

Danielle Moore, Director of Language,
Learning, and Literacy



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Heather Ismay
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Iyana Hughes
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Jennifer Ivers
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Laura Jordan
Lucy Dalton
Patrice Phelps
Rachel Fuller
Rebecca Sheiffer
Roberta Long
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Sarah Davidson

Welcome!

Thank you for choosing the Speech-Language Pathologists of The Language Group. We eagerly look forward to beginning a successful partnership with you. The Language Group provides speech-language therapy sessions, screenings, and evaluations, as well as Reading Tutoring. In addition, The Language Group is an authorized provider of the *Fast ForWord* family of products. This packet contains some important information to ensure that you always receive the most value for the investment of time that you are making.

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Appointments:

Appointments are available from 8:00 AM to 7:00 PM, Monday through Friday. Some weekend hours are available at both locations.

- **Northlake Commons:** 3774 LaVista Rd, STE 200, Tucker, GA 30084
- **Dunwoody:** 1370 Center Drive, STE 205, Dunwoody, GA 30338
- **Telepractice**

In some cases, we are able to see students in their private schools.

Since the key to rapid improvement is regular sessions, please make every effort to take advantage of the time that is reserved for you. Please arrive on time for your scheduled appointment. If you are unable to arrive on time, your therapist cannot guarantee that your child will be able to be seen for their full allotted time. Therapists often schedule clients back-to-back, especially during the busy after-school time slots. Once you are an established client, your clinician's cell phone information will be provided to you. **If you are running late, a phone call, text, or email to your clinician would be appreciated.**

Time for parents and clinicians to communicate about the child's progress is scheduled into the appointment time and is provided in the last few minutes of each session. If you require more than 10 minutes of feedback time, you should make arrangements with your particular therapist to speak or e-mail at another time. Adherence to this policy allows clinicians to give each family the attention that they deserve. Consultations are welcome whenever you would like to discuss your treatment plans or when you have questions or concerns about any issues. We look forward to getting to know you better and working with your child.

Cancellations:

You may cancel up to 24 hours before your appointment; otherwise, the regular session fee applies. **If you do not show for your appointment, you will be charged the full session fee.** You will NOT be charged the full session fee if your child is sick. **If your child is sick, we ask that you provide as much notice as possible.**

School and Home Visits: Clients are responsible for notifying the provider of any changes to their child's schedule (e.g., field trips, standardized testing, etc.). **The full session fee will be charged if your provider is not notified of such changes.**

Therapists of The Language Group provide office phone numbers, cell phone numbers, and e-mail addresses to the clients with whom they are working. **If you are canceling or need to reach your therapist, please feel free to use these given contact numbers.** Calling the office during busy office hours is not the best way to reach your clinician.

Payments:

The Language Group providers accept checks, cash, debit cards, or credit cards. Checks are to be made out to your individual therapist. Debit card payments may be accepted through payment apps. Due to increased processing fees, **a 3.00% fee will be added to all credit card transactions.** Thank you for your understanding. Payment is due at the end of each session or monthly if agreed upon with your provider.

The Language Group does not accept Medicaid, Medicare, or other health insurance plans. However, you may receive a statement/receipt at the end of each month with applicable billing codes. If you request one, you can submit it to your insurance company for possible reimbursement. *It is your responsibility to pay your bill promptly* and then work with your personal insurance company regarding reimbursement to you. **We are sorry that The Language Group cannot accept most HSA credit/debit cards.** However, we can provide you with a

statement/receipt that you can submit to your HSA administrator for possible reimbursement.

If your child is seen at his/her school or if previous arrangements to pay monthly have been made with your therapist, payment is due upon receipt of your monthly statement. **Late charges** apply after 30 days from the statement date at the rate of 20% of the total amount outstanding. After 60 days, the fee increases to 50% of the total amount, and after 90 days are past due, the account will be turned over to a collection agency. If you fall behind two billing cycles in payments and do not contact your The Language Group therapist, your child will not be seen until payment is received in full. While we regret ever having to take such steps, you can be assured that our attention to prompt payments from all of our clients will serve to keep fees as reasonable as possible. No partial payment of bills will be accepted without prior notification to your therapist. The Language Group has consistently worked with families who need financial assistance, but a partial payment will be returned if you have not made prior arrangements with your clinician, and your bill will be considered unpaid.

