



POLICIES AND PROCEDURES

Services and Philosophy:

Lakeshore Speech Therapy, LLC is a private practice serving the Cleveland/Northeast Ohio area. Our mission is to provide high-quality, affordable speech and language services to our clients using evidence-based assessment and treatment methods. Our focus is to improve functional communication skills in order to enhance the lives of the clients we work with and their families.

The family is considered an essential part of the treatment team. It is our philosophy that the client and their family are integral to the rehabilitation process. Assessments and treatment plans include feedback from parents and/or primary caregivers. They will also be guided in understanding their family member's issues and in how to assist with their intervention to carryover goals and new learning at home, school/work and in the community.

We also work as a team with all the members of your family member's education and care, as decided by the family and therapist. We use assessments, reports and observations from other professionals in their life, including, for example, physicians, teachers, aides, psychologists, psychiatrists, educational therapists, tutors, occupational therapists, and physical therapists. We will also participate with other team members to coordinate goals and provide feedback and education, as appropriate. We welcome other team members to educate us in their various disciplines and in their specific work with your family member.

We do not believe in a "one size fits all" approach. This is the reason for the therapists being well versed in a number of techniques and types of intervention for various problems. Techniques include, but are not limited to, direct teaching and skill building with table top activities, floor play and play-based therapy, use of a naturalistic language approach, computer activities, reading/writing activities, role play, and social stories. We provide these services in our office, in the client's home, or at the school or center that the client attends.

Notice of Privacy Practice:

Lakeshore Speech Therapy, LLC will protect the privacy of client and family information to the fullest extent possible. Lakeshore Speech Therapy will abide by HIPAA rules. For more information on HIPAA rules and your rights, visit US Department of Health and Human Services website, www.hhs.gov/ocr/hipaa/.

Lakeshore Speech Therapy is permitted to make uses and disclosures of protected health information for treatment, payment, and health care operations, as described in the following:

- a. Treatment: to share with your physician copies of the evaluation, treatment plan, or progress to obtain approval and/or recommendations.
- b. For Health Care Operations: to access your health information for purposes of quality improvement within our facility.
- c. For Payment: to send information to your health insurance plan for review and determination of coverage for therapy services.

Lakeshore Speech Therapy, LLC is permitted or required under specific circumstances, to use or disclose protected health information without the individual's written authorization.

Uses and disclosures will be made only with the individual's written authorization and this authorization may be revoked.

Lakeshore Speech Therapy, LLC is required by law to maintain privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

Lakeshore Speech Therapy, LLC is required to abide by the terms of this notice currently in effect. Lakeshore Speech therapy reserves the right to change the terms of this notice and will provide a written copy of the revised notice.

Individuals may complain to Lakeshore Speech Therapy, LLC and to the Secretary of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated.

Lakeshore Speech Therapy, LLC elects to limit the uses or disclosures that it is permitted to make, as follows: Lakeshore Speech Therapy LLC is committed to limiting the disclosure of PHI (protected health information) only to the degree necessary for the purposes of treatment, payment, and healthcare operations.

Please refer to the most current copy of our Notice of Privacy Practices posted on our website and in our office. We can provide you with a paper copy upon request.

Complaints:

Lakeshore Speech Therapy LLC clients and/or their guardian have the right to voice their complaints. Complaints should be made in writing to: Ellen Spear at Lakeshore Speech Therapy, LLC, 815 Crocker Rd., Suite #3, Westlake, OH 44145. Upon receipt of this complaint, an action plan to resolve the complaint or problem will be implemented. Lakeshore Speech Therapy, LLC will in no way retaliate because of a complaint.

Health and Safety:

Lakeshore Speech Therapy, LLC follows health and safety guidelines to ensure the safety of the clients and themselves. Precautions that the therapist uses include wearing gloves while handling bodily fluids and disinfecting toys and materials that have come in contact with bodily fluids. All bodily fluids are treated as if infectious.

Photograph/ Video Release:

All photographs taken by Lakeshore Speech Therapy, LLC staff or agents must obtain a signed release form from any person or guardian of children under the age of 18 years old who is visibly recognizable in the photograph. Permission to videotape a therapy session must also be obtained.

Client Progress Reports:

Progress may be reported every three to six months to the client's family and/or school district and referring physician. Progress is comprised of data recorded from individual therapy sessions.

Termination of Services:

Lakeshore Speech Therapy or Clients/Families can decide to terminate services at any time or for any reason. Family satisfaction is vitally important to our company. Please disclose any questions, comments, and concerns, at any time so that we can address these as soon as possible. At the reporting period and/or termination of therapy services, a client feedback form will be provided in order to obtain

satisfaction information. A client is discharged from speech-language therapy services when goals are achieved or due to a no call/no show for three (3) consecutive scheduled appointments.

