams is contingent on compatible students who are available for that group session. Current groups may be full or not appropriate. Some children may be served best in a friendship team or individual sessions to strengthen interaction skills.

**Licensure and Certification**

I am a licensed Speech/Language Pathologist in the state of Washington. I also hold the national American Speech/Language and Hearing Association Certificate for Speech and Language Pathology.

**Speech and Language Therapy Approach**

I have worked in the public schools from 1983 to 2010, working with preschoolers, elementary school students, middle and high schoolers. I have developed systematic, successful and pragmatic strategies for remediating speech, language and fluency disorders. Therapy is fast paced and fun which helps keep clients interested and motivated.

## Social Skills Approach

For over 25 years, I have worked on enhancing social communication skills with individuals as well as in group settings and I have focused on developing curricula for teaching social skills.

Spotlight Social Skills sessions zero in on the skills needed to make and keep friends, like understanding the perspective of others, being flexible, gaining conversational skills, improving eye contact and listening skills, learning to join in, learning to tolerate change, mastering repair strategies for when a social error has been made and dealing effectively with teasing. We do this by discussing, brainstorming, observing and role playing common situations. I work with my clients to outline what works and what doesn't. We role play "the wrong way" scenarios and contrast that with "the better way" scenarios. Spotlight Social Skills use clear positive reinforcement to motivate clients to attend to and learn social communication skills that will help them to understand and control their behavior. We share joy and silliness, frustration and challenges in a comfortable and friendly environment. The tone and activities in these sessions make it easy to try something new. I use concepts and strategies recommended by some of the leading experts in the field of Asperger's and social skills development such as Tony Attwood, Jed Baker, Michelle Garcia Winner, Carol Gray and Steven Gutstein.

## Professional Fees and Insurance Reimbursement

Payment is due at time of service. Insurance often covers Speech/Language Therapy. Social Skills treatment is often covered under Speech/Language Therapy as well as it is considered a social communication problem. I am a preferred provider for Premera Blue Cross and Lifewise insurance. For all other insurance plans, as a courtesy, I may offer monthly billing and can send invoices for reimbursement directly to your insurance company at your request. I require payment in full within 30 days of receipt of your monthly billing statement. Late fees will accrue, should bills not be paid in a timely manner. I am also happy to provide you with an invoice to submit to your insurance for reimbursement, however, you (not your insurance company) are responsible for full payment of my fees. It is important that you find out what speech/language/communication services your insurance policy covers. Other professional services you may request such as report writing, consultation with other professionals, and preparation of records or treatment summaries are charged separately.

**In the event of a missed session with less than 24 hours notice, you will be billed a \$50 "no show" or "late cancellation" fee.**

Inclement weather may cause a change in your therapy schedule. Please make every effort to contact me if you need to cancel due to an emergency. If I need to cancel a group session, we will reschedule at a similar day/time in order that most members can attend the makeup group session.

## Contacting Me

Due to my therapy schedule, I am often not immediately available by telephone, but I will make every effort to return your call within 1-2 days, with the exception of weekends and holidays. You can schedule/change appointments and request billing information by calling my scheduler, Northwest Clinical Billing at 1-800-831-3322. You may also send me a brief email to [Regina@SpotlightSocialSkills.com](mailto:Regina@SpotlightSocialSkills.com) and I will make every effort to reply within the week. Please note that

complex issues are better handled in person and we can schedule a session with you for that purpose. Email communication does not meet HIPAA standards for privacy and confidentiality and therefore is used by clients with this informed consent.

## **Health Insurance Portability and Accountability Act (HIPAA):**

HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is addressed here, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time.

**Notice of Policies and Practices to Protect the Privacy of your Health Information:** THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Limits of Confidentiality**

I may use or disclose Protected Health Information (PHI) for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing therapy notes. “*Therapy notes*” are notes I have made about our conversation during a private, team or group session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

I also contract with a billing and software business. As required by HIPAA, I have a formal business associate contract with this business, in which it maintains the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with the name of this organization and/or blank copy of this contract.

You may revoke all such authorizations (of PHI or therapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.

**Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must

immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.

**Health Oversight:** If the records are subpoenaed as part of an investigation, hearing or proceeding I must comply with this order.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**Serious Threat to Health or Safety:** I may disclose confidential information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

**Lawsuit:** If a client files a complaint or lawsuit against me, I may disclose relevant information regarding the client to defend myself.

#### **Client's Rights:**

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and sent to the location of your choosing.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and therapy notes in my records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in “Uses and Disclosures...” section). On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### **Complaints:**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please contact me at my business address. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Office of Civil Rights, 200 Independence Ave. SW, Washington, D.C. 20201 (877-696-6775).

This notice will go into effect on 1/1/2009. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain with a revised notice by mail.

**Client Services Agreement:**

*I acknowledge that I have received a copy of Client Services Agreement for Northwest Speech Therapy/ Spotlight Social Skills along with the Notice of Policies and Practices to Protect the Privacy of Your Health Information. My signature below acknowledges that I have read and understand the information provided, and that I agree to the foregoing terms.*

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**Client or Parent Signature**

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**Date**

**Consent for treatment, statement of financial responsibility, and release of information:**

*I hereby give my consent for Speech/Language/Social Communication consultation and treatment. I agree to be financially responsible for all charges that accrue from consultation and treatment as well as cancelled appointments in accordance with my therapist's cancellation policy. I authorize insurance benefits to be paid directly to the therapist, and that the therapist may release any information to the insurance company required for processing any claims. I understand that each therapist in this office is an independent practitioner and no other clinician is involved in the consultation and/or treatment of my dependent. This authorization will remain in effect unless you revoke this Agreement in writing; revocation is not retroactive.*

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**Client or Parent Signature**

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**Date**

**Consent for use of recordings:**

*Flip video and/or voice recordings may be used to review communication patterns within our sessions. It is a helpful way for clients to observe or listen to themselves and help understand strengths and challenges of their own behaviors. These recordings are only for use in the therapy session. By giving consent, you are acknowledging that you understand that your child may be included.*

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**Parent Signature**

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**Date**