Fees:

The fees for executive Functioning services, language therapy, speech therapy, and literacy services provided by our clinicians are outlined in the table below. If your child is seen at a remote location (e.g., school), an additional ten-dollar fee is added for travel. In addition to appointments, other professional services you may need are subject to the same fees. Other professional services include consultations or meetings with your clinician, report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request.

Service	Minutes	Fee
Speech-Language/Literacy/Executive Functioning Session In person or Tele-therapy Session	30	\$130.00
Speech-Language/Literacy/Executive Functioning Session In person or Tele-therapy Session	45	\$150.00
Speech-Language/Literacy/Executive Functioning Session In person or Tele-therapy Session	55	\$175.00
Other Professional Service: includes meetings, consultations, report services, other	hourly rate applies	
Screening Assessment	hourly rate applies	
Speech/Articulation Evaluation (assessment of speech sounds/ pronunciation of words)	hourly rate applies	
Oral Language Evaluation: includes assessment, feedback session, written report	\$2,000.00	
Written Language Evaluation: includes assessment, feedback session, written report	\$2,000.00	
Comprehensive Oral & Written Language Evaluation: includes assessment of oral language (listening & speaking) and written language (reading & writing), feedback session, written report	\$2,500.00	

Speech-Language Assessments:

New clients may not need an assessment. If you are getting this packet for the first time, these assessment fees may not necessarily apply to you.

Screenings:

If a complete language evaluation is not needed, a screening assessment may be scheduled. Fees for screenings are calculated based on the hourly rate, as screenings tend to vary in length.

Speech/Articulation Evaluations: Speech refers to how we say sounds and put sounds together to form words. This includes pronunciation/ articulation, voice, and fluency (stuttering). Speech evaluations are billed at the hourly rate as they tend to vary in length, with most lasting approximately one hour.

Oral Language Evaluations:

Oral language (also called Spoken Language) refers to listening comprehension and verbal expression. Oral language evaluations include assessment time, a feedback session, and a written report. The assessment time consists of a comprehensive evaluation of your child's oral communication skills, including a thorough analysis of the areas that concern you (e.g., vocabulary, language understanding, language expression, memory, social use of language, speech/articulation, etc.). A hearing screening may also be performed. Assessments are typically completed in approximately three to four hours, which can be scheduled in one or two sessions depending on the child's age and attention. A feedback session is scheduled approximately two weeks after the evaluation is complete. At the feedback session, the therapist will review test results with the parents and child if appropriate and provide you with a written report that includes an explanation of test results and recommendations. **These evaluations are an option for families who are concerned about their child's ability to understand/process and use spoken language.**

Written Language (Literacy) Evaluations:

Written language refers to reading and writing. Written language evaluations include assessment time, a feedback session, and a written report. These evaluations typically include areas such as phonological awareness, memory, rapid naming, alphabetic knowledge, vocabulary, working memory, decoding real and pseudo-words, reading fluency/automaticity, reading comprehension, spelling, and writing. A hearing screening may also be performed. Assessments are typically completed in approximately three to four hours, which can be scheduled in one or two sessions depending on the child's age and attention. A feedback session is scheduled approximately two weeks after the evaluation is complete. At the feedback session, the therapist will review test results with the parents and child if appropriate and provide you with a written report that includes an explanation of test results and recommendations. **These evaluations are an option for families who are concerned about their child's reading abilities, including dyslexia or other reading disorders.**

Comprehensive Oral & Written Language Evaluations:

The Comprehensive Oral & Written Language Evaluations assess the areas both in the Oral Language Evaluation and Written Language Evaluation, which are described above. They include assessment time, a feedback session, and a written report. These comprehensive evaluations are also sometimes called Language & Literacy Evaluations. **This is an option for families who are concerned about their child's language and literacy skills.**

Fees for Evaluations: The fee for the Oral Language Evaluation or the Written Language Evaluation is \$1500. The fee for the Comprehensive Oral & Written Language Evaluation is \$2000. The total is to be paid in full by the feedback session. Half of the evaluation fee, or any amount above that up to the full fee, is expected at the time of your first appointment. **If an evaluation has been scheduled and you fail to make that appointment, you will be charged half of the evaluation fee unless you notify us within 24 hours of the evaluation that you will be unable to keep the appointment.** Out of courtesy, if your child is ill on the morning of the evaluation or there is another emergency, you will not be charged.

Privacy Practices:

Notice of The Language Group, LLC Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

“PHI” refers to information in your health record that could identify you.

“Treatment, Payment and Health Care Operations”

-Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or a psychologist.

-Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to assist you in obtaining reimbursement for your health care or to determine eligibility or coverage.

-Health care operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes other than treatment, payment, or 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 or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Notes. “Notes” are written records I have made about our conversation and therapy during a private, group, joint, or family therapy session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations 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, law provides the insurer the right to contest the claim under the policy.

III. 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 been abused, I must report that belief to the appropriate authority.

Adult and Domestic Abuse — If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report that belief to the appropriate authority.

Health Oversight Activities — If I am the subject of an inquiry, I may be required to disclose protected health information regarding you in proceedings before any professional Board.

Judicial and Administrative Proceedings — If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent 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 — If I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.

Worker’s Compensation — I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient’s Rights and My Obligations

Patient’s Rights

Right to Request Restrictions — You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternate Locations — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving Speech and Language Therapy. On your request, I will send your bills to another address.)

Right to Inspect and Copy — You have the right to inspect or obtain a copy (or both) of PHI in my health and billing 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. 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.

My Obligations:

I am required by law to:

- Maintain the privacy of PHI;
- Provide you with this notice of my legal duties and privacy practices with respect to PHI and
- Follow the terms of my notice that are currently in effect

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Danielle Moore, The Language Group LLC, at 404 477-9400 , 3756 LaVista Road, Suite 104, Tucker, GA 30084.

If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to Danielle Moore, , The Language Group LLC, 3756 LaVista Road, Suite 104, Tucker, GA 30084.

You may also send a written complaint to the Secretary of the US Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on January 1, 2019

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. I will post a copy of the current notice at my office. The notice will contain the effective date on the first page, in the top right-hand corner.

VII. Student Observation

Your child may be observed by a student as part of our educational program at The Language Group. Rest assured, our students are supervised, and your child's comfort and privacy are our priority. If you have any concerns, please let us know. We appreciate your support in enhancing our learning environment. Thank you for your trust in The Language Group.

I acknowledge that I have received your notice of privacy practices.

Signature (parent/legal guardian)

Date Signed

Print (parent/legal guardian)

Client Name

Please sign and return this form to your clinician upon your first visit.

Please review and initial the following policies:

Cancellation Policies:

_____ Clients must provide 24 hours' notice if canceling a session for any reason.

_____ If 24 hours' notice is not provided, the full session fee will be charged.

_____ The full session fee will NOT be charged if your child is sick the day of the session. We ask that you give as much notice as possible if your child is sick.

_____ *School and Home Visits:* Clients are responsible for notifying the provider of any changes to their child's schedule (e.g., field trips, standardized testing, etc.). The full session fee will be charged if your provider is not notified of such changes.

Payment Policies:

_____ The Language Group providers accept checks, cash, debit card, or credit card. Checks are to be made out to your individual provider.

_____ The Language Group does not accept Medicaid, Medicare, or other health insurance plans; however, you may request a statement/receipt at the end of each month with acceptable billing codes that you may submit to your insurance company for possible reimbursement. It is your responsibility to pay your bill promptly at the end of each session and then work with your insurance company.

_____ Late fees apply after 30 days from the statement date, at 20% of the rate outstanding.

_____ Due to increased processing fees, a 3.0% fee will be added to credit card transactions. Thank you for your understanding.

_____ Payment is due at the end of each session or monthly:

I would like to be charged: by session monthly (please circle)

If you would like for The Language Group to keep your credit card information on file, please fill out the attached Credit Card Authorization form.

Will you be submitting your invoices to your insurance company? _____ If so, what will your insurance company need? (e.g. evaluation report, copies of treatment notes, progress reports)

Please remember, we do not bill insurance. However, if you request it in advance, we can provide you with this documentation so that you can submit it for possible reimbursement.

Signature (parent/legal guardian)

Date Signed

Print (parent/legal guardian)

Client Name

New Client Information

Client's Name:	Date of Birth: Current Age: _____ years _____ months	Grade: School:
Parent Name:	Email Address:	Cell: Work:
Parent Name:	Email Address:	Cell: Work:
Mailing Address:	Home Phone:	Today's Date:

PREVIOUS EVALUATIONS

DISCIPLINE (OT, PT, Speech/Lang., Psych)	DATE	NAME OF CLINICIAN	RESULTS/DIAGNOSIS

ADDITIONAL INFORMATION

Preferred Location for Services (Northlake, Dunwoody, telepractice):	Preferred Appointment Days and Times:
Areas of Concern (Speech, Language/Processing, Literacy, Executive Function, Social Communication):	Referred By:
Services Needed (Evaluation, Therapy, Fast ForWord, etc.):	Current Additional Services Received (OT, PT, tutoring, counseling):
Allergies:	Medical Conditions:

OFFICE USE ONLY

S/L Diagnosis Code:	S/L Therapy Code:	Fees:
Clinician Assigned:	Day/Time Scheduled:	Location Scheduled:
Date of Intake: Intake Completed by:	Good Faith Estimate sent/received:	Welcome Packet Sent: Signed Paperwork Received:



CREDIT CARD AUTHORIZATION

I, _____, give permission to [The Language Group](#) to keep the following credit card information on file and to charge my credit card for services rendered.

_____ (initial) I understand that a 3.0% processing fee will be added to all credit card transactions.

Name on Card: _____

Credit Card Type: _____

Card #: _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

Signature: _____

Informed Consent for Electronic Communication

The use of electronic communication (e.g., phone, voicemail, email, or text) can improve the ability to exchange information quickly and efficiently. The Language Group will take reasonable precautions when sending and receiving electronic communication. However, The Language Group cannot guarantee the security and confidentiality of electronic communications as there is some level of risk that third parties might be able to intercept messages.

By signing below, you agree that The Language Group may communicate with you through electronic communication (e.g., phone, text, email) at the email addresses and phone numbers you provide.

Signature (parent/legal guardian)

Date Signed

Print (parent/legal guardian)

Client Name

Informed Consent for Telepractice

The American Speech-Language-Hearing Association (ASHA) defines telepractice as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation." This means that speech-language pathologists (SLPs) are able to provide speech-language therapy and assessment services through digital meetings such as secure video conferencing.

Telepractice is supported through the Georgia state licensing board and the American Speech-Language-Hearing Association (ASHA). Georgia state laws require state-regulated private insurers to cover telepractice on the same basis as in-person services (<https://www.asha.org/Advocacy/state/info/GA/Georgia-Telepractice-Requirements/>). Nevertheless, it is recommended that you verify this with your insurance company if you receive reimbursement for your speech-language services.

By signing this form, I agree that:

I understand that either I or my clinician may discontinue the telepractice services if it is felt that this type of service delivery does not benefit my needs or for any other reason.

I understand that the laws that protect the confidentiality of my medical information also apply to telepractice. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential.

I understand that there are risks and consequences from telepractice, including, but not limited to, the possibility, despite reasonable efforts on the part of my clinician, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

I understand that my clinician uses an encrypted teleconferencing platform to provide telepractice services. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my telepractice sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my telepractice session.

I will not record, share, copy, or publish any portion of the sessions.

I am aware that test publishers have provided authorization for many of their tests to be administered via telepractice. However, many of these assessments were standardized via face-to-face administration. Nevertheless, early studies have provided initial evidence for equivalence of scores between telepractice and face-to-face administration. (<https://pubs.asha.org/doi/10.1044/persp1.SIG18.41>)

I give permission for tests to be administered via telepractice, and I am aware that this is not how some of the tests were originally standardized.

I have read and understand the information provided above regarding telepractice and have had the opportunity to discuss it with my Speech-Language Pathologist in order to get my questions answered to my satisfaction.

Signature (parent/legal guardian)

Date Signed

Print (parent/legal guardian)

Client Name



PERMISSION TO EXCHANGE INFORMATION

To better plan for _____'s intervention program, I give the clinicians of *The Language Group* permission to **exchange** written and verbal information with the following professionals:

Signature (parent/legal guardian)

Date Signed

Print (parent/legal guardian)

Client Name