Credentials:

The Speech- Language Pathologists who work for and are employed by Lakeshore Speech Therapy, LLC are accredited by the American Speech-Language-Hearing Association (ASLHA) and maintain a valid license from the Ohio Board of Speech Language Pathology and Audiology. We ensure that our therapists obtain at least the minimum continuing education hours required for each certification period which is an average of ten (10) hours per calendar year.

Non-Discrimination Policy:

Lakeshore Speech Therapy, LLC does not discriminate on the basis of race, ethnicity, national origin, religion, gender, disability, age, or ancestry.

Cost of Services:

Evaluation:

Speech and Language: \$200

Speech only/or/ Voice only: \$150

Fluency: \$200

It is the policy of Lakeshore Speech Therapy, LLC to collect the evaluation fee at the time of the initial appointment. If insurance makes a payment on the claim, Lakeshore Speech Therapy, LLC will either provide reimbursement or can be applied to future therapy dates.

Lakeshore Speech Therapy, LLC. will perform an independent speech evaluation at the time of the initial appointment regardless if one has been previously done by another institution or therapist. We will formulate a plan of care based on the results of the test(s) given and observations made by Lakeshore Speech Therapy, LLC. In the event that insurance will not cover more than one evaluation in the patient's insurance calendar year, it is the patient's responsibility to remit the charge at the time of said evaluation.

Speech Therapy:

\$30 per quarter hour in our office

Evaluations last approximately 60 (sixty) minutes. Therapy sessions range from thirty (30) to forty-five (45) minutes in duration based upon the client's needs and ability to participate.

Social Skills Group: rates vary depending on content and length of group- refers to social skills information on website. No insurance billing for social skills groups.

Billing Policy:

We accept cash, check, and credit card payments. Checks should be made to Lakeshore Speech Therapy, LLC. For any returned check, a \$35 return fee will be assessed and applied at the next session.

Lakeshore Speech Therapy, LLC is committed to providing the best treatment and we charge what is usual and customary for our area. The client's guarantor is financially responsible for the services provided. A guarantor is a person held responsible by our practice for medical expenses incurred on a client's behalf. This may be the client's parent(s), legal guardian(s), or agent(s), or may be the client if aged 18 or older or emancipated.

Payment for evaluations is required in full at the time of service. Any payments made by insurance on said evaluation will be reimbursed or applied to future dates.

Payment is required at the time service is rendered, unless the service has been prepaid or the family and Lakeshore have a predetermined arrangement in regards to billing.

If billing a private insurance company, the client is responsible for contacting the company and determining eligibility, number of approved visits, amount of co-pay per session, etc. A prescription/referral from the physician must also be obtained for "Speech-Language Evaluation and Therapy" and brought to the first session. In the event that the insurance company does not provide payment to us, the client will be responsible for the charges incurred. We are providers for Anthem/Blue Cross Blue Shield, Medical Mutual, as well as funding from NEON. We will provide clients with paperwork to submit claims to out-of-network insurance companies upon request. For those clients who are out-of-network, payment is due in full on date of services rendered.

Accounts more than sixty (60) days overdue may be sent to collection, and services may be suspended or terminated. You will be provided with notification prior to suspension or termination of services by phone call, email, or in writing. Day one of the invoicing period is the date services were rendered. Balances at each 30 day invoicing period are subject to a 1.5% interest charge, or 18% per annum.

Cancellation/No Show Policy:

Lakeshore Speech Therapy, LLC understands that there are times when you may miss an appointment due to illness, emergencies and unforeseen obligations to work or family. Appointments cancelled with at least a 24-hour notice will not result in any charges. Failure to cancel the appointment in advance will result in a 50% charge for the missed session and will be due at the next appointment. Each client will receive 1 free cancellation with less than 24 hour notice, every 3 months. Please contact your therapist via cell phone to cancel an appointment. Please do not call our main office line for cancellations.

It may be necessary that we will have to cancel a therapy session on short notice. We will make every effort make sure that you are aware of the need to reschedule and will find a time that is convenient for you to make up the session if our schedules allow.

Website Information Disclaimer:

Lakeshore Speech Therapy, LLC's website is designed for informational purposes only. The contents of the website are not medical, legal, technical or therapeutic advice and should not be construed as such. The information contained herein is not intended to substitute for informed professional diagnosis, advice or therapy. Listing of publications, opinions, treatments, professionals and organizations on this website does not imply endorsement by Lakeshore Speech Therapy, LLC.

If policies or procedures are modified, Lakeshore Speech Therapy, LLC will notify clients of the modifications and direct them to obtain a new paper copy upon request or to read on our website.

I _____, attest that I have read, understand and agree to all of the policies and procedures outlined in this document by Lakeshore Speech Therapy, LLC. I attest that I will abide by these policies.

Signature of Client (if over 18)

Date

Signature of Parent/Guardian/Caregiver

Date

I agree to receive emails regarding the client's care (e.g. evaluation reports, progress notes) and related to billing (invoices, statements).

_____ yes _____ no

If no, please write how you would like to have this information communicated to you:
